The Indian Constitution guarantees justice and equality in all the segments of our society irrespective of caste, creed, religion, colour and gender. A number of legislations have been enacted by the Central and State Governments to safeguard the interests of women and amendments have been made in the existing laws with a view to handling crimes against women. Despite these measures, crimes against women like dowry deaths, acid attacks, sexual harassment at work place, rape, domestic violence etc; continue. Given the primary mandate of the Commission to uphold and safeguard the rights of women, the recommendations on legal aspects as enumerated below have been proposed during the year 2009-10 after wide stakeholders consultations for implementation by the Government. Besides, the National Commission for Women has also sponsored research studies on various issues concerning women during the same year, and recommendations as emerged from the studies have also been given below for implementation by the Central and State Governments.

Recommendations of the Legal Cell made during the year 2009-10:

1. Scheme for Relief and Rehabilitation for victims of rape:

   The Hon’ble Supreme Court in Delhi Domestic Working Women’s Forum Vs. Union of India and others writ petition (CRL) No.362/93 had directed the National Commission for Women to evolve a “scheme so as to wipe out the tears of unfortunate victims of rape”. The Supreme Court observed that having regard to the Directive principles contained in the Article 38(1) of the Constitution, it was necessary to set up Criminal Injuries Compensation Board, as rape victims besides the mental anguish, frequently incur substantial financial loss and in some cases are too traumatized to continue in employment. The Court further directed that compensation for victims shall be awarded by the Court on conviction of the offender and by the Criminal Injuries compensation board whether or not a conviction has taken place. The Board shall take into account the pain, suffering and shock as well as loss of earnings due to pregnancy and the expenses of child birth if this occurs as a result of rape.

   To give effect to the aforesaid direction of the Hon’ble Court, the National Commission for women had sent a draft scheme to the Central Government in 1995. The Committee of Secretaries had on this given the following guidelines in this regard:-

   (i) that a plan scheme would be prepared by the NCW/DWCD for disbursing compensation to the victims of rape and the scheme should also provide for interim compensation.

   (ii) the quantum of compensation is to be worked out by the DWCD in consultation with the NCW.

   (iii) provision for budgetary requirements for the Scheme, which would be transferred to the states as Grants-in-Aid.
(iv) setting up of District level Committees headed by District Magistrate, to consider the claims.

(v) criminal Injuries Compensation Board to monitor the implementation of the scheme by the State Government and attending to any complaint received in this regard.

(vi) the MHA would issue suitable directives to state governments for directing the public prosecutors to plead before the competent court to award suitable compensation to the victims.

(vii) monitoring of the scheme by the National Commission for women.

The NCW has redrafted the Scheme in the light of these guidelines and in formulating the scheme, the Commission has been guided by the parameters given by the Supreme Court as well as its own assessment of the needs of the victims of rape. As per the recommendations made during the National Consultation organized on 25th July, 2009, the scheme has been redrafted and sent to the Ministry (Annexure IV).

2. Amendments to Indecent Representation of Women (Prohibition) Act, 1986:

The extensive amendments have been drafted and sent to the Ministry Women and Child Development. The proposed amendments may be seen at Annexure XI.

3. Domestic workers Welfare and Social Security Act 2010:

The Commission strongly recommends that a bill should be enacted for welfare of domestic workers asnd to provide a social security system for them. After exhaustive consultations, a draft bill titled 'Domestic workers Welfare and Social Security Act 2010’ has been sent to the Ministry of Women and Child Development for consideration. Copy at Annexure XII

Recommendations of the Research Studies sponsored by NCW and conducted during the year 2009-10:

1. Research study on Maternal Mortality Rate (MMR) & Infant Mortality Rate (IMR) in selected villages in 5 districts of Bihar- Patna, Nalanda, Khagaria, Saharsa and Rohtas. Conducted by Ambpali Hastkargha Evom Hastshilp Vikas Swavlambi Sahkari Samiti, Patna:

Maternal mortality and infant mortality rate are considered as a sensitive indicator of development. The highest infant and maternal deaths in the world are recorded in India. The MDGs laid down by United Nations aim for reduction in maternal deaths by 75 percent between 1999 and 2015. It requires reduction rate of 5.5 percent per year to achieve the goal.

