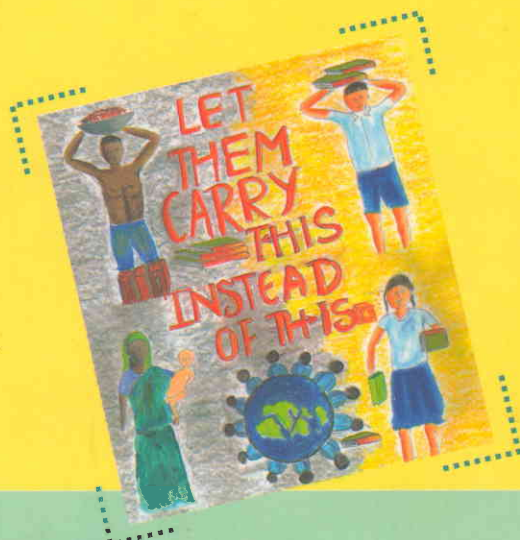




GOA INITIATIVE FOR MAINSTREAMING CHILD RIGHTS

Sponsored by Sir Dorabji Tata Trust



# status of children in goa

An Assessment Report 2007

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# List of contributors

(in alphabetical order)

**Anita Haladi**, Vice President, State Commission for Children  
Email: a\_haladi@rediffmail.com

**Anita Mathew**, Coordinator, UNIFEM Project, Sangath  
Email: anitamath@gmail.com

**Arun Pandey**, Arz  
3rd floor, F-8, Meenakshi Building, Panjim, Goa

**Dr Marita Adam**, Sangath  
Email: marita@sangath.com

**Dr Nandita de Souza**, Developmental Paediatrician, Sethu Centre  
Email: nandita@sethu.in

**Dr Nishtha Desai**, Consultant, Children's Rights in Goa  
Email: nishthadesai@gmail.com

**Gerry Pinto**, Former Programme Officer, UNICEF India Country Office  
Email: gerrypinto2001@yahoo.com

**Gracy Andrew**, Senior Clinical Psychologist, Sangath  
Email: gracyandrew@gmail.com

**Juliet D'Souza**, Counsellor  
Ganesh Apartments, G-5, Birmottem Waddo, Bastora, Goa 403 507

**Kalpana Joshi**, Sangath  
Email: kalpana@sangath.com

**Philomena Serrao**, NES-Childline  
Email: nes1098@sancharnet.in

**Prashanti Talpankar**, Senior Lecturer, DM's College, Mapusa  
D-13A, Government Quarters, Altinho, Goa

**Prof Murli Desai**, Professor, Tata Institute of Social Sciences  
Email: murlidesai@gmail.com

**Rajan Narayan**, Editor, Goan Observer  
La Campala, Miramar, Goa

**Ramesh Gawas**, Teacher  
Govind Guruji Sawant High School Sarvan, Pajwada, Bicholim, Goa 403 504

**Reggie Gomes**, Secretary, Positive People  
Email: people@sancharnet.in

**Sabina Martins**, Bailancho Saad  
Email: saad-goia@sancharnet.in

**Sandesh Prabhudesai**, Editor, Sunaparant  
Email: sunaparant@sancharnet.in

**Shaila Desouza**, Research Officer, Centre for Women's Studies, Goa University  
Email: shailagoa@yahoo.com

**Sumedha Belokar**, Project Officer, GIMCR  
Email: crg.goa@gmail.com

**Susan Pinto Furtado**, Advocate  
Near People's High School, Mala, Panjim, Goa

**Sushma Pawar**, Children's Rights in Goa  
Email: crg.goa@gmail.com

**Valeriano Vaz**, Director; **Monica Coelho**, Headmistress, Centre for the  
Differently-abled, CARITAS  
Email: caritas@caritasgoa.org

**Vishram Gupte**, Writer and Chairperson, Sangath  
Email: vsgupte@rediffmail.com

**Wilson D'Souza**, Head of Faculty (Creative Art), Bal Bhavan  
Opposite Parade Ground, Campal, Panaji, Goa



Drawing by: A  
Utkarsh Kurdi

## Development of the Girl Child

### What the UNCRC says

#### Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians or family members.

### Situational Analysis

#### Declining Juvenile Sex Ratio: A Serious Threat to Goa's Future

Whereas the sex ratio for the entire population in Goa stood at 960 in the year 2001, the ratio for the population in the age group zero to six years was only 933. The sex ratio in the age group of zero to six in Goa is still better than 927, which is the sex ratio in this age group for India as a whole. However, talukas such as Pernem and Bardez in the North and Marmagao and Quepem in the South account for lower sex ratios than the all-India average. There are no explanations available to explain this trend.

