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DCWC Research Bulletin

About the Document

Documentation Centre for Women and Children(DCWC), NIPCCD collects valuable research material in the area of women and children from different sources. Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research Bulletin” brought out every quarter. The digital version is posted on NIPCCD website (www.nipccd.nic.in) on the slot dedicated for Documentation Centre on Women and Children for reference of readers.

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A. Research Abstracts on Child Development

CHILD WELFARE

1. Toppo, Manju, Diwakar, Avadhesh and Pal, D.K. (2012).
A Study of Sex Ratio in Relation to Birth Order in Bhopal City. Healthline, January-June, 3(1) :45-49.
G18820

Background: Declining sex ratio is an issue of grave concern in India. Boys are more preferred over girls and are a major obstacle to population stabilization as it makes couples opt for more number of children in order to ensure at least one male child in the family. The use of ultrasound procedures is largely determined by birth order and sex of the previous child. The ratios become unfavorable for females when the birth order is more than one and the previous child is female. The present study documents previous sex of the child with the present birth order and the possible role of prenatal sex determination

Objective: To study the relationship of sex ratio with birth order, to study the status of sex ratio with increasing birth order and to ascertain the contribution of selective abortion in relation to the previous birth sex with observed sex ratio.

Methods: It was a Cross-sectional study where 1000 women who were residing in the old Bhopal were interviewed. A pre-tested and pre-structured questionnaire was used to collect information on their socio-demographic profile, sex of child & their ANC status and its outcome, no. of still births, abortions & contraception used.

Findings: In the present analysis, it is observed that the sex ratio was poorest among the higher socio-economic class I and II (697 and 806), which shows that the sex ratio is remarkably low in higher socioeconomic classes as compare to middle and lower income classes . Sex ratios at birth did vary significantly by religion, although Sikhs have the most gender biased child sex ratio followed by Jains. Muslims showed a relatively favorable female child sex ratio. The role of education in improving sex ratios is dubious. Mothers who had a higher educational status had more gender preferences. Education and higher per capita income has actually empowered couples to access newer technology to practice sex-selective foeticide. A remarkable finding observed was that if the birth order is female, the sex ratio in the subsequent birth order for females' decreases as the difference between male & female child increases.

Conclusion: There is a preference for the male child in the community. It became unfavorable for female when the birth order is more than one and the previous child is female. The study showed that the overall sex ratio was 788 girls to 1000 boys. The sex ratio in the third babies, if the first two were girls, was even lower at 623. Education and higher per capita income has actually empowered couples to access newer technology to practice sex-selective foeticide and decreasing the girl child sex ratio.

Key Words: 1.CHILD WELFARE 2.SEX RATIO 3.FOETICIDE 4.BIRTH ORDER 5.SEX RATIO.

HEALTH

2. Amirtha, G. et al. (2012).
Menstrual Health : Knowledge, Practices and Needs of Adolescent School Girls in Pondicherry. *Indian Journal of Maternal and Child Health, Jan-Mar; 15 (1): 47-49.*
G18819

Background: For an adolescent girl, menarche implies restrictions on her movement, fewer interactions with boys and men, and more active participation in household chores. In India, the Economic Survey done in 2009-2010 indicates that the Gross Enrolment Ratio(GER) at classes I-V (6-11 years) is 112.6 for girls, it falls to 74.4 in classes VI-VIII (11-14years). A contributory factor has been the lack of adequate toilet facilities at schools, lack of access to modern menstrual hygiene products and reluctance of parents to send adolescent girls to school on account of menstrual health issues.

Objectives: To study the knowledge and practices regarding menstruation among adolescent school girls in Pondicherry, to describe facilities available in school to help adolescent girls maintain menstrual hygiene and difficulties, if any, faced by them and to study needs of adolescent girls to maintain menstrual hygiene.

Methods: A descriptive study was done among 325 girls of classes VIII-X in two co-education schools of urban Pondicherry. A pretested self-administered structured questionnaire was used. At the end of the study, a menstrual health education session was conducted in both the schools. Data was analyzed using SPSS software.

Findings: Age of the adolescent girls ranged from 12 to 15, with majority of them (48.3%) being 13 years of age. Age at menarche of the respondents ranged from 9 to 14, with a mean of 11.75years. Only one-third of girls said they knew about menstruation prior to attainment of menarche. Mother was the source of information about menstruation in 66 percent of girls, followed by friends (16%) and 7 percent school teacher. Only 38 percent of girls correctly answered that the uterus is the source of menstrual blood as about 28 percent had wrong ideas that urinary bladder and stomach are the organs involved in the process of menstruation. Almost all (94.8%) the girls surveyed said they used sanitary napkins as the absorbent material during menstruation. From the study it is observed that both the schools in which the survey was conducted had separate toilets for girl and nearly 11 percent of respondent states abdominal pain as the most common reason for their absenteeism from school during menstruation.

Conclusion: The study showed that the general knowledge of the adolescent girls about the organ-source, cause of menstruation and effects on health were poor. The practices during menstruation were satisfactory with almost all girls using sanitary napkins and maintaining good personal hygiene. This study highlights the need for sensitivity on the part of schools to address this health issue of girls by creating awareness about menstrual hygiene, mainly with the help of lady teachers, or taking steps like providing low-cost pads to students, installing sanitary napkin vending machines and method for disposal.

