CORPORATE SOCIAL RESPONSIBILITY AND CORPORATE SOCIAL PERFORMNACE: A CASE STUDY ON EMPOWERMENT OF RURAL WOMEN

Thesis submitted to Pondicherry University
in fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY
IN
SOCIOLOGY

Submitted By
MANOSMITA MAHAPATRA

Under the Guidance of
Dr. C.Aruna
Assistant Professor

SCHOOL OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

DEPARTMENT OF SOCIOLOGY

PONDICHERRY UNIVERSITY

PUDUCHERRY- 605 014.

INDIA

AUGUST 2016

Pondicherry University
(A Central University)
Department of Sociology
School of Social Sciences and International Studies
Silver Jubilee Campus
Puducherry 605014
Ph: (O) 0413-2654496
(R) 0413-2655051
Dr. C.Aruna
Assistant Professor
Email: caruna_lect@yahoo.co.in

CERTIFICATE

This is to certify that the thesis entitled **"Corporate Social Responsibility and Corporate Social Performance: A Case Study on Empowerment of Rural Women"** submitted to Pondicherry University in fulfillment of the requirements for the award of the degree of **Doctor of Philosophy in Sociology,** is a record of original research done by **Ms. Manosmita Mahapatra**, during the period of her study 2010-2016 in the Department of Sociology, Pondicherry University, under my direct supervision and guidance. The thesis has not been submitted previsouly either in part or full for any degree, diploma, associateship or any other similar title at this or any other university.

Head of the Department

(C. ARUNA)
Supervisor

Place: Puducherry

Date:

Pondicherry University
(A Central University)
Department of Sociology
School of Social Sciences and International Studies
Silver Jubilee Campus
Puducherry 605014
Manosmita Mahapatra
Research Scholar
Email: manosmita7@gmail.com

DECLARATION

I hereby declare that the thesis, entitled **"Corporate Social Responsibility and Corporate Social Performance: A Case Study on Empowerment of Rural Women"** submitted to Pondicherry University in fulfillment of the requirement for the award of the degree of **Doctor of Philosophy in Sociology**, is a record of original research work done entirely by me during 2010 – 2016 under the supervision and guidance of **Dr. C. Aruna,** Assistant Professor, Department of Sociology, Pondicherry University. The thesis has not been submitted previsouly either in part or full for any degree, diploma, associateship or any other similar title at this or any other university.

Manosmita Mahapatra

Place: Puducherry

Date:

ACKNOWLEDGEMENT

I am extremely grateful to my guide and supervisor **Dr. C. Aruna**, Assistant Professor, Department of Sociology, Pondicherry University. She was a source of inspiration and encouragement throughout my research work. I feel fortunate and happy that I had an opportunity to learn a lot under her. I once again thank my guide for his magnanimity and generosity in making pertinent observation and rendering timely corrections and dedication and sincere help without which completion of this thesis would have been impossible. With agreat sense of pride and satisfaction I acknowledge my indebtedness to her and I feel happy about the association I have had with her and the moral support I got.

I deeply feel obliged to **Dr. Sudha Sitharaman**, Head, Department of Sociology, Pondicherry University, for her encouragement and valuable suggestion throughout the course of the study.

I express my gratitude to the members of my Doctoral Committee, **Prof. B.B. Mohanty,** Department of Sociology, **Dr. Amaresh Samantaray**, Associate Professor, Department of Economics for their valuable support and constructive suggestions to complete this thesis.

My grateful thanks are due to **Dr. Ramathirtham, Dr. Gulam Dasthagir, Dr. Pradeep Kumar Parida, Dr. Mancy M.,** and **Dr. Imtirenla Longkumer** for their useful comments and valuable inputs in shaping this thesis.

I would like to express my gratitude to **Dr. N. Ganeshan,** Post-Doctoral Fellow for his support and kindness towards me.

I would dedicate my sincere thanks to **Prof D.N. Dhanagare**, former Vice-Chancellor of Shivaji University, Kohlapur for his immense moral support for me to do the research study.

I would dedicate my hearty and sincere thanks to **Dr. Bikram. Kesari Mishra**, Head of the Department, Ravenshaw University for the kind dedication to help me in my research and giving me his valuable suggestion for the study.

I express my sincere thanks to the office staff Mr. K. Mathivanan, Office Manager and Mr. E. Baskaran Office Attendant for their kind assistance.

I am thankful to all the Research Scholars of the Department of Sociology for their intellectual discussion, kind suggestion and inputs related to my research topic.

I would like to acknowledge the special role of my relatives in Pondicherry Vandana, Bharti Shah and Jaydev Sharma, Nirav Shah whose moral support was a great help to me.

I would like to acknowledge the special role of my friends Nibedita Priyadarsini, Balamurugan, Lopa, Sathish, Dipti, Ankita, Diptimayee, Aurosmita, in carrying out this research and compiling this thesis.

I place on record my obligation to Department of Sociology, Pondicherry University for providing me an excellent research ambience to complete the research work successfully.

I extend my hearty thanks to librarians and the staffs of Pondicherry University, Jawaharlal Nehru University, French Institute of Pondicherry, for their great support during my library visit to their institution.

I extend my heartfelt thanks to all the professors and academician with whom I discussed, related to my research area, during attending seminar and workshop in various institutions in India.

I am extremely indebted to all my respondents of for their kind consideration of the matter and answering all the questions despite of their busy schedule. This study could not have been completed without their authentic response.

I am thankful to the chairperson and members of BHUBANESWAR MUNICIPALITY CORPORATION and other staffs for their support in providing the valid information related to my research topic.

I express my deep sense of gratitude to my parents Prof Manoranjan Mahapatra and Gitanjali Mahapatra, who have really boosted up my confidence and my sister who stood up the occasion deserve all the credit not only for this thesis but also for all the good things I do in my life. Last but not the least; I would like to thank my teachers, friends, administrators and all those who directly or indirectly supported to submit my thesis.

Finally, I extend my inner heartfelt gratitude to the almighty in enabling me to surpass all kinds of adverse and difficult situation in completing this endeavour successfully.

(Manosmita Mahapatra)

CONTENTS

Chapter No.	Title	Page No.
I	Introduction	1
II	Review of Literature	16
III	Methodology	48
IV	CSR practices among public and private sector companies	60
V	Corporate Citizenship Approach	85
VI	Rural Health Services	125
VII	Women Empowerment and Sustainable Livelihood	173
VIII	Summary and Discussion	209
	Appendices	
	Bibliography	
	Interview Schedule	

LIST OF TABLES

Table No.	Title	Page No.
1	Sample of respondents for the study of women empowerment	56
2	Sample of respondents for the study of health initiatives	58
3	The Public sector companies and their field of activities	67
4	The Private sector companies and their field of activities	68
5	Corporate Sustainability Services and the initiatives of Tata Steel	87
6	Areas of impact and key interventions	87
7	Social Welfare investment of Tata Steel from 2004 to 2010	88
8	Expenditure of TSRDS for different interventions for the years 2009-10 and 2010-11 (in rupees)	90
9	**Number of SHG's and membership in** operational units of TSRDS	95
10	Preventive Health Measure initiatives and number of beneficiaries during the years 2010-11	96
11	Health interventions and the number of beneficiaries between 2008 and 2011	96
12	Projects and programmes undertaken by TSRDS	97
13	Maternal and Child Health Activities of TSFIF in 2010-11	120
14	Health initiatives undertaken by Project RISHTA	121
15	Health Initiatives undertaken by Project SAHAS	122
16	Development Initiatives undertaken by Project Apni Baatein	122
17	Age at marriage of respondents	133
18	Age of respondents at last child birth	134
19	Frequency of pre-natal visit by respondents	134
20	Place of delivery	136
21	Women Empowerment indicators of reproductive health	145
22	Health related indicators and levels of empowerment	146
23	Response towards health care services and levels of empowerment	148

24	Decision making in child bearing by background characteristics	149
25	Decision making in usage of contraception by background characteristics	150
26	Decision making in sexual communication and negotiation by background characteristics	152
27	Decision making in health care during pregnancy by background characteristics	153
28	Decision making in appraisal of health services by background characteristics	155
29	Decision making in treatment for reproductive tract infection by background characteristics	156
30	Decision making in exercise of reproductive health roles and rights by background characteristics	158
31	Women Empowerment indicators of household decision making	160
32	Response towards household decision making and levels of empowerment	161
33	Decision making in household production by background characteristics	163
34	Decision making in household work by background characteristics	164
35	Decision making in household expenditure by background characteristics	165
36	Decision making in issues related to natal relatives by background characteristics	167
37	Decision making in community participation by background characteristics	168
38	Decision making in exercise of rights of husband and wife in the family by background characteristics	170
39	Profile of respondents	174
40	Duration of membership in SHG	176
41	Reasons for joining SHG	176
42	Sources of information towards SHG membership	176
43	Opinion on the functions of SHG	177
44	Performance of SHG in terms of income generation	178
45	Changes experienced after joining SHG	178
46	Level of Satisfaction with SHG activities	179
47	Indicators of Personality Development	181
48	Level of Personality Development	181

49	Level of Personality Development by background characteristics	182
50	Indicators of Mobility	184
51	Level of mobility	184
52	Level of Mobility by background characteristics	185
53	Decision making in daily activities	187
54	Decision making in childcare activities	188
55	Level of decision making in daily and childcare activities	188
56	Level of decision making in daily activities by background characteristics	189
57	Level of decision making in childcare activities by background characteristics	191
58	Domain specific Level of empowerment	193
59	Level of total empowerment by background characteristics	194
60	Level of empowerment (Production) by background characteristics	196
61	Level of empowerment (Housework) by background characteristics	198
62	Level of empowerment (Family Expenditure) by background characteristics	200
63	Level of empowerment (issues with natal relatives) by background characteristics	202
64	Level of empowerment (community participation) by background characteristics	204
65	Level of empowerment (Rights of husband and wife) by background characteristics	206

LIST OF FIGURES

Fig No.	Title	Page No.
1	Conceptual framework	51
2	Community Development Initiative process model of CSR	52
3	Map of the study area	57
4	Proportion of donations by Tata Steel for society sustainable development	88
5	Framework explaining the theoretical fit of CSP	221

Introduction

Globalization and development agenda has changed the structure and adaptation of production and economic institutions. In the process, the national resources and human resources are exploited and hence there is a demand for commitment from the institutions to contribute towards development of people in certain social sectors. Development as a process has in recent times shifted the criteria of development from economic growth perspective to the social dimension of development as exemplified through the human development index of United Nations Development Programme. Other development agencies have also emphasized the role of CSR in promoting development (Jenkins, 2005). In the context of developing countries, the efforts taken by Government are supported by market concerns and the Business Corporation have a responsibility towards stakeholders (McGuire, 1963). Hence, the corporate display of social responsibility has become widespread over the past two decades (Vogel, 2006).

Globalization and international trade has brought an increased interest in CSR in recent years with an increased business complexity (Jamali and Mirshake, 2007), along with the pressure and prominence of global corporation and expectations of social responsibility (Mohan, 2006). Hence, large corporations have started to intensify their CSR engagement under demands of societal expectation (Jamali, 2008). Hence CSR is defined as integrating social concern in the business operation on a voluntary basis towards stakeholders (European Commission, 2002).

Hence, the fundamental idea of CSR is that the business corporations have an obligation to work towards meeting the needs of a wider array of stakeholders (Clarkson, 2005) because business as a producers of economic wealth does not only have economic impact but social impact as well (Dahlsrud, 2005). Muthuri et al., 2009, advocated a development approach which encourages more reflective managerial practices that invest in community rather than building a mere transactional community relationship. Such social involvement of corporates in society is not just a reciprocal or business relationship; rather community participation

provides companies the opportunities to invest in fostering, trusting and understanding community relationship (Green and Hunton, 2003).

In this context, argument is proposed that businesses is responsible for producing "social goods" as well as goods and services for sale, and that every business had an obligation to give back to the communities that supported it (Bowen, 1953). Therefore, in India we find many instances of companies engaged in community development for one or more reason. Viewing community as a stakeholder and hence community development as a business strategy is not generally appealing to a traditionalist whether in business or stakeholder domain. In Indian context such trends are normally followed among multinationals where they are held socially accountable (WBCSD, 1998), playing important roles in solving problems of public concern (Monsen,1774; Quinn and Junes, 1995) enhancing human capital (Nelson, 1996) and achieving Millennium Development Goals (Muthuri, 2007). In few cases it goes into the philosophy of business existence for the community in trust. One of the few examples is the case of Tata Group of companies (Puranik and Mehta, 2005) in India.

CSR as a stake holding was introduced in 1960s and only in 1980s the stakeholder perspective became prominent within academic literature (Andriof et al., 2002). Therefore, the literature on CSR largely focused on it as a management concept while the societal aspects of CSR were neglected (Brammer et al., 2012). Hence, CSR from a social perspective is defined as corporate commitment to ethical behaviour particularly in relation to social justice. Such an approach of CSR from a societal perspective is less focused in research since capitalist globalization have created disturbances in fundamental social justice where CSR attempted to solve the problems of social injustice by behaving in socially ethical terms (Sklair and Miller, 2010). Companies involved in social context carry out socially responsible behaviour inherent to their way of business where social initiatives are often implemented informally or implicitly as a response to local expectation and demands (Morsing, 2005).

With regard to business institutions having a contribution to sustainable development of society, it is seen that corporate social responsibility has a significant role in community

development (Mahapatra and Aruna, 2012). Hence the real CSR measures emphasize on benefitting people and community, apart from whom the companies are contractually obliged (Shrivastava and Venkateswasran, 2002). In India many multinational companies are engaged with community development as an important agenda in their activities. In the process, the companies engage in a strategic corporate social responsibility for sustainable business (Mahapatra and Aruna, 2013).

The sociological approach to CSR depicts that socially responsible business practices strengthen corporate accountability of empowering people in the communities, and promotes corporate citizenship, where a company integrates social concern and improves the quality of life of local community, and enhances stakeholders participation both within and outside the corporation thereby giving a total impact on the society in which it operates (Pinney, 2001; Hopkins, 1998; Marsden, 2001 and Business for Social Responsibility, 2003). Business communities are facing increasing pressure to play more active social roles in addressing community issues, while Business-Community Partnership focuses on capacity building programmes within community organizations and becomes increasingly important (Lee, 2011). Therefore, the characteristics of CSR reflects as an opportunity for business to look beyond the narrow economic returns and take the wider social concern into consideration (Rodolph, 2005).

Sociologically, it is seen that organizations are not only become prominent actors in society, but has significant cultural and political influence and harness their resources for social good (Stern and Barley, 1996). Hence, the modern concept of CSR states that the business enterprises in their usual process of business decision making should pay due attention to the social interest of the people in the community (Sarkar, 2005). William Frederick argued that businesses resources should also be used for broad social good and corporations assume certain responsibility to society which extends beyond their economic and legal obligations (Fedrerick, 1960; Mcguire, 1963) because a company is not only an economic entity but also a social and political entity (Tarrant, 1976). Since businesses depend on society for their existence as they receive inputs from the society in the form of raw material and natural resources, it is pertinent to take care of society (Agarawal, 2008). It is often seen that

companies voluntarily practice ethical business towards society through CSR and such voluntary approach have brought in changes in government role in promotion of social practices (Matten and Moon, 2005).

Changing role of Business in global society

There are certain institutional prerequisites for CSR on behalf of civil society, like governmental and legal institution that make business to articulate social values (Matten and Moon, 2008) in relation to national goods. Corporates are found to be involved in community but basically from a philanthropic approach where the corporate community involvement forms the oldest form of corporate social responsibility (Chapple and Moon, 2005). Later, corporate community involvement is seen to gain importance for the social initiatives to meet the social and economic needs of the communities in which they operate (Muthurin et al., 2009).

It is emphasized that organizations must deliver profits not only to shareholders but also to broader stakeholder interest and the need to demonstrate a balanced business perspective. Thus, organizations develop and update the programmes and policies in an attempt to measure their social performances with stakeholders and during this process, communicating their values to local communities (Maon et al., 2009). The enhanced involvement of corporations in the provision and delivery of public services has meant on increased direct involvement in social policy debates as well as on enhanced role for business in civil society (Farnsworth, 2005). CSR largely engage in the policy arena and corporate activities increasingly involve activity in relation to health, education and welfare along with social justice and community development issues (Sklair and Miller, 2010).

The business in the community concept given by Albareda (2006) highlights that how the government and company interpret the role of business in society, and relate to social challenges and its role in community development. The concept arises from the idea that companies have a fundamental responsibility in the economic development of communities in which they operate.

Beck (1999) links that industrialization leads modern society to risk their health life and their natural environment. Modern industrialization results in a pressure on the government which emphasizes on the role of Modern Corporation as an alternative. Moreover, Moon (2004) argues that since 20th century there has been ongoing debate on the role of government and CSR where there has been emphasis on the need for government to actively promote CSR as a response to the social problems and the cost associated through the corporate actions within a globalised economic context. Several research related to CSR suggest the emergence of a new role adopted by the government (Fox et al., 2002) as economic globalization enhanced the role of multinational corporations (Crane and Mattern, 2004). The role of government in promoting CSR as a new approach is also linked to the new forms of public private partnership (Nelson and Zadek, 2000) in order to resolve social problems which emerge as significant challenge to developing countries. Moreover, governments are involved in a new type of political relationship with business and civil society stakeholders to promote responsible and sustainable practices. Hence, CSR has become a priority issue on government agenda which has changed government capacity to act on social issues in relations with companies (Albareda et al., 2007).

It increasingly recognized the progress and welfare of society as not only the responsibility of government, but more stakeholders are included attain the development goal and enhance the efficiency of government in solving social problems (Prathan and Rajan, 2010). Hence, corporations are found to carry out a problem solving approach suitable to achieve a level of social responsibility desired by the society. As business sectors recognize the fundamental interdependence of the social and economic sector and the thinking of local and global distinctions, private-public partnership will become an increasingly common approach to solve social problems (Waddock, 2007). The selection of a social problem by the corporation depends upon the discretion of the corporation itself. However, the socially responsible corporation avoids imposing neighborhood costs but instead internalize these costs as been argued by Fitch (1976).

Keeping such problems solving approach of corporation, CSR can be contextualized into explicit and implicit (Mattern and Moon, 2008). Corporates were involved in "corporation

relevant social problems" where they solve corporate issues on human suffering, medical cost and compensation paid through workman's compensation insurance, and hence addressing the implicit CSR. The explicit which generally addresses the social issues that are not directly related to organization and has been neglected by many companies as they do not take extra initiatives for the common good of society.

The role of business in society brings the importance of community as a stakeholder which is a central concept in CSR where it forms the link between aim and ambition of the organization and expectation of society (Whetten et al., 2002). Gray (1996) defines CSR from a stakeholders oriented concept that extends beyond the organization's boundaries and driven by ethical understanding of the organizations responsibility for the impact of its business activity, seeking in return society's acceptance of legitimacy of the organization. Davis and Blomstrom (1971) argues that business had the resources to solve social problems that may surpass the resources of other institutions that work in social areas which requires attention in things where business stands apart for its substantial management of functional expertise and capital resources.

Several of research has focused on the role of business in society. Aguileru et al. (2007) also makes attempt to analyze the case of corporations being encouraged in social initiatives and consequently imparting social change. It focuses on the effective strategies for business to develop a social agenda and theories for understating the response of industries to institutional pressure (Bronn and Cohen, 2009). According to Hess et al. (2002) social initiatives include not only the traditional practice of corporate philanthropy but also encompass a variety of forms and points, ranging from corporate support for training and educating adults and youth in local communities to nationwide programme helping social welfare in developing countries. Thus, social initiatives in the business context are defined as any program, practice or policies undertaken by a business firm to benefit society (Bronn and Cohen, 2009).

Some national companies have increased their visibility in promoting social initiatives and trends have evolved. Some corporation creates specific departments inside the firm that are

responsible for social initiatives and programmes while others form foundation to carry out the goals. The first combines economic and social performance by keeping the initiatives within the firm and, maintain these as part of the company brand. The second tries to professionalize the social initiative term and maintains a distance from the control of the managers of the program (Cappellin and Giuliani, 2004). Bronn and Cohen (2009) found that the main reason for the corporates to involve in social initiatives is to improve their image and to be recognized for moral leadership. Along with strengthening corporate reputation, social initiatives also help to reduce corporate risk where investment in social initiatives can be profitable in advertising or research and development (Gardberg and Fombrun, 2006). Thus, specific practice associated with the notion of social sustainability includes investing in community infrastructure, creating multiple sectoral partnerships and thereby becoming global corporate citizens (Waddle, 2000). Studies also identified a range of institutional forces that compel companies in strengthening their social agendas as stakeholders and perceive that their firm's viability may depend on their ability to respond effectively (Bronn and Cohen, 2009).

Business usually took the form of a philanthropic approach to development which is a corporate action to society's expectations, engaging and promoting programmes for human welfare (Carol, 1991). Even, corporate philanthropy has long been understood as a corporate social responsibility. Philanthropy promotes corporation as an agent of development through their social initiatives (Goddard, 2005 and Muthurin, 2009) and hence much of the existing literature of CSR politics has focused on the philanthropic activities of large companies (Smith, 1997). Earlier corporates were involved in corporate philanthropy by resource dependence theory (Preffer and Salancik, 1978). To substantiate Seifert et al. (2004) illustrates that a firm would choose to donate to community improvement project in the city where its largest plant is located in an effort to co opt labour and local politicians. But today's CSR is more strategic based and is not mere philanthropy.

There has been a debate that CSR approach in developing countries has always been in a philanthropic action and not an institutionalized action. Hence, Makower (1994) argues that companies must understand that CSR programmes are more than philanthropy. Through the

policies and programmes the companies extend their tremendous business, power in shaping the community but corporate philanthropy is in the process of being more strategically implemented (Saiia et al., 2003) and a tendency to increase professionalization of philanthropic function (Hemmelstein, 1997), rebuild community connections and legitimate connections with society thereby bringing benefits to both corporation and community (Smith, 1996). However, in India it is seen that though the approach to CSR has been found to shift from philanthropy to sustainable development, it is observed that CSR initiatives have been carried out by partnership with NGOs, government or formation of foundation but do not have full-fledged CSR department (Prathan and Ranjan, 2010).

Corporate Social Performance and Corporate Social Power

The term CSR is in popular use even though competing and overlapping concepts were widespread in the field. The concept of corporate social performance in 1970's became an established umbrella term embracing both descriptive and normative aspects of the field (Carrol and Shabana, 2010) focusing on socially responsible initiatives of corporations (Carrol, 1979). Corporate social performance is a set of descriptive categorizations of business activity, focusing on the impact and outcome for society, stakeholders and the firm itself (Wood, 1991). Hence, corporate social performance is a structural category which can be measured and evaluated (Wood, 2010). CSP can be measured through social reports, environmental reports, annual reports and social or environmental disclosure.

Wood (1991) argues that CSP is more compressive than CSR models since it involves the identification of domains of an organizations social responsibility, the development of process to evaluate the stakeholder demand and the implementation of programmes to manage social issues (Thomas and Simerly, 1995). Hence, CSP concerns the benefits that result from a business organization's interaction with the larger environment including social, cultural, legal and political and economic dimension and in order to exits companies should work to increase the benefits and eliminate harm resulting from their activities (Wood, 2010). Corporate social performance (CSP) has become a legitimizing identity (brand) for researchers in the business and society field, but it has not developed into a viable theoretical or operational construct. CSP research is viewed as those works concerned with prescribing,

measuring, and predicting aspects of how corporations do and/or should behave given their affect on other social actors functioning in the same organizational field. Wood (1991) conceptualized CSP as the product of a business firm's particular configuration of principles of social responsibility at the three level of analysis which are institutional, organizational and individual level. Secondly the process of social responsiveness which is an action dimension is needed to complement the normative and motivational component of social responsibility of the three facets as environmental, stakeholder and issue management. Thirdly, the outcomes are divided into three types, the social impact of corporate behaviour, the programs the company use to implement responsibility and the policies developed by companies to handle social issues and stakeholder interest.

There are certain pre requisites for corporate social performance. Carroll (1979) presented the argument that those firms wishing to effectively engage in corporate social performance need to have three basic aspects such as the basic definition of CSR. Secondly, an understanding of the issue for which a social responsibility existed. Thirdly, a specification to the philosophy of responsiveness towards the issue. Similarly, Clarkson (1991) builds a stakeholder management model to provide a framework for describing, evaluating and managing corporate performance. A common set of corporate social performance measures is needed by both academic research and business that want to assess corporate social impacts (Davenport, 2000).

The role of business in society in the form of philanthropy gives a way for corporation to connect the community through its social welfare activities. This brings an increased business involvement in society and political structure, inevitably demanding business to be more responsible (Bendell, 2004). Corporates remained as a business organization for a long period but is expected to have a dominant role in future, as they face an increasing pressure to play an active social role in addressing community issues and address various government agreements such as the capacity building programmes within community which are increasingly becoming important (Lee, 2011). It also raises the caution regarding the abuse of power in the relationship between corporation and their stakeholders. Banerjee (2001) highlights the role of this power differential in the case of mining, particularly in remote

areas inhabited by poor and marginalized communities where the mining company becomes a short de facto government. On the other hand the role of power is downplayed by proponents of partnership model.

Philanthropy does not necessarily mean that a firm develops broader strategy to comprehensively asses its impact on society to improve it overall performance towards society. Such long term perspective of economic gain to the society is CSR and not short term philanthropy. This long term perspective is reminiscent to the idea of sustainability which gives 'corporate social power' (Davis, 1973 and Carrol, 1999). Corporate social power can be understood as the corporate power and responsibility as a matter of public concern (Parkinson, 1993), where corporation play a significant role in outcome of employment, social equity and host of other issues.

The sociological analysis and conceptualization assist in understanding the underlying logic of governance that rests on a market line representation of the very notion of authority, where government is configured as once the only source of authority among many which included private authority like corporations (Cutler et al., 1999; Hiufler, 2001 and Sassen, 1996). Hence, the main characteristics of sustainability and citizenship is the value it allocates to companies for socially responsible behaviour, which undoubtedly contribute to social change, where company functions as a social agent with corporate citizenship as a strategies to social action (Alberta et al., 2006).

Multinational corporations achieved unprecedented economic and political power under capitalist globalization (Ronen Shamir, 2010). He argues that such social responsibility of corporates emerged as a result of response to the critic of capitalism where corporates play a role of not only transforming the means and relation of production but also the relation of political authority by investing corporate entities with moral capacity. Hence, corporate gains social power on a moral and ethical standards and performance gave the corporates a chance to maintain their social power by enhanced corporate accountability and transparency entity, searching ways to overcome failure of states, leading altogether to democratizing the social

means of control (Auilera et al., 2007 ; DeBurca and Scott, 2006; Lobel, 2004 and Parker, 2006).

Transparency and accountability of corporations to the community gives an enhanced way of carrying a trustworthy relationship of Business Corporation with the society as an important stakeholder. Hence, it is important for responsible business practices of companies to provide adequate CSR information adhering to transparency principles on social issues (Albareda et al., 2006). Such transparency is reflected through annual reports and websites which play a positive role in determining stakeholder's attitude towards the organization (Maon et al., 2008) Likewise, Esrock and Leichty (1998) stated that companies need to disclose their social actions on their websites. Moreover, the very concept of accountability gains importance for not only the list of responsibilities carried out but also how the responsibility is discharged or neglected by large multinational companies (Donaldson and Dunfee, 1994). The sustainability report of Tata generated under the global reporting initiative is an example where the CSR initiatives worked beyond the requirement of law and societal norms to pursue reporting towards meeting sustainability goals (Joseph, 2008). Thus, the underlying "normative" factors have the potential to be self-fulfilling and in a similar vein through adaptation tend to become social norms, providing benchmarks for legitimate behaviour and finally resulting in the semantics that further extend their applications (Ferraro et al., 2005). Hence, the needs of greater transparency and accountability have attracted universal acclaim with regard to the CSR of corporate (Garriga and Mele, 2004). MNCs are indeed often accused of taking advantage of weak laws, oppressive regimes inadequate environmental regulation in developing countries where they set shop, evading calls for transparency and accountability in the pursuit of profitability and short term gains (Waddock, 2004). International accountability standards for CSR seems to offer new prospects for greater transparency through stimulating best practices (Jamali, 2010) and generating greater consensus on the moral purpose of business (Rasche and Behnam, 2008).

As businesses re-examine their traditional community involvement practices, partnerships between business and community organization are becoming one of the most visible aspects of a company's social responsibility agenda (Kanter, 1999). Business acting as corporate

citizens and performing community welfare uses strategic partnership as a recent trend in CSR. Strategic partnership between civil society organization and businesses are widely promoted as important new strategies to encourage corporate citizenship in the global south where development impacts may be more likely to be observed in sectors related to education and employment generation. Thereby businesses and corporate social organization are seen to benefit mutually from such collaboration (Ashman, 2001). Hence, business community partnerships are promoted in the belief that cooperative relationships provide the potential to achieve significant social benefits through joint action (Austin, 2000). Lee (2011) study in New Zealand shows how business and community organization engage to develop mutually beneficial partnerships to tackle pressing social issues.

Strategic partnerships are win-win relationships based on mutual gain to the partners in areas of their strategic internal (Waddle, 2000). Such partnerships help in solving social problems and improving stakeholder relations (Porter and Kramer, 2002). Partnerships combine the complementary strengths of the productive capacity of business and social organizing capacity of civil society (Pinney, 1999). Tri sector partnership enhances the strength of corporates alongside those of civil society and government in certain circumstances yielding better results for communities and for business than alternative approaches (Business Partnership for Development, 2002).

Sociology of CSR – Marxist and Weberian Perspective

The growth of capitalist production has clearly been experienced throughout the world particularly after the industrial revolution. The capitalist enterprises, namely the corporation, have gained power since then. In case of corporation the capital in general becomes concrete in a sense that it realizes the circulation of capital and serves as the concrete body making the capital accumulation possible (Yilma, 2010). The discourse regarding globalization includes the global corporation (Naderveen, 2004), where globalization is implied as the intensification and diffusion of the capitalist mode of production due to easier and faster movement of capital. The multinational corporations are predominantly dominant in capitalist production and ideology.

The Marxist ideology underlines the causes and social significance of business ethics movement. Capitalism which promotes enhanced profit creates a situation where the pursuit of economic self interest tempts people to even break the business rules to increase the profit. Simultaneously, a business cannot run in a place by not taking the local people into consideration. Hence, as social problems have been found to be influenced by the free market system of economy, the capitalist discourse has attempted to justify itself by adopting some ethical concern like CSR (Yilma, 2010).

The basic understanding idea in Marxist tradition is viewed that socialism is ethically superior to capitalism. Marxist analyses do not assume the unequal power relation between business and society as the Marxists argue that both society and business exists with unequal power relation in which the economies dominate the social relation. Therefore, the impact of business on society can only be understood, by examining how the former dominates the latter for the sake of maintaining its power. Moreover, the capitalist economy aims in commodity production and accumulation of wealth, and the economic relation incorporates both the social and economic relations. Unlike Friedman who emphasize on fundamentalism of market, Marx gives importance to non market organization and desirability of promoting among corporation an expanded sense of social responsibility (Shaw, 2008). Akbas (2012) argues that according to Marxist theory, capitalist relation of production define the social relation which are inherent in commodity production and these relations are crystallized in the body of corporation as an individual capital.

Weberian approach to CSR account for the actor institution interplay that attempt to constitute an important part of CSR and should analyze the phenomenon from an economic sociological perspective as a discourse about the role of economy in society. Moreover, Weber's ideal interest framework for CSR includes the concept of value rationalization of economic action. This interprets CSR as an institutional process which might ultimately change the role of economy in society. Researchers have also explored the involvement of ideal interest in institutionalization process of various CSR related institutions that operate in civil society (Chambell, 2007).

On the other side, Weber approach to CSR identifies the influences of the religious belief which influence the culture and personal value system of a group of people. He defines that spirit of capitalism as the ideas that factor the rational pursuit of economic gain. Individuals who are inspired by that pursuit - Weber calls them 'heroic entrepreneur' where a common cultural belief exist and is basically a catholic social thought perspective. A CSR approach to such concept is clear where corporations pursue economic gain through rational manner (i.e.) social welfare motive such as education which includes aspects of social order and public goods in the globalised economic world. The present study attempts to describe the corporate social performance theory to examine the corporate social performance of the company towards community development.

Scope of this investigation

The present study attempts to focus on the explicit practices of CSR taking the community as stakeholder. Health and women empowerment are the key issues of CSR practices while limited studies exist regarding women empowerment and corporate social responsibility though a few case based studies available in reports (Mahila Griha Lijjat Papad, 1998). Women empowerment is an aspect of individual right and national concern, and is addressed by both state and non-state agencies over a decade in various capacities. This proposed study examines the CSR activities from a sociological perspective with regard to maternal and other health services and income generating activities through the formation of SHG which is relevant in policy matters as well as in various program interventions.

The wider changes in economic institutions, the development needs as well as a dearth in literature on CSR and CSP (corporate social performance) there is a demand for systematic study. The present research attempts to understand the level of Women empowerment. It is still an issue in developing countries, especially India and programmes on women development are being addressed by state, NGO and other organizations with corporate gaining new entry through the CSR Act 2013. The corporate are now involved to perform social responsibilities towards women development programmes in a systematic manner. Balal (2001) notes that most of CSR studies conducted have been in the context of developed countries like USA, Australia etc. and there is a need for more CSR research in developing

countries. Therefore the study gains importance to be carried in India and the findings of this proposed research will enable better understanding of the investment of multinational corporations, NGO and state sponsored programmes. Rethinking and restructuring of women's empowerment programmes will supplement the policy intervention and practices for effectiveness of the programmes in CSR activities. Providing CSR information is an important issue in the west (Line et al, 2002) and accountability of large and Multinational Corporation is also becoming a primary concern, particularly in term of their operation in developing countries, hence it becomes important to examine issues related to CSR activities in research and academics particularly in the domain of women empowerment. The present study attempts to assess the health empowerment programs for women in Odisha and Self help group impact on women in Jharkhand where CSR activities are carried out. Such health services include antenatal care, post natal care, delivery services, and understanding about their health rights. It also examines the role of self help group of the company in playing a significant part in economic independence of women in Jharkhand.

Review of literature

The review of literature is divided into six thematic schemes such as Instrumental approach to CSR, Political role of business in a globalized world, social responsiveness and NGOs, stakeholder engagement, CSR and social reporting and institutionalization of CSR. Published literature available on the above mentioned sections are briefly described in the following paragraphs.

Instrumental approach to CSR

The instrumental approach to CSR determines the social transformation and change brought about by MNCs through CSR. Such changes are basically sustained through creating social entrepreneurship and availability of human resources. Social entrepreneurship is a term used to describe innovative approaches to address social problems and social issues (Wry, 2006 and Desa, 2010), thereby bringing social change. It may serve to enhance the social, cultural and economic conditions of improvised communities in emerging markets (Prahalad, 2005), as it deals with enterprises that feature social goals subordinate to financial goals example social causes branding undertaken by corporations (Peredo et al., 2008). It is seen that as change agents, social entrepreneurs tackle social problems through innovative solutions and bring about social change and transformation and such nature of change has always been less focused in academics(Mair and Marthi, 2006 and Vasi, 2009). Hence, social entrepreneurs trigger social change that enables sustainable development through enabling condition through instrumental change.

Alvord et al. (2004) say social entrepreneurs are individuals who are catalysts for social transformation who have two types of skills i.e. firstly, the capacity to bridge diverse **stakeholders' communities and secondly, long term adaptive skills and response to changing** circumstances. Social entrepreneurs, , play the role of change agents in the social sector. They are visionaries who changed the pattern of how society operates. They have the same equalities of a business entrepreneur: vision, creativity, pragmatism, innovation and determinism. A social entrepreneur creates a radically new solution to a social problem with a potential to revolutionize a whole sector e.g. Muhammad Yunus spread the concept of rural

microcredit globally (Sen, 2007). Social entrepreneurs can hold the shares of CSR firms. A social entrepreneur also could have on incentive to takeover a profit maximizing firm and convert it to a CSR firm, but the resulting firm would then have to be protected from the market for control (Baron, 2007).

A social enterprise is based on voluntary principles, ethical behaviour and mission focused on social causes and thereby oriented towards solving social problems through a mechanism that works on economic principles and ensures sustainability (Borza, 2008). Thus, social entrepreneurship depends on innovative people, motivated and persistent to share their desire to promote social value (Mitra and Borza, 2010). The concept to entrepreneurship, long hallowed in the context of business ventures, has been increasingly applied to the context of the social problems solving (Dees, 1998; Thake and Zadek, 1997). Thus, the notion of social entrepreneurship has been conceptualized in rather precise way in the late 1990s. These conceptualizations stress the social innovation processes undertaken by social entrepreneurs (Defourny and Nyssens, 2008).

Social entrepreneurship helps in social transformation by building local capacity, disseminating a package and building a movement. Such capacity building initiatives are associated with attention to local group and resource providers, an emphasis on scaling up of group organizing and transformational impact on cultural norms and expectations (Alvord, Brown and Leffs, 2004). Moreover, the role of institutions in enabling social entrepreneurship has been given importance in recent time. Literature on this stream focuses on internal governance mechanisms and external regulatory actions that influence social entrepreneurship at a level of individual ventures and communities thereby changing public perceptions and creating new markets in the process (Desa, 2010). Waddock and Post (1991) define social entrepreneurship with regard to efforts by private sector leaders who play **critical roles in bringing about "catalytic change" in public sector agend**a and the perception of certain social issues.

CSR can be justified on the ground that if the social entrepreneur receives an entrepreneurial social glow from forming a CSR firm, it also prefers to form a CSR firm rather than a profit

maximizing firm. A CSR firm is then created if the gain is more from an expanded opportunity set than the loss in the market (Baron, 2007) because, firms can undertake strategic CSR activities that increase profit and a social entrepreneur carries strategic CSR beyond profit maximization. The concept of CSR and social entrepreneurship have emerged on the same context (Sustainable Development), which is to promote the achievement of social goals and sustainability through market based strategies. Social enterprise however, pursues its profits for social goals and do not distribute to shareholders which CSR does. Moreover, it addresses social problems directly through services or products or giving employment opportunity through socially challenged people. But a CSR creates indirect positive social solutions by creating a philanthropic foundation, employee volunteers for community projects. Social enterprise had a mission of socially driven with profit concern and socially responsible business has mission of profit-driven with social concern.

Social entrepreneurship as an approach combines the business and social welfare where the under-utilized resources like people, building equipments are utilized as social needs. Hence, entrepreneurial skills goes beyond the traditional role of public sector to innovate practices and structure to find solutions to pervasive social problems like AIDs care centre (London and Morfopoulos, 2010). CSR as a business responsibility encourages social entrepreneurship in order to address the pressing social issues and improve the quality of life by enhancing human development where social capital forms an ingredient of such process of entrepreneurship. The element of social capital recognized in this context includes initial vision, network of contacts, generation of fiscal and physical resources, organization structure, recruitment and training of volunteers and staff and service delivery (Lead Beater, 1997; Zahara et al., 2008). There are a host of organizational structures for social entrepreneurship where CSR efforts sometimes through foundations are established by the **company to "give back" as part of their corporate mission, examples are Ronald McDonald House, Starbucks's Fair Trade products and community efforts of a company thereby** adopting social performance goals (London and Morpoulous, 2010).

Ad hoc community efforts for instances to encourage government or corporation to support initiatives, encourage involvement, educate or raise money e.g. organ donation or HIV /AIDS

in Africa are all included under structure for social entrepreneurship through MNCs (London and Morfopoulous, 2010). Social capital is used by entrepreneurs as core assets to provide access to physical and financial resources to those in the need. The basic role of social capital is to provide norms of reciprocity and entrepreneurs need to know how such social exchange operates that helps in transform ideas into actions, sustain initiative through leadership and thereby overcome barriers (London and Morpoulous, 2010). Social activists start with social capital such as corporate resources and a network of contacts and supporters within the corporation. Social entrepreneurs who promote CSR within their employer organization need to be adaptable to sustain and grow the initiative as per the situational condition required (London and Morpoulous, 2010). Social context of entrepreneurship research is given importance because economic behavior is seen to be better understood within its historical, temporal, institutional, spatial and social context as these context provide individuals with opportunities by setting boundaries for their action. In spite of focusing only the entrepreneurship process, Wester (2010) has given importance to the understanding of situational context of entrepreneurship. Context here refers to circumstance conditions, situations or environment that is external to the respective phenomenon and enable or constrain it.

Social dimension of context of entrepreneurship includes networks, households, family. It depends upon the structure of networks, density, frequency of network relation, composition and role of household. Similarly, the institutional dimension of context of entrepreneurship culture and society especially the political and economic system includes societal attitude and norms and policy support measures (Welter 2010). The social network perspective of entrepreneurship has been emphasized by welter (2010) saying network not only provides financial capital but social capital of emotional support of family and friends. Social ties form an important source for new business development (Davidson and Honig, 2003). Family embeddedness perspective of entrepreneurship (Aldrich and Cliff, 2003) has been evolved from the agriculture economy based families where household enterprise system is involved in market production emphasizing the role of household for economic wellbeing (Carter, 2011).

Institutional framework also guides the entrepreneurship process where informal norms play an important role of deciding the gender role of entrepreneurship and also the type of activity undertaken. Studies have been conducted in order to understand the role of single informal institution towards entrepreneurship like religion (Drakopoulou Dodd and Seaman, 1998). Hence the societal perspective of entrepreneurship process brings about a definite impact on society towards social progress. Such interpretation entrepreneurship in social context brings about the inculcation of social inclusion, culturally constructed moral boundaries of entrepreneurship activity. The growth and evolution of social entrepreneurship has created a new wave of hybrid organization, termed social purpose business ventures (Hockerts, 2006) that combine both aspects of non-profit and profit ventures where multinationals play significant roles and these hybrid organizations have a mission to create both economic and social value. (Hockerts, 2006) examined the source of opportunities for social purpose business ventures which are activism, self help and philanthropy. Business historians are of the opinion that some key players in the private sector had already realigned their social enterprises towards community welfare, even if the contribution of latter is insignificant. More importantly, the failure of the state to develop adequate social infrastructure like basic education and health and to provide for basic need had also become apparent by them. Such corporate involvement in community was initially seen as corporate social responsibility and then after as corporate citizen and corporate entrepreneurship was indeed seen in the era of 1970s (Chand, 2009).

In relation to dissatisfaction with traditional charities and increased funding for social enterprises, it is seen as social entrepreneurship operating in a macro context support free market with the state responsibilities for social welfare are supported at a more practical level by the availability of resources for social start-ups (Barendsen and Gardner, 2004). The mutation of the charitable philanthropic orientation of business into a socially entrepreneurial form, often in partnership with the third sector and under the rubric of corporate social responsibility is a notable trend in recent years. For example the Azim Premji Foundation is an instance of a corporate initiative foundation getting into direct educational action through a range of innovative curriculum and other educational intervention. Similarly, TCS has also been involved in educational software development. Hence, social entrepreneurial having a

corporately business approach with a social vision in a social entrepreneurship framework is a recent trend (Chand, 2009).

Elkington and Hartigon (2008), stress that the social business ventures are best placed to access new sources of funding from investors willing to combine financial and social returns. However, sale of services and goods produced by stakeholders to new markets does provide some portion of avenues, but there are a number of instances where NGOs run commercial enterprises have run into viability problems (Chand, 2009). It is seen that as change agents, social entrepreneurs tackle social problems through innovative solutions and bring about social change and transformation and such nature of change always been less focused in academics (Mair and Merti, 2006; Vasi, 2009). Social entrepreneurship triggers social change that enables sustainable development through enabling conditions through institutional change. Despite a national constitution which guarantees equality under the law to all castes, tribes and genders, cultural practices that make women and some caste group second class citizens are still dominant in rural India. Social entrepreneurship can bring social transformation by four stages. First by building consensus, second by is maintaining commitment , third establishing infrastructure and fourth is ongoing development.

Social entrepreneurship helps in creating network of relationship and thereby to enhance the quality of trust. Such trust is found from the social report compares the intension expressed in the ethical codes and the real behavior of the firm. It is based on the adoption of CSR voluntary standard which is a long process which involves stakeholders in a complex **dialogue with the firm's management (Antoni and Portale, 2010). A firm's involvement in** various forms of socially responsible behaviour not only contributes to the building of human resources for the individuals (Spence and Schmidpeter, 2003) but for the community as a whole (Habisch, 2004) and hence trust worthy human resources also offer useful tools for understanding CSR within the small firm context (Spence et al., 2003). The main essence of Asian Entrepreneurship concentrates on the role of the family and social networks in encouraging and sustaining entrepreneurial activity (Basu, 1998). And the mobilization and exploitation of human resources and human capital is an important feature of Asian entrepreneurial activity. Such kind of engagement of business and social network links the

entrepreneurial family and personal ties building to satisfy a combination of business and social needs (Janjuhajivraj, 2003).

Collective action problems which are endemic to all societies, have been identified to shrink in private firms, as a lower rate of entrepreneurial activity, inability to provide local public good, underutilization of resources. Availability of human capital through entrepreneurship posses a strong ability and potential to resolve collective action problem that lies at the core of all moral hazards. Hence, Weisband (2009) argued that network governance, human capital and virtue based forms of corporate social responsibility justify sectoral arrangement organized around reciprocated forms of entrepreneurial accountability to promote best practices of CSR .Thus, a virtue based theory of the firm embraces networking as a powerful instrumentality for the achievement of corporate social responsibility deigned to fuel both excellence in leadership and best practices of CSR. (Ostrem and Ahn, 2001).

Political role of Business in a Globalized World

In India business, apart from being economic growth promoters are also recognized to play a role as political actor through its social responsibility depicting a corporate citizen role and promoting community development. There is a need to make a global interpretation of CSR rather than the local which complement local diversity and sector specific challenges. Under globalization an important difference between the earlier CSR approach and now is clearly seen by the shift from purely environmental problems to fundamental underlying issues of poverty and economic development. Hence, the CSR related business role in ensuring sustainable development has gone from being a small attempt by companies to protect from themselves from external pressure to an integrated business approach under globalization. Globalization has an enormous effect on society and business life which can be manifested in a number of different ways.

Globalization can be defined as a process of intensification of cross-border social interaction due to declining cost of connecting distant location through communication and the transfer of capital goods and people leading to growing transnational interdependence of economic and social actors (Scherer and Palazzo, 2011). Globalization has created bigger companies in

terms of turnover, market capitalization and amount of assets which causes imperfect competition. (Crowther and Aras, 2008). On the other hand, globalization has changed the way issues are debated as it has created new demands and expectations for business. These expectations have the potential to pose serious problems for business (Eweje, 2007). CSR requires some rules for determination of the relationship between corporation and society (Crowther and Aras, 2008). As corporation pursues growth through globalization, they have encountered new challenges that impose limits to their growth and profits. Some companies use CSR methodologies as a strategic tactic to gain public support for their presence in global markets. And as globalization accelerates, large corporations have progressively recognized the benefits of providing CSR programmes in their various locations (Milovanovic et al., 2009).

Business role at global level has become increasingly important over the last decade as **largest corporations control 25 percent of world's econ**omic output. The political role of business is well understood when business act as a political actor in a globalized society as these developmental works are performed by business at the cost of failure of governmental schemes in developing countries (Scherer et al**., 2006). In this connection, "Political CSR"** goes beyond the instrumental view on politics rather anew understanding view on politics rather a new understanding of global politics is named where private actors such as corporation and civil society organization play an active role in democratic regulation and control of market, enriching the theory of firm with a economic as well as politically balanced entity in a globalized world (Scherer and Palazzo, 2011). Following these rules, CSR and globalization can be justified when companies adhere to institutionalize their CSR initiatives through transparency taking into account the UN global compact, social accountability SA 8000, sustainability reporting guidelines etc. (CSR Europe, 2001).

Since the year 2000, over 5000 business firms have subscribed to the UN Global Compact call to emerge in self-regulation in order to fill the gap that has emerged as a result of the process of globalization (Scherer and Palazzo, 2011). International investment by MNEs is central to corporate globalization, which inevitably will lead to a desire to harmonies law and reporting practices (Kerecher, 2007). The political role of corporate and the impact of

globalization can also be analyzed by realizing that globalization and proliferation of cross border trade by MNEs has made to an increase awareness of CSR practices, where it is also seen that the organizations have become powerful to watch over the corporate conduct, making them socially powerful. There are even certain debates on this parameter of corporate **social action where Zadek (2007) argued for the creation of 'Civil Corporation' which would** operate under the condition of multitude of institutional arrangements and processes.

Hence, CSR is found to play a ro**le of "Deliberate Democracy" by engaging in public policy.** Corporations, being a non-elected entity have regulated influence over civil society without being convicted to be accountable thereby, possessing more power than the democratic government role (Scherer and Palazzo, 2011). Such an approach of CSR would create new opportunities for business to get engaged in a more transparent diplomacy characterizing by a balanced representation in decision making (like democracy) at micro and macro level of activities and communities (Dardiner et al., 2033). Therefore, the deliberative theory of democracy is an alternative model under the globalization which seems to be better equipped to deal with the post-national constellation in order to address the democratic deficient and thereby, gaining social power (Scherer and Pallazzo, 2011).

In relation to political role, corporate in developing counties occupy social power as the developmental projects and other social infrastructure are lacking in these countries as they are not provided by the state properly (Eneje, 2006). For which there has been increasing demand on multinational enterprises to provide community development programmes, Eneje (2007), describes that the degree of interaction has promoted the UN to call on governments, business and civil society to cooperate to form a partnership to deal with social issues. CSR and community development have then gained ground as business have started to engage in activities that was traditionally been regarded as governmental activities (Matlen and Crone, 2005). They engage in public health, education, social security, addressing social ills such as AIDS, malnutrition, homelessness and illiteracy (Margolis and Walsh, 2003) thereby, promoting social peace and stability (Fort and Schipeni, 2004). Sometimes firms take up such role by keeping in view the role of state as development actor which is often regarded as critical in accomplishing community development (Idemudia, 2011).

Business plays an increasingly important role in development. This is linked both to the decline in confidence in the role of the state as an agent for development and to global deregulation from the 1980s resulting in a more limited role of the state in the economy (Tenkins, 2005). In this context, firms are found to perform sustainable community development through innovative and inclusive business models (Eneje, 2006), making a strategic bride role between public sector organization and rural communities in assisting to achieve their respective developmental goal (Arora and Kazmi, 2012). In India, we do find many instances of business engaged in community development for one or more reasons. Viewing community as a stakeholder goes into the philosophy of business existence for the community in trust (Puranik and Mehta, 2005).

The primary reason for the company to engage in activities that benefit society is to improve image and be recognized as a moral leadership as the strongest reason of corporate involvement in social initiative, followed closely to serve long term company interest (Bronn and Cohen, 2008) like reputation building, engaging with stakeholder, employee satisfaction and community organization perspectives like access to resources, enhancing creditability (Lee, 2011). In context where the state is unable even to deliver minimum levels of sanitation and infrastructure, CSR efforts in these areas may make an enormous contribution, although business may be then accused of operating like a state without the appropriate mechanisms for managing and reconciling competing societal demands (Newell and Frynas, 2007). Thus, Business-community partnership is promoted in the benefit that corporate relationship provides the potential to achieve significant social benefits through joint action (Austin, 2000). However, there are many examples to show how CSR and its community
development program efforts have failed. One such example is Nigeria's oil company
(Idemudia, 2006). It is because CSR as currently practiced is unlikely to play a significant role in reducing poverty in developing counties, despite the enthusiasm of many development agencies. It is also doubtful whether reform of CSR can make it more amenable to achieving this objective (Tenkins, 2005).

Moon (2007) suggested that the increasing participation of firms in social partnerships can be viewed as an important practice of the political interaction between firms and communities because they are performing state like roles and influencing the social, political, economic lives of the communities and thereby gaining power (Maten and Crone, 2005). Moreover, where state based processes are weak or lagging, community-based corporate accountability is dependent on a commitment on the part of the company to participate in engagement with a community (Newell, 2005). Arora and Kazimi (2012) suggest that firms are sharing increasing interest in combining innovation and inclusive business models to contribute to sustainable community development. One framework to conceptualize such as business con**tribution is "Corporate Citizenship" depicting citizenship role towards sustainable** community development. The notion of citizenship involves the idea that firms have an obligation to return something to the communities affected by their activities (Newell, 2005).

Corporate citizens are expected to be profitable, obey the laws, engage in ethical behaviour, and give back through philanthropy. Hence, corporate citizenship has on economic face, legal face, ethical face and philanthropic face (Caroll, 1998). Newell (2005) argues the power company National Thermal Power Corporation (NTPC) provides an interesting example of a company that is simultaneously party to global claim-making regarding corporate citizenship. NTPC is making constant efforts to improve the socio-economic status of the people affected by its projects. Through its Rehabilitation and Resettlement programmes the company endeavors to improve the overall socio-economic status of project affected persons.

Moreover, in the context of corporate citizenship role, Moon (2002) distinguishes three waves of CSR community involvement, socially responsible production processes, and socially responsible employee relations. Community involvement refers to the traditional assumption about CSR that it is removed from the main business activity and is outside the firm. Included in the community-involvement wave are general community issues, agriculture, local economic development, arts and culture, community development, education and training, environment and conservation, health, housing, religion, sport, welfare (including poverty and emergency relief), youth and children-related projects, and others. Although this is often assumed to only mean philanthropy, there might be more

engaged forms of community involvement through partnerships, sponsorships, employee volunteering, and strategic alliances. Therefore, it is important that these issues are also analyzed alongside these modes of involvement. Chapple and moon (2005) are of the opinion that India is the country that most extensively reports its CSR. Its community involvement consists primarily of community development, education and training, and health and disability. India is also the country in which both the second and third waves are the largest. The second wave, production processes, consists primarily of environmental responsibility and health and safety, and the third wave, employee relations, is mainly concerned with employee welfare.

CSR attempts in a majority of situations are to address development of communities especially rural areas in terms of health, educational and empowering of rural women in Odisha, India (Mahapatra and Aruna, 2010). Such kind of business involvement in society comes as private corporations grow in size and influence, and public pressure intensifies for corporations to address pressing social and environmental concern. Hence, the active involvement of private sector is crucial to achieving poverty alleviation and sustainable developing, in particular in developing countries (Eueje, 2007). Some recent studies also focus on business ethics and CSR research providing a model of CSR as an alternative to the **economic view (Schera and Palazzo, 2011). As world's markets and societies become** increasingly globalized, companies will be called on to be more decisive in their responsibilities to society and the environment (Gardiner et.al, 2003). Therefore, partnerships with NGOs, development agencies and local communities are said to be able to help private firms to develop new markets, while providing the poor with access to markets and services (Newell and Frynas, 2007).

Social responsiveness and NGOs

NGOs are self governing and independent bodies, voluntary in nature, tend to engage both their supporters and constituency on the basis of values of some shared interests and have a public benefit purpose (Salaman et al., 2000). They are private institutions that serve the public interest and unofficial channels supporting social project at local, national and international level. NGOs play an powerful role to guide the CSR activities of multinational

corporations (Winston, 2000). They have employed with respect to different companies in order to encourage them to accept social responsibility. These are adoption of voluntary codes of conduct, social accounting, independent verification scheme, documentation of abuses, selective purchasing laws etc. Corporation will more likely to act in a socially responsible ways if they are strong and well enforced state regulations in place to ensure such behavior, particularly if the process by which these regulation and enforcement capacity where developed based on negotiation and consensus building among corporation, government and NGOs (Chambell, 2007).

Business organizations are one of the dominate intuitions in a globalised world and NGOs are taken as target of their actions. NGOs act as global actors with large institutions with regard to social purpose because their concern with quality of life of entire community aiming to promote social change (Arenas et al., 2009). The dependence of MNCs on NGOs **can be seen by the fact that in 1980's the corporate social responsibility agenda was** broadened when in the wake of Bhopal, Exxon Valdez, and other highly publicized environmental disaster, the NGO environment movement pressed the idea that MNCs must also protect the environment further expending the notion the corporation have social responsibility (Winston, 2002).

Multinational corporations are referred **to as 'supranational agent' (Schepers**, 2006) where exploitation towards public is checked by NGOs. They form intermediary between civil society and MNCs for the purpose of producing specific policy objectives. Hence, MNCs are the frequent target of NGOs in their advocacy efforts. They have a role in influencing policy where they act critiquing business for governmental policy formulation or implementation (Teegen, 2003). It is not only NGOs always form a check to the MNCs rather NGOs are also checked. For many of the NGOs are accountable through their work, which in turn is an expression of their values but only a small number have explicit mechanisms for being accountable to these values and hence this lack of accountability to values can leave NGOs vulnerable and weakening of relationship with other constituents (Kilby, 2005). In this regard, MNCs have also begun to use strategies in the face of NGO pressure. MNCs issue various types of reports on social and environmental impacts. They even pressure the MNCs

in advocating a regulatory framework for CSR activities whereas MNCs focus on the voluntary nature of CSR as has been reported by European Commission (EU, 2002).

NGOs have acted in an adversarial fashion to draw attention to the social irresponsibility of business and this has sometimes led to NGOs and companies or business associations entering into partnerships to encourage, develop, manage and report CSR (Newell, 2000; Doh and Guay, 2006). The emergence of NGO seeking to promote more ethical and socially responsible business practices is beginning to ease substantial changes in corporate strategy (Guay et al., 2004). Here NGOs are seen as drivers of CSR. They have the potential to influence CSR policies through their use of socially responsible investment strategies and act as important players with the socially responsible investment community and influence on the investment community (Whitehouse, 2006). Doh and Guay (2006) devotes special attention to the impact of NGOs on corporations, arguing that their ability to shape corporate behaviour depends on their own organizational capacities as well as the political opportunities structure from within which they operate.

Kech and Sikkink (1998) specified that the action taken by NGOs is often political tactics which serves as a focal point for action and power over the MNCs. These political tactics through which the NGO transforms information into power by using media is characterized into four types: information politics, symbolic politics, leverage politics and accountability politics. In formation of politics NGOs are sources of scientific information. In symbolic politics the NGO transforms an individual or event into a symbol for the ideals. Leverage politics is where the MNCs are pressured into adopting particular policies by government acts. Accountability politics holds MNCs accountable for promises made, making public any lapses in performance. Hence, Schepess (2006) suggest that NGO holds power over MNCs where the MNCs business policies are primarily influenced through consumer or investor pressure. For example Nestle was pressured into altering its marketing of infant formula in Africa through worldwide consumer boycotts organized by NGOs.

In developing countries like India it is often seen that the CSR activities are carried with **partnership with NGOs and government (Pradhan and Ranjan, 2010). Company's voluntary**

formulate progress and projects for social communities, preferably those of low income and other forms of social and economic risk, or act through partnership with NGOs. The reason for such partnership is that CSR becomes a strategy of the view that social investment is beneficial to the company as it generates a healthy and productive community, which can be beneficial to business. The NGO led corporate social responsibility movement must now **move the CSR agenda from voluntary compliance to 'soft law' approach and finally to** rigorous national and international enforcement regimes. But to do this NGO itself need support for greater corporate social accountable from the consumer, (Morton Winstons, 2002). Morton Winstons (2002) suggested five factors that have contributed to NGOs interest in the business sector. Firstly, a perceived shift of power from national states to MNCs and international financial institutions such as World Bank. Secondly, the lack of social and environmental accountability of MNCs under existing national and international law. Thirdly, the growing anti-corporate globalization movement. Fourthly, the international human rights organization that they have been too focused on traditional categories of civil and political rights while neglecting economic, social and cultural rights. Finally, a desire in the NGO world to enlist MNCs and promoting human rights globally. Ribeiro (2000) says that the social action of NGOs and many other social movements have been sprayed by social groups whose social policies are against social inequality through progression of the poor. Moreover, they even give a political frame as they do not think society in general but only through the relative strength of each social group. Therefore, the solidarity builds around the majority of NGOs. The recent trend has been with NGOs that instead of thinking about society as a whole, they have started to develop partnership in social projects through their own interest and available knowledge. Moreover, these factors ensure the merit of negotiation between the NGOs and their partners such as with public and private companies.

