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GOVERNMENT OF HARYANA

# **Situational Analysis**

OF

## **CHILDREN & WOMEN**

IN

## **HARYANA**

NIEPA DC



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*ISSUED BY :*

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**ECONOMIC & STATISTICAL ORGANISATION  
PLANNING DEPARTMENT HARYANA  
1989**

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## FOREWORD

The "Situational Analysis of Children and Women" in Haryana is the first publication of its kind in the State. It contains a comprehensive analysis of socio-economic conditions of the children and women including infrastructure created for the promotion of their health, sanitation and nutritional standards on the basis of a sample survey conducted in Haryana.

I hope that the information contained in this book will prove useful for the administrators and planners in focussing their attention on the problems of women and children as well as child labour which may help in framing perspective plans for their welfare in our state.

I am glad that Shri A.L. Katyal, Economic and Statistical Adviser to Government, Haryana has brought out this publication to fulfil a long-cherished need to provide useful information on the situation of children and women in Haryana.

Chandigarh  
Dated 23rd June, 1989

DEVI LAL  
Chief Minister, Haryana



## PREFACE

The present study on Situational Analysis of Children and Women in Haryana has been carried out at the instance of government with a view to assessing the prevailing conditions of children in general and child labour in particular, socio-economic status of women and availability of infrastructural facilities for these categories in the field of education, health, sanitation, nutrition, etc.

The study is based on primary and secondary data collected from the government agencies and through sample survey. The results of sample study show that 43 per cent of child labour hailed from states like U.P. and Bihar. Child marriage was common in the state. Average earnings of the surveyed households, their educational background and living conditions were by and large not good. Such aspects do need the attention of the state and social organisations. I hope that the findings contained in the report will prove useful to the administrators, planners, social reformers and research scholars in understanding the socio-economic problems of women and children in Haryana.

Acknowledgement is made of the useful work done by Sarvshri B.S. Kataria, Deputy Economic & Statistical Adviser, S.L. Gopal, Research Officer and D.K. Verma, Field Assistant in the preparation of the report under the overall supervision and guidance of Shri R.K. Khanna, Joint Economic and Statistical Adviser.

(A.L. Katyal)  
Economic & Statistical Adviser  
to Government, Haryana

Dated Chandigarh,  
the 17th July, 1989



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**PART—A**

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## CHAPTER-I

### SITUATIONAL ANALYSIS OF CHILDREN AND WOMEN

#### General Characteristics of the State

The State of Haryana came in to existence on 1st November, 1966 as a result of reorganisation of erstwhile Punjab State. At the time of its formation, there were only seven districts in the State. Subsequently, the number was increased to twelve consequent up-on the readjustment of boundaries of the districts.

The State of Haryana inherited very backward and underdeveloped areas of composite Punjab State. But the intrepid people of this small State have transformed it into a progressive and prosperous region within a short span of a little more than two decades. Thus Haryana State is today one of the leading States in the country, in agricultural as well as industrial sectors. Stupendous development works initiated by the State Government have ushered in an era of all round economic progress especially in key sectors, such as rural electrification, village link roads, safe-drinking water supply, improved medical, health and educational facilities etc. The History of Haryana has now become a saga of rapid transformation from scanty to plenty, from scarcity to abundance and from famine to prosperity.

#### 1.1. Location

Haryana State is bounded on the east by Uttar Pradesh and on the west by Punjab. Shivalik ranges and some parts of Himachal Pradesh cover it in the north and Aravalli Hills and the deserts of Rajasthan border the State on the south. Geographically Haryana is in a disadvantageous position. The region is away from the perennial rivers of the Punjab. The Ghaggar river which is non-perennial touches only northern parts of the area and river 'Yamuna' forms only the boundary with Uttar Pradesh on the eastern side. The agro-climatic conditions in a large part of the area are unfavourable. The rainfall is comparatively low and erratic, the soil is sandy and light in texture, especially in the arid area, and above all, there is paucity of subsoil water and in a large number of tracts, it is brackish. The south-western part of the State has a higher elevation making flow irrigation difficult except by executing costly lift irrigation schemes. The State is also deficient in mineral resources, except 'Mohmdergarh' distt. where marble and slate stone is found, besides small reserves of copper in the interior reaches bordering Rajasthan.

#### 1.2 Area and Population

Haryana State has an area of 44212 Sq. Kms. according to 1981 census, which constitutes 1.35 percent of the total area of the country. According to 1981 census, 78.12 percent people lived in rural areas. There are 6745 inhabited villages and 81 towns in the State. The population of the State, according to 1981 census, was 1.29 crores which formed 1.87% of the total population in the country. The State has a density of 292 persons per square Km. against the corresponding density of 216 persons at all India level.

#### 1.3 Social and Cultural Situation

Haryana has a fascinating heritage in cultural and religious fields. It is the land of Gita and Mahabharata. The Haryanvis are religious-minded, God-fearing and mostly vegetarian in food habits. The age-old social and religious traditions are still popular. All social and religious ceremonies are based on customs and rituals. The population comprises mainly of Jats, Brahmins, Banias, Gujjars and Ahir Castes. Sikhs are concentrated mainly in the districts of Ambala, Karnal and Kurukshetra. Mewat area which includes Nuh, Ferozepur-Jhirka, Hathin, Punhana, Taoru and Nagina (some parts only) Blocks of districts Gurgaon and Faridabad is dominated by Meo-Muslims. Scheduled caste population constitutes 19.1 percent of the total population. A large number of Punjabi migrants from west Pakistan had settled down in the State after partition of the country, which now constitute nearly 10 percent of the total State population.

#### 1.4 Objectives of the Study

The main objective of this study is to highlight the present situation of children and women in Haryana. The study aims at making a detailed analysis of various factors, having an influence on children's status and their development, demographic trends, economic support, standard of nutrition, sanitation, availabilities of safe drinking water, Health and educational facilities etc. Since the development of children is closely linked with the situation of women, the study highlights the reproductive role, health and nutritional status of women also. Another objective of the study is to gain first hand knowledge of the nature and problems of child labour in Haryana.

#### 1.5 Methodology and Coverage

The study report is based on the quantitative and qualitative analysis of primary and secondary data, relating to children and women in Haryana. The Secondary data was collected from the concerned departments, as well as from various publications/reports of the State/Govt. of India. The primary data was collected through a sample survey of households both in the rural and urban areas.

The survey covered a sample of 500 households in 50 villages and 240 households in 24 towns, selected under the State sample frame of the National Sample Survey (Government of India) in its 43rd round. It is a two stage stratified sample the first stage being villages and urban blocks in towns and second stage households, both in rural and urban areas. The child labour survey was conducted in Narnaul and Gurgaon towns too in addition to the sampled towns as indicated above in order to give representation to each district in the State.

#### 1.6 Tools of the study

Keeping in view the objectives of the study two comprehensive schedules viz (i) Household schedule and (ii) child labour schedule, were designed for the collection of required information from the sampled villages/towns. Household survey schedule was canvassed both in the rural and urban areas while child labour survey schedule was canvassed only in urban areas because the establishments employing child labour were mostly located in towns.

#### 1.7 Structure of the Report

The report consists of two parts. The first part contains III Chapters which are based on the analysis of primary data. It highlights various aspects relating to the health of child, rural-urban variations, environmental conditions and above all socio-economic status of the women. A separate chapter dealing with the analysis of child labour survey has also been included. The second part is based on interpretation of secondary data on infrastructure, demography, State economy and social services available in the State.

#### 1.8 Reference Period

The field survey was conducted during the period September-October, 1987 by canvassing the schedules through personal interview method. The primary data/information collected from the informants relates to the position prevailing at the time of the survey, but the secondary data relates to the year 1986-87 and 1987-88 except data on nutrition which is only available for the year 1983-84.

#### 1.9 Limitations

Since the information was collected from 500 rural and 240 urban sampled households only, the findings of the survey may not be treated as conclusive but only as indicative of the situation of children and women in the State of Haryana.

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**CHAPTER—II**  
**SURVEY OF CHILD LABOUR**

**2.1 General**

It is a well known fact that children from the poor families are compelled to join the labour force in order to supplement the family income. In families having high fertility and low income, children have to seek wage employment out of sheer economic compulsions. Most of petty jobs do not require any specialised skill or training and therefore, the children get such jobs very easily. According to a rough estimate by the State Labour Department there are about 10,000 child labourers working in the urban areas. The child labour is employed mostly in the un-organised sector, mainly due to the legal restrictions imposed by the Government on employing them in the organised sector. In order to know the extent, nature, working conditions, wages and reasons for employment of child labour etc. a sample survey on child labour was conducted by this department in 26 urban areas covered under the National Sample Survey through-out the State.

The child labour was usually employed in restaurants, Dhabas, tea stalls and other miscellaneous establishments and, therefore, only those areas/markets in the towns, where maximum number of hotels, restaurants and dhabas etc. existed, were covered by the survey.

**Main Findings of the Survey**

**Child Labour**

**2.2 Domicile**

The child labourers either belonged to the same district within the State or had migrated from states like U.P. or Bihar. Inter-district migration within the State was insignificant.

The following statement shows the number of child labourers according to their domicile.

**STATEMENT—2.1**

**No. of child labourers according to domicile**

District	Domicile			Total
	Same district	Outside the district but within the State	Outside Haryana State	
1	2	3	4	5
Hisar	16	—	4	20
Sirsa	9	1	26	36
Bhiwani	10	7	1	18
M. Garh	7	—	6	13
Rohtak	34	4	6	44
Jind	40	1	3	44

1	2	3	4	5
Gurgaon	10	—	16	26
Faridabad	9	—	36	45
Ambala	19	1	43	63
Karnal	68	4	38	110
Kurukshetra	24	1	12	37
Sonipat	8	—	14	22
Haryana	254 (53.0)	19 (4.0)	205 (43.0)	478 (100.0)

The above data shows that 53 percent child labourers belonged to the same district in which they were working while 43 percent were migrants from other states, particularly from Uttar Pradesh and Bihar. It has been observed that in some of the districts viz., Ambala, Karnal and Faridabad, the Child labour had come from adjoining areas of Punjab and Delhi.

### 2.3 Age Group

The following statement gives information regarding the distribution of child labourers according to various Age-groups.

#### STATEMENT 2.2

##### Distribution of Child labour by age-group

District	Age-Group			
	Less than 7 years (No.)	7 to 10 years (No.)	10—14 years (No.)	All ages (up to 14 years) (No.)
1	2	3	4	5
Hisar	—	1	19	20
Sirsa	—	—	36	36
Bhiwani	—	—	18	18
M. Garh	—	—	13	13
Rohtak	—	2	42	44
Jind	—	4	40	44
Gurgaon	—	—	26	26
Faridabad	—	—	45	45
Ambala	—	—	63	63
Karnal	—	1	109	110
Kurukshetra	—	2	35	37
Sonipat	—	2	20	22
Haryana State	—	12 (2.5)	466 (97.5)	478



It will be observed that 97.5 percent child labourers were in the age group of 10—14 years. No child below the age of 7 years was found working in any establishment. But in the districts of Sonapat and Jind 10 percent child labourers were found in the age group of 7 to 10 years. It shows that Children were compelled to work for socio-economic reasons at a tender age.

#### 2.4 Education

Illiteracy was found to be one of the major causes of becoming a child labourer. The following statement shows the distribution of child labourers according to level of their education.

TABLE 2.3

Distribution of Child Labour according to Educational Qualifications

District	Educational Level (No.)					Total
	Illiterate	Below primary	Primary	Middle	Secondary	
1	2	3	4	5	6	7
Hisar	16(80.0)	4	—	—	—	20
Sirsa	29(80.7)	3	4	—	—	36
Bhiwani	12(66.6)	5	1	—	—	18
M. garh	11(84.6)	1	1	—	—	13
Rohtak	10(22.7)	24	9	1	—	44
Jind	25(56.8)	12	7	—	—	44
Gurgaon	12(46.1)	3	6	4	1	26
Faridabad	38(84.4)	5	1	1	—	45
Ambala	51(80.9)	10	2	—	—	63
Karnal	65(59.1)	20	20	4	1	110
Kurukshetra	23(62.2)	7	5	2	—	37
Sonipat	19(86.3)	3	—	—	—	22
<b>Haryana State</b>	<b>311 (65.1)</b>	<b>97 (20.2)</b>	<b>56 (11.7)</b>	<b>12 (2.5)</b>	<b>2 (0.5)</b>	<b>478</b>

It may be noticed that more than 65 percent child labourers were illiterate. Their parents did not send them to school but preferred to make them work to supplement family income. Level of education of only 11.7% child labourers was primary and 20.2% even below primary level. The rate of illiteracy was more pronounced in the districts of Sonipat (86.3%), Faridabad (84.4%) and Mohindergarh (84.6%) followed by Sirsa and Hisar i.e. 80% each.

#### 2.5 Wages

The following statement contains information regarding the distribution of child labourers according to monthly wages earned by them:—

## STATEMENT 2.4

## Distribution of Child-Labour according to monthly wages

District	Monthly wages				
	Less than Rs. 200/-	Rs. 200 to Rs. 300/-	Rs. 300 to 400/.	Rs. 400 and above	All wages
Hisar	2	16	2	—	20
Sirsa	4	26	6	—	36
Bhiwani	6	8	3	1	18
Mohindergarh	1	6	6	—	13
Rohtak	7	32	5	—	44
Jind	6	25	9	4	44
Gurgaon	3	4	12	7	26
Faridabad	2	7	21	15	45
Ambala	—	4	28	31	63
Karnal	8	24	51	27	110
Kurukshetra	1	14	9	13	37
Sonipat	1	7	9	5	22
<b>Haryana State</b>	<b>41 (8.6)</b>	<b>173 (36.2)</b>	<b>161 (33.7)</b>	<b>103 (21.5)</b>	<b>478</b>

It is evident that monthly earnings of most of the child labourers (36.2%) ranged between Rs.200 to 300 per month. Only 21.5% child labourers were earning Rs.400/-or above. In the case of 8.6% child labourers, their monthly wages were even below Rs.200 per month. The percentage of child labourers having comparatively higher income was more in the districts of Karnal, Faridabad and Ambala.

## 2.6 Working Hours

The following statement shows the distribution of child labourers according to the number of working hours per day:—

## STATEMENT 2.5

## Distribution of Child labour according to working hours

District	Working hours				
	Less than 8 hours	8 to 12 hours	12 to 14 hours	More than 14 hours	Total
1	2	3	4	5	6
Hisar	—	4	16	—	20
Sirsa	—	1	35	—	36
Bhiwani	—	11	3	4	18
Mohindergarh	—	2	10	1	13

1	2	3	4	5	6
Rohtak	24	20	—	—	44
Jind	9	35	—	—	44
Gurgaon	—	23	3	—	26
Faridabad	—	31	14	—	45
Ambala	—	10	45	8	63
Karnal	—	22	66	22	110
Kurukshetra	—	6	27	4	37
Sonipat	—	—	17	5	22
<b>State</b>	<b>33</b> <b>(6.9)</b>	<b>165</b> <b>(34.5)</b>	<b>236</b> <b>(49.4)</b>	<b>44</b> <b>(9.2)</b>	<b>478</b>

It will be seen that about 50% of the total child labourers had to work from 12 to 14 hours per-day. In some of the districts viz. Ambala, Karnal, Sonipat, Kurukshetra, Mahendergarh and Bhiwani the children had to work for more than 14 hours a day. In 34.5% cases, the working hours ranged between 8 to 12 hours a day. The districts of Rohtak and Jind, however, recorded lowest working hours.

### 2.7 Reasons for Taking up jobs

The following statement gives information regarding the distribution of child labourers according to the reasons for taking up jobs.

#### STATEMENT 2.6

##### Distribution of child labourers according to reasons for taking up the job

District	Total children	Reasons for taking up job		
		To supplement family income	Not interested in studies	Other reasons
1	2	3	4	5
Hisar	20	17	3	—
Sirsa	36	36	—	—
Bhiwani	18	15	3	—
M.garh	13	13	—	—
Rohtak	44	37	5	2
Jind	44	35	9	—
Gurgaon	26	23	2	1
Faridabad	45	32	11	2
Ambala	63	61	1	1
Karnal	110	72	30	8
Kurukshetra	37	32	4	1
Sonipat	22	12	—	10
<b>Haryana State</b>	<b>478</b>	<b>385</b> <b>(80.6)</b>	<b>68</b> <b>(14.2)</b>	<b>25</b> <b>(5.2)</b>

Analysis of above data reveals that more than 80 percent of the total surveyed child labour force had to work in order to supplement their family income. They belonged to very poor families and their parents instead of sending them to schools compelled them to take-up work. Only 14.2 percent children who were not interested in studies were working in various establishments, i.e. Hotels, Restaurants, 'Dhaba' and Shops etc.

## 2.8 Main Occupation and Income of Parents

The following statement depicts classification of child labourers by the main occupation and monthly income of their parents.

### STATEMENT 2.7

#### Distribution of child labour according to main occupation and income of parents

District	Total No. of child labourers	Occupation			Income per month (Rs.)		
		Agri-cultural labourer	Service	Other (MISC)	Less than 300	300 to 500	500 and above
Hisar	20	20	—	—	—	19	1
Sirsa	36	34	—	2	—	21	15
Bhiwani	18	12	1	5	2	9	7
Mohindergarh	13	12	—	1	5	8	—
Rohtak	44	43	1	—	7	18	19
Jind	44	39	1	4	23	18	3
Gurgaon	26	—	4	22	3	7	16
Faridabad	45	24	2	19	1	15	29
Ambala	63	34	—	29	6	23	34
Karnal	110	84	6	20	46	30	34
Kurukshetra	37	20	1	16	7	16	14
Sonipat	22	14	—	8	19	—	3
Haryana State	478	336 (70.3)	16 (3.3)	126 (26.4)	119 (24.9)	184 (38.5)	175 (36.6)

The above data shows that more than 70% children belonged to families of agricultural and other labourers. Only parents of 3.3% children were doing some service, and parents of 26.4% children were engaged in some other miscellaneous jobs. It showed that majority of the child labour came from the agricultural labourer class, whose income was very low, and they did not find any alternative except to send their children to work.