Key Words: 1.HEALTH 2.MENSTRUAL HYGIENE 3.ADOLESCENT GIRLS
4.MENSTRUATION 5.SCHOOL GIRLS.

3. Boramma, G. et al. (2013).
A Study on Diarrheal Morbidity and Management in Children under 5 Years in Rajapur. *Indian Journal of Maternal and Child Health*, 2013, Apr-Jun; 15 (2): 1-5.
G18818

Background: Diarrhea remains a major preventable cause for under five morbidity and mortality. An average of 3.2 episodes of diarrhea occurs per child per year. Much attention has been given over the last couple of decades on treating acute diarrhea and its management by home available fluids and oral rehydration salts (ORS) solution. This has made a significant contribution in averting deaths among children under five years of age. Antimicrobial agents have only a limited role and anti-diarrheal have no role in the treatment of acute diarrhea. Due to deficient clinical training of doctors and much expectation of mothers there is tendency to lay stress on drugs than oral rehydration.

Objective: To assess the magnitude of diarrhea among under 5 children and to find out various actions that are taken in the management of diarrhea.

Methods: The cross sectional study was carried out in 2 Anganwadi centers of Rajapur which is the urban field practice area of M R Medical College Gulbarga. The Anganwadi centers were selected by simple random technique and 156 under five children were selected. Data were collected by interview method with the help of a pre-tested pre-designed schedule.

Findings: A total of 156 under 5 children were included in the study in which 83 were males and 73 were females. About Ninety eight children suffered from at least one episode of diarrhea in the previous one year. Incidence of diarrhea was found to be 1.99episodes/child/year. The highest incidence was observed in children aged 1-2 years of life and during rainy season. Of the 98 children suffered from diarrhea 80 children were taken to qualified doctors where 42 children were prescribed antibiotics with ORS, 14 were treated as in-patients. Around sixteen children were treated in home with home available fluids and ORS. In 3 children no action was taken and 1 child was taken to a quack.

Conclusion: Diarrhea remains a major preventable cause for under five morbidity and mortality. Much attention has been given over the last couple of decades on treating acute diarrhea and its management by home available fluids and oral rehydration salts (ORS) solution. This has made a significant contribution in averting deaths among children under five years of age.

Key Words: 1.HEALTH 2.CHILD HEALTH 3.DIARRHOEA 4.ORS FLUIDS 5.ANGANWADI CENTERS.

4. Deshpande, Amit Vasant. (2014).
A Study of Life Style Profile and Dietary Pattern in School Going Children
of Nagpur District. *International Journal of Basic Medicine and Clinical
Research*, 1 (1).
G18842

Background: Eighty percent of overweight 10-14 year old adolescents are at risk of becoming over weight adults compared to 25 per cent of overweight preschool children (<5years old) and 50 per cent of 6-9 year old overweight children. The diets of children and adolescents are of public health concern due to evidence relating poor nutrition in childhood to subsequent obesity and the metabolic syndrome, all of which are increasing in prevalence. Low participation rates in sports and physical education, particularly among adolescent girls, are also associated with increased obesity prevalence.

Methodology: The present cross sectional study was carried out in a school of Nagpur district which was randomly selected. A total of 410 mid adolescent school going children were taken between the age group of 12-15 years. All detailed information regarding consumption of food and types of fast food consumed one week before there interview were noted. All the students were personally interview by the investigator. Detailed history was obtained regarding present illnesses; personal habits like physical activity, sports activity, mode of conveyance to school and tuitions were also recorded.

Findings: Maximum number of study subjects 394 (96%) consumed junk food while only 16 (4%) did not consume junk food. Among the study subjects, 89.2per cent belong to either upper or upper middle socioeconomic class and (83.41%) belong to nuclear families. Maximum study subjects that are 214(52.2%) consumed at least single junk food (candy, chocolate, pizza, burger etc.) followed by multiple junk food (more than one type of junk food) observed in 180 (43.9%).

Conclusion - Over the last decades, due to the rise in per capita income, junk food has become status symbol in many of the Indian families due to which concept of food has changed from a means of nourishment to a marker of life style and a source of pleasure.

Keywords: 1.HEALTH 2.OBESITY 3.ADOLESCENCE 4.LIFE STYLE 5.DIETARY PATTERN
6.JUNK FOOD.

5. George, K.C. et al. (2014).
Mental Health Problems of Children Affected with Insurgency in the State
of Chhattisgarh. New Delhi: NIPCCD.
G18655

Background: all violence against children is a violation of their equal human right to respect for their human dignity and physical integration. The welfare of the young children depends on social, political and economic conditions of the country. Children's lives are shaped and influenced by what is happening in the personal lives of their parents, adult care givers, value assigned to young, priorities accorded to health care and education etc. it is generally thought of that child has certain basic needs, the important being- emotional and social security which can be provided most effectively by a close, intimate relationship with its mother and other adult care givers. The meaning of insurgency is to rise against the system or the authority to revolt or keep demands in front of the government to gratify the insatiable needs. Therefore an act of insurgency is conceived as an act which departs from the norms and expectation of a particular society. It refers to those activities which bring general disapproval from members of society, and has disruptive effects on the social life. The state of Chhattisgarh for the last three decades has been witnessing various forms of insurgency who are engaged on doing individual killing of people, group killing by ways of attacks on villages and crowded places and ethnic violence amongst various communities.