In modern development the NGOs play an important role in providing mechanisms for strengthening civil society and with its local governance, to lift marginalized communities in developing countries out of poverty (World Bank, 1996). Most NGOs that work in development are part of civil society and play both an empowering and representative role (Nelson, 1995). Nonprofit entitles that are directly created and sponsored by corporations are important players in this field. Such market-oriented and market-embedded NGOs are

actively distributing the message of CSR, training corporate executive in the know-how of social responsibility and organizing and coordinating corporate citizenship conference, publication and campaigns (Shamir, 2005). Moreover, Campbell (2007) argues that in the absence of direct regulatory pressures, variability in the adoption of CSR depends on institutional pressure such as business education, peer pressure etc. Campbell pays separate attention to the impact of NGOs on corporations, arguing that their ability to shape corporate behaviour depends on their own organizational capacities as well as on the political opportunities structure from within which they operate.

NGOs in developing countries involve in empowerment of the poor as an approach to poverty alleviation and development (Vakil, 1997). NGOs in developing countries like India have 100,000 NGOs which identify themselves as being involved in development work using self help empowerment methods (Salamon and Anheier, 1999). Empowerment NGOs form to assist local communities in efforts to increase the level of government services or form cooperatives, access markets and so forth. The role of NGO as an intermediation between individuals and business policy is justified by three roles as suggested by Marcussen (1996) which is complementing government, opposing government and reforming government. It is **seen that 1980s and early 1990s NGOs have moved beyond the traditional focus of women's** health and education to addressing the underlying causes of deprivation through the promotion of economic and social empowerment (Narayen, 2002). There are many challenges that face NGOs who make it their goal to empower women (Carr, 2000).

Institutionalisms have shown that as economic activity has become increasingly global and especially as corporations engage in truly multinational operations, a variety of non-governmental organizations have emerged in an effort to establish codes of conduct and monitor the behaviour of corporations. When necessary, NGOs pressure corporations to behave in more socially responsible ways (Champbell, 2007). NGOs tactics vary from appealing directly to the corporations themselves, organizing demonstration against them, pressuring local governments to force corporations to improve their behaviour, and mobilizing media companies to bring public attention to certain alarming corporate practices (Keck and Sikkink, 1998). Corporation will be more likely to act in socially responsible ways

if there are private, independent organizations, including NGOs, social movement organizations, institutional investors, and the press, in their environment who monitor their behaviour and when necessary mobilize to change it (Champbell, 2007).

Wheeler and Sillanpaa (1997) argue that in the CSR context, there has been an increasing institutionalization of NGO activity. Many companies have included NGOs in their **stakeholders' dialogue since 1996. NGOs role in CSR is made into four categories:** recognition, legitimacy concerns, relationships with trade unions and self-confidence. Firstly, recognition - NGOs are usually recognized by other stakeholders as one of the main actors, perhaps the main actor, in the introduction and development of CSR in Spain and abroad (Arenas et al., 2009). The reason behind this is CSR has a great potential to provoke deeper social and economic changes and NGOs are seen as having seized on opportunity through CSR. Secondly, legitimacy concern – NGOs have a better image and creditability than other organizations as part of CSR agenda. Many of these critical perceptions of NGOs coalesce around issues of legitimacy. They can be divided into three sub categories: concepts that have to do with the identity of NGOs, with their right to intervene or have a say in business activity and with how they intervene or make their voice heard. Thirdly, Relationships with trade union – trade union become a part of CSR much later then NGOs where a comparison of two type of organization shows a relationship between them appeared to be one of the key issues affecting the role of NGOs in CSR. Lastly, self confidence of NGOs in relation to CSR – NGOs perceive themselves as agents of social transformation. NGOs look for collaboration of the agents to pursue their goal preferably MNCs. Moreover, NGOs see themselves as analysts and judges of what companies claim to be doing in the social and environmental realm which includes not only condemning bad practices but also indentifying good ones. On the other hand CSR debates have affected their own internal organization.

Stakeholder Engagement

Business in general recognizes the importance that key stakeholders attach to socially, environmentally and ethically responsible behavior on the part of corporation.(Jose-Manuel Prado-Lorenzo, 2009). In this connection, Stakeholders are persons or groups that have or claim ownership, rights or interest in a corporation and its activities, past, present and future.

Such claimed rights or interest are the result of transaction with or actions taken by the corporation and may be legal or moral, individual or collective. (Clarkson, 1995). Zsolnai **(2006) says the term "stakeholder" has been widely used in business and public** administration. The term was introduced by the Stanford Research institute in 1963 as a **generalization of the notion of "Stockholder". During the 1980s the stockholder approach** won considerable acceptance in organization theory, in the CSR literature.

Stakeholders are important from the social, environmental, and ethical grounds of the existence of corporation which the recent business world has better understood and for this reason of the sustainable business existence, they give importance to social reporting practices to gain the trust of the society as a stakeholder. The need of the shareholder cannot be met without satisfying the need of the stakeholder (Jamali, 2008). Stakeholder theory offers a new form of managerial understanding and action (Jonker and Foster, 2002), a new way to organize thinking about firms responsibilities by suggesting that the needs of the shareholders cannot be met without satisfying the needs of others stakeholders. (Jonker and Foster, 2005). Because the quality of the stakeholder relation the company executes depends largely on how it perceives the scope of its own responsibility, whether it wishes to include secondary and indirect stakeholders as legitimate claimants and whether stakeholders are seen as potentially active opposition and a threat. Moreover, relational identity, based on trust, indeed occurs when the stakeholders are seen as partners and involved in organizational process and when they are not fairly passive then the company focus on relation building in fear of opposition (Frygel, 2011).

Business undergoes positive pressure stakeholder group to implement explicit CSR and identify in best corporate citizenship (Helming et al., 2013) leading to corporate social change activities (DenHond and De Bakker, 2007). Stakeholders influence CSR implementation Helming et al., (2013) have revealed that pressure from primary stakeholder exert a strong impact on CSR implementation. The stakeholder with the strongest influence on the pressure exert by primary stakeholder are employees. The secondary stakeholders influence primary stakeholder but do not directly have an impact in CSR implementation. A similar explanation has been given by Frooman (1999) who said based on resources

dependence theory, stakeholder in relationship with low interdependence will choose on indirectly influencing strategy. Moreover, environment is also an important stakeholder in the organization as it is affected the most. The organizational activities affects the utilization of natural resources as a part of its production process , the effect of competition between itself and other organization in the same market, the enrichment of a local community through the creation of employment opportunities and environmental pollution. The two main way of classification of stakeholders are Internal and External and voluntary and involuntary (Aras and Crowther, 2008).

Stakeholder's perspective not only considers resource and market based stakeholders but also social and political stakeholders (Walsh, 2005). Primary stakeholders are what defined as the public stakeholders group: the government and communities that provide obligations. If any primary stakeholder group becomes dissatisfied and withdraw from the corporate system, in whole or in part, the corporation will be seriously damaged or unable to continue as a growing concern. The corporation itself can be defined as a system of primary stakeholder groups, as complex set of relationship between and among interest group with different rights, objectives, expectations and responsibilities. On the other hand secondary stakeholders group are defined as those who influenced or affected by, the corporation, but they are not engaged in transactions with the corporation and are not essential for its survival. Corporate addressing social responsiveness depicts a difference between stakeholder issues and social issues because corporation and their managers manage relationship with their stakeholder and not with society (Clarkson, 1995).

Transparency and accountability are essential to promote and sustain stakeho**lder's** participation. Transparency refers to the idea that agencies are forthcoming with information which is shared in advance of decision making, thereby fostering informed decisions. Accountability is crucial for both the donor agencies and the stakeholders as it increases creditability and legitimacy; it strengthens governance structures, and ensures that the need of the stakeholders is addressed. The effective and sustained engagement of stakeholders requires their active involvement in the implementation process at every stage in such a way that decisions are derived through a bottom up approach that emphasizes transparency and

accountability. Engaging stakeholders involves establishing partnership within the local community and society at large (Woodhill, 2010). Moreover, internal stakeholder is those included within the organization such as employees or managers whereas external stakeholders are such groups as suppliers or customers who are not generally considered to be a part of the organization. Voluntary stakeholders can choose whether or not to be a stakeholder to an organization whereas involuntary stakeholder cannot. For example, an employee can choose to leave the employment of the organization and therefore is a voluntary stakeholder. The local society or the environment are not able to make this choice and must therefore be considered to be involuntary stakeholders.

The multifaceted nature of stakeholder dialogue implies that it is necessary to have an analytical framework to evaluate how the company actually involves the stakeholder in the decision making process (Pederson, 2008). There are studies conducted which emulates the inclusive approach to stakeholder relationship management in a corporate governance context. But the focus of the research areas of stakeholder relationship with the corporate from the societal context is neglected. Rensburg (2011) argues that the total stakeholder involvement (engagement) is crucial and will have implications for corporate sustainability because a stakeholder could play more roles in an internal or external organizational environment. All stakeholders should be engaged in the strategic decision-making process of an organization. Pederson (2008) gave a model frame of reference to know the extent to wh**ich the company's stakeholder dialogue is either participatory and inclusive or** hierarchical and exclusive. He took variables as Inclusion – not to exclude important stakeholders from decision making process. Secondly, openness- if the nature of the problem is taken for granted by the company for stakeholder to make their own judgments and voice their opinion. Thirdly tolerance- Company should be open-minded for criticisms. Fourthly, Empowerment – the degree to which stakeholder are able to affect the structure, process and outcomes of the dialogue and finally transparency of the company. Thus, corporate addressing social responsiveness depicts a difference between stakeholder issues and social issues because corporation and their managers manage relationship with their stakeholder and not with society (Clarkson, 1995).

CSR and social reporting

It is seen that companies do definitely impact their surrounding for which the concept of company being responsible for the action arises, where NGOs and media are found to pressure for the impact of their operations (Brown et.al, 2009; Porter and Kremer, 2007). For example, companies such as Nestle, Shell and Nike were questioned by external actors for their action (Borgund et al., 2009). Moreover in a survey on the perception of Indian businesses on CSR, every simple respondent claimed that the characteristics of a successful **modern India company are related to a company's social and environmen**tal performance (Brown, 2009). Voluntary social and environmental disclosures significantly increased from 1980s to 1990s and corporate social reporting have emerged (Elkinghton, 1997). There has been a greater demand of mandatory and non-mandatory reporting of social responsibility initiatives (Owen, 2003) and the need of transparent and proactive communication of CSR is a key issue of concern.

Corporate social reporting defined as the process of communicating the social, and the **environmental effects of organizations' economic actions to particular interest groups with** the society end to society at large (Cray et al., 1987). Evidence of CSR as a component of business society relations is manifested in variety of indicators within companies where free standing CSR reports play a core role of stokehold demands fulfillment carrying pressure from NGOs, media, etc (Chapple and Moon, 2005). Annual reports are the most accessible, creditable and preferred medium for disclosure and various theoretical bases have been used to explain corporate social reporting (Gray et.al, 1995). Similarly Deegan (2001) found since the late 1990s many organizations have made increasing use of the internet to disseminate information about their social and environmental policies and performances. In this connection, accountability could be expressed in terms of the expectations of the community surrounding the actions and activities of the firm (Gray et al., 1997).

There has been an increase in public awareness of corporations' impact on society because of the dissatisfaction of many groups with the business performance in meeting social needs and expectations (Shocker and Sethi, 1974) for which the companies with increased pressure report their social responsibilities. Moreover, the past few years have seen a sharp increase in

accountability pressure on companies, especially on Multinational Corporations which are confronted with a multitude of requests from shareholders and others stakeholders in markets and governance system (Ite, 2004; Kolk, 2008). For example, Chapple and Moon (2005) investigated CSR as seen in seven Asian countries like India, Indonesia, Malaysia, Phillipines, Singapore, South Korea, Thailand and through analysis of website reporting of CSR by the top so companies for each country. A similar study conducted by Morhardt (2009) on the web-based social responsibility reporting of 100 largest companies in six broad industrial sectors determines that nine out of ten companies have social information on their websites where 95% of them have formal corporate responsibility reports.

There are various reasons for the involvement of corporate in social reporting system. Rowe (2006) finds that at the conceptual level, corporate social reporting helps to legitimate the **corporate behaviour and the society's perception at one end and build corporate reputation on** the other hand. CSR communication through corporate websites has become an essential way to disclo**se the company's engagement in a multi stakeholder dialogue (Esrock and Leichty,** 1999), acting as an interaction process rather than a static annual reporting (Antal et al., 2002). Moreover, transport CSR communication can serve a forum for constructive dialogue with relevant stakeholders to foster mutual trust, collaborative action and shared value (Chaudhri and Wang, 2007). Similarly, Mathews (1995) argue that corporate does disclosure to show their moral responsibility by giving a positive impact on the performance of the organization, legitimizing the influence on perception of other stakeholders.

Fortanier and Kolk (2007) conducted a study on fortune global 250 firms and found that their report about the corporate attempts shows their economic implications, in addition to the environmental and social aspects of their activities that have traditionally received more attention in the context of CSR. It is seen that societal changes will bring about a change in the accounting discipline. Corporate social reporting or accountability may be considered as inevitable because as society changes, demanding greater and different degrees of accountability, accounting system must review to satisfy these demands (Mathews, 1993). Hence, corporate social disclosure or reporting causes a broad and diverse away of matters including product information, environmental impact of corporate operations, employment

practices and relation and suppliers and customer interactions (Sotorrio et al., 2010). They also say that there are significant differences in the degree of disclosure and the type of social information reported by NMEs for global and local audiences.

Studies been done on annual report disclosure that reflect organization size and industry sensitivity (Hackston and Milne, 1996) and a lack of relationship between disclosure and environmental performance where organizations impress stakeholders to seek legitimacy **(O'Donovan, 2002**; Wiseman, 1982). In this connection, most recent attention has turned to the content on standalone sustainability or triple bottom line reports and developments like global reporting initiative (Laine, 2005) which are the principle means by which businesses seek to demonstrate appropriate responses (KMMG, 2005). Global reporting initiative is a large multi-stakeholder network of thousands of experts, in dozens of countries world-wide, the principal activity of which is to encourage companies to report periodically on their environmental and social policies, actions and impacts (GRI, 2006). Similarly, Morhardt (2009) found that most of the largest companies have formally adopted various social and labour standards and almost all are now producing CSR reports indicating widespread adoption of the concept of formal social reporting where many follow the G3 reporting guidelines.

O'Dwyers's (2002) study showed that the prime motivation for adopting sustainability

reporting was to enhance corporate legitimacy. Corporate social reports are used as symbolic tool rather than reflecting actual responsibility. Oriji (2009) argue that corporate social disclosure levels are related to national cultures, the explanatory framework consisted of a social for stakeholder orientation of societies and how corporations deal with stakeholder salience as a situational factor. Some others argue that companies do this to reduce company risk (Saungle, 2010) and to enjoy tax benefits (Ahmad, 2006). NGOs are another group of powerful stakeholders of the firm which may influence the developing markets companies to disclose CSR information (Ali and Rizwan, 2013). Moreover, if a company is environmental sensitive industry, they disclose more corporate social information because they are more exposed in media and pressured (Alerts and Cormier, 2009) and if a company is larger in size

and long term basis existence than the disclosure of information is higher (Trotman and Bradley, 1981).

Chapple and Moon (2005) found that the penetration of CSR reporting in companies per country percentage showed that its highest in India (72 percent), followed by South Korea (52 percent), Thailand (42 percent), Singapore (38 percent), Malaysia (32 percent), Philippines (30 percent) and Indonesia (24 percent). With regard to companies involved in community development reporting it is seen that Philippines and Thailand rank one (71 percent), followed by Malaysia (69 percent) , India (67 percent), Singapore, South Korea and Indonesia. With regard to companies involved in production processes reporting it is seen that India ranks one (58 percent), followed by South Korea (54 percent), Malaysia (50 percent), Philippines (29 percent), Indonesia, Thailand and Singapore. With regard to companies involvement in employee relations reporting it is seen that India rank one (31 percent), followed by Indonesia (27 percent), Singapore (21 percent), Malaysia, South Korea, Thailand and Philippines. On an average it is seen that the website reporting of community involvement is more (59 percent) followed by of reporting on production processes (39 percents) and reporting on employee relation within the seven counties (18 percent).

There is a debate over the CSR social report in practices between the companies in India and abroad. Some studies have also highlighted that India lags behind other countries in social reporting. Despite the perceived CSR in India and abroad recognition of the significance of CSR in contemporary business practices, in the number of companies that have CSR information on their websites is strikingly low which reveals that non-activity or limited activity on the CSR front by most of the leading IT companies in India (Chaudhri and Wang, 2007). Moreover, as compared to other BRILS countries viz. Brazil, Russia, India and China, there is limited published research available on Indian CSR reporting (Belal, 2008). Tewari and Dave (2012) found that Indian companies fall way short against the MNCs in the number of companies which publish sustainability reports. Similarly, studies conducted show that the top 250 of the fortune 500 companies 52 percent of these release but there are very few studies conducted on the Indian scenario regarding the CSR disclosure (Rahman, 2006). Chaudhri and Wang (2007) in their study about the CSR communication of 100 IT

companies in India revealed that companies realize the need and importance of presenting their social engagement in a prominent manner but still in its infancy. Fortainer and Kolk (2007) found that firms tend to highlight individual examples and projects rather than giving overall insight into their impact where it is also seen on the other hand that there are certain lack of information on the negative impacts and consequences of MNEs behaviour.

The business associations and its member's reports present a discourse on business and environment where, critical analysis and interpretation on a wider framework shows only a narrow largely economic and instrumental approach to the natural environment through reporting (Milne et al., 2009). Hence, some companies are not willing to follow the social reporting because there exists a form of uncertainty where a company may not know which of its operations are at a risk of forced labour, lack of freedom of association. Moreover, the self-damning nature of some of the data and reporting of number of incidents of discrimination and violation of rights of indigenous people is problematic showing, a lack of compliance in the human rights reporting. Hence, companies do not want to publicize something which is relevantly and inherently uncertain (Morhardt, 2009).

Milne and his associates (2007) through an analysis of corporate sustainable development reporting, examined critically language use and other visual representation of sustainable development within the business context which provides a framework to interpret and found out business representation of sustainable development. They examined the potential ideological role corporate reporting plays in businesses approach to sustainable development and the way in which business positions itself and others in the debate on sustainable development. A study by Kin (1990) of 100 public listed companies in Malaysia showed that 66 percent of the companies did some kind of social reporting. Of these, 64 companies reported information on products and services improvement, 31 companies reported human resources related issues and 22 companies disclosed community involvement issues. A study conducted by Gunawan (2010), showed evidence of corporate reporting from Indonesia, in which 119 Indonesian companies annual reports of the year 2003, 2004 and 2005 were analyzed from the perspective to investigate the corporate social disclosure as perceived by Indonesian stakeholders and the disclosure in the annual reports. Taking sustainability report

as a medium Tewari and Dave (2012) conducted a study to understand CSR communication made through sustainability report and compared the CSR communication by Indian companies and MNCs through medium of sustainability reports. They found that the quality of reports is of global standards and GRI is achieved by a larger percentage of Indian companies as against MNCs operating in India in the IT sector. Although, the issue of CSR has grown remarkably in recent years, there is limited evidence about its reporting practices **in companies' annual reports in** developing countries compared to developed countries. Moreover, only few studies have investigated that the information reported by companies had **fulfilled the stakeholder's expectation.**

Gunauan (2010) found the corporate social disclosure practice in Indonesia by analyzing the **stakeholder's** satisfaction level with regard to the reported information of the companies where he founds that companies do not understand the stakeholders demand. The stakeholders whose opinion is primarily surveyed are shareholder, investors, employees, customers and communities. Companies are still practicing the disclosures according to their particular interest or to legitimate their activity. Moreover, majority of the companies disclose the descriptive and positive information like awards winning rather than negative and quantitative information (Gunauan, 2010; Deegan and Gordon, 1996). There is a need to regulate CSR disclosure because regulating CSR disclosure negatively influences companies in terms of cost, market access and competitiveness (Utting, 2005). Moreover, good citizenship encompasses everything a company does that affects the community (Rodriguez and LeMaster, 2007). Although there is less strict regulation on firms regarding their economic contributions, we expect that firms that are highly pressured to be transparent on the social and environmental dimensions of their CSR activities will experience similar pressure regarding the economic dimensions (Kolk, 2005).Raman (2006) conducted studies and found that far more can be done to strengthen the reporting practices, where GRI guidelines, for instance point out the importance of pronouncing a vision and strategy statement on social issues or sustainability.

Institutionalization of CSR

The institutional theory helps to form a strong conceptual framework in establishing the concept in social science and integration of those diverse perspectives in CSR. Bramer et al. (2012) argue that the institutional theory can be better in studying CSR as it allows to understand the concept in two chief aspects as the diversity of CSR and dynamics of CSR. It also helps to understand the cross national variation in CSR practices (Jackson and Apostolakou, 2010). It explains why CSR assumes different forms in different countries. Institutions empower stakeholder, corporations may face greater relational pressure to adopt CSR measure to legitimate their activity (Aguilera, 2007 and Campbell, 2007) where CSR is a reflection within the broader institutional mirror. CSR plays a role in global institutions. It refers to private, semi private, public regulations standards or self-commitment which have been rather influential on the CSR agenda. Institutions such as United Nation Global Compact (Rasche and Kell, 2010) and the International Standard Organization with its 2010 release of ISO 26,000 (Henriques, 2010) are some prominent examples of institutionalization of CSR.

Sl. No.	Role of MNCs in institutionalization CSR	Propagandist
1	From an institutional perspective CSR, as a voluntary, adhoc and discretionary set of practices is just a faction of corporate activities at the interface of business and society. The way in which CSR is shaped by institutionalized forms of stakeholder participation or welfare provision may depend strongly on the specific ways in which these are institutionalized.	Brammer et al. (2012)
2	Prevalence of global public policy network	Detomasi, 2004
3	Prevalence of public domain like Extractive Industry Transparency initiative and Marine stewardship Council	Ruggie, 2004
4	MNCs have wider CSR activities which have led to instructional mechanisms by which these companies govern their global operations like codes of ethics, rules and norms by which responsible practices are governed.	Sharfman etal., 2004
5	Giving emphasis on forms of governance, the evolution of voluntary forms of private regulation for social issues is explored.	Fransen, 2012

Institutional analysis: Rational choice institutionalism seems from neoclassical economics, defines institutions as formal and informal rule and associated monitoring and sanctioning mechanisms and assumes that actors are motivated by a logic of instrumentality

but that their actions are institutionally constrained (Champbell, 2006). Organizational institutionalism steams more from phenomenology and cognitive psychology, defines institutions as formal rules and taken for granted cultural framework, cognitive schema and routinized process of reproduction and assumes that actors are motivated more by a logic of appropriateness whereby action is constrained and enabled by cultural frames, schema and routines.

Historical institutionalism stems from Marxist and Weberian political economy, defines institutions as formal and informs rules and procedure, and assumes that actors are motivated by logic of both instrumentality and appropriateness in ways that are constrained by rules, procedures cognitive paradigms and principled beliefs. Champbell (2006) says that all these literature focus on how institution constrains and enable behaviour to ensure that corporations are responsible to the interest of social actors besides themselves. Rational choice instrumentalist have long held that the effectiveness of institutional constrain is only as strong as are the monitoring and enforcement procedures associated with them. The monitoring corporate by stakeholders is an important factor that increases the likelihood that corporation will behave in socially responsible ways (Mitchell et.al, 1997). Organizational institutionalism have shown that as corporations engaging multiple operations, a verity of non-governmental organizations have emerged to establish course of conduct and monitor the behaviour of these corporations (Frank et.al, 1999). In historical institutionalisms is seen whether NGOs are successful in pressing corporations to behave in socially responsible ways depends in part on the political institutions through which they operate (Champbell, 2005).

Champbell (2006) argues that corporations will act in a more socially responsible ways if they are engaged in institutionalized dialogue with unions, community groups, and stakeholders. Normative calls for the corporate like important business publications and persuasion of independent organizations monitoring the corporations like NGOs, social movements help the corporates to be institutionalized for socially responsible. Much research have aimed to establish the business case for CSR by examining its relationship with economic performance (Jackson and Apostolackou, 2010). Institutions may influence the development and diffusion of CSR; studies on this have been neglected so far (Jones, 1999).

Jackson and Apostolakou (2010) argue that CSR is more extensive in sectors where firms have a strong negative impact upon stakeholders and thus are more likely to adopt institutionalized form of CSR. Where the institutions weak, CSR act in an explicit form ex: UK and implicit within formal institutions like Germany (Matten and Moon, 2008).

An institutional perspective on CSR suggest that firms do not make decisions regarding CSR purely on the basis of instrumental decision making but that decision are framed vis-à-vis broader social context (Jackson and Apostolakou, 2010). Institutionalized rules and understanding help firms to frame, communicate and monitor these practices in socially accepted ways (Jackson and Apostolokou, 2010). Institutional theory sees corporations as being embedded in a nexus of formal and informal rules (North, 1990). Neo-institutional theory in particular has stressed how organizations adopt institutionalized forms of behaviour in an effort to increase their internal and external legitimacy (Scott, 1995). Jackson and Apostolokou (2010) found that the adoption of CSR practices, particularly on the social dimension, emerges as a substitute for formal participation of employees only in parallel to the expansion of legal rights for shareholders or growing orientation of shareholders value by corporate management. Institutionalized CSR has been increased where the current trend has been the increase in public reporting on CSR related issues. Throughout 1990s companies showed corporate social investment activities in their annual reports. Similarly mention of environmental issues becomes more prominent 1997 onwards. A more holistic and integrated approach to CSR, often under the banner of sustainable development and including greater attention to social issues is apparent in recent company reports where the Global Reporting Initiative plays an important role (Hamann, 2004).

The changing institutional context and companies responses have uncovered tensions between companies and local communities (Hamann, 2004).Institutionalization of CSR goes through or relates to 4 stages which affect the CSR orientation i.e., the unfreezing, moving refreezing (Lewins, 1951) and sensitizing stage. There are certain barriers to CSR orientation like fear of change, threat of stability. When organization is guided towards a new set of assumptions (Lewin, 1951) it goes to the moving CSR. A learning orientation again is necessary to ensure the refreezing of CSR-orientation cultural values, involving wider

changes that build structure and processes to ensure support the new ways (Katz and Kahn, 1978). Lastly, is sensitizing which precedes the unfreezing stage, top management becomes aware of the importance of sustainability issues where a group of people also seeks to overcome resistance to change (Maon et al., 2009).

The factors which make for institutionalization of CSR are to define redefine corporate values, organizations might consider existing credos, corporate charters, mission statements, reports, websites, and other documents (Maon, et al., 2009). In response to theses increased demands for transparency, many organizations publish information about how they fulfill their responsibilities to stakeholders including annual reports that provide non financial information and separate reports for social and environmental responsibilities activities, even there is no legal obligation for them to do so (Bollen, 2004). The institutional theorist argues that corporation facing similar institutional pressures will eventually adopt similar strategies. Therefore embedded in society, MNCs actions are influenced by stakeholders (Clarkson, 1995).

Institutional theory which forms a strong interface between business and society allows the study of CSR for better understanding of business responsibilities in two chief aspects ie the diversity of CSR or cross national variation of CSR practices and dynamics of CSR or the way CSR has changed through mitigation and adaptation by corporation (Brammer et al., 2012). Institutional analysis in sociology focuses on how institutions constrains or enable behaviour. The institutional analysis literature is useful because institutionalist understand that institutions beyond the market are necessary to ensure that corporations are responsive to the interest of social actors besides themselves (Champbell, 2007). Hall and Soskice, (2001) argue **that the way corporation's threat the stakeholders depend on the institution within** which they operate. Moreover, corporations tend to act in socially responsible ways if normative and cultural institutions are in place that creates the proper set of incentives for such behavior (Galaskiewicz, 1991). Campbell (2007) suggests that the state regulatory sanctions are the most important institutional conditions for the corporate. Government status are most effective in facilitating socially responsible corporate environmental behavior if they afford citizens access to information about toxic emissions, legal standing in court.

Hence, the process by which these regulations long recognized and enforcement capacities were developed was based on negotiation and consensus building among the corporations, government and other relevant stakeholders than the corporate behave in socially responsible ways.

Institutionalist has long recognized that normative institutions vary significantly across countries in ways that affect corporate behaviour (Dore, 1983). Corporations will be more likely to act in socially responsible ways if they operate in an environment where normative calls for such behaviour are institutionalized in for example, important business publications, business school curriculum and other educational venues in which corporate managers participate (Champbell, 2007). Corporates are found to be institutionalized to behave in a socially responsible ways with the influences of trade or employer association by coercion of private, independent organizations including NGOs, social movement organizations, press (Champbell, 2007) and institutionalized dialogue with community group. In the exploration of the institutional determinants of social responsibility (Jones, 1999) for example highlights the importance of the national socio cultural environment and the level of national economic development as an important variable influencing CSR understanding and practice. CSR in an international frame, one can state that there are a lot of network concerning corporate social responsibility. Among these are based on concepts of the United Nations Global Compact and the International Labour Organization, Tripartite Declaration of principles concerning multinational enterprises and social policy. The UN Global Compact was proposed by the United Nation Secretary General in 1999 and seeks to advance responsible corporate citizenship so the business can contribute to the challenge of globalization. In western industrial counties, the topic of CSR is driven by a number of international networks. As example CSR Europe, business for social responsibility, the CSR forum of international business leader forum. Business for social responsibility is a global non- profit organization that helps more than 1400 member companies to achieve commercial success in ways that respect ethical values, people, communities and the environment (Zink, 2007).

The review of literature indicated that corporates through CSR activities try to promote the achievements of social goals and sustainability through market based strategies. Global

aspects of CSR practices, the role of NGOs in their implementation, the stake holder engagements by the corporates, the need and the necessity of social reporting are quite available in published literature. But most of these are looked from the managerial viewpoint. Very few published literature on the CSR activities of the corporates from the stake holders and community development viewpoint. Assessment studies on the effect of CSR initiatives of corporates on the targeted communities in the Indian context are very rare.

Methodology

This chapter describes the methodology used in the study and focuses on the particular research methods that were employed to understand the CSR activities of the corporates. Details about the statement of the problem, conceptual framework, objectives, study universe, research design, sample frame, selection of the sample and sample size, collection of the data and the modalities of the survey are described.

Development as a process in recent times has shifted its criteria of development from economic growth perspective to social dimensions of development (Jenkins, 2005) where the role of business in society through the engagement of corporate social responsibility (CSR) is demanded (Jamali, 2007). CSR which earlier had a philanthropic approach (Chapple and Moon, 2005) is now more of a strategic approach towards sustainable business endeavour. The European Commission (2002) has defined CSR as an integrating social concern in the business operation on a voluntary basis with stakeholders.

In this context, it is seen that CSR as an organizational practice can be more clearly understood from a political economic approach depicting corporate social power rather than solely from economy or moral explanation. Hence, CSR from a social perspective is defined as corporate commitment to ethical behaviour particularly in relation to social justice. However, in Indian context such trends are followed largely among multinationals where the they are held socially accountable (WBCSD, 1998), playing an important role in solving problems of public concern (Monsen,1974; Quinn and Junes, 1995) not neglecting a role in human capital (Nelson, 1996) and achieving Millennium Development Goals (Muthuri, 2007). In few cases it goes into the philosophy of business existence for the community in trust such as of Tata Group of companies (Puranik and Mehta, 2005). Considering the business institutions to sustainable development of society, Corporate Social Responsibility has a significant role in community development (Mahapatra and Aruna, 2012).

The sociological approach to CSR depicts that socially responsible business practices strengthen corporate accountability of empowering people in the communities. Through practice of corporate citizenship, a company integrates social concern and improves the

quality of life of local community both within and outside the corporation, thereby giving a total impact on the society in which it operates (Hopkins, 1998; Pinney, 2001; Marsden, 2001 and Business for Social Responsibility, 2003). In recent decades the rural population under the CSR beneficial impact have gone through transitions and achieved impressive changes, especially in terms of development indicators.

In relation to this fact, the research problem for the present study in a gist is a focus on social change aspect and examines the role of CSR of companies involved in community development, especially the peripheral areas where the company has been located. The present study, attempts to undertake a detailed study of a company engaged in active Corporate Social Performance and its role in women development in terms of health outcome and economic independence and corresponding social empowerment. The study examines how CSR carries out health services and income generating activities with a focus on decision making in the process of enhancing women empowerment. The issue of women empowerment is being addressed by both state and non-state agencies over a decade, and this study thus is relevant in policy matters and as well as provides useful insights for various interventions. The present research becomes relevant from the point of view of CSR linkage with women empowerment which is less researched and therefore, the present study examines the corporate social responsibility, corporate social performance and women empowerment considering Tata steel as an agency.

Research gap and importance of the study

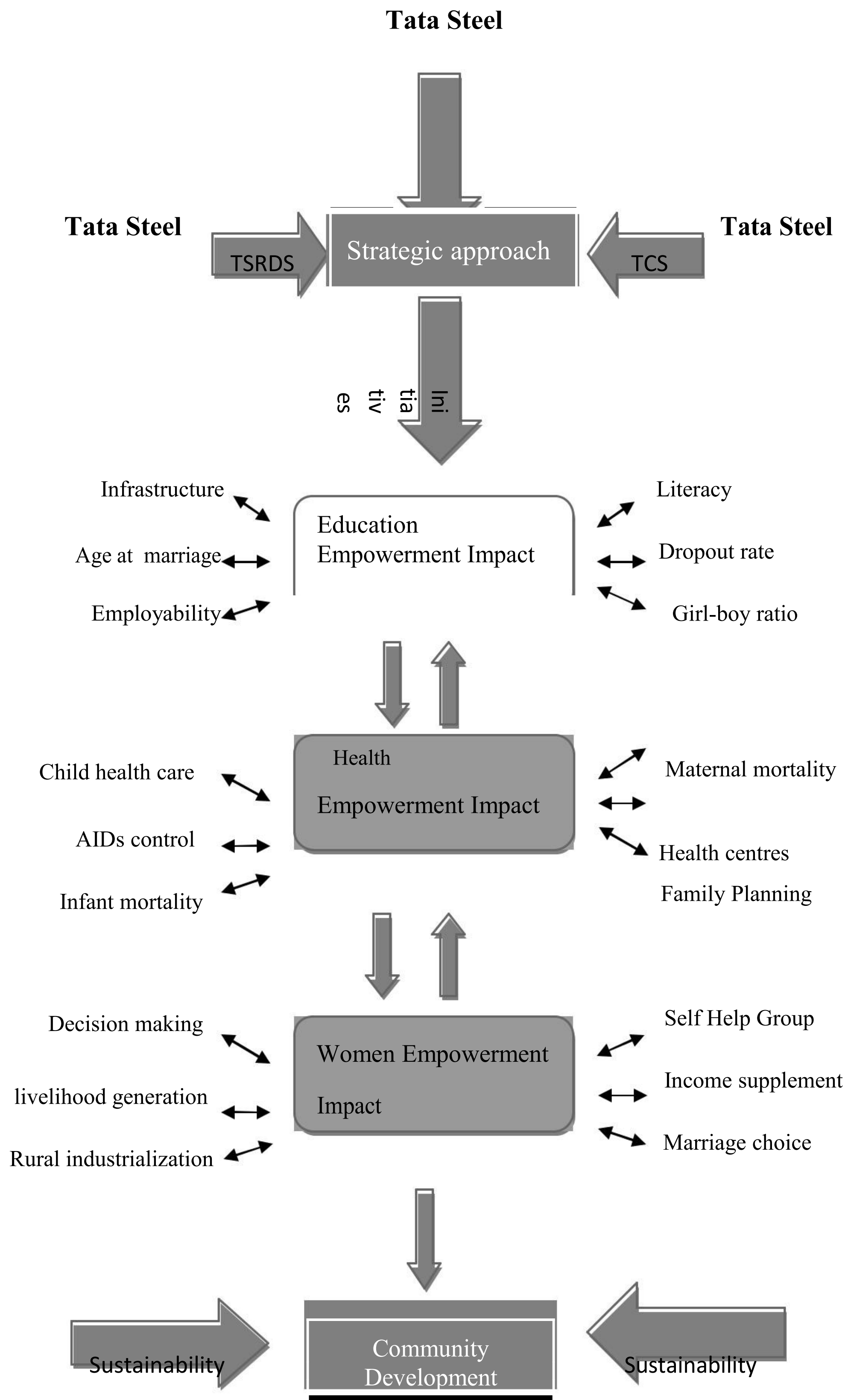
CSR as a stakeholder perspective was introduced in 1960s and continued through 1980s that the stakeholder perspective became prominent within academic literature (Andriof et al., 2002). Therefore, it is understood that literature on CSR has mostly been published in management or business studies which have neglected the societal aspects of CSR (Brammer et al., 2012). Corporates were involved more on implicit CSR, where the explicit CSR has been neglected by many companies as they do not take extra initiatives for the common good of society (Mattern and Moon, 2008), which the present study attempts to bring out the explicit initiatives. There has been a debate that CSR approach is always philanthropic and not institutional (Makower, 1994), and fewer studies link empowerment of women and

corporate social responsibility. The study aims to describe the Corporate Social Responsibility and its bearing on empowerment of women in India especially in health and income in the context of rural community. Surveys report that Tata Group of companies in India which adhere to philanthropy since 1947 through its strategic approach undertaken as (TCCI) - Tata Corporate Community Involvement and in global terms participates in all the four group of Global Reporting Initiative i.e., SA8000, sustainable development world index, millennium development goal accounting. The present research is relevant from the point of view that CSR linkage with women empowerment has been less focused in research and therefore, the present study attempts to understand the corporate social responsibility, performance, strategy and women empowerment in the context of CSR of Tata Steel.

Conceptual framework

Based on detailed study of the literature as well as CSR activities and programmes of Tata Steel, a conceptual framework is designed to elucidate the interconnections between the key concepts and their indicators.

Fig 1. Conceptual framework

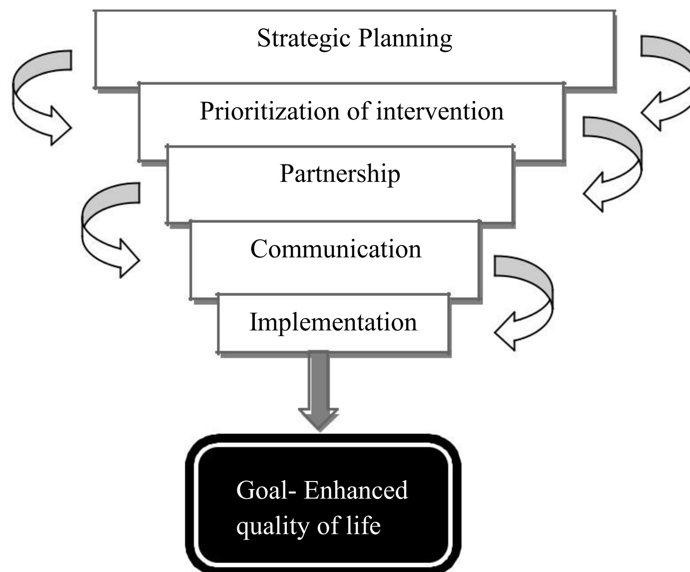


It is noted that the strategic approach of Tata Steel towards its CSR initiatives are performed through its two important units such as TSRDS and TCS. The impact of the CSR initiatives is examined through the three aspects are Education, Health and Women Empowerment. The overall impact and the interdependence among them ultimately lead to sustainable community development.

Community Development Initiatives model of CSR

Based on the examination of CSR activities of the Tata Steel, community development initiatives process model of CSR is proposed as a strategic way by which the company operates for community development and sustainability.

Fig 2. Community Development Initiative process model of CSR



The identification of need assessment is the first step followed through strategic planning, prioritization of intervention, partnership, monitoring and review, communication and finally lead to goal achievement of sustainable society. The priority of a company opting CSR for community development is to identify the specific need of the society which basically demands infrastructure, economic development etc. Later the company makes a required strategic planning according to the locality to work effectively towards its goal.

Objectives

With a view to understand the functioning of corporate social responsibility and corporate social performance and to examine its relevance and impact in society the following objectives were framed with Tata steel as a case study.

- ϖ To describe the practices of corporate social responsibility among the private and the public sector companies.
- ϖ To know the corporate citizenship approach towards women empowerment.
- ϖ To study the practice of corporate social responsibility on health and sustainable livelihood of rural women
- ϖ To understand the link between the corporate social performance and community development

Research design

This investigation is largely descriptive and examines the notion of corporate social responsibility which is a new experience in Indian context. It also identifies the uniqueness of accountability by examining the practice of corporate social reporting by corporations, particularly subsidiaries of multinational corporations. Based on the consistent reports of the organization the primary field work is carried out. The research is designed to be descriptive and explanatory to analyze the empowerment of rural women. Descriptive research design is used for collecting information about CSR activities and the responses of the beneficiary.

Measurement and Tools

Based on the reviews regarding corporate social responsibility and corporate social performance and engagement with health and economic aspect an interview schedule was prepared. The major focus of the study was to understand the health impact of women in response to services and economic impact in response to SHG service. Based on the utilization of services the empowerment of women across various domains is examined. To understand the empowerment, a scale developed by Diana et al., 2004 is applied. A comprehensive interview schedule was prepared based on the measurement techniques.

Tool for Data collection

Several methods such as observation, interview, group discussion and frequent visits to study sites were used to understand the social context and gain familiarity with the respondents. Interview schedule was the primary tool used to collect primary information. In addition, different documents like books, journal articles, published and unpublished reports, office files and documents and the company websites are used for obtaining secondary data. Two structured and open ended interview schedule were framed, one for collecting data on women empowerment and the role of SHGs in Jharkhand and the other for collecting data on health initiatives in Gopalpur region of Odisha. The interview schedule meant for collecting data on women empowerment in the five blocks of Jharkhand consisted of several sections. The first section is meant for the sample characteristics or the background information of the respondents which include household characteristics like number of persons in the house, their age, sex, marital status, educational qualification and income. It also includes religion, type of family, nature of accommodation, economic status etc. The second section is meant for assessing the role of SHGs in the development of the respondents. It included questions related to reasons for joining a particular SHG, knowledge about the functions of a SHG and their opinion how the SHG plays in their daily lives and personality development and what changes the SHG brought in their lives. The third sections deals about the economic aspects of the respondents. The fourth sections deals with the role of SHG in their personality development. The personality development is looked from five angles: collective efficacy, self efficacy, proactive attitude, self esteem and psychological distress. The fifth section deals with few other aspects of women empowerment like their nature of mobility, decision making in the family after enrolling themselves as members of the SHGs.

The interview schedule meant for collecting data on health initiatives and their effects on potential reproductive women in the five villages of the Gopalpur region of Ganjam district of Odisha, also consisted of a few sections. The first section is meant for sample characteristics or the background information of the respondents which includes household characteristics like number of persons in the house, their age, sex, marital status, educational qualification and income. It also includes religion, type of family, nature of accommodation, economic status etc. The second section is meant for collecting data on antenatal care. It

includes questions on age at the time of marriage, pre-natal check-up, assistance provided by the company during this period in terms of advice and medicine. The third section is meant for collecting data on delivery and neo natal care. It includes questions on their knowledge about the care to be taken during pregnancy and child birth, the place of child birth and assistance rendered by the company towards this. The fourth section is meant for collecting data on post-natal care. It includes questions on check-up and advice after child birth, vaccination and feeding of the child. The fifth section relates to collecting data on child spacing and awareness towards family planning. The sixth section **elicited the respondent's** opinion towards various services related to health initiatives provided by the company.

Respondents were also requested to respond to a list of empowerment indicators The indicators meant for economic empowerment included domains of reproduction, housewife, family expenditure, relationship with natal relatives, community participation and rights of husbands and wives in the family. The indicators meant for health empowerment included decisions about child bearing, choice of contraception methods, sexual communication and negotiation, pregnancy, appraisal of health services, reproductive tract infection and reproductive health roles and rights.

Pre-test

The researcher undertook a preliminary visit to the research setting before finalizing the interview schedule and later a pre test was done with the constructed interview schedule. The pre-test was carried with 20 respondents of sample villages from Odisha and Jharkhand. Based on the pre-test, ambiguous questions were reframed, few irrelevant questions were dropped and few others were added to the final revised interview schedule for obtaining data from the respondents. The final interview schedule was translated into Odia and Hindi, the local language spoken by the respondents in the sample areas.

Sampling

The present study is carried out in Odisha and Jharkhand where Tata Steel carries out its field activities. In Odisha five villages are undertaken which deals with the health issues of CSR of Tata Steel in empowering women while in Jharkhand five blocks are taken for study which

deals with sustainable livelihood of CSR in empowering women. The target population are women respondents and the sample size of respondents in Odisha interviewed for health aspects is 152 while 177 are interviewed in Jharkhand to understand empowerment through SHG and the total sample size together is 329 respondents.

The Purbi Singhbhum District of Jharkhand has altogether 11 blocks of which three Blocks such as Jamshedpur, Patamda and Potka were considered as sample blocks and Sareikela-Kharsawan district of Jharkhand has 9 blocks of which two blocks such as Seraikela and Gamharia were considered as the sample. Altogether five blocks were considered for studying women empowerment initiatives in Jharkhand. Each block consisted of several villages and each village has several SHGs. A sample of 29 villages were considered and 10 SHGs from each villages were included. Each SHG has a master roll of its members. Every fifth member from its master roll was sampled and the interview was conducted at the **member's residence. Table 1 provides the** sample of respondents for the study of women empowerment.

Table 1. Sample of respondents for the study of women empowerment

Block	**No. of villages**	**No. of SHGs**	**No. of respondents**
Jamshedpur	5	10	39
Patamda	5	10	35
Potka	4	10	38
Seraikela	8	10	34
Gamharia	7	10	31
Total			**177**

The SHGs engage in different enterprises such as maintaining poultry, livestock, fishery, vermi compost, PDS shops, stationary shops, making of jewels, puffed rice, chips, soap, leaf plate, lac etc. Regarding health initiatives, the Gopalpur region of the Ganjam District of Odisha is considered as the study region. After discussing with the Head of the Gopalpur division of TSRDS, 5 villages are taken in the study. Table 2 depicts the distribution of respondents for studying the health initiatives.

Fig 3. Map of the study area

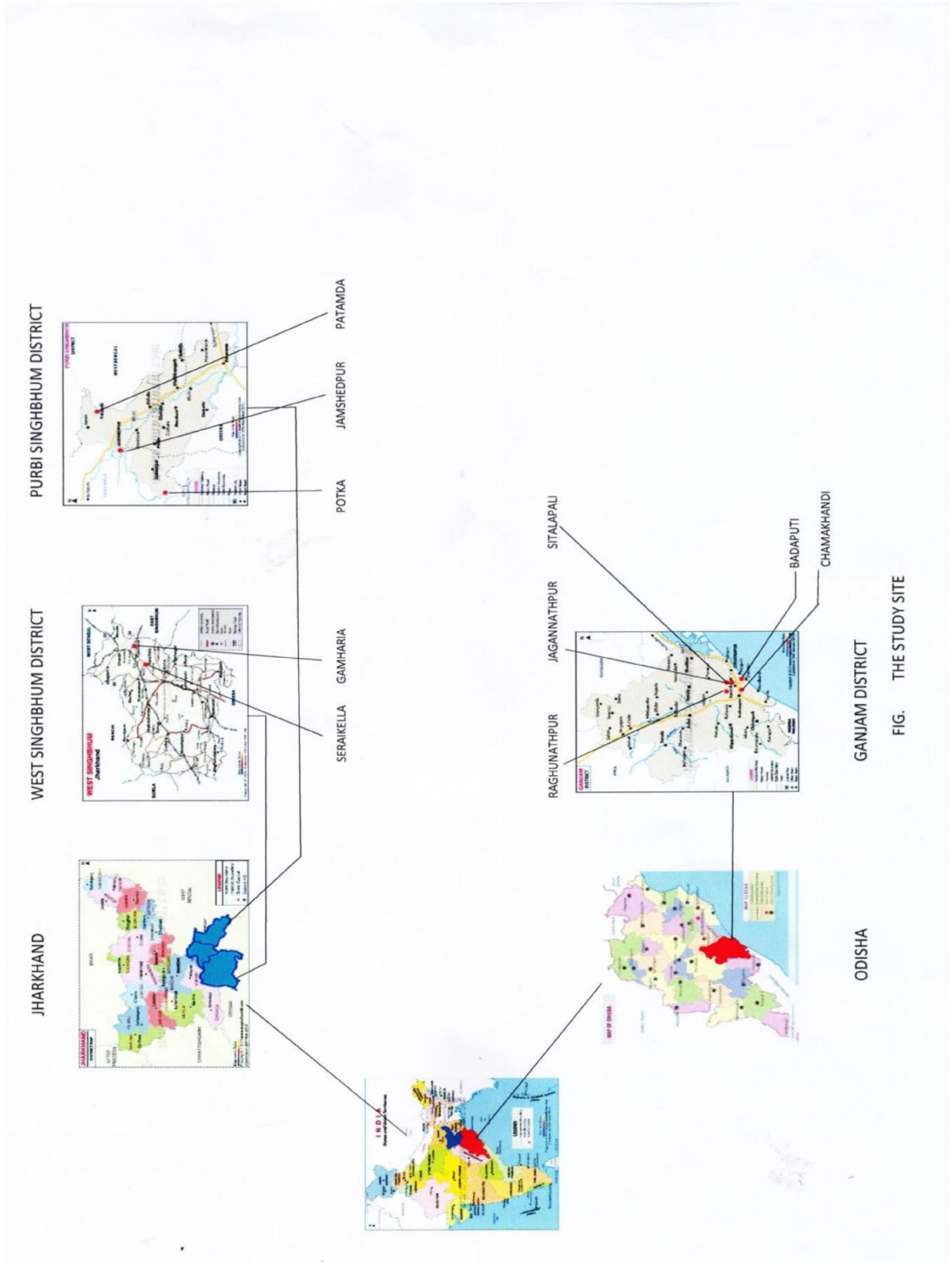


Table 2. Sample of respondents for the study of health initiatives

Village	No. of houses	No. of potential reproductive women	No. of respondents
Chamakhandi	320	50	20
Raghunathpur	361	70	28
Badaputi	314	80	32
Jaganathpur	282	38	16
Sitalapali	352	140	56
Total Respondents			**152**

Fieldwork was carried out between January and November 2014. Several follow up visits were made to complete the data collection. During the field work, interpreters at the local level were sought to communicate with the respondents at the villages who were not conversant with either English, Odiya or Hindi languages. For example, few respondents were able to communicate only by their local language in Jharkhand and through Telugu in the Gopalpur region of Odisha. Each respondent were interviewed at their residence with the help of the semi structured schedule. The respondents at Jharkhand were identified and located with the assistance of a middle woman/man called the anitors of the self help group who actually acts as a link between the members of the self help group and the company. The respondents of Odisha were identified and located with the assistance of the Anganwadi worker in each village. After the interview, the researcher visited the work place along with the respondent and the anitor in Jharkhand to know more about the type of enterprises that the respondents were engaged. The interviews in all cases lasted about an hour for each respondent.

Analysis of Data

After the completion of the primary data collection, the interview schedules were edited and the data were coded and converted into electronic format for analyzing through the SPSS. The data was cross checked for errors and inconsistencies. The data are largely analyzed and presented using descriptive statistics

Chapterization of Theses

Chapter I. Introduction

Chapter II. Review of Literature

Chapter III. Methodology

Chapter IV. CSR practices among public and private sector companies Chapter V. Corporate Citizenship Approach Chapter VI. Rural Health Services

Chapter VII. Women Empowerment and Sustainable Livelihood Chapter VIII. Summary and Discussion

CSR practices among public and private sector companies

CSR in India has traditionally been seen as a philanthropic activity and keeping with the Indian tradition, it was an activity that was performed but not deliberated. Hence documentation on specific activities related to CSR is quite less. Although philanthropic, much of their activities had a natural character encapsulated within them. Due to global influence and with communities becoming more active and demanding, there is a discernible trend found in corporate CSR activities that they have gone beyond the community development to more strategic in nature. Hence a large number of companies are now reporting the activities undertaken towards CSR in their official website as annual report, sustainability reports and attempt publishing CSR reports. A single universally accepted definition of CSR, although, does not exist, and vary from author to author, each definition emphasizes the impact that businesses have on society at large and the societal expectation on them. CSR is generally understood as being the way through which a company achieves a balance of economic, environment and social imperatives (Triple Bottom Line Approach), while simultaneously addressing the expectations of shareholders and stakeholders. CSR needs to address the well being at all stakeholders and not just the company shareholders.

Corporate sustainability is derived from the concept of sustainable development which is defined by the Brundland Commission in its report (1987) as development that meets the needs of the present without compromising the ability of the future generations to meet their own needs. Corporate sustainability essentially refers the roles that companies can perform in meeting the agenda of sustainable development and entails a balanced approach to economic progress, social progress and environmental stewardship. A business does not exist in isolation and relies on a multitude of relationships with stakeholders. The underlying idea of partnerships between business and other sectors for sustainable development and enhancement of social capital. It has been is noticed that stakeholder engagement can improve business performance. A clear trend towards cross sector collaboration and stakeh**olders’ dialogues is evident and movement towards a convergence of values and** shared value creation, for expanding the total pool of social and economic value is gradually becoming the norm. The challenge is for engagement of the stakeholders to make CSR and

sustainability meaningful keeping good a beneficial effect, not just on reputation but also an actual project results.

Today business environment and the higher expectation of the stakeholders demand for good CSR programmes, bringing in greater benefits. Besides the key stakeholders such as the Government, investors and customers, community (surrounding the vicinity of the corporations) has come out as another important stakeholder who actually provides the license to the corporates to operate. The companies have already realized that it is the communities surrounding their vicinity that they have to satisfy to maintain their operations. Through good CSR interventions the companies can attract, retain and motivate their employees. CSR practices benefits the community by enhancing their livelihood and increasing their income levels. The traditional benefits of generating goodwill creating a positive image and branding benefits continue to exist for companies that operate effective CSR programmes. This allows companies to position themselves as responsible corporate citizens.

CSR of Public and Private sector

Public sector has unique competencies to bring maximum contribution to sustainable development through policy and regulatory framework within which business operates (Fox, Ward and Howard, 2002), though many of them are explicitly described as CSR or considered to be CSR enabling. Role of public sector in CSR agenda shows that in different CSR related contexts the role taken by public sector is different. Role of government in promoting corporate sustainability shows setting of vision and goals for the role of business in society, creating framework conditions for the market, fiscal policy especially taxation and promoting innovation (Bell, 2002). In a study conducted by Zadek (2001), a new third generation CSR framework depicting the public sector roles in promoting concept of corporate citizenship, developing market that encourage corporate which citizenship, negotiate enforce global principle and goods for business are accountable to civil society. Benefits of partnership to Government for CSR (BPD, 2002) ensues innovative and adaptable core standard, guidelines for reporting public sector internal capacity building to participate in partnership, ensuing transparency and accountability of business.

Role of public sector in CSR agenda in countries other than India shows that public policies to reinforce best business CSR practices where the public sector role is to promote good produce, education advocacy, encourage partnership in supply chains and between stakeholders, provides economic instruments and incentive. Public influence of CSR shows the role of public sector as developing markets that encourage corporate citizenship, CSR receives a higher profile and coordinates across department, promoting partnership and international standards as the basis for business reporting (Aaronnon and Reeves, 2002). Public sector policy support of CSR shows public sectors role in creating government department and committee to discuss CSR, promoting international guidelines for business and initiating multiple stakeholder partnership for positive impact of business (CBSR, 2002).

World Bank in its report (2003) brings out the range of roles that the government can play in providing an enabling environment of CSR. Corporate social responsibility covers a wide range of issues related to business conduct, human rights and national economic development. It is seen that the emphasis placed on each of these can vary in the case of private sector in low and lower middle income countries. The report further points out ten CSR themes played by public sector which are both business and social. The social aspect of CSR themes deals with philanthropy and community development initiatives which are common CSR strategies for business. Through public sector goals, government can harness the social investment and voluntary corporate donations. Undertaking public sector engagement with CSR reveals that government has also taken up the CSR agenda along with the private.

Some countries are increasingly using the partnership approach to implement their CSR strategies and activities. Such kind of partnership can be single sector such as strategies alliances between companies and cross sectoral involving government agencies, civil society organizations and private sector business. The later are sometimes referred to as public-private Partnership (PPP). NGOs and UN agencies are concerned that partnerships could threaten their integrity and independence (Visser et al, 2007). Building professional partnering and brokering capacity and making the necessary adaptations to management practice within all sectors remain key challenges for cross sector partnership everywhere.

Newell (2006) argues and discourages the public private partnership idea pointing out that such initiatives may work for some forms, workers and communities, in some place, in addressing some of the issues, at some time. In fact, rather than seeking a win and win relation, the challenge is to explore the limitations of PPPs form of CSR. CSR practices vary according to private or public across sectors and between companies. In private companies the innovative, proactive CEO who is convinced of the intrinsic value of CSR treats it as an opportunity to maximize company capabilities and identify new competitive advantage.

The CSR strategies in different industries reveal that the CSR threshold varies among the firms depending upon the actions of competitors, cultural environment in which it is operating. Although the value of an effective CSR policy within specific industries and firms is becoming increasingly accepted, the point at which such a policy becomes ripe for implementation varies.

Corporate social responsibility becomes a way of promoting good company practices complementing other public efforts for societal progress. This allows CSR to present a new governance framework through which government can use to create an enabling environment wherein the private sector is encouraged to be more engaged in social mission. For many developing countries, especially in Asia, there is a significant opportunity for government to harness the CSR among enterprises and assist business in taking on a bigger role in social development particularly under the global demand for responsible business practices.

CSR Guidelines and Laws

A comprehensive guidance for companies pertaining to CSR is available in the form of several globally recognized guidelines, frameworks, principles and tools. Most of these guidelines relate to the large concept of sustainability or business responsibility keeping the notion of CSR as the central concern. The guidelines relate to the UN Global compact (UNGC) with an objective to mainstream the adoption of sustainable and socially responsible policies by businesses around the world. The United Nation Guiding Principles on Business and Human Rights which are the global standards for addressing the risk of human rights violation related to business activity. International Labour Organization Tripartite declaration

of principles on multinational enterprises and social policy which are to be used particularly for organizations that operates across multiple countries Organization for Economic Co-operation and Development Guidelines for multinational enterprises which elaborate on the principles and standards for responsible business conduct.

