

**Impact of feminist ideology on the quality of life of women  
with special reference to domestic violence  
A case study**

**Submitted to**

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By

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**Dedicated to  
All the organizations which have  
responded to our call for participation  
in the study with sheer intention of supporting  
this important topic dear to their hearts and souls.**

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Research is always a team work if it has to reach its set objectives. Specially, research in humanitarian/social sciences involves the efforts and active role of many people. As a principal investigator, I consider it important to acknowledge their due share in the work.

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## Executive summary

Quality of life has been interpreted in different ways. The operational definition of this concept can be given as: *The degree to which a person enjoys the important possibilities of his/her life.* Three major life domains are identified: Being, Belonging, and Becoming. The **Being** domain includes the basic aspects of "who one is" and has three sub-domains- physical, psychological and spiritual. **Belonging** includes the person's fit with his/her environments and also has three sub-domains- physical, social and community. **Becoming** refers to the purposeful activities carried out to achieve personal goals, hopes, and wishes- practical, leisure and growth. In the present study, we aim at studying the quality of life of women in the light of how feminist ideology has influenced it.

Quality of life is influenced by number of variables. Gender is one of them. Considering the impact of a patriarchal system prevailing in most of the world (and prominently in India) gender discrimination is bound to affect the QOL of most women in India in different ways. Apart from inequality to opportunities and disbelief in potentials, women have to face a tremendous amount of violence at different levels and in different forms. Feminist ideology here refers to : **‘All those thoughts and actions that orient towards strengthening of a woman’s basic rights, enable her to exercise them for herself and /or for other women, individually or as a group, and protest against any discrimination towards women as a group’.** This study has taken a case study approach in which organizations working for enhancing women’s quality of life are considered as study units and two types of groups namely – the beneficiaries and the front end mobilizers are covered for data collection.

**The major criteria covered under this QOL are:** status in family, subjective well-being, reproductive and general health issues, contribution in national productivity, Opportunities she gets for career development, Legal rights and privileges availed by her/ at awareness level and **incidence of violence faced by the woman within/ outside family.**

### Objectives of the study:

1. To study the working of different organizations working with feminist ideology on women issues.
2. To assess the impact of their work on the quality of life of the women who get associated to them as mobilizers (on the selected criteria).

3. To assess the impact of their work on the quality of life of the women who have been associated to them as beneficiaries.
4. **To study the impact of percolation of feminist ideology on the prevalence and arrest of gender violence within the geographical area of work of the selected organizations.**

#### **Tools used in this study:**

1. **Com Qol A-5 (ComQol-S5), Standardized tool of quality of life By Robert A. Cummins, School of Psychology, Deakin University, 1997**, itemed which covers **three dimensions** of QOL,-Factual, Importance (Given by) and Satisfaction (Perceived by respondents) across **7 areas** across **7 areas** namely–Material Well-being(MWB),Health(HL), Safety(SAF), Productivity(PR), Intimacy(INT),Place in Community(PC),Emotional Well-being(EWB).
2. **Me and My Life (Perceived Quality of Life): A Likert type scale** developed at Jnana Prabodhini's Institute of Psychology 2018, Semi-standardized, 60 items covering six areas of perceived quality of life namely – **Areas** – Status in Family(SFAM), Reproductive & General Health(RGHL), Subjective Well Being(SWB), Legal Rights Awareness(LRAW), Career Development Opportunities (CDP) and Contribution in National Productivity(CNP).
3. **My Home My Problems: A Likert type scale** developed at Jnana Prabodhini's Institute of Psychology 2018, Semi-standardized 13 item and 2 items with multiple options measuring domestic violence.

**The Qualitative Analysis** is done through:

1. **Focus group discussion with Beneficiaries:**
2. **Interviews of Front end Mobilizers and Head of the Organization**

**Total sample** of 277 respondents has been gathered. ( 149- Beneficiaries, 128- Front end mobilizers). In all 15 focussed group discussions and 65 interviews have been carried out.

#### **Overview of the main findings:**

##### **A) Total group:**

1. Health has been the top position area in factual and importance dimension for total group but satisfaction regarding health ranks lower.

2. Place in community and material wellbeing are at the lower end for the total group.
3. Safety and Emotional wellbeing are at top position on satisfaction domain for total group.
4. Domestic violence faced by the respondents is not significantly high.

**B) Comparison of subgroups:**

1. The front liner group is far ahead of the beneficiary group mainly in the areas: LRAW , CNP and CDP on perceived quality of life scale.
2. On factual dimension of Cummins QOL scale, front liners are significantly ahead in the areas of productivity, place in community and total score but no difference is seen on intimacy and emotional well-being.
3. On importance dimension of Cummins QOL scale, front liners are significantly ahead on health, intimacy, safety and total score.
4. On Satisfaction dimension of Cummins QOL scale the front liners hold an upper hand in actual productive engagement.
5. The front liners are significantly less vulnerable to domestic violence as compared to the beneficiaries

**C) Relationship between QOL and domestic violence:**

Status in family shows highest positive correlation with low level of domestic violence followed by CNP, CDP and RGHL. Interestingly no significant correlation was obtained between LRAW and low level of domestic violence. Status in family contributes most to the later. It indicates that as the women's status in family rises the probability of her facing domestic violence definitely decreases.

**D) The qualitative analysis of FGDs and Individual interviews :**

This thematic analysis clearly states the impact of the deeply percolated ideology of feminism (in unique way for each of the organizations). It brings about the role of mentorship, creation of opportunities to learn and grow timely and optimal support in different difficult situations. It is observed that each of the areas of QOL have been significantly influenced for both the beneficiaries and the front end mobilizers. However the later has benefited more as a result of close proximity with the philosophy of the organization and the association of the lead / core members.

## INTRODUCTION & REVIEW OF LITERATURE

**1.1 -Quality of life:** Quality of life is a concept being widely discussed all over the world. An individual lives in the world to achieve satisfaction and contentment in his /her own way. This perception of wellbeing boosts the desire to live. Considering that this is a highly subjective notion, some basic requirements can be extracted to describe the conditions which lead to this feeling. Quality of life is one of the major ones in them.

Quality of life has been interpreted in different ways. QOL may be defined as subjective well-being. Recognizing the subjectivity of QOL is a key to understanding this construct. QOL reflects the difference, the gap between the hopes and expectations of a person and his/her present experience. Human adaptation is such that life expectations are usually adjusted so as to lie within the realm of what the individual perceives to be possible. This enables people who have difficult life circumstances to maintain a reasonable QOL.

Some philosophers believe that quality of Life is tied to perception of 'meaning'. The quest for meaning is central to the human condition, and we are brought in touch with a sense of meaning when we reflect on that which we have created, loved, believed in or left as a legacy. (Frankly V. E.1963 )

The operational definition of this concept can be given as: *The degree to which a person enjoys the important possibilities of his/her life.* Possibilities result from the opportunities and limitations each person can have in his/her life and reflect the interaction of personal and environmental factors. Enjoyment has two components: the experience of satisfaction and the possession or achievement of some characteristic, as illustrated by the expression: "She enjoys good health."

Three major life domains are identified: Being, Belonging, and Becoming. The conceptualization of Being, Belonging, and Becoming as the domains of quality of life were developed from the insights of various writers.

The **Being** domain includes the basic aspects of "who one is" and has three sub-domains. 'Physical Being' includes aspects of physical health, personal hygiene, nutrition, exercise, grooming, clothing, and physical appearance. 'Psychological Being' includes the person's psychological health and adjustment, cognitions, feelings, and evaluations concerning the

self, and self-control. 'Spiritual Being' reflects personal values, personal standards of conduct, and spiritual beliefs which may or may not be associated with organized religions.

**Belonging** includes the person's fit with his/her environments and also has three sub-domains. 'Physical Belonging' is defined as the connections the person has with his/her physical environments such as home, workplace, neighborhood, school and community. 'Social Belonging' includes links with social environments and includes the sense of acceptance by intimate others, family, friends, co-workers, and neighborhood and community. 'Community Belonging' represents access to resources normally available to community members, such as adequate income, health and social services, employment, educational and recreational programs, and community activities.

**Becoming** refers to the purposeful activities carried out to achieve personal goals, hopes, and wishes. 'Practical Becoming' describes day-to-day actions such as domestic activities, paid work, school or volunteer activities, and seeing to health or social needs. 'Leisure Becoming' includes activities that promote relaxation and stress reduction. These include various games, neighborhood walks, and family visits, or longer duration activities such as vacations or holidays. 'Growth Becoming' activities promote the improvement or maintenance of knowledge and skills.(- Quality of Life Research Unit, University of Toronto)

Majority of researches have tried to explore quality of life in terms of physical being. Quality of life during illness and treatment of various diseases, health problems and QOL of old people, various surgeries and the post-surgical QOL etc are the topics studied frequently. Clinicians and policymakers are recognizing the importance of measuring health-related quality of life (HRQL) to inform patient management and policy decisions.

Quality of life has also been assessed in terms of financial status and its usage to get comforts of life. These comforts have a wide range starting from basic amenities to a highly luxurious life. London school of economics has prescribed different criteria for measuring the QOL of different nations.

Quality of life is influenced by number of variables. Gender is one of them. Considering the impact of a patriarchal system prevailing in most of the world (and prominently in India) gender discrimination is bound to affect the QOL of most women in India in different ways. Apart from inequality to opportunities and disbelief in potentials, women have to face a tremendous amount of violence at different levels and in different forms.

## **1.2-Gender violence ( GV)**

"Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state". - (UNFPA Gender Theme Group, 1998)

In modern era especially in India ideally practice of gender equality is very strongly advocated but in reality it is actually virtual because still it is in books and bills but not in practice.

Today shameful acts like female infanticides, gang rapes, dowry victims, child abuse, malnourishment, glass ceiling, harassments, corporate assaults, media gender violence etc. are increasing very rapidly, in India. Indian national crime records bureau report shows that the proportion of IPC crimes committed against women towards total IPC crimes has increased continuously (7.6% in 2003 to 8.8% in 2007) Every third minute there is one case of crime against women. Though in India, government, judiciary are taking stern steps to control gender violence, still it is not reducing significantly. According to reports one dowry death takes place in every 77 minutes though there are so many legal steps taken for same.

A woman who has tremendous potential for development, have equal abilities and enjoy constitutional equal dignity, has to go through brutal traumatic and inhuman instances for no reason apart from being women which not only affects her present but also deeply hampers her capacity to use her potentials and opportunities to live with respect.

Delhi has witnessed a more than two-fold rise in rape cases this year with police saying that in 97 per cent of the cases, the victims knew the accused, majority of whom were "friends and lovers" or neighbors.

This shows that a woman who nurtures, protects and bears all hardships for her family, home is victimized easily by the powerful elements in society just for being a woman.

**1.3-Types of gender violence** Gender violence can be broadly divided in to 3 sub categories or facets as physical (including sexual) , psychological and social.

In physical (including sexual) facet various brutal acts like battering, sexual abuse etc which affect health very adversely are included. In psychological facet different acts causing psychological trauma can be included and social category covers acts like forced marriage, deprivation of liberty stigmatization, deprivation from basic human rights, rejection etc.

#### **1.4-Effects of Gender Violence**

##### **a) Physical effects**

(GV) affects woman's over all physical wellbeing and in some very serious issues may also lead to incidences like unintended pregnancy, abortion or infanticide, serious infections like HIV, mutilated genitalia etc which give permanent scars on health and sometimes lifetime deficiencies.

##### **b) Psychological effects**

Any type of GV leaves traumatic impact on victim's psyche which not only hampers her present mental state and capabilities but also future potentials, opportunities.

##### **c) Social effects**

Social effects of GV are very long lasting and horrifying. Especially in collective societies like India, victim who is already suffering badly has to face very painful reactions and ethically wrong practices like rejection, stigmatization, further sexual exploitation and severe punishment which may treat victim as culprit and sometimes she is forcefully deprived of basic human rights.

##### **d) Financial effects**

GV hamper women's mental and physical health to such an extent that it affects her capabilities and opportunities for economic independence and development. Another important factor which results from stereotypical mind set of society that it leads to inequality and injustice in economic realm to women and one of the best example for it is glass ceiling effect. In 1993, the *World Development Report* of the World Bank estimated that "women ages 15 to 44 lose more Discounted Health Years of Life (DHYLs) to rape and domestic violence than to breast cancer, cervical cancer, obstructed labour, heart disease, AIDS, respiratory infections, motor vehicle accidents or war."

The main causes behind these facts identified through research are: Deep rooted cultural influences, Impact of media and resultant restrictions on self-expression of women.



### **1.5-Gender and feminist ideology:**

Gender is defined as the ‘Psychological construct of one’s sexual identity as shaped by the social forces acting upon the individual with respect to perception of and behavioral responses to the various stimuli in the environment ’(Woods, J. 2005). Gender and quality of life are closely related. Researches have tried to explore the relationship between women’s economic circumstances and QOL by using alternative approaches. (Siobian A., Leonard N.,2008) Women’s reproductive health has also been studied in reference to their QOL. Research reveals that while developing programs to enhance health in post middle-age women, consideration should be given to symptom relief as well as quality of life.

Gender issues have come on forefront since the emergence and spread of feminist ideology **which directs towards ‘all those thoughts and actions that orient towards strengthening of a woman’s basic rights, enable her to exercise them for herself and /or for other women, individually or as a group, and protest against any discrimination towards women as a group’**. The feminist ideology emerged in the west with the book ‘The Second Sex’ written by Simone de Beauvoir (2010). It illustrated the unfair discrimination in men and women, which has been purposefully created by the patriarchal society from centuries. It talks about the biological differences stretched to create psychological rifts in the sexes and the power politics behind it. Even before Simone, the suppression of women was protested by black women- Sojourner Truth. She questioned the societies’ approach towards black women, and the treatment they received from white men and women both. In the first ‘women’s rights conference’ at New York in 1950, she raised the issue of treating black women only as slaves and nothing more. Later this view was discussed by many women activists who wished to end discrimination against women in a fair and trustworthy manner. This wave of rebellion against the set social norms and images was termed as ‘feminist approach’ and the concepts focusing the freedom of thought, action and life in general were gathered under ‘feminist ideology.’

Activists like Betty Friedon highlighted the diffused identity of a homemaker and commented on the ‘Problem that has no name’. Her first book, ‘The feminine mystique’ illustrated the disillusionment about the so called ‘glory’ of being a housewife/ caretaker of house. She emphasized the need of getting space for self-actualization in women’s minds. Kate Millet, formulated an even stronger version with her book ‘Sexual politics’. This wave was identified as ‘Radical feminism’. It talked about the ideology, biology, sociology, class struggle, economy, psychology, and physical force as the foundation stones of man dominated society. It was followed by ‘liberal feminism’ which advocated for women’s equality in the world

outside the home, specially the workplace. Initially it focused on white, middle class women but later it also focused on devoting more political efforts to issues faced by women of various backgrounds and thus became more inclusive. Eco-feminism is a recent offshoot of the feminist view which shares similar ideology but charts new grounds. It tries to connect the efforts to control and subordinate women and the quest to dominate nature ('Mother Earth). Rosemary Radford Reuther was the proponent of this view. The eco-feminists protest against all sorts of domination and oppression in social and ecological systems.

### **1.6-Ideology to movements:**

These ideologies emerged out of a number of movements which focused on the restructuring of society for a fair treatment to women as a group. It covered both reactionary as well as constructive movements. Women came in the picture in different nations on various frontiers. They insisted on changing / developing policies which would contribute in the emergence of an egalitarian social system. This wave influenced policies regarding health, legal rights, political participation, cultural identity, education, economy and many other fields all over the world but with different pace.

Through these movements women accomplished many goals they set out to do. They won protection from employment discrimination, inclusion in affirmative action, abortion law reform, greater representation in media, and equal access to school athletics, congressional passage of an equal rights movement, and more. The feminist movement effected change in Western society, including women's suffrage, the right to initiate divorce proceedings and "no fault" divorce, the right of women to make individual decisions regarding pregnancy (including access to contraceptives and abortion), and the right to own property. It has also led to broad employment for women at more equitable wages, and access to university education.

### **1.7-The Indian scenario:**

India has been a land of diversities. It has a unique cultural past which is deep and full of complex, sometimes even contradictory events and philosophies. Indian culture rates women very high in principle on social and religious/ spiritual dimensions but in practice there is a large rift. It portrays women as goddess and mother of the universe, worthy of worship but has poor evidence of implementing this ideal norm. The deep rooted patriarchy in India has influenced almost each sphere of women's life, always keeping her at a subordinate and lower status. Different issues of women's concern starting from female feticide up to dowry

deaths and the subtle but powerful resistance to 33% reservation at national level politics are a few representative examples. The state—both the colonial state and the independent state after 1947— has a dual and paradoxical attitude toward the “woman’s question.” On the one hand the state plays a paternalistic role by “protecting” women and has, as a result, a remarkable range of pro-women legislation. But while such legislation is enacted, it has a poor record of implementation. The colonial preserves its patriarchal interests through administrative pragmatism, and there continues to support systematic administrative and judicial dilution of women’s rights.

### **1.8-Feminist movements in India:**

Social change percolates at different speed and intensity in India depending on the nature of different social group identities with respect to their cultural, reform related, educational and resource backgrounds. For example, Maharashtra and Kerala lead in education of women while Gujarat leads in entrepreneurship. The metros like Delhi, Bangalore, Mumbai, Hyderabad and Kolkata have a big catchment of women employment in the organized sector. This change in status of women in India has a major share of the impact of various feminist movements that emerged from the 70’s till date. In the 19<sup>th</sup> century, women development got an impetus with the spread of education and printing technology. They started peeping out of their small worlds (home-family) and got some linkages with the changes outside. This is reflected from the letters written by women to different contemporary newspapers/ magazines.( Karve Swati, 2010) During 1900–70 Indian feminists focused on gaining equality through two main channels: by forming associations and becoming active in politics. A few to name amongst them were, *Bharat Stree Mahamandal* founded in Allahabad in 1910, *Bharat Mahila Parishad*, formed as part of the National Social Conference in 1905; and *Anjuman-e-Khawatin-e- Islam* in Punjab etc .However, these associations and the ones formed in mid 20<sup>th</sup> century, were more inclined to foster the traditional role of ‘woman’ and did not do much on the basic issues of inequality, and injustice. These issues started being addressed after independence movement and started getting influenced by the ‘ideology of feminism’ to some extent. Law had already offered Indian women some important rights, but without political will or an enhancement in women’s ability to claim and assert legal rights, laws existed only on paper; they were rarely enforced and didn’t seem sufficient enough to uplift the Indian women’s status to the level of real life equality. From the 1940s, however, women began broadening their scope far beyond women’s organizations to the freedom struggle and peasant, worker, and trade union

movements. The turning point came in 1970s, when several events— some within and some outside India— gave a radical turn to the women’s movement. The “new feminism” in developed Western countries led in 1971 to the international year and then decade of women. The recognition of gender as an issue gave new impetus to the post-colonial women’s movement, supported by feminist critiques and women’s studies in academia. Women mobilized to protest violence, legal discrimination, and rising prices and agitated for better living conditions through higher wages, the prohibition of liquor, and the provision of drinking water (Rajan 1999). Issues like violence against women, cases of rape in police custody, wife murder (usually called bride-burning or dowry deaths) and sexual harassment in the workplace and on the street also became areas of major concern in front of the women’s movements. From the mid- to late 1980s women’s groups concentrated on providing services to individual women to enable them to gain advantages already given in law.

### **1.9-Indian women and their quality of life:**

On the background of all these changes, what can be said about the present quality of life of Indian women marching ahead to make a mark on the 21<sup>st</sup> century? Women have much lower literacy rate than men. Far fewer girls are enrolled in the schools, and many of them drop out. There is a large disparity between female literacy rates in different states. The disparity of female literacy rates across rural and urban areas is also significant in India. Out of the 24 states in India, 6 have female literacy rates of below 60 percent. The rural state Rajasthan has a female literacy rate of less than 12 percent.

The health status of women and children in the country remains unsatisfactory even after sixty years of Independence. Considering that women and children constitute 66.7 % of the population, this is one of the most important public health issues confronting the country. In spite of the interventions, the National Health Profile 2006 indicates that in the past 3 years, only 50.7% of women had at least 3 ante-natal care visits during their last pregnancy and only 36.4% received post natal care from their doctors or other health personnel. The health status also depends on the financial and social advancement of the state to which the women belong. A survey in Haryana indicates that majority of women (56.66%) between age 25-50 years and had an average health status, 43.44% had a good health status, and none was found in poor health status. Problems regarding reproductive health are also of serious concern. The maternal mortality ratio- number of maternal deaths per 100,000 live births- for India is 301. As per the Special Survey of Deaths, the leading cause of death is hemorrhages (38%), followed by sepsis (11%), and abortion (8%). The higher hemorrhage percentage

is also consistent with the high background rates of anemia reported among Indian women. Similar trends are observed in case of the economic, social, and political fronts. Human development report since 1999 demonstrate that practically no country in the world treats its women as well as men according to the measures of life expectancy wealth and education( rakesh Chandra). A comparison of the HDI and GDI reveal that in Punjab, Haryana, Bihar. West Bengal and Rajasthan development has been iniquitous and women did not get equal share in the development. For Uttar Pradesh which has the lowest HDI rank as well as the lowest GDI rank, the challenge is to see how men and women can move from being equal partners in slow development to partners in dynamic growth. The Beijing conference (1995) proposed the qualitative & quantitative indicators of women empowerment, including the financial and political inclusion.

#### **1.10-Need to assess the impact of directed efforts:**

The various organizations working with the feminist ideology have made extensive efforts to bridge the gap between the desired and the existing scenario. It also has had some impact on the upliftment of women's quality of life in India. Government schemes have reached women directly and through the NGO sector. However, it is essential to assess the impact in terms of the indicators of QOL, both –perceived and objectively measured. The present study proposes to assess the impact of feminist ideology on the quality of life of women in India with special emphasis on gender violence as reflected through the perception of the beneficiaries of such organizations as well as the grass root workers putting in their tireless efforts for the same cause. It will also reveal the degree to which Indian women have internalized the feminist ideology, and in what way they interpret or link it to their lives. The criteria under study will be:

##### **Major criteria:**

- The woman's status in family
- **The incidence of violence faced by the woman within/ outside family**
- Legal rights and privileges availed by her/ at awareness level

##### **Supporting criteria:**

- Her level of subjective well being
- Her reproductive and general health issues
- Her contribution in national productivity
- Opportunities she gets for career development.

## METHODOLOGY

**2.1-Research design:** Survey type (institutions as cases)

**2.2-Objective of the study:**

To assess the impact of feminist ideology on the quality of life of women in Maharashtra with special reference to gender violence

**Sub objectives:**

5. To study the working of different organizations working with feminist ideology on women issues.
6. To assess the impact of their work on the quality of life of the women who get associated to them as mobilizers (on the selected criteria).
7. To assess the impact of their work on the quality of life of the women who have been associated to them as beneficiaries.
- 8. To study the impact of percolation of feminist ideology on the prevalence and arrest of gender violence within the geographical area of work of the selected organizations.**

**2.3-Tools & Methods for data collection**

- **Com Qol A-5 (ComQol-S5), Standardized tool of quality of life By Robert A. Cummins, School of Psychology, Deakin University, 1997**, itemed which covers **three dimensions** of QOL,-Factual, Importance (Given by) and Satisfaction (Perceived by respondents) across **7 areas** namely–Material Well-being(MWB),Health(HL), Safety(SAF), Productivity(PR), Intimacy(INT),Place in Community(PC),Emotional Well-being(EWB).Its **reliability** has been tested through 17 studies in various ways(test retest, Cronbach’s alpha internal reliability.) which has been proved highly significant ranging from 0.75 to 0.92 for different domains in different combinations. **Validity:** content, construct and concurrent validity of the test have been extensively studied and established which is also highly significant and makes the test robust and trustworthy.
- **Me and My Life (Perceived Quality of Life): A Likert type scale** developed at Jnana Prabodhini’s Institute of Psychology 2018, Semi-standardized, 60 items covering six areas of perceived quality of life namely – **Areas** – Status in Family(SFAM), Reproductive & General Health(RGHL), Subjective Well Being(SWB), Legal Rights Awareness(LRAW), Career Development Opportunities (CDP) and Contribution in National Productivity(CNP).

Concurrent validity has been established with Cummins Quality of Life scale (Satisfaction) which is **0.41\*\*** which is satisfactory and significant at 0.00 level. The sub areas of Perceived Quality of Life and Cummins Quality of Life also correlate at significant level except for health.

The Split half reliability of the tool has been established which is **0.83\*\*\*** which is considerably significant at 0.000 level. The split half values for the six areas also have been calculated which is significant at 0.000 levels except for subjective wellbeing which is not significant.

- **My Home My Problems: A Likert type scale** developed at Jnana Prabodhini’s Institute of Psychology 2018, Semi-standardized 13 item and 2 items with multiple options measuring domestic violence.