It may also be observed that in 24.9% cases the parents of child labourers were earning less than Rs. 300 per month and in 38.5 percent cases between Rs. 300 to 500 per month. The monthly income of only 36.6 percent parents was more than Rs. 500/-.

## 2.9 Job-Satisfaction

The following statement depicts the information regarding the distribution of child labourers by extent of job satisfaction.

## STATEMENT 2.8

## Distribution of child labourers by extent of job-satisfaction and reasons for dis-satisfaction

District	Total No. of child labourers	Satisfied with job	Not satisfied with job	Reasons for dis-satisfaction			
				odd working hours	Excessive work-load	Less wages	Others
Hisar	20	1	19	5	5	9	—
Sirsa	36	7	29	6	2	21	—
Bhiwani	18	14	4	2	2	—	—
Mohindergarh	13	7	6	3	2	1	—
Rohtak	44	26	18	—	5	13	—
Jind	44	23	21	1	—	20	—
Gurgaon	26	23	3	—	—	3	—
Faridabad	45	31	14	1	2	10	1
Ambala	63	62	1	—	1	—	—
Karnal	110	108	2	—	2	—	—
Kurukshetra	37	26	11	1	8	1	1
Sonapat	22	18	4	—	—	—	4
Haryana State	478	346	132	19	29	78	6
		(72.4)	(27.6)	(14.4)	(22.0)	(59.1)	(4.5)

It may be observed that 72.4 percent child labourers were satisfied with their jobs and the conditions in which they were working. Only 27.6 percent children were not satisfied with their jobs due to various reasons. The major cause of their dis-satisfaction was that they got less wages as compared to their work load. 14.4 percent children were not satisfied due to odd working hours. Similarly, 22.0 percent children were not satisfied with their jobs due to excessive work load.

#### 2.10 Provision of Amenities

The following statement indicates the extent of facilities provided by the employers to the child labourers.

## STATEMENT 2.9

## Distribution of Child labour according to facilities provided by employers

District	Total No. of children	Facilities			
		Weekly holiday	Not getting holiday	Getting some time for play/recreation	Not getting any time for play/recreation
1	2	3	4	5	6
Hisar	20	—	20	—	20
Sirsa	36	2	34	6	30
Bhiwani	18	10	8	6	12
M. garh	13	8	5	1	12
Rohtak	44	32	12	11	33
Jind	44	25	19	28	16
Gurgaon	26	18	8	25	1
Faridabad	45	31	14	27	18
Ambala	63	47	16	53	10
Karnal	110	56	54	52	58
Kurukshetra	37	15	22	22	15
Sonipat	22	7	15	8	14
Haryana State	478	251 (52.5)	227 (47.5)	239 (50.0)	239 (50.0)

As is evident from the above statement, only 52.5 percent child labourers were getting weekly holidays and in 50 percent cases, they were also getting time for recreation during their working routine. Thus, 47.5 percent child labourers were not getting any weekly off day and 50 percent were not getting time for any sort of recreation.

## 2.11 Residential Status:—

The following table gives the details of residential status of the child labourers

## STATEMENT 2.10

## Distribution of Child Labourers according to place of Residence

District	Total child labour (No.)	Place of Residence			
		Within the shop/restaurants	In owners house	Own arrangement	Others
1	2	3	4	5	6
Hisar	20	6(30.0)	—	14	—
Sirsa	36	16(44.4)	12	8	—

1	2	3	4	5	6
Bhiwani	18	14(77.7)	2	2	—
M. garh	13	11(84.6)	—	1	1
Rohtak	44	7(15.9)	6	30	1
Jind	44	27(61.4)	6	9	2
Gurgaon	26	14(53.8)	9	3	—
Faridabad	45	16(35.6)	13	12	4
Ambala	63	17(27.0)	23	13	10
Karnal	110	57(51.8)	8	43	2
Kurukshetra	37	10(27.0)	15	11	1
Sonipat	22	15(68.2)	2	—	5
<b>Haryana State</b>	<b>478</b>	<b>210 (44.0)</b>	<b>96 (20.1)</b>	<b>146 (30.5)</b>	<b>26 (5.4)</b>

It may be noted that 44 percent child labourers lived within the premises where they worked and 20 percent in the employers houses, whereas 30.5 percent had made their own arrangements for living.

The highest percentage (84.6) of child labour residing within the premises of their work establishment was in the Mahindergarh district but it ranged between 15.9% to 77.7% in the case of other districts.

## CHAPTER-III

### SURVEY OF CHILDREN AND WOMEN 1987-88

#### 3.1 General

The household survey was conducted both in rural and urban areas, covering a sample of 500 rural and 240 urban households. The main objective of the survey was to make a detailed study of different factors having a bearing on child development namely occupation of the parents, economic status, educational level, access to medical facilities, immunisation, infant mortality and morbidity etc. Data was also collected from the sampled households to find out the situation of women. The data relates to year 1987-88.

#### Main findings of the Household Survey

#### 3.2 Religion

Out of the total surveyed households, 656(89%) belonged to Hindus, followed by Muslims as 56 households belonged to them and only 27 households belonged to Sikhs. It shows that Hindus, Muslims, and Sikhs were the main three religious communities in the State.

The following statement presents classification of sampled households according to religion. In all 500 households in rural areas and 240 households in urban areas were surveyed.

#### STATEMENT 3.1

#### Distribution of Households according to religion 1987-88

Area	Religion				Total
	Hindu	Sikh	Muslim	Christian	
Rural	438 (87.6)	13 (2.6)	49 (9.8)	—	500
Urban	218 (90.9)	14 (5.8)	7 (2.9)	1 (0.4)	240
Total	656 (88.7)	27 (3.6)	56 (7.6)	1 (0.1)	740

It may be observed that in rural areas, out of the total 500 sampled households 87.6% were Hindus, 9.8% Muslims and only 2.6% Sikhs. There was no Christian household in rural areas. In urban areas 90.9% households were Hindus, 5.8% Sikhs and 2.9% Muslims. Out of the households surveyed only one household in district Ambala was Christian.

#### 3.3 Occupation

The main occupation of the households in rural areas was found to be based on agriculture. Either, they were cultivators or Agricultural labourers. However in urban areas tertiary sector was found to be most important.

The occupational distribution of households is given as below :



## STATEMENT 3.2

## Distribution of Households by occupation

Area	Cultivators	Agri. Labour/ other labour	Rural Artisans	Business shops etc.	Service	Others	Total
1	2	3	4	5	6	7	8
Rural	189 (37.8)	212 (42.4)	21 (4.2)	9 (1.8)	45 (9.0)	24 (4.8)	500
Urban	19 (7.9)	44 (18.3)	17 (7.1)	52 (21.7)	60 (25.0)	48 (20.0)	240
Total	208 (28.1)	256 (34.6)	38 (5.1)	61 (8.2)	105 (14.2)	72 (9.8)	740

Of the Households surveyed in rural areas 37.8 percent were cultivators 42.4 percent Agricultural Labour and 9 percent were engaged in service. As against this, in urban areas 25% households were engaged in service and 21.7 percent in business and shop keeping etc.

## 3.4 , Income Level

Income level of the surveyed households was found to be notably higher than that of the State average. Only 4.2 per cent households were found in the income level of upto Rs. 3500/- and maximum number of households were in the income level of Rs. 10,000/- and above.

The following statement gives the distribution of households according to income level.

## STATEMENT 3.3

## Classification of Households according to income level

Area	Annual Income in Rs.				Total
	Upto 3500	Rs. 3500 to 6000	Rs. 6000 to 10,000	Rs. 10,000 & above	
1	2	3	4	5	6
Rural	28 (5.6)	81 (16.2)	156 (31.2)	235 (47.0)	500
Urban	3 (1.3)	15 (6.2)	66 (27.5)	156 (65.0)	240
Total	31 (4.2)	96 (13.0)	222 (30.0)	391 (52.8)	740

In rural area only 5.6 percent households were in the income range of upto Rs. 3500/- whereas the percentage of such households in urban areas was only 1.3. A higher percentage of households i. e. 47% in rural areas and 65% in urban area was in the income range of Rs. 10,000/- and above.

## 3.5 Educational Level

The survey revealed that majority of the children in the age group up to 6 years were not attending Balwaris schools and out of the total children in the age group 6—14 years 24.6% children were illiterate.

The rural/urban classification of children by education is given as under :—

STATEMENT 3.4

Rural/Urban Classification of children by Educational Level

Area	Children upto 6 years				Children 6—14 years					
	Total 0—3	Total	3—6 years		Illiterate	Below pri- mary	Pri- mary	Middle	Total	
			Attend- ing	Not atten- ing						
Rural	452	207	245	51 (20.8)	194 (79.2)	191 (27.6)	310 (44.8)	156 (22.5)	35 (5.1)	692
Urban	166	73	93	20 (21.5)	73 (78.5)	41 (16.3)	130 (51.8)	55 (21.9)	25 (10.0)	251
Total	618	280	338	71 (21.0)	267 (79.0)	232 (24.6)	440 (46.7)	211 (22.4)	60 (6.3)	943

The above data shows that in the age group 3-6 years only 20.8% children were attending schools in rural areas while 21.5 percent children were attending schools in urban area. 79.2% children in rural areas and 78.5% in urban areas were not attending any school.

Similarly, out of the total children in the age group 6-14 years, 27.6% children were illiterate in rural areas, against 16.3% children in urban areas. 44.8% children in rural areas and 51.8% children in urban areas were educated below primary level. Only 5% children in rural and 10% children in urban areas were middle pass.

### 3.6 Household Members by Sex

The total population of the 740 surveyed households was 4111 i.e. 2248 males and 1863 females. 73% persons were living in the rural areas and 27% persons in the urban areas.

The following statement gives the rural/urban classification of household members by sex:—

STATEMENT 3.5

Classification of Household Members by sex

Area	No. of members of households					
	Male	Female	Persons	Total No. of H.Hs	Household Size	Female as %age to total persons
Rural	1666	1342	3008	500	6.0	44.6
Urban	582	521	1103	240	4.6	47.2
Total	2248	1863	4111	740	5.5	45.3

The survey has revealed that in rural areas average household comprised of 6 members, whereas in urban areas the size of a household was only 4.6. The percentage of females to total persons in rural areas was 44.6 while in urban areas, it was 47.2.

### 3.7 Age at effective Marriage

The survey revealed that child marriage was a common practice in the State. Age at effective marriage in more than 41% cases both in respect of males and females was less than the prescribed age of 21 years and 18 years respectively.

The following statement gives the information about the age at effective marriage of the males and females.

## STATEMENT 3.6

## Distribution of married persons, by age at effective marriage

Area	Age at effective marriage					
	Male			Female		
	Less than 21 years	21 years & above	Total	Less than 18 years	18 years & above	Total
Rural	318 (44.4)	398 (55.6)	716	302 (42.4)	410 (57.6)	712
Urban	171 (36.8)	293 (63.2)	464	186 (41.0)	268 (59.0)	454
Total	489 (41.4)	691 (58.6)	1180	488 (41.8)	678 (58.2)	1166

The above statement shows that effective marriage age in the case of males in rural area was less than 21 years in case of 44.4% cases, as against the corresponding age of females which was less than 18 years in 42.4% cases. The corresponding figure in case of males and females in urban areas was 36.8% and 41.0%, respectively. It showed that the practice of child marriage was prevalent in the State.

## 3.8 Births by age of Mother:

The following statement gives information regarding the number of births by age of mother at the time of delivery. It was found that out of total births of 2069, maximum births took place in the age group 25—45 years, closely followed by the age group 18—25 years.

The rural/urban classification of births by age group is given as follows:—

## STATEMENT 3.7

## Number of births by age of mother at the time of delivery

Area	No. of births by age group						
	age upto 18 yrs.	18 to 25 years.	25 to 45 years.	45 years & above	Total births	Total No. of mothers	Average birth rate per mother
Rural	53 (3.4)	645 (41.7)	836 (54.0)	14 (0.9)	1548	446	3.5
Urban	40 (7.7)	283 (54.3)	194 (37.2)	4 (0.8)	521	181	2.9
Total	93 (4.5)	928 (44.9)	1030 (49.8)	18 (0.8)	2069	627	3.3.

The above data reveals that maximum number of births, i. e. 54%, occurred in the age group of 25—45 years in the rural areas. Whereas in the urban areas maximum number of births (54.3%) took place in the age-group 18—25 years. Average birth rate per female of child bearing age in rural area was 3.5 as against 2.9 in urban areas. It showed that in urban areas there was more awareness about family planning practices than in rural areas.

## 3.9 Births by place of delivery and Attendant at the time of delivery

The following statement presents the information regarding classification of births by place of delivery. It was found that majority of the households preferred deliveries at home than Govt. hospitals/dispensaries or private nursing homes. Similarly 63% delivery cases were attended by untrained dais or family members.

The rural-urban classification is as follows:—

## STATEMENT 3.8

Classification of births by place of delivery and attendant at the time of delivery

Area	Place of delivery				Total	Attendant at time of delivery			
	At home	private nursing home	Govt. disp./hospital	Other		Untrained <del>persons</del>	Trained nurses/dais	Others	Total
Rural	1494 (96.5)	18 (1.2)	34 (2.2)	2 (0.1)	1548	1167 (75.4)	344 (22.2)	37 (2.4)	1548
Urban	375 (71.9)	66 (12.7)	75 (14.4)	5 (1.0)	521	140 (26.9)	314 (60.2)	67 (12.9)	521
Total	1869	84	109	7	2069	1307	658	104	2069

It is evident from the above table that in 96.5% cases in rural area and 71.9% cases in urban area the birth had taken place at home. It showed that insufficient medical facilities, social taboos and economic factors might be responsible for a large percentage of birth cases occurring at home instead of at some medical institution. In urban area 14.4% births had taken place in Govt. dispensary hospitals, whereas in rural areas only 2.2% births had taken place in Govt. dispensaries/P.H.C.

Similarly, 75.4% delivery cases were attended by untrained ~~persons~~ <sup>dais</sup> in the rural areas while in urban areas only 26.9% delivery cases were attended by untrained persons and more than 60% cases were attended by trained Nurses and Dais.

## 3.10. Mortality

Mortality rate is an index of socio-economic development of a State. The survey revealed that mortality rate against 1000 live births was 73. The incidence of mortality within one year of the birth of the child was more as compared to that of longer period.

The following statement reflects the mortality rate against total births and infant/child mortality at different levels.

## STATEMENT 3.9

Number of Births according to sex & mortality

Area	No. of births			Deaths			M.R. per 1000 births
	Males	Females	Total	Males	Females	Total	
Rural	921 (59.5)	627 (40.5)	1548	58	63	121	78.2
Urban	342 (65.6)	179 (34.4)	521	13	17	30	57.6
Total	1263 (61.0)	806 (39.0)	2069	71	80	151	73.0

It is evident that percentage of male births as compared to total births was more in urban areas than in rural areas. Mortality rate (against 1000 live births) was 78.2 in rural areas whereas it was 57.6 in respect of urban areas. Mortality rate in urban area was less on account of more medical facilities available there. Moreover, people were more cautious about health care of their children in urban areas. The mortality rate among female children was more than male children. It may be due to the fact that parents cared more for a male child than the female child.

STATEMENT 3.10  
Infant and Child Mortality

Area	No. of house holds	Perinatal	Neo Natal & Post-Natal			Total Mortality
		(within a week)	Neonatal (within a month)	Postnatal (within one year)	After one year	
Rural	500	34	19	36	32	121
Urban	240	11	6	11	2	30
Total	740	45	25	47	34	151

Out of the 500 households surveyed in rural areas, the total number of infant and child deaths was 121 against the corresponding total number of 30 deaths in case of urban area where only 240 households were surveyed. In rural area 34 deaths had occurred within a period of seven days, 19 deaths within one month, 36 deaths within one year of the birth and 32 deaths had occurred after completion of one year of age. Of the deaths in urban areas, 11 occurred within seven days, 6 within a month, 11 within a year and only 2 after one year of age. This situation calls for creation of more child care facilities particularly in the rural areas in the State.

### 3.11 Infant/Child Morbidity

Morbidity relates to sickness which effects the normal functioning of the human body. Morbidity may be temporary or permanent.

The following table gives information regarding the number of sick children on account of top eight diseases separately for rural and urban areas.

STATEMENT 3.11

#### No. of Infants and Children sick by major diseases

Area	Nature of sickness					
	Total No. of children sick (up to 14 years)	Fevers	Cough & cold	Respiratory disease	Headache and stomach pain	Dysentery
1	2	3	4	5	6	7
Rural	329	170 (51.7)	35 (10.6)	3 (0.9)	24 (7.3)	59 (18.0)
Urban	127	76 (59.8)	12 (9.4)	2 (1.6)	6 (4.7)	17 (13.4)
Total	456	246 (53.9)	47 (10.3)	5 (1.1)	30 (6.6)	76 (16.7)

*Nature of sickness*

	Diarrhoea	Leprosy	Others
	8	9	10
Rural	7 (2.1)	4 (1.2)	27 (8.2)
Urban	4 (3.2)	1 (0.8)	9 (7.1)
Total	11 (2.4)	5 (1.1)	36 (7.9)

It will be observed that fever was the most common sickness, both in the rural and urban areas. 51.7% children were reported sick with fever in rural areas during the course of survey, whereas in urban area, 59.8% children were sick with fever. Next to fever, (All fevers) comes Dysentery which was a common sickness both in the rural and urban areas.