In comparison to India, the IMR, MMR in Bihar are much poorer. It reflects poor health status and ineffective public health status. The study focuses on those issues, and gave the following suggestive measures to improve the public health system in Bihar.

Key Recommendations:

Central Government:

- There should be policy level decisions regarding recruitment of doctors. The salary
and facilities provided to the doctors posted at rural areas should be adequate to make it attractive to them so that they work there.

- There should also be a policy regarding posting of skilled birth attendants’ at all rural areas.
- The attitude towards baby feed among the communities in Bihar needs to be studied further to understand the dynamics behind the shift away from breastfeeding.
- Central Government should get continuous evaluation done for the functioning of State health services, government hospitals, local services, NRHM etc.
- These findings should be used for drawing up plans for improving the accessibility of the services to the community through small local agencies/voluntary organizations. This can help in implementing the changes required through the local organizations as well.

**State Government:**

- At least one ambulance (in working condition) should be provided at the government hospitals to help patients reach hospitals on time.

- There should be free medicine, iron supplements, ORS packets supplies in the Government hospitals so that whenever pregnant ladies come for check ups they can avail the medical facility.

- Trained and skilled birth attendants, experts, specialist doctors also should be made to attend government hospitals, especially in the rural areas, from time to time.

- Proper maintenance of the government hospitals and primary health centers should be done in terms of cleanliness and hygiene. Some nutrition for the pregnant girls, like fruit juice etc should be made available to the patients. This is important so that people develop faith in the government health centers.

- There should be a separate mobile ambulance-cum-dispensary service for quick servicing of the patients in remote areas.

- A mobile van to supply medicines at reasonable rates can be made available to visit the nearby villages once or twice a week depending upon the population of the village. It should contain general iron supplements, ORS packets, analgesic tablets, tonics, Vitamin-A tablets, condoms, etc. This would create health awareness as well as credibility about the health centers in the minds of the people.

- Should keep monitoring and evaluating the local hospitals and health services and continuously implementing the recommendations immediately after the findings.

**District Level Authorities:**

- The men should not be allowed in the check-up rooms and labor rooms in the health centers and hospitals as it makes the women folk very uncomfortable.

- The hospitals, primary health centers etc. should be in well maintained conditions.
Free medicines and services should also be available to all needy patients.

The vacant positions for Doctors, Skilled Birth Attendants and other health staff should be filled regularly.

There should be health melas at regular intervals. It can provide the vaccinations, supplements, awareness talks on relevant issues, viz, nutrition, hygiene, sanitation, drinking water etc.

Services for the infants that promote timely and adequate immunization, growth monitoring, care during diarrhea, adequate breast-feeding and weaning need to be strengthened.

The community should be involved. The local co-operative societies, NGOs can also be involved.

Local bodies/ Panchayats/ stakeholders:

- The Primary health centre, ambulances etc should be in good maintenance condition.
- The free medicines/services should be available at the centre.
- Awareness programs regarding each component of the maternal and newborn health care, contraception care, baby feed and other health topics should be held regularly at the village levels.
- There is great need to involve men in the awareness camps. There should be separate camps for men as the women/families are not comfortable within mixed groups.
- There should be co-ordination with the other functionaries, departments, societies, NGOs etc. It will lead to greater utilization of resources and thus be more effective.
- More awareness camps with the help of the Mukhia of the village who should gather the women folk of the area to listen to experts talk on relevant topics that would make them acquainted with the new developments.
- The talk on contraceptive methods and breastfeeding should be at more regular intervals.
- The ‘Anganwari’ Volunteers should continuously hold awareness programs for health and nutrition of women especially for pregnant women of their area.

2. Research Study on ‘Assessment of socio-economic and health status of tribal women in Orissa’ - by Sadjyotika, Nayabazar, Cuttack (Orissa)

The socio-economic and health status of tribal population in Orissa is lower than non-tribal population. As per the ICMR study (1993) the IMR in tribal areas was 115 per 1000 live births as against 85 per 1000 live births of non tribal population. It reveals the poor accessibility of utilization of public utility and health service facilities by the tribal community. The study assessed the relation between low socio economic condition and poor heath status of tribal women in Orissa.

Key Recommendations:

Considering socio-economic and health status of tribal women and their participation in various ongoing developmental programmes in the sample
areas, following suggestions and recommendations have been made:

- The major development indicators for tribal in general and tribal women in particular, with reference to their socio-economic status, health, education, should be monitored time to time. Feedback should be given to the concerned agencies.