**Tools for qualitative analysis**

**As mentioned above, a combination of qualitative and quantitative techniques was considered useful and required for such a detailed study.**

The Qualitative Analysis for the project has been done in three parts.

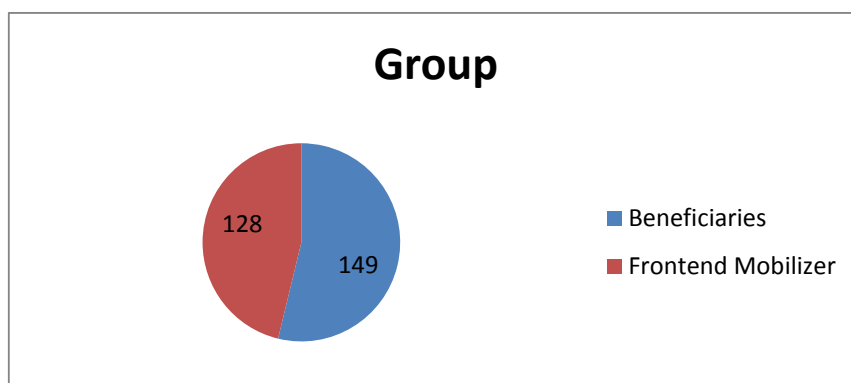
- 1. Focus group discussion with Beneficiaries:**
- 2. Interviews of Front end Mobilizers and Head of the Organization**

**2.4-Sampling**

**Table 1: Total Sample**

| Sr No | Group               | N   |
|-------|---------------------|-----|
| 1     | Beneficiaries       | 149 |
| 2     | Front End Mobilizer | 128 |
| 3     | Total Sample        | 277 |

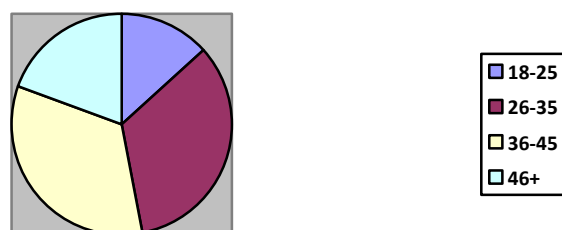
**Fig 1-Total Sample**



**Table 2-Age sample details**

| Age | 18-25 | 26-35 | 36-45 | 46+ |
|-----|-------|-------|-------|-----|
| N   | 37    | 93    | 93    | 54  |

Fig 2- Age Sample Details



## **2.5-Data collection-**

Pilot testing was conducted at Jnana Prabodhini’s Rural Development wing “Stree Shakti Prabodhan” located at Velhe. Total sample collected was 25 which included 15 Beneficiaries and 10 front liners. Following things were observed during pilot testing: time management, individual attention to respondents and tools customization was required for final study. Minor changes were identified which could make tools more meaningful and reader friendly without any compromise in the standard structure. The insight gained through the pilot study helped in main data collection and made it much smoother, faster and productive.

The tools were administered after taking permissions from the concerned authorities and by organizing specific sessions for group persons. Participants were explained in details about the purpose of the testing. They were also given standardized instructions about psychological testing. Various doubts were also clarified at the time of filling up the responses in order to avoid any confusion in understanding and thereby in responses. Strict adherence to the testing norms was maintained maximally.

The data collection procedure started with establishing rapport with the participant explaining the project in brief, filling up a detailed personal datasheet. This followed with administration of psychological tests. The tests were administered in a controlled and comfortable environment. One trained administrator and 6 observers were present throughout when it was a group. They gave instructions and helped the participant whenever regardless doubts they had. The illiterate respondents were catered personally and assisted to ensure proper filling of information, this procedure was kept uniform to ensure that the collected data was valid and authentic.

**Areas covered:** Velhe ,Solapur, Sangola, Palghar, Karjat, Dapoli, Usmanabad, Latur, Ambejogai, Satara,Khed,Aurangabad ,Yavatmal,Khurkheda,Nagpur and Jalgaon.  
(Appendix III)

## **Data Management:**

Responses given to each test were entered in a program made in excel. The responses were rechecked to avoid mistakes in entering the data. Data was analyzed by using SPSS version 20.



## RESULT and DISCUSSION

This part discusses the quantitative analysis of the obtained data in the following way.

1. Descriptive statistics for total and two sub groups
2. Comparative analysis of the two sub groups
3. Correlational analysis
4. Regression analysis
5. Percent analysis

### 3.1- Descriptive statistics for the groups

It was very important to see the overall picture of the total group with respect to the perceived quality of life as a total score as well as area wise distribution.

**Table 1.1-Descriptive Statistics with respect to Perceived QOL of the total group (N=277)**

|  | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|--|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|  | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Reproductive &amp; General Health (RGHL)</b>    | 47.50     | 115.00    | <b>79.04</b> | 9.28      | -0.45     | 0.15 | 1.27      | 0.29 |
| <b>Contribution in National Productivity (CNP)</b> | 30.00     | 100.00    | 78.69        | 13.55     | -0.65     | 0.15 | 0.17      | 0.29 |
| <b>Status in Family (SFAM)</b>                     | 45.00     | 100.00    | 77.86        | 11.15     | -0.63     | 0.15 | 0.43      | 0.29 |
| <b>Career Development Opportunities (CDP)</b>      | 42.50     | 100.00    | 76.88        | 12.15     | -0.48     | 0.15 | -0.18     | 0.29 |
| <b>Subjective Well Being (SWB)</b>                 | 52.50     | 90.00     | 74.22        | 5.62      | -0.35     | 0.15 | 0.73      | 0.29 |
| <b>Legal Rights Awareness (LRAW)</b>               | 40.00     | 100.00    | <b>73.62</b> | 11.48     | -0.41     | 0.15 | -0.05     | 0.29 |

**Fig 1.1-Descriptive Statistics with respect to Perceived QOL of the total group (N=277)**

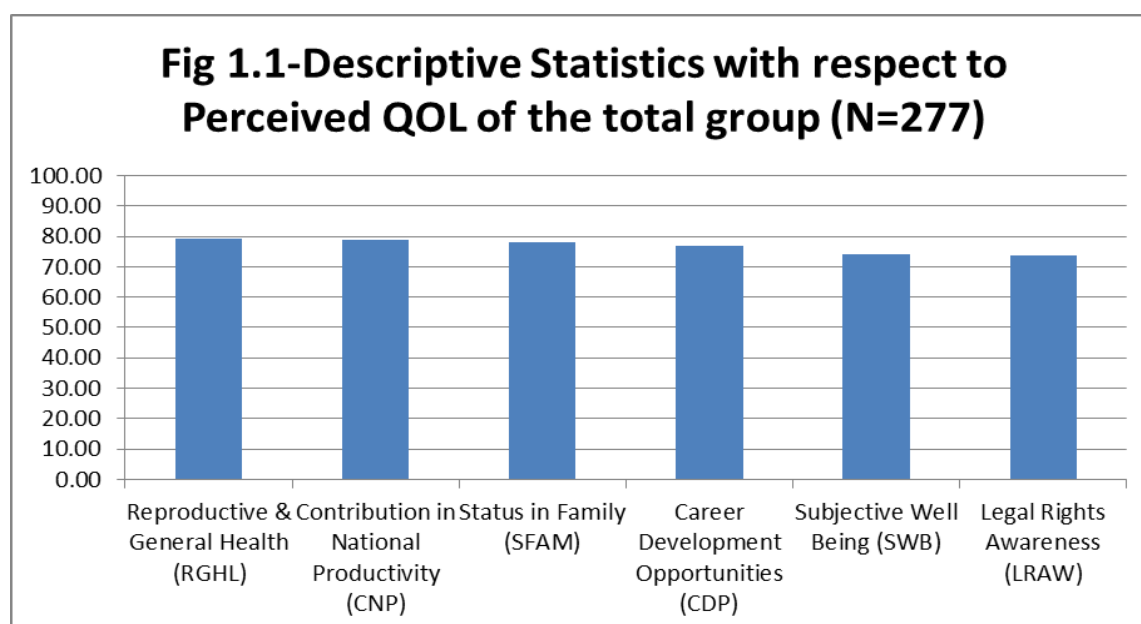


Table 1.1 depicts the descriptive statistics with respect to Perceived QOL of the total group denoting that the RGHL of the sample is at the top position. While the awareness about LRAW falls at the lowest place, close to the RGHL is their CNP and SFAM. The overall picture shows that the sample has scored more than 70 percent on all the QOL criteria. The qualitative responses from FGDs support that the respondents have gained a considerable satisfaction on all these areas.

The low scores on LRAW indicate that there is a need to psycho-educate the women regarding their exercising the legal rights. They seem to know the information but are not so satisfied regarding the actual use as there might be many psycho social constraints when it comes to using these rights (further supported by qualitative data).

**Table 1.2-Descriptive Statistics with respect to Factual QOL of the total group (N=277)**

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Health (HL)</b>                | 25.00     | 100.00    | <b>82.52</b> | 15.05     | -1.05     | 0.15 | 0.80      | 0.29 |
| <b>Productivity (PR)</b>          | 8.33      | 100.00    | 79.00        | 15.47     | -1.26     | 0.15 | 2.12      | 0.29 |
| <b>Intimacy (INT)</b>             | 16.67     | 100.00    | 66.13        | 19.29     | -0.24     | 0.15 | -0.36     | 0.29 |
| <b>Safety (SAF)</b>               | 0.00      | 100.00    | 64.98        | 17.92     | -0.69     | 0.15 | 0.40      | 0.29 |
| <b>Emotional Well Being (EWB)</b> | 8.33      | 100.00    | 61.40        | 16.29     | -0.27     | 0.15 | 0.08      | 0.29 |
| <b>Place In Community (PC)</b>    | 0.00      | 100.00    | 43.41        | 19.20     | 0.07      | 0.15 | 0.16      | 0.29 |
| <b>Material Well Being (MWB)</b>  | 0.00      | 75.00     | <b>34.63</b> | 19.06     | -0.40     | 0.15 | -0.69     | 0.29 |

**Fig 1.2-Descriptive Statistics with respect to Factual QOL of the total group (N=277)**

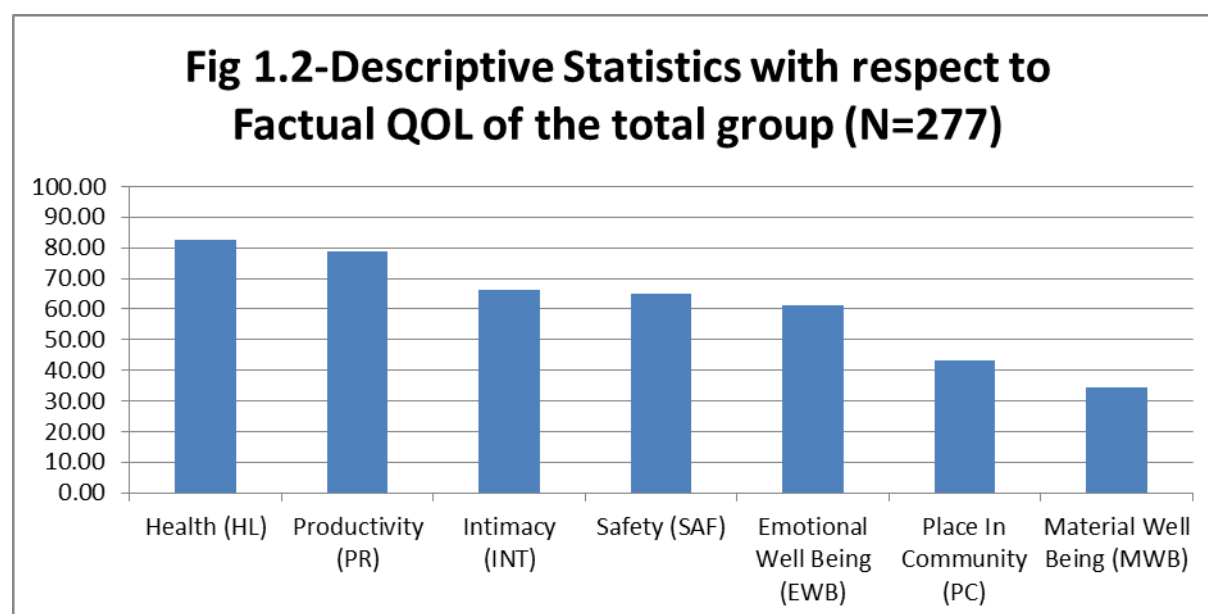


Table 1.2 shows the QOL of the sample on factual dimension of Cummins scale. The spread of scores on this scale covers a wide range with HL scoring the highest (82.55%) while MWB at the lowest place (34.63%). The table indicates that the respondents' factual QOL is above 60 percent for EWB, SAF, INT and PR. The homogeneity of the group is seen from the SD values.

This indicates that though belonging to a comparatively deprived section of society their perception of their health is quite satisfactory. They are consuming less medicines and not having diagnosed critical chronic medical conditions. This might be because their basic needs seem to be satisfied. Most of them are staying in villages/ urban areas where their routine is well set and a regular physical mobility is required to undertake daily chores. Their average age (37.10 yrs) which in itself also supports this higher position of health area as compared to others. However it is possible that the tool is not specifically asking about reproductive health issues / gynecological issues directly which might have remained unattended by the women due to lack of awareness or also due to psychological inhibitions. (Mini Elizabeth Jacob, Sulochana Abraham,, Susila Surya, Shantidani Minz,, Daisy Singh,, Vinod Joseph Abraham,, Jasmin Prasad,, Kuryan George,, Anju Kuruvilla, KS Jacobb , 2006)

**Table 1.3-Descriptive Statistics with respect to Importance QOL of the total group (N=277)**

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Health (HL)</b>                | -25.00    | 100.00    | <b>85.29</b> | 19.22     | -1.73     | 0.15 | 4.66      | 0.29 |
| <b>Safety (SAF)</b>               | -25.00    | 100.00    | 84.93        | 19.98     | -2.17     | 0.15 | 7.53      | 0.29 |
| <b>Productivity(PR)</b>           | 0.00      | 100.00    | 84.57        | 15.74     | -1.04     | 0.15 | 2.92      | 0.29 |
| <b>Emotional Well Being (EWB)</b> | 25.00     | 100.00    | 83.94        | 17.39     | -1.01     | 0.15 | 1.18      | 0.29 |
| <b>Intimacy (INT)</b>             | -25.00    | 125.00    | 81.05        | 20.01     | -1.32     | 0.15 | 3.22      | 0.29 |
| <b>Material Well Being (MWB)</b>  | -25.00    | 100.00    | 67.15        | 30.46     | -0.86     | 0.15 | -0.10     | 0.29 |
| <b>Place In Community (PC)</b>    | 0.00      | 100.00    | <b>62.18</b> | 25.68     | -0.38     | 0.15 | -0.59     | 0.29 |

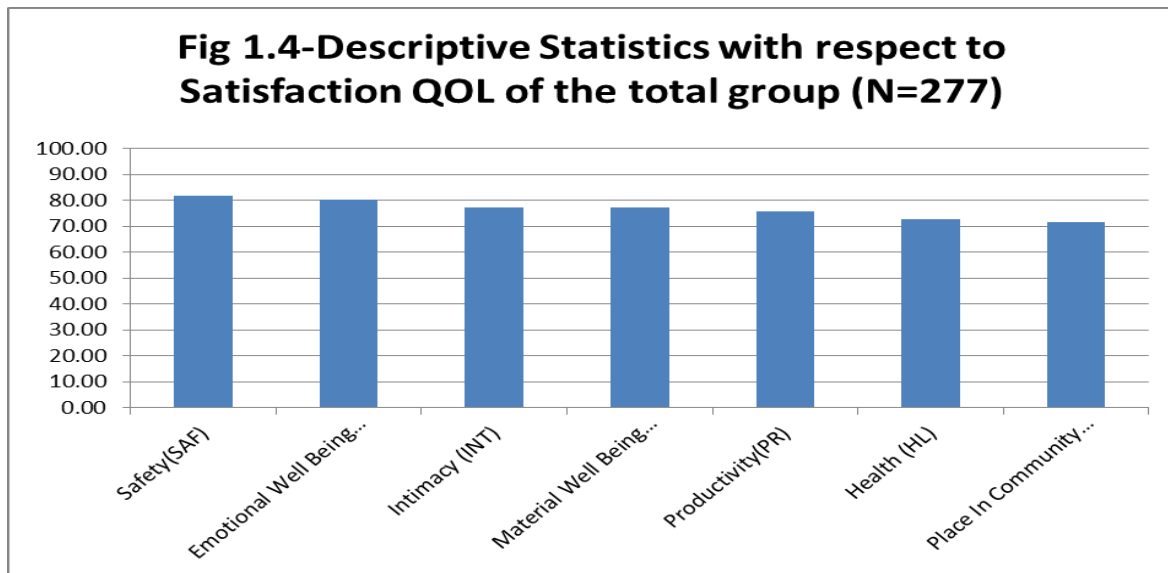


Table 1.3 shows the QOL of the sample on ‘Importance’ dimension of Cummins scale. The mean values here indicate a similar picture with that of the factual results, with HL as the highest important area and MWB as one of the lowest areas. Surprisingly PC gets the lowest rank here. SAF, PR, EWB and INT are closer to HL which shows that they are valued more or less equally.

This shows that there is a congruence in how much they value health as a QOL area and the importance they attach to it. This might come out of ignorance also as many times the parameters of being healthy can be influenced due to lack of basic health education, thereby a tendency to remain satisfied with in the limited resources against the parameters known.

Also , Low literacy, low participation in paid employment, poor access to assets, poor nutrition, and ill health converge among women who belong to poor families and communities, render them poorly equipped to deal with a multitude of deprivations. These deprivations are a reflection of unequal social and economic structures. (Balgopal G.,2009). Apart from health, however, the priority/ importance they have given to productivity states their inner drive to make most of their time in producing something worthwhile. This is also supported by the second position obtained in table 1.1 by their perception of QOL referring to contribution to national productivity.

The lower position of place in community is a point of concern. Is it the closed and patriarchal system in the society that is keeping them from considering place in community as an important criteria for raising their quality of life? Are they so bound to the family as a unit that they do not find it important as compared to other areas like safety, productivity and intimacy? Previous research has indicated that at the national level, 43% of the women have

high household autonomy; 23% of the women have high freedom to move outside their home; 40% of the women have no gender preference attitude; and only 43% of the women defy domestic violence. But there are significant divergences in these indices of women's empowerment across the different states and socio-economic and cultural settings within India. But still they may not consider PC as an important indicator of their QOL. (Kamla Gupta, P. Princy Yesudian, 2006)

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Safety (SAF)</b>               | 0.00      | 100.00    | <b>81.71</b> | 20.91     | -1.67     | 0.15 | 3.46      | 0.29 |
| <b>Emotional Well Being (EWB)</b> | 0.00      | 100.00    | 80.14        | 20.04     | -1.43     | 0.15 | 2.76      | 0.29 |
| <b>Intimacy (INT)</b>             | 0.00      | 100.00    | 77.08        | 19.58     | -1.11     | 0.15 | 2.30      | 0.29 |
| <b>Material Well Being (MWB)</b>  | -16.67    | 100.00    | 77.08        | 26.56     | -1.37     | 0.15 | 1.45      | 0.29 |
| <b>Productivity (PR)</b>          | -16.67    | 100.00    | 75.75        | 22.98     | -1.31     | 0.15 | 2.16      | 0.29 |
| <b>Health (HL)</b>                | -16.67    | 100.00    | 72.62        | 23.99     | -1.24     | 0.15 | 1.89      | 0.29 |
| <b>Place In Community (PC)</b>    | 0.00      | 100.00    | 71.54        | 20.59     | -0.98     | 0.15 | 1.83      | 0.29 |

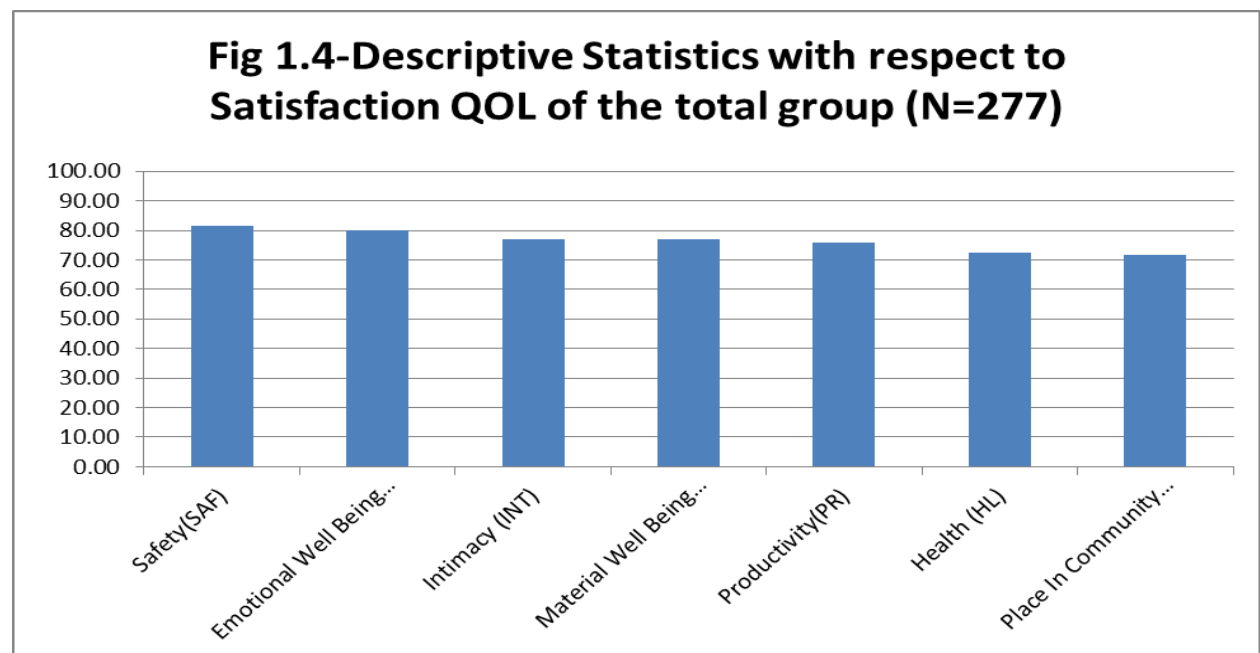


Table 1.4 shows the qol of the sample on satisfaction dimension of Cummins qol scale. The picture here is interestingly complicated. The area of HL which shows highest position in tables 1.2 and 1.3 suddenly drops to the lower quarter when overall satisfaction is considered. Similarly EWB which is in the lower quarter in 1.2 and 1.3 takes the second position in this table. These results show that there is a disparity in what is factually present, considered important but is acknowledged as giving a sense of satisfaction. However the overall satisfaction on all areas is more than 70 percent indicating a satisfactory qol for the group as a whole.

The consistent low ranking for Place in community for all the dimensions of QOL is quite alerting. The socialization of a woman throughout her childhood to adult life influences differently -her concept formation, prioritization and capacity to draw satisfaction from various areas of life. Family is supposed to have the topmost priority leading to more importance given and satisfaction drawn from intimacy and emotional wellbeing

| <b>Table 1.5-Descriptive Statistics with respect to My Home My Problem (MHMP)of the total group (N=277)</b> |                |                |             |           |                 |      |                 |      |
|---|----------------|----------------|-------------|-----------|-----------------|------|-----------------|------|
|   | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> | <b>SD</b> | <b>Skewness</b> |      | <b>Kurtosis</b> |      |
|   | Statistic      | Statistic      | Statistic   | Statistic | Statistic       | SE   | Statistic       | SE   |
| <b>My Home My Problem (MHMP)</b>  | 23.00          | 52.00          | 46.24       | 6.43      | -1.65           | 0.15 | 2.27            | 0.29 |

The higher scores on MHMP indicate lower probability of facing domestic violence.

Considering this scoring and interpretation, table 1.5 shows that the present sample has a better position as far as facing domestic violence is considered. The mean value is negatively skewed indicating that these women are facing domestic violence to a comparatively less extent in day to day life.

The analysis of the FGDs and the individual interviews have supported this fact further and have owed it to their involvement in the organizational initiatives which has made them feel safer and confident in their lives.