Objectives: The objectives of the study were to examine the mental health status of children affected with insurgency, to assess the social adjustment pattern of children affected with insurgency and their counterparts and to analyze the emotional problems of children affected with insurgency and formulate effective intervention strategies for the betterment of children affected with insurgency.

Methodology: The study was conducted on 75 children each from affected and non-affected groups respectively. The social and emotional aspects were assessed using a test comprising of 90 questions constructed and standardized by Shri MSL Sexena. Case studies and focused groups discussions were among the other methodologies adopted for the study.

Findings: Children affected with insurgency were found to have emotionally instable feelings. Most of the children got more upset or angry very easily with minor provocation and had more mood fluctuations without any concrete reason than children not affected with insurgency. The affected children were also found to be shy, introvert, and got frightened with the idea of sudden attack. Significant differences were found among groups of children with regard to

overall adjustments dimensions. Children affected by insurgency had negative self-esteem about them and often experienced problems like sleep disturbances and fatigue. Mean differences between groups of children was also found in all dimensions of adjustments such as home, health, social, emotional and educational adjustments. Children having suffered from insurgency exhibited poor mental health. Gender difference was significant with regard to mental health status among children making girls more vulnerable. It was also observed that children affected with insurgency performed poorly in the intelligent quotient dimension as they were found lagging in general mental ability that helps the child to think rationally and behave purposefully in his/her environment to solve general problems according to his age.

Conclusion: Children affected with insurgency are found to be emotionally unstable and they need to be treated with love and care. Because of instability of all the violence insurgency has affected their emotional development, which makes it difficult to adjust to parents and with other family members. There was a significant gender difference observed with regard to mental health affecting the girls to a greater extent.

Key Words: 1.HEALTH 2.MENTAL HEALTH 3.HEALTH PROBLEMS OF CHILDREN 4.STATUS OF CHILDREN 5.EMOTIONAL PROBLEMS 6.INSURGENCY 7.ADJUSTMENT 8.LITERATURE REVIEW 9.QUESTIONNAIRE 10.CHHATISGARH 11.VIOLENCE 12.EMOTIONAL DEVELOPMENT 13.IQ 14.GENDER DIFFERENCES.

6. Srivastava, S., Sharma, I. and Bhatia, MS. (2014).
Parenting in Children and Adolescents with Psychosis. *Indian Pediatrics*,
December, 51(15): 991-997.
G18809

Background: Schizophrenia and other psychotic illnesses, being the third largest cause of disability worldwide, have major public health importance. Schizophrenia disorders are rare, especially in children. Only about (4%) of total cases of schizophrenia occur in children under the age of 10. Psychosis occurring in children and adolescents persists for long before it is brought for treatment. Parents/caregivers remain unaware of the odd behaviors/ social withdrawal /delusions/hallucinations. The scenario becomes even worse when they do not know where to contact mental health professionals, whose number is limited. Thus, children and adolescents remain in the psychotic state for several years causing considerable burden to the parents/caregivers and society at large.

Objectives: Psychotic symptoms appear in children and adolescents in the most crucial years, during the individual's career development. The challenges faced by parents of psychotic children are in dealing with their disruptive behaviors, negative symptoms, cognitive deficits, delusions and hallucinations. This paper presents an overview of the childhood psychosis and how parenting can be done effectively for this population.

Methodology: The methodology involved review of articles retrieved on various search engines.

Findings: Schizophrenia and other childhood psychosis have a multi-factorial etiology involving genetic and environmental factors. Genetics seem to play an important role in etiology of schizophrenia. Perinatal complications, alterations in brain structure and size, minor physical anomalies, and disruption of fetal neural development, especially during the second trimester of pregnancy, have been correlated with the illness. Other risk factors associated with psychosis during childhood include viral infections, childhood adversities, famine, urban environment, cannabis and migration. Psychotic symptoms are present in children and adolescents for extended period even before diagnosis. Therefore, it is important to recognize the prodromal symptoms for early intervention. The symptomatology of childhood psychosis differs from that in adults. Symptoms frequently reported in psychotic children are: speech disturbances, inability to distinguish dreams from reality, visual and auditory hallucinations, vivid and bizarre thoughts and ideas, diminished interest, confused thinking, extreme moodiness, odd behavior, stereotypy, dis-inheriting ideas that others are out to get them, confusion of television with reality, severe problems in making and

keeping friends. Hallucinations and delusions have typically been viewed as symptoms of psychosis. Cognitive deficits are reported in childhood psychosis similar to adults, which include deficits in attention, learning and abstraction. Taking care of a psychotic child is a challenging task for the family members, especially parents. Parental support during ongoing treatment predicts the prognosis of the psychotic illness in children. Both pharmacological and non-pharmacological interventions are required for effective and early treatment of children and adolescents. Early treatment is of paramount importance. After the acute symptoms of psychosis subside with these medications, the child may benefit from counseling and psychosocial interventions like cognitive remediation, cognitive behavior therapy. High levels of parental involvement (parental understanding of their children's problems, and parental knowledge of their children's free-time activities) is associated with decreased outcome of poor mental health therefore parental support is very important during this phase.

Conclusion: Child and adolescent mental health services are hardly available in a low income country like India. The need for the hour is to strengthen the mental health services through innovative strategies that are cost-effective. Awareness, early identification and effective parenting of pediatric psychosis may help bridge the wide gap that exists between scarce skilled mental health professionals, inefficient resources, and large population of children and adolescents in developing countries.