**3.12 Treatment :**

The following statement gives the information regarding number of children who took medical treatment, and reasons in the case of those who did not take any treatment.

## STATEMENT 3.12

**No. of Children treated and reasons for not taking treatment**

Area	No. of children (0—14 years)	Medical Treatment		Reasons for not taking treatment			(No. of cases)
		Taken	Not Taken	Treatment not available	Lack of resources	Social taboos	
Rural	329	316 (96.0)	13 (4.0)	3 (23.1)	4 (30.8)	—	6 (46.1)
Urban	127	125 (98.4)	2 (1.6)	—	1 (50.0)	—	1 (50.0)
Total	456	441 (96.7)	15 (3.3)	3 (20.0)	5 (33.3)	—	7 (46.7)

It is evident that people were very cautious and aware about the treatment of various diseases in rural as well as urban areas. In case of 96 percent sick children in rural areas some treatment was given to them. Only 4 percent children in rural area and 1.6 percent in urban areas did not take any treatment due to various reasons. In rural areas ignorance, lack of financial resources, and non-availability of medical facilities were major causes for not availing of any medical treatment in case of sickness

**3.13 After effects of Morbidity**

Every sickness leaves behind some after-effect. It may be temporary physical weakness or permanent physical weakness or mental disability.

The following table gives information regarding the after effects of morbidity :—

## STATEMENT 3.13

## Distribution of Morbidity and its after effects

Area	Sickness (children 0—14 years)	After-effects of sickness			
		Temporary physical weakness	Permanent physical weakness	Mental weakness	Permanent physical disability
Rural	329	303 (92.1)	11 (3.4)	3 (0.9)	12 (3.6)
Urban	127	119 (93.7)	3 (2.4)	—	5 (3.9)
Total	456	422 (92.5)	14 (3.1)	3 (0.7)	17 (3.7)

It is evident that in most cases the immediate after-effect of any disease was temporary physical weakness. Both in rural and urban areas more than 92 percent children were effected by temporary weakness. In case of 3.4 percent children in rural areas and 2.4 percent in urban areas, the after effect of the sickness was permanent physical weakness. It is noted that 3.6 percent children in rural areas and 3.9 percent children in urban areas were permanently handicapped.

## 3.14 Immunisation

The following statement shows data regarding the number of children immunised as well as the nature of vaccination given :

## STATEMENT 3.14

## Number of children (age 0—6) who were immunised at appropriate age and nature of vaccination

Area	No. of children 0—6 years	Polio Doses			D.P.T.			B. C. G.
		Full	Less	Nil	Full	Less	Nil	
1	2	3	4	5	6	7	8	9
Rural	452	234 (51.8)	43 (9.5)	175 (38.7)	230 (50.9)	37 (8.2)	185 (40.9)	260 (57.5)
Urban	166	124 (74.7)	20 (12.0)	22 (13.3)	119 (71.7)	18 (10.8)	29 (17.5)	139 (83.7)
Total	618	358 (57.9)	63 (10.2)	197 (31.9)	349 (56.5)	55 (8.9)	214 (34.6)	399 (64.6)

It is evident from the above data that of the total number of children in rural areas, 51.8 percent children took full doses of polio vaccine and 9.5 percent children took only one or two doses. As against this, in urban area 74.7 percent children took full doses and only 12.0 percent took one or two doses of polio vaccine. Similarly, 50.9 percent children in rural areas and 71.7% children in urban areas took full doses of D.P.T. vaccination. Both in rural and urban areas, 57.5 percent and 83.7 percent children have taken B.C.G, vaccination respectively.

## 3.15. Reasons for not taking full doses of vaccine

Some of the vaccines like that of polio and D.P.T. are not effective unless full doses of vaccine are taken. The following statement gives the distribution of children by reasons for not taking full doses of vaccination :—

## STATEMENT 3.15

## Distribution of children by reasons for not taking full doses of vaccination.

Area	Total children 0—6	Children who took less than full/no doses of polio/D.P.T.	Reasons			
			Ignorance	Facility not available	Carelessness	Misc.
1	2	3	4	5	6	7
Rural	452	222 (49.1)	65 (14.4)	66 (14.6)	52 (11.5)	39 (8.6)
Urban	166	47 (28.3)	22 (13.2)	—	2 (1.2)	23 (13.9)
Total	618	269 (43.5)	87 (14.1)	66 (10.7)	54 (8.7)	62 (10.0)

Of the children (0—6) covered by the survey, 222 children in rural areas and 47 children in urban areas either took less than full doses of vaccination of Polio and D.P.T. or did not take at all. The situation in respect of rural area was pitiable as in 14.6% cases the facility was not available for repeated doses. In case of 14.4 percent cases full doses of vaccination has not been taken on account of ignorance on the part of the parents. In urban area also the ignorance about full doses was one of the causes for not taking full doses of vaccination. In 11.5 percent cases in rural areas carelessness on the part of the parents was another important cause for not taking full doses of vaccinations. It shows that the parents, particularly in the rural areas, needed to be educated about the utility and importance of various types of vaccinations.

## 3.16. Economic Status of Women

The survey revealed that in the case of only 4.4% households in rural areas, the women had been conferred ownership rights for immovable property. In urban areas the position was even worse, as only in case of 4.2 percent sampled households the women were given ownership rights over immovable property.

In rural area 12.8 percent households had availed loans from different sources, whereas in urban areas only 3.0 percent households availed this facility. In 53.1 percent households in rural areas and 57.1 percent households in urban area, the women were never consulted while taking loans by the household. They were even not aware of the fact, that the household had ever taken a loan or not. It showed that women had little say, both in the rural and urban areas, relating to the economic affairs of the household.

It was interesting to note that in 2.8 percent households in rural areas, the women availed loan under I.R.D.P. or other related programmes but in urban area, no women had availed any such loan facility.

## STATEMENT 3.16

## Distribution of Households according to Economic Status of women.

Area	Total No. of H. Hs.	H. Hs. in which women have ownership rights over immovable property	H.Hs. which availed loan	No. of H. Hs. which availed loan without women's consultation	H. Hs. in which women availed loan.
1	2	3	4	5	6
Rural	500	22 (4.4)	64 (12.8)	34 (53.1)	14 (2.8)
Urban	240	10 (4.2)	7 (3.0)	4 (57.1)	—
Total	740	32	71	38	14



### 3.17. Time spent by women on various activities

The survey revealed that both in the rural and urban areas, the women were over-burdened with their daily household chores. On an average a woman had to work for 11 to 12 hours in a day. In some rural households, a woman had to work for fourteen hours a day.

The following statement gives information regarding daily average time spent by a woman on various activities :—

#### STATEMENT 3.17

##### Average daily hours spent by women on various activities

Area	Daily average time (hours) spent on					
	Agri. and Allied activities	Domestic work	Child-care	Handi-Craft etc.	Other Misc. Activities	Total
1	2	3	4	5	6	7
Rural	3	6	2	$\frac{1}{2}$	$\frac{1}{2}$	12
Urban	$\frac{1}{2}$	6	$2\frac{1}{2}$	1	1	11

The above analysis shows that a woman had to work for 12 hours in rural areas, out of which time spent on domestic work was 6 hours, agriculture and allied activities 3 hours, child care 2 hours and one hour on other remaining activities. However, in urban area, she had to work for 11 hours.

In case of a working woman, the situation was even worse. She had to work for eight hours in the office and then again about four to five hours in the household. In case of working woman, in majority of the cases the children were looked after by other family members when the mother was away at work. In about 8 percent cases where the family size was very small and there was no family member in the household to look after the child, they were placed under the care of neighbours during the absence of mother. In one percent cases the mothers were facing problem in this regard and had to take their children along with them when going to work. It shows there is a need for providing creche facility, particularly in the urban areas, where the number of working women was more and the family size was small.

### 3.18 Housing and Sanitation Conditions

The type of dwelling houses including sanitation and environmental conditions play an important role in the development of the personality and health of the children. The children living in slums were more prone to various diseases than those living under better sanitary conditions.

The following statement depicts information on the type of houses and other related facilities :—

#### STATEMENT 3.18

##### No. of houses according to type of construction

Area	No. of houses			
	Katcha	Pucca	Semi-Pucca	Total
Rural	97 (19.4)	208 (41.6)	195 (39.0)	500
Urban	30 (12.5)	100 (41.7)	110 (45.8)	240
Total	127	308	305	740

It would be observed that in rural areas 19.4 percent families lived in katcha houses, 39 percent in Semi-pucca houses and 41.6 percent in pucca houses. Similarly, in urban areas 12.5 percent families lived in katcha houses, 41.7 percent in pucca houses and 45.8 percent in semi-pucca houses.

The following statement shows the number of households having the facilities of a latrine within the house and the provision of smokeless chulah and a separate kitchen in the house.

### STATEMENT 3.19

#### No. of houses having sanitary facilities

Area	Total No. of houses	Facility available					Smoke-less chulha	Separate kitchen
		Latrine with-in the house	Type of Latrine					
			Dry	Semi-flush	Flush			
Rural	500	34 (6.8)	27 (79.4)	7 (20.6)	—	70 (14.0)	284 (56.8)	
Urban	240	130 (54.2)	39 (30.0)	39 (30.0)	52 (40.0)	68* (28.3)	133 (55.4)	
Total	740	164	66	46	52	138	417	

\*In urban area it relates to cooking gas.

The survey revealed that only in 6.8 percent houses in rural areas, latrine facility was available within the dwelling unit, whereas in urban areas, this facility was available in more than 54 percent houses. The facility of a separate kitchen was available in more than 55 percent cases both in the rural and urban areas.

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**PART—B**

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## CHAPTER-I

### STATE ECONOMY\*

Ever since its emergence as an independent State on 1st November, 1966, Haryana has made tremendous progress in every field of development. It has earned the distinction of being a trend setter in agriculture, industry, electrification, link-road, irrigation, tourism and transport. There has been a remarkable improvement in health education and other social services. Thus, the basic strategy of the State Government has been to accelerate growth, promote self-reliance and improve all-round efficiency and productivity, and the living standards of the people in general and of weaker sections in particular.

#### 1.1 Economic Growth

The State domestic product of Haryana registered growth during 1986-87 despite unfavourable weather conditions in some stretches. Latest estimates reveal that the State domestic product at constant prices (1970-71 prices) rose from Rs. 1585.8 crores in 1984-85 to Rs. 1852.1 crores in 1986-87 (Quick estimates), registering an increase of 16.8 percent during the first two years of Seventh Five Year Plan. Similarly, the State domestic product at current prices rose from Rs. 4612.1 crores in 1984-85 to Rs. 5896.9 crores in 1986-87.

According to the latest estimates, State domestic product at current prices in 1986-87 stood at Rs. 5896.9 crores as compared with Rs. 5494.1 crores in 1985-86 indicating increase of 7.3 percent. At constant prices (1970-71 prices) State domestic product stood at Rs. 1852.1 crores in 1986-87 as against Rs. 1802.3 crores in 1985-86, registering an increase of 2.8 percent. Comparative small increase in state income in real terms during 1986-87 was primarily due to low performance of agriculture and trade sectors.

#### 1.2 Per-Capita Income

The per capita income at current prices in the state rose from Rs. 3748 in 1985-86 to Rs. 3925 in 1986-87, showing a rise of 4.7 percent during 1986-87. However, the per capita income in real terms i.e. at 1970-71 prices rose marginally from Rs. 1229 in 1985-86 to Rs. 1233 in 1986-87.

#### 1.3 Agriculture

Agriculture occupies a dominant position in the State economy. It is the main-stay of more than 78 percent of the population. Out of the total State income of Rs. 5896.91 crores the income from agriculture and livestock in Haryana during 1986-87 was Rs. 2501.66 crores (i.e. 42.4 percent).

The foodgrains production declined from 81.47 lakh tonnes in 1985-86 to 76.21 lakh tonnes in the year 1986-87. This was lower by 6.4 percent over the year 1985-86. During the year 1986-87 the production of wheat and rice decreased from an all time record of 52.60 lakh tonnes and 16.33 lakh tonnes in 1985-86 to 50.55 lakh tonnes and 15.43 lakh tonnes, respectively. The production of oilseeds which was 2.88 lakh tonnes in 1985-86 also declined to 2.26 lakh tonnes in 1986-87.

The production of cotton, however, increased from 7.45 lakh bales in 1985-86 to 9.01 lakh bales in 1986-87. This was higher by 20.9 percent over the year 1985-86. The production of sugarcane (Gur) in the year 1986-87 was 6.74 lakh tonnes, which was higher by 34.5 percent over the previous year.

During 1986-87, though the drought affected the progress on the foodgrains front, production of cotton and sugarcane continued to rise. However, the ominous shadow of drought in 1987-88 had been wide-spread and unprecedented in severity. Despite all-out efforts, almost all the agricultural crops were likely to suffer during the year.

#### 1.4 Industry

Haryana is making rapid progress in the field of industry. The number of registered

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\*Economic Survey of Haryana 1987-88.

factories went up from 4335 at the end of 1984 to 4595 (estimated) at the end of 1986 registering an increase of 6.0 percent during two years. The employment in these factories rose from 220535 to 233290 during the same period (5.8 percent). The number of small scale units had gone up from 56732 in 1984-85 to 74100 at the end of 1986-87. Another 5442 small scale units were established during 1987-88 (upto 29-2-88).

Haryana State Financial Corporation provides medium and long term loans for setting up new industries. It sanctioned loans worth Rs. 28.20 crores in 1986-87.

Under Rural Industries Scheme launched in 1977-78, 30912 R.I.S. units were set up by 31-12-1987. These units gave employment to 79170 persons. The Khadi and Village Industries Board and Haryana Handloom and Handicrafts Corporation are looking after the development of handloom and handicraft industries.

The index of industrial production in Haryana (Base 1970-71=100) rose from 298.98 in 1984-85 to 328.55 in 1985-86 showing an increase of 9.9 percent.

39 industrial Training institutes and 28 industrial Training institutes (Women Wing) were functioning in the State during 1987-88. The sanctioned seats in these institutes were 12272, against which 14508 trainees/students were admitted during 1987-88.

### 1.5 Savings

With a well designed policy, the State Government generated savings of Rs. 253.63 crores from the current account in 1987-88 (B.E.) Adding depreciation provisions and retained profits (less expenditure on renewals) of Rs. 5.06 crores, net saving of Rs. 258.69 crores were generated in 1987-88 (B.E.) which reflected a very substantial step up in the order of net saving of Rs. 172.06 crores in 1986-87 (R.E.) and Rs. 188.59 crores in 1985-86 (Accounts). These figures would speak for the concerted efforts being made by the Government towards the generation of saving on the current account to provide for increasing levels of asset formation for the community as a whole.

### 1.6 Tax Effort

In order to run the administration smoothly and to meet the development expenditure, the State Govt. raise their revenue through various sources Viz, direct and indirect taxes, non-tax revenue, share of central taxes and grants from the Centre. Tax revenues form the largest single source of State revenue. Out of the total revenue of Rs. 1275.07 crores in 1987-88 (B.E.) tax revenue was Rs. 755.59 crores i.e. 59.3 percent. Total revenue was Rs. 1069.22 crores in 1986-87 (R.E.) and Rs. 960.34 crores in 1985-86 (Accounts). The tax revenue increased from Rs. 587.22 crores in 1985-86 (Accounts) to Rs. 662.95 crores in 1986-87 (R.E.) and to Rs. 755.59 crores in 1987-88 (B.E.)

Sales tax occupied the top position in the tax structure of the State. It was 39.7 percent of the total tax revenue in 1987-88. The State excise duties contributed 20.9 percent, share of central taxes 13.9 percent, stamps and registration 6.2 percent, taxes on vehicles 2.5 percent, land revenue 0.1 percent, and other taxes and duties 16.7 percent during the year under reference (B.E.)

### 1.7 Sectoral Plan Review

The Seventh Five Year Plan of Haryana State has been approved by the Planning Commission, Government of India for Rs. 2900.00 crores. Against this the expenditure of Rs. 422.36 crores and Rs. 505.31 crores were incurred for Annual Plans 1985-86 and 1986-87, respectively. Thus Rs. 927.67 crores or 32.0 percent of the total outlay for Seventh Five Year Plan 1985-90 was incurred during the first two years. The approved outlay for Annual Plan 1987-88 was Rs. 585.00 crores which has been revised to Rs. 430.28 crores due to shortfall in resources consequent upon revision of pay scales and overoptimistic projections of resources by the previous Government. In addition, Rs. 33.33 crores have been allowed for relief works against Drought and Hailstorm. The details of outlays and expenditure are given in the following table.