Besides these, there are a few social accountability international standards which enable the organizations to become accountable, responsible and sustainable. OECD has brought out an OECD CSR policy tool which aims to help companies gain insight into their current CSR activities, assess its value and determine other CSR activities. The UN Global Impact Self Assessment Tools is a guide designed to be used by companies of all sizes and across sectors committed to uphold the social and environmental standards within their respective operations. National Voluntary guidelines on social, environmental and economic responsibilities of business are the guidelines formulated by the Ministry of Corporate Affairs, Govt. of India in 2011, with the objective of providing a distinctive India-centric approach for Indian Businesses, applicable to large and small companies alike. They encourage the companies to adopt the triple bottom line approach. These guidelines relate to sustainability and social well being.

In India, the concept of CSR is governed by clause 135 of the companies Act, 2013 which was enacted by the Govt. on 29th Aug, 2013 and subsequently bought an amendment to Schedule VII of the said Act. Corporate Social Responsibility Rules, 2014 was notified by the Govt. on 27th Feb, 2014. Both the Act and its Rules were to be implemented with effect from 1st April, 2014. Every company having a net worth of rupees five hundred crore or more or turnover of rupees five thousand crore or more or a net profit of rupees five crore or more during any fiscal year, shall be required to constitute a Corporate Social Responsibility committee of the board consisting of three or more directors, out of which at least one director shall be an independent director. As per the act, every company shall have to spend in every financial year, at least 2% of its average net profits made during the three immediately preceding financial years on CSR activities. The next profit is defined as the profit before tax as per the books of accounts excluding profits arising from branches outside India. The act under schedule VII, lists out a set of activities which the company undertake in

their CSR programme after getting the approval of the CSR committee and the board. The company may implement activities taking into account the local conditions.

The company may implement its CSR programmes directly on its own or through a non-profit foundation of its own registered for the same purpose or through independent registered non-profit organization like NGOs, Societies, Trusts, Institutions, etc that have a record of at least three years in similar such related activities or in collaboration with government department or government organizations and partnerships with other companies. The CSR expenditure restructure towards organizing marathons, awards & prizes , charitable contribution ,advertisement contents, TV sponsoring programmes, activities meant exclusively for employees and their children and activities undertaken outside India.

The CSR committee will be responsible for preparing a detailed plan of CSR activities, for each financial year including the expenditure, the type of activities, role and responsibility of various stakeholders of a monitoring mechanism for each activity. The recommendations of CSR committee are to be approved by the board of the company. After that, it is mandatory for the board to publish its CSR contents, activities or programmes along with expenditure incurred towards each activity during the financial year in its web site or in annual report or even by publishing a special CSR report. The companies Act, 2013 in its Schedule VII enlists the various activities that the companies can choose as per suitability and make them as their thrust areas for CSR policy and programmes during a particular fiscal year. The activities as per Schedule VII of the Companies Act, 2013 may focus on (I) Eradicating hunger, poverty and malnutrition promoting preventive health care and sanitation and making available safe drinking water. (II) Promoting education, including special education and employment, enhancing women skill among children, women, elderly and the differently abled and livelihood enhancing projects.(III) Promoting gender equality, empowering women, setting up homes and hotels for women and orphans, setting up old age homes, day care centers, such other facilities for senior citizens and measures for reducing inequality faced by socially and economically backward groups. (IV) Ensuring environmental sustainability, ecological balance, protection of flora and fauna, animal welfare, agro forestry, conservation of natural resources and maintaining quality of soil, air and water.(V) Protection of national heritage,

art and culture, including restoration of buildings and sites of historical importance and works of art, setting up public libraries, promotion and development of traditional arts and handicrafts. (VI) Measures for the benefit of armed forces, veterans, war widows and their dependents. (VII) Training to promote rural sports, nationally recognized sports, para-olympic sports and Olympic sports. (VIII) Contribution to the prime mini**sters' relief fund or** any other fund set up by the central government for socio economic development and relief and welfare of scheduled caste, scheduled tribe, other backward classes, and women.(IX) Contribution or funds provided to technology incubators located within academic institution which are approved by the central government.(X) Rural development projects.

In order to access how the public sector and private sector companies in India undertake their CSR activities and programmes, an attempt has been made to analyze the CSR activities of few companies. Since CSR initiatives of a company depend largely on its size, location, annual expenditure, CSR policy and activity to be undertaken, stakeholder, the community to be served, and hence it becomes difficult to be compared against common indicators. Therefore, keeping in view, the specific CSR activities as recommended in Schedule VII of the Companies Act, 2013, an analysis of 21 companies, 10 from public sector undertakings and 11 from private sector is presented in this chapter. Based on the ranking available in the business journal regarding the quantum of CSR activities the companies were selected to understand the corporate social performance. Table 3 provides the names of the PSUs along with their year of incorporation and field of operation.

A state owned enterprise in India is called a public sector undertaking (PSU) or Public sector enterprise (PSE). These companies are owned by the union government or one of the many states or territorial government or both. PSUs are categorized into three categories based on their average annual net profit or average annual net worth or average annual turnover such as (i) Maharatna, (ii) Navaratna, and (iii) Miniratna. It can be noted that financial service companies such as nationalized banks are not included in the list. Only those companies which have earned the status of only one of the category out of the three i.e. Maharatna, Navaratna and Miniratna are considered here.

Table 3.The Public sector companies and their field of activities

Sl. No	Name of the company	Head Quarter	Year of Incorporation	Field of operation	Status
1	Bharat Heavy Electricals Limited (BHEL)	New Delhi	1964	Heavy Engineering	Maharatna
2	Gas Authority of India Ltd (GAIL)	New Delhi	1984	Petroleum, Refining and Marketing	Maharatna
3	Indian Oil Corporation (IOC)	New Delhi	1964	Petroleum, Refining and Marketing	Maharatna
4	National Hydro-electric power corporation (NHPC)	Faridabad	1975	Electricities power generation	Miniratna
5	National Aluminium Company Limited (NALCO)	Bhubaneswar	1981	Mining, mineral and metal	Navaratna
6	National Mineral Development Corporation (NMDC)	Hyderabad	1958	Minerals and metals	Navaratna
7	National Thermal Power Corporation Limited (NTPC)	New Delhi	1975	Electricity generation	Maharatna
8	Power Grid Corporation of India (POWER GRID)	Gurgaon	1989	Electricity transmission	Navaratna
9	Steel Authority of India Limited (SAIL)	New Delhi	1973	Steel	Maharatna
10	Western Coalfields Limited (Coal India Ltd)	Nagpur	1975	Mining, coals and lignite	Miniratna

Names of 11 companies from the private sector are listed in Table 4 along with their year of incorporation and field of operation. **Data related to companies' CSR activities and initiatives were collected from the secondary sources such as companies' own websites, annual reports,** sustainability reports and specially published CSR reports. Data related to Long term

initiatives/projects were emphasized while few piecemeal CSR activities of different companies were only recorded. It was not possible to include each and every CSR activity of a company. CSR initiatives/projects of the companies were grouped according to the recommendation of the Schedule VII of the Companies Act, 2013 for analysis.

Table 4. The Private sector companies and their field of activities

Sl. No.	Name of the Company	Headquarter	Year of incorporation	Field of operation
1	Aditya Birla Nuva Ltd (ABNL)	Mumbai	1956	Various fields manufacturing
2	Bharati Airtel Limited	New Delhi	1995	Telecommunication service
3	Cairn India Limited	Gurgaon	2007	Oil and Gas Exploration
4	Hindustan Unilever Limited	Mumbai	1933	Consumer goods
5	ITC Limited (ITC)	Kolkata	1910	Various fields manufacturing service
6	Jindal Steel and Power Limited	New Delhi	1952	Steel and Energy
7	Larsen and Tourbro Limited	Mumbai	1938	Various fields manufacturing service
8	Maruti Suzuki India Limited	Gurgaon	1982	Motor car
9	Reliance Industries Limited	Mumbai	1966	Various fields manufacturing and service
10	Tata Steel Limited	Jamshedpur	1907	Steel
11	Tata Consultancy Services	Mumbai	1968	Information Technology

CSR Initiatives and Projects

As per the requirements of the Company Act, 2013, every company coming under this Act constitutes a CSR committee which is responsible for formulating its CSR policy for particular fiscal year. The committee also identifies the thrust areas to be undertaken and the expenditure to be incurred for each area. The following are important thrust areas that the companies have adopted during the year 2013-14: Healthcare, maternity health care and child, sanitation and safe drinking water; skill building, employment and vocational training;

income enhancement and livelihood opportunities; education; infrastructure development; renewable energy; ecology and environment; ethnicity and heritage conservation and Prime Minister National Relief Fund. The CSR initiatives and projects are implemented by the companies mostly in collaboration with the government. Other sources are the district authorities, the village panchayats, registered NGOs and other likeminded stakeholders and service providers.

Heath Initiatives:

Health initiatives feature in the top priority list in the CSR activities of all the companies whether public or private. These initiatives include long-term projects as well as piecemeal health supports. The names of the companies launching the projects are mentioned in abbreviated form against the names of the projects.

Project Arogya (GAIL) : Operates mobile medical units in various villages of Auriya (Uttar Pradesh), Guna, Jhalra and Khera (Ujjain). In 2013-14, 6 new vans have been launched to cater to remote population of Kailaras (Madhya Pradesh), Chhairsa (Faridabad), Haridwar, Ludhiana and Gandhar (Gujrat). This has verified more than 6 lakh villages.

Project Sarjivari (HIJL) : **a free mobile medical service camp, near the company's Doom** Dooma factory in Assam, provided medical assistance to nearly 2.5 lakh patients since its inception in 2003 and covered more than 4000 camps till July, 2013.

Indian Oil Sachal SwasthiyaSeva (IOL): This is IOL's largest CSR programmes on

healthcare to the door step of rural villages through mobile medical units (MMUs)with Kisan Seva Kendras (a network of 6002 Kendras) on a base. 52 MMUs are stationed in 52 KSKs (27 in Telangana, 13 in Andhra Pradesh, 12 in Uttar Pradesh). Each MMU has a registered qualified doctor, a pharmacist, a driver and a community mobilizer who acts as a link between villagers and MMU unit. Every year 52 MMUs treat 1.5 million patients in 681 villages in 13 districts of the 3 states.

Project Sarve Santu Niramaya (IOL) : This unique project is launched in 8 villages near Digboi (Assam) to provide free health consultation and medicines for both human beings and

livestock population. During 2013-14, 2035 patients and 25,274 cattle/poultry (including 500 free vaccinations) have been treated.

Project MANASI (Tata Steel) : **Tata Steel's maternal and New born survival Initiative** project aims at saving lives and treating illness in new born through Home based New born care (HBNC) by the Sahiyaa (ASHA) under the National Rural Health mission. In 2013-14, antenatal care was provided to 14000 women while 15000 infants were immunized.

Project RISHTA (Tata Steel) : aims at enabling adolescents make informed decisions regarding their lives including sexual and reproductive health. It is implemented in 65 villages of Jaypor and Ganjam districts of Odisha and 671 villages of East Singhbhum, Ramgarh and Dhanbad district of Jharkhand. In 2013-14, the project is launched in Chhaibasa (Jharkhand).

Lifetime Express (Tata Steel & BHEL) : **Tata steel's project of a train functioning as** the hospital provides treatment to patients with orthopedic problems, epilepsy cases, dental cases, and those requiring plastic surgery to correct congenital problems such as cleft lips and cleft palates. In 2013-14, it treated over 5000 patients at Chhatrapur Rly. Station (Ganjam district, Odisha). It goes to all over the country. BHEL also has a Lifetime Express which provides free medical treatment to the needy and poor people of Bundelkhand region. Around 1000 patients had been surgically operated.

Project Hamrahi (RIL) : A clinic of HIV/AIDS for truckers and nearly residents of Allahabad.

Project Khushi (RIL) : A clinic for HIV prevention, treatment, care and counseling support for truckers and cleaners, started in 2013 at Jamnagar.

Project Dristi (RIL) : aims towards improving the visually impaired persons, run in association with the National Association for the Blind, completed over 11000 corneal transplants across India. This is the largest cornea transplant drive in India supported by a corporate.

Project Heal of the Soul (BHEL) : provides medical assistance to people including children suffering from Hemophilia. Due beneficiary children are from Visakhapatnam, Timnukia, Bareilli and Agartala.

Orbit and Ophthalmic Plastic Surgery Project (BHEL) : in association with Shankar Foundation Eye Hospital, Vishakhapatnam, involves carrying out orbital surgeries for

patients from Andhra Pradesh, Odisha and Chhattisgarh. During 2013-14, it has undertaken 300 such surgeries.

Health Camps: Almost all companies organize health camps for the benefit of mother & child, women & rural communities and disabled persons as part of their health initiatives. During the FY 2012-13, L&T organized family planning camps in Mumbai, Pune and villages around Surat benefiting 50,000 women. It conducted specialized camps such as bone density check-ups, tetanus vaccination and rubella vaccination for school girls in and around Ahmednagar. It also conducted gynecology camp for women near Bangalore. Over 4300 camps have been organized by SAIL across the country benefiting more than 2 lakh people by providing health check-ups, patho laboratory treatments, medicine and immunization during the year 2012-13. POWERGRID organized special health clinics for providing maternal and child health care services in 15 villages in backward areas of Mewat, Jhajjar and Gurgaon districts of Haryana benefitting 45,000 villages. Reliance Industries has tried to arrest maternal mortality at Motikhavdi and surrounding villages through heath camps, counseling, antenatal care, child delivery, supply of stabilized and disposable delivery kits.

Medical Mobile Units: Medical mobile vans play a significant role to reach the communities at remote place are usually deprived of medical services. Medical mobile units are also extensively used by the companies in urban areas. Mobile health van services are provided by CIL to over 250,000 people every year, the programs are implemented through NGO partners and local govt. authorities under National Rural Health Mission scheme. In association with Ambuja Cement Foundation, POWERGRID is operating one mobile medical unit services covering denizens of 23 villages in remote areas of Nalgarh; 6099 patients were diagnosed and treated during 2012-13. Launched in Dec 2012, RIL provides mobile medical units equipped with State-of-the-art technology for biometric mapping and electronic health records. Operating in Municipality (Mumbai) these units care to health needs of 40,000 individuals. BHEL has provided 4 mobile medical units to Help Age India to operate in the vicinity of remote project sites of its power sector region. A MMU is provided to cater to the health needs of the elderly and need people belonging to Guruharsahai, Ferojpur district of Punjab. NTPC provided mobile medical services benefitting around 60,000 people of 80 villages in 7 locations. 4 Mobile Health units are being operated by the NALIO during 2014-15, in collaboration with Wockhardt Foundation in periphery villages of

M & R complex, Damajodi (Odisha). 3 Mobile Health Units are operating in Angul sector **(Odisha) with the help of Lion's Club, Angul.**

Health Centres and Hospitals: Many companies construct or provide financial support of construction of health centres and hospitals as part of their health initiatives. In 1963, L & T instituted its first health centre at Kansbahal, Odisha for employees, their families and the community. So far 9 such centres were instituted in different places such as Rambahal (1963), Mumbai (1968), Surat (2006), Ahmednagar (2008), Thane (2009), Chennai (2011), Coimbatore (2012). SAIL has established 7 health centres (Kalyan Chikitsahaya) to provide free medical care including medicines to poor and nearby families. During 2012-13, , more than 87,000 people were benefitted in these health centres. So far, SAIL has established 53 primary health centres, 7 RCH centres, 23 hospitals, 7 specialty hospitals. IOL, in 2013, signed an MOU with Tata Medical Centre Trust (Kolkata) for the addition of 250 bed in a new building for cancer care which will have a well-trained professional staff and a comprehensive cancer car centre equipped with modern centre runs a 167 bed cancer hospital in Kolkata since May, 2011. Tata Steel has hospitals and clinics at Jamshedpur as well as at all its outstations. These include clinics at Gopalpur (Odisha) and Kalinganagar (Odisha) where the company is setting up operations. In 2013-14, the company set in motion the process of establishing two large hospitals - a 500 - bedded hospital at Gopalpur, Ganjam, near its rehabilitation colony and 200 – bedded at Kalinganagar. These are to be set up in collaboration with Medical. The Reliance HIV & TB contact centre at Hazira has catered to more than 78,000 patients, out of which more than 2900 HIV positive patients have been enrolled under clinical monitoring and more than 525 patients have received DOT therapy for TB. 32 – bedded community care centre and Reliance AIDS care hospital at Hazira has catered to more than 3150 patients. Public Health Centres (PHCs) are provided at Hadimoga (30 – bedded). PHCs at Dahej catered to community needs covering 23 nearly villages under the National Rural Health Mission programmes. DhirubaiAMbani Hospital (RIL) at Lodhivali provides free medical care to trauma victims of Road Traffic accidents. During 2012-13, 56 RTA patients were provided with free medicines. In Feb 2013, 144 patients were operated for cataract in a surgery camp conducted with the help of Lions Club, Mumbai and Khopoli. **BHEL in partnership with an NGO named 'Sare & Enthusiast volunteers Association of Calcutta' provided financial assistance for setting up of one block of a model**

mental hospital - cum - rehabilitation centre for persons suffering with mental illness in Kolkata. 500 persons were benefitted.

Other Health Supports:

Many companies provide health support to the beneficiaries on specific or piecemeal basis. Although it is not possible to record all such health supports, name of the more important ones are mentioned below: Maruti donated 4 EE10 Ambulances to the civil hospital in Gurgaon. During 2013-14, a total of 2785 medical emergencies were attended. Maruti undertook an anti-Dengue and anti-Malaria awareness campaign in partnership with Government Health Department. The campaign covered 79,210 household in 2013-14. Tata Steel in partnership with Hewlett Packard set up an E-health centre at Bagbera in Jamshedpur (2013-14). Doctors sitting at a different location cater to patients using real time technology. On **the occasion of International Women's Day, 2013,the Relianc**e Foundation launched a menstrual hygiene programmes in Kheda district, Gujarat by working with village based volunteers. It covered women folk of 850 villages in Anand and Kheda districts of Gujarat. In May 2012, BHEL launched its unique CSR initiative for eradication of corneal blindness through eye donation. During 2013-14, NTPC organized 1200 medical health check-up camps and 365 eye camps and performed about 2000 surgeries.

Education initiatives:

Education initiatives also feature in the top priority list of CSR initiatives of the companies. Most of these initiatives are in the form of financial assistance to educational institutions and scholarships and awards to students. In comparison to health initiatives, the long-term projects on Education are less.

Project Utkarsh (GAIL): aims to provide financial help to brilliant students for educational express, residential coaching/intensive mentoring for professional studies. 300 beneficiaries so far are benefitted in this project. In the year 2013-14, 100 students were enrolled under this project.

Project Padho and Badho (GAIL): Set up in 2009, under which 250 non-formal education centres have been functioning in slums of Delhi covering over 26,000 out of school slum

children. In the year 2013-14, aimed on improving access, quality and retention of 10,000 students.

Project Science on Wheels (L&T) : A project that brings hands-on science education to the rural masses. In the year 2012, the laboratory traversed the state of Gujarat visiting 41 schools and enriching over 13,500 students.

Project Shikshak Datkshyata Vikas Abhiyan (IOC): The program aims to improve soft skills of government school teachers, in collaboration with the district education department of Govt. of Assam. In the year 2013-14, 121 teachers from schools covering 42 villages in and around Digboi were trained under the program. So far 182 teachers have been trained under this project.

The Satya Bharti School Programme (Airtel): **Airtel's the Satya** Bharti School programme was launched in 2006. Under this programmes (2012-13), 254 Satya Bharti Schools in India Where set up, 39534 students were enrolled in schools of which 49% are girl students. An investment of Rs 1,442.94 million was invested in schools and young people were engaged as teachers. In partnership with the State Government, under this programmes, 45 Satya Bharti learning centres are established in govt. schools in Jodhpur, Rajasthan, to provide bridge courses to out of school children to induct them into mainstream govt. schools (according to age-appropriate classes). These courses have 1134 out of school children in their roll.

The Reliance Dhirubai Ambani Protsahan Scheme (RIL):provides learning opportunities to meritorious students who performed well in SSC (State level) examination, arranges admission to intermediate courses in leading residential colleges, and provides them free education. So far, 1134 students are benefitted.

Project Lifting every voice of Children (BHEL): provides quality education to children belonging to under privileged/weaker economic sections of the society. 300 children living in settlement colonies of Delhi are taken in the project through 10 integrated learning centres. The children are provided with mid-day meals.

Scholarships and Awards:

The companies help the needy students with scholarships and awards. Some of the important **one's are mentioned below.** GAIL Charitable and Education Trust, set up in 2009, awards

scholarships to meritorious poor students. In 2013-14, it has spent Rs. 4 crores to award scholarships to students to pursue their engineering degree.Indian Oil Education Scholarship scheme awards each year 50 scholarships on merit – cum – mean basis to SC/ST students pursuing full time graduate courses in engineering/medical and post-graduate courses in business administration/management. 2600 scholarships are awarded on merit – cum – means basis to students pursuing full time courses in 10+/ITI engineering , medical and business administration from the families with less than 1 lakh gross annual income. 50% of the scholarships are reserved for SC/ST/OBC students of which 25% for girl students, 10% for persons with disabilities. Of the total number of scholarships, 300 are meant for engineering, 200 for medical, 100 for business administration and 2000 for students pursuing 10+/ITI courses. Maruti has instituted Academic Excellence Award for students securing top three positions in 10th and 12th standard examinations. Jyoti Fellowships (Tata Steel) are given to nearly 3000 meritorious students from the SC/ST communities across Jharkhand, Chhattisgarh and Odisha. Tata Steel has established 9 pre-primary centres in its R&R colonies. These centres benefitted 487 children during 2013-14. Admission to residential schools was facilitated for 148 children and scholarships granted to 15 children for higher education. Total number of scholarships awarded to displaced persons since 2007-08 amounted to 103. TCS contributed Rs. 3,50,000 towards 5 scholarships during 2012-13 through the Foundation for Academic Excellence to help SC/ST students pursuing professional courses. Dhirubai Ambani Foundation (RIL) has two scholarship schools i.e.; i) Dhirubai Ambani Undergraduate Scholarship Scheme and ii) Dhirubai Ambani SSC Matric Award Scheme which are in implementation in Maharashtra, Goa, Gujarat, Daman Diu and Dadra Nagar Haveli. The Foundation has also a special scheme that provides assistance to the physically challenged students to pursue graduate courses. The scheme has benefitted about 10,000 students of whom about 2,000 students are physically challenged. Foundation for Academic Excellence and Access of BHEL has education scholarship programme providing scholarships to 150 BPL candidates (2013-14). NALCO has shouldered the responsibility of sponsoring 655 students from 16 periphery villages of Damanjodi Sector (Odisha), during 2014-15 , for formal education in 3 residential schools: i) Kalinga Institute of Social Sciences, Bhubaneswar, ii) Koraput Development Foundation, Koraput, and iii)

BikashVidyalaya, Koraput. The total costs related to study, lodging and boarding of these students till they complete schooling are borne by the company.

Financial supports:

Almost all companies provide financial support to educational institutions for infrastructure development, setting up of libraries and laboratories, etc. as part of their educational initiatives. .ABNL directs its educational initiatives towards creation and support of Balwadin, Aditya Bal Vidya Mandir, Girl child education and non-formal education. L&T recreated a 60-year old school in Chennai and a 128-year old girl school in Sriperumbudur, Tamil Nadu. L&T created a science laboratory in Visakhapatnam, a library for students at Bangalore, multipurpose hall at Ahmednagar and renovated a science laboratory at Pune.7 special schools (KalyanVidyalaya) were established by SAIL in 5 Steel plants for under privileged students. In these schools free education, mid-day meals, uniforms including shoes, text books, stationary items, school bags etc. are provided to more than 1500 students. SAIL is providing mid-day meals to more than 22,000 students in different schools in Bhilai everyday through Akshya Patra Foundation which is being replicated at other locations too. The Central Kitchen instituted by Tata Steel at Jamshedpur provides nutritive and hygienic mid-day meals to about 50,000 students of Govt. schools in Purbi Singhbhum and Seraikella – Kharsawan districts of Jharkhand. The company also linked 200 urdu privileged drop-out girls to formal schools after putting them through a nine month bridge course at its camp schools in Noamundi and Pipla. More than 15,000 women were made functionally literate. Tata Steel provided Rs. 3.39 crore to Xavier Institute for Tribal Education (XITE), Gamharia; the final installment was given in the year 2013-14. Other financial assistance are,

i) Rs. 1 crore to DBMS English Medium school at Jamshedpur, ii) Rs. 2.37 crore to ST. Xavier High school, Lupungutu in Chaibasa.Tata Steel facilitates the setting up of non-formal schools to link tribal children to formal schools. In 2013-14, it enabled 21 tribal children at Bomnipal to move from non-formal schools to Govt. schools. NTPC provided financial assistance to different schools for various purposes. These schools are R.K. Mission schools, New Delhi; Sadhana Vidyalaya, Ramnagar district, Karnataka; Shirdi Sai Baba school, Faridabad. NTPC has constructed 44 toilet blocks for girl students at village schools.

It is committed to construct more than 24,000 toilets in coming years in line with Swachh Bharat Mission.

Adult Literacy Programmes:

Since 2000, TCS's Adult Literacy programme has become a flagship programme of TCS

CSR reaching 1,93,625 beneficiaries. In 2013, it helped in making 11,125 people literate. 473 trainers were capacity built to conduct ALP programmes in Telugu, Hindi, Urdu, Odia and Marathi. During this year, 300 inmates at Tihar Jail, New Delhi have been made literate through this programme. The programme is conducted with the help of ALP software designed by TCS in different languages. TCS is imparting his programme in collaboration with GMR Vanalaxmi Foundation in Telugu in 5 centres of Andhra Pradesh viz. Kikinada, Vemagiri (for nursery workers), East Godavari (for adolescent girls including fisher folk), Srikakulam and Shamshabad. Agriculture and Social Development Society (ASDS) in implementing this programme in 5 villages. The main beneficiaries of this programme are GothikoyaAdivasis. 6 Engineering colleges of Andhra Pradesh have been covered with TCS conducting ALP orientation for nearly 700 student volunteers, faculty members and NSS volunteers. TCS has trained 210 master trainers identified by the concerned institutions.

Skill Development and Women Empowerment Initiatives:

Skill development and Women empowerment initiatives feature in the top priority list of CSR programmes of the companies. Since both the categories are interdependent, they are considered together in this sub section.

Project Swavalanubh (GAIL): The multi skill schools have been established by GAIL in Guna (Madhya Pradesh), Tandur (Andhra Pradesh) and Dedipada (Gujarat) implanting skill based training in retail, hospitality and facility management in rural youth along with placement support. In the year 2013-14, nearly 2700 youth have been provided training in various fields. In addition, self-employment opportunities have been made available to open 5000 women beneficiaries in trades like embroidery, stitching and tailoring at various locations spread across Uttar Pradesh, Madhya Pradesh, Tamil Nadu and Delhi.

Project Shakti (HUL): The objective is to financially empower rural women and create livelihood opportunities for them. Around 70% of the Shakti Ammas are working in low Human Development Index (HDI < 0.51) districts. Shakti Entrepreneurs commonly referred to as Shakti Ammas are rural women appointed by the company, educated and trained by the rural promoter about the company products and their utility in day to day life in maintaining health and hygiene. After the training the Shakti Ammas receive the stock of the products at a much reduced price and sell them to consumers (through home to home selling) which provides their earning and makes them financially independent. A typical Shakti Amma earns around Rs. 1,000/- per month through selling the products. The company aims to increase the number of Shakti Ammas from 45,000 in 2010 to 75,000 in 2015.

Project Kishori (SAIL): a unique project ongoing in the peripheral villages of Rourkela (Odisha), which empowers adolescent girls and women, enhancing their sense of self-worth, making them aware of their rights to various opportunities and resources, right to control their own lives and their ability to bring about the social change at the local as well as regional, national and international levels.

Project Udaan (TCS): a joint initiative by the National Skill Development Corporation (NSDC), Govt. of India and Special Industry Initiative to help Kashmiri youth join the mainstream of corporate India. Through this project, TCS endeavors to catalyze the Kashmiri youth connect with Indian Industry, coupled with polishing their skill, making them more employable.

Skill training centres/Institutes and other initiatives:

L&T has established 8 Skill Training Institutes since its inception in 1995 in Ahmedabad, Bangalore, Chennai, Cuttack, Delhi, Hyderabad, Kolkata and Mumbai which provide skill training as well as employment to the trainees at its project sites.In collaboration with NGOs, L&T provides vocational training to women (so far 4,470 women) across different trades. Through Project Uddyam, 150 underprivileged women were trained, 50% of them have been employed. Through Project Aadhaar, tailoring training was given to 70 women of Damka village, Gujarat (2012-13). **SAIL's vocational training and income generation trades include** agriculture, mushroom cultivation, goatery, poultry, fishery, piggery, achar/papad/agarbatti making, welder, fitter and electrician training, sewing and embroidery, smokeless challah making etc. SAIL instituted training centres for rural unemployed youth, Bhilai Ispat Kaushal

Kutir & Swayam Sidhha Project in Bhilai, Skill Development and Self Employment Training Institute in Durgapur, Garment Technical Training in Salem, JHARCRAFT centre in Bokaro and self-employment centre, KIRAN in Kiribunu one mines, Jharkhand. IOC has established Assam Oil School of Nursing in Digboi in 1986, which after professional nursing/midwifery/ 4-year Diploma courses to unemployed girls of the North East. All expenses of the students during the entire program are borne by the company. So far 334 students have successfully completed the course with 100% placement record. Maruti Suzuki Training Academy, established in 2012, originally meant for the employees, but later registered a vocational training provider with the State of Haryana under the Skill Development Initiative Scheme. Maruti is currently working with 85 ITIs spread across 21 states to upgrade automobile related trades, which benefitted over 5500 students. In the year 2013-14, Tata Steel trained 200 youth in various vocational trades at its operational sites, which included 27% from SC/ST communities. After the training, most of them were employed. In addition to the technical institutes established at Tamar in Jharkhand and Gopalpur in Odisha, Tata Steel established Samarath Skill Development Centre at Berhampur in Odishawith support of CMC Ltd. NHPC has adopted 13 ITIs (7 in Jammu & Kashmir, 4 in Uttrakhand, 3 in Arunachal Pradesh) through partnership mode as a part of its skill development initiatives. BHEL has conducted 2 programmes of cutting and tailoring, and 3 programmes of beauty culture for women in the year 2013-14 in the nearly villages of Jhansi. 250 women have benefitted from these programmes.

Livelihood and Infrastructure Development initiatives:

All the companies undertake livelihood and infrastructure development of different communities as part of their CSR initiatives. Most of these initiatives are specific or piecemeal initiatives, depending upon the specific local needs.

Happy homes: Asha Daan and Ankur (HUL): Asha Daan (set up in 1976), is a home in Mumbai for abandoned, challenging children, HIV-positive and destitute, over 400 infants, destitute men and women and HIV positive patients are taken care of in Asha Daan. Ankur (set up in 1993) is a centre for special education for otherwise challenged children at the Doom Dooma in Assam.

Model Steel Villages (SAIL): In order to bridge the gap between rural and urban areas and to provide comprehensive development of both physical and social infrastructure. 79 villages have b**een identified for developing these villages as 'Model Steel Villages' across the** country (in 8 states). The development activities undertaken in these villages include medical and health services, education, roads and connectively, sanitation community centres, livelihood generation, sports facilities etc.

GyanJyotiYojana for Birhor Tribe (SAIL): Bokaro Steel plant runs a project known as Gyan Jyoti to improve the conditions related to poverty, illiteracy and lack of socio-political awareness of Birhor community, a primitive tribal group (a tribe on the verge of extinction) in Jharkhand since 2001 under its CSR initiative.

ITC e-choupal: Recognizing the various challenges faced by the farmer, the ITC e-choupal was designed to provide a 360-degree intervention to trigger a virtuous cycle of higher farm productivity, higher income and enlarged capacity for farmer risk management. E-choupal covers 40,000 villages benefitting 4 million farmers.

Project ArhadGram: BHEL has supported the project in 25 villages of the backward district of Murger in Bihar with 4 objectives such as dairy development, bio-mass fuel, women health and hygiene, food processing and preservation.

Other infrastructure development initiatives:

SAIL has provided access to over 75 lakh people across 435 villages across the country since inception by constructing, repairing of roads and construction of foot cross over bridges. To empower farmers of Patamda, a market yard was set up in Jan, 2014 by Tata Steel to provide options to aggregate and market the agriculture produce at a fair price. Tata Steel supported about 800 Self Help Groups with 9700-plus women, predominantly from economically challenged families in 2013-14 assisting the women to set up small business units for handicrafts, vermi composting, tamarind cake and pickle making, mushroom cultivation etc.

Renewable energy, ecology and environmental initiatives

GAIL's environmental protection initiatives include, i) installation of solar lights in the

villages of Madhya Pradesh and Uttar Pradesh; ii) mobile veterinary service units in the North-East; iii) recycling of waste paper generation plant at Delhi. POWERGRID has

undertaken plantation of more than 2.5 lakh of saplings including more than one lakh sapling during 2012-13.Tata Steel created water harvesting and augmentation mechanisms under public private partnership and about 2300 solar street lights were installed during 2013-14 in villages in its operational areas in Jharkhand and Odisha.BHEL has undertaken a Project Adoption of 15 villages for sustainable use of rain water harvesting to enhance livelihood of poor small farmers in Bijawar block of Chhatarpur District (Madhya Pradesh).

Sanitation and safe drinking water initiatives

GAIL undertakes long-term initiatives on holistic village development in the states of UP and MP for construction of household toilets too improve local hygiene and sanitation practices. In 2013-14, it has undertaken a long-term integrated watershed management Project Jaldhara in the water scarce region of Jhabua, MP. To promote comprehensive water supply and sanitation, SAIL has undertaken a project in some of the peripheral villages named Chutiatula, Damerjore, Usha colony, Bariguri and Jagdishpur of Rourkela Steel Plant covering more than 620 households. Sanitation units, one each per household, comprising of a bathroom and a toilet with RCC root on partnership model. Supply of water through 3 tap points are given to each household. 20 community stand alone drinking water projects were implemented by IOC on cost-sharing basis near Guwahati for 1,211 subscribing households.Tata Steel has installed 400 hand pumps and 123 deep bone wells in Jamshedpur and mining locations in Jharkhand and Odisha. To recharge the receding ground water table, 12 roof top rainwater harvesting projects have been complemented at several locations in the operational areas, six of these are in Jamshedpur.

Special Initiatives

ABNL proactively advocates and supports Dowry less marriage, widow marriage, awareness programmes on anti-social issues, de-addition campaigns and programmes.In 2012, HUL entered into a public – private partnership with Maharashtra Government for sustainable sourcing of tomatoes locally. For this project the Govt. of Maharashtra in 2013 registered over 1600 farmers who cultivated tomatoes on over 2000 acres. IOC released Rs. 20 crores as one-time grant to Below Poverty Line (BPL) families in rural areas for release of new LPG connections under Rajiv Gandhi Grameen LPG Vitarak Yojana. About 2.4 lakh BPL

connections were released during the year 2013-14 as a part of CSR initiative. Tata Steel Parivar, created to look into the displacement and post-displacement resettlement issues of Tata Steel, targeted to shift 1234 families in its operational areas of which 1011 were shifted as on July 1, 2014. The mature of settlement includes,

Temporary shed allowance received	- 956 families
Plots in the R&R colony	- 880 families
Self rehabilitation opted	- 56 families
House building allowance received	- 932 families
Tata Steel Parivar card issued	- 283 families

Under this scheme Tata Steel offers employment to one member of a displaced family. 269 persons were employed during 2013-14. 170 families opted to receive cash in lieu of employment.

Sports Initiatives

RIL instituted IMG – Reliance scholarship which provides full time training and coaching to 29 aspirants from the fields of Tennis, Basketball and Football. SAIL has established 6 sports academies in the townships to encourage the local talents in the fields of sports, art and culture.

Ethnicity and heritage conservation

In the year 2013-14, about 10,000 youths were enrolled at 237 language centres in and around Jamshedpur, more than 3500 tribal youth participated in the tribal sports tournaments organized at villages and schools to promote tribal sports like Kati and Sekkor and about 80 tribal students took to playing traditional musical instruments like Bonam. In the year 2013-14, NTPC signed MOU with Archaeological Survey of India and National Cultural Fund in order to provide financial support for preservation and conservation of 3 monuments:

i) Mandu (MP) ii) Excavated sites at Vikramshila (Bihar) and iii) Lalitgiri and Dhauli (Odisha).

Prime Minister's National Relief Fund

In the year 2013-**14, IOC contributed Rs. 2 crore to Chief Minister's Relief Fund,** Uttarakhand towards flood relief. It has also contributed Rs. 1 crore to Chi**ef Minister's** Relief Fund, Odisha, towards cyclone affected areas. In the year 2013-14, IOC donated Rs. 2 **crore to Chief Minister's Relief Fund of Uttarakhand and provided relief to people affected** by flood in Ganges in the Uttarakhand region.

The above discussed report on the CSR practices of both the public and private undertakings in India reveals that all the companies attempt to implement their CSR practices more or less in line with the recommendation of the Companies Act, 2013. As required, most of the companies has constituted a CSR committee which is responsible for formulating its CSR policy for the company during the financial year and after completion of CSR activities, report its projects/initiatives, detailed expenditure and mode of operation in the **company's website or annual report or year's sustainability report.**

Besides the long-term projects/initiatives undertaken by the companies, they incur expenditure on specific activities depending upon the local requirements on piecemeal basis. Since the CSR activities of the companies are dependent on the size of the company, total expenditure per fiscal year and the need of the locality or community to be served, a **comparison of the company's CSR activities** in a particular year is not possible with those of the other companies on the same year. However, when looked from an overall viewpoint the
company's CSR activities during a specified period (i.e., more than one fiscal year) can be roughly assessed. It has become difficult to analyze the details of the particular CSR activities undertaken by the companies along with the expenditure incurred by them on those activities, because many of them (except few PSUs) do not declare the same in their websites or sustainability reports. They briefly mention their thrust areas as outlined in Schedule VII of the companies Act, 2013. As per requirement of the Act, they should have provided the details of the CSR activities undertaken during the financial year. Therefore, the CSR activities of the companies for two to three years are to be compared to get an overall view of the activities of the company, which has been done in this chapter (i.e., FY 2011-12, FY 2012-13 and FY 2013-14). It is noted that during the assessed years the companies

concentrated their CSR activities on problems related to health, education, skill development and livelihood enhancement while other prominent thrust areas are safe drinking water and sanitation, infrastructure development and women empowerment.

When seen individually, 7 PSUs namely, i) Bharat Heavy Electrical Limited, ii) GAIL (India) Ltd., iii) Indian Oil Corporation, iv) National Thermal Power Corporation Limited,

vi) Power grid corporation of India and vii) Steel Authority of India Limited report their CSR projects/initiatives elaborately with occasional mentioning of the expenditure incurred. Among the private undertakings 5 of them namely, i) Hindustan Unilever Limited, ii) Larsen and Toubno Limited, iii) Reliance Industries Limited, iv) Tata Steel Limited, and v) Tata consultancy services have provided elaborate reports of their CSR projects/initiatives.

As per requirement of the Act, 2013, the companies are to be assessed towards the impact of their CSR activities by a third party, but most of the corporate have not reported anything regarding this. ITC Limited is the only company is this survey that has reported the impact studies which were conducted in depth during 2013-14. There are few recommendations in the Schedule VII of the companies Act, 2013, which attracted less attention of the companies. Few of them are, i) setting up old age homes, day care centres and such other facilities of senior citizens, ii) protection of flora and fauna, iii) animal welfare, iv) measures for the benefit of armed forces veterans, war widows and their dependents. These areas of social importance remains neglected and companies have a major role to attend on these areas.

Corporate Citizenship Approach

Corporate citizenship theory is based on an institutional approach to corporate social responsibility (Jeorissen, 2004) and goes beyond philanthropy, requiring the organizations to be actively involved in the process of community development (Baxi and Chadha, 2005). Corporate citizenship connects business activity to broader accountability (Waddle, 2000). Application of corporate citizenship theory helps us to understand how the companies respond to social issues for community development through their CSR activities and thereby making sustainable business condition possible.

The objective of this chapter is to study the corporate citizenship approach of Tata Steel by examining the qualitative impact of various social projects undertaken by the company. The chapter focuses upon relative performance of the various units of sustainable services of Tata Steel in improving the economic conditions of the beneficiaries and the factors determining their performance. The CSR implemented programs towards community development activities of Tata Steel has been undertaken in the present study. The community initiatives are performed under three main divisions of sustainability activities: Tata Steel Rural Development Society; Tribal Cultural Society and Family Health Foundation. Only those projects or programmes implemented in the villages of Jharkhand and Odisha units of Tata Steel are considered here. However, Tata Steel has a clearly defined and well laid out social welfare policy. As a responsible corporate, Tata Steel promotes education, healthcare, rural livelihood and entrepreneurship in the villages of its operational units in the states of Jharkhand, Odisha and Chattisgarh.

Sources of Data

The study is based on data available for the financial year 2010-11 and 2011-2. By the year 2011-12, Tata Steel Rural Development Society (TSRDS), which is the primary unit of corporate social responsibility activities of Tata Steel, had completed 25 years of establishment. The study is based on both primary and secondary data. The primary data are collected from purposively selected villages of Jamshedpur district of Jharkhand. A interview schedule was prepared to collect information from villages regarding several developmental

schemes implemented by Tata Steel in targeted villages. The rural development programmes in these villages are implemented through partnership by Tata Steel and the government and the beneficiary households either adopted the schemes of either Tata Steel or the government or both. On an average, beneficiaries of the villages from each unit of Tata sustainable services such as livelihood support schemes, healthcare support schemes and empowerment support schemes were personally interviewed to access the qualitative impact of various welfare schemes implemented by Tata Steel.

Regarding the secondary data, information were collected from the records available with the project leaders and heads of the village development committees. The village development committees were created by various welfare project leaders of Tata Sustainable services for successful implementation and monitoring of respective welfare schemes. Some data were also collected from the records of the concerned department and annual reports of the respective units of Tata Sustainability Services.

Tata Sustainability Services

Tata Steel approach to fostering socio economic change has evolved over the years from the **company being a 'provider' for society in the early years, when it supported the community in meeting its overall needs both for sustenance and development, and now to an 'enabler'** where the focus is to build community capacity. The efforts are channelize through the training programmes, engaging the community as partners of project implementation, building the capacity of community to implement programmes, helping to establish linkages with different agencies for development programmes to be implemented at the village level, focusing on providing technical support rather than providing aid.

Based on critical evaluation of its activities, customer feedback, individual surveys and interaction with the stakeholders in 2009-10, Tata Steel realized that its community **interventions were thinly spread due to its earlier role of a 'provider'. There was no visible** impact on rural household incomes across locations and its resources were not being optimized. To fill this gap, Tata Steel developed a new CSR agenda and re-strategized its

priorities and identified key interventions. The corporate sustainability services and their initiatives are provided in Table 5.

Table 5. Corporate Sustainability Services and the initiatives of Tata Steel

Corporate Sustainability Services	Initiatives	Activity
Rural	Sustainable livelihood	Empowerment-SHGs
		Environment
Tribal	Ethnicity & Education	Promotion and Preservation of Ethnic Identity
		Promotion of Rural Enterprises
		Education
Urban	Model Bustee & Vocational Training	Vocational Training
		Youth Dev/Sports
		Volunteerism
Family health	Preventive, Promotive and Curative Health Care	Mother & Child Health
		HIV / AIDS
		Communicable Diseases

The areas of impact and key interventions are provided in Table 6.

Table 6. Areas of impact and key interventions

Areas of impact	Key interventions
Sustainable Livelihood	Focused approach in agricultural interventions
Empowerment	Vocational training for employability
Health	Focused approach on Maternal & Infant Survival Projects and HIV/AIDS interventions by engaging the communities
Education	Providing scholarships to underprivileged children for higher education and assuring 100% literacy in focused villages
Preservation and Promotion of Tribal Culture	Empowering diminishing tribes by promoting Rural Enterprise and Promotion of tribal dance and sports
Environment	Addressing environmental concerns through renewable energy and plantation
Promotion of sports in the community	Linkages through village and bustee sports, feeder centres and academies

In 2002, Tata group of companies adopted CSR process and acted upon the Triple Bottom Line Report (2011-2012). The 16 major companies of Tata Group have incorporated the GRI guidelines and principles to account for their progress on the economic, environmental and social dimensions of their activities, products and services. The concept of triple bottom line assisted the companies to move into a multiple goal domain which attempt to move beyond the attainment of financial goals. By implementing social accounting 8000 or AC 8000, Tata Steel looks into child labour, forced labour, health and safety, freedom of association, rights to collective bargaining, discrimination, discipline, working hours and compensation. Table 5.3 shows the investment of Tata Steel for its social welfare purpose during the years from 2004 to 2010.

Table 7. Social Welfare investment of Tata Steel from 2004 to 2010

Years	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Investment in millions	420	636	786	960	770	933

Source: Tata Steel Rural Development Society Jharkhand Unit.

The expenditure in millions influenced by the Tata Steel towards its society sustainable development programmes and donations during the year 2007-08 and 2008-09 are depicted in Fig 4.

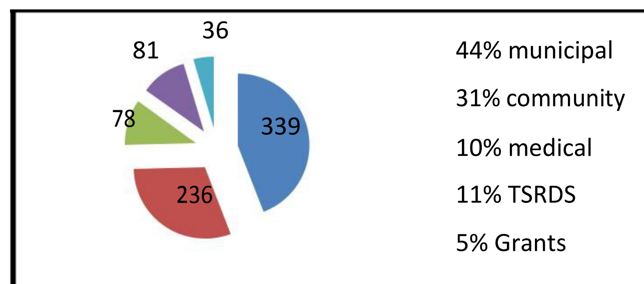


Fig 4. Proportion of donations by Tata Steel for society sustainable development

Tata Council for Community Initiative

Tata council for community initiative (TCCI), established in 1994, is a unique initiative that **lends structure to the Tata group's approach of sustainable development while deriving its** community engagement and improving programs. It is a centrally administered agency whose purpose is to help Tata companies and employees engage in developing the communities through specific processes. TCCI also helps the company address sustainability reporting as per guidelines set by the Global Reporting Initiative (GRI). It is the focal point for UN Global Compact in India which has 42 Tata companies as signature, the highest in the world from a single business group. In collaboration with the United Nations Development Programme, TCCI has crafted the Tata Index for Sustainable Human Development, a pioneering effort aimed at directing, measuring and enhancing the community work that Tata enterprises undertake. The index provides guideline for Tata companies to fulfill social responsibilities

Tata Steel Rural Development Society

Tata Steel Rural Development Society (TSRDS) established in 1979, is involved in various **social development programmes for the rural community located around Tata Steel's** operational units. Prior to its establishment, Tata Steel community initiatives were conducted through its rural and community services division. TSRDS covered 32 villages around Jamshedpur in its first year of operation. But today the society has seven separate units, six in its operational areas and covers 600 villages in the state of Jharkhand and Odisha. The three most important interventions of TSRDS include 1) Sustainable livelihood focusing in agricultural development, employability training, enterprise development through SHG**'s.** 2) Community Health and Hygiene focusing on preventive and curative Interventions. 3) Educations with properties of Campus school, non-formal education, financial support to students for continuing education and adult literacy programme. The expenditure incurred by TSRDS for different interventions of the year 2009-10 and 2010-11 are provided in Table 8.

Table 8. Expenditure of TSRDS for different interventions for the years 2009-10 and 2010-11 (in Rupees)

Years	Income generation	Health and Hygiene	Empowerment	Employability
2009-10	4,699,008	12,005,338	4,900,049	6,073,929
2010-11	7,743,635	20,318,993	5,286,166	5,883,932

All figures in Rupees .Source: TSRDS office records.

Sustainable Livelihood

The communities where Tata Steel Rural Development Society (TSRDS) operates have for a hundred years viewed Tata Steel as the primary source of employment because it was the first large scale private sector industry to be established in the region. Industrial growth in the region has not kept pace with the growth in demand for employment. With operations across industries now becoming increasingly technologically intensive, the rate of growth in demand for unskilled and semiskilled personnel is falling. Therefore, it is imperative that sustainable livelihood opportunities based on available natural capital and supported by skill development are to be created to improve the economic status of the people. The available capital of the people, particularly natural resource and human capital, offers three main sources of livelihood generation for the community in the operational areas of TRSDS : a.) Traditional agriculture as industrial development is limited, b.) Employability skills for better employment opportunities, c.) Engagement in small scale enterprises primarily petty traders, vegetable marketing or any other rural enterprises.

Agricultural Development

Farmers in Jharkhand and Odisha primarily depend on rain-fed subsistence agriculture. Lack of knowledge on existing methods that improve agricultural productivity, dependence on mono crops, lack of cooperative initiatives within villages to utilize existing water resources and almost no access to agriculture extension services has severely constrained the ability of the farmers in these states to improve productivity.

To develop agriculture as an enterprise and dissuade subsistence farming in the region, TSRDS constantly endeavors to bring about a shift in the mindset of the community in its

operational villages. It accelerates this process by making available to farmers across its operational villages the means for effecting improvements in agricultural productivity. TSRDS supports the farmers by providing them with good quality seeds and fertilizers. It collaborates with International Crop Research Institute for Semi Arid Tropics (ICRISAT) to offer technical know-how on dry land crops to the farmers. TSRDS periodically taps the State Agricultural Universities of Odisha and Jharkhand for scientific support and extension service for improvement in the productivity of paddy crops and other seasonal vegetables. The thrust area of activity of TRSDS, now is water management through the development and improvement of water bodies in villages and community based water management groups. The principle beneficiaries of the interventions undertaken by TSRDS are Below Poverty Line (BPL) families. Therefore the distribution of seeds, pumps sets and other amenities is determined through a base line survey and the secondary land records data.

Agriculture Development Indicators

Various interventions of TSRDS indicate the developments in the agricultural sector during the years. Increase in the productivity of agriculture crops: Training and improvements in the quality of inputs led to an increase in the area covered by the Kharif paddy crops which peaked in the year 2009-10. For example, in the operational area under the Noamundi units **of TSRDS, located in the vicinity of Tata Steel's Iron Ore Mines, systematic training and** supply of quality inputs to farmers has led to 700 acres being covered by the Kharif paddy crop, from 250 acres covered earlier. This has benefited as many as 400 farmers. In selected locations of Odisha and Jharkhand, where TSRDS has been focusing on improving paddy productivity in the past years, the yield has touched 12 tons/acres.

Development of water bodies to increase the cropping intensity through second and third crops: Since the irrigation coverage is limited in Jharkhand and Odisha (9% and 12% of cultivable land respectively) the farmers depend mostly on the rainfall which is erratic during the years. TSRDS focuses on developing local water bodies with sufficient surface water storage capacity to irrigate crops during times of stress. Waste land development with horticulture crops: Developing the waste land into cultivable and remunerative is a powerful means to address the issues of poverty and sustainable livelihood. The primary objective of

the Wasteland Development Programme (WDP) of TSRDS is to arrest and conserve rainwater runoff, control soil erosion, improve the green cover and productivity of land so as to provide viable land use options for degraded marginal lands, promotion of horticulture plantations on this land offers sustainable livelihood opportunities to poor farmers. A five year WDP was initiated by TSRDS in the year 2005-06 across the East Singhbhum district of Jharkhand under the National Horticulture Mission. At the end of the five year tenure, in 2010-11, more than 12000 acres was covered by cashew and mango plantation, benefitting around 4300 households from 129 villages.

Collaborative project for optimum utilization of natural land: TSRDS collaborates with government agencies, donor agencies and the community to improve conservation and ensure optimum utilization of village natural resource like land and water, encourage a shift from the mono crop to multi crop system, increase crop productivity as well as promote income generation and allied activities like pisciculture, duckery and goatery. Dry Land Farming in collaboration with ICRISAT: TSRDS initiated a pilot project in collaboration with ICRISAT, Hyderabad with an objective to increase the agricultural productivity of the region under its operational area. While the target set for 2011 was 250 acres under dry land crops, principally chick pea, pigeon pea, green gram etc, about 80 acres could be covered due to deficient of rainfall.

Irrigation facilities for improving cropping intensity and productivity: To increase the irrigation potential areas a number of initiatives were taken by TSRDS in 2010-11. The ponds and other and other irrigation structure developed by it helped create on irrigation potential of around 850 acres benefitting more than 1000 farmers in different locations.

Capacity building programmes for farmer: A number of capacity building programmes were organized across all locations of TSRDS to improve agriculture practices and strengthen the existing skills of farmers. Officials of TSRDS across all its locations collaborate to develop these training programmes by pooling their knowledge and understanding. TSRDS established a demonstration-cum-training center at Kolebira for the farmer, where trials for different crops are conducted under matching agro climatic conditions. In addition to crop

demonstration and training, classes are also conducted at this center for vocational training on basic computer skills, spoken English and sewing.

Jharkhand Tribal Development Project: In collaboration with Jharkhand Tribal Development Society, TSRDS has since 2006 been implementing the Jharkhand Tribal Development Project in the remote tribal dominated blocks at Tamar Block in Ranchi District and Arki Block in Khunti Dsitrict. The programme covers 14 villages with about 1550 households and a population of approximately 4800.

Employability Training

TSRDS has brought about positive engagement of youth through interventions aimed at mainstreaming youth into a formed education system and scholarship for higher education to prevent dropouts. Once educated, their employability potential is improved through skill based vocational training programmes to make youth employable and self reliant. Vocational training programmes infuse trade skill such as motor driving, welding, computer hardware and software, tailoring and handicrafts, security staff, air conditioner repair, BPO and the like. These trades have been selected based on the demand of the local market as well as career aspiration of the youth. In the past four years, 3899 youths have been trained, 30% of whom were successfully employed in the organized sector while many have started their own business.

Employability training indicators

The employability training programmes on TSRDS focus on developing marketable skills among the community youth, women and other stakeholder groups such as local artisans, to bolster them with the ability to compete in the job market. Two important interventions are mentioned below.

Market oriented livelihood enhancement: The Jamadoba unit of TSRDS trained about 950 youths in 2010-11. In association with organization such as PTI Dhanbad and its own in-house resources, a total of 316 youths were given driving training. Subsequently, 50 youths became owners of light vehicles to be used as taxies under the SGSY scheme of the

Government. Youths trained on repair of mobiles, motor winding, catering and welding have formed groups and have started their own business.

Partnerships for vocational training: A training module has been designed to train youth in safety practices, so that they could be engaged by contractors as sight safety supervisors at **Tata Steel's Brownfield project and other Tata Companies. TSRDS** also collaborates with Tata Business Support Services to encourage rural youth to attend training modules offered by it to become call centre operators.

Enterprise Development through SHGs

TSRDS has adopted the Small Saving and Micro Enterprise route, to empower women and build their capacity to supplement their family income. It supports SHGs through all four levels of maturity, starting with the formation of the SHG; thrift/saving for six months; capacity building towards a chosen enterprise, and an income generation programme inclusive of marketing linkages to ensure sustainability of the enterprise. The experience of women over 737 SHGs and 9181 members has demonstrated that a collective spirit and group dynamics enhances their bargaining power, brings about behavioral change, creates informal structures of support and helps women make economic strides. The cumulative savings generated by the SHGs supported by TSRDS has now exceeded Rs.3.24 crores.

The Jamshedpur Unit of TSRDS alone supports 344 SHGs with a membership of 4017 and a fund size of more than Rs. 1.75 crores. Around 300 SHGs have received Rs.10,000 each as revolving funds the Block. Another 32 SHGs, benefited through the allocation of shops under the Public Distribution System. Training by th**e governmental organization "Dhrit" on** marketing issues was imparted to 23 SHG members during 2010-11. TSRDS supports SHG at all levels starting with the formation of SHG, saving and loan mobilization, income generation programme inclusive of marketing linkages to ensure sustainability of enterprise. It provides income generating activity through small business like pottery, poultry, mushroom cultivation, leaflet making, vegetable farming, Saura painting, phenyl making etc. Table 9 shows the number of SHG in TSRDS.

Table 9. Number of SHG's and membership in operational units of TSRDS

Operational Units	No of SHG	No of Members
Chhattisgarh	14	145
Gopalpur	27	383
Kalinganagar	18	207
Sukinda	16	229
Bamnipal	17	214
Joda	45	554
Noamundi	46	434
West Bokaro	138	2087
Jamadoba	19	194
Jamshedpur	344	4017
Ranchi	53	717

The largest operational units of TSRDS is the Jamshedpur unit which supports 344 SHGs with a membership of 4017 and a fund size of more than Rs 1.75 crores. Around 300 SHGs have received RS 10,000 each as revolving funds. Another 32 SHGs were benefitted through the allocation of shops under the Public Distribution System and training by the governmental organization, Dhrit, on marketing issues was imparted to the members of 23 SHG during 2010-11.

Community Health and Hygiene

TRSDS addresses the healthcare at three levels: Promotive health care which includes healthcare for mother and child, AIDs awareness, health awareness and education, adolescent reproductive health care. Curative healthcare includes clinical outreach units, village health providers, health camps, eye camps, DOTS, Cleft lip and Cleft palate procedure. Preventive health care includes immunization, sanitation, safe drinking water, protection against sexually transmitted diseases. TSRDS delivers its heath care interventions in villages **surrounding Tata Steel's operations** in Jharkhand, Odisha and Chhattisgarh. The focus of the interventions is on primary health care, maternal and child health; preventive, promotive, curative and rehabilitative health services and on safe drinking water and sanitation. TSRDS also partner with local government agencies in implementing health care programmes of central and state government, including the National Rural Health Mission (NRHM). In line with the Millennium Development Goals, TSRDS also focus on improving maternal health, reducing child mortality and combating HIV/AIDS, malaria and other diseases. Preventive

health measures along with the number of cases during the years 2010-11 are provided in the Table 10.

Table 10. Preventive Health Measure initiatives and number of beneficiaries during 2010-11

Measures	Initiatives	No. of beneficiaries (Impact) Years	
	Measures Treatment	2010	2011
Preventive	Primary Health Care	1,74,348	1,72,177
	Immunization	8444	6609
	Antenatal Child Care	9121	8820
	HIV Awareness Programmes	1170	1173
Curative	Lifeline express	910	538
	Eye care services	1669	1748
	Malaria Control villages	82	244
	Tuberculosis control	631	401
	Reconstructive surgery	209	305

Source: TSRDS office

Health programmes through TSRDS has benefitted 0.4 million people. Zero maternal mortality and infant mortality along with 100% immunization of children at Kalinganagar in Odisha has been reported. Different health interventions and the number of cases in each case in the years 2008 to 2011 are provided in Table 11.

Table 11. Health interventions and the number of beneficiaries between 2008 and 2011

Interventions	No. of beneficiaries		
	2008-09	**2009-10**	**2010-11**
Antenatal Care (Mother Health)	6847	9121	8820
Immunization (Child Health)	5049	8444	6609
Primary Health Care (General Cases)	1,54,186	1,74,368	1,72,177
Blood Donation Camp	1438	2370	2490
Couple Protected and Spacing Methods	6115	6380	2162

Preventive Healthcare Services

TSRDS has found village healthcare committee (VHCs) in each targeted village for the women beneficiaries. The VHC, then select a village health worker (VHW), who becomes the village level healthcare provider. Auxiliary Nurse Midwife (ANW) and Traditional Birth Attendant are trained by TSRDS to update their skills and basic healthcare knowhow , such as for antenatal care, safe delivery, postnatal care need for child immunization and **monitoring of child growth. About 75% of India's health infrastructure and other health** resources are concentrated in urban areas where only 27% of its population resides. There has been a steady increase in the number of medical establishments in the country, especially **under the National Rural Health Mission (NRHM). However India's allocation of its GDP to** health care falls well short of the five-six percent required for socio-economic development, leaving a severe shortage of Sub-Centres, Primary Health Centres, and Community Health Centres in rural areas because of limited public spending on Health Care.