#### Taluka-Wise Sex Ratios in Goa

State/ District/ Taluka	Sex Ratio in 2001	
	Total Population	Zero to Six Years
All Goa	960	933
<b>NORTH GOA DISTRICT:</b>	951	932
Pernem	941	902
Bardez	955	916
Tiswadi	968	949
Bicholim	943	926
Sattari	962	954
Ponda	937	943
<b>SOUTH GOA DISTRICT:</b>	972	934
Marmagao	893	902
Salcete	1019	950
Quepem	973	917
Sanguem	967	970
Canacona	976	937

Source: Economic Survey 2003-04, by Government of Goa. Directorate of Planning, Statistics and Evaluation

According to the statistics provided by the Intelligence Bureau of the Government of Goa, the of male births per 100 female births was 108 in 2004 number of male deaths per 100 female deaths was

There are several myths that are popularly used by authorities to explain the declining sex ratio. These however are baseless and can be countered by the facts:

**MYTH 1:** Sex ratios in Goa have declined due to the in-migration of males from other states.

**FACT 1:** Though Goa has witnessed an increase in migration from other states, the 1991 Census shows that the number of female migrants was higher than the number of male migrants (310,321 females to 221,281 males). Also, consider the fact that a significant number of males from the ethnic community have migrated to other states, both within and abroad due to the lack of employment opportunities. The fact that since the sex ratio in the age group zero to six years is even lower (932 as compared to 960), the declining sex ratio in Goa cannot simply be attributed to male in-migration.

**MYTH 2:** The ethnic/local community does not have a 'son preference' and the statistics showing declining sex ratios for the age group zero to six years is due to the son preference among the migrant population.

**FACT 2:** There are simply no statistics or studies to support the above-mentioned contention as the Census for the zero to six years population has not been segregated into migrant and non-migrant categories. Statisticians claim that there is 100 per cent registration of births in Goa, which holds true for the local population but may not hold true for a large number of migrants who move from place to place and are unaware of registration procedures and who may not necessarily have access to institutional delivery and health care. Also it will do us no good to acknowledge the fact that the migrant working population has lesser access to pre-natal diagnostic techniques, therefore cannot be considered as major contributors to sex selective abortions!

**MYTH 3:** In nature, the birth rate for male children is higher than that for female children (120:100). It is "natural" for the sex ratio to be favourable to males.

**FACT 3:** Though it is true that even for Goa the number of female births is lower than male births (100:110), studies conducted by the medical fraternity have also shown that infant mortality in male children is higher than in female children. Thus in nature, the sex ratio is balanced! However, the statistics for Goa have shown that even though the number of male deaths per 100 female deaths is higher, the sex ratio has declined to 960!

The above stated facts clearly indicate that the declining sex ratio in Goa is selective.

of female foetuses following the use of prenatal diagnostic technologies.

The birth rate in Goa is below replacement level. Restricting ones family size is the most natural of consequences when the cost of living goes up. Small family norms practiced in Goa has resulted in couples not having a second child if the first child is a male, whereas if the first child is a female, then they do opt for having the second child hoping it to be a male. In such situations, medical technologies are used to detect the sex of the child and terminate unwanted female fetuses. A declining sex ratio in this age group is clearly indicative of gender discrimination and proves that a strong son preference exists in the State. Available data such as the NFHS I and II, indicates that there is a clear son preference existing in the state of Goa despite the high level of literacy and educational attainment. Therefore when there is a desire to curtail family size in a society where there is a prevailing preference for sons, sex determination tests would tend to be used for tailor made family compositions and selective abortions are inevitable.

The NFHS has reported a strong male child preference in the state (International Institute of Population Sciences, 1999) and that in Goa 3.9 percent of all pregnancies resulted in induced abortions, which is more than twice the all India average. A study conducted by Salgaokar (2002, cited from National Commission for Women, 2004) on the sex preference prevalent in the Goan society showed that the son preference exists even among doctors in Goa though it was much more forcefully expressed by the factory workers and more prevalent among the Hindu community. There is an urgent need for a comprehensive investigation into

this matter

In Goa, although we have attained a below replacement TFR (1.7), we have universal knowledge of contraception, and we have attained universal immunisation our health functionaries at the primary health centre and sub centre level continue to be engaged in only family planning promotion and immunisation. Although we have had the Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act) of 1994 in place since 2002, not much has been done towards the implementation of the Act. It is time the health personnel in Goa be assigned different work to ensure that selective abortions do not take place.

