

SELECT RESEARCH ABSTRACTS

Demographic Transition among the Parsis of India: A Study of the Familial, Marital and Socio-Psychological Dimensions. *Project sponsored by UNESCO/PARZOR. December, 2003 – Project in progress.*

The broad objective of the study is to explore the familial, marital and socio-psychological dimensions of the demographic change in the Parsi community and to draw implications for preserving its numerical strength and identity. The study uses a combination of qualitative and quantitative methods. The respondents for the current qualitative phase of the study are being drawn from 2 urban and 2 rural centers. The quantitative phase will be conducted across the country in several urban and rural locations. The study will focus on Parsi kinship patterns, familistic values, marriage and divorce patterns, attitudes towards marriage and joint /nuclear family living, reproductive health and fertility patterns, and views about the current challenges facing the community.

Faculty in-Charge: Prof. Shalini Bharat

Support Systems in Selected Mumbai neighbourhoods: A study of family well-being. *Project sponsored by the Board of Research Studies, TISS. Project completed in 2005.*

The study of support systems in three residential locales in Mumbai showed how residents evaluated their quality of life. The study attempted to provide empirically oriented research data pertaining to the city of Mumbai in the context of the globalizing world. The three localities consisted of a group of chawls, a cluster of high-rise buildings, and a cooperative housing society with five-storied buildings. Face-to-face interviews were carried out with 156 householders in the three areas. Residents in all three localities felt that their quality of life (QOL) was good. Personal network ties were strong and effective in two of the localities, where people had been living for longer periods of time. In the third case, the personal networks were still developing. Social support systems were in place in all three localities, contributing to the quality of life. A contributory factor to QOL was the feeling of neighboring and neighborliness. Neighbors were useful support systems at all times for residents in all three areas. The public transport system in Mumbai contributed towards enhancing QOL. Mumbai was seen as a very good place to live in. The city was seen as a good place to bring up children. It was vibrant, with lots of things to do. Negative aspects of the city related to the noise, the heavy traffic, and the high levels of air pollution.

Faculty in-Charge: Dr. Sujata Sriram and Ms. Rosamma Veedon

Assessing Familism: The Development of a Scale. *Project sponsored by the Board of Research Studies, TISS. Project completed 2004.*

This study on familism in India is divided into two parts. In the first phase of the study, 143 individuals from Mumbai across age, sex and social class were interviewed on family roles, obligations, duties, and responsibilities. Findings from the interviews indicated that family life and relationships pervaded all aspects of collective and personal life. The nuclear family structure was predominant in the sample. More extended families were seen among the lower socio economic group, as it gave a feeling of solidarity, offering help in times of need. Nuclear families were preferred for the sense of increased freedom and privacy, which were seen lacking in extended families.

The family was the cradle for nurturing beliefs and values. Parental obligations to children were governed by gender and social class. Marriage into “good” families was the exemplar for daughters, while education was emphasized for sons. The relationship between parents and daughters was tenuous, breaking at marriage. Son preference was evident in lower income families for carrying on the family name and for economic support of elderly parents. Daughters were valued in lower class families for their contributions to housework. The importance of friends decreased with age. Women were more likely to have close friends as confidantes as compared to men.

In the second phase of the study, 50 axioms were developed, based on the findings from the interviews carried out. The axioms were tested on a sample of 125 youth from Mumbai. Analysis of the axioms indicated the family togetherness and bonding was important for the viability of the family. While family perpetuation was important, it was not merely the responsibility of daughters to transmit family values and beliefs.

Faculty in-Charge: Dr. Sujata Sriram

The Burden of Unwanted Pregnancies: A Community-based Study. *Project sponsored by the Board of Research Studies, TISS. Project completed 2004.*

The broad objective was to study the nature, reasons, burden and consequences of unwanted pregnancies among young women in a low-income community of Mumbai. The major objectives of the study was to understand the circumstances leading to such pregnancies amongst young women, and to examine the health seeking behaviour of young women in the event of such pregnancies.