B.E. Budget Estimates

R.E. Revised Estimates

## PLAN OUTLAY AND EXPENDITURE

(Rs. in Lakh)

Sr. No.	Major Head of Development	Seventh Five Year Plan 1985-90 Agreed outlay	1985-86	1986-87	1987-88		1988-89
			Actual Expenditure	Actual Expenditure	Approved outlay	Revised outlay	Approved outlay
1	2	3	4	5	6	7	8
1.	Agriculture & Allied Services	23808.00	3700.77	3889.64	4107.00	3341.00	4661.00
2.	Rural Development	6294.00	1228.97	1433.00	1336.00	1364.00	1398.00
3.	Cooperation	3926.00	380.00	710.66	685.00	600.00	685.00
4.	Irrigation and Flood Control	59461.00	14800.34	17475.74	16275.00	12490.00	10226.00
5.	Power	101025.00	11119.00	12776.00	19504.00	12000.00	18283.00
6.	Non Conventional Sources of Energy	200.00	1630.00	30.86	40.00	30.00	40.00
7.	Industry and Minerals	5655.00	777.57	839.25	1006.00	800.00	1050.00
8.	Transport	20132.00	3027.75	3648.23	3086.00	1950.00	3396.00
9.	Science and Technology	1734.00	38.70	94.98	170.00	120.00	168.00
10.	Social and Community Services	55669.00	6805.38	8604.26	11248.00	9683.00	19060.00
11.	Economic Services	171.00	0.15	0.95	33.00	10.00	33.00
12.	General Services	2025.00	340.07	477.80	410.00	340.00	410.00
13.	Decentralised Planning (District Planning)	9900.00	—	550.00	600.00	300.00	600.00
Grand Total		290000.00	42235.86	50531.07	58500.00	43028.00*	60000.00

\*In addition Rs. 3333.11 Lakhs have been allocated as Central Assistance for Drought Relief and against Hailstorm during 1987-88.

### 1.8 Poverty Alleviation

In order to eradicate poverty from the State, constant endeavours are being made to uplift and upraise the people living below poverty line. During the Seventh Five Year Plan it is proposed to assist 3.6 lakh families under different poverty alleviation programmes of I.R.D.P., Harijan Kalyan Nigam, etc. During the years 1985-87, 1.62 lakh families including 0.92 lakh scheduled castes families were assisted. Target for 1987-88 is to assist 0.78 lakh families including 0.38 lakh scheduled caste families. Against this 0.60 lakh families including 0.34 lakh scheduled castes families have been assisted up to 29th February, 1988.

About 6.5 lakh elders have benefitted under a new welfare scheme of granting old age pension to those attaining the age of 65 years. Another scheme of waiving off of bank loans will benefit farmers, petty shopkeepers, rural artisans and landless labourers. The educated unemployed youth has been extended the benefit of free travel in Haryana Roadways buses while going for interview for seeking jobs.

**CHAPTER—II**  
**DEMOGRAPHIC TRENDS**

**2.1 Population Growth**

The size and growth of population has a strong bearing on the socio-economic situation and process of human development. According to 1981 census, the population of Haryana was 1.29 crores which formed 1.89 per cent of the total population of the country. Percentage increase in population during the decade 1971-81 was 28.75. The growth of population since 1951 is given in the following statement :—

. Growth of population in Haryana (Persons)

Year	Population	Decennial Growth rate	Variation in population
1951	5659487	—	—
1961	7590543	34.0	+1931056
1971	10036808	32.2	+2446265
1981	12922618	28.7	+2885810

(Statistical Abstract Haryana 1986-87)

**2.2 Density**

The density of population (number of persons per sq. km.) had increased from 227 in 1971 to 292 in 1981. The maximum density of population was in district Faridabad (466) and minimum in district Sirsa i.e. only 165 persons.

The percentage of rural population to total State population according to 1981 census was 78.12 as against the corresponding figure of 82.34 in 1971. It shows increasing trend of urbanisation in the State.

**2.3 Projections**

The population Projections including Density projections of Haryana State (relating to mid-financial year) as estimated by the Expert Committee of Government of India for the period 1981-82 to 1990-91 are as under :—

Projected population of Haryana

Year	(Population in 00)	Density
1981	129226	292
1981-82	131285	297
1982-83	134973	305



Year	(Population in 00)	Density
1983-84	138839	314
1984-85	142799	323
1985-86	146607	332
1986-87	150255	340
1987-88	153719	348
1988-89	156988	355
1989-90	160144	362
1990-91	163155	369

(State Statistical Abstract. 1986-87)

It shows that the population of the State is expected to be 1.63 crores in 1990-91 as against 1.29 crores in 1981. Similarly the density of population is expected to increase from 292 in 1981 to 369 in 1991.

#### 2.4 Birth rate/Death rate

The birth and death rates as per Sample Registration scheme in Haryana since the year 1971 is given as below :—

Year	Birth rate			Death rate		
	Rural	Urban	Total	Rural	Urban	Total
1971	44.2	32.4	42.1	10.4	7.3	9.9
1978	34.8	26.8	33.5	14.4	8.9	13.5
1981	37.8	29.6	36.5	11.9	7.6	11.3
1982	38.2	30.1	36.5	10.0	8.7	9.1
1983	37.8	29.7	35.9	9.8	6.5	9.0
1984	38.5	32.6	37.2	11.7	7.9	10.9
1985	36.5	32.9	35.7	9.7	7.1	9.1
1986	36.9	29.6	35.3	9.2	6.6	8.7

Health Department, Haryana

It will be observed that birth as well as death rates are higher in the rural areas than in urban area. The birth rate has decreased from 42.1 in 1971 to 35.3 in 1986. Similarly death rate has come down from 9.9 in 1971 to 8.7 in 1986.

The number of births and deaths as per Civil Registration Scheme (C.R.S.) during the years

\* 1981-86 in Haryana are given below :—

Number of Births (C.R.S.)

Year	No. of Births		
	Rural	Urban	Total
1981	241300	78253	319553
1982	238933	76292	315225
1983	229616	81104	310720
1984	226058	83126	309184
1985	228089	86841	314930
1986	226073	88034	314107

No. of Deaths

Year	No. of Deaths		
	Rural	Urban	Total
1981	68555	20214	88769
1982	57909	18085	75994
1983	63548	19619	83167
1984	64795	20382	85177
1985	60301	20116	80417
1986	54574	20375	76949

(Source :- Statistical Abstract. 1986-87)

It is seen that total number of births had decreased from 241300 in 1981 to 226073 in 1986 indicating thereby the adoption of various family planning practices by people in rural areas. Similarly, during the corresponding period, the number of deaths had also decreased from 68555 in 1981 to 54574 in 1986 in rural areas, thereby showing better availability of rural health services. However, in urban areas total births rose from 78253 in 1981 to 88034 in 1986. But the death rate in urban areas during same period did not change much.

### 2.5 Mean age at marriage

As per 1981 census, the mean age at marriage in Haryana was 21.67 years for males and 17.87 years for females.

A comparable position regarding the mean age at marriage by sex, according to 1971 and 1981 census is given as under :—

India/State	Mean age at marriage (Years)			
	Male		Female	
	1971	1981	1971	1981
India	22.36	23.27	17.16	18.32
Haryana	20.52	21.67	16.84	17.87

(Child in India. Ministry of Social Welfare, Government of India)

It is seen that mean age at marriage in respect of both males and females is lower in Haryana than at all India level.

## 2.6 Fertility

Latest data on fertility is not available from Central/State sources. However, it is available only for the years 1971-73 and 1976-78 from the Registrar General of India, worked out on the basis of Sample Registration Scheme.

Before getting into details it is pertinent to understand some of the terms in which the term fertility has been discussed. General fertility rate in crude terms implies the number of live births per thousand women aged 15-49 years in a given year, and total fertility rate means the average number of children that would be born alive to a woman during her reproductive span (15-49 years) of life conforming to the age specific rate in a given year. The Gross Reproductive rate on the other hand is defined as the average number of daughters born alive to a woman during her reproductive age span (15-49 years) of life conforming to age specific fertility rate in a given year. The average general fertility, total fertility and gross reproduction rates for Haryana worked out by the Registrar General's office under the Sample Registration Scheme are higher than the all India averages. For information relevant details are reproduced in the table below :—

**Average General Fertility, Total Fertility and Gross Re-production rates (SRs) by area in India and Haryana (1971-73) and (1976-78)**

Sr. No.	India	Area	General Fertility Rate		Total Fertility Rate		Gross Re-production Rate	
			1971-73	1976-78	1971-73	1976-78	1971-73	1976-78
1.	India	All	157.3	141.9	5.0	4.6	2.5	2.2
		Rural	164.0	150.2	5.3	4.9	2.6	2.4
		Urban	130.5	111.3	4.0	3.5	1.9	1.6
2.	Haryana	All	194.7	156.5	6.6	4.9	3.2	2.3
		Rural	207.8	163.2	7.0	5.2	3.3	2.5
		Urban	138.9	117.2	4.6	3.6	2.1	1.7

Source :—Registrar General of India : Sample Registration System, 1976-78 PP. 14-16.

## 2.7 Life Expectancy

Projected values of expectation of life at birth for Haryana State are given as under :—

Period	Expectancy of life (years)	
	Males	Females
1961-70	48.1	45.9
1971-75	51.9	50.4
1976-80	54.4	53.4
1981-85	56.9	56.4
1986-90	59.4	59.4

Source : Progress of Family Welfare Programme in Haryana (1982-83) Health Department (P. 20)

It may be observed that in respect of both males and females the expectation of life at birth is almost the same. However, expectancy of life at birth for males is 59.4 years in 1986-90 as against 48.1 years during the period 1961-70. Similarly, in respect of females, the corresponding increase in life expectancy at birth, which was 45.9 years in 1961-70 is expected to rise to 59.4 years in 1986-90.

## 2.8 Child Population

The distribution of child population by age-group according to 1981 census is as under :—

Area	Distribution of child population (1981 census)		
	0-9	10-14	0-14
All	3570	1825	5395
Rural	2867	1481	4348
Urban	703	344	1047

The percentage of child population to total population is 41.77. Thus, two out of every five persons in the State are children.

## 2.9 Infant Mortality (IMR)

Infant mortality rate (death under one year of age in a year per 1000 live births) is an important indicator of child health and development. As per 1981 census, IMR in Haryana State was 100.4 as compared to the corresponding, all India figure of 120. The trend of I.M.R., from 1971 given below :—

Year	I.M.R. per thousand live births as Sample Registration Scheme		
	Rural	Urban	Total
1971	74.0	58.0	72.0
1981	108.0	52.0	101.0
1984	110.0	62.0	101.0
1985	92.0	58.0	85.0
1986	91.0	58.0	85.0

Source :—(Health Department, Haryana)

The above data reveals that infant mortality in urban areas is lower than in rural areas on account of availability of better health and medical facilities there.

The infant mortality is divided into three components, viz., peri-natal, neo-natal and post neo-natal mortality. The first two categories relate to deaths within the first four weeks after birth. Neo-natal deaths are due to endogenous factors, while post-natal deaths are due to exogenous factors like environmental and medical facilities.

The following data indicates the distribution of infant deaths in Haryana.

**Distribution of Infant Deaths in Haryana**

Year	Total deaths under one year	Peri-Natal (Under one week)		Neo-Natal (Over one week but not exceeding one month)		Post Neo-Natal			
		Total	Percentage to col. 2	Total	Percentage to col. 2	Total	Percentage to col. 2	Total	Percentage to col. 2
1	2	3	4	5	6	7	8	9	10
1980	12104	2182	18.0	2487	20.6	4842	40.0	2593	21.4
1982	9700	2057	21.2	1869	19.3	3798	39.1	1976	20.4
1983	9537	2164	22.7	3992	41.9	1504	15.8	1877	19.6
1984	9149	1894	20.7	1540	16.8	3691	40.4	2024	22.1
1985	8216	1388	16.9	1480	18.0	3706	45.1	1642	20.0
1986	7892	1561	19.8	1349	17.1	3476	40.0	1506	19.1

Source :—State Statistical Abstract: 1986-87

It may be observed from the above table that the number of peri-natal deaths had decreased from 2182 in 1980 to 1551 in 1986. Similarly, the number of neo-natal deaths declined substantively, from 2487 in 1980 to 1349 in 1986. So far as post-neo-natal deaths are concerned the number had decreased from 7435 in 1980 to 4982 in 1986. The number of total infant deaths went down by 32 percent.

### 3.10 Child Mortality

The age specific deaths in the age groups of 1-4 years, 5-9 years and 10-14 years is also a key indicator of child mortality. The age specific deaths, as obtained from the Health Department, based on Civil Registration Scheme (C.R.S.) are given below:

Child Mortality according to Age and Sex in Haryana as per Civil Registration Scheme

Year	Under one year			1-4 years			5-9 years			10-14 years			15-19 years		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1980	7064	5040	12104	4087	4002	8089	2042	1561	3603	1538	1170	2708	1326	1149	2475
1982	5864	3836	9700	3228	3030	6258	1298	961	2259	1105	847	1952	1383	964	2347
1983	5719	3818	9537	3203	3087	6290	1287	995	2282	1079	837	1916	1220	901	2121
1984	5511	3638	9149	3797	3460	7257	1449	1179	2628	1187	921	2108	1388	1004	2392
1985	5056	3160	8216	3289	3089	6378	1378	1019	2397	1041	816	1857	1412	999	2411
1986	4770	3122	7892	2773	2525	5298	1126	913	2039	1008	705	1713	1298	876	2174

Source :—Statistical Abstract of Haryana : 1986-87

## 2.11 Morbidity among Infant and Children

Morbidity can be defined in simple words as the poor State of health which affects the normal functioning of the physical and mental system. Although no reliable information on the morbidity pattern among infants and children is available, asthma, bronchitis, tuberculosis, pneumonia, anaemia, gastro-entritis, dysentery, jaundice, malnutrition and debility, typhoid, influenza etc. are stated to be the major causes of the poor health of the infants and children.

The diseases causing morbidity and mortality among children and infants are; Bronchitis, T.B. of lungs, Pneumonia, Anaemia Gastro-entritis, Cancer, Malnutrition and debility, Typhoid, Tetanus, Poliomyelitis and Heart attack.

It is learnt that fevers, malnutrition and the lack of protection against communicable diseases are the major causes of poor and unsatisfactory health of the children. Besides poverty, ignorance and non-availability of health and medical facilities are some of the other contributory factors that affect the health of children.

It will not be out of place to observe that urbanization in a haphazard way has resulted in over-crowding, unsatisfactory environmental conditions, poor hygienic conditions, contaminated water supply etc., eventually leading to deterioration in the overall health standards. Improper care of children in cases where both parents work, also results in poor health standard of the infants and children.

It could, therefore, be observed that morbidity is a malignant outcome of poverty, ignorance, poor housing, diseases and infections. This could be combatted only by improving the economic conditions of the weaker socio-economic sections of the society.

In the case of Haryana State it will not be incorrect to observe that poor hygiene (personal/environmental), inadequacy of the health and medical facilities, lack of education and social taboos (including care of pregnant women weaning foods for young ones) are the major causes of infants and child morbidity and mortality. Economic and Social development need to be joined in a happy marriage to improve the quality of life for the vulnerable sections of society.

Source :—Unicef Report P. 87-88.

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## CHAPTER III

### HEALTH

#### 3.1 Organisation of Health Services

The Health Department provides preventive and curative health services to the people of Haryana. The total number of medical institutions (allopathic) both in rural and urban areas are given as under :

Number of Medical Institutions (Allopathic)

Year	Rural						Urban				
	Hospital	PHC	Dispensary	SHC/CHC	Sub-Centre	Total	Hospital	PHC	Dispensary	CHC	Total
1	2	3	4	5	6	7	8	9	10	11	12
1980	6	71	149	20	1040	1286	78	18	98	—	194
1981	6	71	149	21	1113	1360	79	18	100	—	197
1982	7	70	150	23	1115	1365	79	19	102	—	200
1983	7	74	138	51	1115	1385	79	19	105	—	203
1984	8	74	127	68	1697	1974	79	19	107	—	205
1985	8	164	120	—	1894	2186	77	20	106	3	206
1986-87	9	242	47	6	1894	2198	70	22	183	16	291

Source : Health Deptt. Haryana.

The total number of medical institutions in rural areas had gone up from 1286 in 1980 to 2198 during the year 1986. But in urban areas the corresponding increase in their number was from 194 in the year 1980 to 291 in the year 1986. Similarly, the number of PHCs in rural areas had increased from 71 in 1980 to 242 in 1986, whereas in urban areas the number of PHCs had increased from 18 in 1980 to 22 in 1986. This indicates more rapid expansion of medical facilities in rural than in urban areas.



### 3.2 Medical Staff

The position as on 31st December, 1986. regarding medical personnel is given in the following table :

Medical Staff in Haryana

Year	Medical Officer Class I & II	Nurses/Matron Sister	Mid-wives ANMs	Nurses	Technicians/Lab. Asstt.	Dispensars/Pharmacists	Ministerial Staff	Dais/Nurses	Class IV	Others	Total
1	2	3	4	5	6	7	8	9	10	11	12
1980	916	801	655	613	182	615	348	218	2179	309	6836
1981	1229	1021	1109	353	254	767	518	704	2787	486	9228
1982	1149	868	1099	237	247	666	582	540	2652	431	8471
1983	1254	951	1167	254	255	696	594	596	2833	505	9105
1984	1207	1008	1134	361	261	697	581	461	2804	844	9358
1985	1192	1174	1264	376	277	725	678	514	2989	931	10120
1986	1250	962	1921	113	253	787	831	180	3784	289	10370

Source ; State Statistical Abstract 1986-87.