The cost of health care is an enormous burden on the average Indian, even forcing into indebtedness. Contagious, infectious and waterborne diseases such as diarrhea, malaria, tuberculosis, whooping cough or respiratory infections, dominate the morbidity pattern in rural areas. However, Non-Communicable Disease, such as cancer, blindness, HIV/AIDS, etc, have seen a rapid rise and now account for nearly half of all deaths in India. The productive years lost due to Non-Communicable Diseases is expected to rise. Table 12 provides information on the projects undertaken by TSRDS.

Table 12. Projects and programmes undertaken by TSRDS

Project	Vision	Objective	Impacts
MANSI	167 villages in Kharsawan district of Jharkhand.	To reduce maternal and child mortality and morbidity	It helps in community capacity building by formation of community based operating partners at multiple level
AASTHA	8 villages in Gopalpur of Odisha	Improve health status of rural poor by providing them primary health care services, delivering reproductive and child health services	It has benefitted 25800 people from 4600 households. It has benefitted 4200 eligible couple directly.
RISHTA	305 villages	To improve the sexual and	13000 people have been

	Kharsawan district of Jharkhand	reproductive health along with adolescent wellbeing.	benefited by periodic health camps.
KAVACH	In Jamshedpur at Jharkhand	To create awareness of HIV along with floating truckers population.	14,450 patients are treated. STI management been done.
SAATHI	20 districts in Odisha	To set up a 10 bed community care centre for people living with HIV/AIDS.	1460patients have been benefited by treatment and counseling.

Mahapatra and Aruna, (2012)

A description of the various projects are:

Project MANSI – Maternal and Infant Survival Project. Started in the last quarter of 2009-10 and covering 167 villages of Seraikela and Kharsawan District of Jharkhand, the objective of this project is to reduce maternal and child mortality and morbidity. Significant achievements under project MANSI are that, Firstly Community Capacity building which led to the identification and formation of Community Based Operating Partners (CBOP) at multiple levels is done. In 167 project villages a total of 126 CBOPs are rejuvenated or formed in association with Anganwadi workers; Secondly, Behavior Change Communication (BCC) or Information Education Communication (IEC) activities through vehicles such as Nukkad, Natakas and Chauu dances were undertaken at 31 sites in the project areas; Thirdly, Mobile clinics are launched at 20 sites to provide antenatal and post natal services once in a month in **the villages, Lastly, ensure that beneficiaries adhere to the government of India's** immunization schedule to prevent six diseases that pose a threat to life such as Tuberculosis, Poliomyelitis, Diphtheria, Tetanus, Whooping cough and measles.

Project AASTHA for better reproductive and child care. The objective of the project AASTHA are to improve the health status of the rural poor in eight villages of four Panchayat under Hinjilicut Block (Odisha) by providing quality Primary Health Care Services and delivering Reproductive and Child Health (RCH) services in order to achieve population stabilization. Subsequently, ASTHA-2 project was also completed in March 2011. Project RISHTA is a **project on Adolescent's Reproductive and Sexual Health, which** entered in its second phase in September 2007, is being implemented in 305 villages of six blocks of Seraikela-Kharsawan district of Jharkhand in collaboration with seven partner

NGOs. It operates through community initiatives; institution led interventions such as health check-ups, vocational training, quiz, sports and speech competition; periodic health camps; and outdoor leadership programme.

Project Kavach targets high risk communities. A joint venture in collaboration with Transport Corporation of Indi Foundation (TCIF) is being implemented in Jamshedpur with an objective to minimize the incidence of transmitting infections and other communicable diseases including HIV/AIDS.

Project SAATHI operative at Ganjam (Odisha) is rated the 14th most vulnerable district in India for HIV/AIDS. The TSRDS unit at Gopalpur has set up a 10 bed Community Care **Centre' SAATHI" for people living with OSACS, Bhubaneswar. Operational s**ince 2006, it now renders services to 20 districts in Odisha. Since 2008 this project is implemented in collaboration with Catholic Bishop Conference of India. Till March 31, 2011, the SAATHI community Care Centre had benefitted the lives of 1400 patients through treatment and counseling.

Curative Interventions

The curative interventions implemented by TSRDS include Eye care services, Project SMILE, Awareness towards tuberculosis, Prevention and control of Malaria, Life line express reaching to remote villages and access to safe drinking water. The leading cause of global blindness, cataract presents an enormous problem in India and afflicts about 3.8 million people annually. TSRDS has made a reduction in preventable blindness and conducts eye surgeries in collaboration with Jamshedpur Eye hospital and other professional bodies in its areas of operation. The number of cataract surgeries conducted by TSRDS increased during the years such as 1336 (2007-8), 1543 (2008-09), 1669 (2009-10) and 1748 (2010-11).

TSRDS collaborates with Smile Train, USA on operation Smile, a project which has led to 3867 cases of Cleft Lips and Palates being successfully operated over the past few years. Tata Main Hospital, experienced specialists and volunteers from across the globe support the

project. In 2010-11, TSRDS organized a number of awareness camps to appraise the people to prevent and treat the disease Tuberculosis. In partnership with the government under Revised National Tuberculosis programme (RNTP), TSRDS helped 401 patients to be cured of the diseases, 33% of whom were Jamadoba, an area where the population is highly prone to the diseases. To prevent and control of Malaria., TSRDS provides simple preventive aids such as medicated mosquito nets, encourages the use of traditional practices such as use of smoke from need leaves, eliminating of breeding sites and stagnant water and aware the people to visit the doctor as soon as they experiences possible symptoms. In 2010-11, TSRDS covered 244 villages across the operational areas, especially where the incidence of disease is high. Lifeline Express (LLE) a unique concept, which comprises railway couches fully equipped with modern medical amenities including an operation theatre, caters to the medical needs of the people in inaccessible rural areas where medical services are not available. Highly skilled specialist offer on the spot diagnostic, medical and advanced surgical treatment to patients affected by orthopedic, ENT, Dental and Eye ailment as well as those born with special deformities such as Cleft Lips and Parates. In 2010-11, 538 cases of surgeries were conducted in the life line Express. By implementing rain water harvesting projects to help recharge the ground water table as well as use of the harvested water as both for drinking and irrigation in the field, TSRDS helps to reduce the diseases burden with safe drinking water. In 2010-11, a total of 150 new hand pumps were installed, 375 old hand pumps were repaired across its operational villages.

Education

TSRDS aggressively promotes rural education with a special focus on the girl child. TSRDS has initiated programmes which focus on improving the literacy rate of females, encouraging the learning habit among all children, improving the learning environment and offering financial support to meritorious students so that they do not drop out of school. The educational initiatives of TSRDS are 1) Camp Schools: The camp schools programme initiated by the Government of Jharkhand under the Sarbasikaha Abhiyan comprises part of the Jharkhand Education Project (JEP). IT aims at mainstreaming girls who have dropped out from schools. The camp school is residential institution where bridge courses are run to help the girls catch up with their age based educational requirement. In the last six years, 815 girls

have successfully completed their nine month bridge course. These girls are in the ages of 9 and 14, who have never been enrolled in any school or school dropouts. At the camp school, they undergo an intensive programme to complete the course curriculum up to class V so as to return to mainstream government school. At the same time they also gain awareness on their right to education, the appropriate age of marriage, along with the importance of learning vocational and behavioral skills.

Non formal education for children: The objective of the non formal education centre is to successfully develop literary and life skills in children, which prepares them to be enrolled in Government Schools. The Joda (Odisha) unit of TSRDS runs three centers at Guruda, Kamarjoda and Khondbond for under privileged and destitute children who are not able to access formal education. Financial Support to students for continued education: TSRDS provides financial support necessary to make education available to children of economically challenged families. 20 poor children from remote villages have been provided financial support by the Joda unit of TSRDS to study at AVS Kanisi, a residential school. The adult literacy programme: The TSRDS aims in making the women, who are members of the SHG functionally literate. Those who have benefitted from the adult education programme had gained in confidence and are increasingly becoming financially independent. During 2010-11 around 2555 women were made functionally literate, effectively a change in the way they manage their SHG meetings, their understanding of the government schemes available for economic development and their great interest in their education of their children.

High priority issues in different operational areas of TSRDS:

JAMADOBA

The operational areas of each of the units of TSRDS have unique requirement of need that require greater attention at the unit level. Based on periodic stakeholder surveys, articulated needs of the poor and inputs through stakeholder perception each unit of TSRDS has initiatives specific to its region while simultaneously matching its overall social strategy framework of Tata Steel and meeting the requirement of the community. Each unit of TSRDS furth**ers Tata Steel's social objective of "impacting a million lives by improving the** socio-**economic status of the community". They are engaged in all key areas of intervention:**

Education, Sustainable Livelihoods, Health, Civic Infrastructure, Ethnicity, Empowerment and Environment. The priority issues of the operational areas except those of Jamshedpur (Jharkhand) and Gopalpur (Odisha) are mentioned.

The Jamadoba unit of TSRDS focuses on the areas of Sustainable Livelihoods, Health and Empowerment. The operational area of the unit covers 33 villages. In 2010-11, the unit conducted a detailed mapping to understand the needs of the community, prioritized them and developed a plan for each village to address these areas of priority. Prior or its implementation, members of the Coordinating Community in each village validated the plan. A Healing Touch for the Differently Abled among countries where Leprosy is endemic, India recorded the highest number of new cases of the disease once again in 2010-11. It also recorded the highest number of the children newly detected with Leprosy. Disability caused by Leprosy has been found to been important cause for economic distress and social isolation **in the community across Tata Steel's Jharia leasehold area.** The inability to be a part of mainstream society because of the stigma associated with the disease causes those affected by it to face social isolation, including their confinement to a designated colony. Most of the families do not find productive avenues for employment because of attendant complications and social stigma, causing them to descend into an abyss of poverty. To eliminate this cause, the Jamadoba unit of TSRDS has, since 1982, proactively engaged in providing curative healthcare and initiating programmes for the social uplift to those affected by Leprosy. In **October 2009, it rolled out project "SPARSH" (The Healing Touch), aimed at impacting the** lives of victims of Leprosy.

Institutionalizing Health Care: Health care can both prevent and cure Leprosy, especially in underserved and marginalized communities most at risk from it, who often constitute the **poorest of the poor. Under Project "SPARSH" a Centre, supported by LEPRA SOCIETY (an** international NGO), was set up in collaboration with Tata Central Hospital, Jamadoba, to facilitate prevention and offer timely cure. The Centre has 173 registered patients who are provided treatment along with physiotherapy for their rehabilitation. Among them, 12 patients were selected for Reconstructive Surgery. The surgery for three patients was completed in 2010-11.

Protective care: The Centre supplies Micro-Cellular Rubber (MCR) footwear at no cost to patients with an aesthesia of the feet. This special footwear prevents foot ulcers in Leprosy patients, those with disabilities cause by it, and also in patients suffering from Lymphatic Filariasis. The footwear is made by a shoe technician trained in multi-cellular rubber. In 2010-11 the Centre distributed 2688 pairs of footwear to individuals left deformed by Leprosy in its peripheral villages as well as procured it for the Government of Jharkhand for supply throughout the State. 54 pairs were distributed to patients affected by Lymphatic Filariasis.

Physiotherapy and rehabilitation-–Disorders in the nervous and muscular system along with deformities in the body are complications associated with Leprosy. An experienced Physio-Coordination from LEPRA provides care to the persons with these problems. The Centre is also instrumental in counseling patients to overcome their trauma and identifying causes for reconstructive surgery. Building awareness and ensuring early detection- Early diagnosis and treatment of Leprosy is important to limit damage, prevent the spread of the disease, and allow the patient to have normal lifestyle. TSRDS uses an IEC van to generate mass awareness of Leprosy, Tuberculosis, Lymphatic Filariasis and HIV/AIDS across the entire district of Dhanbad. The Government of Jharkhand has provided a Mobile Health Van equipped with all medical facilities such as Pathological equipment, X-Ray machine and amenities for small surgeries. A trained Laboratory Technician and an ANM help serve the community at large.

Corporate Social Performance

<u>Sustainable Livelihoods</u>

Agriculture Development: with the intervention programs,15.6 tons of High Yielding Variety Paddy Seeds were distributed to 301 beneficiaries, 400 acres of farms brought under better paddy crops, 200 acres of cultivable land added under Rabi Crops, Better quality vegetable seeds provided to 120 beneficiaries, Five 2HP pump sets, four 3HP Pump, 16 Tulu Pumpsand 24 paddy threshers given to economically challenged farmers at a 15 percent subsidy, A 3000 feet long irrigation drain built to cover 16 villages and 2600 beneficiaries.

Waste mines water will be channelized to irrigate the farms, Three Lift irrigation Projects brought an additional 115 acres under cultivation benefitting around 80 farmers, 30 ponds were desilted benefitting 30 beneficiaries from 24 villages, 25 acres of wasteland was developed for demonstrating vegetables and other crops and Technical knowledge provide to 120 farmers in collaboration with Krishi Bigyan Kendra, Baliapur (A Government of India Enterprises).

Enterprise Development was encouraged through **support of 25 SHG's,**5 SHGs linked with various enterprises,1 SHG linked to a SHG federation under District Industrial Centre, Dhanbad, 30 ponds de-silted for fishery projects; 180 kg of Fish Fingerlings distributed among 150 beneficiaries covering 27 villages,Support extended for small income generation activities, including goats, poultry birds, ducks, small stalls, etc.

Employability training was given to 316 youth were trained to drive light vehicles, 50 youth **have been provided lamps for light vehicles under the Government's SGSY Scheme**,275 were given Computer Training 130 youth trained on welding, mobile repairing, electric wiring and motor winding,115 youth trained to repair electronics and home appliances,Training on sewing and designing given to 113 women

Health Initiatives

Preventive and curative services through mobile medical vans in 33 villages benefitted 2700 people, Health awareness on various diseases like HIV/AIDS, Tuberculosis and water borne disease cover 21000 beneficiaries, Creation and training of Village Resources to support identification and prevention of diseases, 1067 patients screened at Cataract Surgery Camps; 365 patients successfully operated, 132 patients treated at DOTs Centre under RNTCP; 62 patients were cured in 2010-11, Mass sensitization and awareness on HIV/AIDS in 2010-11, 74 tube wells made functional and drinking water provided to 27 villages, A 27000 feet sewerage drain constructed linking villages and two slums

Empowerment through Sports

30 Inter Villages Football Tournaments were conducted, Coaching Camp prior to National to Junior level Cycling and Athelics meets where Two cyclists won bronze medals in the National Games Cycling competition and the National Sub-Junior Archery competition, Four Football teams the Jharia leasehold area were selected to play at the district level, Four girls trained at Tata Feeder Centre are now representing the State in Archery

Infrastructure Development:

96 Infrastructure Development projects were implemented e.g. community sheds, drains, irrigation drains, sewerage drains and ponds and rains of school buildings.

NOAMUNDI

The 46 villages across three blocks that constitute the operational area of TSRDS in Noamundi have their own unique circumstances and environmental conditions. The district forms part of the southern fringe of the Chhotanagpur plateau where the topography includes hills alternated with plains, steep mountains, and deep forests on the economy slope. Agriculture is the main stay of the economy of the district. However, it only provides subsistence income, primarily because of the lack of irrigation and other limitations arising from lack of infrastructure.

Food Security and Economic Change through Agriculture Development- This region has seen unprecedented industrialization since the year 2000. Although industrialization has created wealth, the number of beneficiaries has remained very limited. The focus for the Noamundi unit of TSRDS is on agricultural development leading to greater food and economic security for the rural population within the operational villages. The impact of deficient rainfall over two consecutive years within the area has partially been offset by these efforts. The trust enjoyed by TSRDS has led to village leaders and opinion makers helping envision village development plans and the entire community contributing to the development process. Promoting inclusive growth: The potential for raising ouput with effective dissemination of existing technology has never been more urgent, both to enhance the productivity of the agriculture sector and to ensure inclusive growth.

Gaps and challenges in effecting growth – TSRDS focuses on improving the economic condition of the marginal farmers by creating the necessary basic infrastructure required for enhancing and sustaining improvements in agricultural productivity. The principal challenges it faces in achieving these objectives are lack of knowledge on improved agricultural practices and emerging technology, dependence on mono crops, the inability of farmers of forge cooperatives aimed at utilizing existing water resources and almost no access to agriculture extension services connecting on-going research with the beneficiaries. Farmer training: Through both village based and classroom training at the Kolebira Training Centre along with continuous inputs by the TSRDS field staff to the farmers, about 700 acres of farmland has been covered under the Kharif crops benefitting around 400 farmers and their households from an earlier coverage of around 250 acres. Tapping into the benefits of irrigation: With public investment in agriculture virtually absent, TSRDS has stepped in to provide basic irrigation amenities and develop Rainwater Harvesting structures. Farmers are continuously motivated to utilize the existing water bodies through small irrigation pumps. The creation of these water structures and use of other irrigation aids has enhanced the irrigation potential of the area and cropping intensity, bringing almost 150 acres of land under second and third crops. This effort has benefitted around 150 farmers and as many households.

Out come through Agriculture Development

700 acres of land covered under paddy crops and 150 acres of land brought under second and third crops, Irrigation coverage enhanced through the creation of three new ponds, distribution of 17 small irrigation pump sets, 25 spray machines and 100 water cans, 158 farm implementing gifted to farmers

Health Initiatives: 10000 patients treated through various interventions, 4000 people benefitted through the creation of new drinking water infrastructure, 671 low cost toilets constructed benefitting as many households from 11 villages.

Empowerment: 60 SHGs with a savings base of Rs.11,50,000 of 600 members supported

Environment: 1000 saplings planted.

~~Infrastructure Development:~~ Support towards the development of infrastructure such as school buildings, boundary walls, drains, club building and bathing places in 10 villages.

WEST BOKARO

TSRDS operates in the 37 villages of the Mandu block of Ramgarh District and 10 villages of the Gomai blocks of Bakaro District. The villagers are located within a radius of a few **kilometers to 15 kilometers from Tata Steel's collieries. Predominantly tribal, they are** inhabited by the Santhal, Birhore, Turi, Munda, Malhar and Oraon tribes, all indigenous to the Chotanagpur plateau, as well as the Mahato Community. TSRDS has to its credit the achievement of settling and mainstreaming 33 families of the endangered, nomadic Birhore tribe. Today many of them assist TSRDS in its afforestation and rural health initiatives. In consultation with the local community, TSRDS has created a comprehensive development plan tailored to suit the special requirements of the people and their land. Water has emerged as an area of key concern for them. Aimed at improving the socio-economic conditions of the people in the poorest of poor countries, they included improving access to clean drinking water. Unsafe drinking water places an enormous burden on health care expenditures, both public and private.

Enhancing access to Safe Drinking Water: Safe drinking water is a thrust area for TSRDS in all its locations, including West Bokaro. Each year, investments in developing and restoring surface and ground water sources, distribution networks and keeping these water sources free of contamination is accorded priority. Complete solutions addressing the drinking water needs of communities are conceived of as well as collaborative efforts undertaken with the community. Regular surveys and interactions with the community help identify water sources at the village level along with existing sources that require attention. Preventive and prompt repairs of water sources is undertaken on a regular basis to ensure that safe drinking water is available to the beneficiaries throughout the year. Clean drinking water has been given priority in the Construction of India, with Article 47 placing the onus for providing clean

drinking water on the State. While it has been started that 94 percent of the rural population have access to safe drinking water, the reality of water supply and the constant water crisis in rural area belies this estimate. Moreover, coverage is not indicative of the reliability and quality of the water supplied. Drinking water projects: Small-scale drinking water projects benefitted the villages of Kadrudubha, Pundi, Bongahara, Bhadwa banker and Jharnabasti in 2010-11. The five projects, which provided complete drinking water solutions to these communities, included the installation of a piped distribution network to deliver safe and clean water to the beneficiaries.

Rain water harvesting and surface water sources: Through the rainfall in India is sufficient, it is seasonal in nature and therefore, a special effort is required to harvest rainwater for year round use. This water can be used for daily use, to recharge ground water and for small-scale irrigation projects. Every year, TSRDS creates new structure or renovates existing ones to make water available through all months of the year. In 2010-11, TSRDS undertook the renovation of 16 village ponds, six in the village of Pachmo alone. These will not only help store surface water but will also recharge ground water in the region. In addition, during the year, around five irrigation wells were renovated, which brought an addition 25 acre of land under irrigation. Ground water sources: During the year, 24 new hand tube wells were installed to benefit around 6000 people in 12 villages. Renovation of 20 drinking water wells in Sirka, Atna-2, Choratand and Bhuiyadih gave the inhabitants of these villagers continued supplies of safe water.

JODA

TSRDS has been operating in Joda since 1981, working within villages in a radius of 5 to 45 kilometers from the mining locations of Tata Steel. The region has extremely rich iron ore deposits, which has made these mines the largest sources of livelihood for the community. Investing in Infrastructure Development for Today and Tomorrow: This region has seen unprecedented industrialization since the year 2000. Although this industrialization has created wealth it has remained confined to a very limited number of beneficiaries. At the same time, the last decade has seen living conditions deteriorating steadily as public spending on physical infrastructure has not kept pace with the growth needs. Existing public amenities

such as hospitals, roads and schools are in urgent need of repair, along with the overall capacity to offer these services. Only one railway line, created not too long ago, connects the main town Barbil, about eight kilometers from Joda, with Kolkata. During interactions between the members of the community village leaders and TSRDS, infrastructure development in their villages has always emerged as a priority. They seek support for the construction of common public meeting places, schools buildings, roads, brides or village clubhouses. In 2010-11, a number of such infrastructure projects were undertaken by TSRDS to fulfill their needs. With the consent of the community, the focus of infrastructure development at Joda has been on augmenting school infrastructure and supplementing educational aids for schools. Schools building and support facilities: TSRDS reaches out to villages where the inhabitants face extreme socio-economic challenges often magnified by the remoteness of their location. The villages are plagued with high levels of illiteracy, social malpractices, alcoholism and poverty as a result of which the villagers show little interest in development. Most development initiatives fail because they are also averse to change.

Adivasi Vikas Samiti (AVS), Kaisi is run by Ms. Tulsi Munda, who has been honored with a Padmashree for her commitment towards uplift of tribal children. The residential school provides boarding, lodging and education to poor children at a subsidized cost. Six additional classrooms were built at AVS, Joda Girls High School and Bhanda Saraswati Sishu Mandir. In addition 500 sets of benches and desks were gifted to 12 schools in order to ensure that the learning environment draws children to the school. TSRDS has opted to support these schools, as its goal is to educate the children and at the same time make them agents of change. The work environment of the educators is also being improved with furniture being provided for teachers at Bonaikal High School. The infrastructure requirements for the Non-Formal Education (NFE) Centers at Kamarjoda, Khandbond and Guruda are supported by TSRDS. The Khandbond centre was set up in 2010-11.

Constructing the foundations of a new society: Community participation in the development process also requires support infrastructure such as suitable venue for the villagers to meet as well as for office bearers to work from. TSRDS has been focusing on creating community centers and improving infrastructure at the Panchayat offices. It built a club building and

Thakurani Mandap at Guruda, set up a sale centre for the SHGs at the village as well as provided a conference table to Jalahari Panchayat. Augmenting Civic Infrastructure: The most basic needs of a village is access to safe drinking water and motor able roads. In 2010-11, Banspani village was assured of safe drinking water with TSRDS renovating its water pipeline to offer a complete water solution for the village. Water supplied through a pipeline from Tata Steel is collected in overhead tanks and then distributed through vast at different pints across the villages. A solution was found to the water problems of Gonua village, which has been blessed with a natural spring. A two kilometer long pipeline has been drawn from the spring to meet the needs of the 200 households in the village. Work also commenced on a new GI pipeline to replace the earlier distribution system, which was prone to damage, ensuring consistent water supply to Guruda village. In 2010-11, a new PCC road was constructed at Khandbond in consultation with the community.

KALINGANAGAR

The operational area under the Kalinganagar unit of TSRDS covers 21 villages, 14 of which comprise vil**lages displaced by Tata Steel's Odisha project, locations where the Company has** its fabrication yard and intake as well as the permanent resettlement areas built by the Company. A few villages, though not been directly affected by the project, but directly or indirectly influenced due to their familial ties with residents in project affected villagers, have also been included under the operational area of the unit. The thrust area for TSRDS at Kalinganagar is health care, youth development through sports and employability training.

Reducing the Disease Burden on Marginalized Communities: The principle Health Care initiatives pursued by the Kalinganagar unit include Primary Health Care to address the immediate health care needs of the community, Sanjeevani Health Camps to provide specialized attention for specific ailments, immunization programmes to prevent the incidence of debilitating disease among infants and young children, School Health Checkup programmes to monitor their health status and Malaria Control Programme to prevent the incidents of the disease and treat those afflicted. Primary Health Care: A mobile dispensary delivers primary health care at the doorstep of the residents in 14 villages on the periphery of the Odisha project site. Most of the beneficiaries are tribal poor. In the last five years the

team has served 21432 patients through free primary health care and medicines. Sanjeevani Health Camps: Specialists in medicine, surgery, dental, orthopaedics and pediatrics attend to patients with specific needs at these health camps organized for providing specialist care. School Health Checkup Programme: Every month the health status of students from six tribal residential schools, on the periphery of the Odisha project site, is monitored through a general health checkup and free medicines, if required, are given. This programme helps in the early detection of disease and overall improvement in the general health of the students. It has created a positive impact on their physical as well as mental wellbeing. Malaria Control Programme: Malaria is endemic in several parts of the Jaipur District particularly in the tribal areas. The most common cause is Pf Malaria, which causes death due to cerebral Malaria. TSRDS has launched an intensive campaign to control Malaria and reduce the disease burden. A massive effort to collect blood samples was undertaken and over 800 blood samples collected to analyze prevalence rates. Simultaneously awareness campaign disseminated awareness campaign disseminated information on the signs, symptoms and made of prevention of the disease. Around 26000 medicated mosquito nets were also distributed among the rural masses to protect them from Malaria.

Drinking water: Several pockets of the tribal population in Kalinganagar lack access to clean potable drinking water in the requisite quantity, which puts their health at risk. To improve access to safe drinking water, TSRDS has been working continuously in community to install tube wells. In the last five years, 117 tube wells have been installed to serve the needs of more than 5000 households accounting for 20,000 persons by making safe drinking water accessible at their doorsteps. Over 70 percent of the tube wells installed are in tribal villages.

Outcome of Corporate social performance in Kalinganagar Health

Basic health care services reached 21100 rural people, 48 women attended ante-natal checkups, 3320 patients have been treated through Sanjeevani Health Camps, 6699 students received treatment under the School Health Checkup Programme, 26000 mosquito nets were distributed to curb the spread of Malaria

Youth Empowerment through Sports

28 Football tournaments, 14 Cricket tournaments, 5 Volleyball tournament, 3 Athletic meet and 3 Archery camps were conducted to scout for talent and subsequently train them at Tata **Steel's Jipur Feeder Centre.**

GOPALPUR

A small seaside town, Gopalpur in Ganjam District of Odisha was once a famous seaport, which saw considerable traffic. Today, due to its emergence as a tourist destination, this seaside town has a large floating population compared to the size of its local population. Also lack of employment opportunities force its men folk to travel to other parts of the state and country as migrant labour. TSRDS set up its unit here in 2006, to work with project displaced and rehabilitated families. Across its operational area of 35 villages, comprising a population of more than 8,000 households, TSRDS focuses on fulfilling primary health care and reproductive health care needs. Its focuses on preventing and mitigating the impact of diseases such as HIV/AIDS.

Focusing on Preventing and Mitigating the Impact of HIV/AIDS: Tata Steel was among the first private organizations in India to raise the alarm about the disease and its threat to industry. It has since 1994, voluntarily taken on the responsibility for preventing the spread of the disease in the Districts of East and West Singhbum in Jharkhand and across the operation areas of TSRDS in the states of Jharkhand, Odisha and Chhattisgarh. Health awareness and disease prevention: Ganjam District, the 14th most vulnerable District in India to HIV/AIDS, accounts for over 40 percent of total People Living with HIV/AIDS (PLHA) population in Odisha. TSRDS therefore focuses on slowing and halting the spread of the disease through awareness on the mode of transmission and safeguards for prevention. Health Awareness camps regularly conducted by the unit include sessions on HIV/AIDS. They continuously add to the strength of the health care campaign in Gopalpur. In 2010-11, these awareness campaigns reached a total of 3704 adults from the target population. In addition, 450 women form 4 Gram Panchayat, belonging to SHGs were covered through 9 awareness sessions. The awareness sessions were clubbed with their capacity building and leadership training workshops. All Adolescent Reproductive Health Care Programme also

included specific sessions on HIV/AIDS. **Project "SAATHI" focuses on HIV/AIDS** where a **10 bed Community Care Centre "SAATHI" for People Living with HIV/AIDS (PLHA) has** been set up by TSRDS in Gopalpur in partnership with Odisha State AIDS Control Society (OSACS), Bhubaneswar. Operational since 2006, it now serves 20 districts in Odisha. Since June 1, 2008 TSRDS has been collaborating with CBCI (Catholic Bishop Conference of India) to sustain the project. The SAATHI Community Care Centre has over the last five years touched the lives of 1460 patients through treatment and counseling. Overcoming of HIV to show others the way. The TSRDS team also met village opinion leader and convinced them to provide a better environment for HIV affected people so that they can live in their village with dignity and respect. A change in the mindset of the villagers has transformed the life of HIV affected family.

Outcome of Agriculture Development

270 acres land covered under second and third crop Health, Basic health care services touch 13974 members of the rural population, 885 women given ante-natal checkups, 207 patients treated for eye related ailments, 206 couples protected through permanent methods of family planning and 34 tube wells were repaired and 3 new tube wells installed benefitting 600 households

Education

Education materials provided to 53 poor and meritorious students from the rehabilitation colony.

Employment

Capacity building programmes were conducted for 450 members of 9 SHGs from 4 Gram Panchayats.

BAMNIPAL

The unit is operational since 1994, when Tata Steel began operations in the area. TSRDS today reaches out to 22 villages that lie within a 10 to**15 kilometer radius of the Company's** operations. Its interventions benefit more than 1500 households. Kathoughai village, located

in Tangriapal Panchayat on the periphery of Bamnipal, faced an acute drinking water crisis every year. This was brought to the attention of the TSRDS team in 2010-11. Situated a top a hill, the only way to access this village of 28 households most of who are Santali, is by crossing several hills. The village topography is such that getting there even on a motorcycle is extremely rough and therefore getting a drilling rig up there seemed beyond comprehension. Villages depended on wells and channels for drinking water, which was unsafe and hence contributed to the incidence of water related disease like skin disease, dysentery, fever, especially among children. Lack of easy access to medical professionals forced villagers to reach out to them only when they were left with no other recourse. TSRDS decided to take its rig machine to the village through the difficult terrain and water facility was commenced and a hand pump was fitted. Most importantly, the positive impact on their health is already being felt with a drop in the incidence of diseases.

Outcome

Agriculture Development

202 acres of land covered through kharif cultivation; 57 acres of land covered under second and third crop cultivation and1560 saplings planted under Wasteland Development

Health

Basic health care services reached to 8890 rural people; 97 women received ante-natal checkups; 47 infants have been immunized; 11 patients benefitted from reconstructive surgery and Safe drinking water reaches Kathoughai, a remote inaccessible village.

SUKINDA

The principle service by the Sukinda unit of TSRDS to the resident of villages around Sukinda chromite Mines is to improve their health status. It does so through its Clinics, outreach camps and specialized health camps. Mobile Medical Units of TSRDS extended health care services to 30 remote, inaccessible hamlets. Mining operations in the region has led to large floating population with continuous entry and exit of heavy vehicles. This has greatly enhanced the vulnerability of the population to diseases such as HIV/AIDS. The primary focus of the health care interventions undertaken by TSRDS is therefore on

awareness and prevention of HIV/AIDS. The objective of the Sukinda unit of TSRDS is to prevent and control HIV/AIDS in the high-risk groups like Female Sex Workers (FSWs) and the Transport Fraternity. The project is being undertaken with financial assistance from Odisha State AIDS Control Society (OSACS), Bhubaneswar. Currently, 400 FSWs operating at various hotpots in the periphery area of Sukinda Chromites mines are targeted under the project. The HIV/AIDS prevention programmes are being implemented through all six intervention components, namely change communication, condom promotion, STI treatments, social mobilization for reducing the vulnerability, stigma and ensuring quality treatment and support to those who are living with HIV. In order to make the region a HIV free zone, TSRDS conducts multiple outdoor visibility programmes like folk shows, outreach meetings and networking with the Government health facilities like ICTC, ART Centre and the Community Care Centre to provide all support to the PLHAs. World AIDS Day is observed on 1st December every year to sensitize the community on the mode of transmission, the safeguards for preventing incidence of the disease and most importantly, the social stigma and discrimination associated with it. With the proportion of the population seeking facilities for HIV/AIDS test increasing day by day, including the mandatory testing for expectant mothers, a suitable NACO certified facility was considered essential. During the year, TSRDS established an Integrated Counseling and Testing Centre (ICTC) for HIV under the Public Private Partnership (PPP) mode. It was inaugurated on October 26, 2010 by Mr. P.K. Mohanty, Collector and District Magistrate. The Centre provides access to quality HIV counseling and testing service free of cost of eligible clients. The onus for training the staff at the ICTC rests with NACO. In addition, it provides IEC materials such as flip charts, posters, condom demonstration models, take home materials, registers formats etc. No charge is being taken for the HIV test from those belonging to the high risk behavior, clients of FSW, and truck drivers as bridge population, all pregnant mothers undergoing routine ANCs, TB patients and volunteers coming forward to ascertain their HIV status. All equipment and consumables are being made available to the laboratory to ensure that the best standards, including those for waste management, are followed ICTC staff follows Universal Safe Precautions (USP) and only authorized staffs have access to the records at the ICTC.

Special Focus Areas:

In 2010-11, TSRDS organized five eye camps, one each at Ransol, Kankadpal, Kaliapani, Chingudipal and Kansa Gram Panchayat. After screening, those found eligible for the Cataract surgery successfully operated with IOL implant. Tuberculosis Control Programme where TSRDS has facilitated significant improvements in the detection of TB case detection and the patient cure rate by supporting a RNTCP Designated Microscopic Centre (DMC), DOTS, Networking with Villages Health Workers (ANM, ASHA, AWW) and extensive awareness programmes to improve the health seeking behavior of the villagers.

Mother and Child Health Programme: **On every Wednesday, observed as "Village Health Day", expectant mothers and children up to the age of 10 years are provided vaccination.**

With the support of the District Health Department, Jajpur, TSRDS has established the **necessary "Cold Chain Facility" to implement the National Immunization Programme. In**

addition, ante-natal checkup, free medication and nutritional supplements along with referral services at SCM Hospital and CHC, Sukinda are available. A unique initiative is the Janani Express, a Tata Steel ambulance the transports expectant mothers for institutional deliveries. Family Planning Programme Camps to promote population stabilization among villagers of the mines region are organized by TSRDS at the Tata Steel Hospital. Malaria Control Programme where Malaria is endemic to the region. Given the severity of Cerebral Malaria in the region, TSRDS maintains household data and ensures distribution of Medicated Mosquito Nets to the villagers. Routine investigation and treatment of infected cases is pursued by MHU and SCM Tata Steel Hospital.

School Health Programme: TSRDS Sukinda has exclusively adopted Siriakhali Ashram School (a Tribal Residential School) in Kankadpal Gram Panchayat, where it has created a health care infrastructure. The health checkup programme is also extended to all the schools **in the vicinity of Tata Steel's operations. It covers deforming camps for school children to** control anemia and malnutrition due to worm infestation.

Tribal Cultural Society

Tribal cultural society (TCS), a nonprofit organization promoted by Tata Steel, has been in operation much before it actually got registered as society in 1993. Initially a committee known as the Joint Committee for Adivasi Affairs, was constituted in 1973 to look into issues

primarily concerned the Scheduled caste and the Scheduled Tata Steel in 1976. The nomenclature of the department kept changing such as Tribal Welfare Cell in 1984, but the thought and purpose **behind it was 'inclusive growth'. The Tribal Cultural Society looks into** the socio-economic development of the primitive tribal groups in forms of Promotion of tribal music, Promotion of tribal language, Promotion of tribal sports, Employability, Health, Education and Self help group. Tribal cultural society brings about development of primitive tribal groups by developing them socio economically, educationally, culturally and health wise. In its endeavour to take development to the door step of primitive tribal groups, TCS is working in 8 villages of Patamda and Jamshedpur block. Three villages rare inhabited by the Sabars and Birhors, identified as primitive tribal groups, on the verge of extinction. TCS is implementing programmes across key segments including education, income generation and health and hygiene to improve the quality of life of Sabar and Birhors. In the year 2011-12, TCS has identified four new villages for its operation under socio economic development of primitive tribal groups. With the objective to build their skills for livelihood and income generation, especially youth, TCS organized a training of Bamboo Craft for 30 Sabar youth of Goobarghusi, Oppo and Loraidungri village. The training was to provide them with skill for sustainable livelihood and income. Tribal culture society promotes tribal music and dance forms by organizing festivals and events to celebrate anniversaries of Tribal Martyrs. Tribal are, literature and music are promoted by the youth during these fasts and events. TCS has created a Tribal Culture Centre to look after these matters. TCS organized many events for promoting and preserving ethnic identity such as Language Preservation laboratory ,Lecture Demonstration on Tribal dance and music, Workshops on Sendra, Workshops and Camps on traditional healing practices and Tribal sports events such as Kati (Dying tribal sports) tournaments .SHG approach is effective, efficient and relevant for organizing and empowering the poor, especially women, to promote income generating activities for sustainable and regular income. TCS has been supporting a total of 22 SHGs in and around Jamshedpur. In the year 2011-12 training programmes were organized to build capacity of SHG members such as Workshop on Account keeping for women members to improve their knowledge and financial skills, training in catering for women members to improve their cooking and catering skills and teaching traditional painting for women to sustain the traditional and old forms of paintings and also to give livelihood opportunities for women.

The medical team of TCS manages 16 community based mobile curative clinics and provides useful insights into preventable illness and cost effective means to deal with them. TCS provides community health provider training in collaboration with Timplate hospital. It aims to train rural women from SC/ST community to become competent professional to meet the challenges in health care needs. In the year 2011-12, a total of 22 trainees successfully completed the training and got employed with different hospitals and nursing homes.

Outcome

Through TCS, 2517 students received financial assistance to continue education,2419 students enrolled for coaching classes to prepare them for entry into technical and administrative services, 2161 moved from the Balwadi classes into formal schools, 3500 trainees received vocational training. Through Project Sahyog, life skills training were provided to 2000 high school students, 7336 women trained as Community health providers through a one year intensive training at TMH and Tinplate Hospitals, 11 school buildings and 9 club houses constructed, 710 women organized in to 48 SHGs with a saving worth Rs.8.5 lakhs occurred, 29 linked with banks,1050 women and men underwent training for micro enterprises, 1087 sports persons were trained through 16 camps, each for11 months duration. 372 of them were assisted to participate at the state level meets of which 76 out reached the Nationals and 3 of them reached the International circuit. 3.5 lakh people were treated for common ailments, 350 TB patients cured, 1037 cataract operations done, 1370 health awareness camps organized, 3500 units of blood donated through camps organized, 2 projects on ARSH titled DISHA and SPARSH launched with support for International Centre for Research on Women and National Foundation for India respectively. The Tribal Culture Centre at Sonari serves as a central forum for conduct and co-ordination of activities directed towards tribal community. The Heritage Hall located in the Centre showcases the life style of the Tribals of Jharkhand. Workshops on Sendra and Traditional Healing practices organized (Source: Annual Reports of TSRDS, TCS, CSS, Tata Steel of 2010-11, 2011- 2012, 2012-2013).

Tata Steel Family Initiative Foundations

Tata Steel Family Initiative Foundation (TSFIF) is a non-profit organization promoted by Tata Steel addressing reproductive health concern. It deals with maternal and child health adolescent reproductive sexual health and HIV specific focus areas. There is a resource center which provides health awareness to young adolescent girls regarding sexuality, advices to pregnant women and post natal care through modern technique methods.

Maternal and Child Health

Tata Steel Family Initiative Foundation has been working in the field of maternal and child health since the late 50s by providing various health care services to the under privileged segment in urban as well as rural areas of intervention. TSFIF led interventions to improve maternal and child health aim to reduce maternal and less than five child mortality and morbidity with the purpose of increasing access to MCH products and promoting the adoption of positive maternal and child health practices. TSFIF focuses on mother and child health through its 16 clinics located in and around Jamshedpur and by providing quality family planning services in its area of operation. TSFIF provides a window of facilities to its beneficiaries to maintain good health, both mental and physical, through the Antenatal Care, Postnatal care, Immunization, Counseling, Treatment of STI/RTI, Awareness generation and Family Planning Services.

Tata Steel Family Initiative Foundation does family planning where couples are motivated to adopt modern methods of contraception based on informed choices. The spacing methods include Intra-Uterine Devices, Oral Contraceptive Pills and Condom. Permanent methods of contraception i.e. Laproscopic Tubectomy and Non-Scalpel Vasectomy are also offered under this service. With regard to Antenatal and Postnatal Care, it is seen that pregnant and lactating mothers are provided quality health care services for their health as well as of their children. For Immunization, both children and pregnant women benefit from immunization services. They give counseling to lactating mothers on how to take care of new born baby, importance of exclusive breastfeeding, nutrition etc. Treatment of STI/RTI cases is also provided. Table 13 provides the various activities of TSFIF in the year 2010-11 towards maternal and child health problems.

Table 13. Maternal and Child Health Activities of TSFIF in 2010-11

Activity /Initiative	No. of Beneficiaries
People using permanent methods of contraception	6621
Antenatal Care	3782
Immunization of Children	2115
Antenatal Check up	3782
Post natal Check up	2693
Laparoscopic Tubectomy	6281
Non scalpel Vasectomy	340
Condoms	4560
Pills	2688
CuT	788
Depo Provera	79

Source: Documents of Knowledge Centre of TSFIF

Adolescent Reproductive and Sexual Health

Key public health challenges for adolescent include early pregnancy, high risk of maternal and infant mortality and sexually transmitted infection (RTI/STI). In Jharkhand lack of education and low level of awareness among female adolescent make them vulnerable to sexually transmitted infection. Due to societal neglect, adolescent girls are deprived of education, access to health care and equal opportunities for education and employment. There is acute lack of knowledge and awareness about health issues. TSFIF has been implementing these focused interventions to address the issues related to adolescent reproductive and sexual health.

Project Based Health Services

Project based health services of adolescent reproductive and sexual health is provided by TSFIF.

Project RISHTA (Regional initiative for Safe Sexual Health by Today's Adolescent) is a

project on Adolescent reproductive and Sexual Health Services like Safe abortion, which aims to improve the sexual and reproductive health and well being of adolescents. The project is funded by the David and Lucile Packard Foundation and is being implemented in

partnership with TSFIF in 30 villages of Gamharia block. Table 14 provides various health initiatives under taken project RISTA.

Table 14. Health initiatives undertaken by Project RISHTA

Sl. No	Strategies	Achievements
1	Community meetings	52
2	Home visits	1783
3	Individual meetings/counseling	2692
4	Outdoor leadership training programme	2
5	ARSH sessions in Schools	9
6	**Stakeholders' meeting**	68
7	CBDAs identification / formati On	64
8	Training / Meeting with AWWs / ANMs / RMPs / TBAs / BMOs / BDOs / CDPOs / Other Stakeholders	2
9	One day Girl Football Tournament	36 girls from 3 Panchayat
10	Opening Library for Adolescent & Youth	3 Panchayat
11	Supporting for Sports Activity & Coaching Centre	3
12	Vocational Training on Stitching & Food Processing	3 training & 125 participants

Source: Documents of Knowledge Centre of TSFIF

RISTHA has an objective to improve the reproductive and sexual health and well being of adolescents by an attempt of capacity building through village level health workers, conduct of interactive sessions in schools and home visits, holding regular community meetings, forming an advocacy with state/district level government officials, school faculty, family and communities. It counsels the target groups regarding right age at marriage, methods of contraception, small family norms, family values, sexually transmitted infection, reproductive tract infection, birth spacing etc.

Project SAHAS (Strategies to improve Adolescent Reproductive Health and Rights through Advocacy and Services) aims at improving the reproductive health and well being of youth and adolescent in Jamshedpur by partnering in local organization and youth club. The project of SAHAS is to enable adolescent and young adults aged 21-24 years living in the urban slums to make correct reproductive health choice in an empowering and supportive

environment. Further it aims to advocate the government, district and state level policies and programmes to improve the reproductive health outcomes of young people and make awareness and educated the community regarding prevention of STI/RTI, HIV/AIDS. Table 15 provides the health initiatives undertaken by project SAHAS.

Table 15. Health Initiatives Undertaken by Project SAHAS

Sl. No	Strategies	Achievements
1	Adolescent & Youth Covered on Life Skills	14427
2	Number of Peer Educators Trained	260
3	Focus Group Discussion	3000
4	School Session	5
5	Nukkad Natak	36
6	Health Mela	19
7	Service Provider Training	4
8	Major Events	7
9	Contraceptive	1076
10	Counseling	1029
11	Referral	1186

Source: Documents of Knowledge Centre of TSFIF

In the year 2011-12, project SAHAS provided health services to nearly 13,500 adolescent and training to a total of 200 Peer Educators. It organized 12 health meals in Bustee areas covering 150 sessions of 150 focus group discussions.

TSFIF has implemented project Apni Baatein in selected schools for adolescents to empower teens so that they could make wholesome decisions related to their physical, social and educational health. As part of the various issues up in the project, it is essential to tell the adolescent the repercussions caused by drugs, improper nutrition etc. Table 16 provides the development initiatives undertaken by the project Apni Baatein.

Table 16. Development Initiatives Undertaken by Project Apni Baatein

Sl. No	Strategies	Achievements
1	School Sessions	120
2	NukkadNatak	16
3	Open Quiz	8
4	Health Mela	8
5	Talk on Cervical Cancer	5

Source: Documents of Knowledge Centre of TSFIF

In the year 2011-12, project Apni Baatein has reached out to 1865 students, trained 40 teachers by a two day programme and conducted a rally comprising 1500 students.

HIV and AIDS Awareness and prevention – TSFIF implements HIV/AIDS prevention, care and support services through a team of dedicated staff in the program areas of Jamshedpur. Through Sneh Kendra it makes people aware about the routes of HIV transmission and also to reduce discrimination and stigma with respect to positive people. Testing facilities and campaigns- Through Sneh Kendra, TSFIF creates awareness and to give informed consent for testing HIV infection voluntarily.

TSFIF has a resource center which serve as a one step referral center for information, education and communication material on reproductive health. It has a repository of books and various study materials on public health. It organizes training programmes and refresher courses on reproductive and sexual health of adolescents in association with NGOs.

Summary

The corporate citizen approach of Tata Steel shows that it covers a wide arenas including agriculture, rural infrastructure, education, health and many more issues as has been mention **in company's annual reports in this chapter.** The compilation of the company report indicates that the company has many possible efforts to reach its target villages where the company takes an all round need of the villages in the communities surrounding its plant. The **program's** cover the beneficiaries at an individual level, enhance infrastructural facilities and provide services effectively while they target sensitive and vulnerable group in all age categories**. The company's outcome indicators reflect these and there are both individual** level achievements as well as better living conditions. The company has also focused on priority areas and achieved impressively at demographic issues and socio economic conditions. This primarily is responsible for bringing further changes in the society. The
company's CSR goals are based on national goals and shows conformity with nation's needs
and approach which shows it is a supportive institution. The response for company effort is better due its focused approach and systematic programs. The community also has a feeling that the company is benevolent and takes special effort for the people though most efforts are

collaboratively done with government and other agencies. One positive aspect is that it takes up local specific requirement **and implementation of program's are** quicker and follow up requirements are attended to immediately. The company through its international standing is able to network with multiple agencies and provide specialist aid as well as mobilize fund for future activities. **The company's effort also enables congregation of community member's in** various contexts providing a possibility for discussions, negotiations and cooperation for community development with a progressive notion. Such **endeavor's** prepares the society for civil society action. Many of the programs are community centered and benefit the

community and nation at large. But the company's unique strategy is yet to be evolved and participation by the community has to be encouraged. Though program's reach and beneficiary's are happy, there is a thin distance between the company and community, while **in government institution's it is a right based approach. The company can foster attempts in**

integrating more with target community. For the primary data collection, the present study examines the health practices of the company in Orissa and the Self Help Group approach towards empowerment of women in Jharkhand.

Rural Health Services

Health interventions are the focus of many corporates which carry out CSR programmes. Tata Steel delivers its health care intervention programs in villages surrounding its plants located in the states of Jharkhand, Odisha and Chhattisgarh. The emphasis of the interventions is on primary health care, maternal and child health, preventive, promotive, curative and rehabilitative health services along with provision of safe drinking water and sanitation. Tata Steel Rural Development Society (TSRDS) also carries out health care activities in Gopalpur area, Odisha through its community health and hygiene programmes in the villages around the area. Since 2006, TSRDS is carrying out its CSR services on health and hygiene in 35 villages surrounding its operational area of Gopalpur comprising of a population of more than 8000 households. It focuses primarily on activities related to primary health care and reproductive health care needs along with preventing and mitigating the impact of diseases such as HIV/AIDS.

The beneficiary of the program includes women in the reproductive age group of 20 years to 40 years, pregnant women, women immediately after the child birth and young married women. TSRDS carries out its activities in villages with the help of Anganwadi workers called Asha. The Anganwadi is established by the government in each village to implement the community development programmes and policies of the government. It has an appointed Anganwadi worker (Only women) in a Anganwadi Centre which functions from a rented house, village club on even in a part of the village primary school. An Anganwadi center having its own building is, however, rare in the region. The Anganwadi Centre maintains a list of the beneficiaries of the village and is aware of their health needs. A doctor appointed by the TSRDS along with required medicines visits in a mobile van to the Anganwadi centre periodically on a specified day and time. The Anganwadi worker holds the responsibility of informing and mobilizing the beneficiaries regarding consultation with the doctor and distribution of medicines given free of cost. Medical consultation and medicines are also given to male members who visit the Anganwadi centre during the specified days.

TSRDS health services as part of its program offers periodical health services through **doctor's consultation with advice and provision of medicines free of cost in the villages. In** specific cases, the beneficiaries prefer the services of TSRDS as compared to other government hospital outside the operating area. However, TSRDS organizes frequent training and awareness programmes, temporary clinics for diagnosis and treatment of special health problems with the help of specialists, so that the general population of the operating villages can also take advantage of the services. In such situations, the Anganwadi workers mobilize the beneficiaries to attend specialized health camps.

The Need for Health Interventions

The National Family Planning health vision gives priority to the antenatal care where maternal mortality and negligence during the pregnancy leads to higher number of death among expectant mothers. It is seen that lack of post natal care is a risk to neonatal health and well being of the mother. The census commission report shows that neonatal mortality rate of women is 42 in rural Odisha and post neo natal is 23. It has been reported that 21.1% women in rural Odisha has never received post natal checkup. Moreover, 23.5% of rural Odisha women come under total unmet need of family planning. The demographic and health situation in Odisha demand greater attention for the health services, whether private or public. As per Odisha Human Development Report (2004), the poor population is highest in rural Southern Odisha (47%) compared to northern Odisha (33%). Moreover, the poverty ratio shows that the Ganjam District of Odisha is the lowest compared to the other districts of the state. Odisha records higher infant mortality rates in comparison to the national average. The reason for high mortality rates could be attributed to many factors such as (i) inadequate antenatal care, natal and post natal care, (ii) lack of awareness among the rural population regarding birth and child care and (iii) lack of professional advices and health facilities to the rural folk. These factors together have a bearing on neonatal mortality, which contributes to about 64% of infant deaths in Odisha. The low birth weight babies are be due to maternal malnutrition and malaria prevalent in rural areas. It is estimated that 40 percent of neonatal deaths occur due to low birth weight babies. Due to lack of awareness, the coverage of post natal care is also quite poor. Only 18 percent of women visit the Auxiliary Nurse Midwife (ANM) units within two weeks of delivery

Gopalpur in Ganjam District of Odisha, records more people in rural areas of high level of poverty with majority depending on farming or fishing for their livelihood. Due to lack of employment opportunities, the men are forced to migrate to other parts of the state and country as migrant laborer, leaving their family behind in the villages. The female members are largely illiterate, lack awareness regarding health hazards and low financial status. Since 2006, TSRDS is providing health services to those in rural communities as part of its CSR programme and is carrying out its activities through its Gopalpur Branch Office. As per its internal report, the health interventions organized by TSRDS at Gopalpur Branch are well organized in comparison to other branches in other states because the company prioritizes its areas of issues of special focus on health in Odisha and Self Help Group approach in Jharkhand.

Level of Health Services

The community health and hygiene programmes of TSRDS are carried out at three levels. Promotive health care includes health care for mother and child AIDS awareness, health awareness and education and adolescent reproductive health care. Curative health care includes clinical outreach units, village health providers, health camps, eye camps, cleft lip and cleft palate procedure. Preventive health care includes immunization, sanitation, safe drinking water and protection against sexually transmitted diseases. Wherever possible, TSRDS carries out these programmes in collaboration with the government programmes and policies and services rendered by different NGOs as per necessity. For instance, TSRDS takes the help of a NGO in providing a doctor and medicines with a mobile van in a particular village where the NGO is active. It may organize a particular awareness or a training programme in collaboration with a government organization by utilizing their staff and resources.

Impact of maternal health services

The impact of maternal health services can be seen from a wider angle through published literature. In the developing countries like India maternal health services are part of formal health care system which is a prime concern for government in terms of financing and

delivering health services (Berman, 1998). The health sector in India faces challenges as public safety in the health sector is not assured, service delivery and financing are not transparent or accountable and the delivery of health care is biased, mostly due to out of pocket payment mode of health financing (Mills et al, 2001; Peters and Muraleedharan, 2008). Sometimes it is also seen that insensitive treatment, poor standards and moral judgments by health providers are all elements of poor quality care documented by numerous **studies as women's experience care (Finerman, 1983). As a result, the most in the rural areas** and weaker sections, women are at the receiving end. In rural areas, low utilization of maternal health care services during pregnancy, delivery and in the post natal period contributes to high maternal mortality (Bulatao and Ross, 2003). Such limitations in rural areas, including weak linkages among institutions leaves the community without contacts and resources required to work with the government and may enhance its capacity to obtain extra-local resources for maternal health promotion (Gage, 2007). Therefore, the private providers of all kinds have expressed a strong desire to participate with the government in health programmes (Mahapatra, 2003). Another major reason for the emergence of private sectors is the perceived quality of services while the government facilities are below the expectations of potential users (Bhatia and Cleland, 1995). Health care resources tend to be concentrated in urban areas and predominately in private sector (Peters et al, 2002). Hence, the dominance of the private health care sectors in India implies failure of public policy (Berman, 1998).

With this new role of CSR activities by private sectors, a new approach to the public health services is recently been recognized. Hence, in India, despite the widespread public infrastructure, a higher proportion of health services are provided by the private sector than by government facilities (Chatterjee, 1988). It is well established that private sectors are characterized by heterogeneity. Tertiary specialty and super specialty hospitals are mostly administered by trust or corporate hospitals (Bhate-Deostshli, 2011). Private health care sector has emerged **as an important constituent of India's health care delivery system (Bhat,** 1993), parallel to the government sector. The role of private health care has significant implication for cost and quality of health care services (Yesudian, 1990).

The poor performance of the public sector, economic difficulties and changes in prevailing ideologies led to call for a reduction in the role of the state and on increased role for the private sector (Zwi and Mills, 1995). This enhanced the role of the private sector and it is visualized as a means to improve health services through improved efficiency and quality (Kumaranayake, 1997). Such kind of private health care providers can play a significant role in limiting the health problems through initiatives for economically and socially empowering women and helping them to secure livelihood with enhanced decision making power and improve the demand for maternal health services (Gage, 2007). Maternal death in rural India occurs due to the non-accessibility of health services, high cost of private treatment and poor treatment experiences in government facilities (Jeffery and Jeffery, 2010). Moreover, the government maternal and child health services is criticized because of inefficient work schedules, non-availability of functioning equipment, poor contraceptive and drug supplies, poor skill and knowledge of health workers, poor access to services in villages without health centers (Barua et al., 2003). Ergler et al. (2011) argue that the mere situation of availability of health care facilities within walking distance is a necessary but not a sufficient precondition **for satisfactory access. Rather the influence of "entitlements to health care" which allow poor** households that are less endowed with resources such as income, knowledge, and social network to realize access is important. The importance of antenatal visits, institutional delivery or a trained attendant at delivery and postnatal checkups were either not recognized or accepted by the women (Barua, et al., 2003). The impact of structural adjustment in the Indian health care sector has been felt in the reduction in central grants to states for public health and disease control programmes. This facility share of central grants has affected the poorer states to raise local resources to compensate the loss. This leads to corporatization of the state leading to an increasing participation by multinational companies in diagnostics aiming to capture the potential of the Indian health insurance market (Purohit, 2001). Moreover, corporation of hospital industry, unlike the earlier image of the private sector, which mainly focused on nursing homes and polyclinics, the new market orientation, is towards super specialty care. Such corporations have focused on high profit-margin, super specialty and diagnostic care. Mostly these companies have expended their network in **India's major metropolitan towns (Purohit**, 2001).

Utilization of services relates to not only the existence of health facilities and effective transportation but also the ability to use them. The CSR policy emphasizes the importance of introducing appropriate financing systems to ensure access to health services even among the poorest segments of the population (Gange, 2007). In order to address accessibility to realization of health care services five factors such as availability, accessibility, accommodation, affordability and acceptability are important (Penchansky and Thomas, 1981). In the present study, along with the affordability and physical access to health care facilities, attempts have been made to understand the emotional dimension of health care utilization (Ergler et al., 2011). In India, payments for private illness treatment are quite high while health insurance scheme are availed and hence there is a need to access to priority interventions, improve quality of care and reduce the financial burden of private health care on the poor (Berman, 1998). Therefore, corporates have a significant role in providing services free of cost. In this context, the present study attempts to understand the corporate CSR initiatives for accessing the quality care of institutional maternity services in rural coastal Odisha. The framework divides quality into two parts: **the quality of user's** experience of care and the quality of provision of care. To measure the quality of care availability of resources and awareness and knowledge perception are considered.

Woman can have better health if she receives information in a form that she and her family can utilize. The care provided by the health initiatives of Tata Steel are examined through the secondary data of the company report. The availability of resources includes the instruments needed for prenatal checkup, right medicine provided, delivery assistance, vaccine and child immunization, assistance of family planning methods through health camping. The awareness of knowledge perception has been provided at every step from antenatal care till **postnatal care through doctor's advices, delivery assistance, clinical counseling, camping, and women's groups association while exchanging health related knowledge. The dependent** variable relates to receiving antenatal care, postnatal care, delivery assistance, advice and information during pregnancy. The variables included for analysis are respondent **characteristics, the characteristics of the family and the villages. Respondent's characteristics** include four basic measures of women status – autonomy, decision making power, mobility

beyond the village, extent to which the husband and respondent both share responsibilities in familial matter.

