

Responsible Partner and Caring Father: Working with Men and Boys for Gender Equality and Securing Child Rights

Baseline Study - Draft Report

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I. Introduction

The present study is a baseline assessment of existing socio-economic conditions, gender relations and needs of children of the various communities and their provisions by the family, community and the government in the project area of the Oak Foundation supported CHSJ and FEM Jharkhand project *Enabling Men as Responsible Partners and Caring Father: Working with Men and Boys for Gender Equality and Securing Child Rights* in 30 villages, ten each in three blocks of Berro (Ranchi), Sisai (Gumla) and Kasmar (Bokaro)¹.

The project aims towards mobilization of men and boys to promote and support the development of new models of men as responsible partners and caring fathers, which address caring for children and women with a particular focus on daughters and wives through gender equality and child rights perspective. The implementing partners for the project are Chotanagpur Sanskritik Sangh (CCS) in Gumla, Srijan Foundation in Ranchi and Sahayogini in Bokaro. The partner organisations are also part of FEM Jharkhand, which is co-ordinated by Society for Participatory Action Research and Knowledge (SPARK).

The study used qualitative and quantitative methods, and sought to explore gender relations in the community as well as the household level, particularly ways in which it is detrimental to girls. It also sought to assess gender roles, particularly the extent to which men bear responsibilities of reproduction and child care. Further, it assesses the needs of children, whether and how these are met, and gaps there in.

This report describes the findings of the study and will inform the design of the intervention that follows. The report begins with an introduction to the context of Jharkhand and a literature review. It then goes on to describe the methodology that was adopted to conduct the study. This is followed by the findings, in which the qualitative and quantitative findings are dealt with separately. Finally we end with key emerging issues and recommendations.

I.1 Jharkhand – Diversity of Contexts

The following section will briefly take the reader through the diversity and homogeneity of Jharkhand in terms of communities, languages and cultures to build the context of the field. Jharkhand was carved out of southern part of erstwhile Bihar in the year 2000 after prolonged political demand for bifurcation of Bihar due to underdevelopment as well as recognition of the tribes for a separate state. Jharkhand is home to 32 tribes and according to Census 2011, 26.2 per cent of the total population of the state consists of tribes². More than 91% of tribes reside in villages. Thus, the less urbanized districts in general have a higher proportion of tribal population. According to the 2011 Census, amongst the districts Gumla has the highest proportion of tribes, 68.94 percent with a urban population of

¹ The list of villages for each of the three districts are available in Annexure 1a,b and c.

² <http://tribal.nic.in/WriteReadData/userfiles/file/Demographic.pdf> page 8

6.35%³, Ranchi has a tribal population of 35.76%⁴ of its total population and 43.14% of Ranchi's population lives in its urban areas⁵ while the tribal proportion of Bokaro's population is only 12.4%, 47.7% of its population is urban⁶. Both Ranchi and Gumla are part of the scheduled areas as they are largely populated by scheduled tribes.

Due to the presence of different communities including the 32 different tribes and the influence of their cultures, the practices of childcare and child rearing, gender norms and relations along with social relations among different tribes vary from one district to another (related to this is the influence of neighbouring districts and states), from village to village (based on inter community relationships).

Administrative divisions of Jharkhand

The State of Jharkhand is divided in five administrative divisions, these are:

1. Santhal Pargana
2. Northern Chotanagpur
3. Southern Chotanagpur
4. Palamu
5. Kolhan



Map 1.1. Jharkhand Administrative Divisions⁷

According to our KPIs, people in the five divisions differ from each other towards their child care and gender practices and norms. These differences are not only influenced by the culture and traditions of the communities they belong to but also the influence of the customs and practices of their neighbours. For example, North Chotanagpur which consists of mining rich districts and borders Bihar and Bengal has more cases of violence against

³ http://www.censusindia.gov.in/2011census/dchb/2021_PART_B_DCHB_GUMLA.pdf page 23-24

⁴ <http://www.censusindia.gov.in/pca/SearchDetails.aspx?Id=418733>

⁵ <http://www.census2011.co.in/census/district/113-ranchi.html>

⁶ http://www.censusindia.gov.in/2011census/dchb/2010_PART_B_DCHB_BOKARO.pdf page 21 -22

⁷ Map from https://en.wikipedia.org/wiki/Administrative_divisions_of_Jharkhand

women despite having more resources. At the same time, in South Chotanagpur which borders Chattisgarh, Odisha and Bengal have more tribal population, culturally more open as women can go alone at night, can chose their own partner and stay with them. At the same time women are also the bread winners in this area and go out for work. One of the districts that the project is located in, Bokaro is part of the North Chotanagpur division and the other two-Gumla and Ranchi are located in South Chotanagpur.

Linguistic Diversity of Jharkhand

According to the 2001 census, 57.56 % of the population of Jharkhand speaks Hindi. The second largest linguistic group is Santhali with 10.69% of the population speaking the language. The next largest linguistic groups are Bengali (9.68%), Kurukh/Oraon (8.63%), Mundari (3.19%), Ho (2.9%) and Odia (1.74%)⁸.

Livelihood options

The primary livelihood option to people in Gumla is cultivation with more than 86% of its total working population engaged in cultivation⁹ whereas in the case of Bokaro, more than 40% of its population works in cultivation and related works in the primary sector. More than half of Bokaro's working population are based in the various industrial organizations such as Steel Authority of India Limited, thermal power plants and coal mines.

The background would remain incomplete without the basic concepts of the project. As evident from the title of the project the concepts of gender equality, child rights and the role of men and boys in securing both gender equality and child rights are pivotal to the project and hence the study. The following section discusses these two concepts, the literature on fatherhood and childcare and the interlinks with gender equality.

I.2 Gender Equality

Gender equality is the 5th Sustainable Development Goals of the 17 goals to transform the world. Gender equal world would provide women and girls with equal access to opportunities and freedom from gender based discrimination and violence. Gender equality would ensure girls' and women's equal access to education, health care, decent work, and representation in political and economic decision-making which would benefit not only the women and girls but their families and societies at large.

The family is one of the primary social institutions where children learn gender roles. Hence, it is also an important site for sustainable restructuring of gender norms and gender relations. In most part of the world, children start learning gender in their homes which gets

⁸ P. 35, 50th Report of the Commissioner for Linguistic Minorities in India (July 2012 to June 2013). Available at <http://nclm.nic.in/shared/linkimages/NCLM50thReport.pdf>

⁹ http://www.censusindia.gov.in/2011census/dchb/2021_PART_B_DCHB_GUMLA.pdf page 21

strengthened in school, colleges, workplaces, legal institutions, markets and other social institutions. The section on fatherhood and childcare will bring out some aspects of the gendered roles in families, especially those pertaining to childcare. Before that, the next section will briefly discuss child rights under the United Nations Convention on the Rights of the Children. It is of import to note that in many parts of India, children lose on opportunities of education, career, decision making based on their social identities of gender, caste, tribe and community. Within this understanding, it becomes imperative to look at provision of the rights of the children from the perspective of the most disadvantaged child.

I.3 Child Rights

The United Nations Convention on the Rights of the Children (UNCRC), the first global legally binding document concerning child rights came to be enforced in 1990¹⁰. It covers the rights of children under four broad categories of civil, political, social, economic and cultural rights of every child. As a signatory, the Government of India upholds these rights of every child¹¹:

- **Right to Survival:** A child's right to survival begins before a child is born. According to Government of India, a child life begins after twenty weeks of conception. Hence the right to survival is inclusive of the child rights to be born, right to minimum standards of food, shelter and clothing, and the right to live with dignity.
- **Right to Protection:** A child has the right to be protected from neglect, exploitation and abuse at home, and elsewhere.
- **Right to Participation:** A child has a right to participate in any decision making that involves him/her directly or indirectly. There are varying degrees of participation as per the age and maturity of the child.
- **Right to Development:** Children have the right to all forms of development: Emotional, Mental and Physical. Emotional development is fulfilled by proper care and love of a support system, mental development through education and learning and physical development through recreation, play and nutrition.

Additionally, the Indian Constitution provides several safeguards and rights for children including right to freedom, right against discrimination and right to life. Some of these are pertain to the developmental needs of children. Article 24 of the Constitution prohibits hazardous child labour. The Child Labour (Prohibition and Abolition) Act 1986 prohibits the employment of children and has made it punishable act. The Right to Education Act makes provision for every child to free elementary education. The Juvenile Justice (care and protection) of Children Act-2000 makes the state responsible for the care and protection of abandoned and children whose parents are incapable of taking care of them. Thus, the state has the responsibility to uphold the rights of the children. This is an

¹⁰ <http://childlineindia.org.in/United-Nations-Convention-on-the-Rights-of-the-Child.htm>

¹¹ Directly quoted from <http://www.childlineindia.org.in/child-protection-child-rights-india.htm>

important take away from this section. The next section looks at literature of fatherhood and childcare and its interlinks with gender equality.

I.4 Fatherhood and Childcare

Social Construct of Fatherhood: Changes and Continuities

Fatherhood is as much of a social construct as motherhood is and remains equally problematic too. The general idea is that a woman is born with maternal instincts while the father's job is to provide for the family economically. This structure created by a largely patriarchal society limits both men and women. They are both expected to behave a certain way and only in that certain way. Contrary to popular belief, motherhood is not an innate instinct. Mothers feel equally confused and lost in the initial stages because it's a process to be experienced and learnt. But while this confusion is expected from men, it's not expected in case of women. If they admit to not knowing certain aspects of child rearing they are easily termed as a 'bad mother':

For women the imperative that they demonstrate their appropriate preparation for motherhood (through attendance at clinics, scans, changing dietary and exercise habits) is morally underpinned. They risk being labelled a 'bad mother', even before they give birth, if they are not seen to conform in appropriate ways: already they are seen as mothers. (Miller 156)

The society has programmed these parenting norms in such a way that women feel responsible for everything the child does while the men don't feel that responsible. The question of guilt comes in. The mother feels guilty if she falters or the child falters because as society tells her she is supposed to be the caretaker. The father is supposed to feel guilty only if he can't provide for family.

The new generation is definitely challenging these norms; Men have realised that to be a good father they need to be involved emotionally as well. The very definition of fatherhood is undergoing a change. Being a 'good' father so to say doesn't just include being involved with the child but also participating equally in household work. More research has also been done on the concept of Fatherhood lately. With the deconstruction of gender in the academic circles, the nurturer-breadwinner binary in family structures has also come under fire. So much so that there are blogs and even a WikiHow page¹² on How to be a Good Father. Men are realising they need to be there and be an equal nurturer. Still they feel ambiguous about how to be more involved.

The society portrays motherhood as an innate feeling, something a woman is born with. This constrains not only her but also the fathers. They themselves feel ambiguous about

¹² <http://www.wikihow.com/Be-a-Good-Father>

what their role in bringing up the child is supposed to be. Many expectant fathers say they feel detached with the whole process of fatherhood as they don't undergo any physical changes and thus feel like mere observers or outsiders. One of the fathers interviewed by Miller for her book shows how things are changing, slowly but surely:

So I'm not really sure what I felt like, I can remember the welling up and thinking 'oh, I'm going to cry, should I cry?' and sort of thinking, no, nobody else is. I also think that actually the welling up thing was not necessarily at the birth of my baby, it was just, like, relief at the fact, not relief that the baby was born, but the relief that it was over, particularly for [my wife]. (Richard) (Miller 90)

The discourse is shifting. Men are realising the amount of work mothers put in and how they need to be an involved parent as well. Be there not just physically but also emotionally.

The emotional distancing that the societal norms force men to subscribe to creates a binary between the work mothers perform and the work fathers perform. All the texts reviewed here show one commonality. They talk about how the fathers perform only certain chores related to their kids. The idea that they are supposed to be the economic provider and mothers are supposed to be the emotional support to kids is still very prevalent. Because of this, men believe their job is limited to working outside the home and ensuring that economically the family is provided for. According to research, a new more involved breed of fathers has come up that believes being a father means emotionally being there. But even then, their involvement is limited to certain chores. For example, cooking for the child, feeding, cleaning up after the child still remain the mother's job. One of the interviewees showcases this ambiguity, "Like the breadwinning and all that stuff, that's all old hat now, but in a way I'm still trying to do it" (Miller 170). Such experiences of fathers show how even with changing times the socially expected gender division of roles continue to haunt them. An important way these gendered roles and expectations have remained is through social norms and sanctions received from them.

I.5 Social Norms: The backbone of Social Roles and Power Dynamics

Social norms can be defined as, "shared expectations or informal rules among a set of people (a reference group) as to how people should behave. Most also agree that norms are held in place through social rewards for people who conform to them (e.g. other people's approval, standing in the community) and social sanctions against people who do not (such as gossip, being ostracised or violence)." (ODI Research Note 3)

This expectation to be an ideal type or conform to a specific behaviour according to one's role in the society- a good mother, a good father, a good citizen etc. is then enforced through different mediums like media, books, family structures, schools etc. These social norms though are not only binding on the women but also the men. What this means is that even if fathers become more involved, the power dynamics of both the genders is such that

the men still remain privileged. This is evident in the fact how fathers get to decide how much they want to be involved with the child whereas for the women if they falter even slightly, they run the risk of being termed as a 'bad' mother. The norms are constantly produced and reproduced because the interests of the powerholding patriarchal society lies in their continuation.

Even when it comes to taking paternity leaves and going back to their jobs, no one questions them twice but if a woman decided to join back early she is criticised for not being more with the child. "In the case of women, people (mostly female co-workers) condemned them for balking at 'fulfilling their maternal duties' to such a young child." (Marikova 143)

"Some of the women participants in the interviews were thus indirectly stigmatised as a 'neglectful mother'". (Marikova 143) These instances show how social norms have such tight hold on the society that they expect everyone to fit in the role of a mother in the exact same manner, any deviation from it is not acceptable. These women also found it harder to make the transition from private to public sphere as the labour market restricts their professional roles. The market is structured in such a manner that it becomes hard for both partners to work outside the set gender norms.

Problems with men are of a different kind but stem from these same social norms. Most companies don't have provisions for paternity leaves and those who do discourage men from taking them. It is important to forge a bond with the child in the infancy stage and most men save up their leaves and take them later on. The society, its norms and even public policies do not see paternity leaves as essential which is questionable in itself.

A lot of times because of the strict binaries created by the society, the fathers end up getting the short end of the stick. They don't know how much they should be involved or how to be more involved. How to remain masculine and still be a father. If they opt for paternity leaves they are ridiculed by employees and male colleagues for taking up the feminine role of nurturing. Most of the men mentioned during the interview that in the public sphere their masculinity was questioned because they willingly chose to play the role of the nurturer in the family set up. And yet they tended more positive responses than their partners. Fatherhood became a new 'territory' for them to conquer. Power dynamics are still maintained, still tipped in the favour of the men.

These texts do remain very limited because they only focus on the urban areas and middle class families in the West. In India, the complexity is of a different kind- a different culture, different idea of masculinity, increased fear of social stigmatisation etc. Doing household chores goes against their idea of masculinity and hence is relegated to a woman's sphere. Even small things like when the child falls ill it's almost always the mother who takes a leave and stays with the child because it's her job to care and not the father's.

“I’ve no vision of what type of father I want to be. I just want to be there.” (James) (Miller 54). This statement embodies the ambiguity men feel around their own role as fathers. They want to be involved but society tells them that the caring job is of the mother and not his. This is where a person’s own upbringing plays a huge part. The role that their fathers played in the family affects what kind of father they end up becoming. It is the same with the women. If they grow up seeing their mothers doing all the upbringing work, they assume it is supposed to be a woman’s job and men are incapable of it. This is also known as maternal gatekeeping. Women don’t trust the men with certain jobs involving children and stop them from doing the same. This is how the society works to maintain its skewed order:

“a patriarchal system of gender inequity which has consequences for both men’s and women’s lives. For example, whilst on the one hand women can exercise ‘maternal gate-keeping’ and, drawing upon an essentialist discourse, lay claim to an intuitive and natural relationship to the baby/child, men can prioritise work outside the home and, without having to explain their actions, can remove themselves from much of the minutiae of daily caring for a baby/child” (Miller 121)

All the texts echo in unison when they say both fatherhood and motherhood are social constructs. It is problematic because even if the men become more involved fathers it doesn’t necessarily mean that they will stop adhering to the concept of hegemonic masculinity. The men still remain privileged and power of decision making for the whole family still rests in their hands. Even if family structures are changing, albeit mostly only in urban setups gender norms are still being produced and reproduced even within the new setups. This also ensures the continuation of the ambiguity that new age fathers face when it comes to deciding on their traditional roles as providers to fathers who are completely involved in child care. The need of the hour is to find out if there are other modes and social conception of fatherhoods, how these fathers deal with the hegemonic ideas of fatherhood and how the hegemonic ideals can be moulded to relent or remoulded altogether to give way to equitable parenting.

II. Rationale and Objectives of the study

As discussed in the previous chapter, women and children in India face several vulnerabilities, many of which are rooted in the patriarchal nature of the family and the role of men within the household. While the State takes its own efforts to protect the rights of women and children, the importance of engaging with men is increasingly being recognized in addressing these inequalities. Within the family, disproportionate power lies in the hands of men in a patriarchal social set up, and this power is used to the disadvantage of women. A patriarchal set-up also limits men's concern for their children and encourages various forms of disciplining which leads to control and punishment. While the patriarchal role of the father is acknowledged their ability many of their expected duties and responsibilities is getting severely constrained by prevailing socio-economic changes. These changes also affect men's own self esteem and behaviours towards others, both men and women. There is a need to recognise how these social constructs work and constantly question them and then work towards doing away with these constructs. The lack of in depth research on parenting norms in India also reiterate the need for more work to be done in this space. Like the various writers of these texts mention, parenting varies a great deal across cultures. This means that the yardstick used to measure how parenting works in the West cannot be used for Asia as well. We need a different study for the parenting norms in India, one not clouded by generalisations and stereotypes regarding Indian society.

The present study into fathercare in the three districts of Jharkhand- Ranchi, Gumla and Bokaro tries to find answers to some of these questions. It tries to understand the role of the father in the different communities and its interlinkages with the notions of masculinity, social norms, role of the mother and the community as a whole in child care. It is meant to be a baseline assessment which precedes an intervention that seeks to systematically engage men in communities to recognize and reflect on their relationships within the family, make personal changes and affect community social norms vis a vis gender equality and children's rights.

The specific objectives of the study are as follows:

1. To understand the current knowledge and practices of men as responsible fathers and partners.
2. To understand men's relationships at the household level (with partners and children), with a specific focus on gender
3. To understand gender relations at the household level (specifically vis a vis distribution of work and decision making at home and outside of homes) and at the community level (social/cultural/religious norms).
4. To understand the awareness about and participation in available govt schemes for children.

III. Methodology

The study utilized mixed methods – a qualitative component consisting of FGDs and In-depth interviews, and a quantitative survey that built upon the qualitative component. This section discusses the methodology in detail.

III.1 Process and timeline

Part I Scoping Visit: Key Informant Interview, Field Visits and Discussions with Villagers

A team of four qualitative and quantitative researchers and program members of CHSJ were part of the study. The two main tools of the study were (i) Key Informant Interviews (including interviews with members of partner organisations and animators of the project) and (ii) Field visits and discussions with villagers. In the next two sections the details of tools and their implementation is elaborated.

The team of researchers visited four villages, two each in Ranchi and Gumla over two days to hold discussions with the villagers and the animators of various aspects of their lives and personal relationships. The team visited Kadajora and Karanji village in Bero block of Ranchi on 15th of June and Gurugram and Sakrauli in Sisai block of Gumla district on 17th of June to gain an understanding of the socio-economic and politico-cultural context of the field. It helped the team understand the lives and cultural and socio-economic differences amongst the different groups- tribes, Christian tribes, Muslims, Dalits and Caste Hindus in the village. There was a focus on the services at the village level for children such as Anganwadi and school and for gender equity that strives towards reducing domestic violence and its effect on families. During the one week visit the team met villagers, animator, facilitators and the partner organisations to develop an understanding of the various issues of concerns around children and gender relations in the villages. The team also met Key Informants which included academicians, social scientists, NGO stakeholders, Child welfare committee members, facilitators and animators of the project to learn from their experiences and identify possible interventions and indicators for the baseline study of the project.

Part 2 Qualitative Study

The second part of the study was conducted from 27th July to 11th August. It consisted of field visits in a total of six villages in the three districts of Ranchi, Gumla and Bokaro in Jharkhand. The team comprised of two CHSJ researchers and a local Oraon researcher who visited each village for two days and conducted separate focussed group discussions with women, men, adolescent girls and adolescent boys. The team also conducted interviews with fathers, adolescent girls and adolescent boys for richer data. The selection criteria of villages were one tribal majority village and another mixed village with Muslim and Dalit population from each of the districts. The tribal majority villages were Charima (Oraon village consisting of majorly Sarana and some Christian families in Ranchi), Jaira (Oraon

village of Sarana and Christian households in Gumla), Sili Saram (Santhali village with few Karmali houses in Bokaro). The mixed villages were Karanji (Ranchi) with 80% Muslim population of its 3092 strength and 10% each of Oraon (Sarana and Christian) and others.



FGD with (i) Men and Adolescent boys at Karanji village Berro, Ranchi.

Part 3 Quantitative Study

The quantitative study was conducted between the months of August to November 2016. In the month of August, tools were developed based on the preliminary findings of the qualitative study, which were then piloted in the field. After finalization, research investigators were recruited and trained to conduct the survey. A coordinator was appointed from each organization to supervise data collection and check the survey forms. If any data was missing, it was pointed out and collected through a second visit. The forms were then sent for data entry. Data was checked after entry once again.



III.2 Research Tools and Domains

Qualitative Study:

The qualitative study explored the following themes:

1. Socio-economic context of Jharkhand and the communities (tribes, minorities, Dalits and other communities)

2. Inter community relations in the project villages
3. Gender relations and norms (within the family- parent to parent, parent to child; within the communities- intra and inter community)
4. Provision of child rights pertaining to the needs of the child (physical- nutrition, health, safety; mental/social- educational and emotional well-being of the children across the age groups) by members of the family
5. Provision of child rights pertaining to the needs of the child (physical- nutrition, health, safety; mental/social- educational and emotional well-being of the children across the age group) by community/state/non-state organisations.

In order to assess the existing situation of these areas in the villages the research was designed to collect data using multiple tools from multiple sites. The table below gives the details of the research tools used to collect data for the five areas mentioned above:

Area for assessment	Tool used
Socio-economic context of Jharkhand and the communities	Key Informant Interviews (KIIs) Meetings with villagers (part one of the study)
Inter community relations in the project villages	Meetings with villagers, FGD with Animators
Gender relations and norms	FGDs with Women FGDs with Men FGDs with adolescent Girls FGDs with adolescent Boys KIIs
Provision of child rights pertaining to the needs of the child by members of the family	Interviews with Men Interviews with adolescent Girls Interviews with adolescent Boys
Provision of child rights pertaining to the needs of the child by community/state/non-state organisations.	FGDs with Women FGDs with Men FGDs with adolescent Girls FGDs with adolescent Boys

This section discusses the tools used for the various assessment. The tools used are given below:

Key Informant Interviews

Key Informants are qualitative in-depth interviews with people from a variety of professional and social backgrounds who are well informed about the community and are able to provide expert community knowledge¹³.

The Key Informants were selected with consultation with H.I. Fatmi, Co-ordinator FEM Jharkhand and partner organisations Chotanagpur Sanskritik Sangh (CCS), Gumla, Srijan Foundation, Ranchi and Sahayogini, Bokaro. The list of Key Informants interviewed and their details are given as annexure (we can decide not to give this information to maintain confidentiality, have put it here for our own records)

The team had referred to available secondary literature on the issues children and vulnerable communities, tribes, minorities and Dalits, face in the state and had several rounds of discussion to come up with areas that we required information about. The Qualitative Interview Guide for KIIs, list of K is given in Annexure .

Focused Group Discussions

A focused group discussion is less time consuming facilitated discussion of a more or less homogenous group of people around an area of their experience. One description of FGD says¹⁴:

A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst themselves.

The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices.

In the present study, FGDs were carried out with diverging groups of people to gather from their experiences. In the first part, FGDs were conducted

- (a) With Animators
- (b) With Villagers

¹³http://healthpolicy.ucla.edu/programs/health-data/trainings/documents/tw_cba23.pdf

¹⁴<https://www.odi.org/publications/5695-focus-group-discussion>

The guide to the FGDs with the animators and villagers conducted during the first part of the study is given as annexure

In the second part of the study, which was to delve more into interpersonal relationships, personal and community attitude and behavior around gender norms, childcare, household tasks and interpersonal relationships FGDs were carried out separately with the same questions for men and women. Further, to understand the role of both father and mother along with others in child rearing, the services available for children and the problems faced and strategies adapted by children interviews were held with adolescent girls and boys, comparison between these also helped map the gendered relations within the families. Thus, in the second part FGDs were conducted

- (c) With Women
- (d) With Men
- (e) With Adolescent Girls
- (f) With Adolescent Boys

The table below provides details of the selection of participants

Method	Number	Participants
FGD with Women	2 FGDs in each district with 8 participants each	Married women with children, one FGD with tribal, one with non tribal in each district. If possible we try to involve some women who have an understanding of gender dynamics.
FGD with Men	2 FGDs in each district with 8 participants each	Married men with children, one FGD with tribal, one with non tribal in each district. If possible we try to involve men of different age groups with children across the age groups.
FGD with Adolescent boys	2 FGDs in each district with 8 participants each	One FGD with tribal, one with non tribal in each district. If possible we try to include boys who are migrant workers, both seasonal and daily wagers, school/college going, married, with child.
FGD with Adolescent girls	2 FGDs in each district with 8 participants each	One FGD with tribal, one with non tribal in each district. If possible include girls who are migrant workers, married, with child.
Interviews with men in each district, 2 in each age group – 20-30, 30-40, above. (probable participants will be identified during FGDs)	6 interviews in each district	One tribal and one non tribal man each from the three age group in each district
Interviews with adolescents girls and boys – participants will be identified during FGDs	4 interviews in each district	One tribal and one non tribal boy and a girl each above 14 years of age, possible criteria-migrant worker, in the upper age group, married and with child (we need not tell them the age criteria in case of early marriage)

The Guides for the FGDs are given as annexure ¹⁵

Interviews

Further, to get a view into interpersonal relationships, gender dynamics and child-father/parent dynamics semi-structured interviews were conducted with fathers (men), adolescent girls and boys who were identified during the FGDs or with the help of animator. The criteria for fathers was that based on the age of their children and their community is given in the table above.