Key Words: 1.HEALTH 2.CHILD HEALTH 3.CHILDHOOD PSYCHOSIS 4.CHILDHOOD SCHIZOPHRENIA 5.PARENTING 6.SEVERE MENTAL ILLNESS.

ICDS

7. NIPCCD, New Delhi. (2014).
A Study of Mini Anganwadi Centres in ICDS : Volume I & II. New Delhi :
NIPCCD.
G18649

Background: Mini-AWC is an AWC that caters to small hamlets/pockets with less population and provides all services under ICDS. There is no difference between AWC and Mini-AWC in implementation of ICDS. However, it may be mentioned that there is no provision for Helper in Mini-AWC and there is less financial provision for PSE Kit, Medicine Kit and equipment and furniture for Mini-AWC in comparison to AWC. There is a need to see the operational level of Mini-AWCs and to what extent these Mini-AWCs are effectively functioning and delivering ICDS services. No work specifically to study the functioning of Mini-AWCs in the country has been done. There is also a need to assess extent of benefit received by beneficiaries and to ascertain involvement of community in implementation of ICDS programme.

Objectives: To study the extent of delivery of ICDS services by Mini AWCs; Assess the extent of benefit received by beneficiaries; Assess the capability of beneficiary mothers on child care; Ascertain involvement of community in implementation of ICDS programme; Enlist problems/challenges faced in implementation of ICDS programme; and Suggest action points for effective functioning of Mini-AWCs.

Methodology: The present Study of Mini-AWCs in ICDS has been conducted in consultation with all 5 sample states. A total number of 05 states, 10 districts and 20 ICDS projects were considered as sample under the study. Random sampling procedure was adopted for selecting sample at sector and village level under the study. In order to assess development in children, Children Learning and Competency Test (CLCT) already developed by NIPCCD was used.

Findings: The infrastructure of Mini-AWCs have been found very poor in comparison to other AWCs in terms of availability of adequate indoor space (46%), separate kitchen (17%), availability of drinking water through hand-pump (55%), toilet facility (15%) and separate space for storing food items (13%). Attendance of children (3-6 years) in Mini-AWCs was found to be less compared to AWCs. Compared to enrolment of beneficiaries, less pregnant women and lactating mothers and, more children were found to be receiving services from Mini-AWCs in comparison to AWCs. Non-acceptability of Supplementary

Nutrition by community provided by Mini-AWCs (10%) was found to be less in comparison to other AWCs. It was found that less Mini-AWW (50%) had correct weighing skill and more of them (33%) had proper plotting skill in comparison to other AWWs.

Conclusion: It can be concluded from the findings of the study that in order to ensure effective delivery of ICDS services from Mini-AWCs, CDPO/DPOs should be made accountable for certain things like providing Job training and Refresher training to Mini-AWWs, maintaining a data base in order to ensure timely training to Mini-AWWs on relevant aspects, development of need based separate strategy for implementation and monitoring of Mini AWCs, taking corrective measures in order to address non-acceptability of SN by beneficiaries and interruption of SN at Mini-AWCs and joint action of Mini-AWC and primary school for admission of AWC children in to primary school. The existing provision for equipment/furniture, PSE Kit etc. need to be considered for enhancement at par with Main-AWC to ensure availability of adequate utensils and other necessary equipment, PSE materials at Mini-AWCs.

Key Words: 1.ICDS 2.MINI ANGANWADI CENTRES 3.GUIDELINES 4.IMPLEMENTATION OF MINI-AWCs 5.INFRASTRUCTURE 6.FUNCTIONING OF MINI-AWCs 7.BENEFICIARIES 8.SERVICE DELIVERY 9.EARLY CHILDHOOD CARE AND EDUCATION 10.CHILD LEARNING COMPETENCY 11.SUPPLEMENTARY NUTRITION 12.GROWTH MONITORING 13.IMMUNISATION 14.HEALTH CHECK UP 15.REFERRAL SERVICES 16.NUTRITION 17.HEALTH EDUCATION 18.MEDICINE KIT 19.MOTHER AND CHILD PROTECTION CARD 20.IGMSY 21.SABLA 22.ADOLESCENT GIRLS 23.SAFE DELIVERY 24.COMMUNITY PARTICIPATION 25.STATISTICS 26.STATEWISE DATABASE.

NUTRITION

8. Dhruvi Bal, et al. (2015).
Effect of Supplementation with Iron Fortified Biscuits on the Hemoglobin Status of Children in Rural Areas of Shimoga, Karnataka. *The Indian Journal of Pediatrics*, 82(3): 253-259.

G18822

Background: India continues to be one of the countries with very high prevalence of anemia with about 70-80 percent of the anemia population being children. World Health Organization recommends food fortification as one of the strategies to combat micronutrient deficiencies. Biscuits have been identified to be an ideal vehicle for fortification due to its convenience with regard to storage, distribution and long shelf life as compared to other school feeding options.

Objective: To assess the efficacy of iron fortified biscuits, in high and low dosages, on the hemoglobin levels of anemic school going children aged 6 to 12 years.