**3.2-Table 1.6 to 1.10** represents the group profiles for the beneficiary group. They are from the same socio economic strata and geographical places as that of the front end mobilizers. However they have not taken lead roles in executing and/or spreading the mission of the respective organizations as the later group.

| Table.1.6-Descriptive Statistics of Perceived QOL of Beneficiaries Group -(N=149) |           |           |              |           |           |      |           |      |
|---|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Reproductive &amp; General Health (RGHL)</b>                                   | 47.50     | 115.00    | <b>77.82</b> | 10.58     | -0.27     | 0.20 | 1.00      | 0.40 |
| <b>Status in Family (SFAM)</b>  | 45.00     | 100.00    | 75.64        | 11.85     | -0.49     | 0.20 | 0.15      | 0.40 |
| <b>Contribution in National Productivity (CNP)</b>                                | 30.00     | 100.00    | 73.99        | 13.91     | -0.46     | 0.20 | -0.12     | 0.40 |
| <b>Subjective Well Being (SWB)</b>  | 52.50     | 90.00     | 73.93        | 6.06      | -0.23     | 0.20 | 0.76      | 0.40 |
| <b>Career Development Opportunities (CDP)</b>                                     | 42.50     | 100.00    | 72.79        | 12.67     | -0.24     | 0.20 | -0.49     | 0.40 |
| <b>Legal Rights Awareness (LRAW)</b>  | 40.00     | 100.00    | <b>70.55</b> | 11.54     | -0.41     | 0.20 | -0.01     | 0.40 |

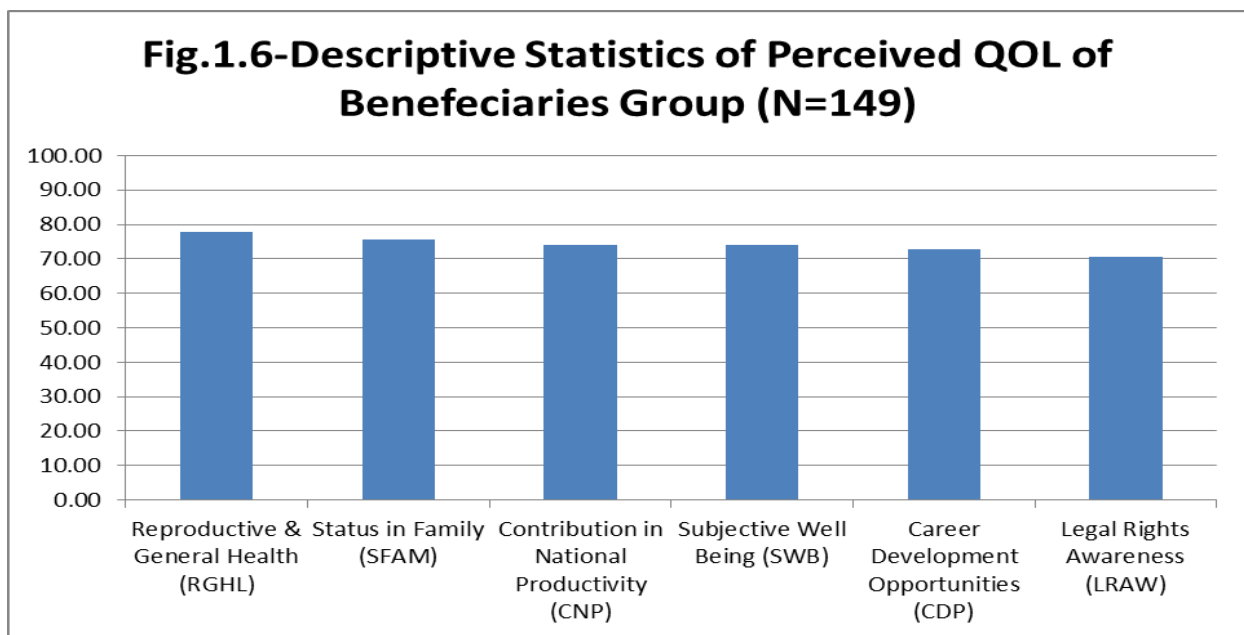


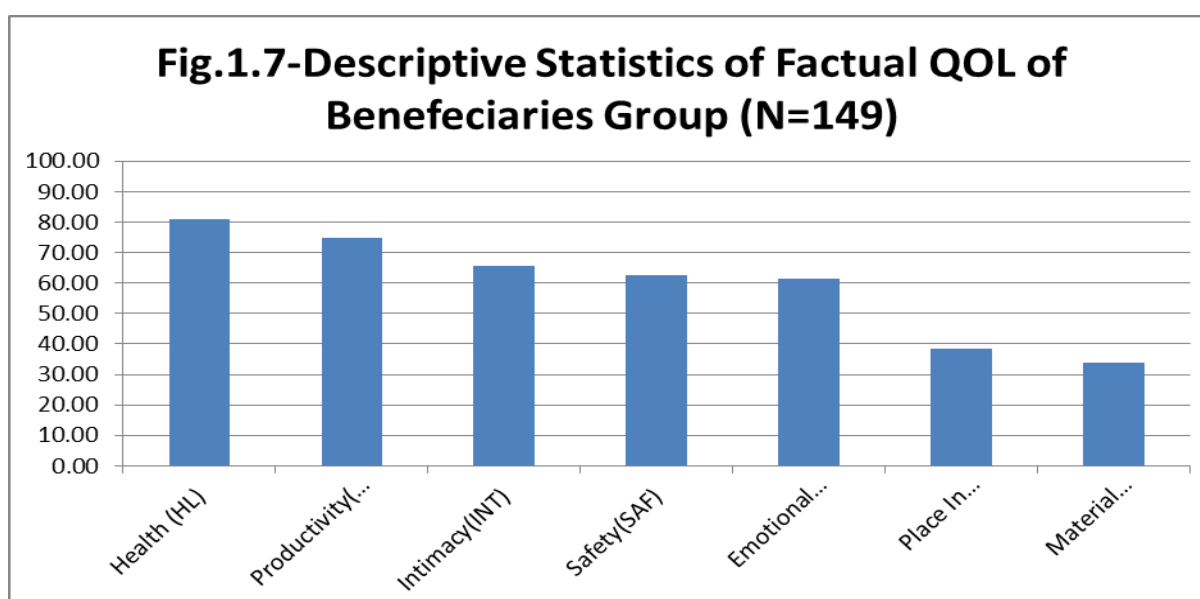
Table 1.6 indicates that the perceived QOL regarding RGHL is at the top position consistent with that of 1.1, followed by SFAM as a closed second. This shows that the respondents are being respected in their families and also display a feeling of well-being as far as health is concerned. However the lowest position received by LRAW indicates that comparing to their satisfaction with respect to RGHL, SFAM and CNP, the satisfaction with respect to

information regarding legal provisions is significantly low. They are less satisfied with CDP as compared to other areas (except LRAW). This might be because of the various social and economic constraints/ limitations that they are not able to utilize their capacities right from the young ages. This influences the confidence levels negatively and they may take more time to break the barrier of inhibition or low self-concept to surge up and grab the opportunities to learn and grow. Studies have shown that if girls in rural/ rurban areas are provided with opportunities to learn in a non-threatening conducive environment, they can excel remarkably and develop the motivation to set further career goals. ( Watve S. 2017, Tikhe V.,2016)

**Table.1.7-Descriptive Statistics of Factual QOL of Beneficiaries Group -(N=149)**

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Health (HL)</b>                | 33.33     | 100.00    | <b>80.93</b> | 16.07     | -0.81     | 0.20 | 0.03      | 0.40 |
| <b>Productivity (PR)</b>          | 8.33      | 100.00    | 74.78        | 17.54     | -1.00     | 0.20 | 1.05      | 0.40 |
| <b>Intimacy (INT)</b>             | 25.00     | 100.00    | 65.66        | 20.25     | -0.15     | 0.20 | -0.70     | 0.40 |
| <b>Safety (SAF)</b>               | 0.00      | 100.00    | 62.58        | 18.95     | -0.67     | 0.20 | 0.27      | 0.40 |
| <b>Emotional Well Being (EWB)</b> | 8.33      | 100.00    | 61.30        | 17.03     | -0.34     | 0.20 | 0.36      | 0.40 |
| <b>Place In Community (PC)</b>    | 0.00      | 91.67     | 38.48        | 19.36     | 0.23      | 0.20 | 0.23      | 0.40 |
| <b>Material Well Being (MWB)</b>  | 0.00      | 75.00     | <b>33.95</b> | 19.47     | -0.36     | 0.20 | -0.73     | 0.40 |

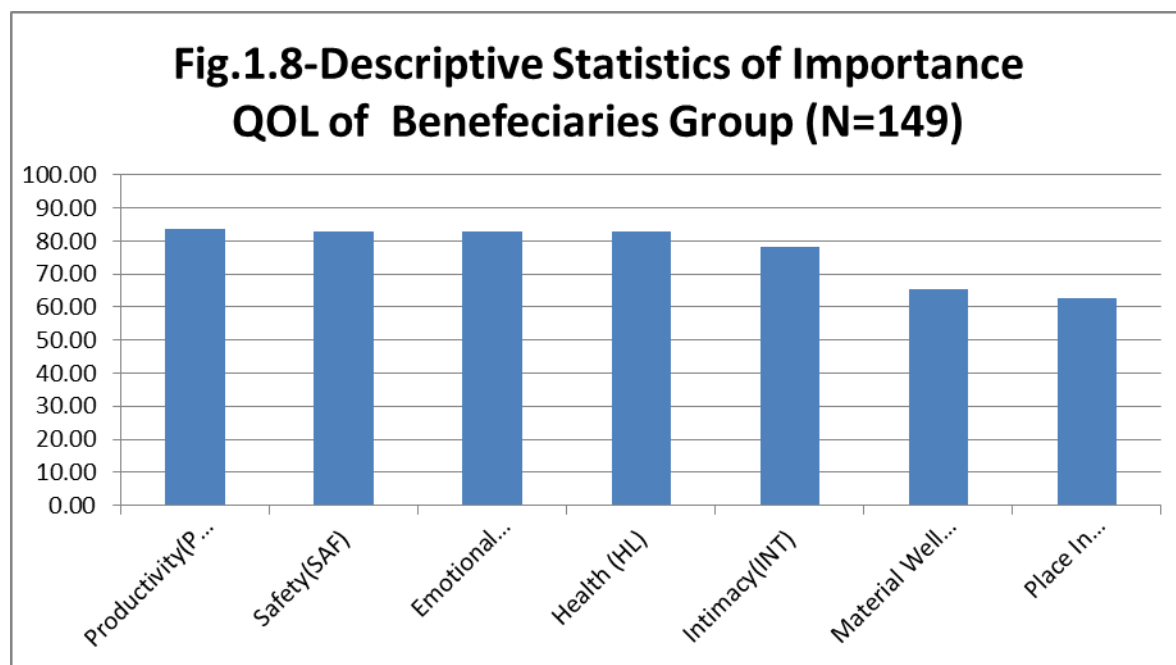
**Fig.1.7-Descriptive Statistics of Factual QOL of Benefeciaries Group (N=149)**





When the beneficiaries were given an exposure to note their factual QOL on the scale (Cummins QOL), a similar picture to that of 1.6 has emerged. Health (HL) occupies the prime position in the ladder. The closed second in PR indicating their busy and happening lives. They seem to have an average INT as well as SAF and EWB level while a very low position on PC and MWB as many of them belong to the rural and comparatively deprived sections of society.

| <b>Table.1.8-Descriptive Statistics of Importance QOL of Beneficiaries Group -(N=149)</b> |                |                |              |           |                 |      |                 |      |
|---|----------------|----------------|--------------|-----------|-----------------|------|-----------------|------|
|   | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b>  | <b>SD</b> | <b>Skewness</b> |      | <b>Kurtosis</b> |      |
|   | Statistic      | Statistic      | Statistic    | Statistic | Statistic       | SE   | Statistic       | SE   |
| <b>Productivity (PR)</b>  | 0.00           | 100.00         | <b>83.56</b> | 17.38     | -1.31           | 0.20 | 3.59            | 0.40 |
| <b>Safety (SAF)</b>   | -25.00         | 100.00         | 82.89        | 21.96     | -2.36           | 0.20 | 8.22            | 0.40 |
| <b>Emotional Well Being (EWB)</b>   | 25.00          | 100.00         | 82.72        | 18.36     | -0.97           | 0.20 | 0.92            | 0.40 |
| <b>Health (HL)</b>  | 25.00          | 100.00         | 82.72        | 19.69     | -1.20           | 0.20 | 1.36            | 0.40 |
| <b>Intimacy (INT)</b>   | -25.00         | 100.00         | 78.36        | 22.26     | -1.43           | 0.20 | 3.06            | 0.40 |
| <b>Material Well Being (MWB)</b>  | -25.00         | 100.00         | 65.27        | 31.13     | -0.76           | 0.20 | -0.40           | 0.40 |
| <b>Place In Community (PC)</b>  | 0.00           | 100.00         | <b>62.75</b> | 26.26     | -0.47           | 0.20 | -0.47           | 0.40 |



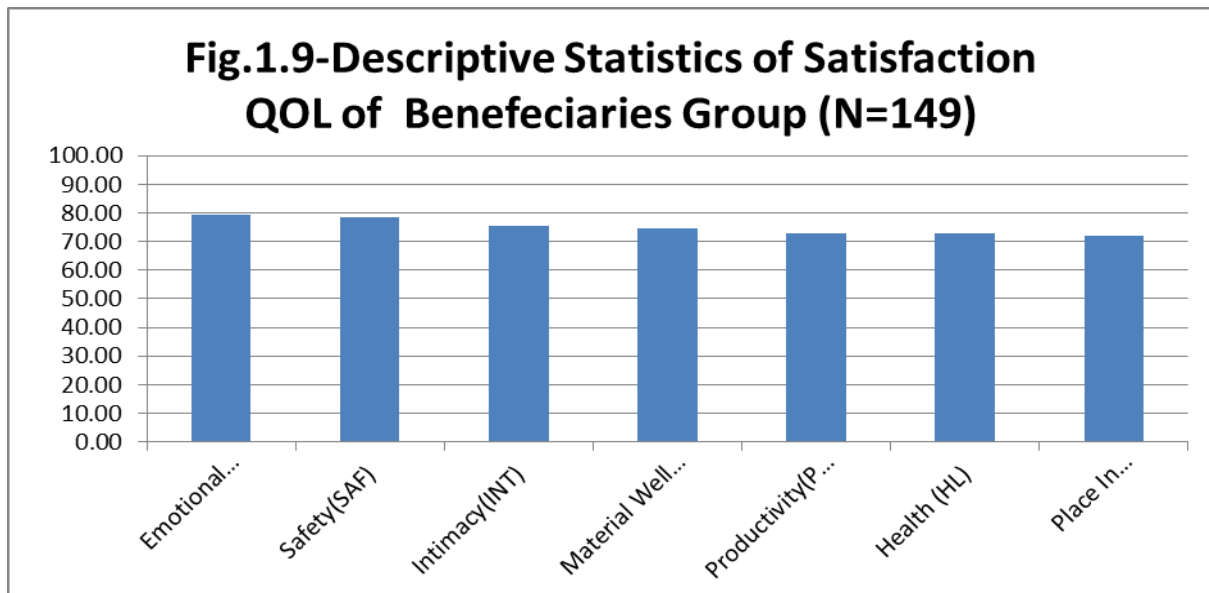
The picture of the same group regarding importance attached to the QOL areas however shows a difference in hierarchy for the first five areas. Productivity has been given highest

importance by these beneficiaries while INT at a comparatively lower end. SAF , EWB and HL are close to each other in the middle portion. The last two areas (MWB and PC) have kept a similar position with that in table 1.7.

This shift in the positions also can be explained on the basis of certain previous studies.

When a woman gets an exposure to something more worthwhile boosting her confidence and in turn her self-respect, naturally she wants to be more productive . however this urge may not necessarily get translated to the areas like material wellbeing and place in community.(Lavalekar A., 2016)

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Emotional Well Being (EWB)</b> | 0.00      | 100.00    | <b>79.19</b> | 22.59     | -1.42     | 0.20 | 1.95      | 0.40 |
| <b>Safety (SAF)</b>               | 0.00      | 100.00    | 78.52        | 22.54     | -1.39     | 0.20 | 1.99      | 0.40 |
| <b>Intimacy (INT)</b>             | 0.00      | 100.00    | 75.28        | 22.48     | -1.11     | 0.20 | 1.67      | 0.40 |
| <b>Material Well Being (MWB)</b>  | -16.67    | 100.00    | 74.72        | 28.65     | -1.28     | 0.20 | 1.03      | 0.40 |
| <b>Productivity (PR)</b>          | -16.67    | 100.00    | 72.93        | 26.53     | -1.23     | 0.20 | 1.29      | 0.40 |
| <b>Health (HL)</b>                | 0.00      | 100.00    | 72.93        | 25.30     | -1.26     | 0.20 | 1.48      | 0.40 |
| <b>Place In Community (PC)</b>    | 0.00      | 100.00    | <b>71.92</b> | 20.87     | -0.93     | 0.20 | 1.54      | 0.40 |



As compared to the little shift in hierarchy for factual and importance dimensions, a significant shift is observed in the positions of the areas for the satisfaction dimension. Irrespective of the odds and difficulties faced in day to day life these respondents have

expressed a high level of EWB and also feel quite safe in the community. Though their factual MWB is at the lowest end their satisfaction for the same is much above in ladder primarily because the importance that they have attached to MWB is also quite low. On the other side though their factual health is on the top position their perceived satisfaction regarding the same is at the second last position denoting that they are not so happy about it.

|                                 | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> | <b>SD</b> | <b>Skewness</b> |       | <b>Kurtosis</b> |       |
|---------------------------------|----------------|----------------|-------------|-----------|-----------------|-------|-----------------|-------|
|                                 | Statistic      | Statistic      | Statistic   | Statistic | Statistic       | SE    | Statistic       | SE    |
| <b>My Home My Problem(MHMP)</b> | 23             | 52             | 44.53       | 7.679     | -1.148          | 0.199 | 0.337           | 0.395 |

Table 1.10 represents the mean score for the beneficiaries on the domestic violence scale (MHMP). It is negatively skewed denoting a low incidence of domestic violence for most of the beneficiaries compared to their own counter parts. The minimum score also is closed to the mathematical mean of the scale supporting the above statement.

The analysis of the FGDs interviews have supported this fact further and have owed it to their involvement in the organizational initiatives which has made them feel safer and confident in their lives.

**Tables from 1.11 to 1.15** narrate the status of the front end mobilizers participating in the study. This group belongs to same socio economic strata and geographical places as that of the beneficiaries however they have created a separate place for themselves by working as responsible/ lead persons in the implementation of the various organizational endeavors.

|  | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b>  | <b>SD</b> | <b>Skewness</b> |      | <b>Kurtosis</b> |      |
|--|----------------|----------------|--------------|-----------|-----------------|------|-----------------|------|
|  | Statistic      | Statistic      | Statistic    | Statistic | Statistic       | SE   | Statistic       | SE   |
| <b>Contribution in National Productivity (CNP)</b> | 50.00          | 100.00         | <b>84.16</b> | 10.84     | -0.70           | 0.21 | 0.41            | 0.43 |
| <b>Career Development Opportunities (CDP)</b>      | 55.00          | 100.00         | 81.64        | 9.54      | -0.37           | 0.21 | -0.22           | 0.43 |
| <b>Reproductive &amp; General Health (RGHL)</b>    | 57.50          | 97.50          | 80.47        | 7.29      | -0.42           | 0.21 | 0.04            | 0.43 |
| <b>Status in Family (SFAM)</b>                     | 47.50          | 100.00         | 80.45        | 9.69      | -0.66           | 0.21 | 0.74            | 0.43 |
| <b>Legal Rights Awareness (LRAW)</b>               | 52.50          | 95.00          | 77.19        | 10.36     | -0.30           | 0.21 | -0.51           | 0.43 |
| <b>Subjective Well Being (SWB)</b>                 | 57.50          | 85.00          | <b>74.57</b> | 5.07      | -0.51           | 0.21 | 0.43            | 0.43 |

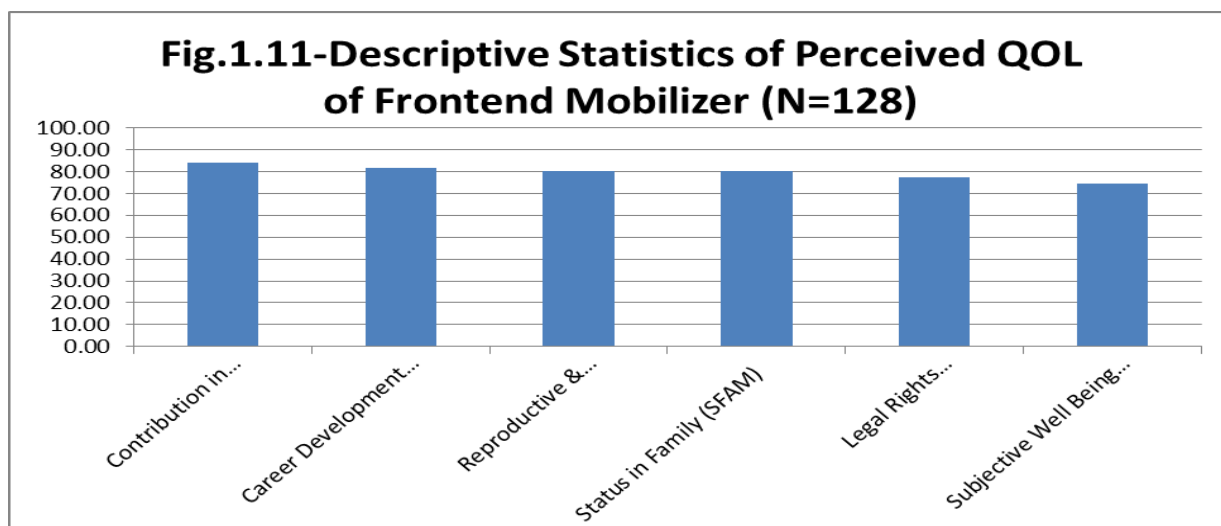


Table 1.11 indicates that the perceived QOL regarding Contribution in National Productivity is at the top position followed by CDP and then RGHL. Surprisingly their perception about SFAM is on fourth place though the difference between the earlier three areas and CNP is very low. The main point of concern is the presence of SWB at the lowest rank along with the LRAW. It is very natural that their active role in the organizations and financial self-sufficiency has made them rate the CNP and CDP areas at top positions. Whenever a woman starts actualizing her potentials through some productive work and senses the change in her inner self, her self-worth rises giving her the confidence of contributing to the larger society through her own career endeavors. ( Lavalekar A. ,2013, Fong J. 2011,Moron M.,2011)

As these women are the front line mobilizers, their enhanced self-respect from their perception might not be getting reciprocated by the family members as per their expectations. This dissatisfaction might have contributed to the third position of SFAM and lowest position of SWB. Also as mentioned earlier the lower position of LRAW might be accounted to the disparity between knowing the information inability to actually use it due to some psycho social constraints.

|                                   | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|-----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                   | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Health (HL)</b>                | 25.00     | 100.00    | <b>84.38</b> | 13.59     | -1.40     | 0.21 | 2.43      | 0.43 |
| <b>Productivity (PR)</b>          | 50.00     | 100.00    | 83.92        | 10.78     | -0.84     | 0.21 | 0.85      | 0.43 |
| <b>Safety (SAF)</b>               | 8.33      | 91.67     | 67.77        | 16.28     | -0.59     | 0.21 | 0.26      | 0.43 |
| <b>Intimacy (INT)</b>             | 16.67     | 100.00    | 66.67        | 18.17     | -0.37     | 0.21 | 0.23      | 0.43 |
| <b>Emotional Well Being (EWB)</b> | 25.00     | 91.67     | 61.52        | 15.44     | -0.16     | 0.21 | -0.44     | 0.43 |
| <b>Place In Community (PC)</b>    | 0.00      | 100.00    | 49.15        | 17.40     | 0.06      | 0.21 | 0.49      | 0.43 |
| <b>Material Well Being (MWB)</b>  | 0.00      | 66.67     | <b>35.42</b> | 18.62     | -0.44     | 0.21 | -0.61     | 0.43 |

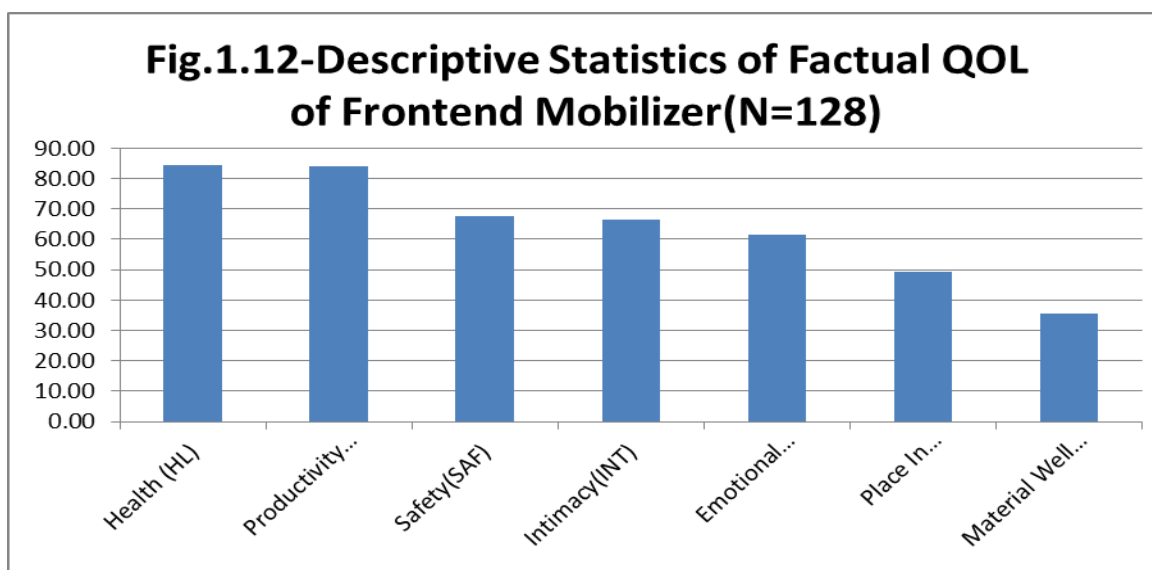


Table 1.12 shows a similar pattern in results as of beneficiaries for the front end mobilizers also. However a slight difference is observed for safety and intimacy.