Faculty in-Charge: Prof. Shalini Bharat

South Asia Political Advocacy Project – The Indian Data Base on HIV/AIDS (Behavioural Dimensions). *Project sponsored by UNAIDS-South Asia Inter Country Team, New Delhi. Project completed 2003.*

The South Asia Political Advocacy Project (SAPA) was initiated by the UNAIDS – South Asia Inter Country Team, New Delhi. The broad objective of SAPA was to serve as an evidence based tool for HIV/AIDS policy and program development. The primary activity was to collate and organize the available secondary data on HIV/AIDS epidemiology, behavioral dimensions (vulnerability aspects), socio-economic impact and program management parameters, in five countries of South Asia - India, Bangladesh, Nepal, Sri Lanka, and Pakistan. Data were entered on a standardized electronic format according to pre selected indicators. The data base developed at Tata Institute of Social Sciences covers secondary data on the behavioral dimensions of HIV/AIDS. Data from a total of 178 behavioral studies (only quantitative studies) covering themes related to AIDS knowledge and misconceptions, and sexual and other HIV related risk behavior namely, injecting drug use, among others are included.

Faculty in-Charge: Prof. Shalini Bharat

Social Assessment of Reproductive and Child Health Programme: A Study in 5 Indian States — Assam, Haryana, Maharashtra, Orissa and Uttaranchal (Overall Report). *Project sponsored by Ministry of Health and Family Welfare and DFID, New Delhi. Project completed in 2003.*

The major objective of the social assessment of RCH programme of the Government of India was, a) to analyse the RCH policy and programme from a human rights and gender based perspective, and b) to undertake a qualitative assessment of RCH programme beneficiaries and a stakeholder analysis to identify issues related to access and equity of health services.

The study was carried out in 5 states. These states were selected from the enumerated categories as follows – one North Eastern State (Assam), one North Western State (Haryana), 2 Empowered Action Group States (EAG states- Orissa and Uttaranchal), and one state for 2 urban locations (Mumbai and Osmanabad city in Maharashtra state).

Data collection was done in one urban and one rural setting and within each of these settings, from 2 low income communities including communities of vulnerable populations (tribal population, SC/ST groups, and women). In Maharashtra state two urban locations were selected.

Findings highlighted issues of gender and equity in accessing RCH services.

- ◆ Firstly, for the socially marginalized, poorer sections of the population, the issue of “user fee” without the provision of free medicines was found to be directly related to the issue of affordability of health services. Faced with non-affordable services the poor are easily drawn towards less qualified practitioners or worse tend to delay health seeking. Non-availability of health services during timings more suitable to the slum beneficiaries successfully keeps many potential users from availing them. Widely reported cases of abuse-both physical and verbal- by hospital service users across communities, have contributed to a very poor image of government health facilities among slum residents. Inadequate coverage of the children and female members of migrant households for immunization and other

health services is a critical issue that is linked to wider issues of livelihood, mobility and sustenance.

- ◆ Reproduction continues to be seen as the `job' and `responsibility' of women and they remain prime targets of FP services. The focus in RCH remains on services and not on ensuring RH rights. Early diagnosis and early treatment of gynecological morbidities among women continue to receive low priority. Counseling and referral services for these receive still lower priority. The `Client segmentation' approach adopted to promote family planning methods ignores the needs of beneficiaries and undermines their ability to make contraceptive choice. The inability of the RH program in involving men in the responsible use of contraception and in ensuring women's reproductive health brings the gender dimension of RH program to sharp focus and points to the urgent need of balancing the gender equation in it. The (mis) use of MTP as a birth control method underscores the urgency to involve men more intensely in the RH program. Hostile, unfriendly and abusive environment which many women encounter when seeking government health services especially during child delivery, are both `anti women' and `gender insensitive' and question the commitment of the health system to provide `gender sensitive' and `pro-women services'. Finally, sterilisation among women in their mid 20s has implications for their protection against STIs / HIV and sexual coercion since the fear of unwanted pregnancies is no longer there and men engage in sex without using condoms. Women's reproductive rights and right to safe sex are severely compromised due to silence on this issue.

Faculty in-Charge: Prof. Shalini Bharat

Child Adoption in Mumbai: A Study of Profiles and Trends in the 90s.
Project sponsored by the Board of Research Studies, TISS. Project completed 2002.