### Health and Nutrition of the Girl Child

Women in Goa are known to be anaemic and deliver low weight babies. Adolescent girls reaching puberty are iron deficient. The strong preference for a male child is ample indicator of the welcome a girl child will get in the society. It therefore is not surprising that discriminating practices such as the distribution of pedas and the firing of two crackers exists to announce the birth of a boy child while the birth of a girl child is celebrated with less pomp with the distribution of jalebis (a cheaper sweet) and the firing of one cracker. Unfortunately no real data exists to reveal the extent of this discrimination.

### Education of the Girl Child

There is also a gender gap in the enrolment as indicted in the table below:

### Enrolment According to Sex and Class 2001-2002

Standard I - IV			Standard V - VII			Standard VIII - X			Standard I - X (lakh)		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
22,609	45,339	94,028	38,730	34,864	73,594	33,606	30,215	63,821	1.21	1.10	2.31

Source: Educational Statistics at a Glance 2001-2002, by Government of Goa: Directorate of Education

Interestingly in Goa there are more children enrolled in schools not managed by the government than there are in the government run schools. Even here however, there is a noticeable gender divide.

### School enrolment According to Sex, Class and Management, 2001-2002

Management	Std I - IV		Std V - VII		Std VIII - X		Std I - X	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Government	23,042	22,168	6,599	6,248	4,481	3,619	34,122	32,035
Non-Govt	25,647	23,171	32,131	28,616	29,125	26,596	86,903	78,383
Total	48,689	45,339	38,730	34,864	33,606	30,215	121,025	110,418

Source: Educational Statistics at a Glance 2001-2002, by Government of Goa: Directorate of Education

### Sex-wise Dropout Rates, 1997-2002

Class	Year	Boys	Girls	Total
I - V	1997-1998	5.41	12.75	8.95
	1998-1999	- 0.15	8.72	4.20
	1999-2000	5.83	11.50	8.58
	2000-2001	3.00	9.94	6.37
	2001-2002	3.48	8.12	5.73
I - VIII	1997-1998	6.20	12.23	9.12
	1998-1999	4.70	11.26	7.88
	1999-2000	7.14	13.26	10.11

I - X	2000-2001	5.73	13.25	9.36
	2001-2002	- 1.30	9.89	4.19
	1997-1998	46.49	46.71	46.60
	1998-1999	41.69	42.45	42.06
	1999-2000	43.22	42.41	42.83
	2000-2001	44.23	43.46	43.85
	2001-2002	42.92	41.47	42.21

Source: Educational Statistics at a Glance 2001-2002, by Government of Goa: Directorate of Education

As indicated in the table above, there is a gender difference in dropout rates; in classes I–VIII, it is much higher among girls than boys. By standard X, however, though the overall dropout rate increases, there is little difference between boys and girls.

#### The Girl Child: A Victim of Abuse and Crime

Girl children from the marginalised sections of society like dalits, scheduled tribes and migrants constitute the major chunk of the dropouts. At a workshop organised by Bailancho Saad on 10 February 2004, a representative of the Savitri Phule Mahila Mandal lamented that there were several dalit wards like Tamoshem, Torshem and Porkada in Pernem taluka, which do not have even a single girl who has passed SSC or HSSC. The condition of dalit women is the same in several parts of rural Goa; there are hardly two or three girls from harijan wards who have passed HSSC.

She also stated that their economic condition is so pathetic that they cannot afford a decent meal. They earn around Rs 300 to Rs 500 a month making bamboo articles. Earning a livelihood is their first priority for all the members of the family, who survive by doing odd jobs in the village and seasonal agriculture work. In the urban areas, those who have basic education are employed as class IV employees. Very few hold higher posts owing to lack of education.