Thus, semi-structured interviews were held with

- (a) With Men
- (b) With Adolescent Girls
- (c) With Adolescent Boys

The guide for the interview was the same used for the FGDs with greater emphasis on interpersonal and family relationships.

Survey

Three survey tools were developed for adult men, adult women and adolescent boys (Sample tool is attached as Annexure). These tools were based on the qualitative study as well as CHSJ's previous experience with conducting such studies in Maharashtra and Madhya Pradesh. Appropriate modifications were made to suit the context of the field area and the tools were piloted.

The themes covered in the survey were as follows:

1. Socio Demographic Profile of the respondents
2. Information on marriage and family
3. Gender attitudes and relationships
4. Maternal health and family planning
5. Child care
6. Knowledge of schemes
7. Participation in village activities
8. Adolescent relationship with father
9. Reproductive and Sexual health of the adolescent
10. Violence
11. Gender attitudes
12. Knowledge of schemes among adolescent
13. Participation in village activities among adolescent

III.3 Sampling Criteria

¹⁵ (M)stands for Men; (W) for Women; (G) for adolescent girls; (B) for adolescent boys; I for interview and FGD for focused group interviews; Interviews were conducted with boys and girls above 15 only.

Qualitative Study:

The Qualitative study was conducted in a total of 6 villages, 2 each in each of the three districts. The list of 10 villages in each of the three districts is given as annexure. The criteria for selecting the villages were- one village in each district with tribe majority; one village in each district with a mixed population, if possible with a Muslim or Dalit majority.

The villages selected as per the criteria are

Ranchi- Charima (Oraon village) and Karanji (mixed village with 80% muslims)

Gumla- Jaira (Oraon village) and Bhaduali (mixed village)

Bokaro-Silisaram (Santhali village) and Garri (mixed village with muslims and OBCs)

In each of these villages, separate focused group discussions were conducted with women, men, adolescent boys and adolescent girls. It was ensured that in mixed villages people from the tribes, Dalit, Muslim and other backward communities were included to get their viewpoints. Interviews were conducted with at least two fathers of different age groups, at least one from the tribes in mixed villages, in each of the villages. Interviews were also conducted with adolescent boys and girls (atleast one boy and one girl above 14 years of age from each village) from tribes as well as non-tribes and with Muslim boys and girls in villages that had Muslim population to get their viewpoints on their relationships with their fathers and other aspects of their lives such as their careers, education, work, marriage, sexuality, decision making and autonomy.

Quantitative Study:

The sample for the quantitative study consisted of:

- 1) the universe of potential adult male group members,
- 2) half of the potential group member's wives, chosen at random in each village
- 3) half of the potential adolescent group members, chosen at random in each village

The final sample was as follows:

	Men	Women	Adolescents
Bokaro	90	50	56
Gumla	106	42	53
Ranchi	95	24	49
Total	291	116	158

III.4 Data Analysis

The Quantitative data was entered and analysed in SPSS. Frequencies and crosstabs were generated to understand trends in the different domains as well as variations across the three districts, as this would have implications for the intervention design. For qualitative data analysis codes were generated from the field notes in tune with the research questions. These codes were used to order and classify the data from the field notes and transcriptions that has been consolidated. These lead to identifying patterns and differences in the data and their interpretation.

III. 5 Ethical Concerns and Plan to address these

The research study was likely to raise ethical issues since it involves human subjects, and especially children. The potential risks and benefits were assessed, and a plan to adhere to ethical principles was laid out as described below:

1. Beneficence: Use of the study for welfare of the community

The findings from the study will throw light on important aspects related to gender relations in the community, relationships between spouses and parent-child relationships, concerns of women and adolescents (both boys and girls). The knowledge generated will allow the intervention to be designed in a more informed way. The intervention is ultimately expected to improve gender relations at the household and community level, address concerns of children as well as that of women in the community. This benefit far outweighs the risks of the study.

2. Non-maleficence: Minimizing harm to participants

- Research investigators prepared to deal with distress especially in cases where experience of violence is disclosed
- It was decided that adolescents under 14 would not be interviewed, however it was not possible to adhere to this.
- In cases where violence is disclosed participant offered the option of seeking help. In case help is asked for, referral to child line in case of adolescents.
- No mandatory reporting to police/authorities followed in the interest of protecting child's autonomy.

3. Autonomy: Ensuring Voluntary participation

- All participants were informed about the purpose and use of study findings
- Oral Consent was taken from all participants, including adolescents. The consent form attached to the beginning of the survey form was read out and if the participant consented, the interview was conducted. For adolescents, parents consent not sought individually. Instead, community meetings used as a way of sharing information about the study and parents informed that we will be speaking with adolescents.
- Participants ensured that they can stop the interview/discussion if they prefer to not answer certain questions

- No incentive was given to participate in the research, hence reducing the possibility of it being coercive.

4. Privacy and confidentiality

- Interviews were conducted in a private space
- In FGDs participants were cautioned against sharing information that they might not want others to share. Asked to not share information outside the group.
- No names or other identities of participants will be disclosed. Transcripts will only be seen by research team. No identifiable information will be published in reports. Data presentation will be aggregate.

III. 6 Implementation of the tools and the challenges faced and strategies adapted

In Charima village, Ranchi which has a high incidence of girls migrating for work, it was extremely difficult to interview adolescent girls. There were several reasons for this. The entire village had gone out to work on fields it being the peak of the rice sowing season which involves long hours of sowing work done exclusively by women. Many houses were empty and locked. Few houses had people who had not gone for work of these two families did not want their daughters to be interviewed, a man mentioned that his teenaged sister is sick and will not be able to meet the researcher (two female) and the members of the other family said the girl was not home. Two other girls who migrate for work did not respond when the researchers approached. The team stayed late to be able to talk to girls who go to school/college and return home after 3 pm. Three of these girls we approached were busy in their daily household chores- bringing water, bringing back the cattle- and did not have the time for the interview. The team could interview only one 18 year old Oraon Christian girl in Charima, a college going girl, who was on her way to home after a tiring day in the field and could spare around 40 minutes. She was the only girl we could interview from the village. In the other five villages the required number of interviews could be done.

IV. Qualitative Study Findings

1. Economic and Political Context

The villages in Bero and Sisai blocks of Ranchi and Gumla were mainly dependent on agriculture and small business. A number of people migrate to different parts of the country- Punjab, Haryana, Delhi in the north, Karnataka in the south in search of Daily wage labour. Both men and women migrate, sometimes in groups sometimes whole families move. Girls and boys move out of the state immediately after they give their board exams in search of work, mostly in low skilled or as unskilled labourers. Girls from the tribes have a huge demand as household helps in cities like Delhi and Gurgaon.

People are political aware about the right of the tribes, their right over land and special provisions for tribes in educational and government jobs, as well as the various schemes and provisions under them. However, owing to the lack of irrigation facilities people can grow only one crop in a year and find it supportive to go out, earn and invest the money in the farm. A number of people have taken up farming vegetables in the winters as they have a market and less water requirement.

Brief sketches of the villages studied

In Charima, the tribal village in Ranchi all houses in the Sarana tola were mud huts with khapra (earthen tile) roofs. The only cemented building was a Dhumkuria building which is unused and abandoned. The people use earthen hut with a verandah as a dhumkuria. Even Anganwadis are housed in mud huts. Some houses in the Christian tola were made of concrete. It was difficult to talk to adolescent girls in this village- most houses were locked and people had gone for ropa (planting paddy), some teenaged girls had gone to the middle school and after returning around 2.30 they got busy with household work, 2 girls who were around did not want to talk (they go out as migrant worker as another girl informed later), a brother and parents of another girl did not allow the girls to talk on the pretext that one was sick and that the other was not home respectively.

In the mixed village Karanji, there were some concrete houses, Anganwadis were housed in concrete buildings. There was a Pragya centre too at the village. The main road that connects Ranchi to Gumla runs through the village and there have been several fatal and life taking accidents on this stretch of the road. The adolescent boys and men in this village sit and watch films in one of the huts and get drunk (Beer and Mahua both) in this village.

In Gumla in the tribal village Jaira, the Church and 3 houses in the Christian tola were concrete. These were the only houses that had toilets. Even though the village was covered for building toilets, the other houses had no toilets. The mixed village in Gumla, Bhadauli, was widespread, one tola is close to the road and the other tola's are spread further towards the river (sand is mined from the bank). This stretch of the road, from the main

road to the tola close to the river bank is completely broken and dangerous. This is the only village where access was found to be an issue. There was a huge issue of drinking and gambling amongst the young men in this village (as it evolved in the FGD with women). There were many concrete double storeyed houses in the tola near the road. The government Block level offices are also at Bhaduali.

In Bokaro, Sili Salom was a Santhali majority village with few Karmali (does iron work) houses. The village had many concrete houses, mostly those with government services. These houses also had motifs of Hindu gods and goddess. There is a move towards hinduisation in these families. According to some villagers this was due to popularity of Hinduism (more people flock in the temples). There is no play ground in the village school and girls do not get the chance to play after class 7-8, unlike the other villages where girls often played in the school football team, villages in Bokaro did not have girls' football teams. Sili Salom had many government concrete buildings including a two storeyed multi-purpose building. One room in this multipurpose building was being used by boys to study collectively for competitions and board exams. This was not seen in any other village. The men in the FGD felt that women should be allowed to use the plough and also make the roof, but the only thing that should not change is their *devata*, the gods and goddesses who are part of nature such as sacred groves and rocks and their religious festivities that are part of celebration of various junctures of the their cropping cycle.

The mixed village in Bokaro, Garri was close to the Kasmar Block. It had mixed mud houses and concrete houses, however, the Anganwadi in the Rajwar tola ran from a mud hut as there is no land for a concrete building in the tola. Though in the village people largely depend on farming and daily wages, women do not have the same mobility as compared to women in the other villages. According to men in the FGD, girls and women from not so well to do families go out to close by areas for work. They felt there was no issue in girls going out to work preferably if it was a government job, or a private job, and the family members go with the girl once and see if the stay and job is safe for the girl. Girls going out to study were also acceptable in the village. One girl from the village has gone to do MBA in Gurgaon.

Unlike Ranchi and Gumla, adolescent boys and young boys from some families in the villages in Bokaro were found to be in better positions, they had the support to enrol (though they did not attend classes) in graduation courses and prepare for various competitions and government services. At the same time, many who did not have the opportunity started working after school or even without completing schooling like boys in the villages in Ranchi and Gumla. Boys and men in Ranchi and Gumla wore shorts or were dressed to work in the field but men and boys in Bokaro wore shirt pants and did not work in the field. People in these villages were also more aware of the government schemes and facilities for them. They had also taken some steps collectively against the doctors in the Kasmar block hospital when a villager had died due to snake bite and the unavailability of an

antidote (the available antidote had expired) and another villager had died due to burns suffered on electrification and he was not attended too for 2-3 hours. The Kasmar block hospital is a referral hospital but doctors remain in the hospital only during the Out Patient Department hours. There are two nurses who remain in the hospital for 24 hours and in case of emergencies either refer the patient to other hospitals or call the doctors from Bokaro over phone.

Social groups and relations

The only tribes villages seemed to be relatively further away from the main roads and main cities as compared to mix villages. These villages also had visibly poorer facilities in terms of education (school only till 5th in the neighbourhood, no health centre) as compared to the mixed villages (which being closer to the main roads and cities had better connectivity and facilities).

Within the mixed villages, as in Karanji, the condition of the people from the tribes was worse than in only tribe villages despite the relative poorer conditions of the only tribe villages. In Karanji, the outgoing tribe head reported that his family had a very small piece of land that is not sufficient for the family and all his sons except the youngest one had migrated to different cities. He was visibly in tatters. The village had Oraon tribe amongst them some followed Sarna and the others were Christians. At the same time, there were some tribe families where family members have a government employment were better off. This was the same in the case of Muslim majority of the village, families with government employment, business of their own were better off.

The next section looks at some aspects of gender relations and the provision of childcare and fulfillment of needs of children in the 6 villages. This has been broadly seen from the following areas- beliefs and gender norms, handling money, division of labour at home and domestic violence and the needs of the children and the way these are fulfilled, the gaps in these.

2. Gender Relations

The present section discusses the findings around gender relations in the villages vis-à-vis gender norms, handling money, selling household agricultural products, managing household expenses, different wage rates for men and women, participation in household chores and domestic violence. Each of these is discussed in detailed. Participation in childcare is also an important aspect of gender relations within the family and the community which has also been discussed in details in the following section.

a. Gender Norms

Amongst the Oraon, Munda and Santhali the tasks in the field certain tasks such as using the plough to prepare the field is traditionally gender specific- it is to be done by men only. Women are not just prohibited to use, as told by many in the field, they are prohibited even to touch the plough. In discussions with men's group in Ranchi and Gumla, in the Oraon villages men expressed that women cannot plough, "if women start using the plough what will the men do", some mentioned that it was physically difficult for women as the plough was heavy and some others supported the old belief that if women start using the plough something would go wrong, the bulls would be diseased or the crops will be damaged. While in Bokaro, in Silisaram, the Santhali village, two young men in their mid twenties, spoke differently and others in the group listened to them. One of them had worked in Tamil Nadu as a daily wage labourer and said that he had seen women use the plough in Tamil Nadu and nothing has gone wrong, it is just a belief that the bulls will be diseased. He also said that in many places in Jharkhand itself such as Dumra Kodra women now use the plough and the *kodal* . Some women have started to use the plough since men are migrating and are not available. The other young man said that women can use the plough, he also said that it is not difficult task that need strength or anything, one just has to know how to direct the plough, and the bulls carry it.

There are several such norms- prohibiting women to make the traditional tiled/thatched roofs to that extend that women can't even get on top of the house. This is not followed in the case of concrete houses where women are the ones who carry the bricks and concrete. Men in Munda village (Kadojora) and Oraon village (Charima), Ranchi said that men work as the mason, while women carry the loads while the roofs are being made. Thus, with change in the type of roof to concrete ones women are going to the roofs but they still are not making these. It is to be noted that in the Munda and Oraon villages in Ranchi the houses were mostly mud huts with traditional roofs unlike the mixed villages in Ranchi and Gumla (which were better connected and had better government services) and the Santhali village in Bokaro, which had concrete houses.

In Charima (Ranchi), it was told that women were also prohibited to use the 'bhar', traditional baskets that are tied to two sides of a stick and carried on the shoulder to ferry goods. According to men in Charima, an Oraon village, traditionally only men were allowed to carry products in the 'bhar' because of the need of physical strength to carry weight but even women use the 'bhar' now if men are not around.

b. Handling Money

There was a marked difference in the ways men and women are supposed to handle money in all the groups. The following analysis is based on the same set of questions being asked in all the villages and observations regarding selling household agricultural products, managing household expenses and wage rates for men, women, teenaged boys and girls. Each of these is discussed below elaborately.

c. Selling household agricultural products

Men at Charima said that men should go the markets to sell their products. Many in Charima grow vegetable in the lean period to sustain. They felt that it is difficult for women to carry the stuff to the markets (men manage to carry this on autos), haggle with men their and keep account of the money. Some women, they said, do carry some some vegetables in their own basket and sell it themselves, but these are in small amounts. They felt that women selling goods are easily cheated by men. In most villages, including the mixed villages, it was men who sold and had control over the money earned by selling their harvest. In the Oraon villages in Ranchi and Gumla, men said that women could sell small amounts of vegetables or goats and hens that they reared and have their own money.

d. Managing household expenses

Except for Bokaro, where a significant number of men and women find daily wage jobs locally and regularly, in both Ranchi and Gumla, a significant proportion of men, single women and a small number of married women (with their husbands) migrate out of the state for work. Consequently, the houses are virtually women headed in the absence of the men (except for 3-4 months)

In Jaira, an Oraon village in Gumla, men who migrate for the whole year except during the sowing and harvesting months, said that their wives manage the household expenses in consultation with them (through phones). Men send money home through their own or other's account (relatives, neighbours) and in emergency women also borrow from relatives/neighbours.

In the mixed village in Bokaro, Gari, the women do not go out to work unless it is a government job and her family elders have gone and checked the housing and work arrangements. In contrast, teenaged girls from the Oraon village in Charima migrate outside for work, mostly as domestic helps in cities like Delhi, Gurgaon or for brick kiln work which is seasonal. These girls sometimes inform their family, sometimes they don't and it is mostly out of dire poverty. According to a college going girl from a comparatively better off Christian family, whose parent could afford to provide her simple education, the girls who go out to work are not seen in a positive light by the villagers. Her own parents tell her not to do something like that (run away) and destroy her life ('zindagi kharab mat karna').

In most villages, boys had a say on what they earned and decided according to themselves where to spend their money. In addition to spending on the agricultural needs, they spent on their own grooming, clothes and mobiles. In the case of girls (Silisaram, Bhadauli), the money they earned locally, they end up buying stuff for home or handing it over to their fathers in times of need.

e. Different wage rates for men and women

In most villages, teenaged girls worked in their own fields and the fields of their neighbours during the sowing season. In some villages like Charima and Jaira, women still sow collectively, one day in one field and then the other without any monetary transaction. However, in most others women and girl get some money for sowing. Men and boys also earn during for working on the field. While men and boys earn Rs.150 to 200 per day, women and girls earned Rs.150 to 100 (Jaira-150:100). Adolescent boys in Silisaram, Gari (Bokaro), Jaira (Gumla) felt this was justified as their work was harder, while young men at Bokaro felt that it should continue as girls

f. Participation in household chores

The role and participation of men in household chores was found out for chores such as washing clothes, washing utensils, cleaning house and courtyard, cooking and shopping for household needs. It is important to mention that when women and girls perform household chores such as washing clothes or utensils they do it mostly for every member of the family whereas in the study it was found that this was often not the case for men and boys. Men and boys when they cleaned utensils or clothes, cleaned only their own clothes or plates used by them.

It was found that the participation of men and boys varied from community to community and in the same village, for example, Karanji (Ranchi) men and boys of different community had different levels of participation in household chores. Boys and young men from the Oraon community cleaned their own plates, clothes and rooms while this was not so for the Muslim or caste Hindu community, except for in one case where a caste Hindu boy used to do his own work when he was in a Rashtriya Seva Sangh (RSS)¹⁶ camp. He does not do so at home as his sister-in-laws do it and he felt that they “won’t allow” him to clean his own plate or clothes. The Oraon boys said that they sometime cooked for the whole family or cleaned up the utensils used by all if others were on work, “whoever is around cleans up or cooks”. Muslim men and boys in the village do not participate in household chores, “I am there, why should they do it?” said a women from the community when asked if her husband or sons clean their own utensils after eating.

In Muslim, caste Hindu and Dalit communities in Garri Bokaro it was women who did the household chores, following the notion that women should do household chores and men work outside. However, men and boys knew cooking and there were occasions when they cooked. In families where non-vegetarian food is not eaten traditionally, men would cook meat on their own, often outside the house. Otherwise men cook only when women are sick.

In the Santhali village Silisaram (Bokaro), women cook on daily basis. Men cook only during emergencies or when they make special dishes as chicken mutton. Men felt that women work more than men. Men have to do only one work outside, if they have to dig the earth

¹⁶ Camps organized by Hindu right wing

they have to do that work only while women have to do 5 to 6 different kind of work-cooking, cleaning, washing and cooking again.

It was observed that in the case of Oraon families in both Ranchi and Gumla, the primary livelihood was agriculture. Men and women in the community have specific agricultural task that they perform on specific timings, for example, men go early in the morning to the field to prepare the field and come back by 10 or 11 in the morning and take of the house and children, while women work from 9 in the morning to 5-6 pm in the evening. In the period when women are working in the field men cook, feed young children and clean up too. This could be seen as a necessity and hence men do household chore, however, it is not seen as men doing women's work, the notion is "whoever is around does whatever is required" including cleaning up a child and the floor after a child defecates. This was said by most Oraon men and women nonchalantly while the same question of men cleaning up a child after defecation brought laughter amongst men in other communities.

However, when it came to cleaning clothes even in Oraon families it was women who cleaned the clothes of children. Men cleaned only their own clothes. Only in a few cases did Oraon men clean their wives clothes. In Jaira (Gumla) men in government and other regular jobs did not clean their own clothes. The reason was that they did not have time.

g. Domestic violence

Men and women spoke openly about the prevalence of intimate partner violence. In Sili Saram (Bokaro), men insisted that some amount of fights happen between all couples and if the man is wrong he tries to make amends. No one interferes as the fights are not too loud, there is a sense of shame, women too think that what will others say and do not tell anyone about the fights.

In Karanji (Ranchi), a Muslim girl spoke of public beating by her husband where no one intervened to stop him while he came and beat her up in her own village. She is now seeking separation and is staying with her old parents at Karanji. In an open meeting with villagers earlier in the village, people had initially said there were small incidences of fights amongst couples and others did not interfere. Some women, however, had insisted that there were cases of violent beating on an everyday basis which others know about but do not interfere. A Muslim man in the FGD said that he had no recourse but to hit his wife when she does not listen to him. The option to talk it out, listening to her side seemed new to him when mentioned. Similarly, a caste Hindu man in Garri (Bokaro) in the FGD accepted that he indulged in violent behaviour, he throws and breaks stuff at home when his wife does not listen to him. He insisted that once he had broken some stuff she starts listening to him and acts according to his wishes.

In Charima, men said that the cause of violence is mostly when men don't go to work, women who goes to work get angry and shout at them, men try to frighten them using

“danda” (baton) to make them stop shouting. As per the men, the stick is not used and is used as a deterrent only. A man in Charima in FGD accepted that he fights with his wife after getting drunk as his wife does not want him to drink. This was an older Oraon man and a grandfather too. In his case, it is his wife who beats him up for his drinking. Others in the FGD said that women too beat up in fights and people interfere only when things go too loud (when it affects their own family and children) otherwise they do not interfere as it is fight in the family.

Domestic violence was linked to men getting drunk in all the six villages. In Bhaduali, a whole group of young men drink and gamble from the morning which leads to fights with their wives and parents. Women in Garri (Bokaro), Jaira and Bhadauli (Gumla) too felt that men became violent on getting drunk and many of them drink regularly. Men, however, did not pick up fights with others but only their own wives. Mothers in Jaira said that young children feared going to their fathers when they are drunk. Older children in most villages interfere when their fathers get drunk and get violent with their mothers.

h. Discussion

As observed in all the seven subsections above, caste Hindu women and Muslim women tend to have greater restrictions vis-à-vis their mobility, economic activity even when it comes to working in their own field in Garri village (Bokaro) women had limited mobility as compared to Christian Oraon and Oraons. However, despite a certain amount of mobility and freedom Oraon women too tend to have a secondary status as they are not the primary seller/owner of their family owned farm products unless a widow. They could only deal with marginal products if required and poultry and goats “bought by their own money” (*apne paise se kharidti hai*), implying on the money that Oraon women earn as wage labourers in the fields of others. Even though Oraon and Santhali couples separate from their families and build their own huts, mostly patrilocal, farm related decisions are taken jointly by men of the family. Women tend to have very little role in discussions related to what has to be sown, whom to sell the products or how to spend the money obtained from the sale of the farm products. Women’s role in decisions pertaining to the lives of their children is discussed in the section on childcare.

According to the National Crime Records Bureau (NCRB), Jharkhand has the highest number of reported cases of women murdered as witches¹⁷. This came up in the discussions and it was felt that at the village level people did view these women as witches due to superstitions. Widows, especially amongst the Dalits and tribes are most vulnerable to such beliefs. As evident from literature amongst the Santhals and Mundas a widow becomes the owner of lands and a substitute father for her sons and administers the households and

¹⁷ <http://indianexpress.com/article/india/india-others/jharkhand-tops-in-witch-hunt-murders-rajasthan-ranks-low/>

supervises cultivation¹⁸. However, the tribal widows' ownership of land and hence to power equivalent and meant only for men is seen as a threat to the dominant norms of male ownership and inheritance. Branding such "powerful" women as witches, hence dangerous and distasteful is one of the many ways to subvert them¹⁹. The following quote²⁰ makes the link of old and widowed women within these communities with their torture as witches evident:

Various studies of witch-hunting show that the victims were not just women but that also those who were old and unprotected. A police officer analysed records in one district (Malda) and pointed out, "Most of [them] ...were widows and aged... the significant thing had been the lack of protection or coverage from powerful relatives" [Chaudhuri 1987:156]. In other analyses what stands out is that the accused women were closely related to the accusers [Kochar 1979:6, 296 and Rout 1979:6, 406], thus being within the circle of persons likely to benefit from the elimination of these women as claimants to land.

Further, women are not allowed to be part of the traditional village administration and priestly community that manages communication, religious and administrative ceremonies. According to one of our KIIs, a tribal rights and women's rights activist, the idea of a tribal woman as a Pahan or a part of the traditional administrative or religious leadership is an issue of conflict and struggle within the tribal communities who fear that women of their communities would be then used by men of other communities to gain control on their lands. According to the KII, tribal women in Jharkhand were entitled to part of their ancestral land as per their traditional customary laws, however, due to the growing influence of non-tribal communities around them and the fear of land appropriation by outside men marrying women of their community, to the effect that community leaders have been advising them such.