This study was designed to analyze trends in child adoption in Mumbai city in the 90s. Secondary data for the study was collected from 13 local adoption agencies. The findings suggest that adoption trends in Mumbai for the 90s have not registered any impressive gains compared with the earlier period during which domestic adoptions were found to have increased significantly over foreign adoptions. This positive trend was mainly due to the Supreme Court judgment of 1984. The trends for the 90s in Mumbai show a continuation of that pattern but no additional growth in overall adoption figures. A positive finding is that inter-country adoptions have remained low. Profiles of adoptive parents, adopted children and of biological mothers also do not show any significant change from those in the earlier decade. Largely, parents adopting from Mumbai agencies continue to be drawn from the better-educated, lower-middle and middle-income groups and urban sections of the population. They are essentially one-time adopters, and the underlying motive for adopting a child is the couples' involuntary childlessness caused by infertility. Most adopted children are destitute children surrendered by their biological mothers and a majority of them are normal, healthy children who are placed in adoption when they are between 6 months to 1 year. As in the previous decennial analysis a

majority of the children placed with foreign couples from Mumbai continue to be placed with those in European countries. Trends in the data pertaining to biological mothers also show a continuation of the pattern seen in the previous decennial report. Unwed mothers, generally below age 25, remain the major source of children placed for adoption and stigma attached to unwed motherhood continues to be the reported cause of child relinquishment.

Faculty in-Charge: Prof. Shalini Bharat

India: HIV and AIDS-related Discrimination, Stigmatisation and Denial, UNAIDS, Geneva. *Project sponsored by UNAIDS Best Practice Collection/ Key material. Project completed 2001.*

The study documents widespread prevalence of HIV/AIDS related discrimination, stigmatization and denial in a variety of contexts including health care community, household and employment; and in various forms, both blatant and subtle, in two metropolitan cities of India- Mumbai and Bangalore. Seven themes were identified that described the contexts, content, and expressions of these negative experiences. These are, the health care setting as the major context reported in relation to discrimination and denial of care services or poor quality of treatment; secrecy and denial of the epidemic in the employment sector; the gendered nature of household response; the further marginalization of vulnerable group members living with HIV/AIDS; the social prejudices and biases underlying HIV/AIDS related segregationist tendencies and fear as the most widespread response to it; and lastly a perspective from health care professionals on discrimination in HIV/AIDS. Key recommendations include, empowerment of PLHA to challenge discrimination and stigma and fight for their rights, provision of legal aid and literacy to marginalized groups, creation of an enabling environment for PLHA to form support groups and challenge stigma, review of anti-discrimination legislation, improvement of health infrastructure for observing universal precautions and developing skills, knowledge, and capacity of health care staff to provide care to PLHA within the framework of human rights.

Faculty in-Charge: Prof. Shalini Bharat

Facing the Challenge: Household and Community Response to HIV/AIDS in Mumbai, India. *Project sponsored by UNAIDS, Geneva. Project completed 1996.*

The objective of this study was to examine the household and community level responses and coping patterns to the HIV epidemic in India to gain insights into the underlying socio-cultural mechanisms that help sustain these responses. The study aimed to suggest household and community based intervention strategies for the effective management of the epidemic in the country. The research approach used for the study was mainly qualitative using the methods of in depth interviews, key-informant interviews and focus group discussions. Twenty-six individuals living with the virus, four concordant couples (both partners infected) and 25 household members of people with HIV/AIDS

participated in this study. 18 focus group discussions were held with younger and older men and women residing in lower income communities to examine their understanding of the epidemic and their assessment of the risk of infection at personal and community levels.

Household responses to PLWHIV/AIDS were found to be supportive and positive. None of the participants of the study reported being thrown out or denied basic care. But household responses to HIV/AIDS were found to be both gendered and contextualized. Male positive members qualified for, and were granted, greater acceptance, care and support. Care-giving in their case was both a matter of duty on the part of their caregivers (parent/s/spouses) and a display of concern and affection. The situation of the seropositive wives/widows was, however, not the same. While they were the major caregivers for their male sex partners, they were not among the receivers of care to the same extent. Widows invariably found themselves faced with problems of shelter, economic maintenance, children's welfare and their own health care.

The findings from this study reaffirm the poor knowledge base of the communities regarding HIV/AIDS. Even when some basic facts were known about the causes of the epidemic, misconceptions and doubts were in plenty. Despite self-acknowledged high levels of risk behaviour in the lower income communities, perceived vulnerability to HIV infection in the communities was in general low and non uniform. Condom usage was seen mainly in the context of sex outside the home and not between married partners.

Faculty in-Charge: Prof. Shalini Bharat