The information regarding the patients treated and beds available is given as under :

Patients treated and beds available in Haryana

Year	Patients treated			Beds		
	Indoor	Outdoor	Total	Males	Females	Total
1	2	3	4	5	6	7
1980	254513	9607909	9862422	4728	4020	8748
1981	268075	9617935	9886010	4702	4063	8765
1982	287566	8691614	8979180	4814	4085	8899
1983	302178	6685837	6988015	4943	4213	9156
1984	310005	6029551	6339556	5023	4284	9307
1985	342771	5994664	6337435	5123	4352	9475
1986	321790	5731837	6053627	5223	4473	9696
1987	325323	7867530	8192853	5417	4627	10044

Source : Health Deptt. Haryana.

It is observed that total number of patients treated had decreased from 9862422 in 1980 to 6053627 in 1986. It shows that more health care facilities have been made available during this period resulting in decline in the number of patients. The total number of beds had increased from 8748 in 1980 to 9696 in 1986.

Area covered per Institution and beds per lakh of population is given below :

Area covered per Institution and beds per lakh of Population

Year	Area covered per Institution in Sq. km.	Institutions per 100000 population	Beds per 100000 population
1	2	3	4
1980	30	10	69
1981	29	11	68
1982	28	12	67
1983	28	12	68
1984	21	15	68
1985	18	16	69
1986	18	17	68

Source : State Statistical Abstract, 1986-87.

It is observed that the area (sq. km.) covered per medical institution had decreased from 30 sq. km. in 1980 to 18 sq. km. in the year 1986. Similarly, the number of medical institutions per lakh of population had increased from 10 in year 1980 to 17 in the year 1986. This showed that there had been significant improvement in the health care facilities in the State.

### 3.3. Childhood disability

A disabled child can be defined as one who is unable to ensure for himself, wholly or partially, the necessities of a normal person or social life, including work as a result of deficiency, whether congenital or not, in his physical or mental capabilities. This disability would include the partially or totally blind, partially and totally deaf, orthopaedically handicapped, mentally retarded, slow learners and those affected by multiple handicaps.

Sufficient data is not available to make an exact assessment of the number of total children suffering from some kind of physical or mental disability in Haryana. However according to 1981 census, the number of disabled persons in the State is given as below :

	Number
1. Totally blind persons	7656
2. Totally Crippled persons	4828
3. Totally dumb persons	3359
Total disabled persons	15,843

The number of totally disabled persons and their proportion to one lakh population by type of disability according to 1981 census is given as below :

Area Population (000)	Total		Totally blind		Totally handicapped		Totally dumb		
	No.	Proportion	No.	Proportion	No.	Proportion	No.	Proportion	
1	2	3	4	5	6	7	8	9	10
All	12653	15843	125	7656	60	4828	38	3359	27
Rural	9933	13611	137	6647	67	4064	41	2900	29
Urban	2720	2232	82	1009	37	764	28	459	17

Source : Child in India, 1985 P. 1175 Ministry of Social Welfare Government of India.

The above data shows that number of disabled persons per lakh of population is more in rural areas as compared to urban areas. It may be due to lack of awareness about immunisation programme and inadequacy of medical facilities in rural areas.

Estimated number of disabled children in Haryana by age-groups, sex and area is given in the following table :

Number of disabled children by age group (1981 Census)

Area	Visual disability				Hearing disability			
	0—4		5—14		0—4		5—14	
	M	F	M	F	M	F	M	F
1	2	3	4	5	6	7	8	9
Rural	21	70	18	81	NA	NA	699	263
Urban	—	—	16	19	NA	NA	412	178

  

	Speech disability				Locomotor disability			
	0—4		5—14		0—4		5—14	
	M	F	M	F	M	F	M	F
10	11	12	13	14	15	16	17	18
Rural	—	—	NA	NA	621	756	1227	828
Urban	—	—	NA	NA	468	215	2182	591

Source : Child in India—1985. Govt. of India.

It will be observed that maximum number of children are suffering from locomotor disability, both in rural and urban areas.

### 3.4 Causes :

There are various causes of speech disability, which include known causes such as infectious diseases, malnutrition, accidents and injuries before or at the time of birth. This disability when occurring at an early stage of life causes severe and multiple disability conditions. Another important factor in the disability situation in Haryana is the predominance of rural population. Most of the rehabilitation services and preventive measures have been developed in urban areas but adequate medical facilities are not available in the rural areas. Thus efforts have to be accelerated, to prevent disability. For example, use of iodised salt for cooking instead of common salt would prevent children from serious disease of thyroid by birth. Similarly, immunisation against polio and other childhood diseases, obstetric care and other mental care services and regular intake of Vitamin-A by children can prevent a wide range of orthopaedic and visual disabilities. Prevention is always better than cure. Once a disability occurs then efforts on treatment and rehabilitation become very costly in terms of time and money.

The Government is aware of the acute problem of disability and need for providing assistance for various rehabilitation programmes. Grant-in-aid is being provided to voluntary agencies in the shape of organisational support and procurement of appliances. Scholarships are also being provided to the handicapped children besides assistance in getting employment through Employment Exchanges.

In the private sector a number of voluntary agencies such as Rotary clubs as well as Lion Clubs are playing vital role in assisting the disabled. Many of them operate at district levels. Among international agencies, Unicef, Rotarians and Lions are playing very important role in providing assistance to the disabled persons. But, all these voluntary agencies have confined their activities to urban areas only and hardly any service reaches disabled children in rural areas.

Haryana Red Cross Society and Saket hospital at Chandi Mandir are extending preventive, early detection and simple Community based rehabilitation services. A childhood disability project, has been undertaken by Saket hospital in collaboration with Haryana Red Cross Society. All children within the age group 0—5 are immunised against polio and tetanus etc. and physiotherapy treatment is also provided to the identified children stricken with polio. This institute also provides artificial limbs to the handicapped persons,

### 3.5 Immunisation

Provision of immunisation facilities in the age group 0—6 years is very important to improve health conditions of the children. A large number of deaths and disabilities can be prevented by timely provision of immunisation facility. Nearly 25 percent of child deaths occur on account of six common diseases which can be prevented by timely immunisation/vaccination. Tetanus is a major killer of new born babies. The next killer disease is measles, followed by tuberculosis, diphtheria and polio-myelitis, etc.

The achievement of immunisation programme in Haryana during the period April, 1987 to March, 1988 is given as under :—

#### Immunisation of Children and Women

Vaccination	Annual Target 1987-88	Achievement upto 31-3-88	% age of Annual Target
1	2	3	4
1. D.P.T.	356000	511352	143.63
2. POLIO	356000	506735	142.34
3. B.C.G.	400000	405845	101.4
4. MEASLES	221000	249568	112.92
5. TT(PW)	333000	361512	108.56
6. D.T.	325000	374311	115.17
7. Typhoid	325000	291295	89.62
8. TT (10 Years)	325000	232197	71.45
9. TT (16 years)	160000	132364	82.73
10. N.A. (Mother)	520000	623942	119.98
11. N.A. (Child)	532000	660499	124.15
12. VIT 'A'	700000	1287044	183.86

(Health Department Haryana)

### 3.6 Expenditure on Health

Special emphasis was laid on providing better health and medical services to the people, both in the rural and urban areas, during the Sixth Five Year Plan 1980-85. The approved outlay for the Sixth Plan was 3600.00 lakhs against which the actual expenditure was Rs. 3632.7 lakhs. During the Seventh Plan period emphasis has been laid to provide effective and efficient health services. An outlay of Rs. 6322.0 lakhs has been approved for the Seventh Five Year Plan 1985-90 to provide better health

and medical services to the people, especially in rural areas. The programme-wise break up of the proposed outlay is as under :—

(Rs. in lakhs)

Sr. No.	Programme	Seventh Five Year Plan (1985-90) (Approved outlay)	Actual Expenditure 1986-87	Approved Outlay 1987-88	Proposed Outlay 1988-89
1	2	3	4	5	6
1.	Minimum Needs Programme	3546.05	318.20	600.00	645.65
2.	Control of Communicable diseases	1675.60	339.52	414.00	499.00
3.	Hospitals and Dispensaries	800.35	203.46	150.00	273.90
4.	Other Programmes	300.00	39.10	49.00	81.45
<b>Total</b>		<b>6322.00</b>	<b>900.28</b>	<b>1213.00</b>	<b>1500.00</b>

(Seventh Five Year Plan—Haryana)

## CHAPTER—IV

### NUTRITION

#### 4.1 Infant and Child Nutrition

According to a survey conducted by the State Health Department in the year 1984 to find out the dietary habits of the people, there has been a considerable change in the consumption pattern in the state during the last two decades. While the per capita consumption of wheat has almost doubled, that of pulses has declined. Although there has been some improvement in the per capita consumption of cereals, there has been a decline in the protein intake from food grains. The consumption of cereals in Haryana is almost double than that in the State of Gujrat and Bihar.

The average per capita food intake in terms of calories and proteins in respect of different age groups according to the above survey is as under :—

Intake	Age-Group				
	0—1 Yrs.	1—3 Yrs.	4—6 Yrs.	7—10 Yrs.	Adult
Calories	527	937	1388	1920	2803
Protein (in gm.)	11.18	27.3	42.0	59.39	87.04

#### 4.2 Food intake

As per findings of the above survey the number of children taking milk decreases with age. In the case of infants about 96 percent of children are fed with milk (other than breast milk) in the rural areas. For children aged one year the type of food normally given is milk supplemented by wheat preparation. The common type of food given to the larger number of children in the age group 2—6 years includes wheat and rice preparations. In the age group 3—6 years over 25 percent of children are given millets. The intake of non-vegetarian food such as eggs, meat, fish etc. among children is negligible.

The number of children in urban areas above one year of age who are wholly fed on milk is less than their counterparts in rural areas. However, the number of children who are given rice and meat products in the urban areas is more than their counterparts in the rural areas. But the number of children who are fed on millets in the urban areas is lower than in the rural areas.

#### 4.3 Extent of Mal-Nutrition among Infants and Children

The percentage of nutritional deficiency diseases (under 6 years) as estimated by the State Health Department in Haryana is noted below

Vitamin-A	Vitamin-B	Iron	Protein	Calories
8.4%	4.8%	8.0%	21.6%	9.2%

It will be seen that deficiency of protein is one of the major causes of mal-nutrition among infants and children in the state.

#### 4.4 Low Birth Weight :—

The weight at the time of birth is the most decisive factor in the chances of infant survival. It is, therefore, essential to give rich diet to under-nourished pregnant women in order to avoid infant mal-nutrition, ill health, and low weight births. Babies below 2.5 kg. birth weight are three times more likely to die in infancy than babies of normal weight (2.7 kg.) at birth. In Haryana about one third of new born children have low birth weight, resulting in high infant mortality.

#### 4.5 The amount of food needed :—

As per the survey conducted by the State Health Department, the consumption of food by the children alongwith the recommended doses and differences (gap) is noted below :—

	Age-group (Amount in gms)								
	1-3 years			4-6 years			7-12 years		
	Actually Consumed	Recomm- ended	Gap	Actually Consumed	Recomm- ended	Gap	Actually Consumed	Recomm- ended	Gap
1	2	3	4	5	6	7	8	9	
(i) Cereals	130	150	20	259	200	+59	384.5	285	+99.5
(ii) Pulses	7.3	50	42.7	15.4	60	44.6	20.76	70	49.24
(iii) Roots & other vegetables	14.7	30	15.3	26.5	50	23.5	41	63	22
(iv) Leafy Veg.	4.3	50	45.7	7.9	75	67.1	15.2	88	72.8
(v) Fruits	0.4	50	49.6	2.2	50	47.8	3.9	50	46.1
(vi) Fats/oil	5.1	20	14.9	9.7	25	15.3	16.2	33	16.8
(vii) Milk	213.5	300	86.5	181	250	69	207	250	43
(viii) Sugar/Gur	26	30	4	31.5	40	8.5	43.5	50	6.5

Source: Health Department, Haryana.

Similarly, data showing food intake, recommended dose and gap in consumption by pregnant/Lactating mothers, as estimated by the State Health Department, is given below :—

Amount of food actually consumed by mothers and the gaps

	Pregnant Women (Amount in gms.)			Lactating Women (Amount in gms.)		
	Actually consumed	Recommen- ded	Gap	Actually consumed	Recommen- ded	Gap
Cereals	418	400	+18	450	450	Nil
Pulses	29	70	41	20	80	60
Roots & other Veg.	77	150	73	52	150	98
Green Leafy Veg.	42	150	108	24	150	126
Fruits	0	30	30	0	30	30
Milk	210	325	115	198	325	127
Ghee/oil	14	35	21	20	50	30
Sugar/Gur	32	40	8	38	50	12

Source :—Health Department, Haryana.

#### 4.6 Cultural Aspects on feeding practices

In Haryana, children in rural areas are mostly kept on breast milk for a fairly long period, varying from 2 to 3 years. Weaning is started very late. Supplementary liquid and solid foods are usually not fed till a child attains the age of 1½ to 2 years. Many infants are not even introduced to liquid supplements at all. It is recognised that breast milk alone cannot fulfill the nutritional requirements of a growing child beyond four months of age. Although food is available in the family yet due to cultural taboos, ignorance and inherited beliefs of the people, it is not given to the child. Moreover, most of the women go to work in the fields and children are left at the mercy of aged grand parents and other elder children for most of the time during the day, who are unable to provide them proper feeding.

#### 4.7 Regional Variations

Ambala, Kurukshetra, Karnal, Sonapat and Gurgaon districts have mixed population of vegetarian and non-vegetarians. Their diet includes meat, egg, fish etc. In the remaining districts where majority of the population is vegetarian there is common deficiency of protein in food intake. Moreover, the availability of vegetables in above 5 districts is sufficient and therefore green vegetables are also included in their daily diet.

#### 4.8 Seasonal Patterns

During winter season leafy vegetables are available in abundance but in the summer season (April, May and June) the consumption of leafy vegetables naturally declines because of their non-availability. It has been observed that in rural areas of the State people take mostly those food items which are locally produced. They do not bother to supplement their diet with other required nutrients. This results in vitamin/iron deficiencies, especially during the summer season. Nutritional deficiencies like Angular stomatitis, Glossitis, Cheilosis etc. are mostly not found in the winter season.

#### 4.9 Supplementary Nutrition

The Supplementary Nutrition Programme (S.N.P.) covers feeding of children of pre-school age and pregnant and lactating women. Applied nutrition programme and the mid-day meal-programme in schools was launched in the early sixties. Supplementary Nutrition Programme under I.C.D.S. was started in Haryana on an experimental basis in Kathura block of district Sonapat in the year 1975-76. S.N.P. was meant to provide supplementary nutrition to children below 6 years of age and expectant and nursing mothers living in urban slums and backward rural areas. It is aimed at bridging the existing nutritional gap by providing 300 calories and 10-12 grams protein for children and 500 calories and 20-25 grams of protein for mothers.

Under S.N.P. special attention is paid to children below 3 years of age, particularly belonging to the poor scheduled castes and backward classes of the society as they are more affected by mal-nutrition, or under-nutrition. During 1985-86, 65844 pregnant and nursing mothers and 250182 children (0-6 years) were covered under S.N.P. During 1986-87, 80803 pregnant and nursing mothers and 293192 children had benefitted under this programme.



## CHAPTER—V

### EDUCATION

Education plays vital role in the development of alround personality of a person. The State Government has, therefore, rightly accorded high priority to education in order to make the people more responsive to developmental programmes. As a result there has been a significant qualitative and quantitative progress in the field of education in the State during the last one decade. The number of educational institutions aswell as enrolment figures have shown tremendous increase. According to 1981 census, the percentage of literate persons to the total population was 36.14% as against 26.9% in 1971, thus, recording an increase of about 10% during the period (1971-1981).

#### Literacy

##### 5.1 Female Literacy

According to 1981 census, the percentage of female literates to total literate persons in the State was 22.2 which is not much encouraging and is less than the national average of 25 percent. An educated mother can bring up her children in a better way than uneducated mother, being conscious of various family welfare programmes specially meant for the health care of the infants and children.

It has been observed that the household having educated females has smaller family size, as compared to the households wherethe women are uneducated. The people of Haryana have been traditionally orthodox towards females education. The district-wise position of literacy is as below :—

Literacy by Districts (1981 Census)

Sr. No.	District	Literacy Rate		
		Persons	Male	Female
1.	Hissar	29.7	41.1	16.7
2.	Sirsa	29.9	39.5	19.0
3.	Bhiwani	32.8	47.8	16.3
4.	Gurgaon	34.6	47.7	20.1
5.	Faridabad	39.1	52.3	22.9
6.	Jind	25.9	37.8	12.2
7.	Mahendergarh	36.4	46.8	24.4
8.	Ambala	44.2	52.7	34.6
9.	Karnal	36.4	46.8	24.4
10.	Kurukshetra	32.4	41.8	21.5
11.	Rohtak	42.0	55.6	26.9
12.	Sonepat	40.6	54.0	25.2
	Haryana	35.8	47.8	22.2

Source :—Statistical Abstract of Haryana 1985-86.

It may be observed that female literacy in Jind district is the lowest i.e. 12.2% followed by Bhiwani (16.3%) and Hisar (16.7%). In some parts of district Gurgaon i.e. Mewat, female literacy is negligible. Maximum rate of female literacy is in district Ambala i.e. 34.6%.

## 5.2 Literacy among Children :

According to 1981 census the rural/urban literacy rate for male and female children aged between 5 and 10 years and above is given below:—

Area	Literacy rate for age group (5-10)			Literacy rate for age group (10-15)		
	Person	Male	Female	Person	Male	Female
1	2	3	4	5	6	7
Rurai	35.08	50.05	17.85	36.64	52.21	17.53
Urban	64.98	74.04	54.40	66.67	76.53	54.80
Total	41.67	55.36	25.80	43.43	58.57	25.81

Source : Child in India 1985 (Government of India).