Trafficking of girls and women, especially tribal and Muslim girls, was also something that distressed the communities and the KIIs. Distressed migration, by tribal girls and boys from Jharkhand, in the face of poverty and lack of local respectable employment is common and has been taking place for many decades now. Many of the men in FGDs and meetings said they have migrated as teenagers and several youth talked to confirmed that they migrate out of the state in search of work. Few men also complained that they were not provided safe working and living conditions or their payments were withheld by their former employers. At the same time there were men who told us of good experiences and mixed experiences as migrant workers.

¹⁸ Women as Witches and Keepers of Demons: Cross-Cultural Analysis of Struggles to Change Gender Relations Author(s): Dev Nathan, Govind Kelkar and Yu Xiaogang Source: Economic and Political Weekly, Vol. 33, No. 44 (Oct. 31 - Nov. 6, 1998), pp. WS58- WS69, p.WS-61.

¹⁹ It is important to note that caste wars also led to violence against the Dalit women where often they are branded and tortured to death as witches by non-Dalits. It is an equally important aspect of violence against women and norms around the intersections of caste and gender.

²⁰ Women as Witches and Keepers of Demons: Cross-Cultural Analysis of Struggles to Change Gender Relations Author(s): Dev Nathan, Govind Kelkar and Yu Xiaogang Source: Economic and Political Weekly, Vol. 33, No. 44 (Oct. 31 - Nov. 6, 1998), pp. WS58- WS69, p.WS-62

When it came to girls as migrant workers, while the villagers did not deny, it was difficult to get much information on the working conditions and experiences. The reason for migration was given as utter poverty and lack of opportunity. In Charima, the researchers came across two girls around 17-20 years who others told us are migrant workers, but they did not want to be part of the study. Villagers told us that the girls are from very poor families and are left with no option but to go out and work. Their parents are not able to provide for them or help in their education. Amongst the Christian Oraon parents (as per a 19 year old girl from the community), girls who migrated for work (mostly Oraons) were seen as “girls bringing disgrace to the family”. In Sili Saram, women narrated how some of the boys who had gone out to work were mistreated by the employer and not allowed to contact their families. In Gurugram, towards the end of the meeting villagers reported that a girl from their village had gone out to work about a decade ago, she had recently called and asked to be rescued²¹. The girl’s mother had no money to make the trip and the villagers were helping her to reach the girl.

Poverty and the growing demand for dowry were explained as the reason for trafficking of Muslim girls by villagers in Garri (Bokaro). According to a Muslim father of daughters, who claimed his biggest worry is dowry for his daughters, there has been a case of a Muslim girl being trafficked of their village. Over a year ago a man had approached the father of the girl for her hand and the unsuspecting man was happy to marry his daughter to this man as he had no dowry demands. However, some months ago the same man was seen in the village looking for a bride and others recognised him. On being beaten up, the man accepted that he had sold of the girl to another man. When contacted the girl said “her life is ruined and she cannot come back”. As evident the girl did not have much say in the matter of her father fixing her marriage as it is a social norm to marry girls young. Over the years, as villagers claimed, dowry has become a norm even amongst Muslims in the area and it has been affecting the lives of young Muslims girls devastatingly- their schooling is cut short to marry them off young without or less dowry; they are given off in fake marriages by poor parents to men who sell them off.

3. Childcare and needs of children

The area of childcare was assessed using the domains of physical, mental, emotional and social needs of the children and who are fulfilling these needs- members of the family, the community, state and non-state actors. For this assessment children were divided in age groups- Infants (0 to 1 year), Preschoolers (1 to 6 years), Primary and middle school going children (7 to 12 years) and teenagers (13 to 18 years). This section discusses the findings vis-à-vis the needs of the children, what is being fulfilled by whom and the gaps in each of the age groups separately.

Infants (0 to 1 year)

²¹ The local partner organization was requested by the researcher to provide all possible help in the matter.

Infants are completely dependent on caregivers for all their needs- from feeding to defecation, mobility, safety and security. This is the stage a child needs utmost and constant care, something that was supported by women in the villages, "*bache ko akele nahi chodte*", that is the child is never left alone. However, in all the communities in this study, it is the mother who is seen as the person responsible for childcare, ranging from feeding, to bathing to putting the child to sleep. In most communities, except for Oraons and to a certain extent in the Santhali's, taking care of the infant was gendered, with only women involved in the various tasks. The discussion below looks into each of these tasks and the role played by various members of the family as well as non-family actors.

In Gari (Bokaro) childcare is seen mainly as women's responsibility, extending from the mother to elder sisters, aunts, grandmothers and other female members. Men hardly participate in child care. Men take care of outside work- handling money, earning money and buying stuff. Children ask fathers for money or stuff they require (mother's mostly do not handle money). This is not so gendered amongst the tribes, especially the Oraons. The Santhali tribe in this study, being influenced by caste Hindu society seems to have adapted gendered caste Hindu practices. Male members of the family too in the tribes, extensively amongst the Oraons, took responsibility in childcare even in mixed villages such as Karanji (Ranchi) and Bhadauli (Gumla). It was common to find fathers, grandfathers, brothers and other male members of the family carrying a young child tied to their bodies amongst the Oraon, which was not there in Santhali or caste Hindu communities. Male members were equally at ease to feed or clean the baby after defecation. Few fathers in Oraon and Santhali families said they washed their young children's clothes too regularly unless they grow up. However, there were certain tasks that the mother did exclusively, like bathing the child, putting the child to sleep, calming the child when the child is upset and looking after the child when the child is sick. There were some more tasks that mostly mother and sometimes other female family members performed, such as taking the child to the Anganwadi or Health Centre for immunization in all the villages.

Further information on needs of the infant and what is being done to fulfil them in the villages is provided below. The needs are grouped as physical, mental, emotional and social needs of the children.

Physical Domain

Nutrition

Feeding the infant is primarily seen as mother's responsibility. In case mother is not able to feed, child is given cow milk (father spends for it). In the Oraon tribe in Ranchi and Gumla father/grandfather fed the child rice and took care of the child when mothers went to the field or for work. This was not the case with Santhali tribe in Bokaro or the other communities. In all communities the female family members- grandmother, aunts and siblings also fed the child if the mother was busy, sick or not around.

AW provides supplementary food packs for children (sweet) and lactating mothers (salted) weekly. Women, mothers or other relatives collect the food packets. The salted food packet for lactating mothers is inedible, goes as a cattle fodder or waste.

Carrying the infant

In Oraon tribe, when mothers go out to work father takes care of everything of the child, taking the child with them everywhere. They tie the child with a cloth to their backs. Many grandfathers were also seen to do this. The practice of tying the child was found only with Oraons. Siblings, relatives, grandparents also carry the child when required. In other communities the mother had to ask the father to take the child out with him.

In other communities, apart from the mother, it was mostly grandmothers, aunts and sisters who carried the child, while in Oraon male family members also carried the child around.



Infants are tied to the bodies and carried by both men and women in the Oraon community at Charima (Bero, Ranchi).



Older siblings were also often found to be carrying infants at Bhaduali and Jaira village (Sisai, Gumla), respectively.

Immunization

It is mostly the mother who takes the child to the AW for immunization. In her absence or being engaged in someother work, it is the grandmother or other female relatives who takes the child to the AW for immunization. The AW worker informs the villagers of the dates of the immunization and on the planned date the ANM gives the child the immunization dosage and enters it in the card. The card is given back to the mother/grandmother. Women were mostly not aware of what shots their children have been provided and generally depended on the ANM for keeping the record. In Garri, Bokaro, there was a case of an ANM falsely entering immunization data in a child’s card which came up as the date mentioned on the card the child was visiting relatives with the mother.

Fathers/grandfathers played no role in immunization and it was felt that youth group could be part of a local vigilance group for immunization and the workings of the ANM as well as the anganwadi.

Bathing

Bathing a child is seen as the mother's responsibility. Even in Oraon families, only a couple of fathers said they give bath to the infants.

Cleaning after defecation

Only mothers in the caste Hindu, Muslim, SC, OBCs, Santhali families clean up infants after defecation; in some families grandmothers and aunts also cleaned the child after defecation. However, it was only in Oraons, that men both old and young said that they cleaned up a child after defecation if the mother was not around, "whoever is around cleans up the child, the child cannot be left like that" said a teenaged boy who said that he cleans up his younger siblings if their mother is not around. The question seemed to generate humour in Caste Hindu and Muslim communities as well as the Santhalis, mothers promptly said "maa hi karti hai", or "papa log nahi karenge, ma ke pas le ayenge". In Oraon families fathers and other male members cleaned the baby after defecation. Oraon men answered the question straightforwardly. It was considered a feminine task in most communities.

Cleaning clothes

It is considered mother's responsibility in most communities to clean children's clothes. In case the mother was sick the grandmother or any other female member of the household washed the clothes of the children and their mother. Men mostly did not take responsibility of cleaning children's clothes except for few fathers in the Oraon and Santhali community (as evolved from FGD and interviews with fathers) who washed clothes of the infants regularly.

Cleaning after feeding/ running nose

Children in most villages were clean and wore clean clothes except in one Oraon village Charima (Ranchi), children looked unkempt even when elders were around. In another village Bhadauli (Gumla) an Oraon father carried a kerchief with himself to clean the running nose of a child.

Putting infant to sleep

Mothers put infants to sleep in most communities. If the child is sleepy any one puts the child to sleep in an Oraon family.

Mental, Social, Emotional Domains

Company

There is always someone from the family with infants, "how can an infant be left alone" said a caste Hindu women in Garri village (Bokaro). The same sentiments were held in most of the communities.

Play and stimulation

There is no allocated play time for an infant. According to women in Garri village (Kasmar) fathers come and play with the child whenever they are free and want to play with the child. Older men, especially grandfathers were found to make time to take out infants to the neighbourhood.

Life skills

Mother has to take some time out to feed child and help child learn simple tasks of eating food. Oraon children are taught to eat on their own when they are around one and can pick food.

Comfort in distress

Mostly mother comforts the child when the child is in distress. Father picks up if mother is busy in work, hands over to mother if not able to manage. Sometimes women have to prompt men to pick the child if they are busy.

Preschoolers (1 to 6 years)

The first few years are most crucial for a child's development. In the preschool years, upto the sixth year, the child needs support for growth in all the physical, social, emotional and cognitive domains for a holistic and all-round development. This is also the stage where the child prepares for school and moving from the primary institutions of socialization of family, peer and neighbourhood to others such as the school.

This section provides an assessment of needs of the preschoolers and information on who fulfils them for the children in the different communities under the domains- physical, mental, social and emotional needs.

Physical Domain

Nutrition

The family is the primary provider of nutritional needs of a child. The child has now moved from the phase of breastfeeding to supplementary feeding. The fathers are considered the primary bread winners in most families, including the Oraon and Santhali families where the women of the family work equally on the fields. It is also to be noted that in most of the villages the Oraon community specifically was found to be economically underprivileged with the men as migrant workers. Many families were virtually managed by the women in the absence of their migrant husbands.

In most families, it was the mother who cooked, fathers occasionally cook when mother are sick or if they want to cook a meat in a particular way, "jab special kuch banate hai" (when something special is cooked. In Oraon families, during the sowing season women work from mid morning to late in the evening and in many families with young children it is the father who is at home in this period, cooks. As boys and girls grow up, by the age of 11-12 they

start cooking too. It is necessary for the girl to cook while boys cook if no one else is around, the same for doing the dishes.

Young children are feed by elders in the family, mostly mothers, grandmothers, older sisters, aunts. In many Oraon families, fathers and other male members too feed younger children in the absence of the mother or female relatives. By the age of two years Oraon children are taught by the mother to pick and eat on their own with some help and by the age of four or five years they learn to eat on their own. Children in the Oraon families eat whatever is cooked for the rest of the family, those who could afford also arrange for cow's milk for young children.

Supplementary food is provided to young children at AW. In most of the villages the preschoolers went to the Anganwadi for services on their own, sometimes with older siblings. In village Karanji, one of the Anganwadi is close to the main road some children have to cross the road. There the Sahiya and Sevika both go to collect the children from the houses and drop them for children across the road. In Garri (Bokaro) in the Noor tola (Muslim) the children are registered with the Rajwar tola but do not go to the centre as it is at a distance. In Jaira (Gumla) mothers take children with them to the field as the AW closes at 12 and mothers go to work till 5 or 6 pm.

Carrying the preschooler

In most communities it is mostly the women who tend to the preschoolers inside the home; it is male members or elderly women of the family that takes the child outside.

Immunization

The visits to the anganwadi and the ANM for various immunization shots are done by the mothers or grandmothers. Men said that they hardly ever took the child for immunization.

Bathing

Mothers bath young children. By 5-6 years children start bathing with little help from elders. Young children have bath in hand pumps close to home. In case the source of water was far, they visited the bathing space, such as a river with the mother or a sister or alternatively, mother or sister carried water from the source for their bath.

Care during illness

Mothers took the child to doctor in case of illness. Father/brothers get the medicine. According to the villagers, people mostly used private health care service as medicines have to be bought and the service of the government health centers were not upto the mark. The Kasmar Block Hospital (Bokaro) has a 300 bed capacity but has only 2 OPD doctors (who have to be called in the case of emergencies after the OPD hours) and 2 nurses. However, not all essential medicines and equipments and services, especially for childbirth, are

available at the government health centres. People use government hospitals only when they don't have the money to pay for private consultation or when it is not a life threatening condition. People also mentioned that at the government hospitals "the doctor gave the same medicine for all ailments" ("*koi bhi bimari ho, ek hi dawai dete hai*").

Cleaning after defecation

Mothers clean up in most communities (except for Oraon). If mother is around she cleans grandmothers clean the infant if mother is not around. Mother starts toilet training children by the time they are 5-6 years of age. None of the villages, except for few houses in Sili Saram, had toilets and people defecate in the open.

Cleaning clothes

According to women, young girls start imitating their mothers and wash their own clothes by the time they are 5-6 years old. They are too young to clean the clothes properly, "they are not able to clean properly" ("*dho naho pati theek se*"), quipped a mother. By the age of 11-12 years girls often start washing the clothes of their younger siblings and the whole family. An Oraon girl in Jaira said that she washes clothes for 2-3 hours in a day but since her sister and she washed the clothes of the family on alternate days it was easier for her. Boys start washing their clothes by the age they are 15, till then mothers or sisters wash (Oraons). Boys in other communities do not wash their clothes, mothers, sisters, sister-in-laws or wives wash their clothes.

Buying clothes

Fathers buy the clothes for most families. Men handle family money even though everyone works in the family field that brings the money in Oraon families. In other communities women mostly do household chores and men earn and control money. As boys start earning on their own as migrant workers, some of them spend part of their money as gifts, often clothes, for younger siblings. Many children were also found to wear their school dress beyond their school hours late in the evenings in Charima.

Changing of clothes/ Personal Hygiene

Mostly children learn to be independent and change their clothes with instructions from elders by the age of 5-6 years. Most Oraon children in both mixed and only tribe villages wore worn out clothes or the school dress provided by the government schools (except for some whose older brothers are migrant workers and have supportive income). Other communities seemed better off in terms of clothing.

In Bokaro in both the Santhali and mixed village boys and some older men wore clean shirt and pant. Women too wore better clothes. In terms of personal hygiene, villages in Bokaro were relatively better off. Hardly any homes had toilets and children defecate in open.

Mental Domain

Education

In most communities, parents had primary literacy and were able to teach children in this age group both the Hindi and English alphabets orally. They also told the children songs and stories in their mother tongue.

AW is supposed to provide ECE for all round development in mother-tongue. However, this is not possible owing to the load of work on the AW and its timing. The AW opens at 9-9.30 closes at 12-12.30. Sevika is to give some time in ECE but this was not found in any of the villages. Sahayika cooks and gets the children from home (new children, young children, across road) in some villages, in others parents have to drop the children and children go on their own. Even though the AW visited at Karanji (Ranchi) had some teaching learning material in terms of charts of fruits and vegetables, balls they were not being used when visited. The children in the Anganwadi were found locked in a room while the AWW was working on some papers and Sahayika was cooking. In Garri (Bokaro) when the AW closed and children were to go back home on their own. They got wet as it started raining heavily.

Social and Emotional Domains

In this sub-section, emotional needs have been dealt with social domains as they are linked to each other in the needs of the children and emergent tasks thereof for the preschoolers. It does not in any way mean that the domain of emotional development is not distinctive from the social.

Early emotional development needs competence in the following three areas-

emotion expression (including using gestures to convey emotional messages, demonstrating empathic involvement, displaying complex emotions appropriately, realizing one may feel one way and outwardly express a different feeling); *emotional understanding* (discerning one's own feelings, discerning others' emotional states, and using emotion vocabulary); and *emotion regulation* (coping with unpleasant feelings or emotion-eliciting situations, coping with strong positive feelings such as excitement, and strategically exaggerating the expression of some feelings to get a desired result)²².

The following needs have been identified for the preschoolers keeping in view the development of these three emotional areas, that is, emotional expression, emotional understanding and emotional regulation.

Need to talk/share

²² As grouped by Denham(1998) quoted in Hyson, M., Copple, C. & Jones, J. (2006). Early Childhood Development and Education. In Renninger, K. A. & Sigel, I.E. (Eds.) *Handbook of Child Psychology* (3-47).New Jersey: John Wiley & Sons, p. 18 (author's emphasis).

Children mostly share their thoughts and needs with mothers in this age. Some children also share their thoughts with older siblings and their peer group. They talked about what happened at the AW or if they had a fight. They would also tell their mothers if they required anything, money for toffees, games etc.

When children fell down or start crying older people try to ease them up by taking their mind off to something funny, like saying a pumpkin burst "*kaddu phuta*" or it was the mouse who made you fall "*chuha giraya*".

Play

Boys in most villages came home from school and went straight to play with other boys in the hamlet or hang around older boys playing marbles, football or any other game around the center of the hamlet or *akhara* (central place in case of tribal hamlet/village is called *akhara*). Younger girls were seen to hang around the places where games were being played. On being asked girls said that they played with other girls of the neighbouring houses close to their houses (the picture below is a shade where young children play in Sili Saram (Kasmar, Bokaro). Often family elders also play with young children (as in the picture below from Jaira, Sisai, Gumla)



A shade for preschoolers to play at Sili Saram (Kasmar, Bokaro) and a father playing with his son at Jaira (Sisai, Gumla)

It was evident that the children from the tribes, being close to nature find friends (such as the bird in the picture below) and games in nature (a boy swinging on a bamboo tree in the picture below). Such nature-based play “was a means of learning about and becoming as inseparable part of the natural world”²³. There has been a loss of the nature-based play and the underlying symbiotic relationship of native American tribes with nature due to assimilation into the dominant Anglo culture²⁴.

²³ Buchanan, M. & Cooney, M. (2015). Traditional Native American children’s play: The Nature-Culture Connection. In Roopnarine, J.A., Patte, M.M., Johnson, J.E. & Kushner, D. (Eds.) *International Perspectives on Children’s Play* (89-99). Berkshire: Open University Press.P. 97

²⁴ Ibid, p. 96



Girl playing with a pigeon at Jaira (Sisai, Gumla) and a boy swinging from a bamboo tree at Bhadauli (Sisai, Gumla)

Go out in leisure/ walks

Father takes the child to walk, to the market or *dhumkuria*. Mothers carry their child on work, they don't have much leisure. Older siblings too took the child to the *akhara* or the *dhumkuria*.

Feeling Safe and Secure

It is mostly mothers that the child talks to if they don't feel safe. In case of fear from the mother, as in the case of fight between the parents or an angry parent, children look out for other safe space/person to console themselves.

Safety when parents fight

The prevalence and acceptance of domestic violence necessitated the teenagers and parents being asked the question on what they did, how they felt as children when their parents fought. Most mothers, fathers and youth said that as young children they hide or go to neighbouring houses belonging to their relatives when their parents fight. In Jaira, a woman mentioned that her children would go to their grandparent's house next door on their own if their father came home drunk and slept there regardless of the fact if there was a fight or not. This she said embarrassed their father every time and he tried to make up for it the next morning by asking the children why they did not come home and being good to them. Children's response in seeking a safe space/ individual when parents fight or father come home drunk (cue) is a coping mechanism to save them from a possible negative experience.

Research²⁵ show that children witness to domestic violence may feel ambivalent toward their violent parents and may withdraw from them. Further they imitate and learn the

²⁵ Baker, L.L., Jaffe, P.G. & Ashbourne, L. (2002). *Children Exposed to Domestic Violence: An Early Childhood Educator's Handbook to Increase Understanding and Improve Community Responses*.

attitudes and behaviour patterns of their parents, i.e, expressing anger with aggression and violence and learn gender roles associated with violence²⁶.

Disciplining /positive reinforcement

Mother/father talks tough in case of negligence in studies and tell children to study. However, children often got beaten up or an admonition without any fault of theirs if elders are not in a good mood and children come up to them. Women agreed in all the villages that they would pour their anger on their husbands after a fight on younger children.

Grandparents also had a say in disciplining children. Grandparents mostly seemed to give children money to buy toffees. Children received small amounts of money occasionally to buy snacks and toffees from the local shop or shop near the school from parents for tasks such as taking the goats for feed.

Comfort during distress

Mother as evident from the amount of care and time spend with the child become the primary individual children in this age group seek out for comfort. Women explained that children came to them and talks to them in case of distress be it a fight with a friend, a fall or a teacher admonishing them. Father/grandparents give children snacks from shops or money.

In Jaira (Gumla) in the FGD Oraon men said that the child had to be cheated "*thagna padta hai*" to make the child forget the distress of falling down or getting hurt by saying things like "*kadu phuta*" (pumpkin blasted) or "*chuha kuda*" (a mouse jumped) for the noise of falling.

In all the communities, fathers/male relatives felt that a mother could only manage a child in distress. Among Oraon families men were more experienced at how to handle a child in distress though they too felt that the mother can only take care of a child during immunization (pain of injections).

Primary and middle school going children (7 to 12 years)

Mothers along with other female members of the family remain the carers for children of this age group. Girls from all the villages in this age group start taking up responsibility for household chores such as cleaning up the house, utensils, bringing water and cooking. Boys do not have this responsibility on a regular basis and get involved in cooking and cleaning only occasionally. Oraons boys who remain home when others go to the field get involved in these tasks too. Due to the load of household work girls most often are not able to give time

London: Centre for Children & Families in the Justice System, p. 7. Available at <http://www.lfcc.on.ca/ece-us.PDF>

²⁶ Ibid, p.8.

to their studies and have to wake up earlier than others to finish school work. Parents too don't see girls' education to be as important as that of boys.

Given below is the assessment of the needs of primary and middle school going children and how these are fulfilled.

Physical Domain

Nutrition

Nutrition is provided through family income, largely through farming, seasonal work as migrant or in government or non-government regular jobs for a small segment. Parents look after and work in the farms. Girls/boys work with the family in the field and also working in others field for income. Girls help and cook atleast one meal by 10-11. During the agricultural season, children who work on fields of others get something to eat or Rs 50-80 per day as their earning.

Another source of nutrition is the mid day meal at government school. Mid-day meal is regularly provided at schools. Eggs are provided thrice a week.

Share of household chores

By the age of 10-11 years girls start handling some household chores. Getting water for drinking from handpumps around their houses becomes girls' responsibility. They have to carry water 3 times in the day on big pots. Boys get water only when told and occasionally.

Girls in this age also take care of cattles, cleaning cattle sheds, cleaning utensils, washing clothes of the whole family. If more than one daughter they share the workload. Relatively boys have lesser load of household chores.



Girls taking the cattle to the field after school in Bhadauli (Sisai, Gumla)

Rest and Play

Boys come from school, have food and go out to play. Girls by 10-11 do household chores they have no allocated time for games, play or rest. As put by a women in a Munda village in Ranchi, “Tribal men might say, our women have more freedom than others and we have equality but this is not so. Even in our homes, the son goes off to play the moment he comes home from school but when the girl comes home she sees the dirty utensils in the courtyard and sits down to wash them even before eating her lunch. Why is it not the son’s responsibility to clean the dirty dishes! Why it is the responsibility of the daughter to clean the house, do the dishes and cook the meal!”

In almost all the villages, boys have a football team that participate in football tournaments played for the prize of a goat. In a contrast only one of the villages visited had a girl’s team in the village (in Gumla). However, girls of this age group are able to play in school. In Jaira, girls said they are part of the school team and have visited and played in other schools in the block but this information was not shared with the father, who is a migrant worker and seemed unhappy when asked if his daughters can play football at school. In Garri (Bokaro) there is no playground in the school hence girls don’t get to play at all.

Mental Domain

Education

Only some parents are educated enough to teach children beyond the primary school at home. Amongst Oraons even if one member of the extended family was educated, s/he taught the children of the family at home. In most communities, older siblings, uncles and aunts helped children with lessons at home.

It is mostly the father who controls money and provides for books/copies. In case the father is migrant worker, it is the mother who gives children money for stationary, school fee (in case of a private school) and other educational needs. There were some families in each village who could afford to send their children to a private school close by. However, a majority of the children were dependent on the government schools for education.

Most children go to school till tenth boards. It is easier for girls if the school is in the village as parents feel they are safer in the village. This makes it difficult for girls to continue education after primary school in Charima and after 8th in Silisaram where children have to go to the neighbouring villages for higher classes.

Almost all of the government schools had the required number of teachers, primary schools had 1-3, middle schools upto 4 teachers plus para teachers and so on. Only one school, a girls school under the Jharkhand Education Project Council(JEPC) at Garri (Bokaro) conducted all classes. In the same village one of the teachers in the Higher Secondary school is known for verbal abuse.