Bailancho Saad has been working among the migrant population in and around Panaji and Mapusa, and has observed a large number of school dropouts among girls who end up as domestic workers. Another trend that is evident is among people who come to Goa from outside the State is that they bring with them minor children for domestic work from their home states. They are passed off as relatives and escape from the eyes of the law. The tables below are self-explanatory

**Girls Rescued from Prostitution in Goa, 1999– 2004 (up to April)**

Crime	1999		2000		2001		2002		2003		2004 till 30 Apr	
	R	D	R	D	R	D	R	D	R	D	R	D
Procurement of Minor Girls	0	0	1	0	2	2	2	2	5	5	0	0

Source: Goa Police (R = Reported, D = Detected)

**Number of Missing Persons below 18 years (1996 – 2001)**

Details	1996	1997	1998	1999	2000	2001
Total below 18 years male missing	93	112	106	83	109	93
Total below 18 years male traced	64	99	93	67	86	77
Total below 18 years male untraced	29	13	13	16	23	16
Total below 18 years female missing	122	133	114	112	128	109
Total below 18 years female traced	97	105	96	92	104	86
Total below 18 years female untraced	25	28	18	20	24	23

Source: Goa Police

Tourism related Exploitation of Girl Children for Prostitution in Goa  
(See the Section on Sexual Offences against Children)

### Review of the Current Strategies

#### Strategies of the Government of India

The Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act) of 1994, as amended up to 2004, states that no pre-natal diagnostic techniques shall be conducted except for the purposes of detection of any abnormalities. It categorically states that those conducting the diagnostic procedure should not communicate to the women or her relatives the sex of the foetus. Misuse of the diagnostic procedure could result in imprisonment of three years and a fine of Rs 10,000. Doctors convicted for abuse of the technology are liable to have their registration suspended. However, the reducing juvenile sex ratio is evidence that this legislation has failed.

Although the PNDT Act exists, it is still unclear as to what concrete steps have been taken to implement it in Goa. There have only been a few advertisements and talks on the girl child. It is time that the State health personnel be

assigned different work from the Family Welfare, promotion of contraception and immunisation as on both those fronts Goa has reached universal awareness and excellent results. There is a dire need to ensure that selective abortions do not take place.

The Alternative NGO Report on CEDAW in India, prepared by The National Alliance of Women in January 2001, recommended strict monitoring of the PCNDT Act of 1994 by a regular monitoring authority set up in all the states. Sujaya (2001) notes that the implementation of the Act is highly medicalised; it needs more representatives from civil society.

A Balika Samriddhi Yojana is run by the DWCD. It aims at changing family and community attitudes towards the girl child at birth and towards her mother. For those girls born after August 15, 1997, below the poverty line, the type / quantum of assistance includes a post-delivery grant amount of Rs 500 to the mother and an annual scholarship of Rs 300 for each class from class I-X.

#### Strategies of the Government of Goa

Preventing Female Foeticide: The Balika Samriddhi Yojana scheme is being implemented through the two District Rural Development Agencies (DRDAs) in Goa. In the year 2001

05, 78 girls from North Goa and 79 girls from South Goa benefited from the scheme; and the year 2005-06, 81 girls from North Goa and 29 girls from South Goa benefited from the scheme.

Due to the growing concerns about the declining sex ratio in Goa (1066 in 1961, 975 in 1987 and 960 in 2004) and the need for urgent action expressed by voluntary organisations, the DHS has formed an Advisory Committee on the implementation of the PNDT Act that includes representatives of voluntary organisations. The Committee has been conducting advocacy programmes for private practitioners and other specific target groups. However, the voluntary organisation representatives feel that a proper policy needs to be worked out in order to effectively carry out awareness programmes and for monitoring violations of the Act (Haladi, 2005).

In this context, the aggressive family planning programmes implemented in the State should be reviewed.

**Health:** The State Health Department has no concrete programme for the health of the Girl Child or adolescent although in the new RCH (Reproductive and Child Health Programme) it does spell out in its list of '50 Comprehensive RCH Services' the following which could directly address the needs of the Girl Child.

1. Essential Newborn care.
2. Exclusive breast feeding and weaning.
3. Prevention and treatment of Anaemia in children.
4. Supplementary nutrition and nutrition advice with attention to the girl child.
5. Treatment of severely malnourished children
6. Appropriate management of diarrhoea.
7. Appropriate management of acute respiratory infections (ARI)
8. Sexuality education: Physical and Psychological changes during early adolescence.
9. Sex education
10. Adolescent health
11. Gender equality
12. Equality and empowerment of women.
13. Non-formal education
14. Primary education with emphasis on education of the girl child.
15. School health examination
16. Personal Hygiene.
17. Secondary education.
18. Vocational training especially for girls.