It is seen that female literacy rate, both in rural and urban areas, is much less than that of the male literacy rate in the same age-group.

## 5.3 Primary education

Under the Compulsory Primary Education Act, every child in the age group 6 to 11 is required to attend the school. All-out efforts are made to realise the above goal. However, the existing participation rate for 6-11 years of age group is about 80%. In the Seventh Five Year Plan, it has been proposed to accelerate the pace of expansion of primary education (1-5) considerably so as to achieve 100% enrolment in the age group 6-11 years.

During the year 1980-81, there were 4961 primary schools in Haryana which increased to 5105 in the year 1985-86. However, during 1986-87 the number decreased to 4849 due to upgradation of primary schools. The number of primary schools again rose to 5048 during 1987-88 (upto Sept. 1987).

During the year 1980-81 the total enrolment at the primary stage in classes 1-5 was 1245487 children which rose to 1575553 children in 1985-86. During 1986-87 it further increased to 1803000. The enrolment of girl students increased from 422847 in 1980-81 to 627665 in 1985-86. During the year 1987-88 the target for enrolment for primary and middle classes was laid down as under :—

	Classes I-V	VI-VIII	(No. in lakhs)
Boys	10.91	4.94	
Girls	8.37	2.71	
Total	19.28	7.65	

According to the above target, 83000 additional students in primary and 50,000 students in middle classes were to be enrolled, which has been over achieved. Similarly, for the year 1987-88 target of 85,000 additional enrolment in the age-group 6 to 11 years in I-V classes was laid down,

The hardcore of non-school going children are mostly girls belonging to scheduled castes, backward classes, and weaker sections. Among such classes of society, the parents are conservative and orthodox in their outlook and hesitate to send their daughters to co-educational institutions. Therefore, efforts are being made by the Government to open new primary schools especially for girls. Branch primary schools are opened in the Bastis of rural areas, where even 30 children are available. The primary school facilities are available within a radius of 1 km. in every district of the State.

#### 5.4 Quality of Education and relevance of curriculum :

The national policy on education lays great emphasis on improving the quality of education. Among many things on which the quality of education depends, curriculum is of paramount importance. Improved curriculum goes a long way in improving the quality of education. Curriculum at the elementary stage has been revamped and the Govt. has modified and revised the school curriculum. The new curriculum provides ample opportunities to the child to take him/her towards higher reaches of human values and behaviour. The new curriculum, which is as per the needs of the society, includes socially useful productive work, health and physical education and creative arts which are the basic learning needs of the child. Contemporary topics like population problem, value oriented education, environmental studies, and National Integration find their rightful place in the newly developed courses.

The Haryana State has also updated and modified the curriculum for classes I-VIII keeping in view the latest socio-economic changes occurring in the country in the recent past. Preparation and printing of text books based on the new curriculum is in progress. Efforts are being made to follow the draft curriculum framed by NCERT, New Delhi, in accordance with the National Policy on Education. It has also been decided to print the primary classes text books in multi-colours so that small children get fascinated towards education.

#### 5.5 Non Formal Education :

Non-formal education programme provides part-time education to the children in the age group 6-14 and 14-17 years who can not attend full time formal schools and are drop-outs from the formal system of education.

The programme of non-formal education in Haryana was started during 1974-75 on experimental basis when the system of part-time schools was started. The programme was re-oriented in its present form and was launched on 2nd Oct. 1978.

Non formal education (N. F. E.) as an approach to Universalisation of elementary education is an alternative supportive measure to formal education. The programme on NFE was started for drop-outs of formal system, for non-starters, for children from habitations without schools, and working children and girls who could not attend whole-time schools for various reasons. It aims to help in achieving universal elementary education. The progress regarding coverage is given as under :—

No. of Non-Formal Education (NFE) Centres at primary level

Year	No. of NFE Centres functioning	No. of beneficiaries		
		Boys	Girls	Total
1980-81	3074	33489	39272	72761
1981-82	3284	36515	40594	77109
1982-83	3476	47953	55053	103006
1983-84	3511	41546	56677	98223
1984-85	3608	37925	64910	102835
1985-86	4810	47070	93308	140378
1986-87	5977	59723	110467	170190
1987-88	5899	65188	108307	173495

Source :—Education Department, Haryana.

Thus it is evident that the number of NFE Centres increased from 3074 in 1980-81 to 5899 in 1987-88. Similarly, the total number of beneficiaries at primary level went up from 72761 in 1980-81 to 173495 in 1987-88.

#### No. of NFE Centres at middle Level

Year	No. of NFE Centres functioning	No. of beneficiaries		
		Boys	Girls	Total
1981-82	60	289	170	459
1986-87	100	917	430	1347
1987-88	75	1385	252	1637

Source :—Education Department, Haryana.

#### 5.6 Coverage :

The programme is being implemented in 62 C. D. Blocks of the State. All the Centres are co-educational. The duration of teaching is 2½ hours daily. Generally all the centres are integrated with Adult-education centres. The scheme is mainly benefitting the rural areas and the children belonging to the scheduled castes and weaker sections of the society. Besides teaching three Rs' some type of vocational training is also imparted to the children at these centres. Although it has not met with the desired success so far, efforts are being made to make it more popular, particularly amongst the drop-outs, by providing more incentives. The children are provided free reading and writing material, text-books and materials for crafts etc. Girls, belonging to weaker sections, are provided free uniforms. More emphasis is being laid on learning, than teaching. In order to make it more attractive extra curricular activities such as group singing, dramas, plays, bhajan kirtans are also organised regularly once a week.

A sum of Rs. 83.21 lakhs was spent, on NFE during the year 1987-88 for primary and middle level while during the year 1985-86 and 1986-87 a sum of Rs. 73.51 lakhs and Rs. 96.98 lakhs respectively were spent on NFE.

#### 5.7 Organisation of Educational Services :

Formal education facilities are provided to all the children in the age group of 6 to 14 years in the primary and middle schools.

The total number of institutions imparting primary and middle level education in the State are as under :—

No. of Institutions	1980-81	1984-85	1985-86	1986-87	1987-88
Primary Education	7002	7605	7867	7893	8061
Middle Education	2354	293	3068	3240	3316

Source :—Educational Statistics, Department of Education, Haryana.

#### 5.8 Teachers :

There were 30194 primary teachers in 1980-81 which increased to 35664 in 1987-88. Similarly, the number of teachers for middle classes in 1980-81 was 15039 and 20393 in 1987-88.

The Stage wise strength of teachers is as under :—

Stage	1980-81		1984-85		1985-86		1987-88	
	Total	Women	Total	Women	Total	Women	Total	Women
1	2	3	4	5	6	7	8	9
I. Primary	30194	10552	33422	13524	34583	14617	35664	16041
II. Middle	15039	4397	18595	6217	18858	6356	20393	7244

Source :—Education Statistics, Department of Education, Haryana.

The teacher pupil ratio in primary classes in 1980-81 was 1:41 and in middle classes 1:32. During 1987-88, it increased to 1:46 in primary classes and to 1:33 in middle classes.

#### Expenditure on Education :

##### Elementary Education :

An outlay of Rs. 6750 lakhs has been approved during the Seventh Five Year Plan 1985-90 for elementary education. The outlay approved for the year 1987-88 is Rs. 1219 lakhs.

##### Primary Schools :

In order to achieve the goal of 100% enrolment in age group 6—11 years by 1989-90, it is proposed to open 100 new primary schools mostly for girls and to create 100 additional posts of teachers to cover 16,600 additional children at a total cost of Rs. 415.7 lakhs during 1987-88.

##### Middle Schools :

It is proposed to cover 7.42 lakhs children (76%) in classes VI-VIII during 1987-88. It is proposed to provide 500 posts of teachers during 1987-88 at a total cost of Rs. 347 lakhs.

A sum of Rs. 30.10 lakh has been approved to cover 33653 additional children under non-formal education for primary and middle class students during 1987-88.

The details of the approved Annual outlay 1987-88 on Elementary education is given as under :—

#### Outlay and Expenditure

(Rs. in lakhs)

Name of the scheme	Seventh Plan Outlay	1986-87	1987-88	1988-89
		Actual Expenditure	Actual Expenditure	Approved Outlay
1	2	3	4	5
<b>GENERAL EDUCATION</b>				
(i) Govt. primary school	4549.90	862.53	878.37	1037.06
(ii) Other Expenditure	167.45	5.63	13.42	36.00
(iii) Govt. middle school	2032.65	223.75	440.10	516.94
<b>Total Elementary Education (Primary and middle Education)</b>	<b>6750.00</b>	<b>1091.91</b>	<b>1331.89</b>	<b>1590.00</b>

Source :—State Annual Plan, 1988-89 (Approved)

## CHAPTER—VI

### STATUS OF WOMEN\*

The ancient literary works contain mention of high social status enjoyed by women and their attainments in different fields. In the later years, however the lawgivers had expressed doubts about the abilities and capabilities of women to lead independent lives. Manu has said, "during childhood the women be looked after by father, after marriage by the husband and after the death of the husband she must be looked after by the sons". This gives the feeling that women had been treated as a possession or a piece of furniture which compulsorily must be looked after by some one all the time.

Even today when there has been so much talk on the emancipation of women, conditions have not changed much. The family and the household which are the basic units of social organisation themselves perpetuate the subjugation of women. The dynamics of the poor households demonstrate how these institutions have been inimical to the interests of women. Women always rank lower in the hierarchy, both in terms of allocation of social status and physical items.

In the absence of reliable information on various aspects of status of women, following observations are made on the basis of discussions held with the people in different walks of life.

6.1. The Children in rural Haryana are malnourished and among them, the female children are the main sufferers.

2. The benefits of various economic development programmes and social reforms have gone mainly to the male children, leaving female children where they were decades ago. In the poor rural families the girls contribute as much as boys towards earnings of the family. The boys contribution is considered as earnings whereas the girls are engaged in collecting cowdung, wheat and paddy after harvest, looking after household chores, cleaning clothes and utensils etc., which are rarely evaluated in economic terms.

3. The discussions on the nutritional status of women especially during reproductive age revealed that customarily women in Haryana are given nutritive and rich food during pregnancy and the lactation period. The practice is followed generally in well off sections of the society. However, among poor strata of the society the intake of food is much less by women than their actual requirement.

4. Women are more concentrated in manual and casual activities. Unemployment and seasonal variations in employment opportunities are more frequent among them and the relative wages and earnings of women are lower than those of men in same type of operations.

5. The feeling that women's primary role is that of a housewife determines the social attitude regarding women workers. Since housework consumes most of the women's time and engage her attention, she is not expected to be away from the house for long hours on a regular basis. Therefore, any kind of investment in her training is considered as a waste may it be education or vocational training. The long established tradition about sexual division of labour, confines women in such an unfavourable situation that a major part of their work bypasses the perceptive of men and even women. What makes women's work invisible is the dominant myth that women are inferior human beings.

Centuries of subjugation of woman by man has condemned her to stay within the four walls of the house. This is not to suggest that women do not perform any outdoor work. Most women do both and bear the burden of double-day without recognition.

In Haryana the majority of population comprises Hindus, among whom marriage is considered as a sentimonious act and a solemn duty on the part of the parents to give away daughters in marriage

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\*Draft UNICEF consultants report on Situational Analysis of Women and Children.

at as early an age as possible. Even today when there is so much talk on the hazards of early marriage most girls in rural Haryana are married off between 14—16 years of age. The average age at marriage of females in Haryana was assessed at 16.64 years in 1971 which marginally rose to 17.87 years according to 1981 census. The State average was lower than the corresponding national average of 17.16 years in 1971 and 18.32 years in 1981.

The average Number of children born per woman by age group and area, also reveals that women in Haryana had an edge over the women in the country as a whole.

The following table gives age group-wise details of the number of children born to women in Haryana.

Average Number of Children born per woman in India and Haryana, 1981 (Census).

India/ Haryana	Area	Age group (Years)							
		15—19	20—24	25—29	30—34	35—40	41—44	45—49	50 & above
India	All	0.17	1.13	2.41	3.46	4.26	4.71	4.99	4.74
	Rural	0.19	1.19	2.47	3.53	4.35	4.81	5.07	4.80
	Urban	0.13	0.99	2.24	3.22	3.98	4.38	4.69	4.50
Haryana	All	0.15	1.20	2.68	3.94	4.94	5.74	6.21	6.08
	Rural	0.16	1.30	2.79	4.10	5.17	5.97	6.46	6.36
	Urban	0.10	0.93	2.36	3.43	4.22	4.93	5.26	5.06

During recent years, however increased emphasis is being given on family planning and adoption of the small family norm. Family Welfare programmes are now being implemented as an integral part of the health care delivery system and it registered a spectacular success during the year 1985 for which the State was awarded cash award of 2.5 crores by the Central Government. During 1987-88, 77603 sterilisation operations were performed, 102573 I.U.D. insertions were made, and 502042 Nirodh users and 32871 oral pills users were enrolled.

In certain sections of the society, the custom of 'Karewa' a type of remarriage of widow, (where the unwed younger brother of the deceased brother marries the wife of the deceased brother) is still practised. It is, however, disappearing with the spread of education and growing of social awareness among both men and women,

### 6.1. The Productive Role of Women :

During 1981 census, 3,663,904 main workers (including 2,847,391 in rural areas and 816,513 in urban areas), 423,788 marginal workers (including 413,804 in rural areas and 9984 in urban areas) and 8,834,926 non-workers (6,834,036 in rural areas and 2,000,890 in urban areas) were enumerated. Of these, 1,636,882 were cultivators (including 1,497,901 males and 138981 females) 590324 agricultural labourers (including 528256 males and 62068 females), 102826 engaged in household industry (including 96002 males and 6824 females) and 1,333,872 (including 1,259,629 males and 74,243 females) were engaged in other industrial categories. Precisely, of the 3663904 main workers, 3381788 were males and 282116 females.

Among marginal workers females representation was much higher being 355297 against 68,491 males in the total strength of 423,788.

Among the non-workers, women comprised 5375267 (60% of the total) and males, 3459659 (40% of the total) out of the total strength of 8,834,926.

It would appear from the above that amongst main workers women were generally concentrated in agriculture and allied activities. Among marginal workers women constituted nearly 84% of the total

strength. This is primarily so because of the limited vocational training facilities available for women, social attitude on the education of women, and imperativeness of domestic chores that women must perform.

Recognising this gap in the work participation rates of men and women and the traditional inhibitions on the education of women and their vocational and technical training, a large number of programmes have been introduced for their development.

The approach paper to the Seventh Plan states that the basic approach would be to enable women to acquire confidence in themselves and their capabilities and develop a sense of responsibility towards the overall betterment of the society and their individual personalities. To achieve this, efforts would have to be directed at their economic betterment, co-sharing of assets, social emancipation and development of a sense of advancement as a group.

The following programmes have been specifically incorporated in the Seventh Plan for achieving for the women a bigger role in the development process.

### **6.2 Development of Women & Children in Rural Area (DWCRA) :**

This is a component of IRDP. The objective of this scheme is to focus attention on the women members in the families of the target group identified under IRDP to provide support services needed to enable them to take up income generating activities. 150 groups of women in 9 blocks of Mohindergarh Distt. and 90 groups in 4 blocks of Sirsa Distt. would be assisted every year during the Seventh Five Year Plan to prepare a 'Model Block Plan, for DWCRA. The selected group would take economically viable activities on group basis. Supportive services to these women would be provided for care of children while they are at work.

### **6.3 Women's Participation in Community Development :**

Mahila Mandals which were set up with a view to creating awareness among women regarding various development activities initiated in the villages and to educate them to make fruitful contribution towards their successful implementation would be revitalised and strengthened. For this purpose the following steps are proposed to be taken during the seventh plan period (1985-90) ;—

(i) Establishing 500 new Mahila Mandals at the rate of 100 Mahila Mandals per year. Necessary inputs for training, equipment and maintenance would be provided by the Government.

(ii) Organising Sammelans (Seminars) of the Mahila Mandals :

Seminars to discuss various issues including nutrition, education, food storage, small savings, family welfare, raising of vegetables and fruit plants, running of Balwaris (nursery schools) and organisation of Craft and Vocational trades would be organised for the participation of Pradhans/ Members of the Executives of Mahila Mandals. This would also provide opportunity for discussion with Gram Sevika/Mukhya Sevikas.

(iii) Organising Inter-State Tours :

Touring different places of development/educational interest would provide opportunity for the members of the Mahila Mandals to improve their knowledge and broaden their outlook.

(iv) Introducing Incentive Awards :

Awards for excellent performance have been introduced to give further fillip to the scheme.

(v) Providing hostel facilities for women trainees at Community Development Centre at Nilokheri

A separate hostel for women trainees is proposed to be constructed at Nilokheri during the 7th plan period.

(vi) Constructing Rural Latrines :

To save inconvenience and humiliation to the women especially in rural areas where they have to go out in the field for defalcation, Rs. 100.00 lakhs have been earmarked to construct individual



latrines. This money would be utilized by way of subsidy to the beneficiaries. The maintenance of these latrines is the pre-condition for the grant of subsidy.

#### 6.4 Technical Education :

Out of seven polytechnics in Haryana, one is exclusively meant for women with in-take capacity of 90 trainees. During the 7th Plan period one more polytechnic for women at Sirsa is proposed to be opened at a cost of Rs. 140 lakhs. This is expected to increase training facilities & augment job opportunities for women.