The team made a visit to the school in Jaira. A teacher in a school visited said that there was load of paper work on them and lack of teachers. The lack of sufficient teaching staff made the quality of teaching in most schools poor.

The researchers came to know about tribal hostel and attached school for boys in the process of an FGD with boys in Charima village. It had a number of issues- ragging, lack of security and discipline, bad food, regressive teaching methods and physical punishment. Two years ago there was a case of a girl entering the hostel to meet her boyfriend and committing suicide in the hostel. One of the boys in the FGD said that despite repeatedly telling his parents of the appalling conditions of the hostel, they did not listen to him and kept sending him back to the school and kept fleeing from there.

The load of household chores on girls after the primary school meant that they did not get time to study. They got up at six and went to sleep at 10 pm.

Social Domain

Children in this age group are becoming more aware of their social situation and emotions. They require someone more experienced to bounce off their ideas to make sense of the world around them.

Learning Social skills/ negotiating

Mother's teach children to negotiate. Children learn from observing their parents and other adults around them. Fathers teach sons some skills of farming. In case they have older siblings, they become their bouncing boards. They vicariously learn from older people in the family who migrate such as their father/brother/sister. Often friends become their confidante.

Emotional Domain

Sharing emotions Children generally share their emotions with their mother or siblings. Girls above ten also share with other women in family and friends. Boys share with friends by the time they are 9 or 10 years of age. Father in most families are absent in the emotional lives of their children.

Teenagers (13 to 18 years)

Teenage is a period of huge transitions in the lives of the children. On one hand they face bodily changes, on the other, they are going out of school and are supposed to start earning and with their own lives. There is a huge pressure on Oraon boys and girls especially to start earning as their families do not have the money to financially support them. Many of them migrate for low skilled work of household helps (Oraon girls), brick kiln and construction workers, agricultural labourers (girls and boys). Many teenagers and youth stay back and do low paid labour work at brick kilns, shops, construction sites to survive, support their family and farms or fund their own and siblings education.

By the age of 14 years boys start taking their own decisions as to what they want to do—study or work, where they want to work. They achieve this autonomy as they grow in status as earning members in the family. In contrary, even if girls work locally as labourers and earn, they are not given the same autonomy, their decisions from what to study, if to go out to work to smaller issues of what they should wear goes through family approval. Girls from “good families” do not go out to work unless it is a government job and meets the parents’ approval. Very few families (in Garri) have sent their daughters out for higher education (MBA). Most families did not have the economic support to do so. In contrast, due to poverty and lack of work opportunities most teenaged boys and some girls from the Oraon village Charima (Ranchi) migrate to other states for work. At present there is no support system available to them on issues of migration and work such as knowing their rights as workers, whom to approach in case of violation of their rights and need of help. On the contrary, girls going out to work are seen negatively by some families in the village. There is

a need to work on changing people's perception on working girls as well as equipping the girls and boys²⁷ on their rights.

For caste Hindu, Muslim and Santhali girls there is a pressure to marry by the time they finish school. In Karanji (Muslim), Garri (OBC), Silisaram (Santhali) girls discussed how there was pressure on their parents from the community and neighbours to get them married off. Parents too confirmed saying that marriage at a younger age meant the dowry would be lesser. While traditionally there is no dowry system amongst the Santhali's dowry is gaining roots in the community.

In Bhadauli (Gumla) women said that some youth in the community get involved in drinking and gambling in the village in the day time itself. These men are unemployed and end up spending whatever they earn on daily wages on gambling and drinking, leading to fights with their parents and if married their wives. Even their parents are not able to stop them. Given below is the assessment of the needs of teenagers and who fulfils them.

Physical Domain

Nutrition

Girls/boys work with the family in the field and also working in others field for income. Girls often cook all the meals at home. This is seen as a preparation for the future role of the girl as a wife and is stressed a lot in caste Hindu and Muslim families.

This is also the age both girls and boys start earning on their own and have some income. Girls get Rs.100 as daily wage, boys get Rs.150 to 200. It was found that most boys spent a part of their income on the family farm apart from clothes, mobile phones, their own or sibling's education and so on. Girls on the other hand used their earning on daily family needs, their own or sibling's education. A girl is not allowed to own a mobile phone not even amongst the tribes.

Information about bodily changes

Girls get information regarding menstruation and bodily changes from friends; mothers are not talked to about this. There is a sense of shame and hesitation to talk about menstruation. Girls are told about bodily changes and menstruation in high school.

Girls are told to use cloth, they are aware that this has to be cleaned and dried in the sun to avoid infection yet often they are not able to sun dry them as menstruation is something they can't let others know of. In Garri (Bokaro) and Karnaji (Ranchi) one girl each in the FGD said they used sanitary napkins.

²⁷ A young man in Silisaram (Bokaro) who had gone out to work as a teenager shared that when he went out to work he had no notion of what sexual abuse was. There is a need to work with boys going out of school on issues of sexual abuse at workplace.

Safety when parents fight

Boys by the age attain authority in the family as they become a substantive support to the family income and are able to speak strongly to their fathers if they come drunk and fight. Girls too said that they intervened and persuaded their parents not to fight.

Safety for girls/boys who go out to work

Presently there is a lack of discussion, sharing within family and village around issues of safety and rights of girls and boys who go out to work. Stigma is attached to girls who go out to work and talking about sexual exploitation of both boys and girls. In Charima, the team was unable to talk to girls who go out to work, they did not want to talk. In some places parents did not allow the team to talk to girls.

In Silisaram, there was a case this year where some boys were taken to work by a contractor. There they were not allowed to call back home and were in a poor condition. They were rescued with the help of organizations. One young man in the FGD said that often people don't believe if boys say that they have been physically abused at workplace and they are silenced.

Mental Domain

Opportunity to study

For both boys and girls quality education is a distant dream as the government schools lack teachers and quality teaching and for many their families can't afford private schooling. Many boys and girls earn to support their own education (tuition, books).

Social Domain

Emotional Support and Dialogue instead of disciplining boys and girls

Fathers talk tough to sons if they are flirtatious; they also use physical abuse to set limits and discipline children. Mothers allocate work to sons to keep them busy and inculcate responsibility. Tell them to study. Mostly parents try to be strict and often parents do not listen or verify even if children complain about school, teachers and so on. There is a lack of open communication from both sides where both sides could share their ideas.

There is a concern for girl child's safety once they grow up, mothers talk to them about not befriending flirty boys/men. Mothers talk to girls; sometimes father tell daughters not to fail to keep families name like other girls (educated Oraon Christian parents as in Charima).

There is a social pressure on girls not to wear certain clothes. Older brothers (often strongly and supported by parents) and elderly village women (jest, taunts) often tell girls not to wear jeans as it is revealing clothing (except for Garri where girls said that their elder sisters were allowed to wear jeans till their marriage).

This brings a crisis as girls are held responsible for other's actions. At present girls only talk about these to their friends. There is a need of emotional support to overcome this. Further, there is a need to bridge the communication and understanding gap between girls and their parents/ families. Rather than reasoning, emotional threats and blackmailing is used with girls. There is a lack of alternative dialogue with boys.

Autonomy

Boys start taking their own decisions by 14-15, sometimes they are beaten up also by father, shouted at by mother. For girls independent decision making is based on the economic status of the family. If from a poor family girls start going out to work at brick kilns by 14-15 on their own, sometimes they inform others they run away. In a family with a little better conditions the girl is provided for simple education by the family and is reminded by both parents not to do something like the other girls and 'destroy' (zindagi kharab karna) her life.

Emotional Domain

Managing Relationships

There is openness in the Oraon community to bring a girl (provided she is from the same community) home and keep her with the understanding that the boy is responsible. In case of any differences traditionally the panch (community heads) decides in favour of the girls wish to continue or leave the boy. However, due to the fear of mixing with other communities and cheating parents become restrictive. Teenaged girls and boys talk to their friends regarding their emotional needs, relationships with friends and opposite sex. They hide their relationships from parents/family. While supportive parents and family would help both girls and boys chose better partners and make right decisions regarding age of marriage, education and career.

Early marriage and dowry

In case of Muslim girls and Santhalis girls (Bokaro) there is a social pressure to get them married early by the time they give their boards (14-15 years). There is a rising demand for dowry in both the communities (which is not traditional). The girls are not mature enough and do not have a say in their marriage, parents blackmail them on the issue of dowry to get married. In Garri there was a case of a Muslim girl being trafficked by a man. Her father did not check much about his background as he was marrying without a dowry. There is a need to work with parents on the issue of early marriage and dowry.

Need for Role Models and better notions of masculinity

In the FGD with boys at Karanji it came out that films were their major source of understanding social and emotional relations. Overly masculine movies such as Sunny Deol's Gadar, Ghayal etc are their favorite. They also mentioned (in double speak) masturbation and drinks during these movie screenings at one of their houses (age 17-18).

Hypermasculine role models blind these young minds to emotional needs. They keep striving to be an impossible image of a “mard” (man) and an “Indian”.

Role of father

As evident, by the time children are in this age group they are distanced from their fathers in most cases. This separation is greater in the case of girls as gender also plays a role in the ways fathers interact with their sons and daughters. In case of families with domestic violence, the children tend to identify their fathers with the violent other, withdrawing from him. Often in the case of the father being a migrant, he is physically away too. In the former case, the mother is seen as either in need of help or someone to identify with as against the powerful perpetrator of violence. In the latter, the mother tends to substitute the father as the manager of the family finances and disciplinarian under the instructions of the father (connected through phone). Further, amongst the tribes, there is a culture of withdrawn parenting with greater autonomy and lesser control over both girls²⁸ and boys. While there are some positive sides such as in terms of making choices of career, family, and partner on their own, it often relegates the father figure outside the everyday realm of children.

There is need for increasing the involvement of men not only at the familial level but also at the level of the community in monitoring the government services and facilities for children and mothers. The next section endeavours to recommend some of the ways this could be done for better gender relations and childcare.

4. Status of Services at the Village

There was awareness of schemes and services for children in all the villages. But these are not monitored as there are no public monitoring of the service providers. There is a possibility of monitoring and upgrading the facilities of facilities in all the villages vis-à-vis condition of AWW (in terms of keeping it open for the allocated hour, ensure safety and learning of children) and School (in terms of recruitment of sufficient number of trained teachers, timely provision of scholarships, books, copies and dress along with health midday meal), ANM (registration of birth) Sahiya (ensure safe and institutional delivery) and PHCs and other health centres (regular and timely visit of trained doctors in OPD, twenty four hours availability of doctors, availability of basic medicines and provision for vehicle in case of referral and emergencies).

These are looked into elaborately in this section under the heading of Health needs, educational and nutritional needs.

Health Needs

Toilets

²⁸ However, there is a rising concern over the autonomy given to girls in the community as raised by cultural protectionists and political leaders in the state of Jharkhand.

Except for Karanji (Ranchi) in all the 6 villages, only a handful of houses, maximum of 3 had toilets. In the Oraon village Charima (Ranchi) even the school did not have a toilet. In Jaira (Gumla) the school had a toilet but students did not use it, only teachers did. In Garri (Bokaro) girls in a project school said the toilet was locked and girls had to ask for the key to use it.

There is a need to monitor the provisions of clean toilets with water along with soap and water for handwash under various government schemes.

Anganwadi and ANM

In some villages such as Charima (Gumla, there was no pukka house in the village) and Rajwar Tola, Garri (Bokaro, there were many pukka house in the village) the Anganwadi works from mud huts at rent. Mud huts have issues of leakage during monsoon. People said that a concrete building is required but no one is ready to give land for the Anganwadi in the tola in Garri.

Again in Garri, in the Muslim tola there is no Anganwadi. Children are enlisted in the other Anganwadi but they do not go to the Anganwadi there because of the distance. According to women in the Muslim tola there would be more than 30 children of the age group 1 to 5 and they should have an Anganwadi in the tola itself. In a case some time back the ANM has entered that the child has been immunized for particular diseases but it was later found out that the mother and child were visiting their relatives on that particular day. According to women in the Muslim Tola Sahiya comes and informs people about the immunization that is to take place on a particular day but ANM do not come to the houses if a child misses a dose of immunization.

In Charima the ANM had a fight sometime back with the Sahiya for giving medicines to the people whenever they ask for it. Some village women supported the Sahiya. The Sahiya is from the village but the ANM is not as in many other villages. According to villagers they did not get birth registration certificates despite having institutional childbirth through the Sahiya.

At Silisaram (Bokaro), there are 3 AW and 2 mini AW in the village. AW sevika comes to pick the children from homes, the children get used to coming to the AW. According to men, the *sahiyas* do not give much attention; the committee is not very active either. The rate of birth registration is very low. Sahiya or ANM does not help in the process. Panchayat sevak has to be approached for birth certificate and they have to be given *pagdi* (bribe) of Rs500 to Rs700.

In the meeting with women in the village it was found that the ANM visits the village only once a month on the day of the immunization, she does not provide basic medicines that the ANM is entitled to provide. Further, the Anganwadi has not been providing the nutrition packs for two months (at the time of the study) and the ANM and Sahiya does not help in

providing birth certificates of the children despite the fact that their mothers have sought their help for hospitalization during child birth.

PHC and other health centres

People prefer to use private health services in case of serious illness as the services of the government hospitals are poor. Those who can't afford private services continue with government services or traditional medicines and magic. People take recourse to the last two when they have no other option.

The best connected and most accessible services are available to the villages at Garri and Silisaram (Kasmar, Bokaro). The box below gives a view of the options they have.

Accessibility and services of health centres to Garri and Silisaram (Kasmar, Bokaro)

Block Hospital at Kasmar

The hospital in the block has a good building but there is no doctor in the hospital. Nurses do most of the child births and check up and give advice of expecting mothers. One lady doctor was posted there but she went away in deputation. The present doctor is not available in the hospital on working hours and works in private nursing homes in the block only. Nurse in the hospital refer patients to the private practice where the doctor sits.

A few months ago a patient of snake bite was given an expired antidote and died, the doctor was suspended for a month and return back to office.

Bokaro General Hospital

People prefer to go the Bokaro general hospital which takes Rs7200 in advance for a delivery. If more money is required they take in advance as and when required and if money is left unused they return the money too. People have to buy medicines. Services are good, once the money is given they start treatment. The only thing that is a problem there is the behaviour of the nurses who are rude to the attendants. They don't allow the attendants to stay with the patients and the patients often are comfortable with Khota language and can't understand much of Hindi. The nurse gets angry on the patients because they can't understand them and shout at them, patients then don't want to continue treatment there.

Private hospitals

Many nursing homes in Jaina more such as Life care and so on. There are doctors on call. These are the doctors from the Kasmar block hospital who are not available at the block hospital but come for practice in the private hospitals where the patients are referred by the government hospital nurses only who tell the patients that their case are serious and they need to go for private treatment. They then advice them to go to the nursing homes where they have a commission set for referral.

As is evident there is a need to monitor the public health service providers and people need to be involved in it.

Use of contraception- In all the villages there was a lack of service and information at the end of the service providers, the Anganwadi worker, Sahiya and ANM. If they did share information it was only with the women, there was a hesitation in discussion on contraceptive use with men, leaving the onus on women to either use female contraceptive or persuade their partners to use male contraceptives.

Men said that they got information through television advertisements and at the local medicine shops. Sometimes they discussed it with their partners. There was a lack of men-to-men conversation on contraceptive use.

Educational Needs

Schools in all the villages need to better their services and facilities. Except for Charima and Silisaram all villages have schools till class 10th. Garri (Bokaro) being close to the block Kasmar is most accessible in terms of government schools with two high schools (till plus two) and a project school for girls.

Charima has a primary school. There is a lack of teachers in the school and so teachers are not able to take all the classes. Few families who can afford send their children to private schools, those who can't afford send their children to the government primary school in the village.

Silisaram (Bokaro) has a school till 8th standard. Girls stop education after middle school as the school in the village is till standard 8th. There is a need to extend the school till 10th.

Karanji have a school till 10th but the services were said to be poor by the villagers. People in other villages too complained of lack of required number of teachers for each class, poor teaching and lack of discipline in the schools as a result of this. Villagers were concerned that with compulsory promotion of children till class eighth and the students' motivation being the mid day meal their education was suffering.

School Management Committees are formed but not working properly as meetings are not held regularly. Toilets are available in schools but in many schools such as the one in Jaira these are used by only teachers.

Games and playgrounds for girls

In Sakrauli, Gumla (visited during part 1 of the study) teenaged boys and girls play football in the village field itself. While girls play in the morning, boys play in the evening and brothers and sisters share tips too. However, this is not the case in the other villages.

Girls stop playing games at a younger age even though they want to play and are good sportsperson. In Jaira (Oraon village) fathers said that their daughters don't play but the girls had gone to play interschool football through school.

At Silisaram, unlike the other tribe villages girls stop playing games at a young age as there is no playground in the school and growing up girls can't play in the village ground. Provisions of field for girls to play have to be made.

Matches between girls and boys could be used as a way to reduce gender bias.

Nutritional Needs

Women complained that the salted packet of grains made available to pregnant and lactating women were inedible due to the excess of salts and they feed it to cattle.

In Ranchi and Gumla villages people are largely dependent on one harvest based on rainfed farming. To sustain themselves and their farms most families have one or more adult and teenaged children working outside the state. The implications of this are also not only on their economic and nutritional status but health, education and on their emotional lives. As many families have migrant father/parents or children, communication happens over phones or when they meet after months. Often fathers/parents discipline and guide their children over phone through their mothers/grandparents. This chain can be broken by developing the skills of the population and generation of local skill based employment.

The study makes recommendations within the ambit of the project for monitoring of various government schemes around child rights and provisions for needs of children. These needs are grouped as physical, mental, social and emotional needs.

V. Quantitative Study Findings

This section describes the findings from three quantitative surveys with 291 men (the potential adult group members of the intervention), 116 women (half of the potential group members' wives, selected at random from each village) and 158 adolescent boys (half of the potential adolescent group members, selected at random from each village). The surveys explored different domains related to gender and men's involvement as responsible partners and fathers. The following sections begin with describing the socio-demographic characteristics of the sample, the household structures, attitudes towards gender equality and gender relations and roles at the household level, men's involvement in maternal health, men's involvement in child care, their awareness of laws and schemes, and finally the perspectives and concerns of adolescent boys in the field area.

1. Socio-demographic profile of respondents

Age distribution

The project aims at working with fathers with children of all age groups, this clearly reflects among the male respondents that were part of the survey. Table 1 shows us the distribution of age among all the three respondents. In Bokaro around 50 % of the men are in the age group of 37-41 yrs, whereas in Gumla and Ranchi the men were younger between the age group of 25-36yrs. From the data we also see the prevalence of early marriage among men in Gumla at around 5 %. The women respondents were proportionally younger as is also the trend that men have to be older than their wives. In Bokaro and Ranchi women most respondents were in the age group of 25-32yrs whereas in Gumla the women were much younger between 21-28yrs. Among the adolescent and young men groups most of the men were in the age group of 14-17yrs across all districts.

Age group	Age of the female respondents			Age of the male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
18-20yrs	0	7(16.7)	0	0	5(4.7)	0
21-24yrs	8(16)	10(23.8)	1(4.2)	1(1.1)	9(8.5)	4(4.4)
25-28yrs	15(30)	9(21.4)	7(29.2)	10(11)	23(21.7)	21(22.6)
29-32yrs	11(22)	5(11.9)	7(29.2)	15(17.6)	21(18.9)	18(19.4)
33-36yrs	10(20)	7(16.7)	5(20.8)	19(20.9)	26(25.5)	23(23.7)%
37yrs and above	6(12)	4(9.5)	4(16.7)	45(50)	22(20.8)	28(29.5)
No answer	-	-	-	0	0	1(1.1)
Total	50	42	24	90	106	95

Religion and Caste of the respondents

Respondents from all the three surveys were predominantly scheduled tribes (STs) in Gumla and Ranchi and following the Sarna customs. In Gumla and Ranchi some of the tribal population are Christian. In Bokaro the community has mixed population with a majority of the respondents belonging to the OBC category and following Hindu religion (Table 2). There is significant scheduled caste (SC) population in Bokaro as compared to the other two districts. In Gumla the Oraon tribes constitute as majority among the tribal population, in Ranchi it is Oraon followed by Munda whereas in Bokaro, they are mainly Santhals and Munda tribes.

Table 2 : Caste and religion of the respondents									
Age group	Female respondents			Male respondents			Adolescent/ young men respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro (%)	Gumla(%)	Ranchi(%)
	Caste								
ST	17(34)	36(85.7)	21(87.5)	26(29)	94(88.7)	67(71.3)	18(32.1)	45(84.9)	33(67.3)
SC	13(26)	0	0	21(23)	0	1(1.1)	14(25)	2(3.8)	0
OBC	19(38)	5(11.9)	3(12.5)	36(40)	10(9.4)	10(10.6)	21(37.5)	6(11.3)	7(14.3)
General	1(2)	1(2.4)	0	7(7.8)	2(1.9)	16(17)	3(5.4)	0	9(18.4)
No answer	-	-	-	0	0	1(1.1)	-	-	-
Total	50	42	24	90	106	95	56	53	49
	Religion								
SArna	12(24)	26(61.9)	19(79.2)	23(25.3)	75(71.7)	58(60.6)	11(19.6)	41(77.4)	19(79.2)
Hindu	31(62)	10(23.8)	3(12.5)	57(63.7)	17(15.1)	23(24.5)	35(62.5)	9(17)	3(12.5)
Muslim	6(12)	0	1(4.2)	10(11)	1(9)	11(11.7)	10(17.9)	0	1(4.2)
Christian	0	6(14.3)	1(4.2)	0	13(12.3)	3(3.2)	0	3(5.7)	1(4.2)
Other	1	0	0	-	-	-	-	-	-
Total	50	42	24	90	106	95	56	53	49

Education

Literacy levels in Jharkhand are much lower than the national average and same can be seen from the table below (Table 3). Most of the male respondents across the 3 districts have completed only their high school. 11% in Bokaro, around 6% in Gumla and Ranchi have completed only till their primary school and still few men have not got any school which is higher in Gumla with around 14.2% compared to the other 2 districts. Among the women

respondents, around a third of them across all the three districts have not got any schooling which is much higher than men. Also no women from Gumla had studied more than the 12th grade. This clearly shows the gender disparity in education.

Age group	Female respondents			Male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
No schooling	15(30)	14(33.3)	9(37.5)	8(8.8)	15(14.2)	7(7.4)
Primary school	8(16)	5(11.9)	7(29.2)	10(11)	7(6.6)	6(6.3)
Middle school	11(22)	10(23.8)	1(4.2)	19(20.9)	26(24.5)	17(17.9)
High School	7(14)	10(23.8)	4(16.7)	33(36.7)	35(33)	47(49.5)
Higher secondary	7(14)	3(7.1)	2(8.3)	16(17.8)	17(16)	12(12.6)
Bachelors Degree	1(2)	0	1(4.2)	2(2.2)	5(4.7)	6(6.3)
Masters degree	1(2)	0	0	2(2.2)	1(.9)	0
Total	50	42	24	90	106	95

Among adolescent/young men 78.6% in Bokaro, 77.4% in Gumla and 85.7% in Ranchi are still studying (Table 4). Considering their younger age, it is expected that they are still pursuing their education at an appropriate level, however it can be seen that boys in the age group between 15-20 years, around 12.5% in Bokaro, 20.5% in Gumla and 14.1% in Ranchi were drop outs from either primary, high or higher secondary schooling or no schooling at all.

	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)
Currently studying	44(78.6)	41(77.4)	42(85.7)
Currently not studying	11(19.6)	12(22.6)	7(14.3)
Drop out (15-17yrs)	3(5.4)	4(7.5)	3(6.1)
Drop out (18-21yrs)	4(7.1)	7(13)	4(8)

Occupation and income

With regard to occupation, we found that both male and female respondents are involved in more than one occupation, and some even as many as four. This is the general situation in the project areas as most of the communities in the project areas are practicing mono

cropping system. Farming occupies half the years' time, rest of the year, they migrate to other cities or are into daily wage work.

In Gumla and Ranchi we see that both male and female respondents are into farming either in their own land or in another's land. Communities here need not be labourers in other person's farm but they help each other in their farms during different stages of farming.

	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Farming in own land	26(52)	34(81)	18(75)	51(56.7)	98(92.5)	85(89.5)
Agricultural labourer	5(10)	12(28.6)	11(45.8)	13(14.4)	22(20.8)	33(34.7)
Migrant Labourer	0	6(14.3)	0	6(6.7)	7(6.6)	5(5.3)
Daily Wage labourer	4(8)	0	4(16.7)	37(41.1)	25(23.6)	49(51.6)
Employment in pvt services	0	1(2.4)	0	7(7.8)	4(3.8)	10(10.5)
AWW, Jalsahiya, Sahiya, PDS, Ward member, Teacher	4(8)	0	1(4.2)	5(5.6)	0	2(2.1)
Other	7(14)	1(2.4)	1(4.2)	24(26.7)	15(14.2)	27(28.4)
Still Studying	4(8)	1(2.4)	0	-	-	-
Unemployed	13(26)	4(9.5)	1(4.2)	-	-	-
No answer	1(2)	0	0	-	-	-

Men across all districts are involved in various kinds of occupation. Whereas women are majorly involved in agriculture or labour work. Also more women in Bokaro (26%) are not into any employment in comparison to Gumla and Ranchi.