The study aims to examine individual and familial level characteristics and their relationship to maternal and child health care utilization in rural Odisha which is offered by Tata steel. It focuses on gender inequality and the influence of larger social environment on maternal and child health care seeking behaviour and role of CSR in its utilization. It examines the health care utilization regarding antenatal care, birth, infant immunization etc provided by CSR.

Phases of maternal health services

A sample of 152 females was interviewed personally by the investigator at their residence in the villages to find out the maternal health aspects and satisfaction regarding the services rendered by the Tata Steel through its CSR programmes. The study relates to antenatal care, delivery and neo natal care, post natal care, child spacing and awareness. The sample villages include, Chamakhandi, Raghunathpur, Badaputi , Jaganathpur and Sitalapali . these villages have a population of around 2000 **members and literacy rates are less than Odisha's state** literacy of 72.8%. Except Sitapali all the other villages have higher sex ratio of females in comparison to males. Each village has an Anganwadi centre which maintains the list of women in the reproductive age group especially pregnant women at the time of survey. 40 percent of the listed women were sampled for the survey based on availability and each respondent was interviewed at her residence with the help of Anganwadi worker.

Antenatal Care

Maternal health services are closely linked to reproductive health. Bhatia (1993) has identified lack of antenatal care as a risk factor for maternal mortality and hence reducing maternal mortality has been a major focus for the developing countries since the launch of safe motherhood initiative in 1987 (WHO, 1996). In rural areas antenatal care forms as a step in bringing women in contact with the health care syste**m because it facilitates women's** access to medical care for future health needs, including postnatal care (Sugeethan, Mishra and Rotherford, 2001). Studies conducted by Kulkarnee et al. (2011) found that those women, who were attending antenatal care clinic in Pune, had a declining prevalence of HIV

from 1.1 percent in 2003 to 0.2 percent in 2008. The main purposes of antenatal care are to identify complications such as anemia and identify women with established pregnancy complications for treatment (Pallikondevath et al., 2004). It also helps in detecting women for delivery complications so that they can be advised to seek eagerly medical care for delivery. Antenatal care visits facilitate administration of tetanus immunization, malaria prophylaxis, iron and folic acid tablets and nutrition education (Magadi et al., 2000). Antenatal care takes into account individual components such as measurement of blood pressure, height and weight, testing urine and blood samples and pelvic examination (Coria-soto et al., 1996).

Neglect of antenatal care has been the cause of higher maternal mortality in rural India where most of the women do not undertake the required number of antenatal visits (Minimum three). In the absence of complications, they over looked the need to obtain care. Only 12 percent of all the women with a delivery in last five years went for post-partum checkups (Barua et al., 2003). Moreover, ANMs did not recommend birth spacing methods to couples, particularly in the villages without PHCs or Sub-Centres because of difficulties in maintaining monthly supplies. The facility survey indicated that more than half the ANMs could not provide all the components of antenatal service because they did not have the necessary equipment, such as blood pressure apparatus, weighing machines or facilities for urine tests (Barue et al., 2003). Antenatal care is less utilize among village women. While the dearth of health facilities was a barrier to receipt of prenatal care in the first trimester, transportation barriers were more important for four or more prenatal visits and distance was barrier for delivery assistance by trained medical personnel and institutional delivery (Gage, 2007). Hence, appropriate antenatal care is important in identifying and mitigating risk factors in pregnancy but many mothers in the developing world do not receive such care Magadi et al. (2000).

The importance of antenatal care and counseling about pregnancy complications for increasing the likelihood of appropriate delivery care is seen more particularly among women living 15-29 kilometers from a health facility. Moreover, significant variation in the utilization of maternal health services remains unexplained (Gage, 2007). On the other hand,

use of maternal health or antenatal care depends upon certain factors like socio-economic factors (Bhatia and Cleland, 1995); level of education, practice of personal hygiene order of pregnancy and age at marriage (Magadi et al., 2000).

Findings based on the primary data:

Antenatal care:

The respondent's reproductive age is taken to understand the maternal antenatal care. The age at marriage of woman and her age at first child birth has a significant impact on the antenatal care. In rural India the mean age of marriage is 18 to 21 years and the age at first childbirth is considered to be 19.2 years (Ministry of Health and Family Welfare, India, 2011).

Table 17. Age at marriage of respondents

Age (in yrs)	No. of respondents	Percentage
10-15 years	2	1.3
16-20 years	114	75.0
21-25 years	34	22.4
26-30 years	2	1.3
Total	**152**	**100.0**

A majority of respondents in this study are married between 16 to 20 years and a significant proportion of them married between 21 to 25 years. Women are married early due to lack of access to higher education and gender norm of getting married early. Health and Family welfare in India (2011) indicates that 69 percent of women in rural areas are found to get married by the age of 16 years.

Age of respondent at first child birth determines the health of women in the reproductive age group. In rural areas it is seen that women get married early leading to an early conception which affects the health of both mother and the child. More than half of the respondents have given birth to the first child between the ages of 21 to 25 years. Table 17 shows the age of respondents at first child birth.

Table 18. Age of respondents at last child birth

Age (in yrs)	No. of respondents	Percentage
16-20 years	34	22.4
21-25 years	97	63.8
26-30 years	17	11.2
31-35 years	4	2.6
Total	**152**	**100.0**

Age of respondent at last child birth gives an indication of the reproductive age of rural women at the end of child bearing. It is observed that nearly two third of the respondents have given birth to their last child at the age group of 21 to 25 years. Less than one fourth had the last birth at a very low reproductive age group of 16 to 20 which is risk factor for both mother and child and about 11 percent have given birth at the age group of 26 to 30 years and small proportion have given birth at the age of 31 to 35 years as well.

Table 19. Frequency of pre-natal visit by respondents

Frequency of visits	No. of respondents	Percentage
One	20	13.2
Two	28	18.4
Three	29	19.1
Four	26	17.1
Five	25	16.4
Six and above	24	15.8
Total	**152**	**100.0**

The frequency of pre-natal visit to doctor shows that close to fifty percent of respondents visited doctors thrice or fewer times while a significant proportion visited more than three times to consult a doctor during the pre-natal period. More than one – fourth of the respondents (29 percent) said they were told by their husband to go for prenatal checkup. However, a small proportion of respondents reported that they were suggested by others such as family members or friends and neighbors to go for prenatal checkup. An overwhelming proportion of respondents (98 percent) reported that they preferred to go to Tata health center for checkup in an Anganwadi for their prenatal checkup while a small proportion preferred for government hospital for checkup.

Every respondent was accompanied by the health worker arranged in Anganwadi centre for antenatal care. All respondents reported visiting the doctor at least once for checkup as advised by the Anganwadi worker who also accompanied them to Anganwadi centre. While 15 percent of respondents identified community health worker of the village. With regard to the availability of facilities for proper antenatal care, all the respondents availed the facilities provided by Tata Steel through weighing machine, apparatus of test, vaccination and medicines for the pregnant woman. During the survey it was found that the respondents preferred the company arranged doctor and during the prenatal care visits they were provided with facilities for their pregnancy care such as medicines and laboratory support which in term significantly reduced maternal mortality.

With regard to the provision of medicine, it is seen that a majority of respondents (98 percent) were given both calcium and iron and 13 percent of respondents were given only iron tablets. Sixty percent of respondents reported dissatisfaction with the company offered services. These respondents expressed various reasons for not being satisfied. It is because these respondents felt that free medicine given to them is of lower quality and hence they are not satisfied. From the survey it is found that majority of the respondents (98 percent) were advised by the doctor for prenatal care. In addition to regular exercise and routine, nine out ten respondents were asked to check blood pressure regularly and seven out of ten were asked to consume food with high protein content. Due to the health conditions, one-fifth were suggested by doctors for consultation at regular intervals and such regular visits are important for avoiding complications at latter stages. The data indicate that about three-fifth were consulting doctors at regular intervals.

Delivery and Neonatal Care

Receiving antenatal care, supervised delivery in a medical setting and having a skilled health worker at delivery improves the maternal health. Hence, the proper neo natal care and assistance at the time of delivery is most essential. In India the low degree of accessibility of modern health service has been previously shown to be a reason for the use of traditional resources in health care delivery (Subedi, 1989). Moreover, both in rural and urban areas 77 percent of home deliveries were conducted by untrained Dhais and elderly ladies, trained

assistance was available only in a few cases, most notably by the ANMs or lady health visitors, who together supervised 16 percent of all home deliveries(Bloom, Lippeveld and Wypi, 1999) and reduces maternal mortality. Thus, in a village area delivery at home is a risk **but with company's help antenatal care and neonatal care is provided.**

The pattern of consumption of food by the respondents during pregnancy (Table 20) showed that seven out of ten respondents did not change their food habits, on pregnancy one fifth of them took less food than usual and 7.9 percent of them consumed more food. Above two third of the respondents (i.e. 70%) expressed general weakness followed by 9 percent experiencing bleeding and 5 percent experiencing fever, shortness of breaths and a small proportion (2 percent) reported intensive swelling in the legs. Seven out of ten respondents reported to have consulted the doctor just before the delivery whereas; more than one fourth of the respondents did not feel the necessity of consulting the doctor before delivery.

Table 20. Place of delivery

Place of Birth	No. of respondents	Percentage
Home	7	4.6
Relatives home	2	1.3
Public hospital	131	86.2
Private hospital	12	7.9
Total	**152**	**100.0**

It is observed that most of the respondents (86.2%) utilized the nearby public hospitals for delivery whereas very few opted private hospitals (7.9%) and some at home (5.9 %). This is due to lack of facilities other than the nearby public hospitals in the villages (Table 20). More than three fourth of the respondents gave birth through normal delivery while above one fifths have undergone Caesarean deliveries. From the survey it is observed that seven out of ten respondents on discharge from hospital moved to parents home until recovery whereas 28 percent decided in-laws place and a small proportion went to their neo-local residence.

Postnatal care

The health service and knowledge provided regarding maternity issues soon after the child birth is an essential step towards post natal care. The chances of neonatal death are highest during this period. Postnatal care is equally important as antenatal and neonatal care. Child health improves if the mother visits the maternity health facility for the early child care awareness. It helps in keeping the mother healthy as well as helps in family planning. It is observed that although women in rural areas get access to antenatal care but infant mortality increases due to lack of postnatal care. The new born are prone to many diseases in rural areas due to sanitation and hygiene problems.

It is observed that post natal care in the study area is provided by the company more efficiently. The government maternal and child health service is criticized because of inefficient work schedules, non-availability of functional equipment, poor contraceptive and drug supplies, poor skills and knowledge of health workers, poor access, to services in villages without health centres. In addition, weak information system, discontinuity in care, unsupportive health workers, haphazard referral systems and distorted accountability mechanism are identified as critical to service delivery. Although many complications are unpredictable, most deaths are preventable. Maternal mortality can be reduced through the complementary services of family planning. Family planning lowers the life time risk per women by reducing the number of pregnancies especially those which carry a high risk or are unwanted, preventing unsafe abortion.

There are certain socio-economic determinants which link proximate causes of child death (Mosley and Chen, 1984), which should be taken care of as postnatal care. It depends upon **the care giver attributes such as mother's education and health related beliefs and practices** and household level factors including food availability and resources for sickness care. And community level ecological, political and health system characteristics. Informational issues play a significant role in the vaccination of children. Low rates of immunization have typically been associated with supply constraints, primary in terms of budgetary under-allocation and ground level implication of official policies (Das and Das, 2003). Breast feeding during the first six months are likely to reduce the risk of mortality during the first

year, but without proper supplementation does not reduce the long term risk of chronic malnutrition.

It is reported that eight out of ten respondents did not go for any checkup after child birth whereas 18 percent of respondents visited doctor for various requirements. Similarly, it is seen that an overwhelming number of respondents (84 percent) do not get doctor advice after childbirth whereas, only 15 percent receive the advice were counseled by the doctor regarding child immunization, followed by child spacing and infant nutrition .All respondents have vaccinated their children as suggested by doctor. More than half of the respondents gave semi-solid food to their child at an early age of three months and only a small proportion of respondents started semi-solid food to the child by five or six months, while they had completely breastfed during the period. An overwhelming proportion of respondents (90 percent) were in the process of breastfeeding their child at the time of the survey

Child spacing and Awareness

In rural areas the traditional and customary attitude makes them to give birth to more number of children for different reasons such as preference for son etc. and the role of women also affect their use of health services tends to allocate. A certain amount of change can occur with the help of female education and restructuring of family relationship which would **improve women's position and hence their health (Santow, 1995). It is observed by Li (2004) on Chinese's women situation that family planning policy has a negative impact on women** and their families, whose fertility and son preference conflict with the birth control policy, whereas in India family planning plays an important role in rural condition. Moreover, government failure in family planning is justified from the fact that the public sector primary care services are found to be in places where the population already has an access to basic ambulatory care services from private providers where the former do not meet the desired technical quality standard (Berman, 1998). Therefore, the role of corporate in child spacing and awareness programs is emphasized where it is seen that maternal and child health care **efforts help women achieve their desired spacing goals by supporting women's autonomy, in** addition to ensuring they have accurate information and a range of contraceptive options

(Upathyay and Hindin, 2005). Similarly in developing countries like India risk of maternal and child morbidity are high and an ideal birth interval is 3-5 years (Rustein, 2002).

Studies show that in developing countries the child spacing has a trend to follow. It is seen that women with lower status and who are not employed generally have shorter birth interval **than women of higher status (Upadhyay and Hindin, 2005). There is a link between women's** decision making and birth intervals and mothers spacing births three to five years apart are benefitted. A significant interaction is indentified between maternal education and birth spacing such that infants who follow a short birth interval and have an illiterate mother, suffer a high risk of mortality. The survival status of previous siblings also influences the detrimental effect of short birth intervals (Whitworth and Stephenson, 2002).

Moreover, the increased risk of short birth interval is shortened among those who receive prenatal care and those who are educated. Also those infants whose previous sibling delivered in a hospital are less likely to follow a short birth interval than those whose sibling were delivered at home (Whitworth and Stephenson, 2002). Similarly, Tulasihdar (1993) argues that those with high levels of education may have a preference for a small number of children spaced closely together and hence use contraception to delay the onset of or to stop child bearing, yet have their children at short birth interval.

Two third of the respondents are not using any birth control method to avoid pregnancy, whereas, three out of ten respondents use some method of birth control like staying away **from husband's home, do not engage in intercourse etc**. A small proportion of respondents (5.3 percent) reported the husband decides completely about the number of children they have, while 25.7 percent took their own decision and nearly two out of ten respondents said other family members like mother-in-law and parents involved in the decision making process. An overwhelming proportion of respondents indicate their preference towards smaller family size. The reason stated was to reduce economic burden and a few reported the need for improved quality of life. Regarding awareness of family planning methods, 96 percent of the respondents said that they are clearly aware of family planning methods, and 74 percent of respondents have not adopted any family planning techniques. About one third

of the spouses have taken the decision regarding the family planning while 28 percent decided by self. However, one fourth of the respondents reported joint decision for family planning. Seven out of ten respondents also reported that they had some knowledge regarding HIV/AIDS.

Opinion of Respondents on health care services

Regarding the opinion of the respondents on the health care services provided by Tata Steel, the respondents were asked to specify whether they were satisfied with the reproductive health care services and general health care services provided by the company. Nearly four out of ten respondent reported satisfaction with the care provided for reproductive health whereas one fourth of the respondents are very satisfied. It is also observed that four out of ten respondents were less satisfied regarding the health services provided by the company and a small proportion did not to give a clear opinion on this issue. Besides reproductive health services, the company provides other health services of more general nature such as awareness programs, training camps and public health and hygiene. More than half of the respondents (53.3 %) reported satisfaction over these services whereas 46.7 percent of them expressed dissatisfaction. It is reported that as the distance to the hospital of the company is longer and the irregular ambulance services have made the respondents dissatisfied. Regarding health camps, half of the respondents (49%) have attended at least one health camp while one fourth of them have attended at least two health camps of eye check up while 19 percent of the respondents have never attended any health camp organized by the company.

The company has taken an effort of not only providing availability of resources but also awareness building measures. Such kind of knowledge exchange is possible due to interaction between the villages, especially women regarding issues related to health care. In the present study it is shown that the company provides an environment how to promote healthy interaction and helps women groups to form proper social networking among them. This is done mostly through community gatherings and health camps. The company does this by aggregating people in health camps conducted by the company and allowing women to interact among themselves in health care service centre. Such exchange of ideas between

women gives them an opportunity of gaining vast knowledge regarding health issues, maternity, and pregnancy condition, knowledge of medicine, maternal mortality and health awareness. Actual interaction helps in resource mobilization. Guyer (1981) observes that in underdeveloped countries model**'s of health and child survival, the argument that women's** social ties or networks are instrumental in resource mobilization is well established in the economic and anthropological literature. Moreover, there is a direct positive relationship between women**'s involvement in formal and informal network with increase in self**-esteem and control over resources (Huda and Mahmud, 1988). Such kind of social network helps women in accessing to needed support (Oakely, 1992) which enables woman to have a health empowerment specially in developing countries where access to health and social service are limited for women (Adams, 2002).

It is seen that joining together in groups enabled dissemination of information across communities and build local capacity to take action for better health. Women groups helped them to learn more about maternal and child health and to develop their confidence. The group process produces broader understanding of health problems, long-lasting empowerment and development benefit for local communities. In this case increased access to social network has built the capacity of communities to work together in addressing problems, reduce neonatal mortality and create strategies to solve problems. In rural areas women are often secluded and dependent in terms of mobility such as going out alone to other village for formal or informal purpose. They are ignorant in many health aspects due to absence of social network that extend beyond the immediate environment to include non community members and institutions which would enable them to utilize some facilities to level of health service.

The social network among women improves their social capital like local meeting by women on a social space arranged in the village for recreation. The theories of social capital and social disorganization provide a framework for understanding the mechanisms through which communities may influence the utilization of health services. Morrison et.al, (2010), argues that women groups working through participatory learning and action can improve maternal and new born survival. The mechanisms which impacted health outcomes are that the group

members learned about health, develop confidence, disseminate information in their communities, and build community capacity to take action. Women groups enable the development of a broader understanding of health problems and build community capacity to health and development benefits. Thus social capital refers to the resources stemming from social network which may enable pregnant women of the same community or neighborhood to turn to each other when they need a favor such as prenatal information and appropriate care during pregnancy and child birth.

The kind of social capital may define how networks affect access to medical care. It is seen that networks with caste organization encourages traditional and orthodox norms discouraging mothers from venturing out to seek immunization for their children. In contrast, association with developmental organization may encourage more modern thoughts and may increase information about the benefit of immunization and local immunization camps (Vikram et al., 2012).

In order to assess the overall the respondents were asked to express their level of satisfaction on some key issues related to Tata St**eel's health services centre and health camps. Due to** health service centre and health camps, the respondents got an opportunity to interact with fellow pregnant women regarding maternity. Seven out of ten respondents (76.3%) agreed to this and reported satisfaction over the issue. As a result of treatment free of cost in the health camps, the respondents were benefitted financially to some extent for which more than two third (67.8%) of the respondents expressed satisfaction. By attending to the health camps arranged by the company, the respondents get an opportunity to exchange ideas with others regarding health care and about fifty percent of the respondents agreed to this. In the health centre and health camps, the respondents gained knowledge of medicine, food habits and life style condition to be followed during pregnancy and more than half of the respondents (54.6%) expressed their satisfaction over this. The respondents also gained knowledge about the causes of maternal mortality and hence the precaution needed to be taken by them during pregnancy, common issues arising during pregnancy etc through communication with others in the group and six out of ten respondents agreed to this and expressed satisfaction. The health camps helped the respondents to form a social networking among the village women

and exchange ideas regarding health awareness and about two third (63.8%) of the respondents agreed to this and showed satisfaction. In total the health care initiative efforts brought in changes and multilevel and a greater proportion expressed satisfaction regarding CSR and CSP.

Measures of Women Empowerment

Women empowerment indicators for health empowerment perspective are analyzed through two scales constituted by Diana et al. (2004). In one of this scale the empowerment domains belong to the sexual reproductive health and the other scale belong to the socio- economic health empowerment domains. Sexual and reproductive health advocates have concentrated on understanding the broad requirements **of women's and men's needs and problems** recognized, working for a broad range of services, improved quality of care, improved provider-patient relations and the removal of political and other barriers (Berer, 2002). The reproductive health empowerment domains include child bearing, use of contraception, sexual communication and negotiation, pregnancy, appraisal of health services, reproductive health tract infections and reproductive health roles and rights. The empowerment domain also includes production, housework, and family expenditure relationship with natal relatives, community participation, rights of husband and wives in family. These empowerment domains are measured at three levels; level 1 which depicts least empowerment, Level 2 indicates medium empowerment while; Level 3 relates to most empowered. Hence the opinion of the respondents is categorized into three levels of empowerment of women regarding the health perspectives in the sample villages where the company exercises its CSR activities.

Reproductive Health Empowerment Domain

The awareness regarding reproductive health rights of rural women is taken as an indicator to identify the empowerment level of the respondents. The social status of women in rural areas is indicated by the autonomy in decision making which rarely exists for women such that even decisions related to reproductive and contraceptive choices are not under their own control. Decisions whether or not to use contraception are often forced on women, especially in situations where there is no male child. The status of rural women in India in their

household level is very low. They are found to experience lack of autonomy in decision making including contraception and child birth and many similar situations from their own health perspective. As reflected by Moss (2002), the household is the most primary unit for understanding gender relation both in the power structure and resource allocation, which in turn impacts nutrition, reproductive decision making, access to health services and health itself. **TSRDS through its CSR initiatives is engaged in creating awareness of women's** autonomy and help them in improving their decision making by providing a better social network within the village and a better health care facility which was lacking in that area. From the health empowerment domains, the present study attempts to examine the level of empowerment of women beneficiaries who availed the health services of the company. Women decision making power at familial level and their autonomy is considered as the first step towards the reproductive health empowerment. Autonomy is a multidimensional **concept and therefore difficult to quantify (Malhotra and Schuler, 2002). Women's autonomy** was earlier measured by education, occup**ation but recently is measured by women's ability** to influence decision, control economic resources and move freely (Jejeebhoy, 2002). Dyson and Moore (1983) defined it as the ability – technical, social and psychological- to obtain information and use it **as the basis for making decisions about one's private concerns and those of one's intimates.**

Women's autonomy and husband's involvement are linked because autonomy relates to the distribution of decision making power and resources among members of the household, in **particular between husband and wife (Thapa and Niehof, 2013). Thus, women's autonomy relates to women's power and less of women's status in social context. Autonomous women** have the power for the benefit of her health (Mistry et al., 2009). There are studies which show important criteria to empower women as revealed in the international women health policy by the United States National Council in 1991 regarding personal and family health decision making. The NCIH guidelines suggest some important qualitative indicators of **women's overall health status. Among these are decision making roles in health assessment,** promotion and expenditure. Studies conducted by Mistry et al. (2009) reveal the relation **between women's autonomy in decision making regar**ding mobility inside home while financial autonomy has close relationship with the use of adequate prenatal, delivery and post

natal care services. They found that women's autonomy was associated with greater use of pregnancy care services, particularly prenatal and post natal care. Village factors such as rural development in terms of roads, PHCs access, also increases the care services, Hence, **improvement in women's autonomy and these village related factors also reduce child** bearing problems in rural India. Moreover, maternal autonomy is a determinant of breastfeeding and health of children.

A set of women empowerment indicators related to reproductive health is depicted in Table 21.

Table 21. Women Empowerment indicators of reproductive health

Empowerment Domains	Level I Indicators (Least Empowered)	Level II (Medium Empowered)	Level III (Highest Empowered)
Child Bearing	Decision is made by husband or in-laws	Involved in Decision but not in decision making	Decision is made by herself or together with husband
Contraception	Does not choose a method	Discusses with husband but does not make final decision; or make decisions herself and conceals from husband.	Wife and husband make decision together and feel happy with method chosen.
Sexual Communication and Negotiation	Does not talk to husband or anyone else for sexual relationship.	Feels shy to talk to husband or others regarding sex.	Discuss openly does not feel shy.
Pregnancy	Eats less than usual and does not seek health care services.	Eats and works as usual and plans to seek or sought health care services but does not gain expected result.	Family looks after her needs and has sought healthcare services and gain expected result.
Appraisal of Health Services	Accept services as they are and does not comment	Complains when not satisfied but not directly to health worker.	Complains directly to health worker when not satisfied.
Reproductive Tract Infection	Passively accepts or does not seek medical treatment	Seeks support or medical treatment but does not gain the expected result	Actively seek support or medical treatment and successfully solves the problem.

Reproductive Health Roles and Rights	Believes husband have right to be violent and or unfaithful.	Recognizes her rights but does not always voice them.	Will not tolerate domestic violence.

All the 152 respondents were interviewed in depth by the investigator at their residences and their position (through opinion) were assessed and recorded in the scale. The **respondents' opinion in r**elation to the empowerment domains are described in Tables. Each respondent was requested to respond towards each empowerment domain and her opinion was grouped under one of the three levels of empowerment i.e Level I denotes least empowered, level II denotes medium empowered and level III denotes highly empowered. For each domain three indicators corresponding to three levels of empowerment respectively are provided in Tables along with their frequency and percentages of respondents. The domains are categorized into i.) Health related domains such as decision about child bearing, use of contraception, pregnancy and reproductive tract infection and ii.) Opinion related domains such as sexual communication and negotiation, appraisal of health services and reproductive health roles and rights.

Health Related Domains

Health related domains such as decision making about child bearing, use of contraception, pregnancy and reproductive tract infection are studied against the levels of empowerment (Table 22).

Table 22. Health related indicators and levels of empowerment

Health related indicators	**No. of respondents**	**Percentage**
Decision making regarding child bearing		
Decision is made by husband or in-laws	51	33.6
Involved in decision but not in decision making	90	59.2
Decision is made by herself or together with husband	11	7.2
Decision for using contraception		
Respondent does not choose a method	86	56.6
Discusses with husband but does not make final decision; or make decision herself and conceals from husband.	59	38.8
Make decision together with spouse.	7	4.6

Sexual Communication and negotiation		
Does not talk to husband or anyone else for sexual relationship.	62	40.8
Feels shy to talk to husband or others regarding sex.	87	57.2
Discuss openly does not feel shy.	3	2.0
N	**152**	

The autonomy of women regarding the number of children shows that six out of ten respondents were involved in decision but are not decision makers (level II), whereas 7 percent of the respondents were autonomous to take decisions along with their husbands on this issue and among one third (33%) of the respondents, the decisions were completely made either by the husband or in-laws. Regarding the use of contraception, a majority of the respondents (56.6%) were not autonomous in any way to choose the method of contraception (Level I). While a little above one third of the respondents (38%), discussed with the husband over the issue but did not take the final decision.

Regarding seeking of health care services during pregnancy, majority of them (61.8%) consumed food and worked as usual and also sought health care services but did not gain expected results (Level II) such as one third of them (34.2%) consumed less food than usual and did not seek any health care services (Level I). While only very few respondents (3.9%) sought health care services and gained the expected results (Level III). It is observed from the study that half of the respondents (54.6%) sought support and medical treatment only when they suffered from reproductive tract infection (Level II) whereas 40 % of them passively accepted and did not seek medical treatment (Level I) and only 5 % of respondents actively sought medical treatment (Level III).

Opinion Related Domains

Opinion related domains such as sexual communication and negotiation, appraisal of health services and reproductive health roles and rights are examined with the levels of empowerment (Table 23).

Table 23. Response towards health care services and levels of empowerment

Response towards health care	No. of respondents	Percentage
Health care during pregnancy		
Eats less than usual and does not seek health care services	52	34.2
Eats and works usual plans to seek or sought health care services	94	61.8
Family looks after her needs and has sought health care services	6	3.9
Appraisal of Health Services		
Accept services as they are and does not comment.	57	37.5
Complains when not satisfied but not directly to health worker.	86	56.6
Complains directly to health worker when not satisfied.	9	5.9
Reproductive Tract Infection		
Passively accepts or does not seek medical treatment.	61	40.1
Seeks support or medical treatment.	83	54.6
Actively seek support or medical treatment.	8	5.3
Reproductive health roles and rights		
Believes husband have right to be violent and or unfaithful.	52	34.2
Recognizes her rights but does not always voice them.	96	63.2
Will not tolerate domestic violence.	4	2.6
N	152	

More than half of the respondents (57.2%) felt shy to talk to husband or anyone else regarding sex (Level II) whereas four out of ten (40 %) did not talk to anyone regarding sex (Level I), and only two percent of respondents discussed openly without feeling shy (Level III). Regarding availability of health services by the respondents, a majority of them (56.6%) complained when not satisfied but not directly to health worker (Level II) whereas a little above one third (37%) of them accepted the services as they are and did not complain (Level I), and only a small proportion (5%) of them complained directly to the health worker when not satisfied on their service (Level III).

Regarding the reproductive roles and rights, close to two third of them (63.2%) although aware of such roles and rights preferred not to voice them (Level II) whereas one third (34%) of them believed that the husband had the right to be violent and/or unfaithful (Level I) and very few (2.6%) of the respondents did not tolerate domestic violence (Level III). Across the various domains a majority of respondent expressed the empowerment level II. A deeper

analysis of each empowerment domain is observed across the background characteristics of the respondents.

Table 24. Decision making in child bearing by background characteristics

Background Characteristics	Decision making (Empowerment Indicators) – Child Bearing						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	10	19.6	19	21.1	1	9.1	30	19.7
21 to26	35	68.6	60	66.7	8	72.7	103	67.8
26 and above	6	11.8	11	12.2	2	18.2	19	12.5
Caste								
General	23	45.1	17	18.9	2	18.2	42	27.6
Other Backward Castes	16	31.4	43	47.8	5	45.5	64	42.1
Scheduled Castes	10	19.6	20	22.2	4	36.4	34	22.4
Scheduled Tribes	2	3.9	10	11.1	--	--	12	7.9
Educational Status								
Illiterate	17	33.3	30	33.3	4	36.4	51	33.6
Primary	12	23.5	13	14.4	3	27.3	28	18.4
Secondary	8	15.7	23	25.6	3	27.3	34	22.4
Higher Secondary	14	27.5	24	26.7	1	9.1	39	25.7
Type of Family								
Nuclear	24	47.1	44	48.9	3	27.3	71	46.7
Joint	27	52.9	46	51.1	8	72.7	81	53.3
Accommodation								
Own House	48	94.1	78	86.7	11	100.0	137	90.1
Rented House	3	5.9	12	13.3	--	--	15	9.9
Possession of Land								
Land with Patta	24	47.1	56	62.2	6	54.5	86	56.6
No Land of Own	27	52.9	34	37.8	5	45.5	66	43.4
Family Income (in Rs.)								
2000 and less	13	25.5	23	25.6	3	27.3	39	25.7
2001 to 3000	32	62.7	60	66.7	8	72.7	100	65.8
3001 and above	6	11.8	7	7.8	--	--	13	8.6

N=152

In this subsection an attempt has been made to see the involvement of women in decision making with regard to child bearing. The background information of respondents are cross tabulated with the level of decision making. The measurement of empowerment of women is divided into three levels. Level I which is least empowered, level II which is medium

empowered and level III which is most empowered. The respondent's opinion shows the different level of empowerment and relative statement of opinion regarding child bearing. Level I depicts the statement o**f respondent " decision is made by husband or in laws, level II** depicts the statement involved in decision but not on decision making. Level III depict decision is made by herself or together with husband.

The data shows that a greater proportion of (59.2%) women are involved in decision but not in decision making, followed by level I and level III. With regard to women, whose childbearing decision is made by husband or in-laws a majority belongs to a younger age of 21 to 25 years and general castes (45.1%). Larger proportions also reside in joint family, are illiterates (33.3%), and family income largely ranges between Rs 2001 to 3000. With regard to the medium or level II of empowerment, backward caste show relative prominence and those with ownership of land also express better level of decision making. Considering the highest level of empowerment a greater proportion are relatively in the older age group (21 to 32 years and above), a noticeable proportion belong to backward caste or scheduled caste and a considerable proportion have secondary level of education.

Table 25. Decision making in usage of contraception by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Usage of Contraception						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	19	22.1	10	16.9	1	14.3	30	19.7
21 to26	58	67.4	40	67.8	5	71.4	103	67.8
26 and above	9	10.5	9	15.3	1	14.3	19	12.5
Caste								
General	28	32.6	13	22.0	1	14.3	42	27.6
Other Backward Castes	35	40.7	28	47.5	1	14.3	64	42.1
Scheduled Castes	18	20.9	11	18.6	5	71.4	34	22.4
Scheduled Tribes	5	5.8	7	11.9	--	--	12	7.9
Educational Status								
Illiterate	24	27.9	24	40.7	3	42.9	51	33.6
Primary	21	24.4	7	11.9	--	--	28	18.4
Secondary	19	22.1	14	23.7	1	14.3	34	22.4
Higher Secondary	22	25.6	14	23.7	3	42.9	39	25.7

Type of Family								
Nuclear	37	43.0	32	54.2	2	28.6	71	46.7
Joint	49	57.0	27	45.8	5	71.4	81	53.3
Accommodation								
Own House	79	91.9	51	86.4	7	100.0	137	90.1
Rented House	7	8.1	8	13.6	--	--	15	9.9
Possession of Land								
Land with Patta	43	50.0	40	67.8	3	42.9	86	56.6
No Land of Own	43	50.0	19	32.2	4	57.1	66	43.4
Family Income (in Rs.)								
2000 and less	17	19.8	21	35.6	1	14.3	39	25.7
2001 to 3000	57	66.3	37	62.7	6	85.7	100	65.8
3001 and above	12	14.0	1	1.7	--	--	13	8.6

N=152

In this subsection an attempt is made to see the involvement of women in decision making with regard to contraception in relation to background characteristics. With regard to contraception, the level I of least empowered is depicted by the respondents statement that **"for contraception they do not choose a method", Level II of medium empowered is indicated by the statement of the respondent "discuss with husband but does not make final decision or make decision herself and conceals from husband" and Level I**II of most **empowered is depicted by the statement "wife and husband make decision together and feel happy with method chosen."**

The data shows that above one third of (38.8%) women discuss with their spouse but does not make final decision or make decision herself. Respondents who are least empowered, reflect that a majority are in the age group of 21 to 26 years, belong to other backward caste and earn largely between 2001 to 3000 rupees. With regard to contraceptive use, those respondents at medium level of empowerment belong to the age group of 21 to 26 years, are largely from backward castes, nuclear families and belong to the income group ranging from 2001 to 3000 rupees per month. Respondents whose husband and wife make decision together with the method chosen are considered to be most empowered and are observed to belong to the age group of 21- 26 years and largely scheduled caste members (71.4%).

Table 26. Decision making in sexual communication and negotiation by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Sexual communication and negotiation						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	8	12.9	22	25.3	--	--	30	19.7
21 to26	52	83.9	49	56.3	2	66.7	103	67.8
26 and above	2	3.2	16	18.4	1	33.3	19	12.5
Caste								
General	8	12.9	33	37.9	1	33.3	42	27.6
Other Backward Castes	29	46.8	34	39.1	1	33.3	64	42.1
Scheduled Castes	16	25.8	17	19.5	1	33.4	34	22.4
Scheduled Tribes	9	14.5	3	3.4	--	--	12	7.9
Educational Status								
Illiterate	20	32.3	30	34.5	1	33.3	51	33.6
Primary	9	14.5	18	20.7	1	33.3	28	18.4
Secondary	16	25.8	18	20.7	0	--	34	22.4
Higher Secondary	17	27.4	21	24.1	1	33.4	39	25.7
Type of Family								
Nuclear	24	38.7	46	52.9	1	33.3	71	46.7
Joint	38	61.3	41	47.1	2	66.7	81	53.3
Accommodation								
Own House	55	88.7	79	90.8	3	100.0	137	90.1
Rented House	7	11.3	8	9.2	--	--	15	9.9
Possession of Land								
Land with Patta	42	67.7	42	48.3	2	66.7	86	56.6
No Land of Own	20	32.3	45	51.7	1	33.3	66	43.4
Family Income (in Rs.)								
2000 and less	18	29.0	21	24.1	--	--	39	25.7
2001 to 3000	40	64.5	57	65.5	3	100.0	100	65.8
3001 and above	4	6.5	9	10.3	--	--	13	8.6

N=152

An attempt is made to examine the involvement of women in decision making with regard to sexual communication and negotiation. The Background information of respondents is cross tabulated with the level of decision making skills. Level I, which is the least empowered indicators, shows the opinion of the respondent with regard to sexual communication and **negotiation that the respondent "does not talk to husband or anybody else about sexual relationship". Level II is medium empowerme**nt indicator which is depicted by the

respondent “feeling shy to talk to husband or others regarding sex” and finally level III is considered a strongly empowered indicator is depicted by “discussing openly with husband and does not feel shy’.

The data shows that more than half of (57.2%) the respondents feel shy to talk to husband or others regarding sex, followed by level I and level III. Regarding respondents about at level I and level II are in the age group of 21 to 26 years, largely belong to backward caste, are illiterates and live in joint family and earn a family income between 2001 to 3000 rupees per month. Considering respondents who feel shy to talk to husband or others regarding sex largely belong to 21 to 26 years of age, significant proportion are from backward and general category and have a family income of 2000 to 3000 rupees. With regard to respondents who discuss openly with husband, the respondents are relatively older, have familial possession of patta land, indicating better economic position but an equal representation of respondents are noticed across all castes and educational status.

Table 27. Decision making in health care during pregnancy by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Care during Pregnancy						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	9	17.3	20	21.3	1	16.7	30	19.7
21 to26	36	69.2	63	67.0	4	66.7	103	67.8
26 and above	7	13.5	11	11.7	1	16.6	19	12.5
Caste								
General	15	28.8	25	26.6	2	33.3	42	27.6
Other Backward Castes	24	46.2	38	40.4	2	33.3	64	42.1
Scheduled Castes	9	17.3	23	24.5	2	33.4	34	22.4
Scheduled Tribes	4	7.7	8	8.5	--	--	12	7.9
Educational Status								
Illiterate	14	26.9	35	37.2	2	33.3	51	33.6
Primary	14	26.9	12	12.8	2	33.3	28	18.4
Secondary	13	25.0	21	22.3	--	--	34	22.4
Higher Secondary	11	21.2	26	27.7	2	33.4	39	25.7

Type of Family								
Nuclear	27	51.9	41	43.6	3	50.0	71	46.7
Joint	25	48.1	53	46.4	3	50.0	81	53.3
Accommodation								
Own House	45	86.5	86	91.5	6	100.0	137	90.1
Rented House	7	13.5	8	8.5	--	--	15	9.9
Possession of Land								
Land with Patta	26	50.0	56	59.6	4	66.7	86	56.6
No Land of Own	26	50.0	38	40.4	2	33.3	66	43.4
Family Income (in Rs.)								
2000 and less	19	36.5	19	20.2	1	16.7	39	25.7
2001 to 3000	28	53.8	67	71.3	5	83.3	100	65.8
3001 and above	5	9.6	8	8.5	--	--	13	8.6

N=152

An attempt is made to examine the decision making regarding healthcare during pregnancy. The decision making skills are classified into three levels. With regard to the domain of pregnancy, the three level depicts three different levels of empowerment where level I shows **that the respondents "eats less than usual and does not seek health care services" level II shows that the respondents "eats and work**s as usual and plans to seek or sought health care services but does not gain expected result and level III which depicts that the empowerment **"Family looks after her needs and has sought health care services and gain expected result"**

The data shows that six out of ten (61.8%) women eat and work as usual and plans to seek or sought health care services but does not gain expected result followed by level I and level III. A greater proportion of respondents is in level I and in the age group of 21 to 26 years, belongs to backward caste and is in families having earnings of 2001 to 3000 rupees. With regard to level II, a greater proportion are also in the age group of 21 to 26 years and belong to backward caste, a significant proportion are illiterates and earn between 2001 to 3000 rupees. Women who are highest empowered also has a similar set of background characteristics and does not show significant variation. The observation indicates no major changes across the background characteristics.

Table 28. Decision making in appraisal of health services by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Appraisal of health services						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	10	17.5	16	18.6	4	44.4	30	19.7
21 to26	40	70.2	59	68.6	4	44.4	103	67.8
26 and above	7	12.3	11	12.8	1	11.2	19	12.5
Caste								
General	17	29.8	24	27.9	1	11.2	42	27.6
Other Backward Castes	24	42.1	38	44.2	2	22.2	64	42.1
Scheduled Castes	13	22.8	18	20.9	3	33.3	34	22.4
Scheduled Tribes	3	5.3	6	7.0	3	33.3	12	7.9
Educational Status								
Illiterate	25	43.9	24	27.9	2	22.2	51	33.6
Primary	10	17.5	17	19.8	1	11.2	28	18.4
Secondary	12	21.1	20	23.3	2	22.2	34	22.4
Higher Secondary	10	17.5	25	29.1	4	44.4	39	25.7
Type of Family								
Nuclear	21	36.8	47	54.7	3	33.3	71	46.7
Joint	36	63.2	39	45.3	6	66.7	81	53.3
Accommodation								
Own House	53	93.0	75	87.2	9	100.0	137	90.1
Rented House	4	7.0	11	12.8	--	--	15	9.9
Possession of Land								
Land with Patta	30	52.6	52	60.5	4	44.4	86	56.6
No Land of Own	27	47.4	34	39.5	5	55.6	66	43.4
Family Income (in Rs.)								
2000 and less	17	29.8	21	24.4	1	11.1	39	25.7
2001 to 3000	36	63.2	56	65.1	8	88.9	100	65.8
3001 and above	4	7.0	9	10.5	--	--	13	8.6

N=152

In this section, an attempt has a been made to see the involvement of women in decision making with regard to appraisal of health service, The background information of respondents are cross tabulated with the level of decision making skills. The respondents opinion were measured by three levels with regard to the empowerment domain of appraisal **of health service where level I depicts that the respondents "Accepts services as they are and does not comment", level II depicts medium empowerment where the resp**ondent complains

when not satisfied but not directly to health workers", while Level III the most empowered respondent complains directly to worker when not satisfied."

The data shows that more than half of (56.6%) the women complains when not satisfied but not directly to health workers followed by level I and level III. The data shows that seven out of ten respondents from the least empowered group are in the age group of 21 to 26 years and are largely backwards caste (42.1%) . Majorities are also illiterates and belongs to joint family and have an income range of Rs 2001-3000. A similar trend is noticed for those in medium empowered group. It is noticeable that those respondents who are most empowered belong to the scheduled caste and scheduled tribe, while relatively more educated respondents are also better empowered, though their income range between Rs 2001 to 3000 or even if they reside in joint family.

Table 29. Decision making in treatment for reproductive tract infection by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Treatment for Reproductive tract infections						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	10	16.4	16	19.3	4	50.0	30	19.7
21 to26	43	70.5	57	68.7	3	37.5	103	67.8
26 and above	8	13.1	10	12.0	1	12.5	19	12.5
Caste								
General	18	29.5	23	27.7	1	12.5	42	27.6
Other Backward Castes	18	29.5	44	53.0	2	25.0	64	42.1
Scheduled Castes	21	34.4	11	13.3	2	25.0	34	22.4
Scheduled Tribes	4	6.6	5	6.0	3	37.5	12	7.9
Educational Status								
Illiterate	17	27.9	32	38.6	2	25.0	51	33.6
Primary	16	26.2	11	13.3	1	12.5	28	18.4
Secondary	8	13.1	24	28.9	2	25.0	34	22.4
Higher Secondary	20	32.8	16	19.3	3	37.5	39	25.7
Type of Family								
Nuclear	29	47.5	39	47.0	3	37.5	71	46.7
Joint	32	52.5	44	53.0	5	62.5	81	53.3

Accommodation								
Own House	55	90.2	74	89.2	8	100.0	137	90.1
Rented House	6	9.8	9	10.8	--	--	15	9.9
Possession of Land								
Land with Patta	40	65.6	43	51.8	3	37.5	86	56.6
No Land of Own	21	34.4	40	48.2	5	62.5	66	43.4
Family Income (in Rs.)								
2000 and less	17	27.9	21	25.3	1	12.5	39	25.7
2001 to 3000	38	62.3	55	66.3	7	87.5	100	65.8
3001 and above	6	9.8	7	8.4	--	--	13	8.6

N=152

In this subsection an attempt has a been made to see the support sought during reproductive tract infection which is explained with support of table 29. The Background information of respondents are cross tabulated with the level of decision making skills. For this purpose the measurement of empowerment of women is divided into three levels. The response of the respondents is depicted. Level I of least empowered which indicates respondents passively accept **or does not seek medical treatment. Level II depicts that the respondent "**seek support **or medical treatment but does not gain the expected result" and level III depicts that the** respondent actively seek support or medical treatment and successfully solves the problem.

The data shows that more than half (54.6%) of the women seeks support or medical treatment but does not gain the expected result, followed by level I and level III. Those respondents who passively accept or do not seek medical treatment and are least empowered largely belong to the age group of 21-26 years (70%), joint family (52.5%), scheduled caste (34.4%) and have an income range of Rs 2001-3000 rupees (62.3%). Among those respondents who seek support or medical treatment, do not gain the expected result, it is observed that two thirds are from middle age group, belong to joint family. Illiterates are also found in the category and a large group earn between 2001 to 3000 rupees. From among the respondents who actively seek support and medical treatment and successfully solve the problem more than half are of younger age of 17-20 years and belong to joint family. With regard to education there is a mixed trend of both highly educated and illiterates also being in a position to take decisions independently while an overwhelming number of respondents are in the income group of Rs 2001-3000.

Table 30. Decision making in exercise of reproductive health roles and rights by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Reproductive health roles and rights						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	7	13.5	23	24.0	--	--	30	19.7
21 to26	38	73.1	62	64.6	3	75.0	103	67.8
26 and above	7	13.5	11	11.5	1	25.0	19	12.5
Caste								
General	14	26.9	27	28.1	1	25.0	42	27.6
Other Backward Castes	24	46.2	38	39.6	2	50.0	64	42.1
Scheduled Castes	12	23.1	21	21.9	1	25.0	34	22.4
Scheduled Tribes	2	3.8	10	10.4	--	--	12	7.9
Educational Status								
Illiterate	17	32.7	33	34.4	1	25.0	51	33.6
Primary	13	25.0	15	15.6	--	--	28	18.4
Secondary	8	15.4	24	25.0	2	50.0	34	22.4
Higher Secondary	14	26.9	24	25.0	1	25.0	39	25.7
Type of Family								
Nuclear	24	46.2	46	47.9	1	25.0	71	46.7
Joint	28	53.8	50	52.1	3	75.0	81	53.3
Accommodation								
Own House	46	88.5	87	90.6	4	100.0	137	90.1
Rented House	6	11.5	9	9.4	--	--	15	9.9
Possession of Land								
Land with Patta	26	50.0	58	60.4	2	50.0	86	56.6
No Land of Own	26	50.0	38	39.6	2	50.0	66	43.4
Family Income (in Rs.)								
2000 and less	10	19.3	28	29.2	1	25.0	39	25.7
2001 to 3000	36	69.2	61	63.5	3	75.0	100	65.8
3001 and above	6	11.5	7	7.3	--	--	13	8.6

N=152

An attempt is made to examine the decision making of women in reproductive health roles and rights, the background characteristics of respondents are cross tabulated with the level of decision making skills. With regard to reproductive health roles and rights level I relates to, "Belives **husband have right to be violent and/or unfaithful", level II relates to** "Recognizes **her rights but does not always voice them" and level III relates to "Will not tolerate domestic violence".**

The data shows that nearly two thirds (63.2%) recognize their rights but does not always voice them. The cross tabulations of respondents who believe that husband have right to be violent and unfaithful are treated as least empowered, and the background characteristics shows that they belong to the age group of 21 to 26 years, backward castes (46.2%), and are mostly from nuclear family (46.2%). Significant proportions are illiterates and have a family income of 2001 to 3000 rupees. With regard to respondents, who recognize their rights but does not always voice them also belong to the age group of 21 to 26 years, are mostly from other backward caste (39.6%), and have a family earning between Rs 2001 and 3000. Such respondents are from joint families and are largely illiterates. Those who do not tolerate domestic violence and are associated with most empowered group are also largely in the age group of 21 to 26 years. Those respondents also belong to other backwards caste and joint family (75%), though they enjoy a distinction of being educated up to secondary level.

Household Empowerment

The empowerment domain of the present scale deals with the household level, familial status of women such as involvement of husband is sharing household work, decision making power of the women inside the house, exposure outside home and understanding of the rights of husband and wife. Studies conducted by Story and Burgard (2012), shows that household **decision making and women's health status has an association. Compared to joint decision making, husband's exclusive decision making is negatively associated with antenatal care** utilization and skilled delivery care for women. It is also seen that independence of women and autonomy with respect to health related decision making, may be restricted in a society where women are embedded in social relationships and have strong cultural and structural types to men.

Studies have also show**n that both increasing women's autonomy and increasing husband** involvement in maternal health care are promising strategies to enhance maternal health care utilization (Thapa and Niehof, 2013). Women decision making power and autonomy have been hypothesized to be closely linked to maternal and child health outcomes (Caldwell and Caldwell, 1993). Decision making autonomy was associated with lower likelihood of **discussion with husband during pregnancy and husband's presence at antenatal care visits**

(Thapa and Niehof, 2013). Greater autonomy would enable her to go outside the home to seek health care services (Berhane et.al, 2001). Husbands who shared housework and child **care were more likely to respect their spouse's equal rights, to be concerned about their** general well-being and thus to encourage them to seek care when needed. Similarly, husbands were involved in giving advice, supporting to reduce the household work burden, and making financial transportation arrangement for delivery in Nepal (Thapa and Niehof, 2013). Therefore, gender division of household work is another important dimension of **women's status and has an impact on maternal and child health deserves research attention** (Li, 2004). The scale shows the women empowerment indicators through socio economic domain.

Table 31. Women Empowerment indicators of household decision making

Indicators	**Level I (Least Empowered)**	**Level II (Medium Empowered)**	**Level III (Most Empowered)**
Production	**Follows husband's** decision without any discussion	Involved in discussion but not decision making	Shares discussion and decision making or decides by herself
Housework	All done by women	Husband does some when requested	Husband shares housework with wife.
Family Expenditure	Not involved in discussion and decision making	Involved in discussion but not in decision	Shares discussion and decision making or decides by herself
Relationships with natal relatives	Does not decide on expenses for visits and other related to natal relatives	Discusses timidly with husband	Decides by herself or discusses with husband and get his support
Community Participation	Does not decide or take part	Requests to participate but is forbidden by husband	Decides by herself or discuss with husband and get his support
Rights of husband and wives in the family.	Accepts that husband has more rights in family and considers it natural	Has some ideas about equal rights but do not succeed in persuading husband	Believes strongly in equal rights and gains husba**nd's** support.

Table 32. Response towards household decision making and levels of empowerment

Household decision making indicators	No. of respondents	Percentage
Overall decision in family		
Follows husband's decision without any discussion (Level 1)	79	52.0
Involved in discussion but not decision making (Level 2)	66	43.4
Shares discussion and decision making or decides by herself (Level 3)	7	4.6
Spouses involvement in household work		
All done by women (Level 1)	60	39.5
Husband does some when requested (Level 2)	86	56.6
Husband share housework with wife (Level 3)	6	3.9
Decision on expenditure for family		
Not involved in discussion and decision making (Level 1)	57	37.5
Involved in discussion but not in decision (Level 2)	62	40.8
Shares discussion and decision making or decides by herself (Level 3)	33	21.7
Decision for visits to natal relatives		
Does not decide on expenses for visits and other related to natal relatives (Level 1)	61	40.1
Discuss timidly with husband (Level 2)	58	38.2
Discuss with husband and he support or decides by herself (Level 3)	33	21.7
Community participation		
Does not decide or take part (Level 1)	59	38.8
Request to participate but is forbidden by husband (Level 2)	48	31.6
Discuss with husband and gets his support or Decides by herself (Level 3)	55	29.6
Domain of rights of husband and wives in the family		
Accepts that husband has more rights in family and considers it natural (Level 1)	50	32.9
Has some ideas about equal rights but does not succeed in persuading husband (Level 2)	95	62.5
Believes strongly in equal rights and gains husband's support (Level 3)	7	4.6
N	152	

More than half of the respondents (56 percent) expressed that their spouse extend support in some household work when requested, while four out of ten respondents completed all

household work alone, and only a very small proportion receive significant household work related support from spouse. Four out of ten respondents are involved in discussion but not in decision making while 37 percent reported that they do not involve in discussion or decision making, and only a very small proportion of women engage in decision making. With regard to family expenditure, four out of ten respondents do not decide on visits outside or those related to natal relatives, though 38 percent discuss timidly with husband. One fourth of the respondents are empowered towards deciding.

Close to four out of ten respondents does not decide or take part in any community participation whereas, three out of ten request their husband to allow participation and a little above one fourth decides themselves or discusses with the husband and gets his support. Nearly two third of the respondents has some ideas about equal rights but do not succeed in persuading husband and more than three out of ten respondents accept that husband has more rights in family and considers it natural and a small proportion of respondents (4 percent) believes strongly in equal rights and has the support of spouse. Comparing across domains, it is observed that, a majority of respondents are at level II of empowerment and a noticeable proportion are at level I in some aspects. The socioeconomic empowerment domain is seen against the background characteristics.

Table 33. Decision making in household production by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Production						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	18	22.8	12	18.2	--	--	30	19.7
21 to26	54	68.4	44	66.7	5	71.4	103	67.8
26 and above	7	8.9	10	15.2	2	28.6	19	12.5
Caste								
General	24	30.4	16	24.2	2	28.6	42	27.6
Other Backward Castes	35	44.3	27	40.9	2	28.6	64	42.1
Scheduled Castes	16	20.3	16	24.2	2	28.6	34	22.4
Scheduled Tribes	4	5.1	7	10.6	1	14.2	12	7.9
Educational Status								
Illiterate	28	35.4	21	31.8	2	28.6	51	33.6
Primary	16	20.3	11	16.7	1	14.2	28	18.4
Secondary	18	22.8	14	21.2	2	28.6	34	22.4
Higher Secondary	17	21.5	20	30.3	2	28.6	39	25.7
Type of Family								
Nuclear	35	44.3	36	54.5	--	--	71	46.7
Joint	44	55.7	30	45.5	7	100.0	81	53.3
Accommodation								
Own House	74	93.7	56	84.8	7	100.0	137	90.1
Rented House	5	6.3	10	15.2	--	--	15	9.9
Possession of Land								
Land with Patta	41	51.9	42	63.6	3	42.9	86	56.6
No Land of Own	38	48.1	24	36.4	4	57.1	66	43.4
Family Income (in Rs.)								
2000 and less	18	22.8	21	31.8	--	--	39	25.7
2001 to 3000	56	70.9	37	56.1	7	100.0	100	65.8
3001 and above	5	6.3	8	12.1	--	--	13	8.6

N=152

The empowerment levels of respondents are cross tabulated with the background characteristics. Regarding production, respondents who are least empowered respond that **they "follow husband's decision without any discussion" while** level II respondents opine **that they are "involved in discussion but not in decision making''** and those who are most **empowered "shared discussion and decision making** or decides by self. The data shows that one half of the (52.0%) women follow the husband decision without discussion.

Above two- thirds (68.0%) of the respondents follow the decision of the husband without any discussion and are considered to be least empowered .They belong to the age group 21-26 years, backward caste (44.3%), joint families (55.7%) and a considerable proportion are illiterates (35.4%) and family income range between Rs. 2001 to 3000. Among those respondents who are involved in decision but not in decision making, a large proportion (66.7%) belong to the age group of 21 to 26 years, are illiterates (31.8%) and belong to other backward castes. With regard to production, those respondents who discuss and decide or decides by self are considered most empowered largely belong to the age group of 21 to 26 years (71.4%), are distributed across all castes, are illiterates (28.6%) and their income range between 2001 to 3000.

Table 34. Decision making in household work by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Household work						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	9	15.0	21	24.4	--	--	30	19.7
21 to26	42	70.0	55	64.0	6	100.0	103	67.8
26 and above	9	15.0	10	11.6	--	--	19	12.5
Caste								
General	16	26.7	26	30.2	--	--	42	27.6
Other Backward	29	48.3	35	40.7	--	--	64	42.1
Castes	14	23.3	18	20.9	2	33.3	34	22.4
Scheduled Castes	1	1.7	7	8.1	4	66.7	12	7.9
Scheduled Tribes								
Educational Status								
Illiterate	25	41.7	24	27.9	2	33.3	51	33.6
Primary	12	20.0	16	18.6	--	--	28	18.4
Secondary	13	21.7	19	22.1	2	33.3	34	22.4
Higher Secondary	10	16.7	27	31.4	2	33.4	39	25.7
Type of Family								
Nuclear	36	60.0	32	37.2	3	50.0	71	46.7
Joint	24	40.0	54	62.8	3	50.0	81	53.3
Accommodation								
Own House	53	88.3	79	91.9	5	83.3	137	90.1
Rented House	7	11.7	7	8.1	1	16.7	15	9.9
Possession of Land								
Land with Patta	33	55.0	48	55.8	5	83.3	86	56.6

No Land of Own	27	45.0	38	44.2	1	16.7	66	43.4
Family Income (in Rs.)								
2000 and less	20	33.3	19	22.1	--	--	39	25.7
2001 to 3000	35	58.3	59	68.6	6	100.0	100	65.8
3001 and above	5	8.3	8	9.3	--	--	13	8.6

N=152

An attempt is made to see the empowerment domain of housework across the background characteristics of respondents. For this purpose, the empowerment is divided into three levels Level I as least empowered, level II as medium empowered and level III as most empowered group. With regard to house hold work, those respondents who are of least empowered **group, respond as "all work is done by the women" Level II of medium empowerment depicts the opinion that "husband does some work when requested" and finally le**vel III of **most empowered depicts that "husband share housework with wife".** The data shows that a **greater proportion of (56.6%) respondent's spouses** do some household work when requested, followed by level I and level III.

Those respondents who reported "all work is done by women" are in the age group of 21 to 26 years (70%) and belong to nuclear family (60%), belong to back ward caste (48.3%) and are illiterates (41.7%) with earning of Rs 2001 to 3000. Among those respondents who said **"husband does some work when requested" and belong to joint family, while other characteristics are similar. Among those respondents who said that their "husband share house hold work", it is noted that a majority of respondents belong to scheduled Tribe or** Scheduled Caste while other characteristics are similar to its group.