|                            | Minimum   | Maximum   | Mean         | SD        | Skewness  | Kurtosis |           |      |
|----------------------------|-----------|-----------|--------------|-----------|-----------|----------|-----------|------|
|                            | Statistic | Statistic | Statistic    | Statistic | Statistic | SE       | Statistic | SE   |
| Health (HL)                | -25.00    | 100.00    | <b>88.28</b> | 18.28     | -2.57     | 0.21     | 11.30     | 0.43 |
| Safety (SAF)               | 25.00     | 100.00    | 87.30        | 17.18     | -1.45     | 0.21     | 2.41      | 0.43 |
| Productivity (PR)          | 50.00     | 100.00    | 85.74        | 13.56     | -0.17     | 0.21     | -1.07     | 0.43 |
| Emotional Well Being (EWB) | 25.00     | 100.00    | 85.35        | 16.16     | -1.01     | 0.21     | 1.51      | 0.43 |
| Intimacy (INT)             | 25.00     | 125.00    | 84.18        | 16.56     | -0.57     | 0.21     | 0.36      | 0.43 |
| Material Well Being (MWB)  | -25.00    | 100.00    | 69.34        | 29.63     | -0.99     | 0.21     | 0.40      | 0.43 |
| Place In Community (PC)    | 0.00      | 100.00    | <b>61.52</b> | 25.08     | -0.27     | 0.21     | -0.71     | 0.43 |

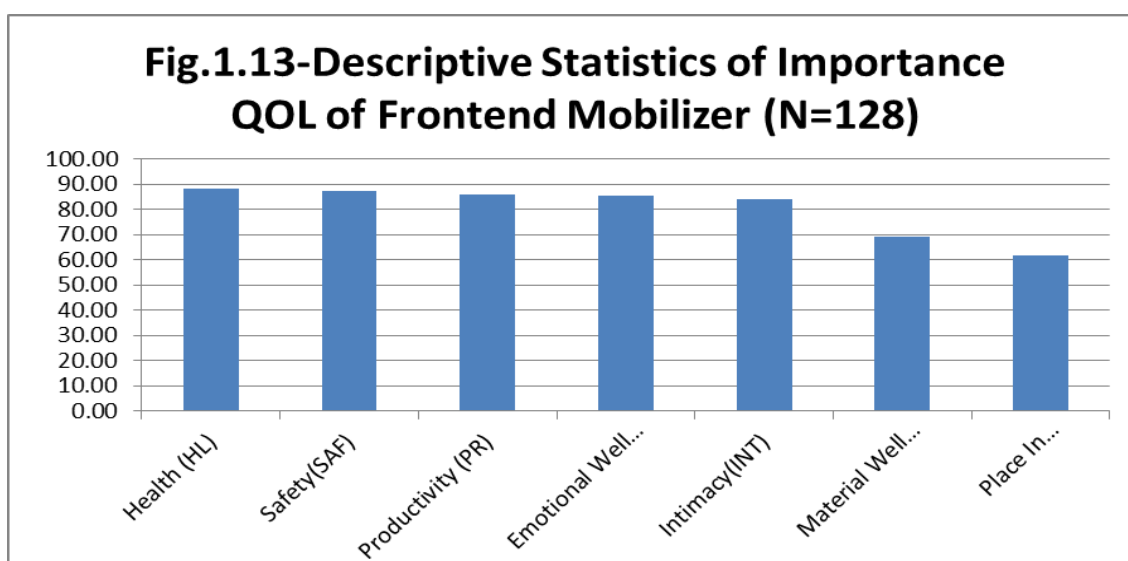
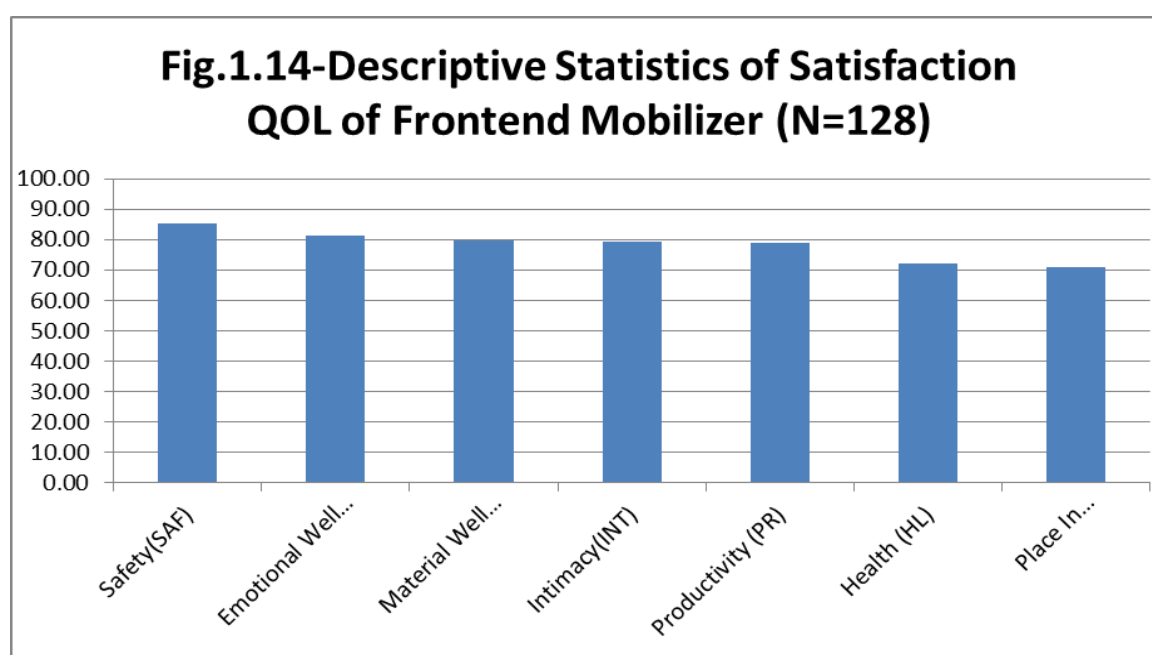


Table 1.13 shows that health is considered as the most important area in QOL by the front end mobilizers followed by SAF ,PR, EWB and INT within a short range. However MWB and PC lag far behind when importance is considered. This indicates that the first five areas are way above in priority for them, than MWB and PC.

In spite of having specific responsibilities and roles in the organizations, the front end mobilizers do not seem to have attained a significant place in the community (1.12) as a whole as well as they are not attaching much importance to it. This is little contradictory to the qualitative information obtained though the FGDs and interviews which needs to be explored further.

**Table.1.14-Descriptive Statistics of Satisfaction QOL of Frontend Mobilizer-(N=128)**

|                                  | Minimum   | Maximum   | Mean         | SD        | Skewness  |      | Kurtosis  |      |
|----------------------------------|-----------|-----------|--------------|-----------|-----------|------|-----------|------|
|                                  | Statistic | Statistic | Statistic    | Statistic | Statistic | SE   | Statistic | SE   |
| <b>Safety(SAF)</b>               | 0.00      | 100.00    | <b>85.42</b> | 18.23     | -2.12     | 0.21 | 7.10      | 0.43 |
| <b>Emotional Well Being(EWB)</b> | 0.00      | 100.00    | 81.25        | 16.60     | -1.15     | 0.21 | 3.44      | 0.43 |
| <b>Material Well Being(MWB)</b>  | 0.00      | 100.00    | 79.82        | 23.72     | -1.40     | 0.21 | 1.84      | 0.43 |
| <b>Intimacy(INT)</b>             | 16.67     | 100.00    | 79.17        | 15.37     | -0.52     | 0.21 | 0.90      | 0.43 |
| <b>Productivity(PR)</b>          | 16.67     | 100.00    | 79.04        | 17.53     | -0.79     | 0.21 | 0.97      | 0.43 |
| <b>Health (HL)</b>               | -16.67    | 100.00    | 72.27        | 22.46     | -1.22     | 0.21 | 2.67      | 0.43 |
| <b>Place In Community(PC)</b>    | 0.00      | 100.00    | <b>71.09</b> | 20.33     | -1.05     | 0.21 | 2.34      | 0.43 |



The hierarchy for perceived satisfaction for the front end mobilizers seems to be interesting. Safety is at the top position followed by EWB, indicating a confident and fearless mind set with a satisfactory psychological peace. Though this group has not given much importance to MWB (table 1.13) and their factual MWB being at a lower position, the satisfaction they experienced indicates a much higher position in the ladder. Health and PC seem to be a matter of concern as seen from the lowest positions in the hierarchy in table 1.14.

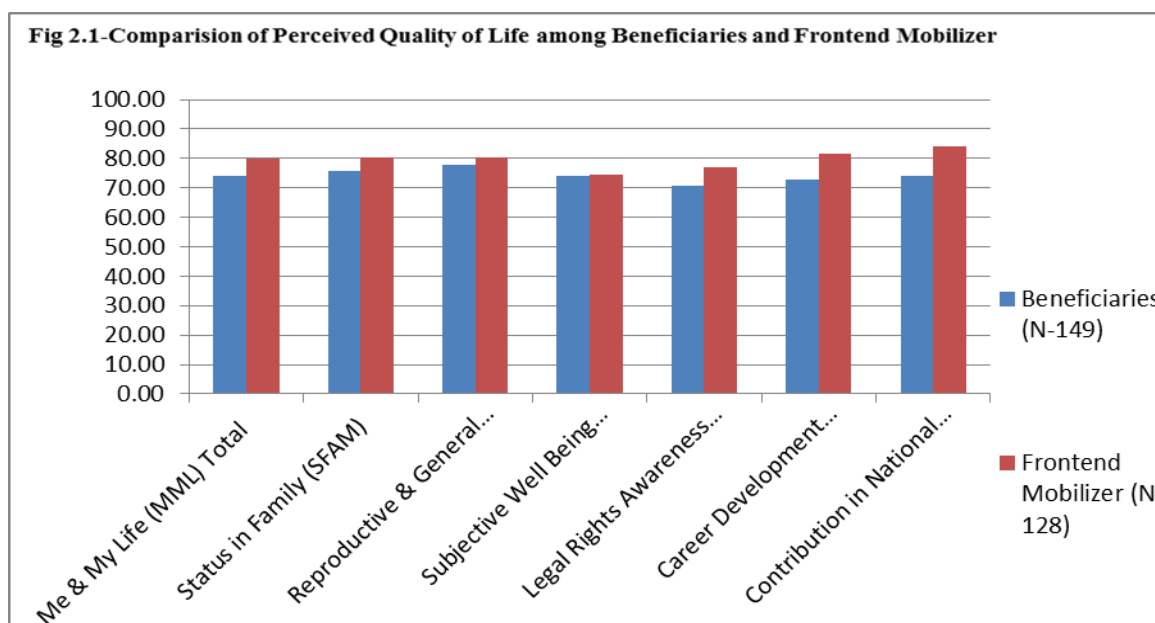
This analysis invites many interesting observations. Their association with the organization has made them self-confident and secure in mind. It has also led to a considerable high emotional peace. Though the other areas are lower than these two, the overall range of scores (70%+) indicates that they depict an above average satisfaction on all these areas of QOL. It has been observed that when a person enjoys feeling of safety and emotional poise, the other aspects of life also are positively affected (...psy health and qol.....)

| <b>Table.1.15-Descriptive Statistics of Domestic Violence of Frontend Mobilizer-(N=128)</b> |                |                |             |           |                 |      |                 |      |
|---|----------------|----------------|-------------|-----------|-----------------|------|-----------------|------|
|   | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> | <b>SD</b> | <b>Skewness</b> |      | <b>Kurtosis</b> |      |
|   | Statistic      | Statistic      | Statistic   | Statistic | Statistic       | SE   | Statistic       | SE   |
| <b>My Home My Problem</b>   | 33.00          | 52.00          | 48.23       | 3.70      | -1.55           | 0.21 | 2.60            | 0.43 |

Table 1.15 represents the mean score for the front end mobilizers on the domestic violence scale (MHMP). It is negatively skewed denoting a low incidence of domestic violence for most of the front end mobilizers compared to their own counter parts. The minimum score also is much above the mathematical mean of the scale supporting the above statement. This is very much in alignment with the observations in table 1.14. the safer they feel the lesser domestic violence is noted in the closed circle.

**3.2 Comparative analysis of two groups:** The following tables discuss the comparison of the beneficiaries and the front end mobilizers on the above mentioned criteria.

| Table 2.1-Comparison of Perceived Quality of Life among Beneficiaries and Frontend Mobilizer |                    |     |       |       |       |      |
|--|--------------------|-----|-------|-------|-------|------|
|  | Group              | N   | Mean  | SD    | t     | Sig  |
| Me & My Life (MML) Total   | Beneficiaries      | 149 | 74.12 | 7.82  | -6.76 | 0.00 |
|  | Frontend Mobilizer | 128 | 79.75 | 5.67  | -6.92 |      |
| Status in Family (SFAM)  | Beneficiaries      | 149 | 75.64 | 11.85 | -3.66 | 0.00 |
|  | Frontend Mobilizer | 128 | 80.45 | 9.69  | -3.72 |      |
| Reproductive & General Health (RGHL)   | Beneficiaries      | 149 | 77.82 | 10.58 | -2.39 | 0.02 |
|  | Frontend Mobilizer | 128 | 80.47 | 7.29  | -2.45 |      |
| Subjective Well Being (SWB)  | Beneficiaries      | 149 | 73.93 | 6.06  | -0.95 | 0.34 |
|  | Frontend Mobilizer | 128 | 74.57 | 5.07  | -0.96 |      |
| Legal Rights Awareness (LRAW)  | Beneficiaries      | 149 | 70.55 | 11.54 | -5.00 | 0.00 |
|  | Frontend Mobilizer | 128 | 77.19 | 10.36 | -5.04 |      |
| Career Development Opportunities (CDP)   | Beneficiaries      | 149 | 72.79 | 12.67 | -6.48 | 0.00 |
|  | Frontend Mobilizer | 128 | 81.64 | 9.54  | -6.62 |      |
| Contribution in National Productivity (CNP)  | Beneficiaries      | 149 | 73.99 | 13.91 | -6.70 | 0.00 |
|  | Frontend Mobilizer | 128 | 84.16 | 10.84 | -6.83 |      |

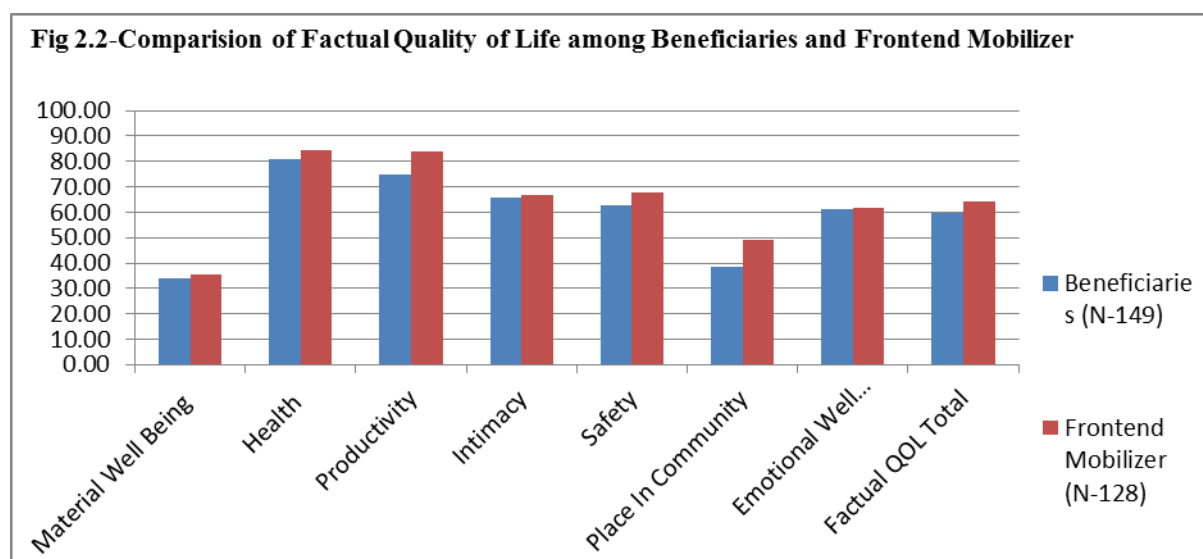


One of the major objectives of this study was to find out what difference the level of exposure makes in the QOL of the beneficiary and the front liner groups. Table 2.1 illustrates such difference on the perceived quality of life scale for the above mentioned groups. It is clear from the significant ‘t’ values on the total as well as four other areas that the front liner group is far ahead of the beneficiary group. Importantly the areas: LRAW , CNP and CDP show a huge gap emphasizing the role of responsibilities shouldered by the front liners resulting to the heightened motivation and involvement in working of the organization, going beyond personal benefits. The gap between the two groups for RGHL and SFAM is



significant but small indicating that these two areas are influenced in a limited way. However no significant difference is noted between the groups on SWB .

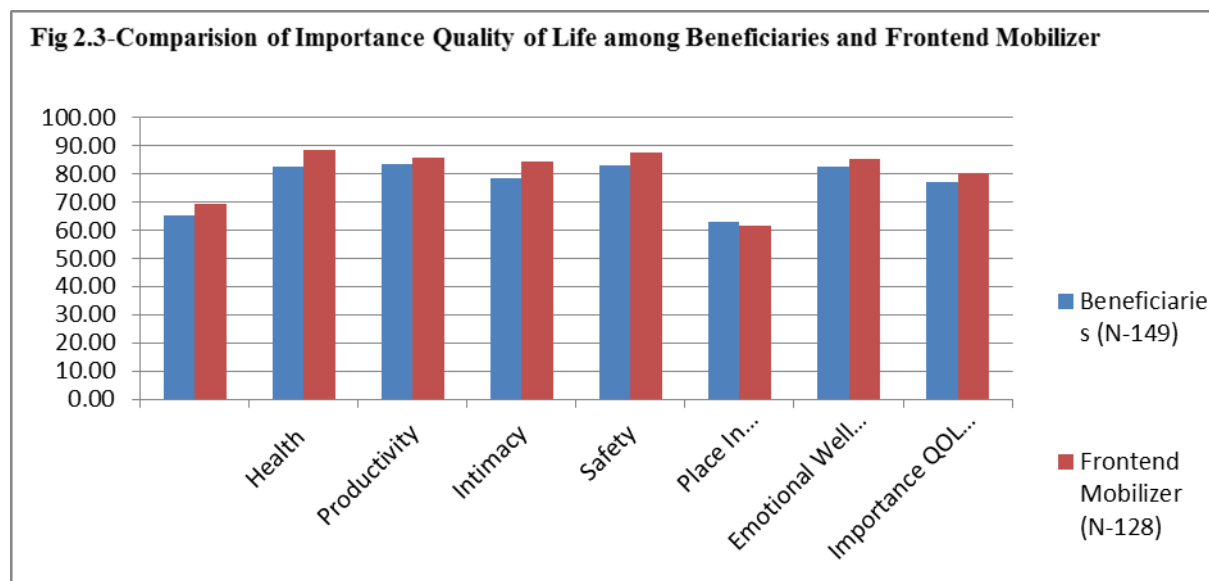
|                                  | <b>Group</b>              | <b>N</b> | <b>Mean</b> | <b>SD</b> | <b>t</b> | <b>Sig</b>  |
|----------------------------------|---------------------------|----------|-------------|-----------|----------|-------------|
| <b>Material Well Being(MWB)</b>  | <b>Beneficiaries</b>      | 149      | 33.95       | 19.47     | -0.64    | 0.52        |
|                                  | <b>Frontend Mobilizer</b> | 128      | 35.42       | 18.62     | -0.64    |             |
| <b>Health (HL)</b>               | <b>Beneficiaries</b>      | 149      | 80.93       | 16.07     | -1.91    | <b>0.06</b> |
|                                  | <b>Frontend Mobilizer</b> | 128      | 84.38       | 13.59     | -1.93    |             |
| <b>Productivity(PR)</b>          | <b>Beneficiaries</b>      | 149      | 74.78       | 17.54     | -5.12    | <b>0.00</b> |
|                                  | <b>Frontend Mobilizer</b> | 128      | 83.92       | 10.78     | -5.30    |             |
| <b>Intimacy(INT)</b>             | <b>Beneficiaries</b>      | 149      | 65.66       | 20.25     | -0.43    | 0.67        |
|                                  | <b>Frontend Mobilizer</b> | 128      | 66.67       | 18.17     | -0.44    |             |
| <b>Safety(SAF)</b>               | <b>Beneficiaries</b>      | 149      | 62.58       | 18.95     | -2.42    | <b>0.02</b> |
|                                  | <b>Frontend Mobilizer</b> | 128      | 67.77       | 16.28     | -2.45    |             |
| <b>Place In Community(PC)</b>    | <b>Beneficiaries</b>      | 149      | 38.48       | 19.36     | -4.79    | <b>0.00</b> |
|                                  | <b>Frontend Mobilizer</b> | 128      | 49.15       | 17.40     | -4.83    |             |
| <b>Emotional Well Being(EWB)</b> | <b>Beneficiaries</b>      | 149      | 61.30       | 17.03     | -0.12    | 0.91        |
|                                  | <b>Frontend Mobilizer</b> | 128      | 61.52       | 15.44     | -0.12    |             |
| <b>Factual QOL Total</b>         | <b>Beneficiaries</b>      | 149      | 59.67       | 8.36      | -4.56    | <b>0.00</b> |
|                                  | <b>Frontend Mobilizer</b> | 128      | 64.12       | 7.80      | -4.58    |             |



Both these groups were compared on the Cummins QOL factual dimension. Considering the homogeneity with respect to the SES of both groups, it is not surprising to see no significant difference on the material well-being area. There is a marginal significant difference on health and safety areas. A considerable difference is observed in the areas of productivity, place in community and total score which can be attributed to the active engagement of these women in workforce and in community practices. It is interesting to see that in spite of having an upper hand on PC, PR, SAF and total score, no difference is seen on intimacy and emotional well-being.

Research states that intimacy and emotional wellbeing are the factors which are subject to a complex interplay of personal and social attributes and situations. (Lavalekar A. 2015). Thus these findings also suggest that mere involvement in the social endeavors may not facilitate the feeling of intimacy and emotional wellbeing for that person. One has to take additional efforts or the organization needs to provide such exposures or platforms which can help in rising the QOL in above areas.

| Table 2.3-Comparison of Importance Quality of Life among Beneficiaries and Frontend Mobilizer |                    |     |       |       |       |      |
|---|--------------------|-----|-------|-------|-------|------|
|   | Group              | N   | Mean  | SD    | t     | Sig  |
| Material Well Being(MWB)  | Beneficiaries      | 149 | 65.27 | 31.13 | -1.11 | 0.27 |
|   | Frontend Mobilizer | 128 | 69.34 | 29.63 | -1.11 |      |
| Health (HL)   | Beneficiaries      | 149 | 82.72 | 19.69 | -2.42 | 0.02 |
|   | Frontend Mobilizer | 128 | 88.28 | 18.28 | -2.44 |      |
| Productivity(PR)  | Beneficiaries      | 149 | 83.56 | 17.38 | -1.15 | 0.25 |
|   | Frontend Mobilizer | 128 | 85.74 | 13.56 | -1.17 |      |
| Intimacy(INT)   | Beneficiaries      | 149 | 78.36 | 22.26 | -2.44 | 0.02 |
|   | Frontend Mobilizer | 128 | 84.18 | 16.56 | -2.49 |      |
| Safety(SAF)   | Beneficiaries      | 149 | 82.89 | 21.96 | -1.84 | 0.07 |
|   | Frontend Mobilizer | 128 | 87.30 | 17.18 | -1.88 |      |
| Place In Community(PC)  | Beneficiaries      | 149 | 62.75 | 26.26 | 0.40  | 0.69 |
|   | Frontend Mobilizer | 128 | 61.52 | 25.08 | 0.40  |      |
| Emotional Well Being(EWB)   | Beneficiaries      | 149 | 82.72 | 18.36 | -1.26 | 0.21 |
|   | Frontend Mobilizer | 128 | 85.35 | 16.16 | -1.27 |      |
| Importance QOL Total  | Beneficiaries      | 149 | 76.89 | 12.27 | -2.43 | 0.02 |
|   | Frontend Mobilizer | 128 | 80.25 | 10.46 | -2.45 |      |



There is a mixed picture for the groups on the importance dimension. No significant difference is seen for material well-being and emotional well-being similar to table 2.2.