	Bokaro(%)	Gumla(%)	Ranchi(%)
50 k or less	50(55.6)	73(68.9)	53(55.9)
>50k- 1 lakh	37(41.1)	29(27.4)	36(37.9)
> 1lakh to 1lakh 50k	1(1.1)	4(3.8)	2(2.1)
> 1lakh50 to 2lakh	0	0	2(2.1)
> 2lakh to 2lakh 50	1(1.1)	0	0
No answer	1(1.1)	0	2(2.1)
Total	90	106	95

Table 6 shows us the range of family income as reported by men. Across all three districts the majority of the respondents earned less than Rs 50,000 as their yearly family income, whereas lesser men in Gumla had an income in the range of '>50k- 1 lakh rupees' as compared to Bokaro and Ranchi. Very few respondent families (less than 7%) across the 3 districts earned more than a lakh yearly.

On the other hand women do not earn income even if they are toiling as hard as and more than men. From the data (Table 7), we can clearly see that across all the 3 districts women who are employed in some occupation or the other most of them are not being paid any income. Women often take part in most of the farming activities, but after sale of the harvest they do not get any income. Most women who are getting paid are earning a meagre amount of 30,000 rupees annually.

	Bokaro(%)	Gumla(%)	Ranchi(%)
Women who are employed in some occupation*	27(54)	38(90.5)	23(95.8)
Women who earn income*	17(34)	16(38.1)	15(60)
0 -10k**	9(33.3)	7(18.4)	9(39.1)
>10k to 30k**	3(11.1)	7(18.4)	5(21.7)
>30K-70K**	3(11.1)	0	1(4.4)
Not mentioned **	2(7.4)	2(5.3)	0
Working but no income**	10(37)	22(57.9)	8(34.8)
*N is total female respondents			
**N is female respondents who are employed in some occupation.			

2. Information on Family and Marriage

Family structure

In terms of family structure, we can see that there is no fixed pattern among the respondents, there is an existence of both nuclear and joint family systems in the community.

Family structure	Female respondents			Male respondents			Adolescent		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
Nuclear Family	23(46)	23(54.8)	10(41.7)	47(52.2)	43(40.6)	55(57.9)	18(32.1)	16(30.2)	25(51)
Joint Family	27(54)	19(45.2)	14(58.3)	43(47.8)	63(59.4)	40(42.1)	38(67.9)	37(69.8)	49(49)
Total	50	42	24	90	106	95	56	53	49

Years of marriage

As we are working with fathers of children aged 18yrs, the data (Table 9) shows that the respondents are newly married as well as those married for 30 yrs. However most of the respondents, male and female have been married between 11-20yrs across the 3 districts.

Years	Female respondents			Male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
2 yrs or less	0	3(7.1)	1(4.2)	1(1.1)	4(3.8)	2(2.1)
3--5 yrs	6(12)	7(16.7)	1(4.2)	9(10)	20(18.9)	18(19.1)
6-10yrs	13(26)	14(33.3)	7(29.2)	23(25.6)	35(33)	29(29.8)
11-20yrs	23(46)	15(35.7)	13(54.2)	40(44.4)	39(35.8)	43(45.7)
21-30yr	8(16)	2(4.8)	2(8.3)	17(18.9)	7(6.6)	3(3.2)
No answer	0	1(2.4)	0	0	1(.9)	0
Total	50	42	24	90	106	95

Spacing between marriage and first child

Among the tribal communities in Jharkhand, having a child or conceiving before marriage, though reducing, is still a common practice in some families which could be seen even through our survey. Though a small number (Table 10) but 4.2% of women in Ranchi, 4.4% of men in Bokaro and 1.9% of men in Gumla reported having conceived before marriage, resulting in delivery even before 9 months of marriage. Also from the data we can see that there is an immense pressure to have the first child within 2 years of marriage, around 75% of male and female respondents had had their first child within 2 years of marriage. Only a small number (less than 5%) had a space of 5 years after marriage. Reasons for maintaining 5 years of spacing is difficult to explain as enquiry on the same was not made.

Months / Years	Female respondents			Male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
Less than 9 months	0	0	1(4.2)	4(4.4)	2(1.9)	0
9 months -2 years	36(72)	30(71.4)	17(70.8)	63(71.1)	73(78.3)	74(76.8)
> 2yrs and less than = 5 years	12(24)	12(28.6)	5(20.8)	20(22.2)	28(26.4)	17(17.9)
> 5 yrs	2(4)	0	1(4.2)	2(2.2)	2(1.9)	2(2.1)
No children	-	-	-	1(1.1)	1(.9)	2(2.1)
Total	50	42	24	90	106	95

Number of children

Among the women respondents, most of them in Bokaro (34%) and Gumla (40.5) have 2 children, whereas in Ranchi (45.8) they have 3 children. On the other hand among male respondents most of them across the 3 districts have two children.

The earlier table (Table 1) and the one below suggests early marriage among men and women and early, under age pregnancy among women, as women in the age group of 18-20yrs have already had 2 children, and women in the age group of 21-24yrs have already had as many as four children.

	Female respondents			Male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Bokaro(%)	Gumla(%)	Ranchi(%)
No children	-	-	-	1(1.1)	1(.9)	2(2.1)
one child	10(20)	6(14.3)	5(20.8)	16(17.8)	20(18.9)	21(22.1)
2 children	17(34)	17(40.5)	5(20.8)	35(38.9)	37(24.9)	33(34.7)
3 children	14(28)	13(31)	11(45.8)	26(28.9)	23(21.7)	26(27.4)
4 children	5(10)	4(9.5)	2(8.3)	8(8.9)	17(16)	10(10.5)
5 children	4(8)	1(2.4)	1(4.2)	3(3.3)	5(4.7)	2(2.1)
6 children	0	1(2.4)	0	1(1.1)	2(1.9)	1(1.1)
7 children	-	-	-	0	1(.9)	0
Total	50	42	24	90	106	95
Avg children	2.5	2.5	2.5	2.4	2.6	2.3
Total girls	59	52	28	112	136	98
Total boys	67	44	33	105	139	123

Migration among respondents

As illustrated in the section describing occupation and from the village profile it is evident that migration among the men and women for work is prevalent among different communities in the project area. It was also important to know the time of migration and duration as it would have a direct impact in the attendance and participation in the group meetings and activities for the project.

Table 12 : Migration status of the respondents

	Female respondents			Male respondents		
	Bokaro(%)	Gumla(%)	Ranchi(%)	Gumla(%)	Bokaro(%)	Ranchi(%)
Daily	-	-	-	3(3.3)	2(1.9)	1(1.1)
Weekly	2(4)	1(4.2)	0	2(2.2)	1(.9)	0
For a month	1(2)	0	0	-	-	-
4-8 months	2(4)	12(28.6)	8(19)	5(5.5)	11(10.4)	7(7.5)
Seasonal/mainly during summer	0	4(9.5)	0	5(5.5)	11(10.4)	7(7.5)
Occasional when work is available	-	-	-	3(3.3)	0	0
No answer	1(2)	0	0	1(1.1)	0	0
No migration	44(88)	25(59.5)	16(66.7)	69(76.7)	77(75.2)	80(84.2)
Total	50	42	24	90	106	95

Through the above table (Table 12) we gather that around 20% of male respondents in Bokaro and Gumla and 15% in Ranchi migrate for work. Women reported that 12% of their spouse in Bokaro, 40% in Gumla and 67% in Ranchi migrated for work. Most of the migration among the male respondents do seasonal migration and for a period between 4-8 months. In Bokaro most of them go to the state of Himachal Pradesh, Men from Gumla go to West Bengal, Punjab, Bihar and Orissa and those from Ranchi go to Punjab. Apart from going to other states few men also migrate within Jharkhand but away from their villages.

In terms of type of work done while they migrate, Men from Bokaro mainly go for construction work or to work in factories, in Gumla most of them are working in the brick kilns or as construction workers and from Ranchi most of them go to work in the brick kilns.

Migration is often done alone, with family or with friends; among the men here we see that majorly(60%) men migrate alone. However, when we see those who have had some accompaniment, in Gumla and Ranchi, wife and children also go with them whereas in Bokaro men are not accompanied by family. The survey tried to explore the frequency of communication between the man and his family when gone out for work. The data shows around 40% in Bokaro and Ranchi keep in touch with their wife or family on a daily basis, lesser men in Gumla communicate on a daily basis. Even though all the men may not keep in touch on a daily basis, most of them across all the 3 districts keep communication going at some point during the week. There were around 1 person in Bokaro and 2 persons in Ranchi who rarely communicated with family.

3. Gender –Roles, relationships and attitudes

This section discusses various dimensions of gender-relations at the household level, including men’s attitudes vis a vis gender equality, decision making in the family, division of domestic chores and the relationship between couples. This information was important to capture, because the project would be intervening with men as responsible fathers, which implies that would be gender sensitive and aware partners as well. Further, the project looks at fatherhood within a gender equality framework, which makes it essential to assess the change in gender related parameters between the baseline and endline surveys.

Attitudes on gender, parenting and care, child autonomy, masculinity, sexuality and violence

The project aims at changing attitudes along with knowledge and behavior which makes it essential to know about men’s attitudes on various issues. The attitudes section comprised of 47 questions on the various domains like gender, parenting and care, child autonomy, masculinity, sexuality and violence. Every progressive answer was given a score of 1. After adding the scores, attained scores have been divided into 3 categories, traditional where the score was less than 60% of the total, moderate where the score was between 60-85% and equitable where the score was more than 85%. The following table shows us the achieved scores.

	Bokaro(%)	Gumla(%)	Ranchi(%)
Traditional	77(85.6)	83(78.3)	78(82.1)
Moderate	13(14.4)	22(20.89)	16(16.8)
Equitable	0	1(.9)	1(1.1)
Total	90	106	95

As the above data suggests (Table 14) that majority of the men across the 3 districts are traditional in their attitudes. However, in Gumla and around 20% are moderate in the scale of progressive attitudes, and surprising 1 each in Gumla and Ranchi also scored high as they had far equitable attitudes than the others.

Domestic Responsibilities and decision making

Domestic chores specially inside the house are considered a women’s responsibility and not fulfilling them can lead to serious consequences in rural India and on the contrary decision making is kept out of the women’s ambit. The project however aims to change these inequitable gender norms to allow families to grow into families who believe and create space for equal opportunities for women to grow and develop and participate in various domains other than doing household chores or childcare.

The table below describes the contribution of men in the different household chores.

Responsibility at home	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Wash clothes	10(20)	12(28.6)	1(4.2)	23(26.7)	17(16)	10(10.5)
Clean house/ courtyard	5(10)	6(14.3)	1(4.2)	10(11.1)	10(9.4)	8(8.4)
Preparing food at home	5(10)	8(19)	1(4.2)	6(6.7)	12(11.3)	10(10.5)
Serving meals	6(12)	10(23.8)	2(8.3)	5(5.6)	16(15.1)	11(11.6)
Washing utensils	2(4)	5(11.9)	1(4.2)	2(2.2)	11(10.4)	10(10.5)
Fetching water	10(20)	9(21.4)	5(20.8)	27(30)	22(20.8)	50(54.7)
Taking care of animals	18(36)	26(61)	6(25.6)	56(60)	77(72.6)	72(75.8)
Cleaning animal shed	4(8)	3(7.1)	1(4.2)	32(35.6)	19(17.9)	11(11.6)
Animal grazing	21(42)	25(60)	10(43)	66(73.3)	79(74.5)	70(73.7)
Buying ration/ vegetables	47(94)	36(87.5)	18(75)	90(97.8)	93(87.7)	90(94.7)
Buy clothes	45(90)	37(88.1)	17(70.8)	85(94.4)	91(85.8)	90(94.7)
Bank related work	40(80)	29(69)	17(70.8)	78(86.6)	81(76.4)	91(95.8)
Selling agriculture/farm goods	14(28)	29(69)	15(62.4)	58(64.5)	88(83)	81(85.2)

The table clearly indicates that household chores like washing clothes, cleaning the house, preparing and serving food, washing the utensils and fetching water are still primarily the work of the women. More men are taking care of animals and their grazing, however cleaning the animal shed is women's responsibility. On the contrary tasks that are related to outside of the house like buying ration and clothes, going bank related work and selling farm products are mainly done by men. There is a clear indication of gender divide in household chores based where the task is done, women are majorly doing all chores inside the house/courtyard and men are doing chores which have to be done by going out of the house.

Table 16 illustrates involvement of women in decision making at home on their own or in joint with their husbands.

Routine decisions	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
What will be cooked at home	42(84)	35(83.3)	22(91.7)	60(66.7)	80(75.5)	81(85.3)
Spending money for food	29(58)	27(64.3)	9(37.5)	19(21.2)	13(12.3)	24(25.3)
Spending money for clothing	28(56)	30(73.2)	12(50)	22(24.4)	24(22.6)	34(35.8)
To buy mobile phone	21(42)	24(57.1)	7(30.4)	19(21.2)	14(13.2)	19(20)

Agriculture related decisions	13(26)	18(42.9)	14(58.3)	21(23.3)	23(21.7)	12(12.6)
Major household decisions						
Decision to migrate for work(man)	19(38)	16(38.1)	9(37.5)	19(21.2)	25(23.6)	23(24.2)
To buy big assets like TV, motorcycle, etc	29(58)	18(42.9)	12(50)	24(26.7)	24(22.6)	44(41.2)
To take a loan	7(14)	7(16.7)	6(26.1)	29(32.2)	26(24.5)	50(52.6)
Decision to manage incomes						
Husband's income	31(62)	30(73.2)	15(62.5)	38(42.2)	29(27.4)	37(38.9)
Wife income	12(24)	15(35.7)	14(58.3)	19(21.2)	37(26.4)	28(38.9)
Son's income	0	0	2(8.3)	3(3.3)	9(8.5)	1(1.1)
Daughter's income	0	1(2.4)	0	1(1.1)	8(7.2)	0
Decisions related to children						
Whether children should go to school or not	42(84)	35(83.3)	20(83.3)	54(60)	65(61.3)	70(73.7)
Whether your child should migrate for work	2(4)	6(14.3)	1(4.3)	14(15.6)	26(24.5)	24(25.3)
When and to whom children should be married	5(10)	4(9.5)	3(12.5)	19(21.2)	32(30.2)	34(35.8)
Fertility/Health related decisions						
Health seeking/ health care related spending	29(58)	31(73.8)	18(75)	38(42.2)	26(24.5)	54(56.8)
Deciding the number of children to be had	41(82)	39(92.9)	17(70.8)	53(58.8)	93(87.7)	86(90.5)
Deciding to use any kind of contraceptive	31(62)	27(64.3)	17(70.8)	51(56.7)	89(84)	70(73.7)

Through the data we can conclude that women do have some stake in decision making at home, but only on certain domains.

Among the women respondents, the two domains where they took part in deciding were on what food would be cooked and how many children the couple will have. Lesser women in Bokaro were part of decision making than Gumla and Ranchi in most of the domains.

In terms of buying food ration, assets, women had very less say. Although women are majorly part of farming activities, not all could make decisions regarding it, the highest was 58% in Ranchi

Regarding decision on taking loan and children's work and income and marriage, many women said it was not applicable to the. Women also had more say in health and fertility

related matters than other household decisions, especially among women in Gumla. Also many women decided regarding the contraceptive use.

Deciding spending on income also had women's involvement across the 3 districts in both won and husband's income.

On the other hand, as reported by men, women in Ranchi participated more in decision making in most of the domains. Similarly as women, men also reported that more women participated in decisions related to food cooked ta home and number of children and contraceptive use.

Relationship between with spouses

The relationship of the men with their wives were seen through various indicators of communication about household issues, child care, sex and sexuality, health and problem sharing and appreciation of wife, time sent with each other in the last six months and violence in the last one year.

Response includes the response which came in 'Often' category	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Discussed with wife on household issues	15(30)	9(21.4)	2(8.3)	30(33.3)	23(21.7)	40(42.1)
Consult before buying big assets/migrating for work/other expenses	15(30)	11(26.2)	13(54.2)	20(22.2)	21(19.8)	19(20)
Discuss on care/parenting issues of children	27(54)	14(33.3)	12(50)	27(30)	43(40.6)	42(45.3)
Discuss on future plans for children	23(46)	14(33.3)	10(41.7)	31(34.4)	39(36.8)	41(43.2)
Discuss husband's personal problems	14(28)	8(19)	6(26.1)	25(27.8)	30(28.3)	17(17.9)
Discuss wife's personal problems	19(38)	10(23.8)	7(30.4)	23(25.6)	31(29.2)	19(20)
Discuss wife's health	25(50)	15(35.7)	12(50)	27(30)	40(37.7)	23(24.2)
Discuss husband's health	22(44)	12(28.6)	10(41.7)	27(30)	36(34)	30(31.6)
Discuss about work problem	17(34)	10(23.8)	8(33.3)	-	-	-
Discuss wife's preference in sex	11(22)	4(9.5)	4(16.7)	11(12.2)	18(17)	10(10.5)
Discuss fam planning/ contraceptive use	3(6)	4(9.5)	1(4.3)	7(7.8)	23(21.7)	4(4.2)
Take wife for an outing	3(6)	2(4.8)	1(4.3)	4(4.4)	6(5.7)	0
Accompany wife to her relatives	4(8)	1(2.4)	1(4.3)	4(4.4)	9(8.5)	3(3.2)
Appreciate wife for HH work	9(18)	8(19)	2(8.3)	11(12.2)	30(28.3)	17(17.9)

Appreciate wife for the decisions	5(10)	3(7.1)	2(8.3)	6(6.7)	24(22.6)	9(9.5)
Violence on wife by husband-response includes done once or more than once						
Verbal abuse	15(30)	21(50)	16(66.7)	21(23.3)	50(47.2)	60(63.2)
Beating/physical abuse	4(8)	11(26.2)	5(20.9)	8(8.8)	14(12.5)	16(17)
Sex without consent	16(32)	17(40.4)	9(37.5)	12(13.4)	38(36.9)	22(23.4)
Restricted from going out	8(16)	11(26.2)	6(25)	29(32.2)	46(44.7)	54(57.4)
Others anger taken out on wife	8(16)	10(23.8)	8(33.3)	12(13.4)	18(17)	17(17.9)
Beaten in front of children	1(2)	6(14.7)	5(20.9)	9(10)	8(7.4)	4(4.2)

From the above table, as reported by both male and female respondents the communication between the couple on all aspects is considerably poor. Only in one domain (care and parenting of children) did more than 50% of respondents report having conversations with their spouse.

Among both men and women respondents across all districts, the most often done was discussing issues regarding care and parenting of children and the least for taking wife for an outing or accompanying to relatives. 50% of women respondents in Bokaro and Ranchi said that their husband's discussed wife's health problems, which was much lesser in Gumla. Also wives' health was discussed more than husband's health.

22% of women Bokaro and 16% in Ranchi said husbands discussed with them about sexual preferences, however discuss on contraceptives and family planning was abysmally low. Though the earlier table (table 14)shows that many women are making decisions regarding contraceptive, it still has not become an issue of discussion or joint decision. Among men, Gumla has the highest number of men to discuss with their spouse on sex preference and contraceptives.

In terms of violence on wife, both male and female respondents have reported that husbands are perpetrators of violence. Verbal abuse was a very common form of violence reported by both respondents across all districts. Though beating and physical abuse may not be very high as compared to verbal abuse, women across the 3 districts are facing beating from their husbands. Men from Ranchi topped in both abusing and beating their their wives very often. 32% of women in bokaro, 40.4% in Gumla and 37.5 in Ranchi reported that their husbands had sex with them without her will which was also reported by the men themselves but in lesser numbers.

4. Men's involvement in Maternal Health and Contraceptive Use

An important part of men's role as responsible partners is the extent to which they take on the burden of contraception and support women through reproduction. This section

attempts to capture baseline information on current knowledge and behavior of men vis a vis their wives' previous pregnancies

Knowledge on maternal health care and services

Table 18 give us information on knowledge and beliefs of men regarding maternal care. A true and false option was given to the respondents, the table below illustrates the number of med who have agreed to the corresponding sentences.

Table 18 : Awareness of male respondents on services and care during pregnancy and post			
Agreement to following sentences	Bokaro(%)	Gumla(%)	Ranchi(%)
A woman should have regular check ups even if she feels fine during pregnancy	82(92.2)	102(96.2)	88(96.7)
A woman should have minimum four regular check ups during pregnancy.	57(64)	86(81.9)	70(76.9)
A woman should receive two TT vaccine injections during pregnancy	69(77.5)	92(78.1)	62(68.9)
Women should not eat too much during pregnancy otherwise the baby will become very big and delivery will be difficult.	55(61.1)	60(56.6)	29(31.9)
Women should not carry heavy loads during pregnancy.	81(91)	96(90.6)	85(95.5)
If there is swelling of hands and feet during pregnancy, then the woman must seek help from a health care provider.	69(79.3)	102(98.1)	85(94.4)
If a woman is feeling fine after the birth of the baby, then she need not go for check ups.	48(53.3)	74(69.8)	53(58.9)
Total	90	106	95

From the data we gather that more than 50% of men across the districts are aware about services and care during pregnancy, however, more than half of the men in Bokaro and Gumla also believed in the myth that eating much during pregnancy will lead to a difficult pregnancy.

Post natal care has always been a neglected element from the health provider side as well as at homes. The data tell us that 53.3% in BOkaro, 70% in Gumla and 59% in Ranchi believed that a woman need not go for check ups if she was feeling fine after delivery. Although most men were aware about the required check ups, awareness regarding comprehensive danger signs pre and post delivery was poor. Men across the districts were aware more about danger signs during pregnancy than post delivery. Among the pre delivery danger signs, feeling weak and tired was the most known sign among men in Bokaro and Gumla and in Ranchi it was Pain in abdomen. The least known, but vital ones, were vaginal bleeding and no movement of the foetus, which was less than 10% across districts.

In regard to post delivery signs most men in Gumla and Bokaro said fever was a danger sign and in Bokaro they said pain in the abdomen, other important signs such as vaginal bleeding/discharge and pain were not considered as danger signs.

Table 19 : Awareness of danger signs pre and post delivery among male respondents						
Agreement to following sentences	Pre delivery signs			Post delivery signs		
	Bokaro (%)	Gumla (%)	Ranchi (%)	Bokaro (%)	Gumla (%)	Ranchi (%)
Feeling weak/tired	32(35.6)	56(52.8)	42(46.2)	13(14.4)	6(5.7)	4(4.2)
Swelling of hands and feet	18(20)	34(32.1)	20(21.1)	NA	NA	NA
Severe headache/blurred vision	10(11.1)	16(15.1)	23(24.2)	NA	NA	NA
Fever	11(12.2)	23(21.7)	27(28.4)	11(12.2)	55(51.9)	31(34.4)
Pain in abdomen	21(23.3)	23(21.7)	55(57.9)	15(16.7)	48(45.3)	30(31.6)
Vomiting	11(12.2)	13(12.3)	19(20)	NA	NA	NA
Vaginal bleeding	6(6.7)	7(6.6)	3(3.2)	12(13.3)	11(10.4)	10(10.5)
Vaginal discharge	NA	NA	NA	7(7.8)	12(11.3)	13(14.4)
Loss of appetite	14(15.6)	8(7.6)	6(6.3)	NA	NA	NA
No movement of foetus	3(3.3)	11(10.4)	5(5.3)	NA	NA	NA
Back pain	5(5.6)	9(8.5)	2(2.1)	NA	NA	NA
Other	4(4.4)	3(2.8)	1(1.1)	1(1.1)	0	0
Pain in perineal and vaginal area	NA	NA	NA	5(5.6)	5(4.7)	8(8.4)
Swelling /infection in breasts/lack of milk	NA	NA	NA	9(10)	6(5.7)	3(3.2)
Don't know	37(41.1)	18(17)	19(20)	53(58.9)	24(22.6)	38(42.2)
Total	90	106	95	90	106	95

Men's involvement in pregnancy, delivery and post-partum care

The following sections provide details on men's involvement in maternal health through the antenatal, delivery and post natal periods. Information regarding pregnancy, delivery and postpartum were limited only to those whose last child is less than 2 years old or wife is currently pregnant. There were 82 men and 36 women respondents who came in this category.

Pregnancy Care

Most of the women respondents who were pregnant in the last 2 years knew about their pregnancy in the first month of the first trimester. Among men, not all men in Bokaro and Gumla knew about their wife's pregnancy in the first trimester, some men in Gumla didn't know in which month they were aware about wife's pregnancy. This data also shows that

husband's are not communicated about pregnancy immediately after being known to the women, also reflects on men's role in pregnancy care seen as not important.

Trimester when first known about last pregnancy	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
First Trimester	13(100)	19(100)	4(100)	18(85.7)	38(88.4)	18(100)
Second Trimester	0	0	0	3(14.3)	2(4.7)	0(20)
Don't know	0	0	00	0	3(7)	0

Further, the data shows that husband's involvement in pregnancy care is very poor. Most men have discussed with their wife regarding place of delivery, kept money aside for delivery for in terms on arranging nutrition and accompanied for some prenatal check-ups but in terms of household chores and child care, the burden is still on the pregnant women even though around 90% of men were aware that pregnant women should not carry heavy load (Table 17). Some men had also responded saying, if needed during delivery, money will be borrowed later which also indicates that preparedness was not a prerequisite for delivery. The table below (Table 21) provides details about the involvement of men in pregnancy care

	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
Husband accompanied in all prenatal visits	7(53.8)	6(31.6)	0	12(57.1)	19(44.2)	8(44.4)
Husband got supplementary nutrition from AWC	3(23.1)	1(5.3)	1(25)	9(42.9)	24(55.8)	2(11.1)
Discuss with wife about place of delivery	10(76.9)	15(78.9)	3(75)	16(76.2)	37(90.2)	15(83.3)
Kept money aside for delivery during pregnancy	7(63.6)	16(84.2)	2(50)	16(76.2)	33(75)	15(83.3)
Often Arranged extra nutrition for wife	4(30.8)	10()	1(25)	4(19)	25(58.1)	3(17.6)
Often Washed wife's clothes	0	1(5.3)	0	0	3(7)	0
Often Cooked for older children	1(7.7)	2(10.6)	0	1(4.8)	11(27.5)	0
Often Fed the older children	0	2(10.6)	0	1(4.8)	11(28.6)	1(5.9)
Often Bathe older children	1(7.7)	3(15.8)	0	1(4.8)	15(35.7)	1(5.9)
Cook for the family	1(7.7)	1(5.3)	1(25)	1(4.8)	10(23.3)	2(11.1)
Often Took care of HH work so that wife could rest	0	1(5.3)	1(25)	1(4.8)	12(27.9)	3(17.6)

Considering that male migration was high, it was also explored to see in the absence of husband who looks after the pregnant women. Table 21 tells us that largely it is the mother in law of the pregnant woman who looks after her in the absence of her husband, in Gumla men and women both have said that there is no one who looks after the women, the woman is there all by herself.