Besides there are 27 Industrial Training Institutes for women functioning in the State. The total sanctioned seats for different courses in these institutions are 848 for cutting and tailoring, 32 for dress making, 16 for hair dressers and beauticians, 576 for embroidery and 48 for knitting with hands and machine. All this is expected to result in increased employment avenues for women and thus increase their participation in the economic development process.

It is worth mentioning that the government is fully seized with the problems and efforts are being made to enlist full sport of this vital section of the society. However, traditional attitudes defy any change in the social values.

Although women's participation in different activities has come to be accepted, it is not without much difficulties for the working women in the sense that they cannot get rid of their traditional role of domestic responsibilities. It is observed that women's life in regulated and unregulated employments become one round of drudgery from morning to the night, for, besides her work she has to attend to her household duties also. This leaves no scope for individual development with the result that her mental growth becomes stunted and her outlook conservative.

Another dilemma which the working women often face is that of the care of young ones. With the recent trend of nuclear families, the working women often continue their job at the cost of the education of one of their older children. Although the employment Acts provide for the establishment of creches to look after the children of the working mother, it is learnt that their functioning is far from satisfactory and they exist only in recognition of the statutory obligation.

Another factor that makes things difficult for the working mothers is the fact that most women are engaged in the unorganised sector where the employers often tend to deny any social obligation, howsoever urgent or important. Given the social individual/environmental constraints, women often resort to take casual labourers job, and remain content with limited earnings that they can make.

There is also a bias in the selection process. Mostly routine and repetitive jobs in unorganised sector are assigned to the ladies. It is learnt that women are mostly engaged in carpet weaving, wool cleaning, cotton ginning, and in electronics industry with assembly line. Although statutes on labour and employment provide for equality of wages, it is learnt that women are often paid less wages than men doing the same job particularly in the unorganised sector.

#### 6.5 Women's Education

It is gratifying to note that female education has been expanding at a quicker pace since the formation of Haryana State in year 1966. The female literacy rate which was 9.1% in 1961, rose to 17.78% in 1971 and 22.27% in 1981.

The low literacy rate is attributable to the fact that traditional society did not encourage female education. Girls were often married off at an early age, exclusive schools for girls were limited in existence, conservative and orthodox sections of the society did not approve of co-education and last but not the least reason was that taking up of job/employment by women was not encouraged /approved.

Another inhibiting factor that restrained the spread of education among women was that the importance of education as an input for individuals and social development was not envisioned.

There is a growing realisation now that education is vitally important for full appreciation of the environments in which an individual lives and to work out a logical pursuit to accomplish any task. Education is also now viewed as an essential requisite for participation by an individual in social/economic development.

In recognition of this fact, it is now proposed to enroll 100 percent girls in 6-11 years age group by the end of the Seventh Five Year Plan in the Schools. To achieve this 500 new Primary Schools for girls are proposed to be established during 1985-90.

In age group 11-14 years (VI-VIII standards) the enrolment of girls was 35.5% in 1984-85. It is proposed to increase it to 65% by the end of 1989-90.

To facilitate the participation of the girls belonging to scheduled caste families, incentive in the form of free books and stationery, attendance prizes, merit scholarship, and free uniforms have been introduced. Apart from incentives, special assistance at the rate of Rs. 200 is also available to those girls students who are studying in medical/engineering colleges.

To promote self-employment of Harijan destitute women, widows, tailoring training scheme has been started. After imparting training, these women are given a sewing machine to facilitate their self employment.

To augment the employability and improving skills of the scheduled caste women, training-cum production centres for women are proposed to be set up. These centres will be managed by private organizations under assistance from the Government for payment of stipend to the trainees, purchase of machinery and equipment and raw material, rental of the premises for setting up the centre and for the staff.

In order to remove caste consciousness and to break the age old barriers, incentive for inter-caste marriages have been introduced.

To expand the hostel facilities for scheduled caste girls Rs. 25 lakhs or 50% cost of constructing hostel accommodation have been provided in the Seventh Five Years Plan. The remaining 50% or 25 lakhs will be contributed by the Central Government.

These programmes are intended not only to remove disparities arising from caste status of the individual but also to promote the development of this section of the society (females) which has suffered neglect and suppression for centuries.

## 6.6 Social Welfare :

Special programmes for assisting the poor and destitute women and widows, physically handicapped, deaf and dumb girls have been introduced by the social welfare department of the State.

All handicapped students are provided school/college scholarships ranging from Rs. 60 to Rs. 270/- per month. Physically handicapped women are given a pension of Rs. 50/- per month, besides the free supply of prosthetics. Integrated Child Development Services scheme also offers a package of services to improve the nutritional status of pregnant and lactating mothers and to accelerate the Development process among children. This scheme has now been extended to all the 94 Development Blocks in the State. Orphan girls are admitted to SOS children villages in order to ensure their protected and steady development.

In addition to these normal programmes, the following schemes are being implemented for the benefit of women exclusively.

- (1) Home-cum Training Centres for destitute women and widows.
- (ii) Women's Training-cum-Production Centres and Stipendiary Scheme.
- (iii) Financial Assistance to Destitute women and widows.

- (iv) Setting up women's Training Centres/Institution for the rehabilitation of women in distress.
- (v) Hostel buildings for working women.
- (vi) State after-care home for girls.
- (vii). Anti-dowry programme.
- (viii) Widow re-marriage encouragement.

#### 6.7 Health and Nutritional Status of Women :

There are no reliable estimates available on the health and nutritional status of women in Haryana. Due to social barriers, women hesitate to avail even the existing facilities relating to their health. There is a large scale under-reporting of women's illness particularly in the rural areas. There is no denying the fact that in a man's world women get low priority when it comes to using available health services. It is reported that for every three men who avail of health services, only one woman does so. Yet, the percentage of sick women is higher than that of sick men at any given time. The women remain so busy in their daily routine that they do not seek treatment unless severely ill and confined to bed.

Due to various factors including low income level, the nutritional status of men, women and children appears to be low, but within this spectrum the condition of women seems to be even poorer. The women who work as labourers and live in slums are the worst sufferers. It is estimated that out of 30 years of reproductive life, she spends 16 years in pregnancy and lactation which leads to malnutrition, and anaemia. Apart from morbidity effects of lack of nutrition, malnutrition is suspected to cause a number of psychological problems in women. The majority of women silently bear the daily burden of various activities like household duties, rearing of children, fetching water and fire-wood and carrying meals to the fields where their men folk work.

As regards availability of health facilities, notwithstanding the big achievements in the field of health and medical facilities, the rural women still do not have an easy access to medical facilities. During 1986 there were only 17 medical institutions per one lakh population. There are not enough lady doctors in the villages and women usually hesitate to go to male doctors for medical treatment.

It has been revealed by the Sample Survey on Women and Children that 96.5% child deliveries in rural areas took place at home and were mostly attended to by untrained dais and family members in unhygienic conditions. Also because of the inadequacy of facilities and ignorance about the importance of registration of births and deaths, reliable information on the number and cause of deaths is not available.

#### 6.8. Malnutrition Among Women :

The bias in nutrition against female infant girls and women exists in the society even today. Girls enter into marriage and motherhood carrying their existing malnutrition which impairs their health further. Socio-cultural conditions in the joint families compell women to eat in the last and thus eat the least both in quantity and quality. While even low nutrient food intake may maintain her own health and nutritional status but the demands on the body during pregnancy and lactation exhaust her already scanty body reserves which leads to anaemia and ill health. Besides maternal responsibilities, a woman in Haryana has to work in the fields also. Seasonal over employment of women, specially of landless agriculture labourers rises tremendously during harvesting and transplanting seasons. Despite hard work a woman does not receive enough nutrition to keep her body fit and active. The cruel combination of overwork and under nutrition leads to malnutrition.

The low nutritional status during pregnancy and lactation seriously affects especially in poor families. It is estimated that upto 50% women from the lower income group suffer from anaemia in later part of pregnancy. During lactation period there is constant loss of nutrients through the mother's milk. According to a survey conducted by the Health Department, Haryana during 1983-84 the amount of food actually consumed by mothers during pregnancy and lactation in rural areas is

given in the following table :

Amount of food actually consumed by mothers and the gaps

	Pregnant women			Lactating women		
	(amount in grams)		Gap	(amount in grams)		Gap
	Actual consumption	Recommended		Actual consumption	Recommended	
Cereals	418	400	+18	450	450	—
Pulses	29	70	—41	20	80	—60
Roots & Veg.	77	150	—73	52	150	—98
Green leafy Veg.	42	150	—108	24	150	—126
Fruit	0	30	—30	0	30	—30
Milk	210	325	—115	198	325	—127
Ghee/Oil	14	35	—21	20	50	—30
Sugar/Gur	32	40	—8	38	50	—12

The above data indicates the enormity of gaps in the consumptions of recommended doses of food items by pregnant and lactating women in rural areas in the State.

Most of the women do not take or can not afford to take additional food stuffs during pregnancy or lactation. According to the UNICEF report on the situation of Children in India-1984, the minimum daily requirement for the subsistence level of nutrition has been calculated at 574 gms. of cereals and pulses for a man, 431 gms. for a non-pregnant women, 481 gms. for a pregnant women and 541 for a lactating mother in India. However, the daily per capita availability for the whole population has fluctuated around 400 gms. of cereals and 45 gms. of pulses.

Malnutrition is closely associated with food intake and economic condition of the family. Poverty has a great impact on maternal malnutrition, which further results in low birth weight of newly born children.

In order to supplement the nutritional deficiency among the poor families, Supplementary Nutritional Programme has been initiated by the Govt. under I.C.D.S. now covering all the C. D. blocks in the State, Under S.N.P. Supplementary nutrition is provided to pregnant and nursing mothers, besides periodical health check up and timely immunisation.

#### 6.9. Legislation Effecting Women :

Law is an important method of social control. In the eyes of law, everybody counts for one and none for more than one. It effects every individual at numerous points from birth to death and even prior to birth. Law Regulates the individual conduct in relation to each other, the society and the State. Law also implies the creation of such environment as would lead to the availability of adequate living conditions and equal opportunities to all sections of the society, resulting in social harmony as an imperative for the development of the human resources.

Being aware of the male dominance prevalent in the society for centuries, the constitution of the country enjoins upon the State Govt. to make special provisions for the protection and development of women and children.

In pursuance of these provisions several laws have been enacted to protect women and ensure their development. In fact to contain the abrasive behaviour of the male-chauvnic society several laws had been enacted even during pre-independence days. Banning 'Sati Pratha' widow remarriage Act, Female infanticide Act, Child Marriage restraint Act, Minimum Wages Act, Factory Act, Anti Dowry Act, Maternity benefits Act, etc. are some of the legislative measures which provide to check atrocities against women and prevent exploitation to which they are prone to fall prey to.

It may be observed, as far as adequacy of law is concerned that the legislative measures available to serve the interests of women are more than adequate. The problem infact is with their implementation and social attitude to respect these laws.

## CHAPTER-VII

### WATER SUPPLY, SANITATION AND ENVIRONMENTAL PLANNING

#### 7.1 Water Supply :

Water is an invaluable gift of nature to mankind. The importance of water can be appreciated only by an individual who has experienced its un-availabilities. Haryana has not been fortunate as far as the easy access to safe drinking water facilities is concerned. It was not in the distant past that for more than 50% of the population in Haryana the easy availability of drinking water was like a phenomenon of day-dreaming. The rural women had to walk for miles together to fetch a pitcher of water.

Out of 6745 inhabited villages in the State, 5686 fall in the category of problem/Scarcity villages in terms of potable water supply. 4166 villages (3962 problem and 204 non problem) had been provided with piped water supply till 1985-86. Their number rose to 4676 (4442 problem and 234 non problem) during 1986-87. 416 (380 problem villages & 36 non problem) villages were covered during 1987-88 (up to 29th, Feb.1988) raising their total number to 5092.

#### Urban Water Supply :

Out of 81 towns in the State, 79 towns had been provided with partial water supply facilities (that is 25-30% of the desired water allowance). During the 7th Plan period (1985-90) all the towns are proposed to be covered with the water supply system and the water allowance augmented to 65-70% of the desired level.

#### 7.2 Sanitation :

Sanitation has remained one of the most neglected aspect of living in the State in general and rural areas in particular. At the end of Sixth Plan hardly 2—3% of rural population and 15—20% of the urban population enjoyed the facility of sanitary latrines.

It is proposed to expand the sanitation facilities at a quicker pace. During the 7th plan 2.5 lakh latrines in the rural areas, covering a population of 24 lakhs are envisaged to be constructed. The State Govt. has earmarked a sum of Rs. 10 lakh to be given as grant at the rate of Rs. 400 per household for the construction of the individual latrines during the years 1985-88.

In the urban areas where only 36 towns, out of a total of 81, had been provided with partial sewerage facilities, covering only 15—20% of the population, such facilities will be expanded to include additional 10 towns and the population coverage will be increased to 44—50%. It is also proposed to provide assistance to the Municipal Corporations/Committees for constructing community latrines.

A sum of Rs. 17.80 lakhs has been earmarked for urban sanitation, besides an amount of Rs. 1.50 crores to be spent through the Municipal Committees for providing community latrines during the Seventh Plan period.

#### 7.3. Environmental Planning :

Since its inception, the State has made tremendous progress in almost all fields. Yet a comprehensive integrated view of environmental protection and improvement with emphasis on the sustainable use of natural resources for development has not received any significant attention in the planning process so far. This consciousness came about only in the late seventies. The underlying objective was that the pursuit of development goals need not cause a reduction in the quality of life through deterioration in environmental conditions, rather the attempt should be to maintain a link between development plans and environmental management.

The disintegrated efforts, to protect the environment, made by different deptts. are being co-ordinated by the newly created deptt. of Environment. The objective of creating the deptt. was to take an integrated view of the environment management. It has also been decided that certain

plan schemes concerning environment hitherto being implemented by some other deptt. should form part of the Department of Environment.

The major tasks proposed to be promoted through this department are :—

(i) *Common Treatment Plants* : In industrial towns plants for the treatment of industrial effluent are proposed to be installed. In the first phase Industrial Estates of Yamuna-Nagar, Gurgaon Sonipat & Hisar are proposed to be covered.

(ii) *Treatment of Urban Sewerage* : It is disgusting to point out that although some 40 Towns in the State have been provided with partial sewerage facilities, yet no sewerage treatment plants have been provided so far. The raw sewerage is pumped out either in the fields or natural drains which ultimately end up in the main canals/streams. During the 7th Plan period 7 towns are proposed to be provided with sewerage treatment plants at a total cost of Rs. 16.50 crores. However, due to financial constraints, a sum of Rs. 10.00 crores only has been approved to be spent during the Seventh Plan period.

(iii) *Urban afforestation* : It is realised that the aesthetic view and the micro-climate of urban areas including industrial complexes can be tremendously improved by liberal planting of ornamental trees making the life of the residents more pleasant. Ornamental aromatic trees are proposed to be planted along play grounds, lakes, industrial complexes, religious places, public institutions, crematoria etc. Rs. 50 lakhs have been approved to be spent on this activity during the Seventh Plan.

(iv) *Improvement of pilgrimage Centres* : The inadequate basic amenities at the Pilgrimage Centres pose not only inconvenience to the pilgrims/tourists but also cause environmental hazards. Rs. 50 lakhs have been provided to be spent during the 7th Five Year Plan period for augmenting the safe drinking water and the sanitational facilities at the various centres of pilgrimage in the State.

(v) *Environment Assessment* : The State proposes to contact an expert agency to study the impact of industrialisation on the environment. A sum of Rs. 7 lakhs has been earmarked for the purpose.

It is also proposed to study the effect of agro-chemicals and fertilizers on the natural environment. No authentic data is available at present to show the extent of damage to the environment due to the use of chemicals/fertilizers. A sum of Rs. 5 lakhs has been earmarked for the purpose to get a study done through a consultancy firm.

#### 7.4 Slums

The number of slum dwelling children and women is continuously increasing. Unless effective and timely steps are taken to check this rapid increase, it would create great environmental problem. The unplanned growth of settlements in a haphazard manner has resulted in great pressure on urban land, over crowding, traffic hazards, inadequate water supply and sanitation. The rate at which the slum population is increasing has a bearing on the deterioration in the quality of life of all the urbanites and in particular, the population living below the poverty line. The inadequate sanitary conditions and unsafe drinking water gives rise to various kinds of diseases in the slum areas. The most common ailments among slum dwellers are respiratory disease, gastrointestinal disorders, skin diseases, viral infections, etc. In order to improve the living conditions of the slums community, overall environmental improvement is essential. An outlay of Rs. 500.00 lakhs was provided for environmental improvement of slum programme during Seventh Five Year Plan. Under the scheme, grant-in-aid is given to Municipal Committees for environmental improvement of urban slums, by providing basic amenities, like safe drinking water, pucca streets, drains, latrines and street-lights etc.

The outlay and expenditure for Environmental improvement of urban slums programme is given as below :—

Name of the scheme	Seventh Five Year Plan Approved outlay	(Rs. in lakhs)	
		1986-87 Actual Expenditure	1987-88 Actual expenditure
1	2	3	4
Environmental improvement of slums	500.00	305.00	100.00

Source :—Annual Plan, 1988-89 Haryana.

## CHAPTER—VIII

### CHILDREN IN DIFFICULT CIRCUMSTANCES

#### Destitute/Orphan Children :

A destitute/Orphan Child is one whose parents are unable to discharge their responsibilities towards him on account of poverty, ill health or lunacy. Similarly, a child without parents or near relatives, bearing no means of subsistence is forced into begging or a child whose parents indulge in prostitution, drunkenness or crimes, represent degrees of destitution with varying economic, social and psychological consequences. Sufficient data regarding the number of destitute children is not available except some estimates on them.