Method: The nutrition intervention was conducted in primary schools located in villages at Shimoga district, Karnataka. School children aged 6 to 12 years who were anemic, with hemoglobin level <11.5 g/dl were considered for the nutrition intervention. The sampling design undertaken was quasi experimental with pre and post stages of outcome. The children enrolled were divided into two groups. Group I received high dosage of iron fortified biscuits (30 mg of elemental iron/6 biscuits) and the Group v II received a relatively lower dosage of iron fortified biscuits (1.8 mg of elemental iron/6 biscuits) for a period of 120 days. The hemoglobin levels were estimated pre and post fortified biscuit supplementation by cyanomethemoglobin method.

Findings: From the study it was observed that there is an increase in mean hemoglobin level of children in group I (high fortified biscuits) (1.06 g/dl) in comparison to group II (low iron fortified biscuits) (0.41 g/dl), significant at 0.01 level ($t= 3.84$). The results also indicate enhancement in initial and final mean weight of children in group I (1.7 kg) in comparison to group II (0.9 kg), which is found to be significant at 0.01 level ($t=4.08$).

Conclusion: In the current nutrition intervention, both high and low iron fortified biscuits led to a significant enhancement in the body weight and hemoglobin status of anemic school children in a rural setup. The nutrition intervention clearly highlights biscuits as an ideal fortification vehicle for addressing anemia.

Key Words: 1.NUTRITION 2.IRON FORTIFIED BISCUITS3.ANEMIA 4.HEMOGLOBIN 5.SCHOOL CHILDREN.

9. Dutta, S., Saini, S. and Prasad, R. (2014).
Changes in Preterm Breast Milk Composition with Particular Reference to
Introduction of Mixed Feeding. *Indian Pediatrics, December, 51(12):*
997-999.G18808

Background: Breast milk has an active and a flexible composition during a single feed, diurnally, and differs in composition according to gestation, chronological age of the infant, and health status of the mother. The timing of expression of milk and storage can also alter this composition. Preterm milk has higher content of nutrients and anti-infective factors compared to term milk. It is often observed and documented that the composition breastmilk changed significantly during the introduction of complementary feeding.

Objectives: To study the changes in composition of preterm milk till 6 months of age.

Methodology: Milk samples from 33, 19, 7 and 12 lactating mothers (delivered) were analyzed on days 7, 28, 90 and 180, respectively.

Findings: Exclusive breastfeeding rates were (97%), (100%), (100%) and (50%), respectively. Sometime between 4 months and 6 months (day 180), six mothers had introduced mixed feeds and supplementary milk. Thirty three infants had mean (SD) birthweight of 1294 (262) gram and a mean (SD) gestational age of 31.4 (2.3) wks. Common pregnancy-related morbidity included pregnancy induced hypertension (10), antepartum hemorrhage (1), oligohydroamnios (2), prolonged rupture of membranes (1) and preterm premature rupture of membranes (2). The lactose concentration increased with postnatal age until day 90; and then declined by day 180. Triglyceride and sodium concentrations increased significantly with time and protein concentration decreased significantly over 180 days. Sodium (P=0.02) and triglyceride concentrations (P=0.06) were higher in milk samples of mothers who had introduced mixed feeding by 6 months post-natal age (n=6) compared to exclusively breast-feeding mothers (n=6); but lactose and protein content was not significantly different. The change in composition of preterm human milk during introduction of mixed or complementary feeding may be a result of breast involution and increased intercellular permeability

Conclusion: Milk of preterm mothers has higher amount of triglycerides and sodium during introduction of mixed feeding. The composition of preterm human milk changes around the period of introduction of mixed feeding at about 6 months. If these preliminary findings are confirmed in larger studies it would imply that akin to colostrum – breast milk composition changes according to the needs of an infant who is started on mixed feeding.

Key Words: 1.NUTRITION 2.BREASTFEEDING 3.EXCLUSIVEBREAST FEEDING
4.COMPLEMENTARY FEEDING5.INFANTS 6.LACTATING MOTHERS.

10. Talapalliwar, ManojRajanna and Garg, Bishan S. (2014).
Nutritional Status and its Correlates among Tribal Children of Melghat,
Central India. *Indian Journal of Pediatrics*, Nov, 81(11): 1151-1157.
S5452

Background: The nutritional status of tribal children in India was explored on nationwide studies conducted by National Nutrition Monitoring Bureau (NNMB), NFHS. An analysis of longitudinal studies by WHO revealed a strong association between severity of underweight and mortality rates. As established malnutrition in early childhood has serious, long term consequences because it impedes motor, sensory, cognitive, social and emotional development. The Korku tribe is an aboriginal inhabitant of Melghat in central part of India. This region of India has high prevalence of malnutrition and malnutrition deaths.

Objective: To find out the magnitude and epidemiological determinants of malnutrition among 0-6 years tribal children.

Methodology: A community based cross sectional study was carried out in which 540 children were screened for malnutrition. WHO growth standards were used to calculate the conventional indices of malnutrition.