	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
Husband's mother	4(30.8)	1(5.3)	1(25)	16(76.2)	30(68.2)	15(83.3)
Husband's Father	0	0	0	2(9.5)	1(2.3)	0
Woman herself	2(15.4)	4(21.1)	0	1(4.8)	8(18.2)	2(11.1)
Other family members	0	1(5.3)	1(25)	1(4.8)	0	0
Husband does/did not migrate	6(63.6)	13(78.9)	2(50)	1(4.8)	4(11.4)	1(5.6)
No answer	1	0	0	0	0	0

During delivery

In the project area, both institutional as well as home deliveries have been reported, and men's accompaniment to women is determined by this. In case of institutional deliveries, almost all men accompanied their wives to the institution. Along with the husbands, other family members and Sahiya (ASHA worker) also accompanied the woman to the institution. Among women across all districts primary health centres (PHC) has been the common place for delivery. Whereas among men, in Bokaro most women went to the PHC in Gumla, most women delivered at home and in Ranchi it was at the CHC/ Referral hospital. However, Gumla still has a large number of women delivering at home.

In terms of type of delivery, most of the men and women said last delivery was a normal delivery, among men the reporting of caesarean section in wife's last delivery was higher than women.

Place of delivery	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
House	2(15.4)	7(36.8)	1(25)	4(19.12)	16(39)	1(5.6)
Sub health centre	1(7.7)	0	0	0	2(4.7)	2(11.1)
PHC	5(38.5)	12(63.2)	2(50)	6(25.6)	7(16.3)	2(11.1)
CHC/referral hospital	2(15.4)	0	1(25)	5(23.8)	11(25.6)	11(61.1)
District Hospital	1(7.7)	0	0	0	4(9.3)	2(11.1)

Pvt hospital/nursing home	2(15.4)	0	0	5(23.8)	1(2.3)	0
No answer	0	0	0	1(4.8)	2(4.7)	0
Type of delivery						
Normal	11(84.6)	18(94.7)	4(100)	16(76.2)	32(74.4)	14(77.8)
Caesarean Section	2(15.4)	1(5.3)	0	4(19.1)	8(18.6)	4(22.2)
No answer	0	0	0	1(4.8)	3()	0
Accompaniment for delivery (N is total institutional deliveries)	10(90.9)	10(83.3)	2(66.7)	16(100)	19(79.2)	16(94.1)

Postpartum Care

Postpartum checkups care is an essentially important part of the maternal health care domain, however it tends to be neglected. In regard to post natal check up, around 70% of women said they did not have any postnatal check ups. Further, there is a discrepancy in men and women's reporting of whether husbands accompanied their wives for post natal check ups – with men tending to over-report accompanying their wives. 5% of men did not know if their wife's had had any post natal check up. Male respondents across the three district have reported lower numbers in returning with the wife than while going to the institution, one of the reasons being women going to their natal homes after delivery, But most women also returned with their mother in laws and the Sahiya.

Table 24: Care post delivery

Place of delivery	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
Accompaniment to home post delivery (N is total institutional deliveries)	10(90.9)	9(75)	3(100)	16(76.2)	18(41.9)	16(88.9)
Husband accompanied for at least 1 post natal check up	2(15.4)	4(21.1)	0	9(42.9)	20(46.5)	11(61.1)
Husband got nutritional packet from AWC	5(38.5)	2(10.5)	0	12(57.1)	17(39.5)	3(16.7)

The Government also provides supplementary nutritional packets through the Anganwadi Centres(AWC) for lactating women, this is given to the woman or her family member in case she is not able to come. However we could see that men did not make effort to get these packets for their wives. Among the 3 districts highest was in Bokaro as reported by both male and female respondents.

Contraceptive knowledge and Use

The burden of contraceptives have been with women for decades together, another responsibility the project aims to change is the shift of contraceptive burden from women to men.

Awareness and use of contraceptives	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Female Sterilisation	44(88)	35(83.3)	23(95.8)	66(73.3)	78(73.6)	81(85.3)
Male Sterilisation	37(74)	32(76.2)	19(79.2)	43(47.8)	69(65.1)	56(58.9)
Pills	39(78)	32(76.2)	18(75)	74(82.2)	71(67)	73(76.8)
IUD	33(66)	29(69.1)	13(54.2)	46(51.1)	46(43.4)	44(46.3)
Condoms	36(72)	26(61.9)	15(62.5)	82(91.1)	95(89.6)	92(96.8)
Rhythm method	13(26)	13(31)	8(33.3)	6(6.7)	14(13.2)	15(15.8)
Withdrawal	2(4)	4(9.5)	0	1(1.1)	2(1.9)	3(3.2)
Injectables	43(86)	29(69.1)	16(66.7)	19(21.1)	43(40.6)	39(41.1)
Herbs	-	-	-	0	0	1(1.1)
Don't know any	3(6)	3(7.1)	0	0	1(.9)	1(1.1)
No answer	-	-	-	0	4(3.8)	0

Table 25 and 26 gives us an overview of the awareness and use of contraceptives among male and female respondents. More women respondents know about the different contraceptives except condoms. Female sterilization is the most commonly known contraceptive among the women in all the districts. Whereas among men condoms are more commonly known with an awareness of 90% and more across the three districts. There is also an overwhelming response that women are more aware about male sterilization than men across the three districts. One man in Ranchi also mentioned about herbs as a method of contraception and a few women in Bokaro and Gumla and few men in Gumla and Ranchi did not know about any contraceptive method.

Even with high levels of awareness about the basket of choices of contraceptive the usage among men to use terminal method is very low. Female sterilization is still the preferred terminal contraceptive. Use of spacing methods has also been reported, condoms was the most preferred spacing method used. However, we see that a subsequent number are not using any contraceptive method. Around 30% among women and 10% among men reported

that they nor they neither their spouse are using any contraceptives. The reasons given for non use was 'not aware about contraceptives', 'couples don't like the existing methods', 'worry about side effects' and 'don't feel the need to use any'; some were not using as their wife had just delivered or couples were planning for a baby.

Use of contraceptives	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Female Sterilisation	20(40)	5(11.9)	9(37.5)	36(40)	8(7.5)	22(23.2)
Male Sterilisation	1(2)	0	1(4.2)	3(3.3)	2 (1.9)	14(14.7)
Pills	7(14)	3(7.1)	1(4.2)	26(28.9)	8(7.5)	5(5.3)
IUD	0	3(7.1)	2(8.4)	1(1.1)	5(4.7)	11(11.6)
Condoms	9(18)	6(14.3)	0	37(41.1)	62(58.5)	29(30.5)
Rhythm method	2(4)	1(2.4)	4(16.7)	0	2 (1.9)	2(2.1)
Withdrawal	1(2)	0	0	0	0	1(1.1)
Injectables	1(2)	6(14.3)	1(4.2)	2(2.2)	3(2.8)	2(2.1)
Herbs	-	-	-	0	1(.9)	2(2.1)
Do not use	10(20)	19(45.2)	5(20.8)	5(5.6)	15(14.2)	7(7.4)
No answer	-	-	-	5(5.6)	8(7.5)	3(3.2)

5. Men's involvement in Child Care and Relationship with Children

An integral part of the project is to enhance relationship between the father and his children, hence it was important to gather information on the current relationship and roles men are playing as fathers. For this father's responsibility and relationship with children was tried to understand through different age groups of children.

Involvement of fathers with children less than 2 years

Child care in the first two years includes a range of responsibilities, from ensuring the child's health through taking them for immunization, helping with caring for the child at home and attending to them when sick. In this section, we describe men's involvement in these activities.

The data shows that men from Bokaro (around 40%) have been getting supplementary nutrition for their children, but is considerably low in the other two districts. In terms of taking up other child rear and care roles to look after children below 2 years, men are still far behind and the burden is still on women. However, men did contribute when the child was

sick by taking the child for treatment, staying back at home to look after the child and to stay awake at night to look after the sick child. The data also shows that among the 3 districts fathers in Ranchi are contributing the least in child care.

Child care activities done by father in last two years	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
Got supplementary nutrition for children from the AWC	6(46.2)	1(5.3)	0	10(47.6)	17(39.5)	2(11.1)
Often bathes the baby	0	3(15.8)	0	2(9.5)	5(11.1)	0
Often Feeds milk to baby	1(7.7)	2(10.5)	0	0	4(9.3)	0
Often Cleans the baby after soiling	0	3(15.8)	0	0	6(14)	0
Often Washes baby's clothes	0	3(15.8)	0	1(4.8)	3(7)	2(11.1)
Often Puts baby to sleep	4	5	1(25)	1(4.8)	7(16.3)	2(11.1)
Often Wakes up at night to take care or feed baby	0	4(21.1)	0	2(9.5)	10(23.3)	3(16.7)
Stay awake at night often in case baby/child is sick	3(23.1)	10(52.6)	0	10(47.6)	23(54.5)	7(38.9)
Take baby for treatment often when sick	-	-	-	15(71.4)	29(67.4)	12(22.2)
Often Stays home from work to take care of baby when sick	-	-	-	10(47.6)	27(62.8)	3(16.7)
Often Takes baby outside the house for a stroll	3(23.1)	8(42.1)	1(25)	10(47.6)	29(67.4)	6(33.3)
Often Plays with/ stimulates baby	4(30.8)	11(57.9)	1(25)	8(38.1)	24(55.8)	5(27.8)
Often Comforts baby when he/she is crying	3(23.1)	6(31.6)	1(25)	7(33.3)	26(60.5)	7(38.9)

Taking ones' child for vaccinations are one of the child care activities in the first 2 years and also in the subsequent years. The vaccine programme run by the government had a monthly day assigned for immunization of the child. Sadly this programme has kept fathers away from it. The current project aims to reduce this gap and increase father's participation in child's care which includes accompanying for vaccinations.

The table below tells us that in Bokaro men's participation is higher when it comes to child immunization as compared to Gumla and Ranchi. There were also some men across the districts who claimed it was not their responsibility or they did not know when the immunisation day was.

	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
Husband went atleast once	6(46.2)	1(5.3)	1(25)	13(61.9)	17(5.3)	5(31.3)

Never went	7(53.8)	18(94.7)	1(25)	5(23.8)	5(11.6)	2(11.1)
Not his responsibility	0	0	1(25)	2(9.5)	13(30.2)	9(50)
Not aware about immunisation day	-	-	-	0	6(14)	0
Other	-	-	-	1(4.8)	1(2.3)	0
No answer	0	0	1(25)	0	1(2.3)	3(25)

Similarly from the following table we gather that men who have had children in the last two years are poorly aware about child vaccines as compared to women. This is also a result of men not taking part in vaccination of the child or lack of discussion regarding the same at home or with wife who are solely involved in getting their children vaccinated.

Type of vaccine	Female respondents			Male respondents		
	Bokaro(%) (N=13)	Gumla(%) (N=19)	Ranchi(%) (N=4)	Bokaro(%) (N=21)	Gumla(%) (N=43)	Ranchi(%) (N=18)
BCG	11(84.6)	13(68.4)	3(75)	8(38.1)	20(46.5)	7(43.8)
OVP	12(92.3)	12(68.4)	3(75)	2(9.5)	6(14)	4(22.2)
Measles	10(76.9)	10(52.6)	3(75)	4(19.1)	7(16.3)	5(27.8)
DPT	11(84.6)	11(57.9)	3(75)	5(23.8)	5(11.6)	2(11.1)
Hepatitis B	4(30.8)	3(15.8)	3(75)	0	0	1(5.6)
TT	9(69.2)	7(36.8)	2(50)	1(4.8)	3(7)	2(11.1)
Pentavalent	1(7.7)	0	1(25)	1(4.8)	0	0
Boosters	0	0	1(25)	0	0	0
Don't Know	1(7.7)	4(21.1)	0	13(7.7)	17(39.5)	9(50)

Involvement of father's with children between 2-6 years

Table 30 shows us the involvement of fathers with children between 2-6 years of age. As similar to the care of younger children, fathers are more involved when the child is sick. Taking child for treatment for the most common among the fathers across the 3 districts, one reason could also be because it involves mobility outside the house or village which otherwise is not common for women to do by themselves. Other than taking care of a sick child, few fathers in Gumla and Bokaro put children to sleep and play with their children. Disciplining children was also to some of the fathers, Gumla being the highest with 51.6%

Child rear/care activities	Bokaro(%) (N=34)	Gumla(%) (N=62)	Ranchi(%) (N=55)
Took child for immunisation at least once	10(29.4)	23(37.9)	14(25.5)

Often cooks food for children	2(5.9)	3(4.8)	2(3.6)
Often feeds children	3(8.8)	11(17.7)	7(12.7)
Often bathes child	3(8.8)	11(17.7)	5(9.1)
Often Washes child's clothes	1(2.9)	6(9.7)	3(5.5)
Often clean the child after soiling	0	5(8.1)	1(1.8)
Often take child for toilet	0	5(8.1)	1(1.8)
Often Get child ready for the school/anganwadi	2(5.9)	5(8.1)	0
Often Accompany your child to and from school/Anganwadi	1(2.9)	9(14.5)	1(1.8)
Stay awake at night often in case baby/child is sick	18(52.9)	39(62.9)	23(41.8)
Take baby for treatment often when sick	23(67.6)	46(74.2)	35(63.6)
Often Stays home from work to take care of baby when sick	20(58.8)	41(64.1)	8(14.5)
Often Plays with child	4(11.8)	24(37.5)	23(41.8)
Often put baby to sleep	5(14.7)	25(39.1)	11(20)
Often Comforts baby when he/she is crying	10(29.4)	29(45.3)	19(34.5)
Often help child to eat / be independently	7(20.6)	30(48.4)	17(30.9)
Disciplining child when they do something wrong	10(29.4)	32(51.6)	19(34.5)

Involvement of father's with children between 6-12 years

Table 31 illustrates the involvement of fathers in the child rearing and caring of their children less than above 6 years and unto 12 years. Even with children in this age group, men's participation in the area of cooking and washing clothes is abysmally low and care of children when sick and in distress is higher than other care roles.

As this age group starts their school, there is an expectation from parents that they will support and motivate their child to do well in academics and motivate in order to reduce school drop out. In the academic front to provide educational support, fathers in Gumla(41.2) fair better than Ranchi(26.9) and Bokaro(11.9) but in terms of discussing academic progress with school is very poor, indicating there is poor relationship between the schools and parents.

Not many boys and girls are taught farming skills at this age, however they are encouraged to participate in household chores. More men in Gumla often asked their children to participate in household chores as compared to the other 2 districts.

	Female respondents		
	Bokaro(%) (N=42)	Gumla(%) (N=52)	Ranchi(%) (N=52)
Often cooks food for children children's food	1(2.4)	5(9.6)	0
Often Washes child's clothes	4(9.5)	1(1.9)	0
Often Get child ready for the school	4(9.5)	6(11.5)	11.9)
Often Accompany your child to and from school	4(9.5)	4(7.7)	2(3.8)

Often help child with studies	5(11.9)	21(41.2)	14(26.9)
Often take care of child when sick	25(59.5)	36(69.2)	15(29.4)
Take baby for treatment often when sick	34(82.9)	38(73.1)	26(51)
Often Stays home from work to take care of baby when sick	26(61.9)	32(61.5)	10(19.2)
Often Comforts child when he/she is crying	20(47.6)	29(56.9)	19(36.5)
Often discuss with child regarding school	14(33.3)	16(31.4)	8(15.4)
Often discuss with child regarding issues/problems with friends	10(23.8)	13(25)	1(2)
Often Discuss with the children regarding the changes during puberty	2(4.8)	8(15.7)	0
Go to school and discuss child's academic progress	4(9.5)	8(15.7)	4(7.8)
Teach girl child about farming skills	1(2.4)	6(11.5)	3(5.9)
Teach boy child about farming skills	0	8(15.7)	3(5.9)
Involve /encourage daughters to do HH work	4(9.5)	14(26.9)	5(9.8)
Involve /encourage sons to do HH work	2(4.8)	10(19.2)	4(7.8)
Disciplining child when they do something wrong	7(16.7)	23(44.2)	17(33.3)

Involvement of father's with children between 12-18 years

This age group is a crucial one as it is in transition from childhood to adolescence. Physical, emotional and psychological changes embark the onset of this age group which when undergoing need support from parents as well as other trusted adults and peers. Also there is a need to give the right kind and positive information regarding puberty and changes and challenges that one will face. However we see that young children don't get this support system, and correct information is never available to them. We also tried to explore whether girl and boy children are differentiated at this age as this is also the time when's restriction are put upon girls in terms of mobility, education, development, etc.

The data however shows that except when children are distress or sick, or to discipline, fathers give their time to them, this was seen lesser in Bokaro than the other 2 districts.

It was also seen that washing clothes was not done by any father for this age group, and more girl children washed their own clothes than boy children.

Very few fathers went to children's schools to discuss progress but higher number discussed with their children about their future plans. Discussion regarding pubertal changes were seldom done with the children except in Gumla where 40% talked to their sons about pubertal changes, but among girls it is almost absent. Another importance difference in rearing was more fathers encouraged daughters into household chores. Overall in this age group fathers in Gumla were more involved with children than the other 2 districts.

Father's involvement		For boy child			For girl child		
		Bokaro(%) (N=35)	Gumla(%) (N=15)	Ranchi(%) (N=15)	Bokaro(%) (N=29)	Gumla(%) (N=17)	Ranchi(%) (N=17)
Washes child's clothes	Often by father	0	0	0	0	0	0
	Child does on own	10(6.5)			22(34.9)		
Help child with studies	Often by father	2(5.7)	7(46.7)	2(13.3)	2(6.9)	5(29.4)	2(11.8)
	Child does on own	4(6.2)			9(14.3)		
Go to school and discuss child's academic progress		3(8.6)	3(20)	1(6.7)	3(10.3)	3(17.6)	1(5.9)
Often Discuss and plan on future career/higher education		6(17.1)	4(26.7)	2(13.3)	5(17.2)	5(29.4)	0
Often take care of child when sick		15(42.9)	13(86.7)	3(20)	11(37.9)	10(58.8)	4(23.5)
Take for treatment often when sick		23(65.7)	11(73.3)	6(40)	15(51.7)	12(70.6)	8(47.1)
Often discuss with child regarding prob in schools		7(20)	4(26.7)	1(6.7)	5(17.2)	4(23.5)	0
Often Giving space to child to discuss their problems		8(22.9)	6(40)	5(33.3)	3(10.3)	6(35.3)	5(29.4)
Often Comforts child when he/she is in distress		6(17.1)	10(66.7)	7(46.7)	4(13.8)	8(47.1)	8(47.1)
Often Discuss with the children regarding the changes during puberty		1(2.9)	6(40)	0	0	1(5.9)	0
Often discuss Discuss with children about attraction and relationships		2(5.7)	3(20)	1(6.7)	0	1(5.9)	0
Disciplining child when they do something wrong		7(20)	8(53.5)	4(26.7)	5(17.2)	10(58.8)	2(11.8)
Teach farming skills		2(5.7)	6(40)	5(33.3)	1(3.4)	6(35.3)	5(29.4)
Involve /encourage to do HH work		0	6(40)	5(33.3)	3(10.3)	9(52.9)	5(29.4)

Violence against children in the house by the father is very high in terms of verbal abuse as well as physical beating among both sons and daughters.

In the last year done the following violence once or more	Female respondents			Male respondents		
	Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
Verbally abused daughter	7(14)	10(23.8)	7(20.8)	8(8.9)	16(15.1)	16(16.9)

Verbally abused son	10(20)	16(38.1)	10(41.7)	17(14.4)	21(19.8)	21(22.1)
Slapped /beaten your daughter	3(6)	7(16.7)	5(20.8)	6(6.7)	6(5.7)	10(10.5)
Slapped /beaten your son	8(16)	10(23.8)	10(41.7)	11(12.2)	18(17)	20(21.1)
Restricted your daughter from going to school/college/outing with friends	5(10)	5(11.9)	4(16.7)	6(6.7)	7(6.6)	12(12.6)
Taken out your anger, because of something else, on your children	0	3(7.1)	1(4.2)	9(10)	5(4.7)	5(5.3)

6. Awareness on laws

As one of the essential elements in the project is to protect the rights of children, an exploration was made to understand the awareness level of respondents on laws related to children. The following table tells us that although many male and female respondents agreed that certain unfavorable conditions of children were an okay situation however only a few said they were illegal. The responses under each circumstance are given below(table 34).

Among women, more women knew that getting a 16 year old girl was illegal or giving and taking dowry was. Women were less aware about the laws regarding domestic violence, equal property rights for women and child labour. Among men, more men said giving and taking dowry was illegal, followed by early age marriage of a girl and then about child labour. Legal awareness about domestic violence and women's property rights was low even among men.

Laws		Female respondents			Male respondents		
		Bokaro(%) (N=50)	Gumla(%) (N=42)	Ranchi(%) (N=24)	Bokaro(%) (N=90)	Gumla(%) (N=106)	Ranchi(%) (N=95)
A 16 year old getting married	Not okay	29(58)	30(71.4)	14(58.3)	45(50)	52(49.1)	61(64.2)
	illegal	10(20)	1(2.4)	1(4.2)	26(28.9)	44(41.5)	25(26.3)
Taking and Giving dowry	Not okay	23(46)	14(33.3)	8(33.3)	44(48.9)	42(39.6)	42(44.2)
	illegal	9(18)	4(9.5)	3(12.5)	27(30)	37(34.9)	19(20)
To do any form of domestic violence	Not okay	44(88)	37(88.1)	18(75)	62(68.9)	82(77.4)	76(80)
	illegal	1(2)	2(4.8)	0	15(16.7)	17(16)	9(9.5)
To not give girls any part of the property	Not okay	21(42)	16(38.1)	6(25)	47(52.2)	42(39.6)	54(56.8)
	illegal	4(8)	0	0	17(18.9)	5(4.7)	1(1.1)
If children below 14years go for work	Not okay	41(82)	27(64.3)	10(41.7)	52(57.8)	61(57.5)	64(67.4)
	illegal	4(8)	0	0	31(24.4)	35(33)	23(24.2)

7. Perspectives and Concerns of Adolescent Boys

As explained earlier the importance of a supportive relationship at this age, a son-father relationship was explored from the adolescent perspective. Fathers have a responsibility in moulding young boys into gender equitable individuals as they are seen as role models for adulthood.

The tables below will give us a picture of the father son relationship. The table will have information only of 137 respondents as 21 respondents have lost their father.

Academic and career		Adolescent respondents		
		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Discuss studies/help in homework/studies	Often	11(22.9)	12(26.1)	4(9.5)
	Never	5(10.4)	12(26.1)	13(31)
Discuss about facilities in the school	Often	2(4.2)	8(17.4)	2(4.8)
	Never	16(33.3)	16(34.8)	19(45.2)
Discuss about teachers behaviour with you	Often	7(14.6)	9(19.6)	2(4.8)
	Never	19(39.6)	17(37)	24(57.1)
Discuss about future career/plans	Often	8(16.7)	11(23.9)	4(9.5)
	Never	17(35.4)	11(23.9)	11(26.2)

The above table (table 35) shows us that very few fathers are involved in having any discussion on academic or career discussions, provide support in their studies or discuss about their life at the school.

Health and comfort		Adolescent respondents		
		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Ask you about any problems in your life	Often	8(16.7)	11(23.9)	7(16.3)
	Never	14(29.2)	10(21.7)	8(18.6)
Discuss about bodily changes during adolescence	Often	2(4.2)	6(13)	0
	Never	40(83.3)	25(54.3)	33(76.7)
Discuss about any health problems of yours	Often	9(18.8)	14(30.4)	5(11.6)
	Never	10(20.8)	6(13)	6(14)
Discuss with you about bodily changes in adolescent girls	Often	0	6(13)	0
	Never	43(89.6)	26(56.5)	38(88.4)
Discuss about safe sex and contraceptive use	Often	0	0	0
	Never	48(100)	43(93.5)	42(97.7)
Discuss with you about STIs	Often	0	0	0

	Never	46(95.8)	43(93.5)	41(95.3)
Share with you that he loves you/or cares for you	Often	8(16.7)	22(47.8)	3(7)
	Never	28(58.3)	10(21.7)	27(62.8)

The table gives us a picture of the discussion between father and son on health issues, life problems and expression of love and care. The data shows that around 20 % of fathers across the three districts ask their son about their ongoing health and other problems. In terms of expression of love and care, around 50% of boys/young men in Gumla said that fathers shared that they cared for the son, which was comparatively low in the other two districts. In regard to discussion on pubertal changes among boys and girls, sex, STIs, there is almost no discussion between the son and the father.