However productivity on which the front liners have a significant upper hand on factual dimension are no different on the importance dimension. This might be because , they have accepted it as their routine responsibility and are not attaching a separate value to it. They still consider themselves as common persons at par with the beneficiaries on the surface level. A significant difference is observed on health, intimacy, safety and total score. The difference on intimacy here indicates that though both groups sail in the same boat for factual dimension (table 2.2) the value they attach to it differs.

| <b>Table 2.4-Comparison of Satisfaction Quality of Life among Beneficiaries and Frontend Mobilizer</b> |                           |          |             |           |          |             |
|--|---------------------------|----------|-------------|-----------|----------|-------------|
|  | <b>Group</b>              | <b>N</b> | <b>Mean</b> | <b>SD</b> | <b>t</b> | <b>Sig</b>  |
| <b>Material Well Being(MWB)</b>  | <b>Beneficiaries</b>      | 149      | 74.72       | 28.65     | -1.60    | 0.11        |
|  | <b>Frontend Mobilizer</b> | 128      | 79.82       | 23.72     | -1.62    |             |
| <b>Health (HL)</b>   | <b>Beneficiaries</b>      | 149      | 72.93       | 25.30     | 0.23     | 0.82        |
|  | <b>Frontend Mobilizer</b> | 128      | 72.27       | 22.46     | 0.23     |             |
| <b>Productivity(PR)</b>  | <b>Beneficiaries</b>      | 149      | 72.93       | 26.53     | -2.22    | <b>0.03</b> |
|  | <b>Frontend Mobilizer</b> | 128      | 79.04       | 17.53     | -2.29    |             |
| <b>Intimacy(INT)</b>   | <b>Beneficiaries</b>      | 149      | 75.28       | 22.48     | -1.65    | 0.10        |
|  | <b>Frontend Mobilizer</b> | 128      | 79.17       | 15.37     | -1.70    |             |
| <b>Safety(SAF)</b>   | <b>Beneficiaries</b>      | 149      | 78.52       | 22.54     | -2.77    | <b>0.01</b> |
|  | <b>Frontend Mobilizer</b> | 128      | 85.42       | 18.23     | -2.81    |             |
| <b>Place In Community(PC)</b>  | <b>Beneficiaries</b>      | 149      | 71.92       | 20.87     | 0.33     | 0.74        |
|  | <b>Frontend Mobilizer</b> | 128      | 71.09       | 20.33     | 0.34     |             |
| <b>Emotional Well Being(EWB)</b>   | <b>Beneficiaries</b>      | 149      | 79.19       | 22.59     | -0.85    | 0.40        |
|  | <b>Frontend Mobilizer</b> | 128      | 81.25       | 16.60     | -0.87    |             |
| <b>Satisfaction QOL Total</b>  | <b>Beneficiaries</b>      | 149      | 75.07       | 17.28     | -1.75    | 0.08        |
|  | <b>Frontend Mobilizer</b> | 128      | 78.29       | 12.62     | -1.79    |             |



Table 2.4 illustrates the group differences on satisfaction dimension which is consistent with table 2.2 and 2.3 for MWB and EWB. However the difference that is previously seen on health, place in community (table 2.3) has vanished. It is observed that the front liners feel significantly safer than the beneficiaries though this difference is not so significant on factual and importance dimensions. The difference in productivity is on similar lines with that on factual dimension which means that the front liners hold an upper hand in actual productive engagement as well as the perceived satisfaction derived from it. But the importance they attach to intimacy does not seem to be reciprocated resulting into no difference in perceived satisfaction as compared to the beneficiaries.

**Table 2.5-Comparision of My Home My Problem (MHMP)among Beneficiaries and Frontend Mobilizer**

|                    | Group              | N   | Mean  | SD   | t     | Sig         |
|--------------------|--------------------|-----|-------|------|-------|-------------|
| My Home My Problem | Beneficiaries      | 149 | 44.53 | 7.68 | -4.98 | <b>0.00</b> |
|                    | Frontend Mobilizer | 128 | 48.23 | 3.70 | -5.23 |             |

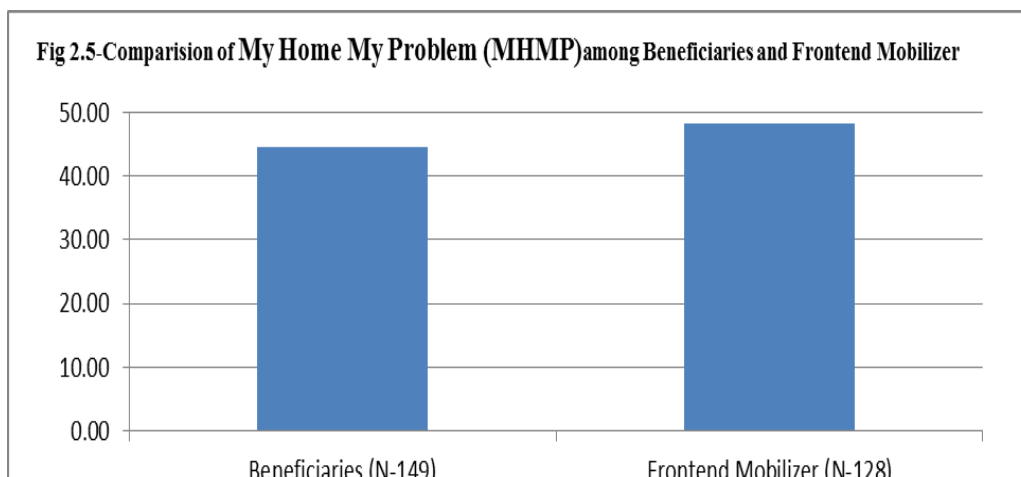


Table 2.5 illustrates a very important finding from the view point of the objective of the study. It shows that the front liners are significantly less vulnerable to domestic violence as compared to the beneficiaries. This is an important finding as it suggests that the closer one gets to the organizational structure and shoulders responsibilities with the base of gender equality in mind, she moves ahead in restricting /resisting domestic violence.

Studies covering gender violence have clearly stated the existence of inverse relation between high self-respect and incidence of domestic violence. However it may not be directly linked with education/ financial position of the woman. In whatever condition the woman may be , if she has gained self-worth and a self-made identity to a reasonable level, she tends to confront domestic violence with a very assertive manner reducing the possibilities of the

same in her life. It has been indicated through studies that violence is less common if women and men are well educated; and that acceptance of domestic violence appears to be related to the respondent's education level. (John Simister and Judith Makowiec, 2008.)

**3.3 -Percent analysis: the frequencies were noted down for different responses and help seeking behaviors of the respondents which were then converted to percentages. The following tables denote the same.**

| <b>Group</b> | <b>Opposition</b> | <b>Shout</b> | <b>Seek for help</b> | <b>File complain to police or other</b> | <b>Share with close person</b> | <b>Cry alone</b> | <b>To bear</b> | <b>Let go as part of habit</b> |
|--------------|-------------------|--------------|----------------------|---|--------------------------------|------------------|----------------|--------------------------------|
| Total Group  | 44.40             | 19.86        | 33.21                | 22.74                                   | 59.93                          | 30.69            | 20.94          | 26.71                          |

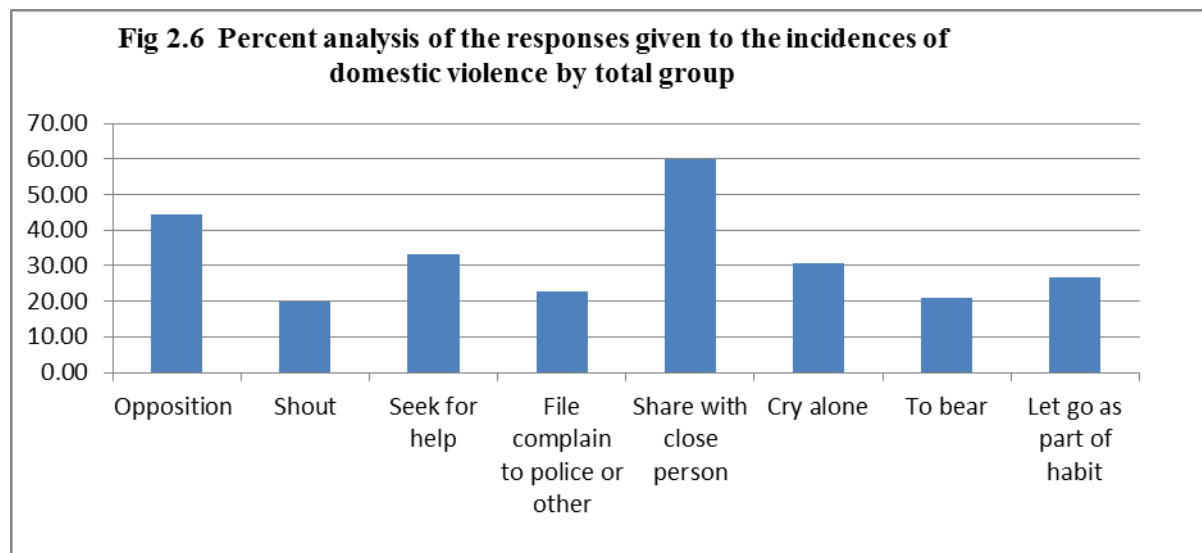


Table 2.6 illustrates the percent analysis of the responses given to the incidences of domestic violence. It is observed that sharing the emotional turmoil with a closed person is the most frequently chosen response, followed by some kind of opposing/confronting behavior. access to Seeking for some help or crying alone are also observed frequently. Many have considered this violence as a habitual part of life. A very small percentage actually registers complaint at the police stations. Equal percentage of shouting/passively bearing with the incidence is noted. This seems to be very obvious as knowledge and access to legal aid is not so readily available with them. And watching violence in close circles right from childhood as mentioned by many in the discussions may have contributed to a passive/ habitual acceptance of the same.

| Group       | Other Family Members | Parents & Relatives | Neighbours and Known people | Self-help group friends | Local NGO Members | Local Police Station and Government Officials |
|-------------|----------------------|---------------------|-----------------------------|-------------------------|-------------------|---|
| Total Group | 54.87                | 41.16               | 33.94                       | 33.57                   | 39.35             | 18.77   |

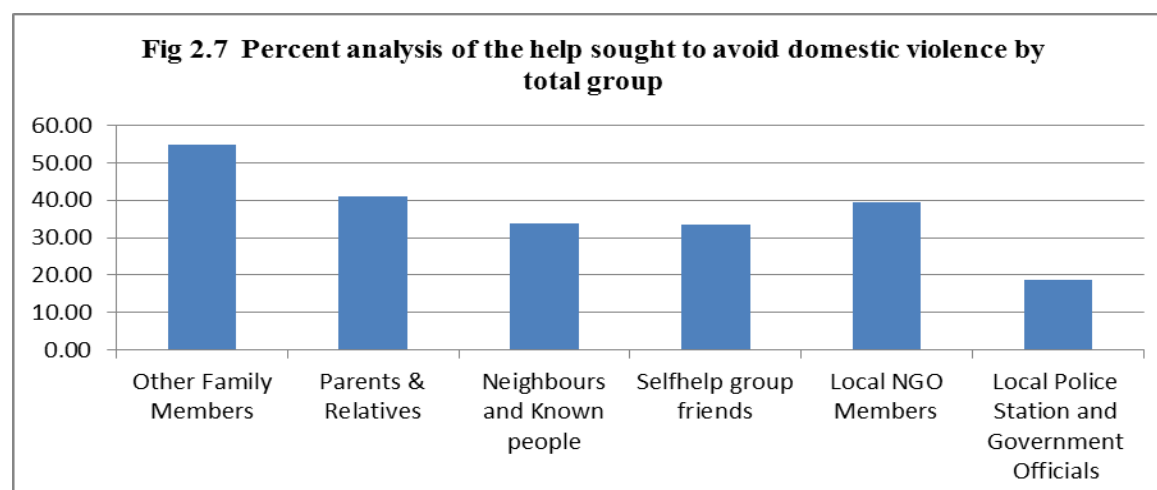


Table 2.7 shows the percent analysis of the help sought by the respondents to avoid domestic violence. It is seen that highest percent of them seek help from immediate family members (from in-laws family), followed by parents, maternal relatives, self-help group -local NGOs and neighbors. Very few have actually approached police stations. This is also consistent with the observations in table 2.6.

| Sr No | Group                | Opposition | Shout | Seek for help | File complain to police or other | Share with close person | Cry alone | To bear | Let go as part of habit |
|-------|----------------------|------------|-------|---------------|----------------------------------|-------------------------|-----------|---------|-------------------------|
| 1     | Beneficiaries        | 40.94      | 22.82 | 37.58         | 22.15                            | 58.39                   | 35.57     | 29.53   | 28.86                   |
| 2     | Front End Mobilizers | 48.44      | 16.41 | 28.13         | 23.44                            | 61.72                   | 25.00     | 10.94   | 24.22                   |

**Fig 2.8 Percent analysis of the responses given to the incidences of domestic violence by beneficiaries and front liners**

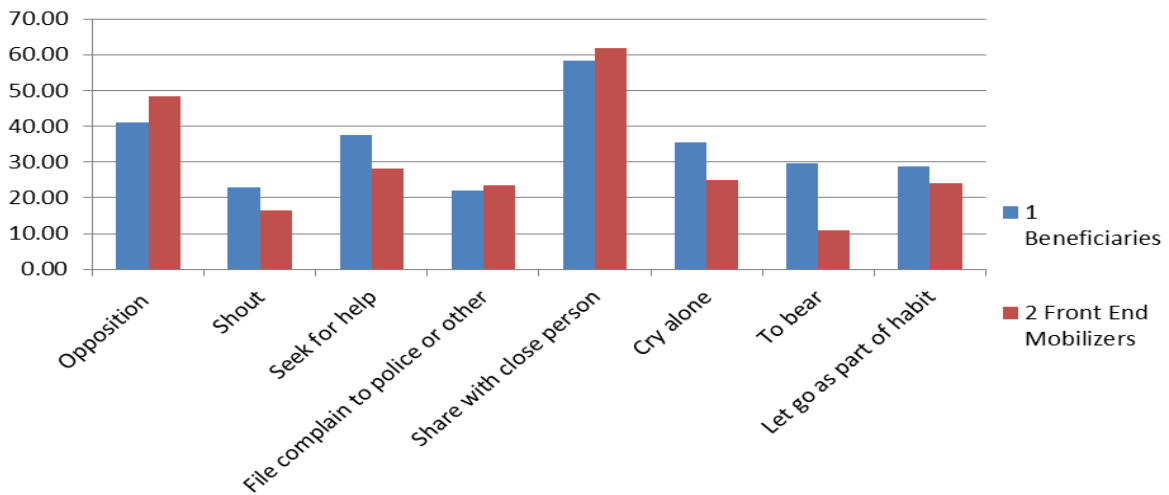


Table 2.8 shows the type of responses given by the beneficiaries and front liners. It is clearly seen that the front liners are giving considerably more assertive responses. Very few of them seem to cry alone, shout or consider this violence as a part of routine. The front liners have dropped the passive acceptance of domestic violence as compared to the beneficiaries.

**Table 2.9 Percent analysis of the help sought to avoid domestic violence by beneficiaries and frontliner**

| Sr No | Group                | Other Family Members | Parents & Relatives | Neighbours and Known people | Self-help group friends | Local NGO Members | Local Police Station and Government Officials |
|-------|----------------------|----------------------|---------------------|-----------------------------|-------------------------|-------------------|---|
| 1     | Beneficiaries        | 50.34                | 40.94               | 32.89                       | 32.89                   | 38.26             | 19.46   |
| 2     | Front End Mobilizers | 60.16                | 41.41               | 35.16                       | 34.38                   | 40.63             | 17.97   |

**Fig 2.9 Percent analysis of the help sought to avoid domestic violence by beneficiaries and frontliner**

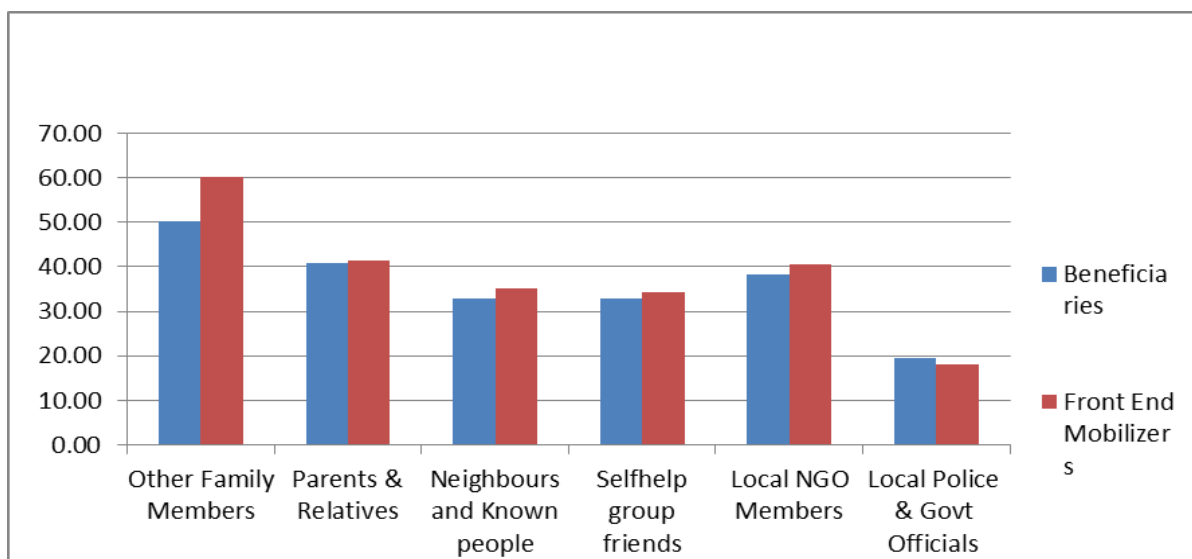


Table 2.9 Shows that the help sought from family members by the front liners is significantly more as compared to the beneficiaries which indicates their being vocal about it. The overall incidence of seeking help from different agencies is also more in case of front liners. This is quite consistent to the earlier analysis indicating a higher feeling of safety and emotional wellbeing among the front liners. Through their work with the organization they seem to have built the courage and skills to confront such situations more tactfully or reduce the potential possibility of such things happening to them.

### 3.4-Correlational analysis:

An effort was made to see the relationship between perceived quality of QOL and vulnerability and actual experiences of domestic violence ( as measured by MHMP)for the given population as indicated in table 3 below.

|   |     | Me and My Life Total | Status in Family (SFAM) | Reproductive & General Health (RGHL) | Subjective Well Being (SWB) | Legal Rights Awareness (LRAW) | Career Development Opportunities (CDP) | Contribution in National Productivity (CNP) | My Home My Problem Total |
|---|-----|----------------------|-------------------------|--------------------------------------|-----------------------------|-------------------------------|--|---|--------------------------|
| Me and My Life Total(TOTM ML)               | r   | 1                    | <b>.688**</b>           | <b>.607**</b>                        | <b>.363**</b>               | <b>.778**</b>                 | <b>.770**</b>                          | <b>.817**</b>                               | <b>.348**</b>            |
|   | Sig |                      | .000                    | .000                                 | .000                        | .000                          | .000                                   | .000  | .000                     |
| Status in Family (SFAM)                     | r   |                      | 1                       | <b>.414**</b>                        | .072                        | <b>.370**</b>                 | <b>.394**</b>                          | <b>.465**</b>                               | <b>.531**</b>            |
|   | Sig |                      |                         | .000                                 | .232                        | .000                          | .000                                   | .000  | .000                     |
| Reproductive & General Health (RGHL)        | r   |                      |                         | 1                                    | <b>.171**</b>               | <b>.354**</b>                 | <b>.284**</b>                          | <b>.352**</b>                               | <b>.173**</b>            |
|   | Sig |                      |                         |                                      | .004                        | .000                          | .000                                   | .000  | .004                     |
| Subjective Well Being (SWB)                 | r   |                      |                         |                                      | 1                           | <b>.268**</b>                 | <b>.265**</b>                          | .141*                                       | -.090                    |
|   | Sig |                      |                         |                                      |                             | .000                          | .000                                   | .019  | .137                     |
| Legal Rights Awareness (LRAW)               | r   |                      |                         |                                      |                             | 1                             | <b>.523**</b>                          | <b>.594**</b>                               | .111                     |
|   | Sig |                      |                         |                                      |                             |                               | .000                                   | .000  | .065                     |
| Career Development Opportunities (CDP)      | r   |                      |                         |                                      |                             |                               | 1                                      | <b>.570**</b>                               | <b>.247**</b>            |
|   | Sig |                      |                         |                                      |                             |                               |  | .000  | .000                     |
| Contribution in National Productivity (CNP) | r   |                      |                         |                                      |                             |                               |  | 1   | <b>.314**</b>            |
|   | Sig |                      |                         |                                      |                             |                               |  |   | .000                     |
| My Home My Problem Total(TOTM HMP)          | r   |                      |                         |                                      |                             |                               |  |   | 1                        |
|   | Sig |                      |                         |                                      |                             |                               |  |   |                          |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).



From table 3 it is observed that a highly significant relationship exists between the two mentioned variables indicating that the better the quality of life enjoyed by a woman, lesser is the possibility of experiencing domestic violence and vice versa. When a deeper area wise analysis was done, it was found that status in family shows highest positive correlation with low level of domestic violence followed by CNP, CDP and RGHL. Interestingly no significant correlation was obtained between LRAW and low level of domestic violence. This indicates that though there is awareness about legal rights it is not being executed in the real life situations which is also consistent with the results in the earlier analysis.

Table 3 also shows the area wise internal correlations for the scale ‘Me and My Life’ with each other and the total score. All the values are significant at 0.00 levels indicating that the test has satisfactory internal consistency and all the areas contribute more or less equally to the total score.

**3.5-**Now comes the question of what attributes to the experience of domestic violence as far as the areas of QOL are concerned. A multivariate step wise regression analysis was undertaken to find out the answer.

| <b>Table 4 Stepwise Regression for My Home My Problem and Perceived Quality of Life of total group</b> |            |                             |      |                           |       |      |
|--|------------|-----------------------------|------|---------------------------|-------|------|
| <b>Coefficients<sup>a</sup></b>  |            |                             |      |                           |       |      |
| Model  |            | Unstandardized Coefficients |      | Standardized Coefficients | t     | Sig. |
|  |            | B                           | SE   | Beta                      |       |      |
| 1  | (Constant) | 22.39                       | 2.32 |                           | 9.67  | 0.00 |
|  | SFAM       | 0.77                        | 0.07 | 0.53                      | 10.4  | 0.00 |
| 2  | (Constant) | 32.88                       | 4.73 |                           | 6.94  | 0.00 |
|  | SFAM       | 0.78                        | 0.07 | 0.54                      | 10.66 | 0.00 |
|  | SWB        | -0.37                       | 0.15 | -0.13                     | -2.53 | 0.01 |

a. Dependent Variable: TOTMHMP

A stepwise regression was done to see which area of QOL contributes most to domestic violence. Table 4 shows that status in family contributes most to the later. It indicates that as the women’s status in family rises the probability of her facing domestic violence definitely decreases. This is an important empirical evidence in support of the efforts of these organizations towards assisting women to raise themselves up within an outside the family boundaries. Thus the quantitative analysis of the data has given some important findings regarding the status of QOL of the total as well as the subgroups. It has also discussed the comparison of the subgroups on the different areas as well as their responses to domestic violence in different ways. It has attempted to find out the inter-relationships between these variables and the way in which they influence each other.

# Qualitative Analysis

## 4.1-Focused Group Discussions:

### Focused Group Discussions:

Considering the limitations of the quantitative methods in unveiling the inner thought processes and impressions of the respondents two method of qualitative data gathering were used.

In the present study, the Focus group discussions were worthy source for information regarding the impact of the respondents' experiences with the organization. All of them belong to the category of beneficiaries of the respective organizations. The recording of the FGDs (their transcripts verbatim) were analyzed using the thematic analysis technique to relate them to the main objective.

The theme corresponded to six areas covered in the perceived quality of life scale and two more areas namely, "Initial condition" and "Mentoring" were identified.

Content pinned under these eight themes reflects how these respondents experienced a gradual but definite change in their quality of life as a result of their association with the organization. The analysis given below throws light on this very revelation.