Findings: There were around 60 percent of mothers who conceived before the age of 20 years, and around one third of mothers were thin with BMI less than 18.5 kg/m^2 . Nearly all mothers (97%) did not wash hands before feeding their child which clearly indicated high prevalence of unhygienic practices among mothers. More than one fourth of children did not receive colostrum and in most of the children (89.8%). The overall prevalence of underweight, stunting and wasting was 60.6 percent (95%CI: 15.6-22.5) respectively. The prevalence of severe underweight (weight for age $< -3\text{SD}$), severe stunting (height for age $< -3\text{SD}$) and severe wasting (weight for height $< -3\text{SD}$) was 25.2 percent (95% CI: 22.9-29.9), 38.5 (95% CI: 34.4-42.7) and 4.5 (95% CI: 3.0-6.8), respectively. There was higher prevalence of undernutrition as more than $3/4^{\text{th}}$ children (76.3%) were suffering with one or the other form of malnutrition, with only 23.7% children not suffering from any anthropometric failure. There were higher proportions (44.2%) of children were suffering from two forms of undernutrition and 19.1 percent children had only one form of undernutrition. Morbidities were prominent risk factors of malnutrition. Anemia among children stood out as an important predictor of anthropometric failure.

Conclusion: The study directs the attention towards the importance of strengthening the early diagnosis and treatment of childhood morbidity in the community as an important strategy for prevention of malnutrition. Tribal communities need strong behaviour change communication strategy for improving feeding practices and to change practice of early child bearing.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.TRIBAL CHILDREN
4.MALNUTRITION 5.ANTHROPOMETRIC MEASUREMENTS 6.MORBIDITY
7.UNDERWEIGHT8.STUNTING 9.SEVERE ACUTE MALNUTRITION.

B. Research Abstracts on Child Protection

CHILD WELFARE

11. Bhatia, Archana. (2014).
Violation of Right to Live: the Curse of Female Feticide in India. *Indian Journal of Research, April, 3(4) : 1-4.*
G18813

Source:http://theglobaljournals.com/paripex/file.php?val=April_2014_1397725886_513_20_84%20Dr.%20Archana%20Bhatia.pdf

Background: Discrimination against women is a problem which has its roots in the social, cultural and religious ethnicity. Deploring the condition of women, incident of female feticide and gender discrimination are a cause of worry and need to be redressed. The magnitude of the problem of female feticide can be related to three issues viz pre-embryocide, female feticide and female infanticide. There has been a gradual significant shift from 'son preference' to 'daughter discrimination'. The question is why female children are still at risk in India despite here is increasing participation of women in economic & political spheres and there is an overall improvement in the status of women?

Objectives: To examine the causes responsible for female feticide and declining sex ratio in India; To bring forth the social and cultural implications of female feticide and deteriorated number of females in India; To provide suggestive measures to the government of India to increase its Sex Ratio.

Methodology: The study is exclusively based on the secondary data. The researcher as collected the relevant data from various books and statistics available in United Nations norms, Human development survey report, Prenatal Diagnostic Techniques (regulation & prevention of Misuse) Act, 1994, Pre-conception and Pre-natal diagnostic techniques (Prohibition of sex selection), Act 2002, UNICEF data and data relating to Aaganwadi workers, female health worker (FHW) and chowkidar (functionary reporting to police).

Findings: The study highlights the declining sex ratio with each passing decades and cited the root cause for female feticide as the cultural norms as well as the socio-economic policies of India. This disparity may prove critical for the country's development in political, economic and emotional spheres. It further adds on the legal system which offer protection, but as is the situation today, many cases might not even surface for fear of isolation and humiliation on the girl's part. The study concludes that there are various policies initiated by the Government to keep a check on female feticide yet there is defective implementation of the policies.

Conclusion: A cohesive and concerted effort by everyone can prove to be the requisite baby step in the right direction. We may not support the notion of women rising above men, or them becoming the dominant sex, or conquering the world. However, the basic humane consideration to let an innocent child live and see the world she was conceived to grow in is not too much to ask.

Key Words: 1.CHILD WELFARE 2.FEMALE FOETICIDE 3.CHILD RIGHTS 4.SEX RATIO
5.CHILD PROTECTION 6.PRENATAL DIAGNOSTIC TECHNIQUES.

12. Murarkar, S. K. et al. (2013).
A Study of Knowledge and Attitude of Adolescent Girls in Rural Area
Regarding Prenatal Sex Determination and Female Foeticide. *Indian
Journal of Maternal and Child Health, Oct-Dec, 15 (4): 1-7.*
G18817

Background: The discrimination against girl child has led deteriorating sex ratio in the country and below national averages in the most of the proposed states. Declining sex ratio is an issue of grave concern in India. With the availability of new technologies sufferings of female gender is extended from womb to tomb. To identify sex of the child before birth, various medical technologies have been put into practice and selective abortion was done if the unborn child is found to be female. Despite of the PCPNDT Act, skewed sex still continues with odds against females. The root cause of sex determination is certainly a socio-cultural one. This can't be tackled alone by law making without active community participation. Awareness about PCPNDT act is very important especially amongst women.

Objective: To assess the knowledge of adolescent girls regarding PCPNDT Act in rural area.

Methods: A cross-sectional study was carried out in rural field practice area of a medical college. All adolescent girls from 11th&12th class were included in the study. A predesigned and pretested questionnaire was given to all the adolescent girls to fill. After filling the proforma a lecture on Girl child and PNDT act was given to them.

Findings: In the present study, out of 300 adolescent girls, 130 (43.33%) adolescent girls were 16 years old followed by 128(42.67%) were 17 years old. About 293 (97.67%) adolescent girls had heard about PCPNDT act. But out of those who had heard, the correct knowledge regarding PCPNDT act was very less. According to 221 (63.50 %) adolescent girls major source of information about PCPNDT act was from media which includes newspaper/TV/Radio. According to about 79 percent (237) of adolescent girls prenatal sex determination is legally not permitted but about 239 (79.67%) girls did not know about the punishment for the person who does prenatal sex determination. When asked "In future will you do Pre-natal sex determination?" More than 80 percent (249) girls has answered "No" as in future they will not do pre-natal sex determination during their pregnancy.