Relationships		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Discuss about attraction and courtship	Often	0	1(2.2)	0
	Never	43(86.9)	37(80.4)	39(90.7)
Discussed about his own life problems with you	Often	3(6.4)	7(15.6)	2(4.8)
	Never	24(51.1)	21(46.7)	16(38.1)
Do you fear to talk to your father regarding your problems/concern	Often	5(10.4)	15(32.6)	14(32.6)
	Never	24(51.1)	13(28.3)	6(14)

This table gives us a picture of the discussion between father and son on relationships and problem sharing to child. As evident earlier, fathers are not discussing issues of changes during the adolescence including attractions and courtships that are a common possibility. Very few father's share about their own problems with their sons. Also more boys in Gumla and Ranchi said that they fear to talk to their fathers. This is also contradictory as fathers in Gumla have claimed to have a better relationship with their sons.

Discipline		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Scold you for your behaviour	Often	7(14.6)	15(32.6)	10(23.3)
	Never	8(16.7)	9(19.6)	2(4.8)
Ever appreciated you for some good work	Often	10(20.8)	23(50)	7(16.3)
	Never	5(10.4)	4(8.7)	3(7)
Discuss about drinking/tobacco consuming/drugs	Often	11(22.9)	25(54.3)	7(16.3)
	Never	14(29.2)	7(15.2)	9(20.9)
Talk to you about your misbehaviour/ mistake	Often	8(16.7)	17(37)	5(11.6)
	Never	7(14.6)	10(21.7)	8(18.6)
Explain to you about what is good and bad	Often	10(20.8)	26(56.5)	7(16.3)
	Never	6(12.5)	6(13)	7(16.3)
Discuss about spending leisure time/or entertainment choices	Often	7(14.6)	20(43.5)	1(2.3)
	Never	13(27.1)	10(21.7)	14(32.6)

Development and Life skills		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Discuss culture of community /tribe/caste /village	Often	7(14.6)	23(50)	10(23.3)
	Never	11(22.9)	8(17.4)	8(18.6)
Ask you to participate in HH chores	Often	12(25)	29(63)	16(38.1)
	Never	9(18.8)	4(8.7)	3(7)
Ask your opinion on household matters	Often	13(27.1)	19(42.2)	5(11.6)
	Never	11(22.9)	5(11.1)	12(27.9)
Ask your opinion in buying assets for home	Often	13(27.1)	18(39.1)	4(9.5)
	Never	8(16.7)	8(17.4)	14(32.6)

The above data shows have fathers in Gumla have discussed about culture to their sons, they also take son's opinions on household matters and buying assets. The boys also claimed that fathers asked them to be involved in household chores, highest among which was in Gumla, followed by Ranchi and then Bokaro.

Status of women		Bokaro(%) (N=48)	Gumla(%) (N=46)	Ranchi(%) (N=43)
Discuss about the need to respect women/girls	Often	9(18.8)	17(37)	5(11.6)
	Never	11(22.9)	10(21.7)	20(46.5)
Discuss about not doing any harassment/assault to women/girls	Often	10(20.8)	13(28.3)	6(14)
	Never	14(29.2)	12(26.1)	22(51.2)
Discuss about equality among brother and sister	Often	15(31.9)	14(30.4)	7(16.3)
	Never	9(18.8)	8(17.4)	16(38.1)

There were also boys who said that fathers did speak about respecting women, equality between brother and sister and about not harassing or assaulting women. However the nature of these discussions were not enquired. An enquiry was also done with the boys to describe their current overall relationship with their father. 79% in Bokaro and GUmLa nad 67% in Ranchi said that their father was a sensitive person and they are happy with him. Also 10% said that their fathers did not give time to them and another 15% said their father needed to improve, of whom most often were boys from Ranchi.

Reproductive and Sexual Health of Adolescent and young men

The survey assessed boys' knowledge of reproductive and sexual health, as well as where they received such information from. With respect to bodily changes occurring during puberty, we found that most boys knew about the common changes occurring such as growth of facial hair among boys and development of breasts among girls. However they were less knowledgeable about other changes. Moreover, knowledge of changes occurring in girls was lower than those occurring in boys.

About boys	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)	Total (%) (N=158)
Growth of Moustache and Beard	42 (75.0)	51 (96.2)	41 (83.7)	134 (84.8)
Change in Voice	20 (35.7)	42 (79.3)	26 (49.1)	88 (55.7)

Growth of Penis	9 (16.1)	35 (66.0)	14 (28.6)	58 (36.7)
Development of Muscles	12 (21.4)	32 (60.4)	19 (38.8)	63 (39.9)
Seminal Ejaculation	0 (0.0)	25 (47.2)	2 (4.1)	27 (17.1)
Growth of hair in armpits, groin, etc.	13 (23.2)	38 (71.7)	26 (53.1)	77 (48.7)
Pimples	7 (12.5)	1 (1.9)	3 (6.1)	11 (7.0)
Other	0 (0.0)	5 (9.4)	1 (2.0)	6 (3.8)
Don't Know/Missing	5 (8.9)	1 (1.9)	2 (4.1)	8 (5.1)
About girls				
Development of Breasts	25 (44.6)	43 (81.1)	42 (85.7)	110 (69.6)
Growth of Hair in armpits, groin, etc	13 (23.2)	32 (60.4)	21 (42.9)	66 (41.8)
Menarche	12 (21.4)	29 (54.7)	12 (24.5)	53 (33.5)
Other	3 (5.4)	8 (15.1)	1 (2.1)	12 (7.6)
Don't Know/Missing	29 (51.8)	7 (13.2)	6 (12.3)	42 (26.6)

In terms of sources from where information was being received, boys mentioned that it was mostly through friends (74.7%), followed by books (33.5%) and some also said it was taught in schools.

Overall knowledge of contraceptives was low. Most boys were only aware of condoms, but did not know about other methods. It is also important to note that around 20% of the boys also know about the emergency pill, as if usage is also high its misuse could cause potential harm to their partners. Similar to other information about reproductive and sexual health, the most common sources for knowing about the contraceptives was also through friends (80%), while a fewer number reported learning about them from and media (13%) and some also reported it was taught in schools.

Contraceptive type	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)	Total (%) (N=158)
Female sterilisation	12 (22.2)	22 (41.5)	14 (28.6)	48 (30.4)
Male sterilisation	12 (22.2)	18 (34)	7 (14.3)	37 (23.4)
Pill	20 (35.7)	21 (39.6)	24 (49)	65 (41.1)
IUD	5 (8.9)	7 (13.2)	4(8.2)	16 (10)
Condom	32(57.1)	39(73.6)	44(89.8)	115(72.9)
Withdrawal	0	1(1.9)	3(6.1)	4(2.5)
Rhythm	1(1.8)	2(1.9)	3(6.1)	
Injectables	6(11.1)	9(17)	6(12.2)	21(13.3)
Don't Know/Other	1 (1.8)	4 (7.6)	5 (10.2)	10 (6.3)
Missing	9 (16.1)	0 (0.0)	4 (8.2)	13 (8.2)
Ipill	9(16.1)	5(9.4)	17(34.7)	31(19.6)

Don't know any	21(37.5)	12(22.6)	5(10.2)	38(24)
No answer	2(3.6)	0	0	2(1.3)

Information about contraceptive use is scarce, but around 13 % of the boys reported that they had a sexual experience of which 75% used condoms, one each in Gumla and Ranchi used I Pill and 1 in Ranchi used the withdrawal method. The high use of condoms is a good sign, but whether it is due to fear of acquiring a sexually transmitted infection, or to prevent pregnancy is not clear.

Attitudes of the adolescent and young boys

Along with the attitudes of men the project also aims at changing attitudes of adolescent boys. A similar parameter of questions was asked to the adolescent boys as the male respondents. It was set of 47 questions on the various domains like gender, parenting and care, child autonomy, masculinity, sexuality and violence. Every progressive answer was given a score of 1. After adding the scores, attained scores have been divided into 3 categories, traditional where the score was less than 60% of the total, moderate where the score was between 60-85% and equitable where the score was more than 85%. The following table shows us the achieved scores.

	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)	Total (%) (N=158)
Traditional	45(80.4)	40(78.3)	45(91.8)	130(82.3)
Moderate	9(16.1)	13(24.5)	4(8.2)	26 (16.5)
Equitable	1(1.8)	0	0	1 (.6)

From the above table it can be seen that young boys not any different from the older men. Majority of them across the 3 districts were similarly traditional in their attitude. In Gumla and Bokaro the young boys were slightly more in the moderate category than the men, however in Ranchi they were more boys traditional than the men.

Violence – Experience, Perpetration and action

Violence experienced by the boys is very high. Verbal abuse seem to be very common among the young boys which was mostly done by friends and also by few family members. In terms of experiencing physical abuse, it is higher among the boys in Ranchi. Even physical abuse was mostly done by friends followed by family members. Also a small number in Bokaro and Gumla reported of being beaten by teachers.

Experience of violence	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)	Total (%) (N=158)
Verbal Abuse	24 (42.9)	24 (45.3)	35 (71.4)	83 (52.5)
Physical Abuse	8 (14.3)	9 (17.3)	11 (22.4)	28 (17.8)

Sexual Abuse	1(1.8)	2 (3.8)	3 (6.3)	6 (3.9)
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Around 4% of the boys have also been survivors of sexual abuse. Friends were once again the perpetrators of sexual violence. There was one case where the employer had sexually abused and in another some random person from outside the village had perpetrated. Of all those who had been sexually abused, only one had told about the incident to somebody else before the survey.

Perpetration	Bokaro(%) (N=56)	Gumla(%) (N=53)	Ranchi(%) (N=49)	Total (%) (N=158)
Sexual harassment of girls	4 (7.3)	9 (17.3)	24(49)	37 (23.6)
Hit/beaten anyone among your peers/neighbourhood	10(17.9)	11(20.8)	14(28.6)	35(22.2)
Shouted at/ verbally abused your girl friend	3(5.4)	8(15.1)	9(18.4)	20(12.7)
Beaten/slapped/hit your girl friend	1(1.8)	1(1.9)	1(2)	3(1.9)
Sex without consent	1(1.8)	2(2.8)	4 (8.3)	7(4.5)
Verbally abused father	2(3.6)	6(11.13)	8(17)	16 (10.3)
Verbally abused mother	2(3.6)	4 (7.5)	3 (6.5)	9 (5.8)
Verbally abused sister	3(5.4)	6(11.13)	5(10.2)	14(8.9)
Physically abused father	0	2(2.8)	1(2)	3(1.9)
Physically abused mother	0	1(1.9)	0	1(.6)
Physically abused sister	5(8.9)	6(11.13)	3 (6.5)	14 (8.9)
restricted your sister from going out of the house	7(12.5)	8(15.1)	15 (30.6)	30(19)

In terms of violence perpetration, it appears that violence towards outsiders is higher than the violence done to family members. Intimate partner violence exists in all three forms of verbal abuse, sexual abuse and sex without consent. It can also be seen that more boys in Ranchi have experienced violence as well as perpetrated it.

Though most boys said that they did not have an intimate partner, violence exists in such relationships, it also shows the attitude of men towards women and their bodies where abusing their partners was very common and even sex with no consent was taking place.

In terms of violence in the house, abusing parents and sisters was reported. Around 9 % boys reported physically beating their sisters and 19% of reported having stopped their sisters from going out of the house in the last one year. Violence is a major part of the lives of these young boys across the 3 districts, it also appears that in the cycle of violence they are being targeted as well as boys are perpetrating violence on others.

VI. Conclusions and Recommendations

This study provides an important insight into gender relations and parenting among communities in the intervention area. While the intervention essentially looks at improving men's relationships with children and adopting "responsible" behaviours as fathers, the study has explored a range of issues related to gender relations, the status of women in the communities, the roles of men and the gaps in services. Some of the key issues that emerge from the qualitative and quantitative components of the study are as follows:

- 1 - Gender relations in both tribal and non-tribal communities were found to be biased against women. There were certain gender biased social norms in the community such as prohibiting women from make the traditional tiled/thatched roofs or prohibiting women from ploughing fields, since these were considered "male" tasks. Further, similar to other groups, women in the tribal communities are not allowed to be part of the traditional village administration and priestly community that manages communication, religious and administrative ceremonies.
- 2 - At the household level there are fairly rigid gender roles vis a vis performance of household chores. In all the areas, female members of the family performed the majority of household chores except when it required going out of the house - in which case men were involved. Similarly, there are distinct differences between girls' and boys' roles. In some communities (especially Oraon), boys and men did clean their own plates and clothes, but this was done only for themselves, not for the entire family.
- 3 - Despite a certain amount of mobility and sense of freedom tribal women too tended to have a secondary status in the family context when it came to decision making regarding the family owned farm, sale of the crops of the farm or handling the money from the sale of the produce. Women from all communities had little say in the decisions regarding their children, which was the prerogative of the father, elderly men and even younger earning men of the family.
- 4 - Perpetration of violence by husbands towards their wives as well as towards children was reported quite often. This included not just verbal abuse but also physical and in case of wives, sexual abuse. Communication between spouses appears to be minimal, except in case of essential needs.
- 5 - Men's participation in pregnancy and delivery, as well as in child care is limited. In cases where private institutions were used, men often did accompany their wives. Also in cases where the child was sick, men had a role to play. Hence it appears that when there is a monetary need, men do participate. However in routine terms, it is

the wife and in some cases sisters who provide for the both physical and emotional needs of children.

6 - Finally, the condition of services for the well-being of children in the villages was by and large poor, with malfunctioning anganwadis, health institutions and schools.

The findings of the study highlight the need for interventions at various levels. First, there is a need to address how men relate to women at the individual level, at the relationship level, at the household level and finally at the community level. If men are expected to be responsible fathers, it is inevitable that they first be responsible men and responsible spouses. How men relate to their wives has an impact not just on what their children see and learn, but also in how they see their role in the family. It is hoped that the interventions on gender and patriarchy which are a part of the intervention will address this. Secondly, the project needs to push men to look at their role as a father in different light – not merely as a provider and decision maker as is currently the case, but as a nurturer as well. As of now, father - child discussions are restricted to studies, choice of career and if daughters/sisters require anything from market. The study found among the Oraon community in Gumla and Ranchi male role models (caring and responsible father) who could be projected as aspiring role models for other fathers/brothers. Third, it is also critical to address the gender differences between daughters and sons. Clearly, the expectation and autonomy of daughters is lesser than that for sons, and thus it is important for the intervention to address the differential relationships of fathers with their daughters as well. Further, there is a social pressure to maintain distance with daughters and sisters in all the communities which needs to be overcome to let the father-daughter relationship grow. Fourth, a lot of the gender roles and behaviours of men and women are dictated by social norms set at the community level. Therefore it is critical that change/actions are not directed only at the household and personal level but also at the community level. However this will have to be done delicately and with the buy-in of the groups. The tribal community especially perceives a threat to their culture and autonomy, and attempting to bring about radical changes in tribal specific norms like property rights etc may be perceived as intrusive. Rather, the process must more organic and participatory. Fifth, there is also a need to address the behaviour and welfare of adolescent boys and girls, although this is not a direct intent of the project. The study threw up areas of concern related to adolescent boys' knowledge of contraception and sexual health, as well as the sources of information that they relied on. Further, there has also been violence reported being perpetrated by and sometimes even experienced by adolescent boys, which needs to be addressed. Fostering discussions around gender equality with adolescent boys will also go a long way in benefitting adolescent girls in this regard.

References

Maříková, H. Caring Fathers and Gender (In)Equality? *Polish Sociological Review*, 162: 135-152

Miller, T. (2011). *Making Sense of Fatherhood: Gender, Caring and Work*. Cambridge: University of Cambridge Press.

ODI (2015). *Social Norms, Gender Norms and Adolescent Girls: A Brief Guide*. Available at: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9818.pdf>

Selin, H. (2014). *Parenting Across Cultures Childrearing, Motherhood and Fatherhood in Non-Western Cultures*. London: Springer.

Annexure 1: List of Key Informant Interviews

S.No.	Name	Details	Interview Date
1	H.I. Fatmi	Co-ordinator, FEM Jharkhand and SPARK	14 th June
2	Rajiv Ranjan Sinha, Pooja Rajiv, Swapan Manna and team	Srijan Foundation, Ranchi	14 th June
3	Prof. Ramesh Sharan	Professor (Economics Department) and Chairperson (Institute of Management Studies), Ranchi University	16 th June
4	Yogendar Prasad	Advocate, Ranchi High Court and ex-Child Welfare Committee member	16 th June
5	Haldhar Mahto	Jharkhand head of PHRN	16 th June
6	Dr. Renu Diwan	Professor, Women's College, Ranchi University	17 th June
7	Vasavi Kiro	Journalist, Social Activist and Founder member of Torang Trust	18 th June
8	Praveer Peter	Social Activist and Founder member	18 th June

		of Solidarity Centre, Ranchi	
9	Devika Biswas	Social Activist	18 th June
10	Dr. Dinesh Singh	<ul style="list-style-type: none">JHPIEGO Head, Jharkhand	19 th June
11	Dr. Suranjeen	<ul style="list-style-type: none">JHPIEGO, Jharkhand	20 th June

Annexure 2: Qualitative Interview Guide for KIIs

Box 1. Qualitative Interview Guide for KIIs

A. Key Informants

1. General information:

- What work they do, areas of expertise, experience working in Jharkhand

2. Context of Jharkhand - economic and political (for org heads and fac we can ask this specifically related to field and districts)

3. Social groups and relations (for org heads and facilitators we can ask this specially related to field areas):

- Status of tribals

- Status of Minorities

- Relationship between the two

4. Gender norms - especially in how girls/ young women are treated

- Gender norms specific to different communities

- Rites of passage for boys and girls

5. Key Children's issues:

- Services for children, especially girl children

- nutrition, life skill building

- Role of panchayat in addressing issues of children - any cases/instances when the panchayat may have intervened

- Role of schools/teachers in addressing children's issues

6. Specific issues:

- Migration

- Trafficking

- Child soldiers

- Malnutrition

7. Specifically related to fatherhood

- How are families organized

- Roles of men and women

- Child care

- Decision making regarding children - marriage, education, work, migration related

Annexure 3: Guide for FGDs

Box 2. Guide for FGDs with Animators and Villagers

1. General information:

- Caste/tribe, community, work, family structure

2. Village information:

- Geographic location
- Caste/community composition
- Relationship between communities, spatial distribution
- Structures and decision makers

3. Experience of fatherhood

- Roles of men and women in the family
- Relationship with children
- Aspirations for children - male and female
- Relationship with wife - especially decisions regarding children
- Relationship with own father - how is it similar or different from own relationship with children
- "Rules for sons and daughters"
- Rites of passage for boys and girls
- Satisfaction with role as father

4. Children's issues:

- Services for children, especially girl children
- Role of panchayat in addressing issues of children - any cases/instances when the panchayat may have intervened
- Role of schools/teachers in addressing children's issues

5. Specific issues (decide as relevant to specific place):

- Migration - do children migrate for work? examples? reasons? vulnerabilities?
- Trafficking
- Child soldiers
- Malnutrition

Annexure 4: Survey Questionnaire

ID

Enabling Men to be Responsible Partner and Caring Father In 3 districts of Jharkhand (समझदार जीवन साथी – जिम्मेदार पिता)

Centre for Health and Social Justice Father's survey Questionnaire

Introduction and consent

Greetings. My name is _____. _____(Local Org name) and Centre for health and Social Justice, New Delhi together are starting a project in your area to involve men to become better partners and fathers and to ensure in securing rights of children. As part of the project, we are trying to understand the current situation in your village. You have been chosen for the survey through our community volunteer as you are part of our fathers group.

We will be very grateful if you will be part of our study. The information given by you will be valuable to our work.

We will also be ensuring that the information provided by you will not be shared with anybody else apart from our team who will be part of this study.

The interview process usually takes approximately 45minutes to complete. Participation in this study is voluntary and during the interview, you may withdraw at any time. However, we hope that you will take part in this study since your participation is important.

May I begin the interview now?

Yes I would like to participate

No, I would not like to participate

Interviewer Name.....

Date on which data was collected.....

Total time taken.....

A. RESPONDENT'S BACKGROUND and FAMILY DETAILS

About the Respondent		
A1	Name of the respondent	
A2	Village	
A3	District	Bokaro.....1 Gumla.....2 Ranchi.....3
A4	What is your age?	Age in completed years <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
A5	What is your caste/tribe?	Scheduled tribe.....1 Specify.....

		Scheduled caste.....2 <i>Specify</i> OBC.....3 General.....4 Other(specify).....5
A6	What is your religion?	Sarna.....1 Hindu.....2 Muslim.....3 Christian.....4 Any Other(specify).....5
A7	How much education have you completed?	No schooling.....1 Primary School.....2 Middle school.....3 High School.....4 Higher secondary.....5 Bachelors degree.....6 Masters degree or above.....7 Vocational training/adult education.....8
A8	What is your main occupation? (can choose more than one)	Farming (in own land).....1 Agricultural labour (works in others' land).....2 Migrant labour (mention what work).....3 Employed in Govt job (mention what work).....4 Employed in Pvt job (mention what work).....5 Wage labour.....6 Small vendor.....7 Unemployed.....8 Still studying.....9 Other (specify).....10
A9	What is your average yearly household income?
Info about wife		
A10	How old is your wife (in years) ?	
A11	What is the education level of your wife?	No schooling.....1 Primary School.....2 Middle school.....3 High School.....4 Higher secondary.....5 Bachelors degree.....6 Masters degree or above.....7 Vocational training/adult education.....8
A12	If she works, what does your wife do? (can choose more than one)	Farming (in own land).....1 Agricultural labour (works in others' land).....2 Migrant labour (mention what work).....3 Employed in Govt job (mention what work).....4 Employed in Pvt job (mention what work).....5 Wage labour.....6 Small vendor.....7 Unemployed.....8 Other (specify).....9
A13	Does she earn any income?	Yes.....1 <i>Specify how much</i> No.....2
Info about family		

A14	What is the structure of your family?	Nuclear.....1 Joint.....2 Other (specify).....3			
A15	How long have you been married?	Completed number of years <input style="width: 50px; height: 20px;" type="text"/>			
A16	After how many years of marriage was your first child born?(If less than 1 yr please indicate months)	<input style="width: 50px; height: 20px;" type="text"/> months			
A17	How many children do you have?	1.No of girls		2. No of boys	
		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	
A18	Age and education/work status of the children	i.Age (In completed months, if less than a month mention days)	ii.Sex (Female -1, Male 2)	iii.Current status (In school-1 In AWC-2 None-3 Work-4) Has got married-5 NA-99)	iv. Current/last studied standard NA-99
I	Last child				
II	Second last child				
III	Third last child				
IV	Fourth last child				
V	Fifth last child				
VI	Sixth last child				
VII	Seventh last child				
A19	Is your wife currently pregnant	Yes.....1 No.....2			

B. MIGRATION DETAILS

B1	Do you have to go outside of your village for work?	Yes.....1 No.....2
B2	What is the nature of migration?	Daily.....1 Weekly.....2 Seasonal (mention months).....3 Almost throughout the year.....4 Other (specify).....5
B3	If yes then which places do you migrate for work?	Karnataka.....1 West Bengal.....2 Bihar.....3 UP.....4 Delhi.....5 Himachal Pradesh.....6 Punjab.....7 Other (Specify).....8
B4	What is the nature of your work when you migrate?	Agricultural Work.....1 Brick Kiln.....2 Construction.....3

		Factory.....4 Other(specify).....5
B5	Who all go along with you when you migrate for work?	No one, I go alone.....1 Only wife, children are left in the village.....2 Wife and children.....3 Other (specify).....4
B6	(Ask if wife and children don't migrate) When you are away from home how often are you able to keep in contact with wife and children through?	Yes, on a daily basis.....1 Oftentimes in a week.....2 Once a week.....3 Sometimes in a month.....4 Very rarery.....5 Never.....6 Other(specify).....7

C. DOMESTIC ROLE/RESPONSIBILITIES

Responsibility of household chores in the house										
	Who does the following tasks in the house (can be multiple option)	Wife	Myself	Both me and my wife	Daughter	Son	Other female members	Other male members	Not specific, anyone can do	Doesn' t apply
C 1	Washing family members clothes	1	2	3	4	5	6	7	8	9
C 2	Cleaning the house/courtyard	1	2	3	4	5	6	7	8	9
C3	Preparing food	1	2	3	4	5	6	7	8	9
C4	Serving the food	1	2	3	4	5	6	7	8	9
C5	Washing plates/utensils	1	2	3	4	5	6	7	8	9
C6	Fetching water	1	2	3	4	5	6	7	8	9
C7	Feeding/Taking care of animals	1	2	3	4	5	6	7	8	9
C8	Cleaning the cattle shed	1	2	3	4	5	6	7	8	9
Responsibility of chores outside the house										
C9	Cattle Grazing						6	7	8	9
C10	Buying the vegetables/ration/groceries	1	2	3	4	5	6	7	8	9
C11	Buying clothes	1	2	3	4	5	6	7	8	9
C12	Bank related work	1	2	3	4	5	6	7	8	9
C13	Selling agricultural/food product	1	2	3	4	5	6	7	8	9

D. DECISION MAKING

Decision making in the house							
		I decide	My wife decides	Both me and my wife consult and decide	Elders /parents decide	All take part	NA
	Routine household decisions						
D1	What will be cooked at home	1	2	3	4	5	6
D 2	Spending money for food	1	2	3	4	5	6
D 3	Spending money for clothing	1	2	3	4	5	6
D4	To buy mobile phone	1	2	3	4	5	6
D 5	Agriculture related decisions	1	2	3	4	5	6
	Major household decisions						
D 6	Decision to migrate for work(self)	1	2	3	4	5	6
D 7	To buy big assets like TV, motorcycle, etc						
D8	To take a loan	1	2	3	4	5	6
	Managing incomes						
D9	Decisions regarding your income	1	2	3	4	5	6
D10	Decisions regarding your wife's income	1	2	3	4	5	6
D11	Decisions regarding son's income	1	2	3	4	5	6
D12	Decisions regarding daughter's income	1	2	3	4	5	6
	Decisions related to children						
D13	Whether children should go to school or not	1	2	3	4	5	6
D14	Whether your child should migrate for work	1	2	3	4	5	6
D15	When and to whom children should be married	1	2	3	4	5	6
	Health related decisions						
D16	Health seeking/ health care related spending	1	2	3	4	5	6
D17	Deciding the number of children to be had	1	2	3	4	5	6
D18	Deciding to use any kind of contraceptive	1	2	3	4	5	6