#### 1. Initial Condition :

As most of these respondents belongs the deprived section of society, they hardly had an identity of their own. They have mentioned they were financially completely dependent on their spouse for even small trivial needs. They had no exposure to any kind of financial transactions, (except day to day expenses) which give them an insight into their quality of life. They were also withheld from many practical realities regarding financial or social status of the family. Before they got associated with the present organization they faced number of serious family issues like, addiction of the spouse, financial crisis, death of dear once, separation from husband etc. to which their response was of either apathy or depression. They hardly had any family support for their decisions and whenever they wanted to restructure their priorities it was opposed by the family members as well as the community. They also mentioned that they hardly had any freedom to express the opinion and were constantly under pressure of different do's and don'ts in and outside the family. There were many gender stereotypical restrictions and their life was constrained to only home and child care. Their confidence levels were low, and they were ignorant about the different legal provisions available for their own benefit.

Their educational status was low or mediocre, holding them back from taking opportunities to grow. Their health issues were either ignored or suppressed and their allover status in the family was quiet at the bottom of the pyramid.

As these women came in contact with respective organization the parading shift has been experience by themselves on different aspects of the quality of life which have been consolidated and given bellow.

*Sample responses:* [“संस्थेत येण्याच्या आधी आम्ही घरीच होतो, बाहेरच्या कामाची आम्हाला अजिबात काहीच कल्पना नव्हती, घर म्हणजे, चूल आणि मूल इतकच विश्वं होतं!”

“संस्थेत येण्यापूर्वी फारसे बोलताच यायचं नाही, कुणाशी दोन शब्द बोलायलाही भिती वाटायची.”

“पूर्वी गावात महिलांवर खूपच निर्बंध होते!”]

## 2. Material wellbeing :

Though their actual material wellbeing (that is possession of valuable goods, property, income etc.) doesn't show a drastic change, some significant change regarding their aspirations is observed or noted. They wish to avail a descent lifestyle with basic needs fulfilled along with some concrete expectations from future. One member (she can be any one of the respondents of the group) has mentioned recurrently about her plans to move to “her own” household which would fulfill her dream for years. Because of the partial assured income due to organizational support, to some extend these women are also keen to reserve for future prosperity, so their insight with respect to material prosperity seems to be reshaped. One of them is also claiming the portion of the parents' property, fought the case in the court and has won.

[“आम्ही बचत गटातून कर्ज घेऊन आमची गाडी घेतली, सूनूला किराणाचे दुकान थाटून दिले, आता व्यवस्थित चालू आहे आमचं!”

“पूर्वी मातीचीच घरं होती गावामध्ये, आता लोकं पक्कं घर बांधकाम करून घेऊ लागलेत!”

“महिला घरात पैसे कमवून आणते म्हणून आता तीचं मत खर्चासाठी विचारात घेतलं जातं, मुलांच्या शिक्षणासाठी, शेतीसाठी, की भविष्यातल्या गुंतवणुकीसाठी यात तीचा विचार घेतला जातो.”]

## 3. Reproductive and general health :

Though in the quantitative analysis the factual Quality of Life with respect to health is at a top position and also the importance given to it, by these women is on the same plain, their perceived satisfaction about the general health is comparatively low. The focused discussion is however support the first two observations. Many of them owe this to the health awareness

programs conducted regularly at the organizational level. They have mentioned that due to their association with the organization their concept of sanitization as well as the facilities availed has undergone a drastic positive change. They have regularly been receiving information about proper medication and family planning programs which has contributed to their reproductive as well as general health.

Certain educational programs covering training in 'Yoga' and 'self-care' have also helped in building their health positively. One respondent has specifically mentioned regarding the guidance provided to them about the teenage developmental changes which has pulled their attention towards prioritizing the women's health in the family.

A social movement banning alcohol in the village has also been mentioned as a contributory event to the women's health.

Thus the impact of the organizational climate as well as exposure to diverse actions to monitor and enhance the health of the beneficiaries seems to have succeeded a lot.

*["कुणी आजारी असेल, किंवा कुठल्या बाईच्या बाळंतपणासाठी एक फोन केला की, डॉक्टर येतात गाडी घेऊन पाडयावरती!"*

*"आम्ही, 'एक कळी उमलताना' हा किशोरवयीन मुलींसाठी कार्यक्रम घेतो वस्तीत. त्याच्यात, मासिकपाळी बदलची माहिती, वैयक्तिक स्वच्छतेबाबत, आरोग्याबाबत माहिती सत्रं व माहिती पटही दाखवतो."*

*"पाक्षिक बैठकीत, आयुर्वेदिक तज्ञांमार्फत कुणाला काही आरोग्यासंदर्भात तक्रार असेल तशी वनौषधींची माहिती सांगितली जाते, गावात शंभर टक्के सॅनिटायझेशन आहे त्यासाठी लोकसहभाग असतो. तरुणांसाठी योगाभ्यास, जिम चालू असते!"*

*आम्ही गावात आरोग्य समितीपण स्थापन केली आहे, 'जनकल्याण आरोग्य समिती' यातील जमा निधीमार्फत एखाद्या गरीब, गरजू महिला आजारी पडल्यास तीला दवाखान्यपर्यंत नेणे त्यातून तिच्या उपचारांसाठी पैसे पुरवले जातात."]*

#### **4. Career Development opportunity / Productivity:**

The main aim of most of these organizations' has been to uplift the women by providing them a fulcrum (platform) for financial and psychological self-sufficiency. Accordingly it is observed that the women have best used this opportunity by openly embracing the learning and working opportunities provided to them. Many have mentioned that the job oriented trainings, the SHGs activities have taken them to new frontiers in the local work markets. Many of them have been involved in tasks like, homemade product, small business initiative, agricultural cultivation etc. giving them a sense of achievements as well as financial independence.

Most respondents seem to have worked very hard for years together to reach to this stage. Some interesting responses were also noted. These women value the transparency in the work. That is why they are taking risks (smaller to calculated) are using their creativity to reach this goal of self-sufficiency. Some of the respondents have urged to keep transparency in work. Once their confidence has up surged the motivation to go ahead with proper emotional competencies is almost necessary.

Many such initiatives have been very crucial in building the above mentioned capacities in the respondents. They have mentioned a significant rise in their independent financial transactions, as well as in day to day work. This feeling of being productive in terms of money and time both has given them a sense of achievement.

[“आम्ही अडचणीत असणाऱ्या इतर महिलांची विचारपूस करतो, नेमकी अडचण समजून घेतो, ज्यांना संस्थेत येता येत नाही त्यांना घरून काय प्रकारचे काम करता येईल तसं सुचवतो. संस्था त्यांना मार्केट उपलब्ध करून देते, मग त्या महिला घरून माल तयार करतात, बचत गटांच्या माध्यमातून उन्हाळी पदार्थ बनवतात. संस्थेच्या माध्यमातून - मार्गदर्शनातून अशा अनेक महिलांनी स्वतःचे उद्योग सुरु करून उत्पन्नं सुरु केलं आहे.”

“संस्थेच्या बचतगटातून वेळोवेळी कर्ज मिळाल्याने आमचा छोटा धंदा होता त्यामध्ये खूप बदल झालाय आता आमचं ऑटोमोबाईलचे मोठ्या गाड्यांच्या स्पेअर पार्टसचं दुकान आहे!”

“संस्थेच्या बचतगटातून मला शिलाई मशीन मिळाले, मग मी इथला शिवणाचा अँडव्हांस क्लास केला आणि स्वतःचा व्यवसाय सुरु केला आणि मला त्यातून रोजगार मिळू लागल्याने मी खूप समाधानी आहे!”]

## 5. Subjective / Emotional Wellbeing :

An individual quality of life largely depends on his or her feeling of subjective or emotional wellbeing. Research states that there is a paradox of affluence. The higher a person climbs on a ladder of material wellbeing, after a particular saturation point it no longer gives the same feeling of contentment as in previous moments, rather the decrease in emotional wellbeing the quality of life negatively.

The focused group discussions in the present study reveal that these women beneficiaries have experienced an ascending graph of subjective / emotional wellbeing due to the exposure they have been experiencing. Most of them have mentioned that their involvement in their programs of the organization triggered the awareness regarding need to improve oneself with respect to Psychological/emotional capacities. The free and open communications, channels, a busting-encouraging work climate has significantly influenced their self-confidence. They have started respecting their own self, are treating themselves as independent identities, and

are enjoying a feeling of empowerment from within. They have perceived a rise in their readiness/willingness to take up new responsibilities/challenging targets without being stressed. The overall reduction in their physical and psychological stress is entitled or credited unanimously to their association with the organization. They have mentioned a positive change in their coping strategies wherein the use of constructive options seems to give them a clear view of what makes them happy but they have also gathered the capacity and skills to impart it to others. They no longer submit passively to gender induced pressures/violence any more.

Some of them have gathered the courage to counter such incidences and raise their own self-image above the brim of helplessness.

[*“पूर्वी मला नाव सांगायचीही भीती वाटायची, पण आता संस्थेत आल्यापासून आमचा आत्मविश्वास वाढला आहे!”*

*“या संस्थेत आम्ही एकत्रं येऊन एकमेकींचे सुख-दुःख वाटून घेतो, एकमेकींना आधार देतो!”*

*“स्वतःचा स्वतःकडे बघण्याचा दृष्टीकोन बदलला, कॉन्फिडन्स वाढला आहे!”*

*“बचत गटांच्या मिटींगना जाऊन जाऊन स्वतःत बराच बदल झाला, भीती गेली, धाडस अंगी आलं!”*

## **6. Safety and security / Legal rights awareness:**

The constitution of India provides women a very strong base of legal provisions to counter the age-old Hippocratic, patriarchal, gendered ways of exploiting her body, mind and social existence. These patriarchal norms have been very strong and pressurizing to keep a woman from treating her own self as a ‘human being’. The moment she comes in contact with small window exposing her to her rights as a citizen in a democratic institution, that exposure propels her to execute them and built a self-respected identity. These focused group discussions approve of the above mentioned process. Most of the respondents have mentioned that their association with the organization has made them aware about their legal rights and the safety availed through them. It has also made them aware that gender equality is not a utopian/ideal goal but it can actually be exhibited in their own lives provided they strive hard for it. Apart from the legal awareness the organizations have proved to be a strong safety-net for these women in number of ways. It has supported them during financial crisis, through fulfilling their basic needs also. In case of family emergencies, desertion from in laws, these women have been provided temporary or long term shelters to protect their physical and psychological health. The main feature of these organizations, in giving this feeling of safety to the beneficiaries’ is e the, ‘nonjudgmental, non-evaluated, free to talk’

atmosphere. This has made a huge impact on their feeling of 'being in safe hands'. In some cases the senior workers in NGOs have also intervened in their family matters (addiction, domestic violence etc.) and have assured them of their physical and psychological safety. In some cases the strong network of fellow beneficiaries has boosted the confidence for countering situations which were potentially abusive / exploitative. This support is a key element in developing the 'we feeling' ultimately leading to reduction of pressure / fear about getting exploited.

One more important aspect of this 'we feeling' relates to the extinction of other divisive social identities based on cast and class making them adopt a single common identity of being a fellow women in the organization. This has had a tremendous positive impact on their feeling of solidarity ultimately making them feel safer and secure.

*["आमची कुठलीही अडचण आम्ही संस्थेत मांडतो, फी, कापड, धान्य अशी कुठलीही मदत आम्हाला संस्थेतून मिळते!"*

*"संस्था ही आम्हाला परिवारासारखीच आहे, आणि आपल्या जवळचीच असल्यामुळे इथे प्रत्येकीशीच आम्ही सुख-दुःख बोलू शकतो, संस्थेकडून आधार मिळतो!"*

*"या संस्थेचा गावाला उपयोग होतोय, या संस्थेकडून गावात बालवाडी चालवली जाते, मुलांना आहार वाटप, फळं इथे पुरवली जातात."*

*"संस्थेच्या आधारगटाच्या माध्यमातून आम्ही एका, व्यसनी नवऱ्याच्या त्रासाला कंटाळून विहिरीत जीव द्यायला निघालेल्या महिलेला, वेळेवर माहिती मिळाल्यामुळे रात्री जाऊन वाचवले, वेळेला पोलिसांची मदत घेऊन, तिच्या नवऱ्यालाही समज दिली."]*

## **7. Place in community / Contribution in National productivity:**

According to Alfred Adler, "Every human being has a sense of societal belongingness which pushes him or her to do some good to the people / society around."

The humanitarian stream (Maslow) also emphasize on the need for belongingness getting translated in to the need for "doing good" to others when, a person strives for self-actualization. When the individual understands that his or her identity is not completely independent of the social fabric, he or she begins to introspect about what kind of contribution can help his or her self to get connected with the larger social self. In case of the respondents in the present study, the opportunities they have fetched with respect to education (formal/informal) have helped them in widening their thinking about the society as a broader expression of self. This clarity of roles may be expressed in terms of contribution to the national productivity in different ways ultimately resulting in an elevated place in the surrounding community. The respondents in the present study have clearly demonstrated this

journey from 'self to social self' by narrating their impressions about the topic mentioned. They have clearly stated that their association with the organization has led to the respect that they are now enjoying from the community members.

This association has motivated them not just in helping others, but also contributing significantly in the development of the people around them. They call it as their social contribution. They have sensed the change of attitude of the community towards their ventures. Their increased professionalism, though in their small endeavors has made them more assertive and earned them a high level of appreciation which was a dream for them in the past. This rise in self-efficacy and self-esteem has further been translated in taking up activities beneficial to people beyond family members. Some of them have taken up lead roles in social matters, local, politics development initiatives without expecting any material gain.

*["संस्थेतून काम करताना, मी आर्थिक स्वावलंबी झाल्यावर तोच समाज आता माझ्याकडे चांगल्या नजरेतून बघू लागलाय, आपल्या मागेही लोकं चांगलेच बोलतात, संस्थेच्या माध्यमातून चांगलं काम करण्याचं हे खूप समाधान आहे!"*

*"समाजात एक ओळख, मान मिळत आहे!"*

*"संस्थेच्या वेगवेगळ्या कामांच्या माध्यमातून आम्ही गावात, लिंगभाव व स्त्री-पुरुष समानता या विषयी माहिती सांगत असतो आता त्यामुळे लोकांना मुलींचं महत्त्व पटायला लागलं आहे, तीला घरात स्थान दिलं जातं!"*

*"बैठकीतलं वातावरण खूप चांगलं असतं, आम्ही जे मुद्दे मांडतो त्यांच्यावर लोकं काही प्रश्नं विचारतात त्याला आम्ही उत्तरे देऊ शकतो, आमचं जे विकासाचं काम आहे ते गावासाठीच आहे, त्यात गावाची आम्हाला खूप साथ असते!"*

## **8. Status in family / Intimacy :**

Generally family is an important source of motivation for an individual, especially for women. The different roles a woman has to take up for catering her family defines her status and worth in the family. She is also very sensitive about her physical and psychological connect with respect to all family issues. Status in the family and intimacy with close ones are quite interdependent.

The analysis of the present focused group discussions' also reflect the same emphasizing on the change in the respondents' status within family and quality of intimacy because of their association with and exposure of the organizational activities. They have mentioned that this association has significantly influenced the degree respect and appreciation received from the significant others. As they took the initiative of bearing the responsibility for fulfilling the



requirements of family members the latter's outlook has changed considerably. Family members have started recognizing the respondents' contribution in the family welfare and have started appreciating it. Initially their family members were quite reluctant in approving or even recognizing their association with the organizational activities.

However, as the respondents' slowly exhibited personal growth in terms of psycho-social attributes as well as financial empowerment, the earlier reluctance of family members subsided and got replaced by an accepting and motivation building approach. One respondent has narrated how earlier her husband was not much positive about her engagement with the NGO but later his changed approach has triggered him to complement his wife for giving more importance to knowledge than money. Many respondents' have happily stated how the earlier restrictions on their mobility slowly vanished. Now is the state that the significant others themselves are keen to see that the woman participates in the organizational activities. Not only this, they also have voluntarily offered the support system for the so called 'feminine responsibilities' like, cooking and child care'.

When the family members realize that, these women can avail a substantial financial backup which can change the face of the family quality of life this realization brings about a tremendous change in the status they want to assign to the respondents'. Secondly because of the exposure these women become highly independent and self-sufficient in handling day to day financial or practical affairs which is why their male counter parts now understand the hollowness in playing an unnecessary power game. Thus sometimes out of self-initiative and sometimes out of compulsion they have accepted the change of the status enjoyed by these respondents' in the family. As these women have become more capable of looking beyond their own personal lives, their relationships with significant others also have become more intimate though less dependent.

*["आता आमच्या घरचे लोकही 'वहिनी सक्षम झाली, काही तरी विशेष काम करते या संस्थेतून' असं म्हणतात!"]*

*"घरात एखादी गोष्ट मी पटवून, समजावून सांगितली की घरचे ते ऐकतात आता!"*

*"घरातून मला पूर्ण पाठिंबा मिळतो, संस्थेतील कार्यक्रमांना सोडतात, आणि मला घरीही नीट वागवतात!"*

*"आता मी विचारांनी स्वतंत्र आहे, कारण मला आता, मी इथे जाऊ का? असं विचारवं लागत नाही आणि घरचेही मला अडवत नाहीत!"*

*"पूर्वी फक्त स्वयंपाकापुरतच बाईला महत्त्व दिलं जायचं पण आता घरातला करता पुरुषसुद्धा, 'काही तरी आपल्याला गरज पडली उद्या तर, ही आपल्याला मदत करू शकते असा विचार करू लागलाय!"*

“आम्ही पाच जावा आहोत घरी एकत्रच राहतो, आम्हाला पण संस्थेत येऊन गोधडी शिवायच्या होत्या. मग ठरवून दोघींनी घरचं सांभाळायचं आणि तिघींनी संस्थेत यायचं असं ठरवलं, मग मॅडमनी पण आम्हाला डिझायनर गोधडी शिवायला शिकवली, आम्ही इथे येऊन शिकायचो आणि घरी जाऊन त्यांनापण शिकवायचो. आता एकमेकींना मदत करत संस्थेत एकत्र काम करतो आम्ही!”]

## 9. Mentoring :

All these women respondents' seem to have a long struggle headed journey in their lives. They have done genuine efforts to rise up from the difficult and agonizing situations with tremendous courage. However unless a person gets a strong psychological and practical backing it is very difficult to reach the pedestals one desires. Similarly here Also almost every respondent has credited her achievement in life to the spontaneous, empathic and well directed mentoring offered unconditionally by the senior workers from respective organizations. (Most of the times these mentors are the founder members or apex members of the team.) This mentoring has multiple faces. It includes direct help to the family in crisis situation up to gradual shaping of personal attributes of the respondents.

Here goes a list of such efforts taken by the mentors:

Backing in individual and family decisions, providing accurate and timely information, assurance of basic needs, offering responsibilities, triggering unexplored capacities, creating awareness about financial risks and responsibilities, gender equality, health issues, family planning etc.

Enabling to take up leadership roles in the vicinity, trusting with independent responsibilities, showing pathways to qualitative work habits, organizing structured trainings for hard and soft skills development, creating social and legal awareness, providing opportunity for representing the organization in the community, providing a patient listening to their thoughts and emotions, inculcating team work practices and ethics etc.

The list can be unending but what is important is that this mentoring has been completely unconditional and spontaneous. It has been highly individualistic in nature. Though the mentors have been dealing with many such members, their personalized way of commuting and communicating has made each of the members feel as if she was a special person. These mentors have actually lead by example which has created a very long lasting impression on the respondents' minds.

[“संस्थेत कामाला लागल्यानंतर जसजशी जबाबदारी पडत गेली आणि संस्थेच्या प्रत्येकाकडून मिळालेल्या मदत, मार्गदर्शनामुळे आता हजार माणसांचाही स्वयंपाक आम्ही व्यवस्थित करू शकतो!”

“भाबी आणि आमच्या माई आमची खूप काळजी घेतात, प्रत्येक गोष्ट वाटून घ्यायला शिकवतात, त्यांच्याकडूनच सहकार्याची गोष्ट शिकलो!”

“महिन्यातून एकदा आमच्या संस्थेत ‘सहविचार’ बैठक असते तिथे आम्ही सगळ्याजणी एकत्र येतो!”

“डॉक्टरांनी आम्हा गावकऱ्यांना खूप मदत केली. प्रत्येकाची गुण-कौशल्य ओळखून तशी पुढे कामाची संधी देतात!”

“मी माझ्या तरुण वयात विधवा झालेल्या जावेला तिच्या इच्छेप्रमाणे पुढे शिकण्यासाठी शहरात जायला पाठिंबा दिला, मार्गदर्शन केलं!”

“एखादी महिला दुःखी असेल तर तिच्याशी ‘आधारगटाच्या’ माध्यमातून बोलतो!”]

1. Thus this qualitative analysis of focused group discussions indicated towards certain conclusive statements:
2. The exposures experienced by these respondents at their organizations is highly charged with motivation and feeling of identification with the organization.
3. This identification has brought them to a position where they have found their own inner self.
4. Their Quality of Life has been deeply and significantly influenced in a concrete and long-lasting way.
5. The combination of the mentors’ vision – attitude and selfless involvement along with the beneficiaries’ eagerness to learn, resilience to fight back the odds, and the involvement of both has proved that ‘Feminist Ideology’ (As defined in ref.....) can percolate down in day to day life and language if structured and organized efforts are introduced with enough dedication and perseverance.

This qualitative analysis supports and gives a deeper meaning to the observations procured through the quantitative analysis.

#### **4.2- Impression gathered through sample interviews**

##### **Qualitative analysis of interviews:**

Individual interviews were conducted with the lead members (founders or in charge persons) from each organization. The huge data gathered from these interviews was highly emotionally loaded as well as full of experiential learning and realizations. Thematic analysis was applied keeping the main areas of QOL as the guiding themes

along with an additional aspect of what triggered these women to get involved in the work undertaken.

### 1. Trigger points-

A variety of triggers have been identified which motivated these women to get involved in herculean task. It ranges from a personal family crisis to legacy of family involvement. Individual needs (health/financial issues) have also contributed to it. One respondent jump into the work because her family restricted her from doing a corporate job while other one started as an anganwadi worker but learned the practical aspect of life and increased her involvement. Some started out of mere curiosity and later got attracted to the novelty and challenge in the work. Some responded to the natural traumas as social contributions and pursued newer challenges ahead. One respondent herself was a victim of domestic violence and wanted to build her own-self.

**Sample responses:** [“संस्थेत काम करणाऱ्या आमच्या शेजारच्या काकूंना आमची परिस्थिती माहित होती, माझे मिस्टर व्यसनी, परिस्थिती खूप हलाखीची, मग त्या म्हणाल्या की, ‘अशी रडत बसू नको संस्कार वर्ग घेण्याचा तुला अनुभव आहे, संस्थेतही अशा वर्गाची आवश्यकता आहेच तर तू रडत बसण्या पेक्षा संस्थेत कामाला लाग!”

“मी संस्थेच्या शाळेची माजी विद्यार्थिनी आहे, नंतर संस्थेतर्फे पुण्यात उच्चशिक्षणासाठी गेले, ते पूर्ण झाल्यानंतर संस्थेसाठीच काम करण्यासाठी इथे परत आले. आणि माझी ‘रेक्टर’ म्हणून नियुक्ती झाली!”

“सामाजिक कार्याचं बाळकडू मला माझ्या आईकडूनच मिळालं, आई लीडर नव्हती पण आईवर सगळ्यांचा विश्वास होता. कुठलीही अडचण / समस्या आईकडे घेऊन लोकं आली तरी ती सोडवायचीच. त्यातून मी प्रेरणा घेऊन पुढे एम.एस. डब्लू केले!”

“मी स्वतः अन्यायग्रस्त असल्यासारखी होते, मुलांसह राहण्यासाठी माला संस्थेत थारा मिळाला, त्यानिमित्ताने मी संस्थेत आले, नंतर इथे अधीक्षिकेची जागा रिकामी

होती, काकूंनी अधिक्षिकेच्या पदावर मला घेतले, काही मिळेल या अपेक्षेने आले नव्हते, आधार मिळेल या अपेक्षेने आले होते!”]

## 2. Reproductive and General Health-

The respondents noted that because of their work, their own awareness about health issues have increased as well as they can speak on sensitive matters with people with confidence. They could organize health camps for women and children, it help them understand the dire need of health services reaching out to women in interiors issues like use of sanitary napkins, menstruation problem have become a common topic for them to deal with.

**Sample responses:** [“शारीरिक, मानसिक आरोग्य, वैयक्तिक स्वच्छता, प्रजनन आरोग्य याबाबत आम्ही महिला व मुलींशी नेहमीच चर्चा करत असतो, ज्यांची जी समस्या आहे तसे तोडगे काढतो!”