Conclusion: From the study it is observed that maximum number of adolescent girls had heard about PCPNDT act but very few had correct knowledge about it. The girl child is the most vulnerable member of the society in India. There is a strong element of discrimination at every step of her life. This discrimination arises mainly because society considers her as a liability and not as an asset.

Key Words: 1.CHILD WELFARE 2.FEMALE FETICIDE 3.PCPNDTACT 4.SEX DETERMINATION 5.HEALTH 6.CHILD PROTECTION 7.ADOLESCENT GIRLS.

CHILD LABOUR

13. Devi, K. and Roy, Gautam. (2008).
Study of Child Labor among School Children in Urban and Rural Areas of Pondicherry. *Indian Journal Community Med. April, 33(2): 116-118.*
G18821

Background: Child labour defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development of the child. According to estimates, in developing countries alone there are 250 million children in the age group of 5-17 years who are toiling in economic activity - i.e., one out of every six children in the world today. In absolute terms, it is Asia (excluding Japan) that has the most child workers (approximately 61% of the world's total). It was strongly felt that children who work and attend school could have some disadvantage compared to school children who are not engaged in work.

Objective: To determine the prevalence of child labor among school children in the rural and urban areas of Pondicherry; and to study the factors related to child labor - like the reasons for working, problems faced by the child, workplace conditions, etc.

Methods: The study was conducted among 750 school children of class 6th-10th both in urban and rural area. After pre-testing of the questionnaire and interview schedule, the children who were working were further interviewed using a pre-tested interview schedule. Interview was conducted for the working children alone in their respective houses with the help of the identification data collected in the questionnaire. Chi-square test, t-test and Logistic regression analysis were done.

Findings: The overall prevalence of child labor in the study was 32.5%. The number of students who worked in the rural and urban area was 131 (42.8%) and 103 (24.9%) respectively. Ninety percent of the children in the rural area and (80.8%) in the urban area said low income was the main reason for them to go to work. Overall, (78.6%) visited a health facility like a health center or hospital in the past 1 year for any health complaints. Children of mothers who had no formal school education had 1.73 times the risk of being sent to work compared to those of mothers who had formal school education.

Conclusion: More children from families from the lower socio-economic stratum went to work. The present study revealed that in both the rural and urban areas, working children spent less time studying as compared to their non-working counterparts. Irrespective of the area, educational level of the mother, crowding in the family, families being in debt, presence of a handicapped or alcoholic member in the family, gender and religion were significantly associated with the working child.

Key Words: 1.CHILD LABOUR 2.SCHOOL CHILDREN 3.CHILDPROTECTION 4.WORKING CHILDREN

GROWTH AND DEVELOPMENT

14. Malhi, Prabhjot, Bharti, Bhavneet and Sidhu, Manjit. (2014). Aggression in Schools: Psychosocial Outcomes of Bullying among Indian Adolescents. *Indian Journal of Pediatrics*, November 2014, 81 (11) : 1171-1176.
G18811

Introduction: Bullying is defined as the use of power and aggression repeated over a time period which is intended to harm, cause distress or control another. Bullying entails a relationship in which there is an imbalance in strength of power between the parties involved. Direct bullying includes physical aggression and verbal aggression. Covert or indirect bullying is also termed relational victimization is the manipulation of social relationships to hurt or socially exclude the individual being victimized. The most frequent type of bullying reported is teasing and name calling followed by hitting and kicking and other threats. Physical bullying is more common among boys than girls, whereas girls tend to use more indirect and subtle forms of harassment including rumor spreading and social exclusion. Bullying and peer victimization can lead to a host of psychological outcomes, including behavioral difficulties, loneliness, depression, poor academic performance, school avoidance, poor self-esteem, psychosomatic complaints and suicidal ideations.

Objective: To examine the prevalence of school bullying and to investigate the behavioral, emotional, socio-economic and demographic correlates of bullying behaviors among Indian school going adolescents.

Methodology: Self-reports on bullying involvement were collected from 9th to 10th class students (N = 209; Mean = 14.82 years, SD = 0.96) from Government and Private Schools of a north Indian city. Four groups of adolescents were identified: bullies, victims, bully-victims, and non-involved students. The self-concept of the child was measured by the Indian adaptation of the Piers Harris Children's Self Concept Scale (CSCS) and emotional and behavioral difficulties by the Youth self-report measure of the Strengths and Difficulties Questionnaire.