- Area specific and tribe specific, multi-sectoral projects should be formulated at ITDA level and taken up for integrated development of tribal population with special focus on tribal women.

- Low level female literacy is the key reason behind women development. Full fledged educational complex with all kinds of facilities e.g. vocational training, income generation scheme, health care, nutritional services etc. should be provided to expedite growth among women.

- To attract more tribal women beneficiaries, more and more experienced and competent voluntary organizations should be encouraged for the promotion and implementation of the scheme.

- Lack of awareness among tribal women about various Government supported development programs specially focusing on the employment and income generation is the cause behind their low participation. Local NGOs at village, Panchayat and Block level should be encouraged and assisted to participate in the process of awareness building and motivational effort to enlighten the targeted tribal women groups.

- Short-term technical skill development and vocational training program should be interwoven with income generating schemes.

- SHGs should have diverse means of livelihood. Necessary training may be provided to upgrade their necessary skills to acquire their traditional skills to be familiar with modern production process.

- Success of these poor tribal women depends on micro credit. It is therefore essential to strengthen and expand the coverage of allocation for agriculture, animal husbandry, tribal handicraft, handloom and forest based activities undertaken by tribal women.

- Periodic community health survey should be conducted in the tribal inhabited areas to assess the health and nutritional status of tribal women. Mobile health camps should be organized by the tribal development agencies in co-operation with local health services personnel.

- Local NGOs and women groups should be increasingly encouraged and assisted to organize health awareness and educational campaign to educate tribal community on causes of disease, preventive measures against various diseases, reproductive health, safe motherhood, personal hygiene, sanitation etc. Practice of using safe drinking water, cleanliness should be promoted. Long term IEC strategy needs to be and implemented to improve female literacy, health, personal hygiene sanitation etc.
Very high level illiteracy has been observed among tribal mothers. Tribal mothers need to be literate to take care of their and their family health, hygiene. Tribal mother need to take care of purification of drinking water, personal hygiene, ORS for diarrhea, immunization for herself and infants.

Short term orientation and training should be organized at district and State level on periodic basis, to strengthen the capacity and enhance the knowledge of tribal women representatives and women PRI members to effectively perform their roles and responsibilities in PRI and political set up.

3. **Research Study On “Women in Panchayats in District –Almora, Uttarakhand State” (Based on Block-wise Survey), Research conducted by Jalagam Samiti Sajgouri, Vill-Sajgouri, P.O- Devlikhet, Dist- Almora, Uttarakhand**

The main objective of the study was to assess participation of elected women representatives in the Almora district and identify the nature and magnitude of the problems of the rural women in Panchayats. Target group for the study were Women Panchayat Members. Quantitative and qualitative data were used for analysis. This study covers ten blocks from the Almora district.

**Key Recommendations:**

- Those who were illiterate or had been educated below the level of primary school should not be encouraged to join politics.
- Younger women should be encouraged to join politics.
- Training should be made mandatory for all elected representatives. It should also be organized regularly, covering multiple dimensions including rules and regulations, administrative issues, budgeting and finance and the implementation of development schemes.
- In order to increase the effective participation of women, they should be given more honoraria.
- At the policy level, the rotation of seats may be discontinued for the women-headed Panchayats and Wards to bring women into the mainstream.
- The effort should be made not only to maintain the representation of women in politics in terms of their percentage, but also their ability to remain in politics.


The main objectives of this study were to identify the problems of the Single Woman under legal, economical and social category. None experimental, exploratory formulative research methodology was used in this study. This study covers ten blocks of similar district and 5017 single women.
Key Recommendations:

- Separate Single Women unit in reservation index is suggested. As this will first give them recognition and second help in providing subsides in ration cards, electric bills, water bills.

- Legal awareness is required immediately. Books and pamphlets can be printed in Hindi medium and should be given for minimal cost of ₹ 1/- to them.

- These pamphlets can be explained by appointed Gram Pradhans or their secretaries in interactive sessions twice a month.

- Under economic category, jobs and self-employments is required in huge numbers. For this purpose small cooperative centers with 10-12 persons can be started at distance of 5-7km. This will cover at least 5-7km villages around certain area with the main purpose of easy accessibility for women of those villages.