“पाण्याच्या समस्ये निमित्त एकत्र आल्या सर्व महिला की, त्यांना, मुलगा-मुलगी समानता, मुलासाठी प्रयत्न करणाऱ्या आणि म्हणून चार-चार बाळंतपणं करणाऱ्या महिलांना पुढे जास्तं बाळंतपणांमूळे निर्माण होणाऱ्या आरोग्याच्या प्रश्नांबाबत समजावून सांगत असतो!”

“आमच्याकडे भारत वैद्य कार्यकर्त्यांचे एक मॉडेल आहे त्याद्वारे गाव पातळीवर ‘एस.टी. च्या खर्चात आरोग्या दारात’ अशा योजना असतात. त्यामध्ये किरकोळ दुखणी असल्यास घरपोच आरोग्य सुविधा दिल्या जातात. शिवाय हे मॉडेल आशा कार्यकर्त्या देखील वापरतात, गावातील लोकांवर याचा चांगला परिणाम झालेला दिसतो!”]

## 3. Career Development Opportunities –

The organizational work has opened new doors to them to learn new skills. They have been able to optimize resources and have learned problem solving techniques. Many of them could pursue new educational courses and sought professional training. Small scale, business development, self-help group management

,conducting gender equality programs and many such initiatives have help them to grow and achieve more.

**Sample responses:** [“स्वाधार नावाचे अन्यायग्रस्त महिलांचे एक निवासी युनिट आहे तिथे मी निवासी अधीक्षिका म्हणून आहे यात सर्व लाभार्थींच्या निवासाचे नियोजन मी बघते!”

“अत्याचारित महिलांच्या पुनर्वसनासाठी, काही व्यावसायिक शिक्षणाबाबत संधी देतो, उदा.: ब्युटीपार्लरचा कोर्स करायचा असेल, शिवणकाम शिकायचे असेल, कुणाला स्वतःचे शिक्षण पूर्ण करायचे असेल तर अशांना संपूर्ण मदत, मार्गदर्शन करतो!”

“संस्थेतर्फे, गृह उद्योग व त्यांचे स्टॉल, शेड मधील शेती असेही प्रकल्प चालू आहेत!”

“या संस्थेत लागल्यावर मी पुण्यात समुपदेशनाचे अडीच वर्षांचे ट्रेनिंग घेतले आहे तसेच, स्त्री-पुरुष समानतेचे प्रशिक्षणही होतात, त्याप्रमाणे आम्ही समाजात जाणीव-जागृतीचे कार्यक्रम घेत असतो!”]

#### 4. Effective method of women empowerment-

Through their experience these members feel that education (formal and informal) is the best tool to bring in women empowerment. Spreading awareness about gender equality involving boys and men can change the age old patriarchal mindsets. Making women financially self-sufficient is the key to let her and the significant others know that she is no more and object of mere gratification. They have mentioned that the different trainings offered for skill and attitude building has contributed in developing their own self-respect and that of their fellow workers.

**Sample responses:** [“महिला जर खऱ्या अर्थाने सबल व्हावी असे वाटत असेल तर, तिने स्वतःच्या पायावर उभे राहिले पाहिजे त्यासाठी प्रथम शिक्षण घेतले पाहिजे!”

“महिलांचे बचतगट करून त्यांना त्यांच्या आवडीनुसार प्रशिक्षण द्यायचे आणि आर्थिक स्वावलंबी करायचे!”

“आम्ही महिलांना प्रशिक्षित करत आहोत, ती, स्वावलंबी व्हावी, दुसऱ्यावर अवलंबून न राहता तिने स्वतःची कामे स्वतः करावीत, त्यासाठी संगणक प्रशिक्षण खूप महत्वाचे आहे!”

“बचतगटाद्वारे, हिशोबाचे प्रशिक्षण, वेगवेगळ्या पदाधिकार्यांना पत्रव्यवहार, परिस्थितीनुसार कायद्याची माहितीसत्रं आम्ही महिलांना देत असतो!”]

### 5. Subjective well-being-

The association with the organization has given them a feeling of fulfillment. They have learned to respect themselves in a more positive way. The opportunities they received for overall personality development have increased a feeling of self-worth and they are more comfortable with themselves.

**Sample responses:** [“या संस्थेत आल्यापासून पوراचे शिक्षण झाले, १०वि, १५वि, बी.कॉम, एम.कॉम. होऊन आता तो दिवसाला हजार, दिडहजार कमावतो. इथे लागल्यापासून मी आता सुखी झाले. नवऱ्याचेही व्यसन आता कमी होऊ लागलय!”

“संस्थेने जडण, घडण्यात मदत केली. संस्थेत काम मी करत आहे, पण त्या कामापासून मी स्वतः घडत गेले, कौटुंबिक परिस्थिती सुधारत गेली, मुलांची शैक्षणिक पात्रता सुधारत गेली, माझे मिस्टर दारू प्यायचे पण संस्थेत कामाला लागल्याने त्यांचे व्यसन सुटले आणि माझी कौटुंबिक पार्श्वभूमी सुधारली!”

“लोकांशी बोलता येऊ लागलं, ताण कमी झाला आणि आपल्या पेक्षा दुःखी लोकं आहेत याची जाणीव झाल्यामुळे मी जास्त आनंदी राहायचा प्रयत्न करते. निर्णय क्षमता वाढली!”

“या संस्थेत कामाला लागले तेव्हापासून पूर्णपणे सक्षम झाले. स्वतःच्या पायावर उभी आहे, स्वतःचे निर्णय स्वतः घेते, आणि कुटुंबाचे निर्णयही मी स्वतःच घेते!”]

### 6. Contribution to National Productivity/ Place in Community-

Because of their pro people work nature, they seem to have received a social identity different than earlier. Societies approach towards their work and individual personality has become truly positive. They themselves believe that their work

contributes to the social good and get the similar feedback from community as well. They are getting opportunities to represent local bodies, social groups, and political groups on various platforms, which they owe to their prolonged association with the organizational responsibilities.

**Sample responses:** [“महिलांना खूप विश्वास आहे माझ्यावर. अनेक महिला माझ्याशी येतात बोलायला, पर्सनल प्रॉब्लेम्सही बोलतात माझ्याशी!”

“संस्थेच्या कामाचा लोकांवर चांगला परिणाम झाला आहे, खूप सुधारणाही झाल्या आहेत, आधी महिला घराच्या बाहेरसुद्धा पडत नव्हत्या, त्याच महिला आता मिटींगसाठी घराबाहेर पडतात, त्या सक्षम झाल्या आहेत. संस्थेच्या आरोग्यविषयक स्कीमला शासनाने मन्यता दिली आहे आणि ती आता शासन राबवत आहे. आपण संस्थेतर्फे गावोगावी आरोग्यसेविका उभ्या केल्या. दारुबंदी केली, महिलांवरील अत्याचारांविषयी कार्यक्रम घेतले आता ते अत्याचारांचे प्रमाण कमी होऊ लागले आहेत!”

“आमच्या कामाचा पॉझिटीव्ह परिणाम झालेला आहे. महिलांचे जीवनमान उंचवण्यासाठी मदत करत आहे. महिला वेगवेगळ्या पातळीवर नेतृत्व करत आहेत, बऱ्याचशा महिलांनी स्थानिक राजकारणातही स्थान मिळवले आहे!”

“माझ्या कामाची दखल घेऊन, ‘कन्यारत्न - महाराष्ट्राची कन्या’ म्हणून पुरस्कार दिला आहे, गडचिरोली पत्रकार संघाकडून ‘गडचिरोली गौरव’ पुरस्कार मिळाला आहे!”

## 7. Legal Right Awareness-

Being in the lead role these women has understood the importance of legal literacy and they are proactively spreading it in the community they work. Many of them have built strong social networks through which legal aid is provided to their beneficiaries’ one of them mentioned that it was her own experience of domestic violence that she was first compelled and then motivated to make use of the legal rights assertively.

**Sample responses:** [“२००० सालापासून आमचा ‘आदिवासी स्वशासन कायदा अभ्यासगट’ सुरु आहे. यात, ‘जात पंचायतीमध्ये महिलांचा सहभाग’ आणि ‘संपत्तीवर महिलांचा अधिकार’ हे दोन महत्वाचे विषय आहेत!”



“एका विधवा महिलेला व तिच्या मुलांना संस्थेच्या प्रयत्नातून तिच्या नवऱ्याच्या वडिलोपार्जित संपत्तीत हक्क मिळाला, स्वतःची जागा मिळाली. आता ती काही काम करून स्वावलंबी झाली आहे, आणि मुलांनाही चांगलं सांभाळत आहे!”

“कौटुंबिक हिंसाचार प्रतिबंधक कायद्याचे प्रशिक्षण मिळाले आणि आता ते आम्ही बचतगटांच्या महिलांना देत आहोत!”]

## 8. Status in Family-

When a person proves herself in society and society in turn starts respecting her, a tremendous change takes place in her status within the family. These lead workers mentioned that either because their families were basically egalitarian or they by their own example pushed the family members towards becoming egalitarian in nature. Their relationships with family members became more productive and at par due to their performance at workplace. Their feeling of belongingness with the organization got translated in the positive relations with close ones.

**Sample responses:** [“आता मी आणि माझे मिस्टर दोघे मिळून गावपातळीवर कार्यकर्ते म्हणून काम करतो. दोघेही वैयक्तिक पातळीवर जाऊन कुटुंबातील सदस्यांशी बोलतो, त्यांना कायदेविषयी माहिती देतो!”

“स्वतः घडा आणि इतरांना घडवा अशा अनेक शिकवण्या संस्थेने मला दिलेल्या आहेत. त्यांचा मी चांगल्या कामासाठी उपयोग करीन, सदैव संस्थेसाठी काम करत राहीन!”

“जोपर्यंत संस्था आहे तोपर्यंत काम करणार आहे. संस्थेने माझ्यावर जे संस्कार केलेत त्यांचा भविष्यात माझ्यासाठी, कुटुंबासाठी, व समाजासाठी चांगला उपयोग करणार आहे!”

“त्रासांमुळे मला माझं घर सोडावं लागलं होतं, पण आता संस्थेमुळे माझं घर एकत्र आलय, मी येताना एकटी आले पण आता माझ घर, कुटुंब माझ्या सोबत आहे, याचं मला समाधान आहे!”]

## CONCLUSIONS

- Health has been the top position area in factual and importance dimension for total group but satisfaction regarding health ranks lower.
- Place in community and material wellbeing are at the lower end for the total group.
- Safety and Emotional wellbeing are at top position on satisfaction domain for total group.
- Domestic violence faced by the respondents is not significantly high.
- The front liner group is far ahead of the beneficiary group mainly in the areas: LRAW , CNP and CDP on perceived quality of life scale.
- On factual dimension of Cummins QOI scale, front liners are significantly ahead in the areas of productivity, place in community and total score but no difference is seen on intimacy and emotional well-being.
- On importance dimension of Cummins QOI scale, front liners are significantly ahead on health, intimacy, safety and total score.
- On Satisfaction dimension of Cummins QOI scale the front liners hold an upper hand in actual productive engagement.
- The front liners are significantly less vulnerable to domestic violence as compared to the beneficiaries
- Status in family shows highest positive correlation with low level of domestic violence followed by CNP, CDP and RGHL. Interestingly no significant correlation was obtained between LRAW and low level of domestic violence.
- Status in family contributes most to the later. It indicates that as the women's status in family rises the probability of her facing domestic violence definitely decreases.

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**Appendix: I**  
**List of Abbreviations**

|        |                                       |
|--------|---------------------------------------|
| B –    | Linear Regression                     |
| CDP -  | Career Development Opportunities      |
| CNP -  | Contribution in National Productivity |
| r –    | Correlational Co efficient            |
| EWB -  | Emotional Well Being                  |
| HL -   | Health                                |
| INT -  | Intimacy                              |
| LRAW - | Legal Rights Awareness                |
| MWB -  | Material Well Being                   |
| MML    | Me and My Life                        |
| MHMP - | My Home My Problem                    |
| PC -   | Place In Community                    |
| PR -   | Productivity                          |
| QOL -  | Quality Of Life                       |
| RGHL - | Reproductive & General Health         |
| SAF -  | Safety                                |
| N-     | Sample size                           |
| SA –   | Self-Acceptance                       |
| Sig –  | Significance Level                    |
| SD –   | Standard Deviation                    |
| SE –   | Standard Error                        |
| SFAM - | Status in Family                      |
| SWB -  | Subjective Well Being                 |
| t –    | T test value                          |
| TOT-   | Total                                 |

## Appendix II

### Sample Items of tools

#### ➤ Comprehensive Quality Of Life Scale-

There are 3 sections in this test that is Factual, Importance and satisfaction

- Total 7 Areas -**
- |                          |                       |
|--------------------------|-----------------------|
| 1) Material Well Being   | 2) Health             |
| 3) Productivity          | 4) Intimacy           |
| 5) Safety                | 6) Place in Community |
| 7) Emotional Well-Being. |                       |

Factual section has 21 items while Importance & Satisfaction has 7 questions each  
Here minimum score is 3 while maximum is 15 for each factor.

Raw score is converted into percentage for which separate software for conversion is used.

#### Sample Items-

१ (अ) : तुम्ही कुठ राहता?

|             |                          |                                   |                          |
|-------------|--------------------------|-----------------------------------|--------------------------|
| स्वतंत्र घर | <input type="checkbox"/> | तुमचे स्वतःचे घर आहे की भाड्याचे? |                          |
| फ्लॅट       | <input type="checkbox"/> | स्वतःचे                           | <input type="checkbox"/> |
| खोली        | <input type="checkbox"/> | भाड्याचे/तात्पुरते                | <input type="checkbox"/> |

१. तुमच्या मालकी हक्काच्या गोष्टी तुमच्यासाठी किती महत्त्वाच्या आहेत?  
(भौतिक सुखाच्या गोष्टी)

|  |                          |                           |                          |   |
|--|--------------------------|---------------------------|--------------------------|---|
| सर्वाधिक<br>महत्त्वपूर्ण<br>(असलेच पाहिजे) | खूप<br>महत्त्वपूर्ण      | काही अंशी<br>महत्त्वपूर्ण | थोडे<br>महत्त्वपूर्ण     | अजिबात महत्त्वपूर्ण<br>नाही<br>(नसले तरी चालेल) |
| <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                        |

१. स्वतःच्या मालकी हक्काच्या गोष्टीबद्दल तुम्ही किती समाधानी आहात?

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| पूर्णपणे<br>समाधानी      | खूप<br>समाधानी           | बऱ्यापैकी<br>समाधानी     | काधीकधी                  | बऱ्यापैकी<br>असमाधानी    | नाखुश                    | पूर्णपणे<br>असमाधानी     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- **Me and My Life:** Measures perceived quality of life

Items: 60 items

**Areas** –Status in Family(SFAM), Reproductive & General Health(RGHL), Subjective Well Being(SWB), Legal Rights Awareness, Career Development Opportunities and Contribution in National Productivity

| क्र. | विधान  | नेहमी | कधी कधी | कधीच नाही | लागू होत नाही |
|------|--|-------|---------|-----------|---------------|
| १    | तुमच्या मनातील विचार कुटुंबीयांनी लक्षपूर्वक ऐकणे  |       |         |           |               |
| २    | बायकांच्या विशिष्ट आजारांच्या तपासणीसाठी तुम्हाला स्त्री रोग तज्ञांकडे जाता येणे               |       |         |           |               |
| ३    | असुरक्षित वाटणे  |       |         |           |               |
| ४    | गरज पडल्यास कायदेशीर सल्ला घेऊन स्वतःच्या हक्कांचा वापर करणे                                   |       |         |           |               |
| ५    | शिक्षणाचा वापर स्वावलंबनासाठी करता येणे  |       |         |           |               |
| ६    | सामाजिक समस्या सोडवण्यात पुढाकार घेणे (उदा.: व्यसने,शासकीय दिरंगाई,भ्रष्टाचार, शैक्षणिक अडचणी) |       |         |           |               |

- **My Home My Problems:** Measure level of Domestic Violence

Items: 15 (2 Sections)

| क्र. | वाक्य  | दररोज | अनेकदा | क्वचित | कधीच नाही |
|------|--|-------|--------|--------|-----------|
| १    | तुम्हाला तुमच्या घरातील जवळच्या व्यक्तीची भिती / वाटते का?   |       |        |        |           |
| २    | तुम्हाला कधी तुमच्या घरातील/ जवळच्या व्यक्तीकडून अपमानास्पद वागणूक मिळाली आहे / मिळत आहे का ?                                      |       |        |        |           |
| ३    | तुमचा तुमच्या घरातील जवळच्या व्यक्तीकडून शारीरिक छळ झाला आहे का /होत आहे का?   |       |        |        |           |
| ४    | तुम्ही अन्य पुरुषांशी बोलण्यावरून तुमच्या घरातील जवळच्या व्यक्तीकडून तुमच्या चारित्र्याबाबत कधी शंका घेतली गेली आहे का / जाते का ? |       |        |        |           |

### Nature of Tools

| Test No | Test Name                           | Test structure  | Test Measures  | Test Developed By | Test Language             | Standardized Status |
|---------|-------------------------------------|---|--|-------------------|---------------------------|---------------------|
| 0       | Data Sheet                          | Checklist   | Personal Details   | JPIP              | English / Hindi / Marathi | NS                  |
| 1       | Comprehensive Quality Of Life Scale | 3 Sections, Objective-Factual, Importance, Satisfaction | 7 Areas-<br>1)Material Well Being<br>2)Health<br>3)Productivity<br>4)Intimacy<br>5)Safety<br>6)Place In Community<br>7) Emotional Well-Being | Robert A. Cummins | English / Hindi / Marathi | S                   |
| 2       | Me and My Life                      | Likert type, Objective                                  |  | JPIP              | Hindi / Marathi           | NS                  |
| 3       | My Home My Problems                 | Likert type, Objective                                  |  | JPIP              | Hindi / Marathi           | NS                  |



## Appendix III

### Areas Covered



**Appendix IV**  
**List of Field Representatives**  
**Appendix V**

| Sr No                | Name                | Qualification   | Work Exp | Email Id   |
|----------------------|---------------------|---|----------|--|
| <b>PSYCHOLOGISTS</b> |                     |   |          |  |
| 1                    | Dr.Anagha Lavalekar | Ph.D(Psy),MA (Clinical Psy),B.Ed,NET  | 30 Yrs   | <a href="mailto:anagha.lavalekar@jnanaprabodhini.org">anagha.lavalekar@jnanaprabodhini.org</a> |
| 2                    | Dr.Pranita Jagtap   | Ph.D(Psy),MA (Clinical Psy )  | 19 Yrs   | <a href="mailto:pranita.jagtap@jnanaprabodhini.org">pranita.jagtap@jnanaprabodhini.org</a>     |
| 3                    | Amol More           | MA (English)  | 7 Yrs    | NA   |
| 4                    | Anjali Ketkar       | MS(Counselling),PGDCP,LLB   | 4 Yrs    | <a href="mailto:anjaliketkar@outlook.com">anjaliketkar@outlook.com</a>                         |
| 5                    | Apoorva Shaligram   | MA(Clinical Psy),PG Certificate Course in Counselling                           | 5 Yrs    | <a href="mailto:apurva29.shaligram@gmail.com">apurva29.shaligram@gmail.com</a>                 |
| 6                    | Ashwini Jadhav      | MA (Psy), PG Dipl In School Psy , SET, NET,B.Ed,Pursuing Ph.D                   | 3 Yrs    | <a href="mailto:ashwini_jadhav6@yahoo.co.in">ashwini_jadhav6@yahoo.co.in</a>                   |
| 7                    | Asmita Inamdar      | MA ( Counselling Psy), PG Dipl in School Psychology                             | 9 Yrs    | <a href="mailto:asmita.inamdar@jnanaprabodhini.org">asmita.inamdar@jnanaprabodhini.org</a>     |
| 8                    | Deepa Shende        | B.Sc , BA (Psy),DCS   | 16 Yrs   | <a href="mailto:shende.dipali@gmail.com">shende.dipali@gmail.com</a>                           |
| 9                    | Kanchan Pande       | MA (Industiral Psy), PG Dipl In School Psy                                      | 10 Yrs   | <a href="mailto:kanchan.pande16@gmail.com">kanchan.pande16@gmail.com</a>                       |
| 10                   | Neha Potphode       | M.Com , Child and Adolescent Psy-Enhancing Potential Certificate Course         | 6 Yrs    | <a href="mailto:neha30.np2@gmail.com">neha30.np2@gmail.com</a>                                 |
| 11                   | Pallavi Abnave      | MA (Psychology)   | 7 Yrs    | <a href="mailto:pallaviabnave1988@gmail.com">pallaviabnave1988@gmail.com</a>                   |
| 12                   | Pooja Deshmukh      | MA(Clinical Psy)  | 3 Yrs    | <a href="mailto:puja1928@gmail.com">puja1928@gmail.com</a>                                     |
| 13                   | Prasanna Sankpal    | MA (Psy), PG Dipl In School Psy   | 17 Yrs   | <a href="mailto:prasanna.alone1@gmail.com">prasanna.alone1@gmail.com</a>                       |
| 14                   | Priya Phadke        | BHMCT,PGDBM, Pursuing MA(Psy )  | 13 Yrs   | <a href="mailto:priyaphadke03@gmail.com">priyaphadke03@gmail.com</a>                           |
| 15                   | Sae Mule            | MA (Counselling Psy)  | 4 Yrs    | <a href="mailto:sae.muley@gmail.com">sae.muley@gmail.com</a>                                   |
| 16                   | Samata Zaware       | MA(Psy ), B.Ed, Educational Cousellor Certificate Course                        | 5 Yrs    | <a href="mailto:samatazaware99@gmail.com">samatazaware99@gmail.com</a>                         |
| 17                   | Sanhitta Karmalkar  | MA (Clinical Psy),NET, Pursuing Ph.D  | 5 Yrs    | <a href="mailto:sanhitta.karmalkar@gmail.com">sanhitta.karmalkar@gmail.com</a>                 |
| 18                   | Santosh Janrao      | MA , M.Phil,SET,Pursuing Ph.D   | 11 Yrs   | <a href="mailto:santoshjanrao@gmail.com">santoshjanrao@gmail.com</a>                           |
| 19                   | Swardha Khaladkar   | MSW, BA (Psy )  | 12 Yrs   | <a href="mailto:swarakhal@gmail.com">swarakhal@gmail.com</a>                                   |
| 20                   | Swati Bhujbal       | B.HSC (Human Development) , PG Dipl in School Psy, Pursuing MA                  | 7 Yrs    | <a href="mailto:swatibhujbal86@gmail.com">swatibhujbal86@gmail.com</a>                         |
| 21                   | Veena Shepal        | MA (Counselling Psy) , PG Dipl in School Psy                                    | 5 Yrs    | <a href="mailto:veena.shepal@gmail.com">veena.shepal@gmail.com</a>                             |
| 22                   | Vaishali Aage       | MA-Psy (App) , PG Dipl in Counselling,Dipl in Computer Application, B.Ed, B.Com | 6 Yrs    | <a href="mailto:vaishalinaren@yahoo.com">vaishalinaren@yahoo.com</a>                           |

| <b>SOCIAL WORKERS</b>     |                 |                              |        |  |
|---------------------------|-----------------|------------------------------|--------|--|
| 22                        | Amita Behere    | B.Com , Dipl in Taxation Law | 18 Yrs | <a href="mailto:amitabehere@yagoo.in">amitabehere@yagoo.in</a>                 |
| 23                        | Asha Surve      | B.Com                        | 20 Yrs | NA   |
| 24                        | Ashwini Thakar  | BA (Marathi)                 | 11 Yrs | <a href="mailto:Ashwinishyamthakar@gmail.com">Ashwinishyamthakar@gmail.com</a> |
| 25                        | Bharti Kamathe  | BA (Sociology)               | 17 Yrs | <a href="mailto:bharti08kamthe@gmail.com">bharti08kamthe@gmail.com</a>         |
| 26                        | Bharti Khasbage | M.Com                        | 23 Yrs | NA   |
| 27                        | Jayashri Tungar | LL.B,BA (Psy),B.Lib,B.Sc     | 6 Yrs  | <a href="mailto:jayashree.tungar@gmail.com">jayashree.tungar@gmail.com</a>     |
| 28                        | Trupti Kulkarni | BA (Sociology)               | 23 Yrs | <a href="mailto:trupti.kulkarni@icloud.com">trupti.kulkarni@icloud.com</a>     |
| <b>STUDENT VOLUNTEERS</b> |                 |                              |        |  |
| 29                        | Anagha Dhuri    | MA (Counselling Psy)         | NA     | <a href="mailto:ana.dhuri13@gmail.com">ana.dhuri13@gmail.com</a>               |
| 30                        | Mahesh Mali     | MSW                          | NA     | <a href="mailto:mahimali2079@gmail.com">mahimali2079@gmail.com</a>             |
| 31                        | Padmal Jadhav   | BA (Psy)                     | NA     | <a href="mailto:padmaljadhav6@gmail.com">padmaljadhav6@gmail.com</a>           |
| 32                        | Rahul Birajdar  | M. Sc. B.Ed                  | NA     | <a href="mailto:rahulbirajdar20@gmail.com">rahulbirajdar20@gmail.com</a>       |
| 33                        | Rameshwar Pawar | MA (Psy)                     | NA     | <a href="mailto:ramrp9789@gmail.com">ramrp9789@gmail.com</a>                   |
| 34                        | Sachin Jhete    | BA                           | NA     | <a href="mailto:Sachinzete12@gmail.com">Sachinzete12@gmail.com</a>             |
| 35                        | Sneha Chamle    | BA                           | NA     | <a href="mailto:chamlesneha81@gmail.com">chamlesneha81@gmail.com</a>           |
| 36                        | Suraj Kaigude   | MA (Psy)                     | NA     | <a href="mailto:surajkaygude2514@gmail.com">surajkaygude2514@gmail.com</a>     |
| 37                        | Varsha Mane     | MA (Psy)                     | NA     | <a href="mailto:varshadandge2010@gmail.com">varshadandge2010@gmail.com</a>     |

## List of Organizations Visited

### Stree Shakti Prabodhan, Jnana Prabodhini, Velhe

Jnana Prabodhini emphasizes on the concept of Stree-Shakti rather than imitating the Western view of Stree-Mukti. Stree Shakti (Rural)-A series of constructive activities that began with the organization of the rural women power through the anti-liquor campaign in Shivaganga-Gunjawani river valleys of Pune district.