E. SPOUSAL RELATIONSHIP

How often did you/wife do the following with your wife in the last 6 months?					
		OFTEN	SOMETIMES	RARELY	NEVER
	<i>Household</i>	1	2	3	4
E1	Discuss about household issues with your wife				
E2	Consulted with wife before making any major decisions such as buying an asset, migrating for work or major spending on health	1	2	3	4
	<i>Child care/responsibility related</i>				
E3	Discuss about taking care/parenting issues of children	1	2	3	4
E4	Discuss about future plan for children	1	2	3	4
	<i>Problem Sharing</i>				
E5	Discuss your personal problems	1	2	3	4
E6	Discuss her personal problems/concerns	1	2	3	4
E7	Discuss about your health problems	1	2	3	4
E8	Discuss about her health	1	2	3	4
	<i>Sexuality and family planning</i>				
E9	Discuss about her preferences/consent in sex	1	2	3	4
E10	Discuss about family planning and use of contraceptives	1	2	3	4
	<i>Leisure time with wife</i>				
E11	Went out with wife	1	2	3	4
E12	Visit her relatives with her	1	2	3	4
	<i>Communication- appreciation</i>				
E13	Appreciated her for contribution in HH work	1	2	3	4
E14	Appreciated wife for decisions that she took	1	2	3	4
E15	How do you see your current role in your relationship with wife?	I am unable to give any time for wife.....1 I am happy with the role I am playing.....2 I need to improve my role.....3 Other opinion (Specify).....4			

F. MATERNAL CARE KNOWLEDGE

Knowledge		
F1	A woman should have regular check ups even if she feels fine during pregnancy	True.....1 False.....2 Not sure.....3
F2	A woman should have minimum four regular check ups during pregnancy.	True.....1 False.....2 Not sure.....3
F3	A woman should receive two TT vaccine injections during pregnancy	True.....1 False.....2 Not sure.....3
F4	Women should not eat too much during pregnancy otherwise the baby will become very big and delivery	True.....1 False.....2 Not sure.....3

	will be difficult.	
F5	Women should not carry heavy loads during pregnancy.	True.....1 False.....2 Not sure.....3
F6	If there is swelling of hands and feet during pregnancy, then the woman must seek help from a health care provider.	True.....1 False.....2 Not sure.....3
F7	What are the warning signs of complications during pregnancy that indicate that a woman should seek out for a health care provider? (don't probe, let the respondent answer whatever he knows) (May choose multiple options)	Feeling very weak/tired.....1 Swelling of hands and face.....2 Severe headache and blurred vision.....3 Fever.....4 Pain in abdomen.....5 Vaginal bleeding.....6 Vomiting.....7 Loss of appetite.....8 Baby not moving.....9 Back pain.....10 Other(specify).....11 Don't know12
F8	If a woman is feeling fine after the birth of the baby, then she need not go for check ups.	True.....1 False.....2 Not sure.....3
F9	What are the warning signs of complications after delivery that indicate that a woman should seek out for a health care provider? (don't probe, let the respondent answer whatever he knows) (May choose multiple options)	Fever.....1 Pain in abdomen/swelling in utreus.....2 Excessive Vaginal bleeding3 Vaginal discharge.....4 Swollen / infection in breasts.....5 Pain in the perineal region/vaginal region.....6 Don't know7 Other (specify).....8

G. PREGNANCY, DELIVERY and POST NATAL CARE

Pregnancy care – Ask only those whose wife's are currently pregnant or have a child less than 2 years(Check with A21) (IF wife pregnant and has a two or less aged child, take info for the recent pregnancy/child)		
G1	In which month did you come to know about wife's current /last pregnancy?	1 st trimester.....1 2 nd trimester.....2 3 rd trimester.....3 Don't know.....4
G2	In your current/ last pregnancy did you accompany your wife to prenatal check up visit?	I do not know if she had any prenatal check up.....1 She has not gone for any prenatal check up...2 Yes, I went with her to every visit.....3 Yes, to some visits.....4 No, not to any visit.....5 Others (specify)6

G3	Did you ever get the supplementary nutrition for your wife from the AWC during pregnancy?	Yes.....1 No.....2 I don't know about this nutrition.....3			
G4	Who looked/ looks after your wife when you were/are out for work?	No one.....1 My mother.....2 My father.....3 Other(specify)4			
G5	Had/ Have you discussed with your wife and planned where the delivery will take place during the pregnancy?	Yes.....1 No.....2			
G 6	Had /Have you and your wife kept money aside for the delivery prior to the delivery? (First get the answer, if needed then only probe for options)	Yes we had/have kept.....1 No we had/have not kept.....2 We are going to have/ had a home delivery so don't need to keep money.....3 Going for institutional delivery is/was free.....5 We will borrow later if needed/ we had borrowed money at the last minute.....6 Other(specify)7			
	Do you do/did you do the following during the pregnancy	Often	Sometimes	Never	NA
G 7	Arrange some extra nutrition for wife	1	2	3	4
G 8	Washed wife's clothes	1	2	3	4
G 9	Cook for older children	1	2	3	4
G 10	Feed the older children	1	2	3	4
G 11	Bathing older children	1	2	3	4
G 12	Cooking for the family	1	2	3	4
G 13	Take care of HH work so that wife could rest	1	2	3	4
Delivery Care-					
Only for those whose children are upto 2 years (IF more than one children are there, take info for the most recent child)					
G14	Where did the last delivery take place?	Home.....1 Sub centre.....2 PHC.....3 CHC.....4 District hospital.....5 Pvt nursing home/hospital.....6 Others (specify)7			
G15	Was the delivery a normal delivery or complicated delivery (eg. Woman needed operation, blood etc)	Normal.....1 Complicated.....2 Don't know.....3			
G 16	(Ask only if institutional delivery) In case of institutional delivery, did you accompany to the hospital at the time of delivery? (May choose multiple options)	Yes, I did.....1 My mother accompanied.....2 Sahiya accompanied.....3 Other family members went.....4 She was at her maternal house.....5			

		NA.....6 Other(specify).....7
G 17	In case of institutional delivery, did you come back together home with your wife after delivery? (May choose multiple options)	Yes, I did.....1 My mother accompanied.....2 Sahiya accompanied.....3 Other family members went.....4 She went back to her maternal house.....5 NA.....6 Other(specify).....7
Post Natal Care – Only for those whose children are upto 2 years (IF two children are there, take info for the most recent child)		
G18	Did you accompany your wife to postnatal check up visit?	I do not know if she had any postnatal check up.....1 She has not gone for any postnatal check up...2 No need, as health worker came home for checkup....3 Yes, I went with her to every visit.....4 Yes, to some visits.....5 No, not to any visit.....6 Others (specify)7
G19	Did you ever get any supplementary nutrition for your wife from the AWC post delivery ?	Yes.....1 No.....2 Don't know.....3

H. CHILD CARE PRACTICE and PARENT-CHILD RELATIONSHIP

Infant - Ask only those who have a child less than 2 yr old		
H1	Did you ever take your child for immunisation to the VHND/hospital?	Yes, I went once.....1 Yes I have gone more than once.....2 No it is not my responsibility.....3 I do not know when is the immunisation day.....4 Child just born.....5 Others (specify)6
H2	Do you know which vaccines have been given to children after birth? (Ask local terms if its available) (Can be multiple options)	BCG (Bacillus Calmette Guerin)1 DPT (Diphtheria, Pertussis and Tetanus Toxoid).....2 OPV (Oral Polio Vaccine).....3 Measles.....4 Hepatitis B.....5 TT (Tetanus Toxoid).....6. Japanese Encephalitis vaccination (in selected high disease burden districts).....7 Pentavalent vaccine (DPT+HepB+Hib)8 I don't know.....9 Other(specify).....10
H3	Did you ever get the supplementary nutrition for your child from the AWC ?	Yes.....1 No.....2 NA.....3 I don't know about this nutrition...4

H4	Who looks after your infant/baby when you or/and wife go for work? (Check their work status)	My wife looks after.....1 My father.....2 My mother.....3 My wife takes the baby along.....4 I take the baby along for work.....6 Others (specify)7				
	Are you currently doing any of the following /or did in the last two years	Often	Sometimes	Never	NA	
	<i>Routine</i>					
H5	Bathing the baby	1	2	3	4	
H6	Feeding the baby milk	1	2	3	4	
H7	Clean the baby after soiling	1	2	3	4	
H8	Wash baby's clothes	1	2	3	4	
H9	Putting baby to sleep	1	2	3	4	
H10	Wake up at night to take care or feed baby	1	2	3	4	
	<i>Emergency</i>					
H11	Stay awake at night in case baby/child is sick	1	2	3	4	
H12	Take baby to doctor/nurse/ASHA/healer when sick	1	2	3	4	
H13	Stay home from work to take care of baby when sick	1	2	3	4	
	<i>Aspirational/social/emotional bonding</i>					
H14	Take baby outside the house for a stroll	1	2	3	4	
H15	Play with/stimulate your children	1	2	3	4	
H16	Comforting the baby when he/she is crying	1	2	3	4	
Ask only those who have a child between 2-6years old						
H17	Did you ever take your child for immunisation to the VHND/hospital?	Yes, I went once.....1 Yes I have gone more than once.....2 No it is not my responsibility.....3 I do not know when is the immunisation day.....4 Others (specify)5				
	Are you doing any of the following currently or have done in the past for your child/children (can be multiple option)	Often	Sometimes	Never	NA	
	<i>Routine</i>					
H 18	Cooking children's food	1	2	3	4	
H 19	Extra getting nutrition for the child from AWC					
H 20	Feeding the children	1	2	3	4	
H 21	Bathing the children	1	2	3	4	
H 22	Wash child's clothes	1	2	3	4	
H 23	Clean the child after soiling	1	2	3	4	
H 24	Taking child to the toilet					
H 25	Get child ready for the school/anganwadi	1	2	3	4	

H 26	Accompany your child to and from school/Anganwadi	1	2	3	4		
	Emergency						
H27	Stay awake at night if child is sick	1	2	3	4		
H28	Take child to doctor/nurse/ASHA/healer when sick						
H29	Stay home from work to take care of child when sick						
	Aspirational/social/emotional bonding						
H30	Play with your children	1	2	3	4		
H31	Putting children to sleep	1	2	3	4		
H32	Comforting the child when is crying	1	2	3	4		
H33	Help the children learn to eat/be independent	1	2	3	4		
H34	Disciplining child when they do something wrong	1	2	3	4		
Ask only those who have a child between 7-12years old							
	Are you doing any of the following currently or have done in the past for your child/children (can be multiple option)	Often	Sometimes	Never	NA		
	Routine						
H35	Cooking children's food	1	2	3	4		
H36	Wash child's clothes	1	2	3	4		
H37	Get child ready for the school	1	2	3	4		
H38	Accompany your child to /and from School	1	2	3	4		
H39	Help child with studies						
	Emergency						
H40	Take care of child when he/she is sick	1	2	3	4		
H41	Take child to doctor/nurse/ASHA/healer when sick						
H42	Stay home from work to take care of child when sick						
	Aspirational/social/emotional						
H43	Comforting the child when is crying	1	2	3	4		
H44	Discussed with the child regarding the school	1	2	3	4		
H45	Discuss with children about problems/issues with friends	1	2	3	4		
H46	Discuss with the children regarding the changes during puberty	1	2	3	4		
H47	Go to school and discuss child's academic progress	1	2	3	4		
H48	Teach girl child about farming skills	1	2	3	4		

H49	Teach boy child about farming skills	1	2	3	4						
H50	Involve /encourage daughters to do HH work	1	2	3	4						
H51	Involve /encourage sons to do HH work	1	2	3	4						
H52	Discipline children if they are misbehaving (scolding, hitting)	1	2	3	4						
Ask only those who have a child between 13-18years old											
	Are you doing any of the following currently or have done in the past for your child/children (can be multiple option)	(a) For /with sons					(b) For /with Daughters				
		Oft n	Somet imes	Never	Does on own	NA	Oft en	Somet imes	Neve r	Does on own	NA
	<i>Routine</i>										
H53	Wash child's clothes	1	2	3	4	5	1	2	3	4	5
H54	Help children in their study	1	2	3	4	5	1	2	3	4	5
H55	Go to school and discuss child's academic progress	1	2	3	4	5	1	2	3	4	5
	<i>Emergency</i>	1	2	3	4	5	1	2	3	4	5
H56	Take care in case child is sick	1	2	3	4	5	1	2	3	4	5
H57	Take child to doctor/ASHA/healer if he/she is sick	1	2	3	4	5	1	2	3	4	5
	<i>Aspirational/social/emo</i> <i>tional</i>	1	2	3	4	5	1	2	3	4	5
H58	Discussed with the child regarding problems/issues at school	1	2	3	4	5	1	2	3	4	5
H59	Discuss and plan on future career/higher education	1	2	3	4	5	1	2	3	4	5
H60	Giving space to child to discuss their problems	1	2	3	4	5	6	7	8	9	10
H61	Comforting the child when he/she is in distress	1	2	3	4	5	6	7	8	9	10
H62	Discuss with the children regarding the changes during puberty	1	2	3	4	5	6	7	8	9	10
H63	Discuss with children	1	2	3	4	5	6	7	8	9	10

	about attraction and relationships										
H64	Discipline children if they are misbehaving/make mistakes	1	2	3	4	5	6	7	8	9	10
H65	Teach farming skills	1	2	3	4	5	6	7	8	9	10
H66	Involve /encourage to do HH work	1	2	3	4	5	6	7	8	9	10
For ALL fathers											
H67	How many hours do you spend with your child in a week?									
H68	If a child does not listen to you/ or is misbehaving how do you discipline? (May have more than one response)	Scold the child.....1 Beat the child.....2 Talk and discuss with the child.....3 Tell the mother to talk/hit the child.....4 Stop talking/ isolate the child.....5 Do not do anything.....6 Other (specify)									
H69	How do you see your current role in your relationship with your children?	I am happy with the role I am playing1 I need to give her more time.....2 I need to improve my role.....3 Other opinion (Specify).....4									
H70	Where did you learn fathering responsibilities?	Older men in the family.....1 Older men in the community.....2 Friends.....3 Other (specify).....4									
H71	Do you think you are a better father than your own father?	Yes.....1 No.....2 I don't know.....3 Other (specify).....4									
H72	If yes, why do you say that. Give instance										
H73	In which areas/ways do you want to be a better father?										

I. FAMILY PLANNING and CONTRACEPTIVE USE

Contraceptive Awareness		
I1	Which of these contraceptives are you aware about? (May choose multiple options)	Female sterilization1 Male sterilization/NSV2 Pill.....3 IUD/ CuT.....4 Condom.....5 Rhythm method/माला चक्र6 Withdrawal.....7 Injectables.....8 Any other(specify).....9

I3	If yes, which are the different contraceptives you are using? (Multiple answer) If no , go to F4	Female sterilization1 Male sterilization/NSV2 Pill.....3 IUD/ CuT.....4 Condom.....5 Rhythm method.....6 Withdrawal.....7 Injectables.....8 Any other(specify).....9
I4	If you are not using any contraception what is the main reason? (May choose multiple options)	No knowledge of any family planning methods.....1 Against the religion.....2 I don't like existing methods.....3 My wife doesn't like existing methods.....4 We both don't like existing methods.....5 Worry about side effects.....6 Costs too much.....7 My health does not permit.....8 My wife's does not permit.....9 Difficult/inconvenient to get method.....10 Wife is pregnant.....11 Wife cant become pregnant.....12 Wife just delivered baby.....13 Did not feel the need.....14 Planning for children.....15 Other(specify).....16

J. VIOLENCE ATTITUDE and PRACTICE

Now I would like to ask you some questions which are sensitive. I want to remind you that all the information you provide me will remain confidential and anonymous. However you can refuse to answer them if you are uncomfortable.

Violence at home					
		Once	More than once	Never	NA
	<i>Violence against wife</i>				
J1	In the last one year, have you verbally abused your wife?	1	2	3	
J2	In the last one year, have you verbally abused your daughter?	1	2	3	4
J3	In the last 1 year have you had sex with your wife despite her refusal/ lack of desire?	1	2	3	4
J4	In the last 1year have you ever restricted your wife from going out of home ?	1	2	3	4
J5	In the last 1 year have you taken out your anger, because of something else, on your wife?	1	2	3	4
J6	In the last one year, has your wife ever verbally abused/ slapped/ beaten your children?	1	2	3	4
	<i>Violence against children</i>	1	2	3	4

	In the last one year, have you verbally abused your daughter?	1	2	3	4
J7	In the last one year, have you verbally abused your son?	1	2	3	4
J8	In the last one year have you slapped /beaten your daughter?	1	2	3	4
J9	In the last one year have you slapped /beaten your son?	1	2	3	4
J10	In the last one year have you slapped/beaten your wife when not drunk?	1	2	3	
J11	In the last 1 year have you ever restricted your daughter from going to school/college/outing with friends ?	1	2	3	4
J12	In the last 1 year have you taken out your anger, because of something else, on your children ?	1	2	3	4
	Violence outside the house				
J13	In the last year have you ever verbally abused somebody outside of your house?	1	2	3	
J14	In the last year have you ever fought/ beaten/ hit somebody outside of your house?	1	2	3	
Action on VAW					
J15	Do you have any male friend/relative who uses physical violence against his wife/ family members?	Yes.....1 No.....2			
J16	If yes , what did you do? (MAY CHOOSE MULTIPLE OPTIONS)	Tried to stop him during the incident...1 Talked to the man later.....2 Talked to his family members.....3 Talked to neighbours.....4 Avoided the men.....5 Any other effort (specify).....6			
J17	Do you talk to your family members about domestic violence against women?	Yes.....1 No.....2			
J 18	Do you talk to your relatives/friends about violence against women?	Yes.....1 No.....2			

L. Attitudes on gender, masculinity, violence and children care and relationships

Please indicate if you Agree, Partially Agree or Disagree with the following statements.					
<i>Gender</i>		<i>Agree</i>	<i>Partially agree</i>	<i>Disagree</i>	<i>Don't Know</i>
L1	It is primarily A woman's responsibility to take care of her home and cook for her family It is a man's duty to work outside and woman's duty to take care of her home.	1	2	3	4
L2	Women should not work outside if their men are earning well	1	2	3	4
L3	Daughters should help the mother in domestic chores, sons have no role in household work.	1	2	3	4
L4	Women can take part in all farming activities but not in using the <i>hal</i>	1	2	3	4
L5	Women should seek their husband's permission before going anywhere	1	2	3	4

L6	Women are not capable to make decisions regarding business so men should sell agricultural products in the market	1	2	3	4
L7	Having a male child is very important to complete a family	1	2	3	4
L8	Sons and daughters should get equal inheritance rights	1	2	3	4
L9	It is inauspicious for women to make the roof of the houses.	1	2	3	4
L10	Bride's parents must give gifts to Groom's family at the time of wedding	1	2	3	4
L11	If women/ girls earns some money she should give it to her husband/ father	1	2	3	4
L12	Girls should not wear jeans as it is a boy's attire	1	2	3	4
Partner and Child care					
L13	Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility.	1	2	3	4
L14	The father's primary responsibility is to earn for the family, he need not spend time with children	1	2	3	4
L15	A mother is to be blamed if the child does anything wrong	1	2	3	4
L16	Pregnancy and post natal care is a woman's domain, there is no role for the husband	1	2	3	4
L17	Investing in sons education than the daughters will have better returns for the future	1	2	3	4
L18	If the family is poor, it is okay for adolescent daughters to leave school and seek employment.	1	2	3	4
L19	It is not important to talk to girls about menstruation, they will learnt about it themselves	1	2	3	4
Child autonomy					
L20	Children should not do anything against the wishes of their parents no matter how old they are.	1	2	3	4
L21	If a child misbehaves it is okay if the father/mother hit him/her.	1	2	3	4
L22	Decisions about a child's education and work must be taken by the parents only.	1	2	3	4
L23	Parents should choose the partner for their children	1	2	3	4
L24	It is better to get girls married off as soon as possible	1	2	3	4
L25	If a girl or boy find partners from another community/tribe/religion , they should never be accepted in the family/community	1	2	3	4
L26	A brother can beat his sister if she engages in love affair with a bad boy even after repeated warnings from the brother	1	2	3	4
L27	It is more important for a son to have a mobile phone than a daughter	1	2	3	4
Masculinity					
L28	It is best when couples have children in the first one years of marriage, they should not wait.	1	2	3	4
L29	If a man cries, it is a sign of weakness	1	2	3	4
L30	Male sterilisation reduces a man's capability to work and his masculinity	1	2	3	4

L31	A man who does HH work and listens to his wife is a <i>joru ka gulam</i>	1	2	3	4
L32	Boys should fight with men who tease / abuse/assault their sisters to save the honour of sister/family	1	2	3	4
Sexuality					
L33	Condoms reduces sexual pleasure	1	2	3	4
L34	Male sterilisation is an easier process than female sterilisation hence men should opt for it	1	2	3	4
L35	It is the right of a man to have sex with his wife.				
L36	Having sexual desire by an unmarried woman is normal. There is nothing to feel shy about it.	1	2	3	4
L37	Unmarried girls who get pregnant are bad influence on other girls	1	2	3	4
L38	It is primarily a woman's responsibility to avoid getting pregnant. A man need not worry about it	1	2	3	4
L39	If a girl is sexually exploited, then no man should marry that girl later	1	2	3	4
L40	Those girls who talk to/are friendly with boys have a bad character	1	2	3	4
Violence					
L41	A woman should tolerate a little bit of violence in order to keep her family together	1	2	3	4
L42	If the wife has done something wrong it is the right of the man to beat his wife	1	2	3	4
L43	If a man verbally abuses his wife every now and then it is alright				
L44	There is nothing wrong if a man has sex with his wife even if she is not ready for it	1	2	3	4
L45	Some women are witches and they should be punished by the community	1	2	3	4
L46	It is okay for boys to tease girls, as long as they are not touching the girls	1	2	3	4

M. AWARENESS about SCHEMES AND LAWS

		It is okay	Sometimes it is okay	It is not okay	It is illegal	I don't know
M1	A 16 year old getting married	1	2	3	4	5
M2	Taking and Giving dowry	1	2	3	4	5
M3	To do any form of domestic violence	1	2	3	4	5
M4	To not give girls any part of the property	1	2	3	4	5
M5	If children below 14years go for work	1	2	3	4	5
M6	What are the services given to girls, women and children in	Periodical weighing of children.....1 Organize non-formal pre-school activities for children from 3-				

	the AWC	6yrs.....2 To provide supplementary nutrition feeding for 0-6 months children.....3 To provide supplementary nutrition feeding for expecting and nursing women.....4 To provide health and nutrition education and counselling on breast feeding/infant & young feeding practices to mothers....5 Provide life skill classes for girls.....6 To give information related to menstruation to adolescent girls.....7 Don't know any.....8 Other(specify).....9
M7	What are the services available in the Janani Shishu Suraksha Karyakram (tell by local name)	निःशुल्क और बिना पैसे के डिलेवरी सुविधा-1 निःशुल्क आपरेशन डिलेवरी 2 जन्म लेने वाले शिशु को 30 दिन तक निःशुल्क इलाज 3 निःशुल्क दवाईया 4 डिलेवरी के दौरान व उसके बाद अस्पताल में रुकने पर निःशुल्क भोजन5 खून की निःशुल्क व्यवस्था 6 डिलेवरी के लिए जाने और रेफरल की स्थिति में निःशुल्क परिवार की सुविधा 7 डिलेवरी के 48 घंटे बाद घर जाने के लिए निःशुल्क परिवहन सुविधा 8 Don't know any.....9 Other(specify).....10
M8	Have you heard of the following schemes, laws or know the following people?	Kishori Shakti Yojana.....1 Sabla Scheme (only applicable in gumla and ranchi).....2 SARva Shiksha Abhiyan.....3 ASHA of your village.....4 AWW or your village.....5 ANM of your village.....6. SMC members of your village.....7 Teachers who teach your children.....8. Gram Sarpanch/mukhiya(Govt one).....9 Don't know any.....10 Other(specify).....11

N. PARTICIPATION IN VILLAGE LEVEL ACTIVITIES

N1	In the last 1 year how many times have you gone to a VHND/ or been a part of it?	Never.....1 Once.....2
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		More than once.....3 Other.....4
N2	Have you ever interacted with any of the SMC members?	Never.....1 Once.....2 Dont know Any.....3 I am a member.....4 Other.....5
N3	In the last one year how many gram sabhas have you attended?	None.....1 One.....2 Two.....3 More than 2.....4 No gram sabha in the last 1 yr...5 Other.....6
N4	क्या आप किसी सार्वजनिक समस्या के समाधान के लिए इनमें से किसी के पास गये हैं	सरपंच.....1 उपसरपंच.....2 वार्ड पंच/मेम्बर3 पंचायत सचिव.....4 Panchayat Samiti Sadasya.....5 एनम.....6 आंगनवाडी.....7 Sahiya.....8 महिला समूह की सदस्य9 पुरुष समूह का एनिमेटर10 कोई समस्या नहीं था 11 किसी के पास नहीं गये12 कोई अन्य (स्पष्ट करें)..... 13