(Source: Panse, 1999 and Publications of National Institute of Health and Family Welfare)

While the above list seems rather conclusive, in reality we see little change in the Health Programme of the State Health Department. The focus still is on family planning and immunisation at the cost of all other health concerns. It would indeed go a long way in meeting the needs of the Girl Child in Goa if the Health Department would put into practice some of the promises made in their RCH programme.

#### Provisions under the Goa Children's Act

GCA: Section 11 of the GCA focuses on the Girl Child. It states the following:

- (1) The State shall develop and implement comprehensive policies, plans of action and programmes for the survival, protection, development and advancement of

the girl-child to promote and protect the full enjoyment of her human rights and to ensure equal opportunities for girls and all these plans should form an integral part of the total development process.

- (2) The State shall ensure elimination all forms of discrimination against the girl-child which result in harmful and unethical practices, such as pre-natal sex selection and female foeticide and infanticide and towards this the State shall promote and support all endeavours that help give the girl child a sense of self-esteem, which would include gender sensitisation programmes at all levels. Special attention will be focused on taking strict action against eve teasing and on all conditions which create an unsafe atmosphere for girls.
- (3) The State shall encourage educational institutions and the media to adopt and project non-stereotyped images of girl and boys and to eliminate child pornography and degrading and violent portrayals of the girl-child.
- (4) The State shall ensure dissemination of information and education to girls, regarding the physiology of reproduction, reproductive and sexual health.

#### Recommendations for Plan of Action

**Preventing Female Foeticide:** Monitoring mechanism needs to be reviewed with reference to composition and functioning (PNDT Advisory Committee). Mandatory posters on child right against foeticide to be put up in all pre-natal diagnostic centres. Gram sabhas to discuss the issue and strategies to correct imbalance in the sex ratio.

**Dropout Girls:** There is no scheme of assistance for girls who have dropped out and would like to pursue their studies from open schools. As the fees range from Rs 3,000 to Rs 5,000 they are unable to afford education. Bailancho Saad in a letter dated November 10, 2005 to the Chief Minister and the Minister for Education, had recommended the formulation of a scheme for free education through open schools prior to the Budget 2006. However, this scheme was not reflected in the budget. The Government should formulate schemes to subsidise education availed through open schools. Children from destitute families and victims of abuse are unable to avail of the free education because of circumstances, which are unable to take care of other needs such as food, clothing and shelter. While the Budget 2006 makes provisions for orphans, it does not cater to other categories of vulnerable children. The scheme, which is supposed to be called 'Bachpan' is yet to be notified. It should be notified and extended to all vulnerable children.

**Domestic Girl Child Labour:** Domestic workers should be registered in the office of the Labour Commissioner, irrespective of their ages. Suitable enactment is needed to fix minimum wages, working hours, annual leave facilities and grievance redress mechanism. Monitoring body to check exploitation linked to the Labour Commissioner's office.

**Sexual Abuse of Girls:** Most of the cases of sexual abuse reported at the police stations are of minor girls. The police have adopted the norm of recording statements in the presence of an NGO representative or a social worker. When

a social worker is introduced to the victim by the police she is seen as an agent of the police. If there is any grievance against the police, they do not confide in the social worker and in this way the victims lose out on organisational support. It is necessary that the voluntary organisation and social workers should have an independent standing while networking with the police. Mechanisms are needed to follow up cases that are referred to the police stations directly by the voluntary organisations. Recommendations made with respect to providing information to victims, quick recording of statements and medical examinations, evidence gathering, prosecution and so on, in the interest of speedy justice, need to be implemented.

**Health:** Women in Goa are known to be anaemic and deliver low weight babies. The adolescent girls reaching puberty are iron-deficient. The Government nutrition programmes should address these issues. Access to health centres in the rural areas is difficult. Health centres in the remote areas need to be upgraded as government hospitals are far away. Sex education should be integrated with rights of the child over her body as well as how these rights can be exercised.

**Social and Political Violence:** In situations of violence or displacement caused by the state or community, the girl child is especially vulnerable as happened during the Baina Demolition and Sanvordem Communal Violence (Bailancho Saad reports). However, as per conventions, children should be the first to receive help. Even though there is scepticism of government bodies, the government has a responsibility of putting systems in place and cannot be absolved of its obligation. While Commissions for children and women are in place, the neutrality of the responsible body has to be maintained, adequate resources allocated and an efficient delivery system ensured. Alternative set-ups by civil society have to be in place in case of Government failure

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Contributed by Anita Haladi, State Commission for Women, Children, Shaila Desai, Centre of Women's Studies, Goa University, Sabina Martins, Bailancho