- These centers can aim at apple farming and its products.

- They can prepare homemade apple products for sale.

- They can also open centers with apple farming tools and raw materials.

- These centers can also be used as "self-development centers". Under this training of women can take place to work under Panchayati Raj schemes which are already existing or will come in future and deployed to there villages to help in implementations of these schemes. This will ensure grass-root involvement. As the centre is located within range and village’s own women are working to carry out implementations, it will receive overwhelming successful response. They can be under supervision of sanitation officer/B.D.O at block level. This will provide them confidence and economic self independence.

- Centers opened in area like Mashobra, Theog, Rampur and Rohur towns can aim at developing crèches. As many women here are working either in jobs or go to farms to look after apples, they need helping hand with small children. This can provide with good alterative to both sides.

- Mid-wife and nurse or first-aid lady can be another way to help these women in economic independence. Centers with such options can provide with easy first aid help doing damage control before patient can travel far to get professional help.

- Pension being one of the popular suggestions; can be considered by the state or central government. Around ₹ 800 can be provided to them to survive efficiently as it can come under some extra help.

- Last but not least, social area is a tricky category under which problems can not be rectified by making one or several laws. It needs conscious efforts from the whole society. Thus, the best way to address the problems of this area is to educate these women about the life outside the typical negative traditional mind- set of their surrounding life-style. This
is indeed not easy task, yet an effort can be put by conducting regular workshops on “today’s women and their changing life.” This will make them confident to face society without having inferiority complex and thus will enable positive changes in their life styles.

- Single Women is not a liability but can be asset to the society. This concept should not be viewed as another demand for creating category in reservation index, but should be viewed as developing human resource. In the words of Charles Fourier “The extension of women’s right is the basic principles of all social progress.”


The main objective of the study was to study the reasons for committing suicide by the weavers and its impact on the family. 200 victim families (both ex-gratia awarded and not awarded cases) were selected for this study randomly.

Key Recommendations:

- There is an immediate need to identify the weaving families which are going through economic crisis and help them both financially and employment wise to put an end to the suicides.
- Counselling should be given to the members particularly to the widows in the suicide hit families to bring them out of depression and to strengthen their will power to face the crisis.
- There is need for training programmes to develop skills and leadership quantities among the widows not only to mange activities in their respective household, but also outside.
- There is need on the part of the Government not only to see that no dropouts from school occur in the suicide hit families but also to seen that the dropouts are once again enrolled in the schools.
- Since large numbers of the families are living in rented houses and asbestos roofed houses, housing loan should be provided to these families to build pucca houses.
- The weaving equipment (pit looms) of the widows who are self employed is old, hence they may be provided financial assistance to purchase new equipment.
- Raw material depots may be established to supply raw material at concessional rate.
- Efficient means should be found to market the finished products at remunerative prices.
- Since beedi rolling is less remunerative and hazardous to health of the widows of those working in beedi rolling should be provided with alternative employment.
- To reduce the role of money lenders in advancing credit, more accessibility to the banks should be created.
- Full proof method to decide the genuineness of the suicides to extend ex-gratia should be worked out.
All the widows should be encouraged to be members in SHGs and facilitated to receive credit at low rate of interest so that their income generating activities can be diversified.

All the welfare schemes of both Central and State Government directed at the weavers in co-operative sector should also be provided to the weavers outside the co-operative sector.


The main objective of the study was to evaluate social, economic and political status of women in the society and find out the factors which affect the status of women. Primary and secondary data were collected for the study. Total sample size was 529 households’ families from Bodhiban, Dhanachuli, Aksoda and Kokilbana.

Key Recommendations:

- Women need equality in the family and in the society, for this purpose there is a need for change in the perception of the community through awareness generation.
- Girl’s education should be given importance, because it plays important role to empower women.
- Awareness level about women’s rights was found very low. Therefore there is a need to organize awareness programme from time to time.
- Health related facilities should be increased for women at village level.
- Women need to be given incentive to increase their activities.
- Work to element evils like gender difference, dowry system etc. need to be done.
- For the real empowerment of women and to establish equality in the society it is necessary to empower women economically. Women share in the family property should be ensured.
- SHGs should be used to change their concepts so that self respect concept is increase among women.