They have developed the network of 282 Self-Help Groups (SHGs) of 4000 women across 40 villages. Guidance to the rural women through establishment of a local body called 'Jijamata Prabodhan Kendra'. Personality development, health, self-employment and leadership training programs for rural women across all age groups through the 'शब्द ते शक्ती' (Expression to Empowerment) project. By taking enormous efforts and an illustrative work in the Shivaganga and Gunjawani River Valleys of Sahyadry mountain ranges covering 236 villages, partly situated in 4 blocks of Pune district are now parts of the revolutionary development program of Stree Shakti Prabodhan. Trainings for 125 Aanganwadi workers for quality improvement in Child Development, health projects and training of health workers (Aarogya Prabodhikas) for the health of rural mothers and babies in 25 villages their noteworthy contribution along with government administration in making the Velhe taluka free from malnutrition. In last few years they have established various schemes in innovative manner in rural area. Women's participation in each program is inspirational and completely voluntarily, showing increasing self-esteem in the woman. One special program for 'एकल महिला' (Single women) is very important and a sign of integrated work of Stree Shakti Prabodhan. In last year they could reach out to r 276 'Ekal Mahila' (single women) and could manage to link government's schemes for 40 of them.



## Udyog Vardhini, Solapur

Udyog Vardhini, Solapur was founded by Ms Chandrika Chauhan's in 2006 aiming at making rural women of Solapur financially independent.

Udyog Vardhini quickly expanded its activities from stitching, making cotton handbags, files, purses, shopping bags, etc; up to running beautician's courses. Women here are encouraged to explore business opportunities and are trained in all these activities. The focus on women's empowerment includes running adult literacy programs and even teaching women to ride two-wheelers to become independent. In fact, women who are capable of turning to entrepreneurs are specifically trained in activities such as buying raw materials, marketing, billing, taking orders, supplying finished products and even filing tax returns.

Udyog Vardhini has so far groomed over 400 women successful entrepreneurs and has helped more than 15000 women to become self-reliant.

Helping the old and needy through its old-age home and providing food to the destitute is also a part of its social activities. In an interesting experiment, it offered shelter to visually challenged girls and trained them to be self-sufficient.

Pakhar Sankul is the sister organization of Udyogvardhini at Solapur. Pakhar Sankul plays a major role in child development in their orphanage. They not only takes efforts to get these children in mainstream line but also by making a child good human being, and a good citizen in future by nurturing with a holistic approach.





## Mata Balak Utkarsha Pratishthan, Sangola

**Mata Balak Utkarsh Pratishthan (MBUP)** was established in 1978 out of an attempt to salvage the women and children from the adversities, thrown up by socio-economic conditions, further corroded due to severe draught-like conditions in Sangola tehsil of Solapur district in Maharashtra. The educated women of Sangola town led by the town's first woman doctor Dr. Sanjeevani Kelkar plunged into action and formed Mata Balak Utkarsh Pratishthan. MBUP employed a multi directional approach to address the problems faced by rural women. Since inception it worked in every possible area that could be explored to reach and address the plight of these women. For example, it started pre-primary school, Self Help Groups, conducted myriad programs to create conducive environment on educational and cultural fronts.

They started a platform for bringing rural women together named as “Mahila Sahavichar Kendra”- ‘center for thought sharing’ to ignite self-confidence of rural women and to raise their social image. Untiring efforts to eradicate injustice, abuse and exploitation through their own strength, MBUP has served for more than last 30 years.

Over 2770 women have been trained through 36 vocational trainings. And over 1472 women were given counseling & guidance for giving the women strength to fight against atrocities, injustice & exploitation.







## **Shabari Seva Samiti, Karjat, Raigad**

Seventy years of Freedom attaining, one can feel the change in business, information technology, security, economy etc. Still, the fact is that every year around thousands of children die due to malnutrition. Health condition in tribal area is pitiable. Though the reasons appear to be inadequate health services, illiteracy, false beliefs, unawareness about hygiene and so forth, the malnutrition factor needs to be tackled by many self-governed organizations and not just the government. With precisely this issue in mind, Shabari Seva Samiti started functioning since April 2003, led by Mr. Pramod Karandikar. The organization focused on the issues related to the health of tribal women and children. Villages from Jawhar, Mokhada, Karjat and Nandurbar tehsils which needed attention were selected for development work. The service began by providing nutritious food to women and children. Initiatives such as distributing nutritious food, arranging free health checkup, providing medicine and advice to pregnant women at the government health centers were undertaken. They addressed the health issues. Apart from the health related services, educational activities such as distributing books, notebooks and stationery, organizing competitive events have been performed. In June 2008, the organization established its center at Kashele in Karjat tehsil.

The organization has conducted many events and initiatives during the last year. The members of the Shabari Seva Samiti have put in lot of efforts to make the events successful. Donors have come forward in plenty to support the organization financially. The members firmly believe that what they do is the service to God. Common marriage ceremony of adivasi couples is undertaken at Walvanda village, Jawhar tehsil.. Around 1000-1200 people from Mumbai, Thane Domiwali, Nasik attended this program till the last year.

Shabari Sewa Samiti helps farmers to plant mango saplings on onset of rains with a view to increase their earnings. For this program, half the price of the saplings is paid by SSS and half is paid by the farmers. Last year in the same manner 450 saplings of different varieties of mango saplings viz alphanso, keshar were planted. The success is 95 %.





## **Pragati Pratishthan, Javhar, Palghar**

'Pragati Pratishthan' is a non-government, non-political, non-profit organization, striving towards collective integrated development in Jawhar Tehsil for the last 30 years. This organization was founded as an initiative taken up by Shri Vasantao Patwardhan who traversed the region extensively on foot and was deeply moved by the living conditions of tribal. His Vision was to improve the living conditions of rural and tribal people in Jawhar Tehsil by developing environment friendly land and water resource programs; to improve the environment and eco-system; to arrest the distress migration; to improve the socioeconomic status of tribal people and strive for their overall development; to facilitate the growth of community based institutions that support and sustain the Natural Resources Management programs; and to provide equal opportunities to children with hearing disability. With the Mission of, in the areas of Jawhar & Mokhada Tehsils, 'Pragati Pratishthan' implements programs for improvement of health status of women and children and promotes quality education for them promotion and increasing agricultural activities and creating marketing linkages along with various methods for water conservation and implementation of drinking water supply schemes; construction of biogas; providing solar energy; running hostel facilities for the students staying in remote parts of the tehsil as well as deaf and mute students; education through special school for deaf & mute children thus helping in their rehabilitation.

The Warli art is an art form centric of the tribal from Thane district of Maharashtra. The beautiful art form depicting all forms of life is mostly a white painting on a dark surface. The Warli art is quite famous amongst the urban dwellers. Keeping this point in mind, we at Pragati Pratishthan started a project to promote this art form in a commercial way. Teaching the tribal to paint on various objects like vases, wall hangings, carpets, bed sheets, showpieces etc. meant a new form of employment for young and old budding artistes alike. These artifacts are later sold to the urban population who take a keen interest in this beautiful and creative art form. The funds gathered are again used towards the development of the villagers.





## **Lokmanya Public Charitable Trust, Chikhalgaon, Ratnagiri**

Lokmanya Public Charitable Trust is located in the remote interiors of Ratnagiri District in Western Maharashtra; the little village of Chikhalgaon stands out as the birthplace of freedom fighter Lokmanya Bal Gangadhar Tilak.

Reckoned to have struggled for social and political change at the national level, Tilak left a mark in Indian history. Unfortunately, after Tilak, Chikhalgaon only remained as the name of a freedom fighter's birthplace in our history books. The villagers tell that Chikhalgaon did not even have a school for over 40 years after independence. But that was not to be the situation forever...

As the hands of time were ticking over the years, another boy (Rajabhau Dandekar) from a village nearby walked 15 kilometers to school cycled eight kilometers to college and worked nightshifts to pay the fees for his medical study. All this was in order to be able to return to his village in Kokan someday and devote a better part of his experience and time towards its betterment. Together with the support and determination of other social activists and his wife Renu, Dandekar he formed the Lokmanya Public Charitable Trust in 1982.

In the last 30 years, everyone associated with the Trust has worked relentlessly towards improving the condition of agriculture, education, health and rural infrastructure in Chikhalgaon. Women empowerment has been a key issue of work for them. They realize that the task they have set for themselves is stupendous, but their success so far is proof of the fact that they can and shall move ahead undauntedly. Lokmanya Tilak Vidyamandir is a Path finding Experiment in school education. This Experiment can show the nation how they can implement the good of universal education for a want only of 110 Billion people residing justly in the 6 lakhs Villages like Chikhalgaon. Lokmanya Public Charitable Trust has started to work on Agriculture, Health, Women Empowerment, and Rural development with the initiation of Education.





## **Halo Medical Foundation, Osmanabad**

Dr. Shashikant Ahankari, President of '*Halo Medical Foundation*', initially started working through '*Janaswasth Rakshak*' (Community Health worker) which was one of the well-known schemes of government. Dr. Ahankari had an opportunity to coordinate with government health stream, members of health movement and other social movements in the country. Through this initial experience of working as an active member of '*HALO*' movement and further experience of working with the government, Dr. Ahankari strongly realized that one cannot find solutions by considering health status alone, but by focusing also on the socio-economic constraints, education, severe poverty, limited resources, knowledge or skills to access health services. Certainly these are complex issues, which are often interlinked, connected and sometimes co-exist. His experience of medical practices in the 80s in rural India was valuable and provided him a sound platform to work through an organization. During the September 1993, Dr. Shashikant Ahankari and his team witnessed a devastating earthquake (*Killari Eathquake*) and in-response; *Halo Medical Foundation* (HMF) immediately started relief work. Healthcare facilities, transport and communication were extremely poor, and health demands were rapidly increasing.

Initially HMF's team conducted more than 100 medical camps and provided emergency health services, they also developed a '*Village Health Worker model*' (*Bharat-Vaidya*), which was acknowledged at the national level. The team is equipped to focus on research initiatives, issues related to gender imbalance in the society, malnutrition, government healthcare strengthening, which are observed as complex issues, but solved in a holistic way through their recent projects. For each project, they implement innovative ideas and thus, measure success. HMF is scaling rapidly and simultaneously becoming a resourceful center where leaders can develop their ideas and could implement projects with a bigger impact.

HMF launched its Domestic Violence Counseling and Prevention center in 2000 which continues to provide services to women in the surrounding areas. They include understanding of the case of violence, individual discussions, and focus group discussions and prepare a plan to resolve the conflict. They often involve local police, judicial authorities, government officials and local dispute resolution committee of the respective village during the counseling. Over the period of the past 17 years, the counseling center has handled more than 1000 cases of domestic violence. HMF has a network of over 1500 people at the grassroots level in the Osmanabad and Solapur Districts. The present work of HMF involves nearly 130 villages and a population of more than 150,000 people.





## Swayamsiddha Mahila Mandal, Latur

Swayamsiddha Mahila Mandal, Latur herein after referred in short as SMM for brevity was founded in 1996 in Latur by Adv. Smita Sharadchandra Parchure, who happened to be the first lady advocate in Latur district. She dedicated herself for cause of poor women. After the disastrous earthquake of year 1993 Mrs. Parchure and her likeminded friends solemnly commenced activity to help affected women and sensed to establish SMM to help needy women and their dependent children on permanent basis.

SMM was formed with the aim of helping women and children in distress and to generate awareness in the issues of women & children and to empower girls & women. The Backbone of SMM's activities is based on doctrines like Self Confidence, Swadhar, Independence, equality & respect for girls, women & culture. SMM's vision is integral development of society through empowerment of women & girls. Short stay home, Swadhar, Gokul Sadan, Family counseling center, Women counseling center, and Rajiv Gandhi National Crèche Scheme are SMM's major projects. Few of them are sanctioned by Central Government. Total cases handled by SMM till date are 7175.





## **Manasvini Mahila Prakalpa, Manavlok Ambejogai**

In 1982, a voluntary organization for the socio-economic upliftment of the rural Manavlok was established by Dwarkadas Shaligram Lohiya. Manavlok developed their activities over an increasing scale, never straying from the tenet that programs be based on the specific needs of the people. The ongoing activities of the organization are Community based Monitoring program of NRHM, Water shed development program, Krushak Panchayat, Help Age India Program, Know your customer Program, and 'Manaswini Mahila Parkalp' from 1982 (Women empowerment providing Shelter Home, Free Legal aid center, training center), Domestic Violence and Gender Sensitization, Jansahayog, Home Science College, Social Work College, SHG's, Need based Training Centre, sanitation, relief services for the victims of Natural Disaster, advocacy, monitoring and Evaluation of Govt. program's. We are permitted and authorized by government of Maharashtra to run schools.

Manaswini runs a college of Home science affiliated to S.N.D.T. University, Mumbai for girls of rural area led by Ms. Arundhati Patil. It also works for destitute women and children. As Manavlok believes that women play an important role in society and yet continue to be marginalized, impoverished and underrepresented. Special attention must therefore be given to their development. So they started Manaswini Mahila Nagari Patpedhi as women's co-operative credit society, to empower micro finance among women who wish to pursue the entrepreneurial path, and be independent. It provides easy and low interest credit to women to start small scale income generating activities. The idea behind this activity is to inculcate the tradition of saving among the women. Manaswini Mahila Prakalpa is a women wing of Manavlok, run separately for the cause of violence and discrimination against women. So far it has settled disputes among 5241 families by providing family Counseling and legal aids





## **Shramajeevi Janata Sahayak Mandal, Patan, Satara**

Shramjivi Janata Sahayak Mandal (SJSJ) is NGO since 1977, for rural development and upliftment of socially and economically backward communities residing in the remote, inaccessible areas of Western Ghat region including Satara and Raigad district of Maharashtra. Mr. Balasaheb Kolekar hailing from the Koyna valley founded Shramjivi Janata Sahayak Mandal for the development of these rural poor people and to include them in the main stream of development.

SJSJ started to assist the rural poor in the acquisition of basic rights and facilitate promotion of people's organizations such as cooperatives, village development committees, SHGs with a view to help them manage their own development process and programs. In all 519 villages from remote, inaccessible area of Satara and Raigad districts of Maharashtra are covered by SJSJ with their strategic intervention. The approach of the SJSJ is to motivate people, empower them with knowledge and information, establish linkages with external institutions and facilitate and equity oriented, gender-sensitive and inclusive development process.

They initiated more than 150 primary schools in the area. Later they covered other sectors like fisheries, cane-bamboo works, women's industrial cooperative for processing of locally available grains and fruits to produce remunerative food products, collection of non-timber forest produce, herbal medicine and processing of agriculture commodities. They established 36 cooperatives of various kinds benefiting more than 9200 families. The basic approach behind this was to make use of the locally available natural resources, harness the traditional skills of people and enhance employment and income generation opportunities.





## Chaitanya, Rajgurunagar, Khed

Chaitanya, an organization established in 1993, is one of the pioneers of community based micro finance institutions in Maharashtra, India. It has been a catalyst in facilitating the process to get the rural women out of the vicious cycle of poverty. Chaitanya has provided these women the much needed social security and a platform which can address their financial and social needs. Chaitanya has a vision of a gender equality and self-reliant society where women can have access to and control over financial and other resources. With their mission of building capacities of rural poor especially women and youth by promoting and strengthening self-reliant and sustainable institutions to enable them to led the process of development for a better quality of life. By evolve strong, sustainable partnerships of local institutions with local government machinery as well as other local organizations they could evolve consensus in the formulation of gender equitable, village level development plan in the areas of health, water and sanitation and organic farming.

Chaitanya is near to achieve women's empowerment by building knowledge and resource base related to 'self-help groups' and other sustainable people's institutions for rural development and they create platforms for integrated learning space for various partners involved in rural development through networking and convergence. Chaitanya's programs are mutually reinforcing and try to address social issues in a holistic manner. On the Grassroots by various activities in which they directly work with the community. Capacity Building and Research based activities in which they try to build capacities of individuals or institutions who, in turn, work with the community. By strong networking and policy making Chaitanya has learnt and shares its experiences with their various stakeholders of the SHG movement. All activities in each of the layers are equally important. It strongly believes that continuous learning from their grassroots activities helps in designing effective capacity building programs and correctly influence policies. Chaitanya serves in 5 districts with 10 counseling centers, 12 training centers, and annual participation of more than 2000, more than 500 cases handled every year.







## Savitribai Phule Ekatma Samaj Mandal, Aurangabad

Dr. Hedgewar Hospital, Aurangabad is a 300 Bed Multispecialty Charitable organization, run by the Dr. Babasaheb Ambedkar Vaidyakiya Pratishthan. The Hospital is the epicenter of a enormous social healthcare movement called "The Healing Touch". Now for more than 26 years, since its inception in 1989. As the work load grew from one village to another, from one projects to five more, the need for a dedicated wing to monitor the social-healthcare projects arose and hence was born "Savitribai Phule Mahila Ekatma Samaj Mandal (SPMESM). As of today SPMESM has 35 projects spread across 100 villages providing holistic development solutions to the villagers and farmers of the Marathwada region.

SPMESM is active across the rural and urban landscape of Aurangabad in 98 villages and the densely populated slums of the city. It provides tangible solutions to the various challenges faced by the poor and underprivileged population through more than 30 social initiatives. The Trust, instituted by the Dr.Hedgewar Hospital symbolizes the holistic approach of the hospital in community development. Women and girls in the semi urban and rural areas are victims of orthodox beliefs and practices that form a vicious cycle inhibiting holistic growth, leading to further complications in adulthood. SPMESM has realized that unless this vulnerable group is empowered and equipped, it is not possible to eradicate inequality. On the other hand women have to be brought together, enrolled in adult literacy classes and given employment to start the revolution. Keeping this in mind the Trust started some of the most customized and innovative initiatives to cater to very specific needs. These programs saw girls being educated, child marriages being eradicated, gender bias issues been uprooted and what was once the most vulnerable group, has now become a contributing agent of the society. Every project is women centric, thoroughly researched and designed for sustainable development. Each project is customized and need based. Every time the organization comes across a new challenge, it looks for simple and practical solutions. The approach has led to the formation of path breaking initiatives that have bridged the gap and helped people live healthier and happier lives.





## **Sanjeevani Bahuuddeshiya Sanstha, Yawatmal**

Sanjivani Bahuuddeshiya Sanstha is an NGO rounded by the aim of social activity of women and women empowerment since 2003. Smt. Vandana Praksh Raut, is with the society as a founder member since its inception and she believes that women and specially women farmers in rural area need special attention and care for their future. Presently it works in Yawatmal district and has two tehsils covering 96 villages.

SBS- Yawatmal is working with women, tribal, suicide victims and farmer women under orograms of 'Women Empowerment'. Women self-help groups, Environmental - developmental works and drinking water problems are being implemented in the Village of the project area.

In these last few years organization have reached above 7000 women through self-help groups.

Creating and providing meaningful opportunity for women specially neglected women farmers, who are trying to increase their income this organization works to increase their capacity to actively participate in developmental Process.





## **Aamhi Aamchya Aarogyasathi, Badilkheda, Nagpur**

Amhi Amchya Arogyasathi(AAA) is not-for-profit Organization working towards bridging the issues of community related to women, Tribal, farmers and weaker section through the community empowerment approach of **“Let’s find our own way”** since the past 35 Years. Formed in 1984 by Dr. Satish Gogulwar and Shubhada Deshmukh is inspired by Gandhian and Vinoba’s perspective on addressing health problems in its ‘wholeness of life’ and not by mere administering medicines. Both of the founder members were interested in constructive work for ‘health revolution’ by addressing livelihood, water, Women Empowerment etc. comprising wholeness of life. Hence the name ‘Amhi Amchya Arogyasathi’ (‘We’ for Our own Health) was appropriately coined for the organization. The organization is known for its role to build the capacities of the community for self-reliance and empowerment.

AAA has presence in 2 States, namely Maharashtra and Madhya Pradesh. A kind of self-help movement was initiated by the founder members. People were facilitated to find their own way to solve the life problems. AAA organizes them in social and gender inclusive manner to help themselves out of poverty by regenerating their ecosystems in a holistic and integrated manner, conserving and optimizing resource use, especially health & nutrition, women empowerment and gender sensitization, sustainable livelihood, policy advocacy, life-oriented informal education, food security training and community based rehabilitation of the persons with disabilities. By emerging community leaders and social activists from the staff they could accomplish the chanalization of women’s initiatives in socio-economic political uplift through self-help group movement. AAA has formed 518 SHG’s & involved above 9500 women. AAA has a Network participation in Vidarbha Regional, State and National level network for women’s rights.



## Ruby Welfare Society, Nagpur

Ms. Rubina Patel started Ruby Welfare Society triggered by her own life threatening experience. She not only survived but has fought and won in her real life challenges and now is actually living her dreams through 'Ruby Welfare Society. Ms. Rubina Patel came from a well to do, educated, business family, married to a teacher, blessed with two children. She wanted to study and help the community through her social work. But her life went on an unexpected trajectory. Fighting against an abusive father was not enough; she faced a violent husband, who pushed her into a well. As if her lonely struggle against corrupt system – vis-à-vis police and court staff that prevented and delayed justice to her – was not enough, she even faced death threats. But, rising above her odds, fighting and hoping against hope, Rubina survived all this and much more. And today, the 39-years-old has become an inspiration for all.

In 2005, during her MSW course itself, she had started counseling poor needy women from her locality and started Ruby Social Welfare Society. She counsels divorced Muslim women and helps out needy young girls and even elderly women by training them to earn a living. In 2008, she came in contact with Mumbai based women's rights activist Hasina Khan and her organization -Aawaz-e-Niswaan (Voice of Women). It inspired her to do more, expand the scope of her work. The society has a counseling center at Kuhi, another village in Nagpur district. Along with women's rights work there.

In 2011, Rubina opened the training center – Ruby Training Institute – with an aim to offer livelihood related courses to make women financially independent. “Women from my society, especially poor and illiterate, suffer a lot. And if they are *talaq pidit*(divorce sufferers), they face more problems. Today the training center – recognized by the government for vocational courses – offers Beauty Culture, Montessori and Computer, for nominal fees, with 15 ladies per batch while the fashion designing is a full year course with 15 women and young girls.

Ruby has handled 800-850 cases of counseling. Recently they also started anti-trafficking work at Bhandara district.





## **Bhagini Nivedita Gramin Vidnyan Niketan, Bahadarpur, Jalgaon**

Bhagini Nivedita Gramin Vidnyan Niketan, a non-political and a non-religious organization was started by Ms. Nilima Mishra in 2005. The organization is backed by a likeminded and committed team. During the course of time, they have realized the importance of 'strengthening the economy' of villagers as well as the hidden power in the women. Started as an effort to provide a woman with skills for livelihood through computer and sewing classes has now become a 20,000-women-strong initiative for creating savings, livelihood and availing loans through Self Help Groups and has received the prestigious Magsaysay award.

BNGVN believes in the village's own resolve to find solutions to their problems. Lives in Indian villages are hard with most livelihoods coming from agriculture and abject poverty being a reality to most families. They work to empower villages to have the capacity to provide means to livelihood and have a self-sustaining ecosystem. **They empower villages by providing opportunities for people to live with dignity.**

There activities include providing microfinance and logistical support to farmers and village entrepreneurs at reasonable terms of repayment, organizing women into Self Help Groups to encourage savings and impart skills for alternate livelihoods, creating a village fund to drive community activities and allow villagers to borrow from and building sanitation systems.