Table 35. Decision making in household expenditure by background characteristics

Background Characteristics	**Decision making (Women Empowerment Indicators) – Household expenditure**						**Total**	
	Level – I		**Level – II**		**Level – III**			
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Age (in Yrs.)								
Upto 20	11	19.3	12	19.4	7	21.2	30	19.7
21 to26	39	68.4	43	69.4	21	63.6	103	67.8
26 and above	7	12.3	7	11.3	5	15.2	19	12.5

Caste								
General	22	38.6	15	24.2	5	15.2	42	27.6
Other Backward Castes	22	38.6	32	51.6	10	30.3	64	42.1
Scheduled Castes	12	21.1	11	17.7	11	33.3	34	22.4
Scheduled Tribes	1	1.8	4	6.5	7	21.2	12	7.9
Educational Status								
Illiterate	17	29.8	20	32.3	14	42.4	51	33.6
Primary	12	21.1	12	19.4	4	12.1	28	18.4
Secondary	13	22.8	13	21.0	8	24.2	34	22.4
Higher Secondary	15	26.3	17	27.4	7	21.2	39	25.7
Type of Family								
Nuclear	26	45.6	33	53.2	12	36.4	71	46.7
Joint	31	54.4	29	46.8	21	63.6	81	53.3
Accommodation								
Own House	51	89.5	56	90.3	30	90.9	137	90.1
Rented House	6	10.5	6	9.7	3	9.1	15	9.9
Possession of Land								
Land with Patta	29	50.9	35	56.5	22	66.7	86	56.6
No Land of Own	28	49.1	27	43.5	11	33.3	66	43.4
Family Income (in Rs.)								
2000 and less	16	28.1	18	29.0	5	15.2	39	25.7
2001 to 3000	32	56.1	41	66.1	27	81.8	100	65.8
3001 and above	9	15.8	3	4.8	1	3.0	13	8.6

N=152

In this section an attempt is made to examine the empowerment levels regarding family expenditure across the background characteristics. Level I responses relate to family expenditure where the respondent is not involved in discussion and decision making, Level II **includes that the respondent "involved in discussion but not in decision" and level III indicates "share discussion and decision making or decides by self".** The data shows that a greater proportion of (40.8%) women are involved in decision but not in decision making.

With regard to the family expenditure across the background characteristics, it is observed that a majority of respondents who are not involved in discussion and decision making belong to the age group of 21 to 26 years, backward caste, reside in joint families and have an income of 2001 to 3000 per month for middle income category. A similar pattern regarding background characteristic is noticed for level II of empowerment. Though other

background characteristics are similar, the most empowered respondents are largely from Scheduled Castes and are illiterates.

Table 36. Decision making in issues related to natal relatives by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Issues related to natal relatives						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	15	24.6	8	13.8	7	21.2	30	19.7
21 to26	36	59.0	45	77.6	22	66.7	103	67.8
26 and above	10	16.4	5	8.6	4	12.1	19	12.5
Caste								
General	22	36.1	10	17.2	10	30.3	42	27.6
Other Backward Castes	28	45.9	23	39.7	13	39.4	64	42.1
Scheduled Castes	11	18.0	15	25.9	8	24.2	34	22.4
Scheduled Tribes	--	--	10	17.2	2	6.1	12	7.9
Educational Status								
Illiterate	21	34.4	22	37.9	8	24.2	51	33.6
Primary	13	21.3	11	19.0	4	12.1	28	18.4
Secondary	14	23.0	11	19.0	9	27.3	34	22.4
Higher Secondary	13	21.3	14	24.1	12	36.4	39	25.7
Type of Family								
Nuclear	27	44.3	31	53.4	13	39.4	71	46.7
Joint	34	55.7	27	46.6	20	60.6	81	53.3
Accommodation								
Own House	56	91.8	50	86.2	31	93.9	137	90.1
Rented House	5	8.2	8	13.8	2	6.1	15	9.9
Possession of Land								
Land with Patta	37	60.7	29	50.0	20	60.6	86	56.6
No Land of Own	24	39.3	29	50.0	13	39.4	66	43.4
Family Income (in Rs.)								
2000 and less	19	31.1	11	19.0	9	27.3	39	25.7
2001 to 3000	35	57.4	44	75.9	21	63.6	100	65.8
3001 and above	7	11.5	3	5.1	3	9.1	13	8.6

N=152

In this subsection an attempt has been made to analyze the empowerment domain of relationship with natal relatives across the socio economic background. The response of the respondents are categorized into three levels where least empowered group depicts the statement that with regard to relationship of response with natal relatives, the respondents

"does not decide on expenses for visit and other issues relat**ed to natal relatives". Level II** depicts the respondent discusses timidly with husband and at level III the respondent decides by herself or discusses with husband and gets his support. The data shows that a greater proportion of (40.3%) women do not decide followed by level II and level III.

When the empowerment domain of relationship with natal relatives is seen across the differential background characteristic, it is seen that those respondents who does not decide on expenses for visits and other related to natal relatives are largely (59.0%) in the age group of 21 to 26 years and are mostly married and belong to joint family. A majority of them (45.9%) are from other backward caste, followed by general caste. Those respondents who discuss timidly with husband regarding relationship with natal relatives to the age group of 21 to 26 years and are in nuclear families (53.4%), other backward caste (39.7%), followed by scheduled caste. Illiterates are higher (37.9%), followed by respondents who studied up to secondary level and basically from the middle income category. Those respondents who decide by herself or discuss with husband by getting his support considered to be most empowered mostly belong to 21 to 26 years of age (66.7%), other backward caste (39.4%) and are mostly in joint families (60.6%), better educated (36.4%) and belong to middle income group of Rs 2001-3000 (63.6%).

Table 37. Decision making in community participation by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Community Participation						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	11	18.6	7	14.6	12	26.7	30	19.7
21 to26	40	67.8	35	72.9	28	62.2	103	67.8
26 and above	8	13.6	6	12.5	5	11.1	19	12.5
Caste								
General	15	25.4	17	35.4	10	22.2	42	27.6
Other Backward Castes	28	47.5	20	41.7	16	35.6	64	42.1
Scheduled Castes	15	25.4	8	16.7	11	24.4	34	22.4
Scheduled Tribes	1	1.7	3	6.2	8	17.8	12	7.9

Educational Status								
Illiterate	17	28.8	21	43.8	13	28.9	51	33.6
Primary	13	22.0	8	16.7	7	15.6	28	18.4
Secondary	14	23.7	8	16.7	12	26.7	34	22.4
Higher Secondary	15	25.4	11	22.9	13	28.9	39	25.7
Type of Family								
Nuclear	21	35.6	25	52.1	25	55.6	71	46.7
Joint	38	64.4	23	47.9	20	44.4	81	53.3
Accommodation								
Own House	55	93.2	42	87.5	40	88.9	137	90.1
Rented House	4	6.8	6	12.5	5	11.1	15	9.9
Possession of Land								
Land with Patta	29	49.2	30	62.5	27	60.0	86	56.6
No Land of Own	30	50.8	18	37.5	18	40.0	66	43.4
Family Income (in Rs.)								
2000 and less	19	32.2	15	31.2	5	11.1	39	25.7
2001 to 3000	33	55.9	31	64.6	36	80.0	100	65.8
3001 and above	7	11.9	2	4.2	4	8.9	13	8.6

N=152

An attempt is also made to examine the women empowerment domain of community participation across the background characteristics. The opinion of respondents with regard to community participation is categorized into three levels where level I indicates the **respondents 'does not decide or take part' and hence are least empowered. Level II depicts that the respondents 'requests to participate but is forbidden by husband' and level III depicts that the respondent 'decides by herself or discuss with husband and gets his support'.** The data shows that a significant proportion of (38.8%) women does not decide or take part, indicating very low level of empowerment in this domain.

An overwhelming proportion of respondents who are least empowered are in joint families largely illiterates, belong to middle level income group. Those respondents who said that they request to participate but is forbidden by husband about the community participation are again in the age group of 21 to 26 years and largely belong to nuclear family, other backward castes are illiterates and in middle income group. With regard to the community participation, those respondents who are most empowered and are of the opinion that they decide by self or discuss with husband and get his support, from among them a higher percent of respondents are also in the age group of 21 to 26 years and mostly from other

backward caste, followed by scheduled caste and some of the scheduled tribe respondents are also found to be most empowered. They also stay in nuclear family and have a middle level income.

Table 38. Decision making in exercise of rights of husband and wife in the family by background characteristics

Background Characteristics	Decision making (Women Empowerment Indicators) – Rights of husbands and wives in the family						Total	
	Level – I		Level – II		Level – III			
	No.	%	No.	%	No.	%	No.	%
Age (in Yrs.)								
Upto 20	7	14.0	21	22.1	2	28.6	30	19.7
21 to26	39	78.0	60	63.2	4	57.1	103	67.8
26 and above	4	8.0	14	14.7	1	14.3	19	12.5
Caste								
General	14	28.0	26	27.4	2	28.6	42	27.6
Other Backward	25	50.0	38	40.0	1	14.3	64	42.1
Castes	9	18.0	24	25.3	1	14.3	34	22.4
Scheduled Castes	2	4.0	7	7.4	3	42.9	12	7.9
Scheduled Tribes								
Educational Status								
Illiterate	14	28.0	33	34.7	4	57.1	51	33.6
Primary	10	20.0	18	18.9	--	--	28	18.4
Secondary	13	26.0	20	21.1	1	14.3	34	22.4
Higher Secondary	13	26.0	24	25.3	2	28.6	39	25.7
Type of Family								
Nuclear	24	48.0	44	46.3	3	42.9	71	46.7
Joint	26	52.0	51	53.7	4	57.1	81	53.3
Accommodation								
Own House	46	92.0	84	88.4	7	100.0	137	90.1
Rented House	4	8.0	11	11.6	--	--	15	9.9
Possession of Land								
Land with Patta	25	50.0	55	57.9	6	85.7	86	56.6
No Land of Own	25	50.0	40	42.1	1	14.3	66	43.4
Family Income (in Rs.)								
2000 and less	13	26.0	25	26.3	1	14.3	39	25.7
2001 to 3000	33	66.0	61	64.2	6	85.7	100	65.8
3001 and above	4	8.0	9	9.5	--	--	13	8.6

N=152

In this subsection, an attempt has been made to analyze the women empowerment indicators of rights of husband and wives in the family across the differential distribution of background characteristics. The opinion of the respondent is categorized into these three levels, where **level I depicts that the respondent 'accepts that husband has more rights in family and consider it natural'. Level II of depicts that the respondents 'has some ideas about equal rights but does not succeed in persuading husband'. Lev**el III indicates that the respondents **'believes strongly in equal rights and gains husband support'.** The data shows that a greater proportion of (62.5%) women have some ideas about equal rights but do not succeed in persuading husband. Regarding the rights of husbands and wives in the family across background characteristics shows that least empowered belongs to middle age group, belong to backward caste, are largely illiterates with income level ranging between 2001 to 3000. Respondents from scheduled tribe in comparison to other caste are better empowered though no major differences exist in terms of other background characteristics.

To sum up, Tata Steel (TSRDS) of Odisha had a significant role to play for the health care services of women. The company had taken a wider initiative of covering not only maternal health facilities but also the promotive, curative and preventive health care programs. The respondents under the study who have been significantly benefited are interviewed and the empowerment level is measured with the help of two measuring scales (adopted by Diana et al, 2004). The analysis of level of measurement in case of reproductive health includes indicators as Child Bearing, Contraception, Sexual Communication and Negotiation, Pregnancy, Appraisal Health Services, Reproductive Tract Infection, Reproductive Health Roles and Rights. It is observed that the respondents largely have medium scores on empowerment regarding the child bearing, sexual communication and negotiation, health care during pregnancy and reproductive health roles and rights but respondents are found to be empowered at an even lower level for using contraception. It is seen that in all most all the domains the middle age group of 21 to 25 years and in the middle income of Rs 2001 to 3000 group are found to be highly empowered. Back ward caste respondent are also relatively better empowered in case of child bearing and reproductive roles and rights while Scheduled tribe and scheduled caste are highly empowered to decide in case of reproductive tract infection and contraception respectively. It is noted that incase of sexual communication ,

negotiation and pregnancy, all the categories of caste and categories of educational qualification have an equal representation in case of highly empowered respondents. The socio-economic domain explains that the respondents are found to be relatively empowered for their overall decision making at home. The respondents are seen to be medium empowered in case of production, house work, expenditure for family and rights of husband and wife in the family. The respondents are less empowered in case of decisions regarding visits to natal relatives and community participation. The scheduled caste respondents reflect a higher empowerment in case of house work and exercising of rights of husband and wife. Illiterates and scheduled caste respondents are also highly empowered in case of family expenditure and production. Relatively older age and higher income facilitate better empowerment.

Women Empowerment and Sustainable Livelihood

The company has been seen to carry out its CSR activities in Jharkhand with the help of formation of SHG. The peripheral areas of the company are taken as model villages where the company is seen to form the entire female population into groups called self help group with approximately 20 members per group. The group is found to operate completely under the company which helps them to even form bank linkages. The basic criteria of the formation of SHG are with different enterprises like poultry, piggery, vermin compost, pottery, mushroom cultivation, leaf plate making etc. These women meet once in a month for discussing their group activities. The company has even hired people from the village as their CSR employees to look after all the SHGs. The company also takes initiatives to market those finished products and thereby help these women to earn for a living. In a gradual process the company seems to plays significant role in enhancing the self confidence of these rural women with an avenue of giving them financial independence. Such economic opportunity has thereby brought social empowerment and results in complete transformation in the lives of these rural women. They have a higher level of decision making capacity at home; enjoy a greater mobility than before and an enhanced personality while more specifics of are discussed in detail in the chapter. The study covers a sample of 29 villages and 10 SHGs from each village belonging to different enterprises were taken. Each SHG has a master roll of its members. Every fifth member from its master roll was sampled and the **interview was conducted at the member's residence.** A person from a Block in Jharkhand is engaged by the company who acts as a link between the company and the members of SHG. This person is called the anitor. The anitors provided the key information regarding the formation of a particular SHG, its activities, mobilization of capital and the general background and features of each block with regard to the undertaking of income generating activities.

Profile of the respondents

The distribution of respondents across the background characteristics shows that majority of respondents are in the age group of 26 to 30 years and the mean age is 31.85years and standard deviation is 5.7. The educational qualification indicates that a majority are qualified

up to secondary level with a considerable proportion being illiterates. The spousal educational qualification is up to primary and secondary level. It is observed that 9 out of 10 respondents are Hindus and majority belong to other backward caste, followed by scheduled tribes. More than half of the respondents reside in nuclear family. With regard to the income of the respondents, it is seen that majority of respondents earn a higher income ranging above Rs 2500. A majority of respondents have upto two children while only a small proportion have more than two children.

Table 39. Profile of respondents

Background characteristics	No. of respondents	Percentage
Age (in yrs)		
Upto 25	26	14.7
26 to 30	57	32.2
31 to 35	51	28.81
36 to 40	33	18.6
41 and above	8	4.51
Spousal age (in yrs)		
Upto 25	1	0.6
26 to 30	19	10.7
31 to 35	45	25.4
36 to 40	52	29.4
41 and above	60	33.9
Educational Status		
Illiterate	43	24.3
Primary	49	27.7
Secondary	64	36.2
Higher secondary and above	21	11.9
Spousal Educational Qualification		
Illiterate	32	18.1
Primary	62	35.0
Secondary	55	31.1
Higher secondary and above	28	15.8
Religion		
Hindus	163	92.1
Muslims	14	7.9
Social category		
General	30	16.9
OBC	75	42.3
SC	11	6.2
ST	61	34.5

Type of Family		
Nuclear	98	55.4
Joint family	79	44.6
Number of children		
No child	5	2.8
1 child	33	18.6
2children	102	57.62
3 children	32	18.0
4 children	5	2.8
Income of the respondents		
Upto Rs 1800	56	31.6
Rs 1800 to Rs 2500	59	33.3
Rs 2500 and above	62	53.0
Family Status		
Lower status group (Upto 4000)	63	35.6
Middle Status group (Upto 4001-5000)	52	29.4
Higher Status group (5001 and above)	62	35.0
N	**177**	

Details Related to membership and Outcome of SHG

The SHG**'s** are formed by the company based upon the different enterprises for the livelihood generation. The duration of SHG vary from 15 years to new SHGs of 3 years. The respondents, who earlier did not have avenues to earn, have got an opportunity to earn and better their livelihood. The SHG**'s** are found to run actively in the peripheral villages of the company and it is found to have a flexible timing of work. The membership of each SHG is found to be approximately 20 women for whom the company provides financial assistance and also help in marketing of the products. The SHGs formed by government or other organizations in the villages are found to be few in numbers and is not systematic as the SHG formed by the CSR of Tata Steel . It is also observed that the SHG which do not operate under Tata Steel faces many inconveniences and eventually they end up as members in the groups formed by the company.

It is observed from the Table 40, that 4 out of 10 respon**dents are members in the SHG's** for the last 5 to 8 years and one fourth have even longer duration of membership with nine years and above.

Table 40. Duration of membership in SHG

Duration of SHG formation (in years)	No. of respondents	Percentage
Upto 4 years	56	31.6
5 to 8 years	74	41.8
9 years and above	47	26.6
Total	**177**	**100.0**
Mean	6.5	
SD	3.2	

Table 41. Reasons for joining SHG

Reasons for joining SHG	No. of respondents	Percentage
Help family sustainability	67	37.9
Improve financial position	140	79.1
Improve social status	152	85.9
Utilize leisure time	126	71.2
Encouraged by friends and relatives	48	27.1
Total	**177**	**100.0**

A majority of respondents have joined the SHG largely to improve the social status (85.9%) and financial position (79.1%) along with utilization of leisure time for financial contribution towards family. A significant proportion joined SHG for family sustainability in income and a few were encouraged by friends and relatives.

Table 42. Sources of information towards SHG membership

Sources of information	No. of respondents	Percentage
NGOs\social workers	2	1.1
Company sources	129	72.9
Neighbourhood\friends \relatives	1	0.6
Anganwadi	1	0.6
Company and Anganwadi	42	23.7
Others	2	1.1
Total	**177**	**100.0**

The finding indicates that 7 out of 10 respondents identified company representatives of Tata Steel as important for joining the SHG while Anganwadi workers also facilitated the

membership of SHG. A small proportion of respondents identified friends, relatives and neighborhood as the sources of information and inflation.

Table 43. Opinion on the functions of SHG

Opinion on the functions of SHG	Agree		Neither Agree nor Disagree		Disagree	
	No.	%	No.	%	No.	%
Enhanced decision making skills	120	67.8	57	32.2	--	--
Enhanced physical mobility	117	66.1	60	33.9	--	--
Increased status in the family	129	72.8	48	27.2	--	--
Increased status in the village / Community	124	70.1	53	29.9	--	--
Increased the economic position of family	143	80.8	34	19.2	--	--
Enhanced my capacity towards spending for small expenditure	143	80.8	33	18.6	1	0.6
Increased my distress	1	0.6	82	46.3	94	53.1
Consumed more time and effort than one could spare	--	--	75	43.4	102	57.6
Strained my health	--	--	73	41.2	104	58.8
Suitable only for idle women	--	--	38	21.5	139	78.5
Often created family disturbances	--	--	32	18.1	145	81.9

N= 177

The functioning of the SHG has helped the women to make significant changes in their life. It is seen that 8 out of 10 women agree that economic position of the family has increased due to their involvement in SHG, as they can spend on small expenditures for family on their own. As a result, nearly three- fourths feel that their status has improved inside the family, followed by an improved status in the village as these women were earlier housewives but now have a source of income. It is also seen that two-third of the women respondents expressed that due to their functioning at SHG, their decision making skills have also improved. Eight out of ten respondents clearly indicate that their functioning in SHG did not create any family disturbance, or distress (53.1%) to them nor consumed unnecessary time and effort (57.6%) or strain (58.8%) on their health condition.

Regarding the respondents affiliation to SHG's and economic performance of the groups, a significant proportion of respondents are in medium performing (29.8%) and high **performing SHG's (35.1%).**

Table 44. Performance of SHG in terms of income generation

SHG performance	No. of respondents	Percentage
Lower performing SHG (Upto Rs. 20000 per month)	62	35.1
Medium performing SHG (R. 20001-36000 per month)	53	29.8
Higher Performing SHG (Rs. 36001 and above per month)	62	35.1
Total	**177**	**100.0**

Table 45. Changes experienced after joining SHG

Changes experienced after joining SHG	Before joining		After Joining		Not Applicable	
	No.	%	No.	%	No.	%
Saving Bank Account	27	15.3	150	84.7	--	--
Post Office Account	24	13.6	1	0.6	152	85.8
Present House (if owned)	166	93.8	6	3.4	5	2.8
Monthly saving in any form	5	2.8	172	97.2	--	--
Availing of Loan	118	66.7	12	6.7	47	26.6
Incurring expenditure by self	1	0.6	176	99.4	--	--
Obtaining training in skilled work	2	1.1	163	92.1	12	6.8
Able to take decisions in domestic matters	38	21.5	139	78.5	--	--
Above to move freely	5	2.8	172	97.2	--	--
Able to communicate freely	5	2.8	172	97.2	--	--
Able to discuss educational matters	11	6.2	166	93.8	--	--
Able to solve own problems	78	44.1	99	55.9	--	--

N=177

An overwhelming number of respondents (99 percent) are of the opinion that after joining SHG they could take care of some expenditure by themselves. Joining of SHG had enhanced

the mobility (97%) of women within and outside village, communicates freely and has some monthly saving which earlier they were not able to have. It is seen that after joining the **SHG's 9 out of 1**0 women discuss issues related to education. Eight out of ten women respondents opened their own saving account and engage in the monetary transaction through bank and post office while it is to be noticed that only a small number of respondents (15 percent) had their savings account earlier prior to joining the SHG. Regarding decisions at familial domestic matters, many of the **women after joining SHG's report that they have a** say in the family matters (8 out of 10 respondents) which were previously difficult.

Above half of the respondents (55 %) reported that they were now able to solve their problems without depending on others while they were unable to do so before joining the **SHG's (44%).** The major benefit of SHG**'s** is that they are now relatively independent in economic issues, are mobile, able to spend by themselves, have monthly savings and negotiate in decisions of domestic matters which were earlier not possible.

Table 46. Level of Satisfaction with SHG activities

SHG activities	Level of Satisfaction for SHG		
	Not Satisfied	**Satisfied to some extent**	**Highly satisfied**
Work carried out by SHG	3 (1.7)	56 (1.6)	118 (66.7)
Working hours of SHG	0	2 (1.1)	175 (98.9)
Results of the SHG	3 (1.7)	54 (30.5)	120 (67.8)

N=177

With regard to respondents level of satisfaction with SHG it is seen that more than two third of the respondents indicate high satisfaction regarding the work carried out by the SHG and their involvement with it. An overwhelming proportion of respondents are found to be satisfied with the working hours of SHG whereas a small number of respondents indicate lower satisfaction. Only three report dissatisfaction in the formation and engagement with **SHG's.**

Personality Development

Self Help Group plays an important role in rural women's life for the personality enhancement like self –independence, self-efficacy, collective efficacy, proactive attitude,

self-esteem and management of distress. In the present study, the women respondents are seen to develop a quality of collectivity such as collective efficacy. Bandura (1977) introduced the concept of self-**efficacy perceptions or beliefs in one's capacity to organize and execute the** courses of actions required to produce given attainments. In the present study the self-efficacy of women after joining the SHG has been described and it is seen that more than half of the respondents say that they have developed the quality of self-efficacy through, accomplishing their goal while more than two-fifth of the women indicated that after joining the SHG**'s** they are now in a state of confidence to speak to outsiders which earlier they were not able to do and were timid and shy. Above half of the respondents agree to some extent that the membership in SHG have given them the confidence to solve the problems independently to some extent or completely by themselves. With regard to collective efficacy, it is observed that a majority of respondents (96 percent) are able to coordinate and collectively do their work in SHG**'s and** are interdependent and it helps them solve some individual familial and community problem collectively.

Proactive attitude is a personality characteristic which has implications for motivation and action. This includes various facets such as resourcefulness, responsibility, values and vision. When respondents were asked regarding the proactive attitude in connection with the joining of SHG, one half (55 percent) indicated that they are now driven by their own consciousness and moral values which earlier they did not think about. However, above half of the respondents agree to some extent that they could now take the responsibility to make things happen. Self-**esteem is a term used in psychology to reflect person's overall emotional** evaluation of his or her own worth. It is a judgment of oneself as well as attitude towards self. **Respondents indicated that they have understood themselves after joining SHG's,** where 8 out of 10 women became aware of having an entrepreneurial ability which earlier they were ignorant. After getting a chance to do entrepreneurial activity, they could now develop a sense of self-esteem which contributes to their personality development of being empowered. None of the respondents feel negative about their self-esteem.

Psychological distress is a term used to describe unpleasant feelings or emotions that effects ones level of functioning. It is a continuum with mental health and mental illness at opposing

ends. All the respondents are of the opinion that they do not face any sort of psychological distress after joining the SHG which is positive sign of the personality development. It is also observed that all respondents have no inclination to leave the SHG or feel that working in SHG is a waste of time.

Table 47. Indicators of Personality Development

Indicators of Personality Development	No. of respondents	Percentage
Collective Efficacy		
Almost everyone in our SHG do their work sincerely	170	96.0
Problems which cannot be solved by individuals, can be solved by the SHG	140	79.1
Self-Efficacy		
I am confident of solving difficult problems if I try	83	46.9
I stick to my aim and accomplish my goal	93	52.5
Due to SHG I am confident in specking with outsiders	122	68.9
Proactive Attitude		
I take the responsibility to make things happen	98	44.6
I am driven by my own conscience and moral values	127	55.4
Self Esteem		
I feel that I have number of good qualities	142	80.2
At times I think I am good	177	100
Psychological Distress		
I have no feeling of leaving the SHG	177	100
I don't have the feeling that SHG is taking too much time	177	100

N=177

Table 48. Level of Personality Development

Level of Personality Development	Number of Respondents	Percentage
Low	35	19.8
Medium	55	31.1
High	87	49.2
Total	**177**	**100.0**

A composite indicator of level of personality was developed through summarizing the scores of all indicators. Based on the mean scores arrived for each respondent, they were categorized at low medium and high level of personality scores. Nearly half of the respondents relate to high scores on level of personality while nearly one fifth have lower scores and one third has medium level scores.

Table 49. Level of Personality Development by background characteristics

Background characteristics	Level of Personality Development							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	6	17.1	10	18.2	10	11.5	26	14.7
26-30 years	7	20.0	20	36.4	30	34.5	57	32.2
31-35 years	12	34.3	16	29.1	23	26.4	51	28.8
36-40 years	10	28.6	8	14.5	17	19.5	35	19.8
41 and above	0	0	1	1.8	7	8.0	8	4.5
Educational Status								
Illiterate	4	11.4	21	38.2	18	20.7	43	24.3
Primary	14	40.0	12	21.8	23	26.4	49	27.7
Secondary	12	34.3	15	27.3	37	42.5	64	36.2
Higher Secondary	5	14.3	7	12.7	8	9.2	20	11.3
Graduate	0	0	0	0	1	1.1	1	6
Income of Respondent								
Upto Rs 1800	13	37.1	14	25.5	29	33.3	56	31.6
Rs 1801 to Rs 2500	13	37.1	21	38.2	25	28.7	59	33.3
Rs 2501 and above	9	25.7	20	36.4	33	37.9	62	35.0
Religion								
Hindu	31	88.6	53	96.4	79	90.8	163	92.1
Muslim	4	11.4	2	3.6	8	9.2	14	7.9
Social Category								
General	6	17.1	5	9.1	19	21.8	30	16.7
OBC	19	54.3	18	32.7	38	43.7	75	42.4
SC	0	0	7	12.7	4	4.6	11	6.2
ST	10	28.6	25	45.5	26	29.9	61	34.5
Type of Family								
Nuclear	22	62.9	34	61.8	42	48.3	98	55.4
Joint	13	37.1	21	38.2	45	51.7	79	44.6
Number of children								
No child	0	0	2	3.6	3	3.4	5	2.8
1 child	6	17.1	8	14.5	19	21.8	33	18.6
2 children	20	57.1	35	63.3	47	54.0	102	57.6
3 children	7	20.0	9	16.4	16	18.4	32	18.1
4 children	2	5.7	1	1.8	2	2.3	5	2.8

Spousal Age (in yrs)								
Upto 25	0	0	1	1.8	0	0	1	0.6
26 to 30	4	11.4	9	16.4	6	6.9	19	10.7
31 to 35	7	20.0	17	30.9	21	24.1	45	25.4
36 to 40	9	25.7	14	25.5	29	33.3	52	29.4
41 and above	15	42.9	14	25.5	31	35.6	60	33.9
Spousal Educational Status								
Illiterate	2	5.7	16	29.1	14	16.1	32	18.1
Primary	16	45.7	17	30.9	29	33.3	62	35.0
Secondary	10	48.6	14	25.5	31	35.6	55	31.1
Higher Secondary	7	20.0	6	10.9	10	11.5	23	13.0
Graduate	0	0	2	3.6	3	3.4	5	2.8
Possession of Land								
Land with Patta	9	25.7	18	32.7	19	21.8	46	26.0
Landless	26	74.3	37	67.3	68	78.2	131	74.0
Duration of SHG								
Upto 4 years	12	34.3	14	25.5	30	34.5	56	31.6
5 to 8 years	8	22.9	26	47.3	40	46.0	74	41.8
9 years and above	15	42.9	15	27.3	17	19.5	47	26.6
SHG performance								
Low	12	34.3	17	30.9	33	37.9	62	35.0
Medium	14	40.0	18	32.7	21	24.1	53	29.9
High	9	25.7	20	36.4	33	37.9	62	35.0

N=177

Self efficacy, collective efficacy, self esteem and proactive attitude are considered against personality development. Regarding those respondents having low scores of personality development it is observed that a majority are largely in the age group of 31 to 35 years, have primary level of education and belong to other backward caste, live in nuclear family and have better family income. Regarding those respondents with medium scores, majority are in the age group of 26 to 30 years of age, are illiterates, and belong to income group of Rs 1801 to 2500 and nearly half of them are scheduled tribes. Respondents with higher scores on personality development are in the age group of 26 to 30 years, are qualified up to secondary level and have a relatively higher family income and belong to backward castes.

Mobility

Women in rural areas have their social world mostly confined within their home or close by village. Earlier the SHG rural women used to go out with their spouses or kin but after joining the SHG they are able to visit local markets alone which has been reported by 9 out

of 10 women, followed by 89 percent of respondents visiting places of friends and relatives within their village. It is also observed that four-fifth of the respondents visit community and health centers without any accompanying persons which is an indication of self-dependence. However, in Indian villages it is always seen that women are not very independent in terms of their mobility compared to urban areas. Therefore, half of the respondents are still found to depend on others to visit places and relatives outside the village.

Table 50. Indicators of Mobility

Indicators of Mobility	No. of respondents	Percentage
Visiting just outside the house	170	96.0
Visiting Local market	161	91.0
Visiting Health centre	143	80.8
Visiting the Neighbourhood	111	62.7
Visiting friends and relatives within the village	158	89.3
Visiting friends and relatives outside the village	90	50.8
Visiting Community centre	145	81.9

N=177

Table 51. Level of mobility

Levels of Mobility	No. of respondents	Percentage
Low	68	38.4
Moderate	72	40.7
High	37	20.9
Total	**177**	**100.0**

The several indicators are combined to form an index and the overall scores contribute towards the variable **on** **'**level of independence in mobility**'. Based on the scores the** respondents are categorized into high moderate and low level of mobility. A greater proportion of respondents are still at moderate or low level of mobility and only one fifth enjoy a high level of mobility.

Table 52. Level of Mobility by background characteristics

Background characteristics	Level of Mobility							
	Low		Medium		High		Total	
Age (in yrs)	No	%	No	%	No	%	No	%
Upto 25 years	8	11.8	12	16.7	6	16.2	26	14.7
26-30 years	20	29.4	27	37.5	10	27.0	57	32.2
31-35 years	20	29.4	20	27.8	11	29.7	51	28.8
36-40 years	15	22.1	11	15.3	9	24.3	35	19.8
41 and above	5	7.4	2	2.8	1	2.7	8	4.5
Educational Status								
Illiterate	11	16.2	23	31.9	9	24.3	43	24.3
Primary	16	23.5	22	30.6	11	29.7	49	27.7
Secondary	32	47.1	20	27.8	12	32.4	64	36.2
Higher Secondary	8	11.8	7	9.7	5	13.5	20	11.3
Graduate	1	1.5	0	0	0	0	1	6
Income of Respondent								
Upto Rs 1800	25	36.8	19	26.4	12	32.4	56	31.6
Rs 1801 to Rs 2500	20	29.4	30	41.7	9	24.3	59	33.3
Rs 2501 and above	23	33.8	23	31.9	16	43.2	62	35.0
Religion								
Hindu	65	95.6	69	95.8	29	78.4	163	92.1
Muslim	3	4.4	3	4.2	8	21.6	14	7.9
Social Category								
General	15	22.1	10	13.9	5	13.5	30	16.9
OBC	35	51.5	24	33.3	16	43.2	75	42.4
SC	4	5.9	5	6.9	2	5.4	11	6.2
ST	14	20.6	33	45.8	14	37.8	61	34.5
Type of Family								
Nuclear	29	42.6	44	61.1	25	67.6	98	55.4
Joint	39	57.4	28	38.9	12	32.4	79	44.6
Number of children								
No child	2	2.9	2	2.8	1	2.7	5	2.8
1 child	17	25.0	10	13.9	6	16.2	33	18.6
2 children	35	51.5	48	66.7	19	51.4	102	57.6
3 children	13	19.1	12	16.7	7	18.9	32	18.1
4 children	1	1.5	0	0	4	10.8	5	2.8
Spousal Age (in yrs)								
Upto 25	0	0	1	1.4	0	0	1	6
26 to 30	6	8.8	8	11.1	5	13.5	19	10.7
31 to 35	12	17.6	28	38.9	5	13.5	45	25.4
36 to 40	22	32.4	17	23.6	13	35.1	52	29.4
41 and above	28	41.2	18	25.0	14	37.8	60	33.9

Spousal Educational Status								
Illiterate	7	10.3	14	19.4	11	29.7	32	18.1
Primary	24	35.3	28	38.9	10	27.0	62	35.0
Secondary	25	36.8	20	27.8	10	27.0	55	31.1
Higher Secondary	10	14.7	7	9.7	6	16.2	23	13.0
Graduate	2	2.9	3	4.2	0	0	5	2.8
Possession of Land								
Land with Patta	24	35.3	11	15.3	11	29.7	46	26.0
Landless	44	64.7	61	84.7	26	70.3	131	74.0
Duration of SHG								
Upto 4 years	17	25.0	16	22.2	23	62.2	56	31.6
5 to 8 years	32	47.1	36	50.0	6	16.2	74	41.8
9 years and above	19	27.9	20	27.8	8	21.6	47	26.6
SHG performance								
Low	29	42.6	25	34.7	8	21.6	62	35.0
Medium	14	20.6	20	27.8	19	51.4	53	29.9
High	25	36.8	27	37.5	10	27.0	62	35.0

N=177

The bivariate tables of **respondent's** level of mobility by background characteristics reveals that respondents who have a low level of mobility or restricted mobility are in the age group of 26 to 30 years, qualified up to secondary level of education, reside in joint family and belong to backward castes. They also have a relatively lower income and have joined the SHG for the last 5 to 8 years. Such women also **attached to low performing SHG's.** With regard to the respondents with a moderate level of mobility, they are largely educated up to primary level, live in nuclear families and belong to scheduled tribe. Majority belongs to middle income group and is attached to high performing SHG**'s**. With regard to those respondents who have high level of mobility are in the age group of 31 to 35 years, less **educated and belong to back ward caste. They are associated with higher performing SHG's.**

Decision making with regard to Daily activity and Childcare activity

Decision making is an important indicator to understand the empowerment of women. It revolves around many areas at the domestic level. The type of decision may vary from the decision making regarding daily activities or decision regarding child care activity. The decisions regarding daily activities enables better understanding of empowerment which relates to core issues of house hold such as budget, purchase of food major household goods,

small items of jewelry, appointment with doctor at the time of illness, control over spouse selection for children, decision about the marriage, use of contraception etc

Table 53. Decision making in daily activities

Decision making in daily activities	Own Decision		Others	
	Number	Percentage	Number	Percentage
Household budget	85	48.0	92	52.0
Purchase of food stuff	123	69.5	54	30.5
Purchase of major household goods	20	11.3	157	88.7
Purchase of small items of jewels	141	79.7	36	20.3
Making an appointment with doctor	89	50.3	88	49.7
Control over spouse selection	3	1.7	174	98.3
About marriage	2	1.1	175	98.9
Use of contraception	70	39.5	107	60.5

N=177

Decision making of the respondents in relation to daily activities is depicted in Table 53 which are categorized into self and in consultation with others. The women who can take decisions on their own are considered to be better empowered than those who depend on others for decisions. It is observed that more than half of the respondents depend on others for decision making related to house hold budget as they are found to consult their husband or in-laws at home and are not in a position to decide on their own. More than two fifth of respondent take decisions on their own regarding purchase of food stuffs and purchases of small items required for self. Similarly half of the respondents take decisions independently regarding appointment with doctor. An overwhelming proportion of respondents were not independent on their decisions regarding spouse selection or decision about marriage. With regard to purchase of household goods like furniture, a greater proportion of respondents (88.7%) decide in consultation with family members. It is noticeable that with regard to the use of contraception, they take others advice and go by husbands decision regarding usage of contraception. The **respondent's** role in decision related to child activities shows decisions related to course of action if the child falls ill, disciplining the children, children**'s** education, type of schools, number of children, taking the child to school etc (Table 53).

Table 54. Decision making in childcare activities

Decision making in childcare activities	Own Decision		Others	
	Number	Percentage	Number	Percentage
Course of action if child falls ill	85	48.0	92	52.0
Discipline of the child	54	30.5	123	69.5
Children education	66	37.3	111	62.7
Decision about types of school	93	52.5	84	47.5
Decision about having the number of children	72	40.7	105	59.3
Taking the child to school	85	48.0	92	52.0

N=177

With regard to decision related to child care activities it is noticeable that a majority of respondents decide along with other family members, if the child falls ill (52.0%), or to take to hospital for further care , regarding disciplining the children (69.5%), education (62.7%) and the number of children (59.3%). Only in case of decision regarding the types of schools , it seen that more than half of the respondents decide on their own as they network with others and provide information.

Table 55. Level of decision making in daily and childcare activities

Decision making	No. of respondents	Percentage
Daily activities		
Low	35	19.8
Moderate	105	59.3
High	37	20.9
Childcare activities		
Low	39	22.0
Moderate	105	59.3
High	33	18.6

N=177

Based on the indicators total scores are arrived and further their decision making skills are categorized in low moderate and high based on their dependency levels in decision making. **The respondent's decision related to daily activi**ties and child related activities shows that six out of ten respondents depends to some extent on others for decision making as family is the primary unit, while two out of ten have a very high level of independency in decision

making. Regarding decision making for child related activities it is observed that nearly six out ten respondents decide in consultation, especially with family members, while a little above one fifth are completely dependent. Almost similar proportions are highly independent in all aspects of decision making with regard to children.

Table 56. Level of decision making in daily activities by background characteristics

Background characteristics	Level of decision making in daily activities							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	3	8.6	18	17.1	5	13.5	26	14.7
26-30 years	14	40.0	32	30.5	11	29.7	57	32.2
31-35 years	11	31.4	27	25.7	13	35.1	51	28.8
36-40 years	7	20.0	23	21.9	5	13.5	35	19.8
41 and above	0	0	5	4.8	3	8.1	8	4.5
Educational Status								
Illiterate	14	40.0	21	20.0	8	21.6	43	24.3
Primary	11	31.4	29	27.6	9	24.3	49	27.7
Secondary	7	20.0	40	38.1	17	45.9	64	36.2
Higher Secondary	3	8.6	15	14.3	2	5.4	20	11.3
Graduate	0	0	0	0	1	2.7	1	0.6
Income of Respondent								
Upto Rs 1800	11	31.4	34	32.4	11	29.7	56	31.6
Rs 1801 to Rs 2500	12	34.3	38	36.2	9	24.3	59	33.3
Rs 2501 and above	12	34.3	33	31.4	17	45.9	62	35.0
Religion								
Hindu	33	94.3	93	88.6	37	100	163	92.1
Muslim	2	5.7	12	11.4	0	0	14	7.9
Social Category								
General	1	2.9	21	20.0	8	21.6	30	16.9
OBC	13	37.1	44	41.9	18	48.6	75	42.4
SC	4	11.4	6	5.7	1	2.7	11	6.2
ST	17	48.6	34	32.4	10	27.0	61	34.5
Type of Family								
Nuclear	25	71.4	59	56.2	14	37.8	98	55.4
Joint	10	28.6	46	43.8	23	62.2	79	44.6
Number of children								
No child	0	0	5	4.8	0	0	5	2.8
1 child	3	8.3	23	21.9	7	18.9	33	18.6
2 children	25	71.4	54	51.4	23	62.2	102	57.6
3 children	5	14.3	20	19.0	7	18.9	32	18.1
4 children	2	5.7	3	2.9	0	0	5	2.8

Spousal Age (in yrs)								
Upto 25	0	0	1	1.0	0	0	1	0.6
26 to 30	3	8.6	13	12.4	3	8.1	19	10.7
31 to 35	12	34.3	23	21.9	10	27.0	45	25.4
36 to 40	9	25.7	30	28.6	13	35.1	52	29.4
41 and above	11	31.4	38	36.2	11	29.7	60	33.9
Spousal Educational Status								
Illiterate	11	31.4	16	15.2	5	13.5	32	18.1
Primary	14	40.0	37	35.2	11	29.7	62	35.0
Secondary	6	17.1	32	30.5	17	45.9	55	31.1
Higher Secondary	4	11.4	17	16.2	2	5.4	23	13.0
Graduate	0	0	3	2.9	2	5.4	5	2.8
Possession of Land								
Land with Patta	13	37.1	24	22.9	9	24.3	46	26.0
Landless	22	62.9	81	77.1	28	75.7	131	74.0
Duration of SHG								
Upto 4 years	8	22.9	43	41.0	5	13.5	56	31.6
5 to 8 years	12	34.3	41	39.0	21	56.8	74	41.8
9 years and above	15	42.9	21	20.0	11	29.7	47	26.6
SHG performance								
Low	16	45.7	35	33.3	11	29.7	62	35.0
Medium	9	25.7	38	36.2	6	16.2	53	29.9
High	10	28.6	32	30.5	20	54.1	62	35.0

N=177

From the above table it is observed that those respondents who have lower decision making scores in relation to routine activities are largely in the age group of 26 to 30 years, illiterates and belong to scheduled tribe. They have an income range of Rs 1801 to Rs 2500 while they are members in SHG for the last nine years and above but are associated with low performing **SHG's. Those** respondents who have medium scores on decision making are relatively better educated with secondary level of education, belong to backward castes and have an income of Rs 1801 to Rs 2500 and their experience in SHG is for about 4 years, while the **SHG's** to which they belong are moderate performers. Those respondents who have greater role in decision making are relatively older (31 to 35 years), qualified up to secondary level and have better income (Rs 2501 and above). They also belong to backward castes where a majority are from joint family. Above half of these respondents are members in SHG for the last four years **and largely belong to higher performing SHG's.**

Table 57. Level of decision making in childcare activities by background characteristics

Background characteristics	Level of decision making in childcare activities							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	10	25.6	12	11.4	4	12.1	26	14.7
26-30 years	10	25.6	37	35.2	10	30.3	57	32.2
31-35 years	11	28.2	30	28.6	10	30.3	51	28.8
36-40 years	5	12.8	23	21.9	7	21.2	35	19.8
41 and above	3	7.7	3	2.9	2	6.1	8	4.5
Educational Status								
Illiterate	12	30.8	27	25.7	4	12.1	43	24.3
Primary	12	30.8	29	27.6	8	24.2	49	27.7
Secondary	8	20.5	36	34.3	20	60.6	64	36.2
Higher Secondary	7	17.9	12	11.4	1	3.0	20	11.3
Graduate	0	0	1	1.0	0	0	1	6
Income of Respondent								
Upto Rs 1800	15	38.5	30	28.6	11	33.3	56	31.6
Rs 1801 to Rs 2500	12	30.8	39	37.1	8	24.2	59	33.3
Rs 2501 and above	12	30.8	36	34.3	40	42.4	62	35.0
Religion								
Hindu	39	100	91	86.7	33	100	163	92.1
Muslim	0	0	40	13.3	0	0	14	7.9
Social Category								
General	6	15.4	15	14.3	9	27.3	30	16.9
OBC	8	20.5	51	48.6	16	48.5	75	42.4
SC	3	7.7	5	4.8	3	9.1	11	6.2
ST	22	56.4	34	32.4	5	15.2	61	34.5
Type of Family								
Nuclear	24	61.5	62	59.0	12	36.4	98	55.4
Joint	15	38.5	43	41.0	21	63.6	79	44.6
Number of children								
No child	3	7.7	1	1.0	1	3.0	5	2.8
1 child	8	20.5	18	17.1	7	21.2	33	18.6
2 children	23	59.0	58	55.2	21	63.6	102	57.6
3 children	4	10.3	24	22.9	4	12.1	32	18.1
4 children	1	2.6	4	3.8	0	0	5	2.8
Spousal Age (in yrs)								
Upto 25	0	0	1	1.0	0	0	1	6
26 to 30	7	17.9	10	9.5	2	6.1	19	10.7
31 to 35	9	23.1	26	24.8	10	30.3	45	25.4
36 to 40	9	23.1	33	31.4	10	30.3	52	29.4
41 and above	14	35.9	35	33.3	11	33.3	60	33.9

Spousal Educational Status								
Illiterate	10	25.6	18	17.1	4	12.1	32	18.1
Primary	16	41.0	38	36.2	8	24.2	62	35.0
Secondary	8	20.5	31	29.5	16	48.5	55	31.0
Higher Secondary	5	12.8	15	14.3	3	9.1	23	13.0
Graduate	0	0	3	2.9	2	6.1	5	2.8
Possession of Land								
Land with Patta	12	30.8	24	22.9	10	30.3	46	26.0
Landless	27	69.2	81	77.1	23	69.7	131	74.0
Duration of SHG								
Upto 4 years	15	38.5	35	33.3	6	18.2	56	31.6
5 to 8 years	14	35.9	40	38.1	20	60.6	74	41.8
9 years and above	10	25.6	30	28.6	7	21.2	47	26.6
SHG performance								
Low	17	43.6	34	32.4	11	33.3	62	35.0
Medium	14	35.9	32	30.5	7	21.2	53	29.9
High	8	20.5	39	37.1	15	45.5	62	35.0

N=177

With regard to the decision making related to care child activities it is observed that respondents with low scores in decision making are largely in the age group of 31 to 35 years, illiterates and are from nuclear family. They have a relatively lower income (up to Rs 1800) and have an **experience in SHG's** for about 4 years and largely belong to medium **performing SHG's. Those respondents who** have medium scores on decision making are mostly 26 to 30 years aged and qualified up to secondary level, belong to other backward caste and reside in nuclear families. They are members in SHG for the last five to eight years **and are associated with a high performing SHG's.**

Empowerment

The table 58 depicts the empowerment indicators related to domains of production, house work, family expenditure, relationship with natal relatives, community participation and rights of husband and wife in the family.

Table 58. Domain specific Level of empowerment

Empowerment indicators	Level I (Least Empowered)	No.	%	Level II (Average Empowered)	No.	%	Level III (Most Empowered)	No.	%
Production	Follow **husband's** decision without any discussion	58	32.8	Involved discussion but not decision making	111	62.7	Shares discussion and decision making or decides by women	8	4.5
Housework	All work done by women	62	35.0	Husband does some work when requested	91	51.4	Husband shares housework with wife	24	13.6
Family expenditure	Not involved in discussion and decision making	29	16.4	Involved in discussion but not in decision	125	70.6	Shares discussion and decision making or decides by women	23	13.6
Relationship with natal relative	Does not decide on expenses for visits to natal relatives	78	44.1	Discussion timidly with husband	82	46.3	Decides by women or discuss with husband and he support	17	9.6
Community participation	Does not decide or take part	13	7.3	Requests to participating but is forbidden by husband	52	29.4	Decides by women or discuss with husband and get his support	112	63.3
Rights of husband and wife in the family	Accepts that husband has more rights in family and considers it natural	44	24.9	Has some ideas about equal rights but does not succeed in persuading	107	60.5	Believes strongly in equal rights gains from **husband's** support	26	14.6

N=177

It is observed that with regard to production, a majority of women are involved in decision but not in decision making (62.7 %). More than half of the respondents state that their husband does some household work when requested, a majority of respondents (Seven out of ten) indicated that they are involved in decision related to family expenditure but not in real decision making.. Nearly half of the respondents timidly discuss with husband regarding visits and other aspects related to natal relatives. It is noted that nearly two fifth of the respondents decide themselves or discuss with husband and seek support towards community

participation. With regard to aspects of awareness related to rights of husband and wife in the family, six out of ten respondents has some ideas about equal rights but does not succeed in persuading. While comparing across the domains, a majority of respondents have medium level scores on empowerment related to production, house work, family expenditure, relationship with natal relatives and right of husband and wife in the family. Only in case of community participation it is observed that women are most empowered or decided by self.

Table 59. Level of total empowerment by background characteristics

Background characteristics	Level of total empowerment							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	10	16.7	9	13.6	7	13.7	26	14.7
26-30 years	23	38.3	19	28.8	15	29.4	57	32.2
31-35 years	15	25.0	18	27.3	18	35.3	51	28.8
36-40 years	10	16.7	16	24.2	9	17.6	35	19.8
41 and above	2	3.3	4	6.1	2	3.9	8	4.5
Educational Status								
Illiterate	20	33.3	19	28.8	4	7.8	43	24.3
Primary	21	35.0	18	27.3	10	19.6	49	27.7
Secondary	12	20.0	22	33.3	30	58.8	64	36.2
Higher Secondary	7	11.7	7	10.6	6	11.8	20	11.3
Graduate	0	0	0	0	1	2.0	1	6
Income of Respondent								
Upto Rs 1800	16	26.7	23	34.8	17	33.3	56	31.6
Rs 1801 to Rs 2500	22	36.7	23	34.8	14	27.5	59	33.3
Rs 2501 and above	22	36.7	20	30.3	20	39.2	62	35.0
Religion								
Hindu	51	85.0	65	98.5	47	92.2	163	92.1
Muslim	9	15.0	1	1.5	4	7.8	14	7.9
Social Category								
General	2	3.3	16	24.2	12	23.5	30	16.9
OBC	24	40.0	24	36.4	27	52.9	75	542.4
SC	5	8.3	2	3.0	4	7.8	11	6.2
ST	29	48.3	24	36.4	8	15.7	61	34.5
Type of Family								
Nuclear	35	58.3	37	56.1	26	51.0	98	55.4
Joint	25	41.7	29	43.9	25	49.0	79	44.6
Number of children								
No child	3	5.0	1	1.5	1	2.0	5	2.8
1 child	11	18.3	14	21.2	8	15.7	33	18.6
2 children	30	50.0	37	56.1	35	68.6	102	57.8

3 children	30	21.7	12	18.2	7	13.7	32	18.1
4 children	3	5.0	2	3.0	0	0	5	2.8
Spousal Age (in yrs)								
Upto 25	1	1.7	0	0	0	0	1	6
26 to 30	5	8.3	7	10.6	7	13.7	19	10.7
31 to 35	19	31.7	20	30.3	6	11.8	45	25.4
36 to 40	17	28.3	20	30.3	15	29.4	52	29.4
41 and above	18	30.0	19	28.8	23	45.1	60	33.9
Spousal Educational Status								
Illiterate	13	21.7	14	21.2	5	9.8	32	18.1
Primary	30	50.0	22	33.3	10	19.6	62	35.0
Secondary	11	18.3	19	28.8	25	49.0	55	32.1
Higher Secondary	6	10.0	8	12.1	9	17.6	23	13.0
Graduate	0	0	3	4.5	2	3.9	5	2.8
Possession of Land								
Land with Patta	15	25.0	22	33.3	9	17.6	46	26.0
Landless	45	75.0	44	66.7	42	18.4	131	74.0
Duration of SHG								
Upto 4 years	23	38.3	19	28.8	14	27.5	56	31.6
5 to 8 years	24	40.0	23	34.8	27	52.9	74	41.8
9 years and above	13	21.7	24	36.4	10	19.6	47	26.6
SHG performance								
Low	19	31.7	25	37.9	18	35.3	62	35.0
Medium	24	40.0	19	28.8	10	19.6	53	29.9
High	17	28.3	22	33.3	23	45.1	62	35.0

N=177

The total empowerment scores of respondents are cross tabulated against the back ground characteristics and the respondents are categorized in to low, medium and high based on the total score. Respondents who have lower scores on empowerment belong to the age group of 26 to 30 years and are educated up to primary level, which largely belong to the scheduled tribes and have an income range of Rs 1801 to Rs 2500 and reside in nuclear families. They have an SHG experience for 5 to 8 years and four out of ten belong to medium performing SHG**'s**. Regarding respondents who have medium score on empowerment, a larger proportion belong to scheduled tribe and backward class category with an education of secondary level. They have a medium income category of Rs 1801 to Rs 2500 and higher duration of experience in SHG for nine years and above but most of **the SHG's exhibited low** performance. Regarding respondents with higher score on empowerment, it is observed that a

majority are aged 31 to 35 years and educated up to secondary level. A larger proportion belong to backward castes and have relatively higher income (Rs 2501 and above). They have a shorter duration of SHG membership i.e. for the last four years but most of the respondents are attached to **high performing SHG's.**

Table 60. Level of empowerment (Production) by background characteristics

Background characteristics	Level of empowerment (Production)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	11	19.0	15	13.5	0	0	26	14.7
26-30 years	17	29.3	38	34.2	57	25.0	57	32.2
31-35 years	19	32.8	28	25.2	51	50.0	51	28.8
36-40 years	9	15.5	24	21.6	35	25.0	35	19.8
41 and above	2	3.4	6	5.4	8	0	8	4.2
Educational Status								
Illiterate	20	34.5	22	19.8	1	12.5	43	24.3
Primary	20	34.5	29	26.1	0	0	49	27.7
Secondary	13	22.4	45	40.5	6	75.0	64	36.2
Higher Secondary	5	8.6	14	12.6	1	12.5	20	11.3
Graduate	0	0	1	.9	0	0	1	0.6
Income of Respondent								
Upto Rs 1800	18	31.0	32	28.8	6	75.0	56	31.6
Rs 1801 to Rs 2500	19	32.8	40	36.0	0	0	59	33.3
Rs 2501 and above	21	36.2	39	35.1	2	25.0	62	35.0
Religion								
Hindu	50	86.2	105	94.6	8	100	163	92.1
Muslim	8	13.8	6	5.4	0	0	14	7.9
Social Category								
General	4	6.9	22	19.8	4	50.0	30	16.9
OBC	21	36.2	51	45.9	3	37.5	75	42.4
SC	2	3.4	9	8.1	0	0	11	6.2
ST	31	53.4	29	26.1	1	12.5	61	34.5
Type of Family								
Nuclear	37	63.8	58	52.3	3	37.5	98	55.4
Joint	21	36.2	53	47.7	5	62.5	79	44.6
Number of children								
No child	2	3.4	3	2.7	0	0	5	2.8
1 child	12	20.7	21	18.9	0	0	33	18.6
2 children	27	46.6	69	62.2	6	75.0	102	57.6
3 children	13	22.4	17	15.3	2	25.0	32	18.1
4 children	4	6.9	1	0.9	0	0	5	2.8

Spousal Age (in yrs)								
Upto 25	0	0	1	0.9	0	0	1	0.6
26 to 30	6	10.3	13	11.7	0	0	19	10.7
31 to 35	18	31.0	26	23.4	1	12.5	45	25.4
36 to 40	19	32.8	30	27.0	3	37.5	52	29.4
41 and above	15	25.9	41	36.9	4	50.0	60	33.9
Spousal Educational Status								
Illiterate	14	24.1	17	15.3	1	12.5	32	18.1
Primary	27	46.6	33	29.7	2	25.0	62	35.0
Secondary	11	19.0	41	36.9	3	37.5	55	31.1
Higher Secondary	5	8.6	16	14.4	2	25.0	23	13.0
Graduate	1	1.7	4	3.6	0	0	5	2.8
Possession of Land								
Land with Patta	14	24.1	31	27.9	1	12.5	46	26.0
Landless	44	75.9	80	72.1	7	87.5	131	74.0
Duration of SHG								
Upto 4 years	24	41.4	30	27.0	2	25.0	56	31.6
5 to 8 years	16	27.6	52	46.8	6	75.0	74	41.8
9 years and above	18	31.0	29	26.1	1	0	47	26.6
SHG performance								
Low	19	32.8	37	33.3	6	75.0	62	35.0
Medium	21	36.2	32	28.8	0	0	53	29.9
High	18	31.0	42	37.8	2	25.0	62	35.0

N=177

The domain of production is cross tabulated with the back ground characteristics and as with the previous domains and an index is created for the production domain and the level **assessed using the composite scores. Those respondents who follow husband's decisions** without any hesitation are in the age group of 31 to 35 years, illiterates and have family income above Rs 2501. They also belong to the backward castes and are in nuclear families **and have lower membership duration in SHG while the SHG's happen to have medium** performance. Those respondents who have medium scores on production domain are involved in discussion but not in decision making belong to a relatively younger age group of 26 to 30 years and are educated up to primary level, have income ranging from Rs 1801 to Rs 2500, belong to backward castes and have SHG experience of 5 to 8 years and are also members of higher perf**orming SHG's. The respondents with higher scores on empowerment** where the respondent's share discussions and decision making or decides by self, reflect that three fourth are educated up to secondary level and have lower income of Rs 1800 and less.

Half of them belong to general caste and are from joint families and have an SHG experience of 5 to 8 years.