#### Estimated No. of orphans by age-group (Haryana)

Age-group (Years)	Estimated orphan child population (in 00)					
	1981			1986		
	Complete (both paternal & Maternal factors)	Paternal factors	Maternal factors	Complete (both paternal & Maternal factors)	Paternal factors	Maternal factors
1	2	3	4	5	6	7
0—4	7	369	267	4	333	234
5—9	10	471	322	8	443	294
10—14	18	696	433	13	592	358
Total (upto 14)	35	1536	1022	25	1368	886

Source : Child in India 1985. Ministry of Social Welfare, Government of India.

It is seen that maximum number of orphan children was in the age-group from 10 to 14 years. The number of complete orphan children decreased from 3500 in 1981 to 2500 in 1986. Similarly, the number of orphan child population under paternal and maternal categories had also decreased. It is estimated that the number of completely orphan children will further decrease to 2000 in 1991. The problem of child destitution may be increasing with the increase of population growth and un-employment and collapse of joint family system. The destitute children suffer from several deprivations, such as mal-nutrition, ill-health and lack of education. The problem of destitution can not be solved by Govt. alone. Now, some voluntary organisations are also actively providing shelter etc. for the rehabilitation of the destitute children. But they are covering only a small percentage of children in distress and the quality of support is also in no way equal to the atmosphere of a family life.



The number of children in the Homes for destitute children by age and sex supported by the Govt. are as follows :—

Number of children in Homes for Destitute Children (1981 census Haryana)

No. of children	Children by sex and Age-group			
	0—4 years	5—9 years	10—14 years	0—14 years
1	2	3	4	5
Boys	—	110	78	188
Girls	4	21	15	40
Total	4	131	93	228

Source : Child in India, 1985 Ministry of Social Welfare, Govt. of India.

It is seen that 228 children were living in the Homes for destitute children, and maximum number of children were in the age-group 5—9 years. There were 4 girls even in the age-group 0—4 years.

The main cause of destitute children living in the homes for destitutes is either the death of their parents or some chronic illness in the family. It has been observed that about 80 percent destitute children were living in such homes due to the death of their parents.

The children below 5 years of age require foster care, but it is not popular in the state due to several factors. Moreover, adoption system is also not popular and even the adoption law is not applicable to all communities especially the Muslims. Thus, besides Government support, the voluntary charitable institutions can also provide some relief in this regard.

## 8.2 Child Labour

The contribution of children in developmental activities can not be undermined. Indeed it is the whole process of development activities through which the child passes to become a useful and productive individual. In the process the child some times is required to work as an apprentice or a trainee in an industry or a trade where he receives only a token payment as stipend or remuneration and at times he works in family avocations for no payment.

It is often observed that the employers of children in the pretext of training, exploit them by forcing them to work for long hours, making them to do odd jobs and pay them low wages when compared with the payments made to the adult workers for equivalent jobs. The children so employed are generally the victims of circumstances stemming from poverty at home, shortage of manpower in the family, orphan status etc.

When the child is required to work for his mere survival it has direct and indirect impact on the development of his faculties and restricts his attaining full fledged adulthood.

As per the findings of the sample survey on child labour conducted by Economic and Statistical Organisation, Haryana during September-October, 1987, covering 478 children of age-group 7—14 years in urban areas in Haryana, they were employed in Restaurants/Dhabas, Tea-Stalls, Shops and other miscellaneous establishments. They were mostly migrants from U.P. and Bihar States. Their monthly wages ranged between Rs. 200-300 in case of 36 percent, Rs. 300—400 in case of 33.7 percent and only 21.5 percent earned Rs. 400 and above. However, 8.6 percent children were earning less than Rs. 200 per month.



## CHAPTER IX

### COMMUNICATIONS

Effective communications play a very important role in development of a society. Interaction with people is important not only to understand their opinions on particular issues, but also to lay the very foundation of the social development process. By reviewing the past, one would conclude the poor communications were the most potent cause of the backwardness of the Indian society. Lack of education, poor means of transportation and the colonial rule were among the major obstacles in the progress and prosperity of the society.

#### 9.1 Role of Public Relations Department :

So far as the communication regarding Govt. policies, programmes and developmental activities in various fields are concerned, the public Relations Department of the State Govt. has been playing an important role. This department is a vital link between the Govt. and the people. The various developmental programmes envisaged in our planning process and achievements made there-under, require a reasonable level of communication to disseminate information to the people for participation in such programmes. With this idea in view the department uses every available media to reach the people in every nook and corner of the State. It also produces attractive publicity literature pertaining to on-going programmes and achievements made so far in various fields and distribute the same throughout the State. Other media of publicity like press, exhibition, film shows, radio, and television, dramas and bhajan parties are effectively used to fulfil the above objectives.

#### 9.2 Field Publicity :

The field publicity wing of the Public Relations Deptt. works in collaboration with other Departments of the Government, particularly Health, Education and Social Welfare in publicising their programmes, policies, achievements and the benefits accruing to the people. Welfare programmes beneficial to the scheduled castes, backward classes and weaker sections of the society are highlighted during the process of field publicity. Health and Social Welfare departments have their own publicity wings and the programmes like immunisation, family planning, child welfare and old age pension schemes etc. are specially highlighted. During the year 1985-86 the DPRO's organised a number of public meetings and conferences in the State, which included 44250 on family welfare and 44021 on small savings. In these meetings social programmes like National Integration, anti-communalism, eradication of untouchability etc. were publicised and 1976 drama shows were arranged for giving wide publicity in rural areas regarding welfare programmes on women and children.

Under the community viewing scheme, 549 television sets were installed in the various panchayats/schools of the State during the year 1985-86. 1058 TV sets were purchased under reception component of National media Scheme and distributed to various Gram-panchayats/schools. Under the community listening scheme, 3787 radio sets were distributed among the panchayats/schools upto March, 1986

Cinema is also a good information media and is universally acknowledged to be one of the most effective modes of communication. The film unit of the Public Relations Department produced documentaries and news reels, which are screened in the cinema houses of the State. During the year 1985-86, 13 news reels were produced. The film unit also purchases feature-films depicting progressive themes from the sole distributors for screening particularly in the rural areas. Similarly, the press wing of the Govt. carries out extensive publicity of programmes, policies and achievements of the Government through release of press notes, articles, radio talk, T. V. coverage and advertisements. The Govt. through Public Relations Deptt., keeps its liaison with the press, AIR and Doordarshan. All India Radio, Rohtak broadcasts Haryana Darshan, Gramin Sangh, Krishi Jagat and Family Welfare Programmes. The Radio and Press liaison office of Haryana Govt. in New-Delhi and Rohtak maintains close liaison with the press, AIR and Doordarshan.

The printed work is the most precise instrument of mass communication. In order to keep the people of Haryana abreast of various socio-economic activities the production wing of the Govt. has been actively engaged in the production and distribution of printed material. It has played a vital role

in dissemination of information among the people. During the year 1985-86, 1053690 copies of 204 publications were brought out. The following magazines are regularly brought out by the Govt. through Public Relations Department.

1. Haryana Samvad (Hindi fortnightly)
2. Haryana Review (English monthly)
3. Tamir-E-Haryana (Urdu monthly)
4. Nanhe Tare (Hindi monthly)
5. Jai Haryana (Hindi fortnightly wall poster)

### 9.3 Printing Presses :

Printing presses have also a vital role to play in mass communication system. During the year 1980-81, there were 431 printing presses in Haryana, the number increased to 840 in 1986-87. The news papers and periodicals published in the State are ready means of access to knowledge of important daily happenings in the State.

The number of news papers/books published in various languages during 1981-82 to 1986-87 is noted below :—

Number of News Papers, periodicals and books published in Haryana.

Year	No. of News papers and periodicals	Uni-Language		Bilingual	Multi-Languages
		English or other European language	Indian or other Asian language	Indian or other Asian languages	Mixed languages (Asian & European)
1	2	3	4	5	6
1981-82	303	15	1	2	36
1982-83	248	22	42	15	3
1983-84	237	34	23	2	7
1984-85	250	4	11	—	45
1985-86	312	23	8	6	29
1986-87	372	12	—	8	21

Source : Statistical Abstract of Haryana 1986-87.

The availability of Posts and Telegraph facilities in Haryana during 1981-82 to 1986-87 are also noted below :—

Post Offices in Haryana.

Particulars	Units	1981-82	1982-83	1983-84	1984-85	1985-86	1986-87
Post Offices	No.	2588	2411	2452	2451	2450	2448
Telegraph Offices	"	820	820	820	820	1002	1015
Telephone Exchanges	"	158	169	181	191	207	233
Public Call Offices	"	561	589	590	592	650	684
Letter Boxes	"	9061	9100	9137	9161	7210	7156
No. of letters and post cards parcels/packets delivered	(Lakh)	1173	1404	1433	1522	1623	2217

Source : Statistical Abstract of Haryana, 1986-87.

#### 9.4 Future needs

The participation of community is of fundamental importance in the whole approach of mass communication, as age old customs still reign the society at large. Motivation is the urgent need to make the community aware about the role they have to play, without which the fate of children and women too is bound to remain in darkness. For establishing a sense of awareness and confidence among the rural masses communication gap should be bridged. In this connection, Gram-panchayats alongwith knowledgeable persons of the village should be motivated to play an active part. As such coordination between general masses, community, village panchayats and district administration is very much required.

Communication is not an autonomous or separate sector. Inter dependance and coordination is its hallmark. To make communication more effective and supportive of development the following aims need to be promoted.

- Communication must be a two-way process.
- Communication must not be limited to mass media, but be related directly to the development needs of the society.

Communication must reach the common people even in the remote corners of the State.\*

## CHAPTER—X

### SUMMARY

The report relating to the Situational Analysis of Children and women in Haryana, has been prepared at the instance of the State Government, with a view to highlighting the various factors which influence the situation of the children and their development, such as economic support and availability of health, nutritional and educational facilities etc. The study also highlights, the reproductive role, health and socio-economic status of women.

The report is based on the analysis of primary and secondary data. The secondary data was collected from the concerned departments and from various publication/reports of Government of India and the State Government. The primary data was collected through a sample survey covering 500 families in rural and 240 families in urban areas all over the State.

The report consists of two parts. Part A (Child Labourers and Survey of Children and Women) of the report is based on the interpretation of primary data, collected through the field survey, while Part-B of the report is based on the analysis of secondary data.

The summary of the findings of the report is given as under :—

#### PART—A

##### Survey of Child Labourers :

The survey revealed that of the total number of 478 child labourers, 205(43%) had their domicile out of Haryana State, while 254(53%) belonged to the same districts and the remaining 19(4.0%) had come from some other districts of Haryana. The migrant child labourers belonged to Uttar Pradesh and Bihar State.

97.5% of the child labourers were in the age group of 10-14 years, while only 2.5% belonged to the age group of 7—10 years. No child below the age of 7 years was found working in any establishment. Illiteracy was found to be one of the major causes of becoming child labourers. Of the child labourers surveyed 65.1% were illiterate, 20.2% below primary, 11.7% were primary and only 2.5% were middle pass.

The monthly earning of 69.9% child labourers ranged between Rs. 200—400. Monthly wages of 8.6% child labourers were less than Rs. 200, while in 21.5% cases the wages were above Rs. 400/- per month.

49.4% child labourers had to work for 12 to 14 hours per day while 34.5% had to work from 8 to 12 hours. However, in the case of 9.2% child labourers the daily working hours were found to be more than 14 hours.

The survey has revealed that economic compulsions were the main reason for taking up odd labour work by the children. 80.6% child labourers had to start work at a tender age in order to supplement their family income. Only 14.2% children had taken up labour work as they were not interested in their studies.

The family income of 24.9% child labourers was found to be less than Rs. 300/- per month, of 38.5% between Rs. 300 to 500 per month and the remaining 36.6% had a monthly income of Rs. 500/- and above.

The survey revealed that 52.5% child labourers were getting one day in a week as holiday and the remaining 47.5% were not being given any weekly holiday. It was found that 44% of the child labourers were residing within the premises of their work establishments while 20.1% were living in the houses of their employers.

## Survey of Children and Women

Of the 500 households surveyed in rural areas 37.8% were cultivators, 42.4% agricultural labourers and 9% were engaged in service. As against this, of the 240 households surveyed in urban areas, 25% were engaged in service and 21.7% in business and shop keeping etc.

In rural areas the annual income range of 5.6% households was upto 3500/- and of 16.2% between 3500 to 6000, of 31.2% between Rs. 6000 to Rs. 10,000 per annum. As against this in urban areas, the annual income of only 1.3% households was upto 3500, of 6.2% households between Rs. 3500 to Rs. 6000 and of 27.5% households between Rs. 6000 to Rs. 10,000. However 65.0% households had annual income of above Rs. 10,000.

79.0% children in the age 3—6 years in rural areas and 78.5% in urban areas were not attending any school. Similarly, among the children in 6—14 years of age 27.6% in rural areas and 16.3% in urban areas were illiterate.

The survey revealed that child marriage was a common practice in the State. Age at effective marriage in case of 41.4% males and 41.8% females was less than the prescribed age of 21 years and 18 years, respectively.

According to the findings of the survey the average birth rate per female in the child bearing age, both in rural and urban areas was 3.5 and 2.9 respectively. Similarly, the infant mortality rate (per 1000 live births) in rural areas was 78.2 while in urban areas it was 57.6.

It was found that fever and dysentery were the most common diseases causing morbidity among infants and children in the State. In case of 3.6% children in rural areas, they had suffered permanent physical disability due to after effects of sickness as against the corresponding figure of 3.9% in urban areas.

Of the total number of 618 children (0—6) in rural and urban areas 358 (57.9%) had taken full doses of polio vaccine and 349 (56.5%) had taken full doses of D.P.T.

The reason for not taking full doses of vaccination included ignorance and carelessness on the part of parents as well as non-availability of medical facilities.

The survey revealed that in case of only 4.4% households in rural areas and only 4.2% households in urban areas the women had been conferred ownership rights of immovable property.

It was found that the average daily hours of work done by women in rural and urban areas were 12 hours and 11 hours, respectively.

## PART—B

The population of Haryana which was 1.00 crores in 1971 had gone upto 1.29 crores in 1981. During the same period the density of population had also increased from 227 to 292 persons. During the mid financial year 1990-91 the population of the State is likely to become 1.63 crores with a density of population of 369 persons.

The total birth rate in the State had come down from 42.1 in 1971 to 35.3 in 1986. Similarly, the total death rate had also fallen from 9.9 in 1971 to 8.7 in 1986.

According to 1981 census the mean age at marriage in respect of males and females was 21.67 years and 17.87 years, respectively, as against the corresponding all India figure of 23.27 for males and 18.32 years for females.

Average life expectancy in the State in respect of males and females was 48.1 years and 45.9 years, respectively, during the period 1961-70, which is expected to increase to 59.4 years for males as well as females; during the period 1986-90.

The infant mortality rate in 1981 was 101.0. During the year 1986 this had come down to 50.

Morbidity and mortality among children and infants took place due to diseases such as bronchitis, T.B. of lungs, pneumonia, Anaemia, Gastro-enteritis, Cancer, Mal-nutrition and Typhoid, Tetanus and Polio etc.

The total number of medical institutions (Hospitals, P.H.C's, Dispensaries, Sub-Centres etc.) was 1360 in rural areas and 197 in urban areas during the years 1981. During the year 1986 this number had increased to 1894 in rural areas and 291 in urban areas.

The total number of medical and para-medical staff which was 9226 in the year 1981 rose to 10,370 in the year 1986.

The number of beds in hospitals in the State increased from 8765 in 1981 to 9696 in the year 1986. The area covered per medical institution was 18 sq. km. in 1986 as against 28 sq. km. in the year 1981.

The female literacy in the State was 22.2% (as per 1981 census) against the national average of 25%. The literacy rate for children in age group 10-15 years, according to 1981 census, was 58.57 for males and 25.81 for females. The number of students in primary classes (1-5) was 1245487 in 1980-81 which had risen to 1803000 during 1986-87. There were 5899 non-formal education centres at primary level having enrolment of 173495 students (65188 boys and 108307 girls) on rolls in the year 1987-88. The number of such centres at middle level was 75 in 1987-88 and enrolment of students 637 (1385 boys and 252 girls).

Availability and access to potable drinking water in rural areas was a specific problem effecting the health of the children and women. Out of 6745 inhabited villages in the state, 5686 were problem/scarcity villages. Upto 1986-87, 4676 villages had been provided with piped water supply. Sanitation was one of the most neglected aspects of living in rural and urban areas.

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ERRATA

Situational Analysis of Children and Women.

Page No.	Para	Column/Line	For	Read
2	3	6	Distict	District
5	1	3	10	9.1
12	Heading of Statement-3.1		1897-88	1987-88
13	Statement-3.2	Column-7	0.0	20.0
17	Table No.3.11	Column-7	Dysontry	Dysentery
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43	1	1	consupntion	consumption
43	1	2	dozes	doses
46	Heading 5.3	-	edncation	education
48	table No.5.7	-	293	2903
51	4	4	2.5	Rs.2.5
52	5	3	blocks f	blocks of
53	4	2	sport	support
54	6	2	interoduced	introduced
55	1	8	severly	severely
55	3	1	avilability	availability
55	5	8	tremendecusly	tremendously
57	6	3	44-5%	44-50%
65	9	2	inmovable	immovable