Table 61. Level of empowerment (Housework) by background characteristics

Background characteristics	Level of empowerment (Housework)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	7	11.3	16	17.6	3	12.5	26	14.7
26-30 years	26	41.9	23	25.3	8	33.3	57	32.2
31-35 years	17	27.4	24	26.4	10	41.7	51	28.8
36-40 years	11	17.7	23	25.3	1	4.2	35	19.8
41 and above	1	1.6	N 5	5.5	2	8.3	8	4.5
Educational Status								
Illiterate	25	40.3	16	17.6	2	8.3	43	24.3
Primary	16	25.8	29	31.9	4	16.7	49	27.7
Secondary	14	22.6	35	38.5	15	62.5	64	36.2
Higher Secondary	7	11.3	11	12.1	2	8.3	20	11.3
Graduate	0	0	0	0	1	4.2	1	0.6
Income of Respondent								
Upto Rs 1800	18	31.0	32	28.8	6	75.0	56	31.6
Rs 1801 to Rs 2500	19	32.8	40	36.0	0	0	59	33.3
Rs 2501 and above	21	36.2	39	35.1	2	25.0	62	35.0
Religion								
Hindu	60	96.8	81	89.0	22	91.7	163	92.1
Muslim	2	3.2	10	11.0	2	8.3	14	7.9
Social Category								
General	7	11.3	16	17.6	7	29.2	30	16.9
OBC	17	27.4	45	49.5	13	54.2	75	42.4
SC	4	6.5	5	5.5	2	8.3	11	6.2
ST	34	54.8	25	27.5	2	8.3	61	34.5
Type of Family								
Nuclear	37	63.8	58	52.3	3	37.5	98	55.4
Joint	21	36.2	53	47.7	5	62.5	79	44.6
Number of children								
No child	3	4.8	2	2.2	0	0	5	2.8
1 child	10	16.1	16	17.6	7	29.2	33	18.6
2 children	36	58.1	50	54.9	16	66.7	102	57.6
3 children	11	17.7	20	22.0	1	4.2	32	18.1
4 children	2	3.2	3	3.3	0	0	5	2.8
Spousal Age (in yrs)								
Upto 25	1	1.6	0	0	0	0	1	0.6
26 to 30	5	8.1	11	12.1	3	12.5	19	10.7
31 to 35	21	33.9	22	24.2	2	8.3	45	25.4

36 to 40	18	29.0	24	26.4	10	41.7	52	29.4
41 and above	17	27.4	34	37.4	9	37.5	60	33.9
Spousal Educational Status								
Illiterate	15	24.2	15	16.5	2	8.3	32	18.1
Primary	27	43.5	31	34.1	4	16.7	62	35.0
Secondary	13	21.0	28	30.8	14	58.3	55	31.1
Higher Secondary	7	11.3	13	14.3	3	12.5	23	13.0
Graduate	0	0	4	4.4	1	4.2	5	2.8
Possession of Land								
Land with Patta	21	33.9	22	24.2	3	12.5	46	26.0
Landless	41	66.1	69	75.8	21	87.5	131	74.0
Duration of SHG								
Upto 4 years	17	27.4	31	34.1	8	33.3	56	31.6
5 to 8 years	27	43.5	34	37.4	13	54.2	74	41.8
9 years and above	18	29.0	26	28.6	3	12.5	47	26.6
SHG performance								
Low	25	40.3	29	31.9	8	33.3	62	35.0
Medium	23	37.1	28	30.8	2	8.3	53	29.9
High	14	22.6	34	37.4	14	58.3	62	35.0

N=177

The bivariate tables related to the domain of house work and background characteristic are tabulated based on the levels of empowerment. Respondents with low empowerment scores report that they carry out all house work alone and a majority of respondents belong to 26 to 30 years of age, are illiterates and belong to scheduled tribes. They have an SHG experience of 5 to 8 years while they are largely attached to SHG**'s** with low performance. The respondents with medium scores on empowerment have relatively low bargaining capacity and husband is observed to do some household work when requested. Such respondents are educated up to secondary level, aged 31 to 35 years and have an income ranging between Rs1801 and Rs 2500. They are also largely from nuclear families and belong to backward castes and have an SHG experience of 5 to 8 years while largely attached to higher performing SHG. **Those respondent's with** high scores indicate that husband shares household work, a majority have secondary level education, live in nuclear families, belong to backward castes and have lower income levels and have a reasonably longer duration of membership **in SHG's and also belong to SHG's performing well.**

Table 62. Level of empowerment (Family Expenditure) by background characteristics

Background characteristics	Level of empowerment (Family expenditure)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	3	10.3	21	16.8	2	8.7	26	
26-30 years	12	41.1	39	31.2	6	26.1	57	
31-35 years	7	24.1	37	29.6	7	30.4	51	
36-40 years	6	20.7	23	18.4	6	26.1	35	
41 and above	1	3.4	5	4.0	2	8.7	8	
Educational Status								
Illiterate	16	55.2	25	20.0	2	8.7	43	24.3
Primary	9	31.0	35	28.0	5	21.7	49	27.7
Secondary	3	10.3	50	40.0	11	47.8	64	36.2
Higher Secondary	1	3.4	14	11.2	5	21.7	20	11.3
Graduate	0	0	1	0.8	0	0	1	0.6
Income of Respondent								
Upto Rs 1800	5	17.2	43	34.4	8	34.8	56	31.6
Rs 1801 to Rs 2500	17	58.6	37	29.6	5	21.7	59	33.3
Rs 2501 and above	7	24.1	45	36.0	10	43.5	62	35.0
Religion								
Hindu	26	89.7	114	91.2	23	100	163	92.1
Muslim	3	10.3	11	8.8	0	0	14	7.9
Social Category								
General	2	6.9	20	16.0	8	34.8	30	16.9
OBC	12	41.4	52	41.6	11	47.8	75	42.4
SC	4	13.8	6	4.8	1	4.3	11	6.2
ST	11	37.9	47	37.6	3	13.0	61	43.5
Type of Family								
Nuclear	23	79.3	64	51.2	11	47.8	98	55.4
Joint	6	20.7	61	48.8	12	52.2	79	44.6
Number of children								
No child	1	3.4	3	2.4	1	4.3	5	2.8
1 child	1	3.4	27	21.6	5	21.7	33	18.6
2 children	19	65.5	70	56.0	13	56.5	102	57.6
3 children	7	24.1	21	16.8	4	17.4	32	18.1
4 children	1	3.4	4	3.2	0	0	5	2.8
Spousal Age (in yrs)								
Upto 25	0	0	1	0.8	0	0	1	0.6
26 to 30	2	6.9	16	12.8	1	4.3	19	10.7
31 to 35	9	31.0	35	28.0	1	4.3	45	25.4
36 to 40	12	41.4	31	24.8	9	39.1	52	29.4
41 and above	6	20.7	42	33.6	12	52.2	60	33.9

Spousal Educational Status								
Illiterate	15	51.7	14	11.2	3	13.0	32	18.1
Primary	10	34.5	48	38.4	4	17.4	62	35.0
Secondary	3	10.3	42	33.6	10	43.5	55	31.1
Higher Secondary	0	0	17	13.6	6	26.1	23	13.0
Graduate	1	3.4	4	3.2	0	0	5	2.8
Possession of Land								
Land with Patta	11	37.9	32	25.6	3	13.0	46	26.0
Landless	18	62.1	93	74.4	20	87.0	131	74.0
Duration of SHG								
Upto 4 years	7	24.1	45	36.0	4	17.4	56	31.6
5 to 8 years	14	48.3	48	38.4	12	52.2	74	41.8
9 years and above	8	27.6	32	25.6	7	30.4	47	26.6
SHG performance								
Low	7	24.1	47	37.6	8	34.8	62	35.0
Medium	15	51.7	36	28.8	2	8.7	53	29.9
High	7	24.1	42	33.6	13	56.5	62	35.0

N=177

The domain of family expenditure is cross tabulated with the back ground characteristics. The respondents are categorized in to low, medium and high based on the total scores. Those respondents with low scores are not involved in discussions and decision making related to family expenditure. A majority of respondents belonging to the category are aged 26 to 30 years, are illiterates, have an income range of 1801 to 2500 rupees and belong to backward caste category. They have an SHG experience of 5 to 8 years and belong to medium **performance SHG's. Respondents who have medium scores indicate that they are involve in** decision but not in decision making. Majority of the respondents are between 31 to 35 years, educated up to secondary level and have relatively higher income, belong to backward caste and have an SHG membership of 5 to 8 years and **also belong to high performing SHG's.** The respondents who have high scores indicate discussion and decision making by self . Respondents in this category have secondary level educational qualification, have relatively higher income, belong to backward caste group and reside in joint families. They have a SHG membership of **5 to 8 years and are associated with higher performing SHG's**.

Table 63. Level of empowerment (issues with natal relatives) by background characteristics

Background characteristics	Level of empowerment (issues with natal relatives)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	13	16.7	12	14.6	1	5.9	26	14.7
26-30 years	30	38.5	22	26.8	5	29.4	57	32.2
31-35 years	15	19.2	30	36.6	6	35.3	51	28.8
36-40 years	18	23.1	12	14.6	5	29.4	35	19.8
41 and above	2	2.6	6	7.3	0	0	8	4.5
Educational Status								
Illiterate	16	55.2	25	20.0	2	8.7	43	24.3
Primary	9	31.0	35	28.0	5	21.7	49	27.7
Secondary	3	10.3	50	40.0	11	47.8	64	36.2
Higher Secondary	1	3.4	14	11.2		21.7	20	11.3
Graduate	0	0	1	0.8	5	0	1	0.6
Income of Respondent								
Upto Rs 1800	26	33.3	23	28.0	7	41.2	56	31.6
Rs 1801 to Rs 2500	24	30.8	30	36.6	5	29.4	59	33.3
Rs 2501 and above	28	35.9	29	35.4	5	29.4;	62	35.0
Religion								
Hindu	69	88.5	79	96.3	15	88.2	163	92.1
Muslim	9	11.5	3	3.7	2	11.8	14	7.9
Social Category								
General	14	17.9	11	13.4	5	29.4	30	16.9
OBC	31	39.7	37	45.1	7	41.2	75	42.4
SC	4	5.1	6	7.3	1	5.9	11	6.2
ST	29	37.2	28	34.1	4	23.5	61	34.5
Type of Family								
Nuclear	23	79.3	64	51.2	11	47.8	98	55.4
Joint	6	20.7	61	48.8	12	52.2	79	44.6
Number of children								
No child	1	1.3	3	3.7	1	5.9	5	2.8
1 child	19	24.4	11	13.4	3	17.6	33	18.6
2 children	39	50.0	54	65.9	9	52.9	102	57.6
3 children	15	19.2	14	17.1	3	17.6	32	18.1
4 children	4	5.1	0	0	1	5.9	5	2.8
Spousal Age (in yrs)								
Upto 25	1	1.3	0	0	0	0	1	0.6
26 to 30	9	11.5	9	11.0	1	5.9	19	10.7
31 to 35	26	33.3	16	19.5	3	17.6	45	25.4
36 to 40	22	28.2	27	32.9	3	17.6	52	29.4
41 and above	20	25.6	30	36.6	10	58.8	60	33.9

Spousal Educational Status								
Illiterate	13	16.7	16	19.5	3	17.6	32	18.1
Primary	31	39.7	27	32.9	4	23.5	62	35.0
Secondary	22	28.2	25	30.5	8	47.1	55	31.1
Higher Secondary	11	14.1	10	12.2	2	11.8	23	13.0
Graduate	1	1.3	4	4.9	0	0	5	2.8
Possession of Land								
Land with Patta	21	26.9	20	24.4	5	29.4	46	26.0
Landless	57	73.1	62	75.6	12	70.6	131	74.0
Duration of SHG								
Upto 4 years	27	34.6	28	34.1	7	41.2	62	35.0
5 to 8 years	26	33.3	24	29.3	3	17.6	53	29.9
9 years and above	25	32.1	30	36.6	7	41.2	62	35.0
SHG performance								
Low	27	34.6	28	34.1	7	41.2	62	35.0
Medium	26	33.3	24	29.3	3	17.6	53	29.9
High	25	32.1	30	36.6	7	41.2	62	35.0

N=177

The domain related to natal relatives is seen across back ground characteristics. Based on the total scores of the indicators, the respondents are categorized in to low, medium and high with regard to empowerment. The respondents are considered to be less empowered when they are unable to decide on visits to natal relatives. A majority are in the age group 26 to 30 years, mostly illiterate, have an income of less than 2501 rupees, are from scheduled tribe category reside in nuclear families and have lower duration of membership in SHG of less than four years. It is observed they also belong to **SHG's lower in performance**. Respondents who have medium scores discussed timidly with husband where majorities have education up to secondary level and income levels between Rs 1801 and Rs 2500. They belong to backward caste and have greater duration of SHG membership and belong to better **performing SHG's. Respondents who have better** scores are those who decide by self or discuss with husband and get his support. A majority of them belong to 31 to 35 years, educated up to secondary level and have a lower income of less than Rs 1800. Four tenths belong to backward caste and largely live in **joint families. They have membership in SHG's** for a **longer duration of 9 years and above while being part of better performing SHG's.**

Table 64. Level of empowerment (community participation) by background characteristics

Background characteristics	Level of empowerment (community participation)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	1	7.7	8	15.4	17	15.2	26	14.7
26-30 years	2	15.4	21	40.4	34	30.4	57	32.2
31-35 years	4	30.8	10	19.2	37	33.0	51	28.8
36-40 years	6	46.2	8	15.4	21	18.8	35	19.8
41 and above	0	0	5	9.6	3	2.7	8	4.5
Educational Status								
Illiterate	3	23.1	17	32.7	23	20.5	43	24.3
Primary	4	30.8	22	42.3	23	20.5	49	27.7
Secondary	5	38.5	8	15.4	51	45.5	64	36.2
Higher Secondary	1	7.7	5	9.6	14	12.5	20	11.3
Graduate	0	0	0	0	1	0.9	1	0.6
Income of Respondent								
Upto Rs 1800	3	23.1	14	26.9	39	34.8	56	31.6
Rs 1801 to Rs 2500	3	23.1	23	44.2	33	29.5	59	33.3
Rs 2501 and above	7	53.8	15	28.8	40	35.7	63	35.0
Religion								
Hindu	7	53.8	50	96.2	106	94.6	163	92.1
Muslim	6	46.2	2	3.8	6	5.4	14	7.9
Social Category								
General	0	0	5	9.6	25	22.3	30	16.9
OBC	9	69.2	20	38.5	46	41.1	75	42.4
SC	0	0	5	9.6	6	5.4	11	6.2
ST	4	30.8	22	42.3	35	31.2	61	34.5
Type of Family								
Nuclear	9	69.2	32	61.5	57	50.9	98	55.4
Joint	4	30.8	20	38.5	55	49.1	79	44.6
Number of children								
No child	1	7.7	2	3.8	2	1.8	5	2.8
1 child	1	7.7	10	19.2	22	19.6	33	18.6
2 children	4	30.8	26	50.0	72	64.3	102	57.6
3 children	5	38.5	13	25.0	14	12.5	32	18.1
4 children	2	15.4	1	1.9	72	1.8	5	2.8
Spousal Age (in yrs)								
Upto 25	0	0	1	1.9	0	0	1	0.6
26 to 30	0	0	5	9.6	14	12.5	19	10.7
31 to 35	2	15.4	20	38.5	23	20.5	45	25.4
36 to 40	3	23.1	10	19.2	39	34.8	52	29.4
41 and above	8	61.5	16	30.8	36	32.1	60	33.9

Spousal Educational Status								
Illiterate	5	38.5	9	17.3	18	16.1	32	18.1
Primary	4	30.8	30	57.7	28	25.0	62	35.0
Secondary	3	23.1	8	15.4	44	39.3	55	31.1
Higher Secondary	1	7.7	5	9.6	17	15.2	23	13.0
Graduate	0	0	0	0	5	4.5	5	2.8
Possession of Land								
Land with Patta	2	15.4	18	34.6	26	23.2	46	26.0
Landless	11	84.6	34	65.4	86	76.8	131	74.0
Duration of SHG								
Upto 4 years	9	69.2	10	19.2	37	33.0	56	31.6
5 to 8 years	1	7.7	31	59.6	42	37.5	74	41.8
9 years and above	3	23.1	11	21.2	33	29.5	47	26.6
SHG performance								
Low	0	0	18	34.6	44	39.3	62	35.0
Medium	7	53.8	17	32.7	29	25.9	53	29.9
High	6	46.2	17	32.7	39	34.8	62	35.0

N=177

The empowerment domain of community participation is seen against the background characteristics. The empowerment level is divided into low, medium and high. Those respondents who are less empowered and do not decide to take part in community participation belong to the age group of 31 to 35 years and are educated up to secondary level. Seven out of ten belong to OBC and more than half have higher income of Rupees 2501 and above. Majorities are members in SHG for about 4 years **and are member's in** medium performing SHG**'s.** Those respondents who are medium empowered are educated up to primary level, and belong to an income group of Rs 1801 to Rs 2500. Majority are ST**'s** and have SHG membership for a duration of 5 to 8 years and are **attached to SHG's of** lower performance. Those respondents who have high scores on empowerment are largely educated upto secondary level and are mostly OBC**'s**. They have an SHG experience of 5 to 8 years and belong to low **performance SHG's.**

Table 65. Level of empowerment (Rights of husband and wife) by background characteristics

Background characteristics	Level of empowerment (Rights of husband and wife)							
	Low		Medium		High		Total	
Age (in yrs)	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Upto 25 years	5	11.4	20	18.7	1	3.8	26	14.7
26-30 years	15	34.1	34	31.8	8	30.8	57	32.2
31-35 years	10	22.7	29	27.1	12	46.2	51	28.8
36-40 years	13	29.5	19	17.8	3	11.5	35	19.8
41 and above	1	2.3	5	4.7	2	7.7	8	4.5
Educational Status								
Illiterate	11	25.0	25	23.4	7	26.9	43	24.3
Primary	17	38.6	27	25.2	5	19.2	49	27.7
Secondary	9	20.5	41	38.3	14	53.8	64	36.2
Higher Secondary	7	15.9	13	12.1	0	0	20	11.3
Graduate	0	0	1	0.9	0	0	1	0.6
Income of Respondent								
Upto Rs 1800	15	34.1	30	28.0	11	42.3	56	31.6
Rs 1801 to Rs 2500	15	34.1	38	35.5	6	23.1	59	33.3
Rs 2501 and above	14	31.8	39	36.4	9	34.6	62	35.0
Religion								
Hindu	35	79.5	103	96.3	25	96.2	163	92.1
Muslim	9	20.5	4	3.7	1	3.8	14	7.9
Social Category								
General	6	13.6	16	15.0	8	30.8	30	16.9
OBC	24	54.5	41	38.3	10	38.5	75	42.4
SC	5	11.4	5	4.7	1	3.8	11	6.2
ST	9	20.5	45	42.1	7	26.9	61	34.5
Type of Family								
Nuclear	20	45.5	64	59.8	14	53.8	98	55.4
Joint	24	54.5	43	40.2	12	46.2	79	44.6
Number of children								
No child	2	4.5	2	1.9	1	3.8	5	2.8
1 child	7	15.9	22	20.6	4	15.4	33	18.6
2 children	21	47.7	66	61.7	15	57.7	102	57.6
3 children	11	25.0	15	14.0	6	23.1	32	18.1
4 children	3	6.8	2	1.9	0	0	5	2.8
Spousal Age (in yrs)								
Upto 25	0	0	1	0.9	0	0	1	0.6
26 to 30	3	6.8	14	13.1	2	7.7	19	10.7
31 to 35	12	27.3	29	27.1	4	15.4	45	25.4
36 to 40	13	29.5	29	27.1	10	38.5	52	29.4
41 and above	16	36.4	34	31.8	10	38.5	60	3.9

Spousal Educational Status								
Illiterate	8	18.2	18	16.8	6	23.1	32	18.1
Primary	21	47.7	33	30.8	8	30.8	62	35.0
Secondary	7	15.9	37	34.6	11	42.3	55	31.1
Higher Secondary	7	15.9	15	14.0	1	3.8	23	13.0
Graduate	1	2.3	4	3.7	0	0	5	2.8
Possession of Land								
Land with Patta	14	31.8	26	24.3	6	23.1	46	26.0
Landless	30	68.2	81	75.7	20	76.9	131	74.0
Duration of SHG								
Upto 4 years	21	47.7	33	30.8	2	7.7	56	31.6
5 to 8 years	11	25.0	43	40.2	20	76.9	74	41.8
9 years and above	12	27.3	31	29.0	4	15.4	47	26.6
SHG performance								
Low	14	31.8	37	34.6	11	42.3	62	35.0
Medium	19	43.2	32	29.9	2	7.7	53	29.9
High	11	25.0	38	35.5	13	50.0	62	35.0

N=177

The domain related to rights of husband and wife in the family is likely to have a bearing against the background characteristics and hence cross tabulated. The respondents are categorized in to low, medium and high level of empowerment. Respondents with low scores show tendency that she accepts that husband has more rights in family and considerers it natural. A majority of respondents reflecting this attitude are qualified up to primary level of education and belong to lower income group, backward castes and live in joint family. They have SHG membership for the last four years and the SHG to which they belong are largely of medium performance. Those respondents with medium scores belong to the age group of 26 to 30 years, qualified up to secondary level, have a relatively higher income and have membership in SHG for about 5 to 8 years and belo**ng to better performing SHG's. Those** respondents who are highly empowered have relatively better level of education (secondary) but lower income. Majorities are from other backward caste and live in nuclear families. They have 5 to 8 years of SHG experience and belong to a high **performing SHG's**.

The Tata steel CSR initiated SHG**'s** in Jharkhand have played a significant role in empowering women. It is found that the respondents who were earlier housewives are now found to have economic avenues and means of empowerment. The four indicators taken to

access the empowerment includes mobility, decision making, personality development and socio-economic empowerment domain. Majority of respondents are highly satisfied with the SHG functioning and the benefits that they received. It has helped the respondents to become more mobile with regard to moving outside home, neighbourhood, homes of friends and relatives and community centres without an accompanying person. It has helped them to enhance their decision making capacity with regard to daily routine life and child care related activities. In terms of personality it has improved their self efficacy, collective action, self esteem and personality development. The respondents have also identified a change in their understanding of rights of husband and wife, decision making regarding family expenses, community participation, sharing house hold work and overall decision in the family and community. The community participation of self-help group members is distinctly higher and better in comparison to respondents interviewed for health issues and their relative empowerment.

Summary and Discussion

The social dimension of development has become an important phenomenon where corporates are found to deliver its corporate social responsibility as an organizational practice thereby depicting corporate social power from an economic to moral dimension. Corporate Social Responsibility (CSR) from a social perspective is defined as a corporate commitment to ethical behaviour particularly in relation to social justice. Social involvement of corporates in society is not just a business endeavour but a community participation which provides the compan**y's an** opportunity to invest in fostering, trusting and understanding community relationship (Green and Hunton, 2003). CSR executed through the business institutions towards sustainable development of society has a significant role in community development (Mahapatra and Aruna, 2012). Tata group of companies is one of the corporates which engage in the philosophy of business existence for the community in trust (Puranik and Mehta, 2005).

The CSR approach primarily includes the economic dimension approach towards community as a stakeholder. Corporate**'s** appear to focus more on implicit CSR neglecting the explicit approach like solving community development issues. Hence the fundamental idea of CSR is that business corporation**'s** have an obligation to work towards meeting the needs of a wider array of stakeholders like community, (Clarkson, 1995) thereby, acting as a corporate citizen **(**Waddock et al., 2002) where a company integrates social concern and improves the quality of life in the local community. It routes through the approach of human development and gives **a "feel good" phenomen**on in the community in which it operates. Such explicit dimension of sociology of CSR has been less researched upon which the present study attempts to focus. The studies are also largely addressed from management perspective and not from societal or sociological perspective. Therefore the present study gains importance as it attempts to highlight the problem solving approach of CSR towards community development. The relevance lies in the fact that CSR linkage with women based issues are also less focused upon in research and therefore, the present study attempts to understand the corporate social performance and women empowerment in the context of CSR. Tata Steel through it systematic CSR activity has established a place for itself and provides a chance to examine the approach and impact which is still a preliminary effort at CSR level and sociological perspective. It

also would provide significant space for exploring at the academic level and substantiation at a policy level.

Moon (2004) argues that since 20th country there has been ongoing debate on the role of government and CSR where the emphasis is on governments to act proactively to promote CSR as a response to the social problems caused by corporate action within a globalized economic context. Corporate Social Performance (CSP) is a set of descriptive categorizations of business activity, focusing on the impact and outcome for society, stakeholders and the firm itself (Wood, 1991). Hence, corporate social performance is a structural category which can be measured and evaluated (Wood, 2010). CSP can be measured through social reports, environmental reports, annual reports and social or environmental disclosure. Wood (1991) argues that CSP is more compressive than CSR models since it involves the identification of domains of an organizations social responsibility, the development of process to evaluate the stakeholder demand and the implementation of programmes to manage social issues (Thomas and Simerly, 1995). **Hence, CSP concerns the benefits that result from a business organization's interaction** with the larger environment including social, cultural, legal and political and economic dimension and in order to exits companies should work to increase the benefits and eliminate harm resulting from their activities (Wood), 2010). CSP has become a legitimizing identity (brand) for researchers in the business and society field, but it has not developed into a viable theoretical or operational construct. CSP research is viewed as those works concerned with prescribing, measuring, and predicting aspects of how corporations do and/or should behave given their affect on other social actors functioning in the same organizational field. Wood (1991) conceptualized CSP as the product of a **business firm's particular configuration of principles of social responsibility at the three** level of analysis which are institutional, organizational and individual level. Secondly the process of social responsiveness which is an action dimension is needed to complement the normative and motivational component of social responsibility of the three facets as environmental, stakeholder and issue management. Thirdly, the outcomes are divided into three types, the social impact of corporate behaviour, the programs the company use to implement responsibility and the policies developed by companies to handle social issues and stakeholder interest.

Companies involved in social context carry out socially responsible behaviour inherent to their way of doing business where social initiatives are often implemented informally or implicitly as a response to local expectations and demands (Morsing, 2005) playing a citizenship role. The metaphor of corporate citizenship suggests an institutional approach to corporate social responsibility (Jeorissen, R 2004) and goes beyond philanthropy, requiring the organizations to be actively involved in the process of community development (Baxi and Chadha, 2005). The term corporate citizenship is used to connect business activity to broader social accountability (Waddel, 2000) and being active in citizenship behaviours (Matten and Crane, 2005).

The use or abuse the power in the relationship between corporation and their stakeholders is a matter of concern. Banerjee (2001) highlights the role of this power differential in the case of mining, particularly in remote areas inhabited by the poor and marginalized communities where the mining company becomes a short de facto government. Therefore, the role of business in society in the form of philanthropy gives a way to corporation to keep a hold on community through its social welfare activities. This brings an increased business involvement in society and political structure, in inevitably demanding business to be more responsible (Bendell, 2004). In this context corporate social power can be understood as the corporate power and responsibility are a matter of public concern for community development (Mahapatra and Aruna, 2015).

The present study attempts to describe the corporate involvement in the community development through a case study CSR activities practiced by Tata Steel in Odisha and Jharkhand and thereby demonstrating the corporate social power. **Tata Steel's vision is to be a "Global steel industry benchmark in value creation and Corporate Citizenship". The** study describes the corporate social responsibility and its bearing on empowerment of women in India especially in health and income in the context of rural community. For this purpose, an empirical study is undertaken in two states where Tata Steel implements its community development initiatives. The research setting is rural where women are the targeted sample to understand the overall impact of the empowerment initiative of the company. Women in the locality had lesser opportunity to be empowered due to the social context and were less conscious about the concept of empowerment. Hence the women were considered as a core group in the change process and CSR activities of Tata are the change agent**. The company has adopted several villages as "model villages" for**

its effective implementation of its program which is adopted for the present research. The Tata Steel is taken as a case study for research because survey's report that Tata Group of companies in India adhere to philanthropy since 1947 through its strategic approach undertaken as (TCCI) - Tata Corporate Community Involvement and in global terms participates in all the four groups of Global Reporting Initiative i.e., SA8000, sustainable development world index and millennium development goal accounting.

The research attempts to explore the role undertaken by CSR as a problem solving approach towards the community and women in particular. In this context, women issues are prioritized by Tata Steel CSR and the inequality in distribution of resources is addressed. The company perceives that the rural health condition of women and financial independence of women has an important role in individual, familial and community empowerment. Gender discrimination has its impact on health, education, income, safety, crime, life expectancy etc. Government of India has introduced many reforms and constitutional safeguards to these gender related issues but still have several core issues remains to be addressed. Several nongovernmental organizations have attempted to coordinate with the government in reducing gender disparity but the corporates have greater resources and chances to sustain activity for a longer period of time as change is gradual but requires consistent effort. The role of business is recognized as an effective mechanism to address a priority issue which requires support from institutional and community support. Multinational companies through the corporate social responsibility have to a large extent succeeded in solving social issues in the society, going beyond the only business motive of profit making. The attempt of corporates and big business through its direct programs has empowered women economically and socially. It has helped them secure a livelihood, improved their decision making skills and improved access to maternal health services (Gage, 2007). Moreover the government programs alone are inadequate to solve social issues (Pradhan and Rajan, 2010) in the Indian context. The multinationals are expected to move beyond their philanthropy values and to make strategic planned social initiatives investment through CSR, and are made a formal requirement through its Act of 2013.

In recent decades the rural population under the CSR have largely benefited due to the companies intervention which tries to bring in qualitative changes thereby enhancing its social stand in terms of corporate social responsibility (Mahapatra and Aruna, 2011). The

corporate social responsibility of companies especially of Tata Steel plays an important role in social transformation and development aspect of rural people in Odisha and Jharkhand. The research focuses on this aspect and through a detailed study of Tata Steel in CSR activities and their role in women development in terms of economic self independence, health and its corresponding social empowerment. In view of the importance of social aspects of CSR and the gaps in the literature, the specific objectives are framed. It relates to (1) the description of the practices of corporate social responsibility among the private and the public sector companies, (2) to understand the corporate citizenship approach to women empowerment, (3) to examine the outcome practice of corporate social responsibility on health and sustainable livelihood of rural women, and (4) to understand the link between the corporate social performance and community development. Based on the nature of objectives a descriptive and explanatory research design is adopted for the present study. The nature of data collected is both quantitative and qualitative largely based on primary data. Secondary data, based on company reports are used to understand the CSR activities across private public sectors and time period. Two interview schedules was constructed comprising of questions related to background information, health related questions for understanding health impact of CSR activities and Self help group related questions to economic impact of CSR respectively. To understand the levels of women empowerment, two scales used by Diana et al, (2004) has been adopted in the present study to elicit information related to women empowerment. A pre-test was conducted among 20 respondents and a few modifications related to women health and SHG questions were incorporated in the final interview schedule.

The study is carried out in two states i.e. Odisha and Jharkhand where the Tata Steel is engaged its CSR activities. It focuses on health issues in Odisha and economic aspects through Self Help Group in Jharkhand. The study sites in this investigation include five villages from Ganjam district of Odisha for health initiatives and five villages from Jharkhand for economic empowerment. In case of health assessment of Odisha five villages of Gopalpur district is chosen where 40 % of the reproductive age group women are sampled based on availability, accounting for 152 women respondents. Altogether five blocks were considered for studying women empowerment initiatives in Jharkhand. Each block consisted of several villages and each village has several SHGs belonging to different enterprises. A sample of 29 villages was considered and 10 SHGs from each

villages belonging to different enterprises were included for the study. Each SHG has a master roll of its members. Every fifth member from its master roll was sampled and the **interview was conducted at the members' residence forming a sample o**f 177 women respondents. Therefore the two subsets construe a sample of 329 respondents. The data was collected between January and November 2014. The collected data were edited, coded and analyzed through SPSS package. Simple descriptive techniques like percentage and proportion were used to depict basic information. The study also has attempted to describe the CSR implementation of private and public sector companies where the study supports other researches that the CSR implementation of private sector companies are more strategic in nature than the public sector. The companies are also found to vary in their priority issues towards the execution of the project.

The first, second and third chapter deals with the conceptual understanding of the corporate social performance and its relevance for community development. The fourth chapter deals with the practices of corporate social responsibility across private and public sector companies in India. The major companies are taken for analysis and through a content analysis of the annual reports (published and unpublished), the data are collected regarding their corporate initiatives with special focus on health, education, livelihood generation and women empowerment. The fifth chapter deals with the corporate citizenship approach which highlights the CSR activities of Tata Steel. The Tata Sustainability Services includes rural, tribal, urban and family health initiatives for the areas of impact on sustainable livelihood, empowerment, health, education, preservation and promotion of tribal culture, environment and promotion of sports in community. The sixth and seventh chapter deals with the primary data description regarding health interventions of Tata Steel in Odisha and empowerment outcome through Tata Steel P**rogram's in Jharkhand.**

The CSR of the company undertakes its health interventions in Odisha and implements its programs in a wide peripheral area of the company covering more than 700 villages. The company takes the rural women as the target group to empower them for the health care measures with a special attention to maternal health care. The company not only helps the rural people with medical service but also provides them with knowledge and health related awareness through camps and meetings. There are regular weekly meetings in the village organized by the company where free health checkups and counselling are done

for the expectant mothers regarding the diet they should follow and amount of household work they should do and other pre natal related awareness and medical issues. The company has its appointed doctor who regularly visits the Anganwadi of the villages where they deal with the maternal health care checkups on a regular basis and give free medicines. They even perform major operations, they have free health camps and operation of ambulance and medical services. The villages also have government hospitals and PHCs but the respondents are of the opinion that the doctors are not available as and when required and the strategy of health care is only problem specific approach where they do not provide any knowledge and awareness of health care. The company through its meeting gives a chance to these rural women to share their knowledge and create self awareness for the pre natal and post natal care. It provides chance to enhance their social capital and also provides a chance for networking. Previously many women had problems related to maternal health and the health facilities were inadequate but with the CSR approach of the company the health care services are available at the door step and on a regular basis. The indicators taken up for health issues include antenatal care, delivery and neo natal care, post natal care and child spacing and awareness. A brief profile of the 152 sample respondents indicates that a majority of respondents are in the age group of 21 to 26 years and more than half reside in joint families and a majority are illiterates. With regard to caste, a large proportion belongs to the backward castes followed by scheduled caste. The findings suggest that the company provides a wider approach to all villagers related to health care services. A finding to be noted is that maternal mortality has lowered significantly in the CSR target area after the implementation of services. The government run hospitals function in the administrative villages and are usually distant, the villages lack availability of private hospitals and have affordability problems at the familial level, and social context limits the mobility of women. Consequent on these the health services of Tata Steel offers a viable alternative.

The study shows that a majority of respondents were satisfied with the free medicines, free checkups and health camps undertaken by the company. On availability of the services, they regularly visit health centre for prenatal care and seek advice to be followed during the pregnancy. Majority are satisfied with the assistance provided by company during delivery as it was the risk period for maternal death due to negligence. Majority are of the opinion that they get proper post natal care which always been a factor of negligence in government hospitals. The company has hired women, especially

anganwadi worker's of the same village to act as a link between the villagers and the company. They maintain a register and follow up for facilitating proper care for the maternal health services delivery in the village. Most of the respondents are highly satisfied regarding the effort taken by the company through health camps regarding the child spacing awareness and health hazards of having more number of children.

Majority of the respondents of the study reported that they have been significantly benefited through the antenatal services and the empowerment level is measured with the help of scale standardized by Diana et al, 2004. It includes decisions regarding reproductive health issues such as Child bearing, Contraception, Sexual communication and Negotiation, Pregnancy, Appraisal Health Services, Reproductive Tract Infection, Reproductive Health Roles and Rights. The independent scores are summarized to construct the total scores on empowerment and the scores are categorized in to low medium high scores indicating closer measure to understand empowerment. It is observed that the respondents have medium empowerment scores regarding the child bearing, sexual communication and negotiation, health care during pregnancy and reproductive health roles and rights while respondents are found to be less empowered regarding usage of contraception. It is seen that in all most of the domains respondents in the age group of 21 to 25 years and having an income range of 2001 to 3000 rupees are having high scores on empowerment. Backward castes are found to be relatively better empowered in case of child bearing and reproductive roles and rights. Scheduled tribe and scheduled caste have higher scores on empowerment in case of reproductive tract infection and contraception respectively. It is noticed that incase of sexual communication, negotiation and pregnancy, all the categories of caste and categories of educational qualification have an equal representation in case of highly empowered respondents. The socio-economic domain explains that a higher proportion of respondents are relatively better empowered for overall decision making at home. The respondents are observed to have medium scores on empowerment in case of production, house work, expenditure for family and rights of husband and wife in the family. The respondents are empowered at a lower level in case of visits to natal relatives and community participation. The scheduled tribe is found to be better empowered in case of house work and exercise of rights of husband and wife. The illiterates, scheduled castes, those in the age group of 21 to 26 years and those having higher income are better empowered in case of family expenditure and production. It is observed that at the community level the CSR implementation has not

only benefited the direct patient but also the whole village by its awareness and knowledge dissemination approach. The company also benefits the villagers through its infrastructure of building big hospitals and using high technological instrumental medical equipments. The company brought a significant transformation in the lives of rural women through its formation of self help group in the larger area. The subsection of the study comprises of 177 respondents who are members of SHG formed by the company. The criteria used to measure the empowerment of women includes functioning of SHG, personality development, mobility, decision making capacity and socio economic domain which are adopted in the scale developed by Diana et al, (2004). A brief profile of respondents of Jharkhand depicts that majority of respondents belong to middle age group and are married. More than half of the respondents belong to nuclear families and have secondary level of education. A majority are Hindus and belong to the backward caste category. With regard to income level, majority have sufficient income **through SHG's.**

The self-help groups are provided with training by the company representatives and have assisted bank linkages to carry out their entrepreneurial activity while the company appointed personnel keeps track of their development. It is observed that these women who were earlier not working have now found avenues to earn for their family and themselves. It is observed that a majority of respondents are of the opinion that the economic position in the family has increased after their membership in the SHG. The respondents now have an opportunity to spend on small expenses; as a result many of them feel that their status has improved within the family and in the community. Two-thirds of the respondents are highly satisfied with the work carried out by SHG as they are highly comfortable with the flexible working hours of SHG. A majority of respondents also opine that after joining SHG they are more mobile often for purposes like SHG training which is far away from their place and have learnt to communicate freely in monthly meetings and gatherings organized to SHG which was earlier not possible.

With regard to the nature of mobility, the indicators taken to understand the nature of mobility includes mobility just outside the house, local market, health center, neighborhood, homes of friends and relatives within the village, homes of friends and relatives outside the village, and community center. This domain is important as the mobility gives them considerable confidence and self esteem to act independently. A majority of respondents still reported to have inhibitions to go out but when demands arise they efforts to move. Those

respondents, who can go out alone are those who have higher earnings, middle aged, those who have secondary level of education and those belonging to nuclear families while the **respondent's belonging to** tribal community are more mobile. With regard to personality development the indicators included for the study are collective efficacy, self-efficacy, proactive attitude and self-esteem. The response in relation to each indicator is converted to scores (collective efficacy, self-efficacy, proactive attitude, self-esteem) and based on the scores the respondents are categorized into low, medium and high level of personality development. It is observed that a greater proportion of respondents have higher scores on total personality development. Respondents with higher scores belong to middle age group, have secondary level of education and are largely from backward caste category. Higher individual income and higher family income are associated with higher scores on personality development. With regard to individual indicators, it is observed that higher scores of collective efficacy are largely associated with respondents of higher individual and family income, age group of 26-30 years, secondary level of education, those in nuclear families and those belonging to backward castes. Respondents with higher scores in personality of self-efficacy are from higher individual income and higher family income, those in joint families, belonging to other backward caste. Respondents with higher scores of proactive attitude are found more among backward caste respondents and those having higher individual income. Higher scores on self-esteem are found more among respondents in the age group of 26 to 30 years, backward caste respondents, those with higher individual income and those in higher **performing SHG's**.

The decision making in the family reflects the position of women within the family. Decision making at familial level is divided into categories such as decision with regard to daily activities such as household budget, purchase of food stuffs, household goods, jewelry and taking appointment with doctor. Activities with regard to child care activities includes course of action if the child falls ill, disciplining of children**, children's education and** type of school etc. It is observed that after joining the SHG, a majority of women could make their own decision in purchasing small items such as jewelry, and the purchase of food stuff. With regard to child care, it is seen half of the respondents take decision independently to educate the child or to fix appointment with doctors. Larger proportion of respondents jointly take decision with other family members regarding the course of action if the child falls ill, household budget and allocation, purchase of major household goods, disciplining the child, and **decision regarding children's future education. Noticeably none of the rural women have** a say in spouse selection which was completely decided by the kin. A total score on decision

making is arrived through consolidation of individual indicators related to daily activities and child care. It is noted that a larger proportion of respondents who belong to joint family, backward caste and those being members in SHG of higher performance have higher scores in total decision. The findings also indicate a significant association between personality scores and decision making scores.

The socio economic domain includes indicators related to women in production comprising of decisions related to daily activity, sharing of housework, decision regarding visiting of natal relatives and friends and community participation, family expenditure and rights of husband and wives. It is observed that with regard to production, majority of women are involved in decision but not in decision making. More than half of the respondents indicate that their husband does some household work when requested which happens in all households and a greater proportion are involved in discussion related to family expenditure but not in decision. Close to half discuss timidly with husband with regard to negotiation with natal relatives and only a small proportion (two- fifth of the respondent) participates in community upon permission from spouse. Regarding rights of husband and wife in the family, majority have has some ideas about equal rights but does not succeed in persuading. Therefore in relation to these six empowerment domain indicators, in a majority situations women are empowered only to some extent as observed in the case of production, housework, family expenditure, relationship with natal relatives and rights of husband and wife in the family.

Theoretical approach

The corporate social performance theory (Garriga and Mele, 2004) states that corporates have a role to play for the welfare of society and its social initiatives bring forward community development. The basic propositions of corporate social performance theory are (i) Institutional principles of corporate social responsibility, (ii) corporate social responsiveness, (iii) social impact of corporate behavior. The present study takes into **account the first principle as 'structural entity' of the company that is the principle of** CSR, expressed on institutional, organizational and individual level. The second principle indicates towards the Tata Steel responsibility towards stakeholders in terms of reporting **and communicating its transparency And the third principle 'Agency impact' mentions** the ability to pursue goals that one has to reason value and that helps the women to make their own choices at family and community level. The structural entity of the company

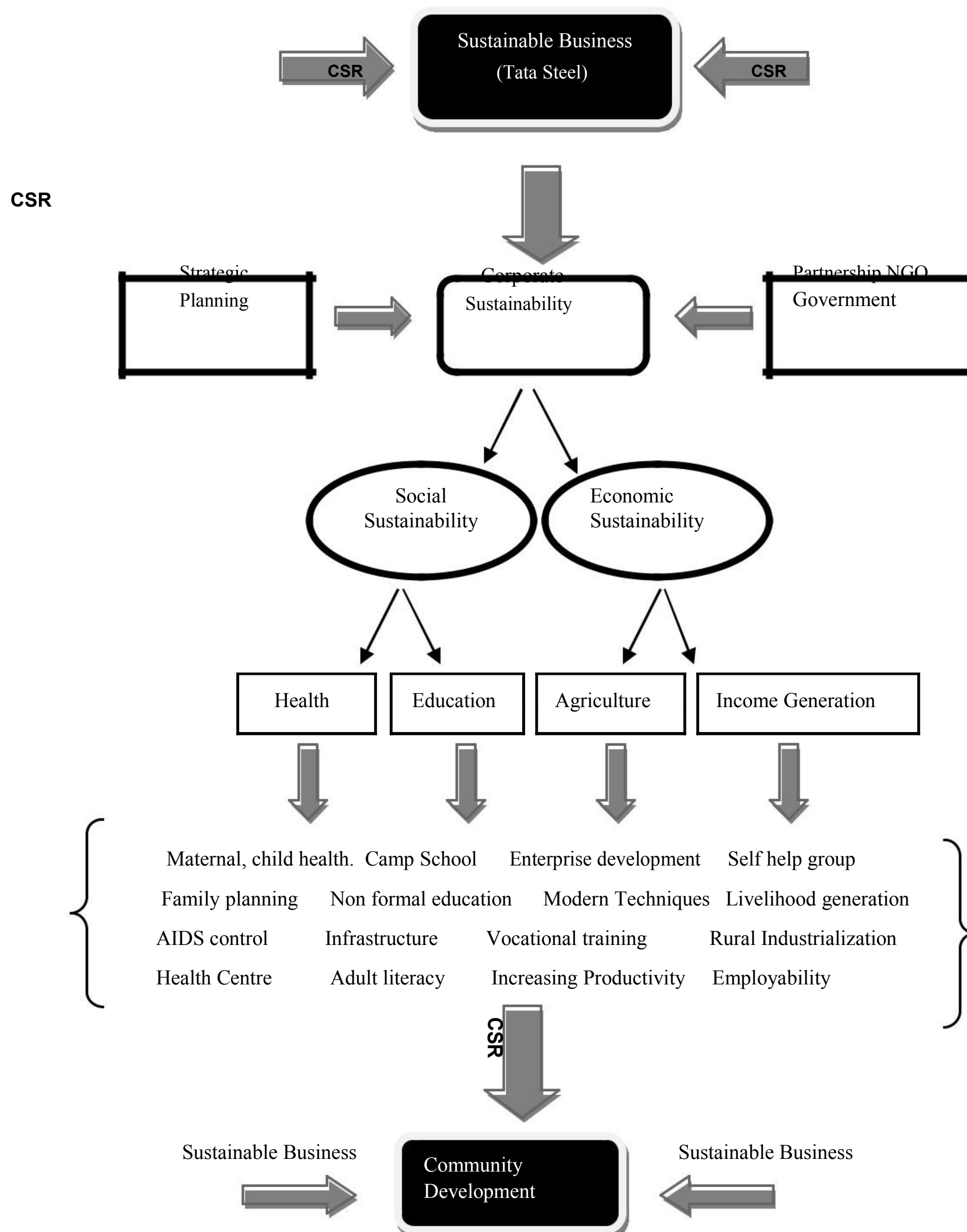
deals basically with three things i.e., access to information, inclusion and participation and local organizational capacity. For the economic empowerment the company forms self-help groups to create entrepreneurial capacity through skill based training for these rural women involving them in certain income generating activities so that they would earn and become economically self-sufficient that would ultimately give them a certain social empowerment. The employability and livelihood enhancement explained in the study gives the structural entity of Tata Steel.

The 'Agency Impact' is studied from the focused group discussion where it is observed that the women respondents of Jamshedpur can make personal expenses of their own after having some amount of earning from the SHG. They are also found give loans to their SHG members and outsiders by charging interest amount. The overall experience of women respondents of 737 SHGs and 9181 members has demonstrated that a collective spirit and group dynamics enhances their bargaining power, brings about behavioral change, creates informal network of support and help women make their own economic strides. There are certain changes brought in the mindset of the respondents after joining the SHG where they are of the opinion that greater of mobility in and around the villages, ability to spend on their own etc. After being financially independent they are also found to take decision for the welfare of their children at familial level such as for choice of school for the child and other educational matters of the children. They are found to take the decision jointly with other family members regarding daily routine activities, which they reported that earlier they were not able to do as they were financially dependent. Moreover, there are certain changes in their personality as reported by them after joining the SHG where they have developed qualities like collective efficacy by working collectively and are capable of solving their own problems and hence have developed a pro-active attitude, self-efficacy and self-esteem.

The 'Agency Impact' is studied from the focus group discussion of respondents in Odisha where they say that the health care initiatives of TSRDS has made a significant contribution as zero maternal mortality and infant mortality rate has been achieved, along with 100% immunization of children at Kalinganagar in Odisha ie the outreach area of the company. Respondents said that the health camps and regular visit to health center organized by Tata gives them an opportunity to share knowledge regarding pre natal and post natal care. It has been observed that there is free treatment in health camps which

benefits poor respondents to save a little on this account for other needs. At the community level, the corporate helps the rural women to take part in the community participation enhancing social capital and networking that extend beyond the immediate environment. Such kind of social capital refers to the resources stemming from social networks which may enable pregnant women or self-help groups of the same community or networks to turn to each other regarding childcare at post and prenatal stage. The structural entity are depicted in the conceptual framework indicating the structure of corporate sustainability comprising of economic and social aspects of Tata Steel which has an agency impact on health , education, agriculture and livelihood.

Fig 5. Framework explaining the theoretical fit of CSP



The result support earlier research findings and observation as well as bring out a few issues of importance. Sustainable business is brought with related to corporate sustainability through corporate social responsibility (CSR). Firms pursuing CSR activities in a strategic manner increase sustainable internal and external, social and organizational benefits **(**Gyves and Higgins, 2008; Prusak and Cohen, 2001).This strategy is followed by Tata Steel for execution of CSR is Tata Steel Rural Development Society (TSRDS) which is involved in various social development programmes and forms partnership with NGOs and Government organizations to carry out community development initiative as Business-community partnership is promoted to gain social benefits through joint action (Austin, 2000). Sustainable business gives corporate sustainability which is of two categories : i.) social sustainability by doing health and education initiatives and ii.) economic sustainability by doing agriculture and livelihood generation initiatives. These initiatives lead to community development which is important for the corporate to create sustainable business

The agency impact which relates to women empowerment is taken as an important issue **for the development of community. Women being 'empowered' or possessing 'power'** gives an equity approach towards inclusion and mobilization of disadvantaged groups. In this context empowerment is considered as the expansion of assets and capabilities of poor people to participate, negotiate with, influence, control, and hold accountable institutions that affect their lives (Narayan, 2005). Women empowerment is one of the aspects in the whole process of human development. It involves continuous provisioning of rights and privileges to the women by the state and improving their situation to fight gender inequality. Social empowerment and economic empowerment overlapping concept are where one phenomenon leads to the aggregation of the other. Moreover, economic independence of women will create a far-reaching social change and provide a necessary weapon for them to challenge injustice and discrimination.

The company has its own strategic initiative to deal with the women empowerment issue. The condition of empowerment of women is context specific and in relation to this the company adopts a health perspective and self help group approach towards the economic independence of women. It has undertaken issues related to the employment of women, decision making capacity at home, financial expenditure of rural women, self help group formation etc. The gender division of housework is another important dimension of

women's status and its impact on maternal and child health deserves research attention (Li, 2004). Similarly, the loss of women autonomy at familial level is a major indicator of **women disempowerment. The role of women's autonomy is f**ound to be more important in child spacing and awareness and the decision making abilities have positive implications for health. The household is the most intimate setting to understand gender relation both in the power structure and resource allocation, which in turn impact on nutrition, reproduction, decision making, access to health services and health itself (Moss, 2002). Studies conducted show that women in rural Odisha have poor representation in household decision making and poor access to information (Behera, 2002) where half of the female population suffer from nutritional deficiency and two in seven married women face domestic violence (Govt. of Odisha, 2004). Among the total maternal death in India two third death belong to the state of Bihar, UP, Jharkhand and Odisha (Radkar and Parasurama, 2007) where poverty and social exclusion are important socio-economic variables (Nayar, 2007). Health is the most vital part of women empowerment and in spite of pivotal role played by women in a family, there has been persisting discrimination between male and female health care system (Bhaumik and Majumdar, 2006). It is observed that rural women in north India do not use antenatal care adequately and do not allow health worker into their home (Say and Raine, 2007). This results in high maternal mortality rate and infant mortality rate in India. The infant mortality rate has remained lower in the last two decades where overall the infant mortality rate of Odisha is 65 while that of India is 50 (Hans and Patel, 2012)

The benefits of the SHG at the micro level depicts that the women who earlier had no source of earning mostly were confined to the homes and were embedded in a patriarchal society. The company through its CSR and CSP and specifically through its economic opportunities has not only provided them financial independence but also has improved their self confidence and personality. It is observed that the respondents of one village attempted to take violent action through their self help group to stop a liquor shop in their village which was the cause of all familial disturbances as these men used to beat their wives being intoxicated. In few more villages the self help groups under the company has stoppe**d the evil practice of dowry in their village by boycotting the family. Some SHG's** are found to collect money within the group and give loan to those who are in need of conducting marriage etc. Through the self help group, the respondents are found to discuss their familial matters and also found solution to issues like domestic violence and

get great mental relaxation. The respondents are found to realize their own inner capacities and feel confident. They even donate money for emergencies like sudden death or accident of self help group members. Therefore, the company has brought a transformation in the lives of the respondents and is seen to help these rural women to empower them in real sense. In this context, the study depicts the unique needs and situation of women empowerment. The research highlights the importance of CSR activities in the development of community. The corporate citizen approach of Tata Steel shows that it covers wide areas including agriculture, rural infrastructure, education, health etc. The company takes an all round need of the villages in the communities **surrounding its plant. The program's cover the beneficiaries at an individual level,** enhance infrastructural facilities and provide services effectively and **the company's** outcome indicators reflect these and there are both individual level achievements as well as better living conditions for the village as well. CSR activities are primarily responsible **for bringing further changes in the society. The company's CSR goals are based o**n **national goals and shows conformity with nation's needs and approach which shows it is** a supportive institution. The response for company effort is better due its focused approach and systematic programs. The company through its international standing is able to network with multiple agencies and provide specialist aid as well as mobilize fund **for future activities. The company's effort also enables congregation of community member's in various contexts providing a possibility for discussions, negotiation**s and cooperation for community development with a progressive notion. Such **endeavours'** prepares the society for civil society action. Many of the programs are community centred and benefit the community and nation at large.

CSR activities through the Tata Steel case study enables us to understand the role of larger companies which have a people centric approach and has also become almost quasi governmental in the localities of CSP. It provides the palpitations of CSR induced community and is one of the few companies which has been successful and becomes a model in CSP though the larger focus is on replication of such activities. Academic researches in this area are largely descriptive and have grey areas. It also provides scope for deeper analysis at the company level as well as at beneficiary level.

Bibliography

Abbot, W.F and Monsen, R.J (1979). On the measurement of corporate social responsibility: self reported disclosures as a method of measuring corporate social involvement. *Academy of management Journal* 22(3): 501-551.

Adams, A.M, Madhavan, **S; Simon, D. 2002. Women's Social Network and Child** Survival in Mali, *Social Science and Medicine*, vol.54, 165-178.

Adams, C and Harte, G (1998). 'The changing portrayl of the employment of women in British bank's and retail companies' corporate annual reports.' *Accounting. Organisations and Society* 23 (8): 781-812.

Agarwal,S.K.2008. *Corporate Social Responsibility in India*. New Delhi. Response Books.

Aguilera,R.V, Rupp, D, Williams, C.A and Ganapathi, J.2007. Putting the S back in Corporate Social Responsibility: A multi level theory of social change in organizations, *Academy of Management Review*, vol 32 (3): 836-863.

Ahmad, S. J 2006. From principles to practice: Exploring corporate social responsibility in Pakistan, *Journal of Corporate Citizenship*. 24 (2):115-129.

Akbas, E.K. 2012. *A Sociological study of corporate social responsibility*: A Marxist Perspective. A thesis Unpublished.

Albareda, L.T Ysa and J.M. Lozono. 2006. The role of governments in Fostering CSR, in A.Katabadse and M. Morsing (Eds), *Corporate Responsibility. Reconciling Aspirations with Application* (Palgrave Macmillan, Houndmillls, Basingstroke, New York.

Albareda. L, Lozano.M, Ysa.T (2007). Public policies on corporate social responsibility: The role of government in Europe. *Journal of Business Ethics*, vol 74: 391-407.

Alderson, P. (1999). *On doing qualitative research linked to ethical healthcare*. A report based on the proceedings of the qualitative research: A vital resource for ethical Healthcare conference, London.

Aldrich, H.E and Cliff. J (2003). The pervasive effects of family on entrepreneurship: Toward a family embeddedness perspective. *Journal of Business Venturing*, vol 18: 573-596.

Alerts , W and Cormier, D. 2009. Media legationary and corporate environmental communication. *Accounting, Organization and Society,* 34(1): 1-27

Ali , W and Rizwana, M .2013. Factors influencing corporate social and environmental disclosure practices in the developing countries. An Institutional theoretical perspective. *International Journal of Asian social science*, vol 3 (3): 590-690.

Alvord, S.H., Brown L.D. and. Letts, C.W. 2004. Social Entrepreneurship and Societal Transformation: An Exploratory Study. *The Journal Of Applied Behavioral Science*, 40(3): 260-282.

Alvord, S.H.B, David and Letts, Christine 2004. Social Entrepreneurship and Social Transformation: An Exploratory Study. *The Journal of Applied Behavioral Science*, 40(3): 260-82

Andreoni, J. 1990. Impure Altruism and donations to public goods: A theory of warm glow giving, *Economic Journal*, vol 100. 464-477.

Andriof, J and S. Waddock, 2002. Unfolding stakeholder engagement, in J. Andrif, S. Waddock, B. Husted and S. Sutherland.

Antal, A.B, Dierbies, M, Macmillian, K and Marz, L (2002). Corporate social reporting revisited. *Journal of General Management* vol 28 (4): 22-42

Antoni, G.D and Portale, E 2010. The Effect of corporate social responsibility on social capital creation in social cooperatives, *Non profit and Voluntary Sector*, vol 40 (3): 566-582.

Aras, G and Crowther, D 2008. Corporate sustainability reporting: a study in disingenuity. *Journal of Business Ethics*. Vol

Arora, B and Kazmi, S.B.A 2012. Performing Citizenship: An innovative model of financial services for rural poor in India. *Business and Society*, vol 51(3): 450-477.

Ashman,D 2001. Civil society collaboration with business: bringing empowerment back. *Journal of Business Ethics*. Vol 29(7): pp 1097-1113.

Austin, J (2000). *The Collaboration challenge*, Jossey-Bass, San Francisco, CA.

Baker, W. 1990. Market Network and corporate behaviour, *American Journal of Sociology*, vol 96. Pp 589-625.

Banerjee, S.B. 2001. Corporate Citizenship and indeginous stakeholder: Exploring a new dynamic of organizational stakeholder relationship: *Journal of Corporate Citizenship*, vol 1: 39-55.

Barendsen, L and Gardner, 2004. Is the social entrepreneur a new type of leader, Leader to Leader; 34 2004. 43-50.

Barney, J. (1991). Firm resources and sustained competitive advantage. *Journal of Management*, *17*, 99-120

Baron, D. 2007. Corporate social responsibility and social Entrepreneurship, *Journal of Economics and Management Strategy*, vol 16(3), pp 683-717.

Barua,A; Waghmare, R; Venkiteswaran, S. 2003. Implementing reproductive and child health services in rural Maharastra, India: a pragmatic approach. *Reproductive Health Matters*, vol, 11(21): pp 140- 149.

Basu, A. 1998. An Exploration of Entreprenurial activity among Asian small Businesses in Britain, *Small Business Economics*, vol 10 (2):313-326.

Basu, A. M and Stephenson, R. 2005. Low levels of maternal education and the proximate determinants of childhood mortality: a little learning is not a dangerous thing. *Social Science and Medicine*, vol 60(4): 2011-2023.

Basu, A.M (1992). *Culture, the status of women and demographic behaviour illustrated with the case of India*. Oxford, England . Oxford University Press.

Basu, A.M (1999). Fertility Decline and Increasing Gender Imbalance in India including a positive south Indian turnaround. *Development and Change* 30(2): 237-263.

Basu, K**. and G. Palazzo: 2008, 'Corporate Social Responsibility: A Process Model of Sensemaking',** *Academy of Management Review* 33, 122–136.

Becker, G.S. 1974. A Theory of Social Interaction, *Journal of Political Economy* vol 82(2): 1063-1093.

Belal, A. 2001. A Study of Corporate Social Disclosure in Bangladesh, *Managerial Auditing Journal*, vol 15 (5): 274-289.

Bendell, J. and Visser,W. (2005), ''World review'', *The Journal of Corporate Citizenship,* Vol. 17, pp. 5-20.

Berhane, Y; Gosaye, Y; Emelin, M and Hogbu**rg, U 2001. Women's health in a rural** setting in social transition in Ethopia. *Social Science and Medicine*, vol 53(3): 1525-1539

Berman, P.A. 1998. Rethinking Health Care System: Private Health Care Provision in India, *Business and Society*. vol 26 (8): 1463-1479.

Bhat, R. (1993). The private/Public mix in health care in India. *Health Policy and Planning*, vol 8 (1): 43-56.

Bollen, A: 2004. *The rise of non-financial reporting: How to use research to measure your reputation*, MORI White paper, January.

Borza, A; Mitra, C; Borden, O. 2008. Fair trade an essential part of social enterpruership. International conference on Business Excellence. ICBE, Brasov, *Romania Review of Management and Economical Engineering* vol 7 (5): 85-88.

Brammer,S, Jackson, G and Matten, D (2012), Corporate social Responsibility and institutional theory:new perspectives on private governance. *Socio-economic Review*. 10, 3-28.

Bronn. P.S.; D.V. Cohen 2009. Corporate motives for social initiatives: Legitimacy, sustainability or the bottom line. *Journal of Business Ethics*, vol 87 (3): 91-109.

Brooks, S.B. 2010. CSR and the straight jacket of Economic Rationality. International *Journal of Sociology and Social policy*, vol 30: 604-617.

Brown, H.S,Joney , M. and Levy, D. L, 2009. Building institution based on information **discloser lessons from GRI's sustainability reporting .***Journal of Economic Production*, 17 (6): 571-80.

Bryman, A. 1999. The Disneyization of Society, *Sociological Review*, vol 47, pp 25-47.

Bulato, R. A and Ross, J.A. 2003. Which health services reduce maternal mortality? Evidences from ratings of maternal health services. *Tropical Medicine and International Health*. Vol 8:710-721.

Business for social responsibility. 2003. Issues in corporate social responsibilities.

Caldw**ell, J. C. and Caldwell, P (1993). Women's position and child mortality and** morbidity in less developed countries. In N. Federic, K.O Mason, and S. Sogner (Eds). ***Women's position and demographic change***. Pp- 122-139. Oxford Clarendon Press.

Campbell, J 2007. Why would corporation behave in socially responsible ways? An institutional theory of corporate social responsibility. *Academy of Management Review*, vol 32(3), pp 946-967

Campbell,J.L. 2006. Institutional analysis and the paradox of corporate social responsibility, *American Behavioral Scientist*, vol 49(7): 925-938.

Cappellin, P and Giuliani, G.M. 2004. The political Economy of corporate responsibility in Brazil- social and environmental dimensions, united nation research institute for social development- technology, *Business and Society* paper number 14. Pp 1-67.

Carrol, A B. 1998. The four faces of corporate citizenship. *Business and Society Review*. vol 100. pp 1-7.

Carrol,A.B (1991). The Pyramid of corporate social responsibility: Toward the moral management of organizational stakeholder. *Business Horizons*, 34(4): 39-48.

Carter, S. 2011. The rewards of Entrepreneurships: Exploring the incomes, wealth and economic wellbeing of entrepreneurial household. *Entrepreneurship Theory and Practice.*

Chand, V.S. 2009. Beyond non-governmental development action into social entrepreneurship. *Journal of Entrepreneurship*, vol 18(2): 139-166.

Chapple, J and Moon,J (2005). Corporate Social Responsibility in Asia: A seven country study of CSR web site reporting. *Business and Society*. Vol 44(4): pp 415-441.

Chaterjee, M. 1988. Implementing health policy. The Centre for policy research. New Delhi. *Auditing and Accountability Journal*. 15 (3): 344-371.

Chattopadhay, A (2012). Men in maternal care: evidence from India. *Journal of Biosocial Science*. Vol 44 :129-153.

Chawdhri, V and Wang, J 2007. Communicating corporate social Responsibility on the internet: A case study of the top 100 information technology companies in India, Management communication quarterly , vol 21(2): 232-247.

Chell, E 2007. Social Enterprise and Entrepreneurship: Towards a convergent theory of the Enterprenrial Process, *Internal small Business Journal,* vol 12 (3): 321-354

Clarkson, M.1995. A Stakeholder frame work for analysisng and evaluating coporate social responsibility. *The Academy of Management Review,* vol 16(2): pp 132-147.

Crouch, C. 2009. Privatized keyneisianism: An unacknowledged policy regime, The *British Journal of Politics and International Relations*, vol 11. pp 382-399.

Dahlsrud,A 2005. A comparative study of CSR strategies in the oil and gas industry. Paper presented as navigating globalization: stability, fluidity and friction, Trondheim, Norway, 2005

Davidson, P and Honig, B 2003. The role of social and human capital among nascent entreprenurship. *Journal of Business Venturing*, vol 18 (3): 301-331.

Davis, K and R.L. Blomstorm 1971. Business, Society and Environment. Social power and social response, 2nd Edition (McGraw-Hill, New York).

Deegan C. 2002. The legitimizing effect of social and environmental disclosures—a theoretical foundation.

Deegan, C. and Gordon, B (1996). A study of the environmental discloser practice of Australion corporation. *The Accounting Review*, vol 26 (3), pp 187-200.

Dees, J. G. (1998, January/Fe**bruary). "Enterprising nonprofits: What do you do when traditional sources of funding fall short?".** *Harvard Business Review*, pp. 55-67.

Den Hond, F, de Bakker, F.G.A(2007) Idologically motivated activisim. How activist groups influence corporate social change activities. *Academy of Management Review*, 32, 901-924.

Denzin, N. K. and Lincoln, Y.s. (1998). *Strategies of Qualitative Inquiry*. Sage publications, London.

Desa, G 2010. Social entrepreneurship: Snapshots of a research field Emergence in ((Eds) Hockerts, Kai, Mair, Tohanna,Robinsson, Jeffrey,2010. *Values and opportunities in social entrepreneurship*, Palgrave Macmillan, Britain. Pp 6-31.

DiMaggio, P.J. and Powell, W (1983). The Iron cage Revisited: Institutional Isomorphism and collective rationality in Organizational field, *American Sociological Review*, vol 48. Pp 147-160.

Doh, J. P. and R. T. Guay: 2006, 'Corporate Social Responsibility, Public Policy, and NGO Activism in Europe and the United States: An Institutional-Stakeholder **Perspective',** *Journal of Management Studies* 43,47–72.

Doh, J. P., & Teegen, H. (2002). Nongovernmental organizations as institutional actors in international business: Theory and implications. *International Business Review*, *11*, 665-684.

Doh, J. P., & Teegen, H. (2003). *Globalization and NGOs: Transforming business, government, and society*. Westport, CT: Praeger.

Donaldson, T. and L. E. Preston: 1995, 'The Stakeholder Theory of the Corporation: Concepts, Evidence and Implications', *Academy of Management Review* 20, 65–91

Dore, R. 1983. Goodwill and the spirit of market capitalism. *British Journal of Sociology*.34:459-482.

Drakopoulou Dodd, S and Seaman, P.T. 1998. Religion and Enterprise: An introductory exploration. *Entrepreneurship Theory and Practice*, vol 23 (1): 71-86.

Dyson, T and Moore, M (1983). On kinship structure, female autonomy, and demographic behaviour in India. *Population and Development Review*. Vol 9. Pp 35-60.

Elkington, J and Hartigan, P (2008). *The power of unreasonable people: How social entrepreneurs create market that change the world*. Boston, Harvard Business Press.

Ergler, C.R; Sakdapilrak, P; Bohle, H-G; Kearns, R.A. 2011. Entitlements to health care: Why is there preference for private facilities among poor residents of Chennai, india? *Social Science and Medicine*, vol 72. Pp 327-337.

Esrock, S. L.and Leichty, G. B. (1999). Corporate World Wide Web pages: serving the news media and other publics. *Journalism and Mass communication Quarterly*, 76,456-467.

Esrock, S.L and G.B.Leichty. 1998. Social Responsibility and Corporate Web Pages: Self Presentation or Agenda setting, *Public Relation Review*, vol 23(3): 305-319.

European Commission (2002). Communication from the commission concerning corporate social responsibility: A Business contribution to sustainable development.

Evan, M. W and R. E. Frenon,1998. ' *A stakeholder theory of the modern corporation: Kantion capitalism*' **in T. L. Beavcamp and business (prentice Hall, Engleword cliffs,** NJ)pp 97-106.

Eweje, G. 2006. The Role of MNEs in Community Development Initiatives in developing countries: corporate social responsibility at work in Nigeria and South Africa. *Business and Society*, vol 45(2): 93-129.

Eweje, G. 2007. Strategic Partnership between MNCs and civil society: The post WSSD perspective. *Sustainable Development*, vol 15. pp 15-27

Farnsworth,K.2005. Interbnational class conflict and social policy. *Social Policy and Society*. Vol 4 (2): pp 217-226.

Ferraro, F,Pfeffer,J. and Sutton, R.I (2005). Economics language and assumptions: how theories can become self fulfilling, *Academy of Management Review*, vol 30(1): 8-24

Finerman, R. D. 1983. Experience and Expectation: Conflict and change in traditional family health care among the Quichua of Saragura. *Social Science and Medicine*, vol 17, 1291-1299.

Fitch, H.G. 1976. Achieving corporate social responsibility. *The Academy of Management Review*. Vol 1(1). 38-46.

Fortainier, F and Kolk A 2007. On the Economic Dimension of corporate social Responsibility: Exploring fortune Global 250 Reports. *Busines and Society*, vol.46(4) 457-478.

Fox, T. (2004), ''Corporate social responsibility and development'', *Development*, Vol. 47 No. 3, pp. 29-36.

Fox, T.H. Ward and B. Howard: 2002, *Public sector roles in strengthening corporate social responsibility: A Baseline Study*. (The World bank, Washington).

Frank, D.J; Hironaba, A; Meywer, JW.Schofer, E and Tuma, N.B.1999. The rationalization and organization of nature in world culture, In J.Boli and G.M.Thomas (Eds), Constructing world culture. pp 81-99. Standford, C.A: Standford University Press.

Fransen, L (2012). ' Multi-stakeholder governance and voluntary program interaction: legitimation politics in the institutional design of corporate social responsibility, *Social-economic Review*, 10,163-191.

Frederick, W.C.(1960). The growing concern over social responsibility. *California Management Review*. Vol 2, pp 54-61.

Frooman, J.(1999). Stakeholder influence strategies. *Academy of management Review*, 24, 191-205.

Fryed, B 2011. *Building, stakeholder relations and corporate social responsibility.* Palgrave Macmillon, UK.

Frynas, J. (2005), ''The false developmental promise of corporate social responsibility: evidence from multinational companies'', *International Affairs*, Vol. 81 No. 3, pp. 581-98.

Galashiewicz, J.1991. Making corporate actors accountable: Institution- bulding in Minneapolis –st paul. In Powell and DiMaggio (Eds). The new institutional in organizational analysis 293-310. Chicago. University of Chicago Press.

Gardberg, N and C.F. Fombrun (2006). Corporate Citizenship: creating intangible assests across Institutional Environment, Academy of Management Review, vol 31(2): 329-346.

Gardiner, L; Rubbens, C; Bonfiglioli, E. 2003. Big Business, Big Responsibilities. *Corporate Governance*, vol 3(3); pp 67-77.

Garriga. E and Mele.D (2004). Corporate Social Responsibility Theories: Mapping the Territory, *Journal of Business Ethics*, 53: 51-71.

Goddard, T (2005). Corporate citizenship and community relations: contributing to the challenges of Aid Discourse. *Business and Society Review*. Vol 110(3). Pp- 269-296.

Gray, R, Dey, C,Owen, D, Evons,r and Zadek,S.1997. Struggling with the praxis of social accounting: stakeholders, accountability, audits and procedures, *Accounting, Auditing and Accountability Journal* vol 10 (3), pp 325-364.

Gray, R, Kouhy, R and Lavers, S. (1995). ' Corporate social and environmental reporting a review of the literate and a longitudinal study of UK discloser." *Accounting, Auditing and Accountability Journal.* 8(2): 47-77.

Gray, R.D.; Owen and C.Adams. 1996. *Accounting and accountability: changes and challenges in corporate social environmental reporting*. (Prentice-hall, London.).

Green, A.O and L. Hunton, Clark (2003). A typology of stakeholder participation for company environmental decision making. *Business Strategy and Environment* vol 12(5): pp 292-299.

Grey, R, Owen, D and Adams, (1987) Accounting and Accountability, prentice-Hall , Great Britain.

GRI, 2006. G3 Sustainability Reporting Guidelines. http:??www.global reporting org/ Reporting Framework/G3 Online/.

Gunawan, J. 2010. Perception of important information in corporate social disclosure: Evidence from Indonesia. *Social Responsibility Journal*, vol 6 (1): 62-71.

Guyer, J (1981). Household and Community in African studies. *African Studies Review* vol 24 (213): 87-137.

Habisch, A. 2004. Social responsibility, social capital and SMEs, in L.J. Spence, A. Habisch and R. Schmidpeter (Eds); *Responsibility and social capital: The World of small and medium sized Enterprises* (Palgrave Macmillian, Basing StrokeP pp 25-34.

Hall, P.p and Josbice, D 2001. An Introduction to varieties of capitalism. In P.A.Hall and D. Sosbice (Eds), *Varieties of comparative advantage*. 1-70. New York, Oxford University Press.

Hamann, R 2004. Corporate social responsibility, partnership and institutional change: The case of mining companies in South Africa, *Natural Resource Forum*. vol 28: 278-290.

Hart, S. (2005), Capitalism at the Crossroads: The Unlimited Business Opportunities in Solving the Worl**d's Most Difficult Problems, Wharton School Publishing, Upper Saddle** River, NJ.

Helming,B,Sprawl, K,Ingenhoff,D 2013. Under positive pressure. How stakeholder pressure affects corporate social responsibility implementation. *Business and Society*, volxx(x) 1-37.

Hendry, J.R. (2005), ''Stakeholder influence strategies: an empirical exploration'', Journal of Business Ethics Vol. 61, pp. 79-99.

Himmelstein, J.L.(1997). *Looking Good and Doing Good*. Bloomington: Indiana University Press.

Hockerts, K.2006. Entrapersonal opportunity in social purpose business ventures. In Mair, J, Robinson, J and Hockerts, K. (eds.), *Social Entrepreneurship* ,143-54. Basings troke: Palgreve Macmilion.

Hopkins Center for Civil Society Studies in organizational fields. *American . Sociological . Review.* 48:147–60

Hopkins,M. 1998. The planetary bargain: corporate social responsibility comes of age, Macmillian, London.

Huda, S and Mahmud, S. (1998). Women's control over productive assets : role of credit based development interventions. BRAC-ICDDR, B Joint Research project: Working paper no 28, Dhaka, Bangladesh.

Hulton, L.A; Matthews, Z.Stones,m R.W. 2007. Applying a Framework for Assessing the quality of maternal health services in urban India. *Social Science and Medicine* , vol 64.pp 2083-2095.

Idemudia, U 2011. Corporate Social Responsibility and developing countries: Moving the critical CSR research agenda in Africa forward. *Progress in Development Studies*, vol 11 :pp 1-18.

Jackson and Apostolokou (2010). Corporate Social Responsibility in western Europe: An Institutional Mirror or substitute? Journal of Business Ethics, 94: 371-394.

Jacob, M.E; Abraham, S; Surya, S; Minz, S; Singh, D; Abraham, V.J; Prasad, J; George, K; Kuruvilla, A; Jacob, K.S 2006. A community health programmes in rural TamilNadu, India: The Need for Gender Justice for women. *Reproductive Health Matters*, vol 14 (27): 101-108.

Jacques Defourny Marthe Nyssens, (2008),"Social enterprise in Europe: recent trends and developments", *Social Enterprise Journal*, Vol. 4 Iss 3 pp. 202 - 228 .

Jamali, D,2008. A stakeholder approach to corporate social responsibility: A fresh perspective into theory and practice. *Journal of Business Ethics*. vol.82. 213-231.

Jamali,D 2010. MNCs and International Accounting standards through an institutional lens: Evidence of symbolic conformity or decoupling. *Journal of Business Ethics*, vol 95: 617-640.

Jamali.D and Mirshak.R (2007). Corporate Social Responsibility: Theory and Practices in a Developing Country Context. *Journal of Business Ethics*, vol 72(3): 243-262.

Janjuna-Jiuraj, S. 2003. The suatainability of social capital within Ethnic Networks. *Journal of Business Ethics*, vol 47, 31-43.

Jeffery, R and Jeffery, P(1997). Population, gender and politics. Cambridge, New York: Cambridge University Press.

Jejeebhoy, S. J. (2002). Convergence and divergence in spouces, perspectives on **women's auton**omy in rural India. *Studies in Family Planning*. Vol 33, pp 299-308.

Jenkins, R. (2005). Globalization, corporate social responsibility and poverty. *International Affairs*, vol 81(3): 525-540.

Jick, T.D. (1979). 'Mixing qualitative and quantitative methods: translations in *Administrative Science quarterly*. 24(4). 602-611.

Jones, M.J. 1999. The Institutional determinants of social responsibility. *Journal of Business Ethics*, vol 20, 163-179.

Jonker, J. and A. Nijhof: 2006, 'Looking Through the Eyes of Others: Assessing Mutual Expectations and Experiences in Order to Shape Dialogue and Collaboration Between **Business and NGOs with Respect to CSR',** Corporate Governance. *An International Review* 14, 456–466.

Joseph S. 2004. *Corporations and Transnational Human Rights Litigation*. Oxford /Portland, OR: Hart

Joseph,G.2008. A rational for stakeholder management in developing nations. *Journal of Accounting and Organizational Change*, vol 4(2): 136-161.

Kabeer, N. (1999). Resources, agency, achievements: Reflections on measures of **women's empowerment.** *Development and Change*, 30(3), 435–464.

Kanter, R. 1999. From spare change to real change. *Harvard Business Review*, vol 77(3): 122-132.

Katz, D and R. L.Kahn. 1978. The social psychology of organization, 2nd edition (John Wiley and Sons, New Your).

Keck, M. E., & Sikkink, K. (1998). *Activists without borders*. Ithica, NY: Cornell University Press.

Kercher, K. 2007. Corporate social responsibility, Impact of Globalization and International Business. *Corporate Governance Journal.* Vol 23:332-343

Kettel, B. 1996. Women, health and the environment, *Social Science and Medicine*, vol.42 (10). 1367-1397

Kin, H.s. 1990. Corporate social Responsibility disclosures in Malaysia, Akauanton Nasional, January. 4-9.

Koblinsky, M; Campbell O and Harlow, S. 1993. Mother and More: A broader **perspective on women's health. In the health of** women: a global perspective (Edited by koblinsky M, Timya J and Gay J), pp-33-62. Westview, Boulder.

Kok, P, T.V.D. Weile, R. Mckenna and A. Brown. 2001. A Corporate Social Responsibility Audit within a quality management framework. *Journal of Business Ethics,* vol 31(4): 285-297.

Kolk, A (2005). Environmental reporting by multinationals from the triad : Convergence or divergence management. *International Review*, 45 (1), 145-166.

Kolk, A.2008. Sustainability, accountability and corporate governance: Exploring multinationals reporting practices, *Business strategy* ,17(1):1-15.

KPMG (2005) KPMG international survey of corporate responsibility reporting 2005.Amsterdom: KIPMA Global Sustainability Service.

Krippendorff, K (1980). Content analysis on introduction to its methodology, sage publication, Newbury park, California.

Laine, M. 2005. Meanings of the term sustainable development in finish corporate disclosure, *Accounting Forum*, vol 29 (4): 395-413.

Lavghlin, R. C. (1995). "Emperical research in accounting alternative approaches and a case for middle range thinking." *According Auditing and Accountability.* vol 8 (1): 63-87.

Leadbeater, C (1997). The Rise of the Social Entrepreneurship. London: Demos.

Lee.L 2011. Business-community partnership: Understanding the nature of partnership, *Corporate Governance*, 11(1); 29-40.

Leedy, P.d. (1997). Practical research: planning and design. Prentice- Hall Inc New Jersey.

Lewin, K. 1951. Field theory in social science (Harper and Row, New York).

Li, J 2004. Gender Inequality, Family Planning, and maternal and child care in a rural Chinese country. *Social Science and Medicine* vol 59, pp 695-708.

Light, P.2005 Searching for Social Entrepreneurs: Who might they be, Where they might be found, what they do. Paper presented at the Association for Research on non-profit and voluntary Association.

London, M and Morfopoulos, R. G. 2010. *Social Entrepreneurship How to start successful corporate social Responsibility and community based initiatives for advocacy and change*. Rutledge, UK.

Mahapatra, P. 2003. Quality Health Care Provision in Private and Public Health Care Institution. In A.Yazbeck and D. Peterte (Eds). Health Search in South Asia: Building Capacity for Reform. Pp 333-368. Washington. The World Bank.

Mahapatra, Manosmita and Aruna, C. Capacity Building and Social Empowerment of Women in Rural Orissa – An Assessment of CSR. In, Mishra, R.K; Singh, Punam and Sarkar, Sulagna. Rethinking Corporate Social Responsibility. Delhi, Macmillan. 2011, pp 210-223.

Mahapatra, Manosmita and Aruna, C. Sustainable Development Through Corporate Social Responsibility – A case study of Tata Steel in India. In, Mishra, R.K; Singh, **Punam and Sarkar, Sulagna. Today's HR for a Sustainable Tomorrow. Delhi. Allied** Publisher. 2012, pp 277-287.

Mahapatra, Manosmita and Aruna, C. Social and Economic Empowerment of Tribal Women in Rural Orissa – An Impact Assessment of CSR. In, Kumar Manoj. Corporate

Social Responsibility Contemporary Issues in India. Delhi, Adhyayan Publisher, 2012. Pp.134-150.

Mahapatra, Manosmita and Aruna, C. (2013) Strategic approach of corporate to community development for sustainability- CSR in Indian context. In Mishra, R.K; Singh, Punam and Sarkar, Sulagna (Eds). Strategic Corporate social responsibility- towards a sustainable business. London , Delhi, New York, Sydney, Bloomsbury. Pp 31-48.

Mahapatra, Manosmita and Aruna, C. (2013). Corporate sustainability and sustainable business: The role of corporate in community development- A case study of Tata Steel. In, Thakur, Rajeev; Jain, Prerna and Bijayvargy, Lokesh. (Eds). Creating a sustainable business- Managerial implications and challenges. London, Delhi, New York, Bloomsbury. Pp 170-175.

Mair, J and Marti, I. 2009. Social Entreprenership Research: A source of Explanation, Prediction and delight. *Journal of World Business*, vol 41(1): 36-44.

Makower, J 1994. *Beyond the bottom line*. Simson and Schuster, London.

Maon,F; a.Lindgreen; V.Sween 2009. Designing and Implementing Corporate Social Responsibility: An Integrative Framework grounded in theory and practice. *Journal of Business Ethics,* vol 87.pp 71-89.

Marcussen, H. S. (1996). NGOs, the state, and civil society. *Review of African Political*

Margolis, J D and Walsh, J.P. 2003. Misery loves companies: Rethinking Social Initiatives by Business. *Administrative Science Quarterly*, vol 48: 268-305.

Marsden,C.2001. The role of public authorities in corporate social responsibility.

Mathaws, M.R (1993). *Socially Responsible Accounting*, Charmon and Hall, London.

Mathews, M. R (1997). 'Twenty five years of social and environmental accounting **research. Is there a silver jubilee to celebrate.'** *Auditing and Accountability Journal*. Vol 10. (4). 481-531

Mathews, M.R. 1995. Social and Environmental Accounting: A practical demonstration of ethical concern: *Journal of Business Ethics*, 14: 663-71.

Matten, C and Moon, J. 2005. A conceptual framework for understanding CSR, in A.Habisch, J.Janker, M.Wegner and R.Schmidpeter (eds), Corportate Social Responsibility across Europe (Springer, Berlin), pp-335-356.

Matten, D and Crane, A (2005). Corporate Citizenship: Toward an extended theoretical conceptualization. *Academy of Management Review*, vol 30 (1): 166-179.

Matten,D.A and Moon.J.(2008). Implicit and Explicit CSR, a conceptual framework for understanding of Corporate Social Responsibility. *Academy of Management Review,* 33(2): 404-424.

Mills, A; Bennett, S; Russel, S. Attanayake, N: Hongoro, C and Muraleedharan, V.R, et al 2001. The Challenge of Health Sector Roform: What must government do? New York: Palgrave.

Milne, M.J, Tregidga, H and Walton, S words not action. The ideology role of sustainable development reporting *Accounting, auditing and accountability Journal* vol, 22(8):1211-1257.

Miloanonic, G; Barac,N; Andjelkovic,A. 2009. Corporate social Responsibility in the Globalization Era. *Economics and Organization*, vol 6 (2), pp 89-104.

Mistry, R; Galal, O; Lu, M 2009. Women Autonomy and Pregnancy Care in Rural India: A Contextual Analysis. *Social Science and Medicine*, vol. 69.pp 926-933.

Mitchell, R.K; Agle, B. R and Wood, D.J. 1997. Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *Academy of Management Review*, vol 22.pp 853-886.

Mitra, C and Borza, A 2010. The role of corporate social responsibility in social Entrepreneurship. Management and Marketing challenges for knowledge *Business and Society*, vol 5 (2): 63-76.

Mohan, A.2006. Global corporate social responsibility management in MNCs, *Journal of Business Strategies,* 23(1), pp 9-32.

Monsen,R.J.(1974). The Social attitude of Management. In J.W. McGuire (Eds), Contemporary Management: Issues and Viewpoints pp.615-629. Englewood Cliffs, NJ: Pretice Hall.

Moon, J (2007). The contribution of corporate social responsibility to sustainable development. *Sustainable Development*. vol 15(5): 296-306.

Moon, J. (2002), ‘‘The social responsibility of business and new governance’’, *Government and Opposition*, Vol. 37 No. 3, pp. 385-408.

Moon, J.2004. Government as driver of corporate social responsibility. The UK in compariative perspective. ICCSR Research Paper Series in 20-2004, The University of Nottingham, pp 1-27..

Morgan, G and Smircich, L. (1980). ‘ The case for qualitative research.” *Academy of management Review* 5(4): 491-500.

Morhandt, J.E (2009). General Disregard for details of GRI Human Rights Reporting by large Corporations. *Global Business Review*, vol 10 (2): 141-158

Morsing, M. (2005). Inclusive LabourMarket Strategies in A.J.Habisch; Jonker, M.Wegner and R. Schmidpeter (Eds), Corportae Social Responsibility across Europe (Springer, Berlin) pp 23-35.

Mosley, W.H and Chen, L.C. (1984). An Analytical framework for the study of child survival in developing countries: *Population and Development Review* vol 10, 25-45.

Moss, N. E. 2002. Gender Inequality and Socio economic inequality: A framework of the **patterning of women’s health.** *Social Science and Medicine*, vol 54. pp 649-661.

Muthuri, J.N (2007). Participation and Accountability in corporate community involvement programmes: A research agenda. *Community Development Journal*. Vol 43(2). Pp 177-193.

Muthuri, J.N; Chappel, W; Moon,J. (2009). An Integrated Approach to implementing **‘community participation’ in corporate community involvement: Lessons from Magadi** soda company in Kenya. *Journal of Busniess Ehics*, vol 85. Pp 431-444.

Mwaniki, P.K; Kabiru, E.W and Mbugua, G.G 2002. Utilization aof antenatal and maternity services by mothers seeking child welfare, Eastern province , Kenya, East African Medical Journal , 79(4): 184-187.

Naderveen, P. 2004. Capitalism: Asian European Dialogue after Enron. *Asian Journal of Social Science.* 32(2). Pp 274-289.

Nahapiet, J and S. Ghosal: 1998. Social capital, intellectual capital and the organizational advantage, *Academic of Management Review*, vol 23 (2): 242-266.

Narayan, D. (1999). Can anyone hear us? Voices from organizational learning inform **leading edge environmental management’’,** *Research in Corporate Social Performance and Policy*, Vol. 13, pp. 3-29

Narayan, D. (2002). Empowerment and Poverty Reduction: A Sourcebook. Washington, DC: World Bank.

Nelson, J (1996). Business as partners in development: creating wealth for countries, companies and communities. Prince of Wales Business Leaders Forum, in collaboration with the world bank and the UNDP London: Russell Press.

Nelson, J and S.Zadek. 2000. Partnership Alchemy New Social Partnership in Europe (The Copenhagen Centre, Copenhagen).

Nelson, P. J. (1995). The World Bank and NGOs: The *networks in international politics.* Ithaca, NY: Cornell non-profit sector project, no. 37. Baltimore: The Johns of International Business Studies, Vol. 35 No. 6, pp. 463-8

Newell, P 2005. Citizenship, accountability and community: The limits of CSR agenda, *International Affairs*, vol 81(3):pp 541-557.

Newell, P and Frynas, J.G. 2007. Beyond CSR? Business, poverty and social justice: An Introduction. *Third World Quaterly*, vol 28(4) pp 669-681.

North, D. 1990. Institutions, institutional change and economic performance (Cambridge University Press, Cambridge).

O' **Dwyer, B.2002. Managerial Perception of corporate social disclosure. An Irish story:** *Accounting, auditing and Accountability Journal*, vol 15(3): 406-436.

O'Donovon, G.(2002). 'Environmental disclosure in the annual report extending the applicability an**d prediction power of legitimacy theory.'** *Accounting, auditing and accountability journal*, vol 15(3): 344-371.

Oakley, A (1992). Social Support and Motherhood. Oxford : Blackwell Press.

Oriji, R 2010. Corporate social disclosure in the context of national culture and stakeholder theory, *Accounting, Auditing and accountability Journal*, vol 23 (7): 868-889.

Ostrom, E and Ahn, J.K. 2001. A Social science perspective on social capital: social capital and collective action. Bloomington Indiana University.

Parkinson, J. (1993). Corporate Power and Responsibility: Issues in the theory of company law, Oxford, Oxford University Press.

Patten, D. M. (1992). Intra-industry environmental discourse in response to the Alaskan **Oil Spill: A note on legitimacy theory'**. *Accounting, Organizations and Society* 17 (5).: 471-475.

Pattinson, R.C. 2003. Challenges in saving babies- Avoidable factors, missed opportunities and substandard care in prenatal deaths in South Africa. *South African Medicine Journal* vol 3(6). pp 450-455.

Penchansky, R and Thomas, J.W. (1981). The concept of Access: Defination and relationship to consumer satisfaction. *Medical Care*, vol 14 (2): pp 127-140.

Peredo, A.M and Mileon, M. 2006. Social Entrepreneurship: A critical Review of the concept. *Journal of World Business* 41(1): 56-65.

Peters, D.H. and Muraleedharan, V.R.2008. Regulating India service: To What end? What future? *Social Science and Medicine*. Vol. 66. pp 2133- 2144.

Peters, D.H. Yazbec, A. S. Shrama, R.R; Ramana, G.N.V. Pritchett, L.H. and Wagstaff, A **(2002). Better health system for India's poor: findings, analysis and options. Washington:** World Bank.

Pfeffer, J., & Salancik, G. (1978). *The external control of organizations*. New York: Free Press.

Pinney.C. 2001. Imagine speaks out. How to manage corporate social responsibility in a global marketplace: the challenge for Canadian Busienss.

Porter, M. and Kramer, M. (2006), ''Strategy and society: the link between competitive advantage and corporate social responsibility'', *Harvard Business Review*, Vol. 84 No. 12, pp. 78-92.

Porter, M.E and Kramer, M.R 2006. Strategy and society: the link between competitive advantage and corporate social responsibility, *Havard Buiness Review*, vol 85(12) ; 78-92.

Porter, M; Bhattachraya, S; Teijlingen E.V. 2005. Unfulfilled expectation: How **circumstances impinge on women's reproductive choices.** *Social Science and Medicine*, vol 62, pp 1757-1767.

Post, J. and Altman, B. (1992), ''Models of corporate greening: how corporate social policy and organizationa**l learning inform leading edge environmental management'',** *Research in Corporate Social Performance and Policy,* Vol. 13, pp. 3-29.

Pradhan,S and Rajan, A (2010). Corporate Social Responsibility in Rural Development Sector: Evidence from India. *European Union Journal*. Vol 20(3); pp 139-147.

Prahalad, C. K.2005. The fortune at the bottom of the pyramid upper saddle river, NJ: Wharton school publishing.

Preffer, J and Salancik,G.R (1978). The external control of organization. A resource dependence perspective. New York: Harper and Row.

Puranik R and Mehta V (2005) Stakeholder engagement concept and practice, in (Ed) Baxi and Prasad(2005). Corporate Social Responsibility, Excell Books, New Delhi pp 28-47.

Purohit, B (2001). Private initiatives and policy options: recent health system experience in India. *Health Policy and Planning*, vol 16(1): 87-97.

Quinn,D.P, and Jones,T.M (1995). An agent morality view of business policy. *Academy of Management Review*, vol 20, 22-42.

Raghupathy, S (1996). Eduvation and the use of maternal health care in Thailand, *Social Science and Medicine*, vol 43 (4): 459-471.

Raman, S.R (2006). Corporate social reporting in India-A view from the top. *Global Business Review*. vol 7(2) 313-324.

Ramarao, S; Caleb, L; Khan, M;Townsend, J.W. 2001. After maternal health in rural Uttar Pradesh; Do primary health services contribute? *Health Policy and Planning,* vol 16 (3): pp 256-263.

Rasche, A and Kell, G (2010). The United Nation Global Compact: Achievement, trends and Challenges, Cambridge, Cambridge University Press.

Rasche, A. and D. E. Esser: 2006, 'From Stakeholder Management to Stakeholder Accountability. Applying Habermasian Discourse Ethics to Accountability Research', *Journal of Business Ethics* 65, 251–267.

Rashe, A and M. Behnam 2008. Towards a model to compare and evaluate accountability standard. The case of UN global compact. Paper presented at the annual meeting of the Academy of Management, Anaheim.

Rodrigver, L.C and Lemaster, J 2007. Voluntary corporate social responsibility discloser **SEC " CSR seal of approval". Business and society, 46 (3) –** 370-385

Rowe JK. 2005. Corporate social responsibility as business strategy. See Lipschutz & Rowe 2005, pp. 130–70.

Rowe, M(2006) Reputation, relationship and risks: A CSR primer for ethics officer. *Business and Society Review*, III pp 441-455

Royston, E; Armstrong, S (Eds). 1989. Preventing maternal death. World Health Organisation, Geneva.

Rudolph, P.Letters to editor: 2005, An Adam Smith look at green regulation. The Wall Street Journal. June 6.

Ruggie JG. 2001. Global_governance.net: the global compact as learning network. *Global Gov.* 7:371–78

Ruggie, J. G.: 2004**, 'Reconstituting the Global Public Domain** – Issues, Actors and **Practices',** *European Journal of International Relations* 10, 499–531.

Ruggie, J. G.: 2004**, 'The Theory and Practice of Learning Networks', in M. McIntosh, S.**

Waddock and G. Kell (eds.), Learning to Talk: Corporate Citizenship and the Development of the UN Global Compact (Greenleaf, Sheffield).

Ruggie, J.G. 2004. Reconstituting the public domain-issues, actors and practice, *European Journal of International Relations*, vol 10, pp 499-531.

Saiia,D.H.; Carrol, A.B; Buchholtz ,A.K. 2003. Philanthropy as strategy when corporate charity begins at home. *Business and Society;* vol 42(2): pp 169-201.

Sanchez 2009. Stakeholder engagement and corporate social responsibility reporting the ownership structure effort. *Corporate Social Responsibility and Environmental Management*. vol. 16. 94-107.

Sangle, S (2010). Empirical analysis of determinants of adoption of proactive environmental strategies in India. Business strategy and the Environment, wiley and sons inc 19(1): 51-63.

Sarkar,C.R. 2005. Corporate social responsibility of business enterprises New Delhi: New Century Publication.

Schepers, D. H.: 2006, 'The Impact of NGO Network Conflict on the Corporate Social Responsibility Strategies of Multinational Corporation', *Business and Society* 45, 282–299.

Scherer, A. G. and G. Palazzo: 2007, 'Toward a Political Conception of Corporate **Responsibility: Business and Society seen from a Habermasian Perspective',** *Academy of Management Review* 32, 1096–1120.

Scott, W.R. 1995. Institution and Organization (Sage Publication, London).

SecchiD. 2007. Utilitarian,managerial and relational theories of corporate social responsibility. *International Journal of Management.* Vol 32(3): 332-340

Seifert, B;Morris S.A; Bartkus, B.R 2004. Having, giving and getting: Slack resources, corporate philanthrophy and firm financial performance. *Business and Society.* Vol 43(2) pp 135-161.

Sen, Pritha. 2007. Ashoka's big idea: Transforming the world through Social Entrepreneurship. *Science Direct*, vol 39. Pp 534-553.

Sepehri,A; Sarma,S; Simpson, W; Moshir, S. 2008. How important are individual, house hold and commune charatcteristics in explaining utilization of maternal health services in Vietnam, *Social Science and Medicine*. Vol 67. Pp 1009-1017.

Shamir R. 2005. Mind the gap: the commoditization of corporate social responsibility. *Symbolic. Interactionism* vol 3 pp 112-123.

Shamir, Ronen 2005. Mind the gap: The comodification of corporate social responsibility. *Symbolic Interaction*, vol 28(2): pp 229-253.

Sharfman, M.P; Shaft, T.M and Jihanyi, L 2004. A model of the Global and Institutional Antecedents of high level corporate environmental performance, *Business and Society*, vol 43, pp 6-36.

Shaw, W.H.2008. Marxism, Business Ethics, Corporate Social Responsibility. *Journal of Business Ethics*, vol 84. Pp 565-576.

Shen, C and Williamson, **J.B. 1999. Maternal mortality, women's status and and** economic dependency in less developed countries a cross national analysis . *Social Science and Medicine*, vol 49. Pp 197-214.

Shocker, A.D and Sethi, S.P. 1974. An approach to incorporating social preferences in developing corporate action strategies in Sethi, S.P. (Eds), The unstable ground: corporate social policy in a dynamic society, Melville, Los Angeles, C.A. pp 67-80.

Shrama, S.K, Sawangdee, Y and Siriassamee, B.(2007). Access to health: Women's status and utilization of maternal health services in Nepal. *Journal of Biosocial Science*. Vol 39. Pp 671-692.

Shrivastava and Venketeswaran Shankar (2000). "The Business of Social Responsibility: The Why, What, and How of corporate social responsibility in India, Partners in change, New Delhi.

Silverman, D (1997). Qualitative research: theory, method and practices safe publication, ltd, London.

Sklair L. 2002. *Globalization: Capitalism and Its Alternatives*. Oxford: Oxford Univ. Press

Sklair,L and Miller, D 2010. Capitalist globalization, corporate social responsibility and social policy. *Critical Social policy*, vol 30(4): 472-495.

Smith, C (1996). Desperately seeking data: Why research is crucial to the new corporate philanthropy. In D.F. Burlingame and D.R. Young (Eds), Corporate Philanthropy at the cross roads. PP 1-6. Bloomington: Indiana University Press.

Smith,H.W 1997. If not corporate philathrophy, then what? *New York Law School review*, vol 41(3): 757-770.

Sotorrio, L.L and Sanchez, J.L.F 2010. Corporate social reporting for different audience: The case of multinational corporation in Spain. *Corporate Social Responsibility and Environmental Management*, vol 17. Pp-272-283.

Spence, L.J; Schmidpeter, R; Habisch, A. 2003. Assessing Social Capital: Small and medium sized enterprises in Germany and the UK. Journal of Business Ethics, vol 47(1): 17-29.

Stern, R. N and S.R.Barley 91996). 'Organisation and social system: Organisation's Theory Neglected Mandate'. *Administrative science quarterly* 41 (1),146-162.

Story, W.T and Burgard, S.A. 2012. Couples reports of household decision-making and the utilization of maternal health services in Bangladesh. *Social Science and Medicine*, vol 75. pp 2403-2411.

Tarrant, J.J.D 1976. The Man who invented the corporate society. Boston.Cahners Books. Inc

Taylor, S.J. and Bogdan, P. (1998).Interdiction to qualitative research methods. John Witey and Sons, New York.

Teegen, H. (2003). International NGOs as global institutions: Using social capital to impact multinational enterprises and governments. *Journal of International Management*, *9*,271-285.

Thake, S., & Zadek, S. 1997. *Practical people, noble causes: How to support community-based social entrepreneurs*. London: New Economics Foundation.

Thapa, D.K and Niehof**, A (2013). Women's autonomy and husband's involvement in** maternal health care in Nepal, *Social Science and Medicine*, vol 93. Pp 1-10.

Tiwari R and Dave, D . 2012. Corporate Social Responsibility: Communication through sustainability reports by Indian and multinational companies. *Global Business Review*, vol 13 (3); 393-405.

Tracy. P, Phillips. N, Havgh.H 92005). Beyond Phionthrophy: Community enterprise as a basis for community internship, *Journal of Business Ethics*,58: 377-344.

Trotman, K. T and Pradley, G.W.1981. Association between social responsibility discloser and charecterises of companies,. *Accounting, organization and society*. 6 (4): 355-62.

Ullmonn A.A. 1985. Date in search of a theory: a critical examination of the relationships among social performance, social discloser and economic performance of us firms. *The Academy of Management Review*. 10(3): 540-557.

Unerman, J (2000). 'Methodological issues reflections on quantification in corporate social reporting content analysis.' *According Auditing and Accountibility Journal* 13 (5): 667 81.

Utting, P.: 2005, 'Corporate Responsibility and the Movement of Business', *Development in Practices* 15, 375–388.

Vakil, A. C. (1997). Confronting the classification problems: Towards a taxonomy of NGOs. *World Development*, 25(12), 2057–2070.

Vasi, I.B. 2009. New heroes, old theories? Towards a sociological perspective on social **enterprenership in R.Zeigler, "An introduction to social enterpruership: voices, preconditions, contexts" Cheltenham: Edward Elgar.**

Vogel D. 2005. *The Market for Virtue: The Potential and Limits of Corporate Social Responsibility*. Washington,

Vogel D. 2008. Private global business regulation. *Annual. Review. Political. Science* . 11:261–82

Vogel, D 2006. The market for virtue, Washington, DC, Brookings Institute.

Waddle,S.2000. New Institutions for the practice of corporate citizenship: Historical, intersectoral and development perspective, *Business and Society Review*, 105(1): pp 107-127.

Waddock, S. 2004. Parallel Universes: Companies, Academics and the progress of corporate citizenship. *Business and Society Review*, vol 109(1): 5-42.

Waddock, S. A and Post, J. F 1991. Social Entrepreneurs and Catalytic change. *Public Administration Review*, 51((5): 393-401

Waddock, S. and s, Graves,1**997. 'The corporate social performance financial** performance link, *Strategic Management Journal*. 18, 303-319.

Waddock, S.A. White, M. Goyder,J.Nelson, P.Lacey, J.Post 2007. Corporation and 21st **century: How do today's companies**

Waddock,S.A , and Post, J.F , 1991. Social Entrepreneurs and catalytic change, *Public Administration Review*, SI (5):393-401.

Wallace, S.L.1999. Social Entrepreneurship : The role of social purpose enterprises in facilitating community Economic Development. *Journal of Developmental Entrepreneurship*, 4 (2): 153.

Walter, A. (2001). NGOs, business, and international investment: The Multilateral Agreement on Investment, Seattle, and beyond. *Global Governance*, *7*(1), 51-73.

WBCSD (2004), Doing Business with the Poor: A Field Guide, World Business Council for Sustainable Development, Geneva.

Weisband, E 2009. The virtues of virtue: Social Capital, Network Governance, and corporate social responsibility, *American Behavioral Scientist*, vol 52 (6): 905-919.

Welter, Friedrike 2010. Contextualizing entrepreneurship conceptual challenges and ways forward. *Entrepreneurship Theory and Practice,* vol 10: 165-184.

WHO (2005) Making every mother and child count. The world health report, Geneva.

World Bank. World Development Report, 1996. New York. Oxford university Press for World Bank 1996.

World Business Council for Sustainable Development (1998). Meeting changing expectations of corporate social responsibility. Geneva. Switzerland.

Worthington, I; Ran, M. Jones., J 2006. Exploring corporate social responsibility in the UK. Asian Small Business Community. *Journal of Business Ethics*, vol 67: 201-217.

Wry, T.2006. An Integrative Framework to understand social Entrepreneurship. Paper presented at the 2nd International Social Entrepreneurship Research Conference, New York. NY.

Yesudian C.A.K. 1990. Utilization pattern of health services and its implications for urban health policy. Takemi program in International health, Havard School of Public Health , December, draft.

Yin, R. 91984). Case study research; design and methods, London: sage.

Zadek, S. (2004), ''The path to corporate responsibility'', *Harvard Business Review*, Vol. 82 No. 12,

Zadek, S. (2007). The civil corporation. London, UK; Sterling, VA: Earthscan

Zahra, S.A; Rawhouser, H.N; Bhawe, N Neubaum, D.O and Hayton, J.C. 2008. *Globalization of Social Entrepreneurship Journal*, vol 2 pp 117-131.

Zeghal, D and Ahmed, S. (1990). **'Comparison** of social responsibility information **discloser media used by condition firms.'** *Accounting, Auditing and Accountability Journal*. 3 (1): 38-50.

Interview Schedule – Health Services

Name of the village/community: Date of interview:

1. Name of the Respondent:
2. Household Characteristics

SI NO	Relation to the Respondent	sex	Age	Marital Status	Educational Qualification	Income (Monthly)	Remarks

3. Religion: ( ) A. Hindu B. Muslim C. Christian D. Buddhist E. Others
4. Category: ( ) A. General B. OBC C. SC D. ST.
5. Type of Family: Nuclear/Joint
6. Accommodation: Own house/rented house/any other
7. Possession of land: Possession of land with Patta/ No Land of own
8. Possession of Saving Bank Account:
   a. Own name Yes/ No
   b. Joint with husband Yes/No
      i. If yes, name of the bank -----------------------------
      ii. And locality ---
9. Present Employment: Employed/ Not Employed

Promotive Health Service through CSR

A. Antenatal Care.

10. **Age at the time of marriage**
    ……. Age at first child birth …..
    Age at last child birth…..
11. How many times did you go for pre-natal care during pregnancy ?........
12. Who suggested you to go for pre-natal checkup : i.) Self ( )
    ii.) Husband ( )
    iii.) Others ( )
13. Where did you go for pre-natal checkup?
    a.) Any private clinic ( )
    b.) Any government hospital ( )
    c.) Community arrangement of check up center in Anganwadi . ( )
14. Under whose assistance and suggestion were you taken to the place where you did check up ?
    a.) No one assisted you went alone. ( )
    b.) Community health worker of the village assisted. ( )
    c.) Community health worker of the village assisted. ( )

15. Whom did yoy see for the pre-natal checkup ?
    a. Health Professionals ( )
    b. Doctor ( )
    c. AWW ( )
    d. Traditional Birth Attendant ( )
    e. Community Health Worker ( )
16. Was your weight taken when you were pregnant? a.) Yes ( ) b.) No ( )
17. Was your blood pressure measured when you were pregnant?
18. Were you given TT injection?
    a.) Yes ( ) b.) No ( )
19. By whom were you given TT injection?
    a.) Anganwadi. ( )
    b.) Company Health services. ( )
20. What kind of medicine were you given for pre-natal care? a.) Iron ( )
    b.) Calcium ( )
    c.) **Other: Specify ……**
21. Are you satisfied with the company medicine provided to you during pregnancy? a.) Yes ( ) b.) No ( )
22. **If No, what is the reason ………………………………………………………………**
23. Were you given advice for pre-natal care?
    a.) Yes ( ) b.) No ( )
24. What type of advices you were given:
    a.) To walk in the morning for some time. ( )
    b.) To walk in the evening for some time. ( )
    c.) **To take medicine regularly as per doctor's advice. ( )**
    d.) To check blood pressure regularly. ( )
    e.) To take food with more protein content. ( )
    f.) To avoid tension and anxiety in mind. ( )
    g.) To consult the doctor at regular intervals. ( )
    h.) **Any other: Please specify………………….**
25. **Which advice did you follow ………………………………………**
26. Did you consult the doctor at regular intervals? a.) Yes ( ) b.) No ( )
27. **If No, what is the reason ………………….**

B. Delivery and Neo Natal Care

28. For neo-natal care, during your pregnancy, was your food consumption

    a.) Less than usual ( )

    b.)More than usual ( )

    c.) Same as before ( )

29. What are the symptoms during pregnancy indicating the need to seek health care ?

a.) Fever ( )

b.) Shortness of breath ( )

c.) Bleeding ( )

d.) Weakness ( )

e.) Swelling of the body ( )

f.) Others ( )

30. Did you consult the doctor just before delivery ?

a.) Yes ( ) b.) No ( )

31. If No, what is the reason ……………………………………………………………

32. Where did you given birth to your child?

a.) Your home ( )

b.) Some other home( )

c.) Public hospital ( )

d.) Private clinic ( )

e.) Others ()

33. What kind of delivery you gone through?

a.) Normal ( )

b.) Caesarean ( )

34. Where did you go after delivery of your child?

a.) Your home ( )

b.) In-laws home ( )

c.) To husband ( )

35. What problem did you face just before the delivery?
Please **specify……………………**

36. Were you provided financial support for delivery assistant from the company?

a.) Yes ( ) b.) No ( )

37. Were you provided transport facilities is the company to place of delivery?

a.) yes ( ) b.) No ( )

38. Who he**lped you just before and during the child birth? Please specify……..**

……………………………………………………………………………..

C. Post Natal Care

39. Have you gone for check-up after child birth?

a.) Yes ( ) b.) No ( )

40. Could you get the doctor advice after childbirth?

a.) Yes ( ) b.) No ( )

41. If No, what is the reason …………………………………………………..

42. If yes, what advice were you given? Please specify…………………………………..

43. How many days or weeks after the delivery did the first check took place? **weeks……. Days…………**

44. During the check, were you counselled on the following?

a) Child Spacing ( )

b.) Child immunization ( )

c.) Infant nutrition ( )

d.) Early signs of pneumonia ( )

45. Have you given Vaccination to prevent the child from disease?

a.) Yes ( ) b.) No ( )

46. At what age did the child start receiving solid, semi-solid foods given daily?

Months………………… **Days………………….**

47. Is the child being breastfed currently?

a.) Yes ( ) b.) No ( )

D. Child Spacing and Awareness

48. Are you currently pregnant?

A.) Yes ( ) b.) No ( )

49. Are you currently doing something or using any method to avoid getting pregnant?

a.) Yes ( ) b.) No ( )

If Yes, **what method …….**

50. Who decides about the no of children?

a.) Self ( )

b.) Husband ( )

c.) Other family members ( )

d.) Parents/ Guardian ( )

51. If your preference is towards small family, what could be the reason?

a.) Better comfort in life (n)

b.) Better services to life ( )

c.) To avoid health deterioration ( )

d.) To reduce economic burden ( )

e.) Bring health relationship among the members ( )

f.) Any other …..please specify……………………………………

52. Are you aware of the family planning method?

a.) Yes (   )   b.) No (   )

53. Have you undergone family planning?

a.) Yes (   ) b.) No (   )

54. If No, What reason please specify …………………………………………….

55. Is female community health worker available in your locality?

a.) Yes 9   ) b.) No (   )

56. Whose decision was it for family planning?

a.) Self decision (   )

b.) Husband's decision 9   )

c.) Joint decision (   )

57. Do you know what HIV/AIDS is and how it is transmitted?

a.) No (   )   b.) Yes but not much (   ) c.0 No never heard about it (   )

E. Opinion Survey Assessment

58. From health perspective are you satisfied with the reproductive health care services provided by the company?

a.) Satisfied (   )

b.) More satisfied (   )

c.) Less satisfied (   )

d.) Not satisfied (   )

e.) No opinion (   )

59. If not satisfied what is the reason…………………….

60. Apart from the reproductive health care are you satisfied with the general health care services provided by the company?

a.) Yes ( ) b.) N0 ( )

61. If no, what is the reason…………………………………………………………….

62. How many health camps did you attend?..................................

63From the social perspective what benefit you think you got from the company health services centre and health camps

Opinion	Satisfied	Satisfied To some extent	No opinion	Less satisfied	Not satisfied
You got an opportunity to interact with your fellow pregnant women regarding maternity					
You got financial help as you were provided free treatment in the health camp					
You got a chance to exchange ideas regarding health care once in a week in the health centre arranged by the company					
You are provided with the knowledge of medicine, food habits and life style condition to be taken during pregnancy					
You are provided with the knowledge of cause of maternal morality and hence precaution to be taken by you during pregnancy by the doctors					
The health camps helps you to form a social networking among the village women and exchange ideas regarding health awareness					

64. Women empowerment indicators (reproductive health)

Empowerment Domains	Level Indicators (Least empowered)	Level 2 Indicators	Level 3 Indicators (Most empowered)
Child bearing	Decision is made by husband or in-laws. ( )	Involved in decision but not in decision making ( )	Decision is made by herself or together with husband . ( )
Contraception	Does not choose a method. ( )	Discusses with husband but does not make final decision; or make decisions herself and conceals from husband. ( )	Wife and husband make decision together and feel happy with method chosen. ( )
Sexual Communication and negotiation	Does not talk to husband or anyone else for sexual relationship. ( )	Feels shy to talk husband or others regarding sex. ( )	Discuss openly does not feel shy. ( )
Pregnancy	Eats less than usual and Does not seek health care services. ( )	Eats and works as usual and Plans to seek or sought health care services but does not gain expected result. ( )	Family looks after her needs and has sought health care services and gain expected result. ( )
Appraisal of health services	Accepts services as they are and does not comment. ( )	Complains when not satisfied but not directly to health workers. ( )	Complains directly to health worker when not satisfied. ( )
Reproductive tract infections	Passively accepts or does not seek medical treatment. ( )	Seek support or medical treatment but does not gain the expected result. ( )	Actively seek support medical treatment and successfully solves the problems. ( )
Reproductive health roles and rights	Believes husband have right to be violent and /or unfaithful. ( )	Recognizes her rights but does not always voice them. ( )	Will not tolerate domestic violence. ( )

65. Women empowerment indicators (Socio-economic)

Empowerment Domains	**Level 1 Indicators (Least empowered)**	**Level 2 Indicators**	**Level 3 Indicators (Most empowered)**	**Response to Domains**
Production	a.) Follows **husband's** decision without any discussion	b.) Involved in discussion but not decision making	c.) Shares discussion and decision making or decides by herself	( )
Housework	a.)All done by women	b.)Husband does some when requested	c.)Husband shares housework with wife	( )
Family expenditure	a.)Not involved in discussion and decision making	b.)Involved in discussion but not in decision	c.)Shares discussion and decision making or decides by herself	( )
Relationship with natal relatives	a.) Does not decide on expenses for visits and other related to natal relatives	b.)Discusses timidly with husband	c.)Decides by herself or discuss with husband and he support	( )
Community participation	a.) Does not decide or take part	b.) Requests to participate but is forbidden by husband	c.) Decides by herself or discuss with husband and gets his support	( )
Right of husband and wives in the family	a.)Accepts that husband has more rights in family and considers it natural	b.) Has some ideas about equal rights but do not succeed in persuading husband	e.) Believes strongly in equal rights and **gains husband's** support	( )

Interview Schedule – SHG

Name of the / community: Date of Interview:

1. Name of the Respondent:
2. Household Characteristics:

SI No	Relation to the Respondent	Sex	Age	Marital Status	Educational Qualification	Income (Monthly)	Remarks

3. Religion ( ) A. Hindu B. Muslim C. Christian D. Buddhist E. Others.
4. Category: ( ) A. General B. OBC C. SC D. ST
5. Type of Family: Nuclear/Joint
6. Accommodation: Own house? rented house/ any other
7. Possession of land: Possession of land with Patta? No Land of own
8. Possession of Savings Bank Account:
   a. Own name Yes/ No
   b. Joint with husband Yes/ No
      i. If yes, name of the bank --------------------------------------
      ii. And locality---
9. Present Employment: Employed? Not Employed

B. Role of Self Help Groups

(To be asked to the members of the SHGs)

1. Are you a member of any SHG?

If yes, Name of the SHG --

Year of joining ---

No. of persons involved in that SHG --------------------------------

2. What was your occupation before you joined the SHG
   - No such occupation
   - Housewife
   - I was engaged in ---
3. Give reasons for joining the SHG
   - To help family sustainability
   - To improve financial position
   - To improve social status
   - To utilize leisure time
   - Encourage by friends/relatives
   - Any other --------------------------------------
4. How did you know about the SHG?

- Family sources
- NGO or Social workers
- Company sources
- Neighbours, friends, relatives
- Self motivation
- Any other --

5. Are you satisfied with the work carried out by the SHG?
6. Satisfied/ Satisfied to some extent/ Not satisfied
   (3) (2) (1)

7. Is the working hours of the SHG activities comfortable?
   Comfortable/ Comfortable to some extent/ Not comfortable
   (3) (2) (1)

8. Opinion on the functioning of the SHG: (Pl. put a ‘ ’ Tickmark on 5-point scale)

Agree	Agree to some extent	No comments	Disagree to some extent	Disagree
(4)	(3)	(0)	(1)	(2)

i) has made me feel comfortable in taking decision

ii) has made me more movable than before

iii) has increased my status in the family

iv) has increased my status in the village/community

v) has increased the economic position of our family

vi) has made me comfortable in having small expenditures of my own

vii) has increased my distress

viii) has consumed more time and effort than I could spare

ix) has strained my health

x) suitable only for ideal women

xi) Often created family disturbances

8. Changes brought due to joining of SHG

Items	Before joining	After joining	NA

i) Saving Bank Account (Single)
ii) Saving Bank Account (Joint)
iii) Post office Account (Single)
iv) Post Office Account (Joint)
v) Present house (if owned)
vi) Monthly saving in any form
vii) Availing of loan
viii) Incurring expenditure by self
ix) Obtaining training in skilled work
x) Able to take decisions in domestic matters
xi) Able to move freely
xii) Able to communicate freely
xiii) Able to raise voice on domestic violence
xiv) Able to discuss educational matters
xv) Able to solve my own problems
xvi) Purchased a mobile phone

---

9. Change in economic positions

Item	Before joining SHG	After joining SHG

- Approx. monthly income (self)
- Approx. monthly income (family)

Role of SHG in **personality development**

Characteristics	True (3)	True to Some extent (2)	Not true (1)

i) Collective efficacy

- Almost everyone in our SHG do their share of work sincerely
- Problems which cannot be solve by individuals, can be solved by the SHG

ii) Self efficacy

- I am confident of solving difficult problem if I try
- I stick to my aim and accomplish my goal
- Due to SHG I am confident in speaking with outsiders

iii) Proactive attitude

- I take the responsibility to make things happen
- I am driven by my own conscience and moral values

iv) Self esteem

- I feel that I have a no. of good qualities
- At times I think I am not good at all

v) Psychological distress

- At times I feel like leaving the SHG
- I feel the SHG is taking too much of me

C. Women empowerment

(To be asked to respondents engaged in income generation activities along with the questions of section B)

1. Indicate the nature of **mobility** on the following case:

Cases	Can go alone myself (2)	No opinion cannot go (0)	Can go only with someone (1)

i) Just outside the house
ii) Local market
iii) Health centre
iv) Neighbourhood
v) Homes of friends and relatives with in the village
vi) Homes of friends and relatives outside the village
vii) community centers

2. Who takes **decisions in the family** on the following items

Type of decisions	Making own decisions (3)	Participating with others in taking decisions (2)	Following the decisions taken by others (1)	No comments No such situation occurred (0)

i) Any changes brought in household budget
ii) Purchase of food stuff
iii) Purchase of major household goods
iv) Purchase of small items of jewellery
v) Course of action if child falls ill
vi) Disciplining the child
vii) Decision about children's' education

viii) Decision about types of school
ix) Decision about having the no. of children or having a child
x) Taking the child to school
xi) Making an appointment with doctor
xii) Decision regarding domestic violence
xiii) Decision about reproductive rights
xiv) Use of contraception
xv) Decision about abortion
xvi) Control over spouse selection
xvii) Decision about marriage tomes (like early marriage late marriage)

---

42. Women empowerment indicators (socio-economic)

Empowerment domains	**Level I Indicators (least empowered)**			**Level 2 Indicators**			**Level 3 Indicators (most empowered)**		
Opinions		**Yes**	**No**		**Yes**	**No**		**Yes**	**No**
Production	Follows **husband's** decision without any discussion			Involved in discussion but not decision making			Shares discussion and decision making or decides by herself		
Housework	All done by women			Husband does some when requested			Husband shares housework with wife		
Family expenditure	Not involved in discussion and decision making			Involved in discussion but not in decision			Shares discussion and decision making or decides by herself		
Relationship with natal relatives	Does not decide on expenses for visits and other related to natal relatives			Discusses timidly with husband			Decides by herself or discuss with husband and he support		
Community	Does not			Requeste			Decides by		

participation	decide or take part			d to participat e but is forbidden by husband			herself or discuss with husband and gets his support		
Rights of husbands and wives in the family	Accepts that husband has more rights in family and considers it natural			Has some ideas about equal rights but do not succeed in persuadin g husband			Believes strongly in equal rights and gains **husband’s** support		