Findings: The overall prevalence of any kind of bullying behavior was 53 per cent. One-fifth (19.2 %) of the children were victims of bullying. 16 percent reported being victims of direct bullying and had been physically assaulted in the schools several times in a month. Name calling, rumor spreading and forcibly taking money were reported by 33.7 percent, 12.5 percent and 7.2 percent of the adolescents respectively. Most of the peer victimization took

place at schools in the classroom when the teacher was not present (73.6 %) ,during recess period (41.4%) , in the hallways (33.3%) and playground(32%). Majority of the adolescents (85.2%) were bullied by their classmates. Thirteen percent of children reported being bullies. Calling names and threatening (89.9%) was the most common reported bullying tactics used followed by physical bullying (25.9%). Male students were twice as likely as to girls to be classified as bullies (17.1% vs. 83.2%) and 2.25 times likely to be classified as bully- victims (27.9%) vs 12.4%). Boys were 6.58 times more likely to be victims of physical bullying as compared to girls. Significant effect for bullying status and academic achievement was found. Bullying victims were the most likely to have academic functioning difficulties while the controls and bullies had relatively better school grades. Significant differences emerged on the psychosocial outcome measures bullying status. Victimize adolescents reported the lowest scored on total self-concept and on the sub scale of anxiety while bully victims had the lowest scores on behaviour ($F=3.65$, $P+0.014$), popularity ($F+4.73$, $P+0.003$). Bully victims had a higher risk for conduct problems and hyperactivity as compared to controls. Finally bullies have higher risk for hyperactivity and conduct problems as compared to control students.

Conclusion: Bullying and victimization was widespread among the Indian school going youth. Given the concurrent psychosocial adjustment problems associated with bullying, there is an urgent need for developing intervention programs and sensitizing school personnel.

Key Words: 1.GROWTH AND DEVELOPMENT 2.BULLYING 3.AGGRESSION 4.CHILD PROTECTION 5.EMOTIONAL PROBLEM 6.BEHAVIORAL DIFFICULTIES7.ADOLESCENTS.

HEALTH

15. Juneja, Monica, Jain, Rahul and Chakrabarty, Biswaroop. (2014). Indian Children with Developmental Disabilities: Early versus Late Referral for Intervention. *Indian Journal of Pediatrics*, November, 81(11): 1177-1181.
G18810

Introduction: developmental disabilities like cerebral palsy, hearing impairment, vision impairment and mental retardation and lifelong conditions. Many of these children with developmental disabilities are identified and started on early intervention program before the age or 3 years. In majority of cases the child is normal at birth and discovered to have disabilities. Both caregivers and primary care physician play a major role in this process. The timing at which families of children with disabilities become concerned about their child and get services depends upon the type of disability, awareness of the problem, the social economic status of the family and the resources available in the community. Studies have shown that early intervention substantially helps families with disabled children.

Objectives: To study the age at referral, of children with neuro developmental disabilities to Child Development and Early Intervention Clinic and compare the neuro morbidity and socio-economic profile of the early and late presenters.

Methodology: This retrospective observational study was conducted at Child Development and Early Intervention Clinic (CDEIC) located in Northern India. Case records of children enrolled at CDEIC in last 5 years; with neuro developmental disabilities namely Mental Retardation/Global Developmental Delay, Cerebral Palsy, hearing and vision impairment were separated and studied.

Findings: Two thousand and twenty cases were included in this study. 62.8 per cent presented before 3 years of age (early presenters) and 37.1 per cent presented at 3 years or more (late presenters). There was no difference in the overall rates and severity of mental retardation in early and late presenters. The proportion of children with quadriparetic cerebral palsy, hearing impairment, vision impairment and multiple disabilities was significantly more in early presenters. The early presenters had better parental education status, less number of siblings, better immunization status and more were delivered at a hospital and residing in urban areas.

Conclusion: Large numbers of children with neuro developmental disabilities are referred late for intervention services, leading to loss of opportunity for early intervention. Children with purely mental disability are the ones, most likely to be referred late. Socio-economic differences are significantly contributing to these delayed referrals.

Key Words: 1.HEALTH 2.MENTAL HEALTH3.NEURODEVELOPMENTAL DISABILITIES
4.CHILD PROTECTION 5.MENTAL RETARDATION6.DEVELOPMENTAL DELAY
7.CEREBRAL PALSY8.EARLY INTERVENTION.

16. Navsarjan Trust. (2013).
Blind Spots to the Polio Eradication Endgame: Measuring the Limitations of Polio Vaccination Delivery in Dalit Communities in Gujarat, India.
G18815
Source: <https://www.dropbox.com/s/b4eewwubp6ebxxo/Blind%20Spots%20-%20Polio%20Vaccination%20Annex%2C%202013-4.pdf>

Background: Dalit communities in India, through their long history of marginalization and discrimination, experience lower levels of formal education, higher health risks, and greater barriers to health services. These circumstances further a cycle of extreme poverty and health deficiencies, making Dalit families at risk for many illnesses. Unlawful discrimination is one significant factor in this cycle of health deprivations. Despite the abolition of untouchability practices in the Indian Constitution in 1950, discrimination against the 200 million Dalits of India continues to this day. Many rural Dalits in particular live in marginalized communities, separated from the majority by physical and cultural boundaries that have significant material impact.

Objective: To determine if there is a significant difference between the rates of delivery of polio vaccination services in traditionally marginalized communities in rural Gujarat compared with those rates in traditionally dominant communities.

Methodology: The household survey instruments were interview administered questionnaires in Gujarati, conducted with sample populations conforming to the state's caste population demographics. These surveys with parents of children from randomly selected Dalit households were used to measure polio vaccination rates, and were measured against survey results from traditionally dominant communities in comparable geographic areas. These interviews sought to answer the following research question: are a significant number of Dalit children missed by immunization campaigns, and, if so, does the rate of missed Dalit children differ significantly from non-Dalit children.

Findings: The data from this study of 2308 children ages 5 and under, from 77 villages in predominately remote rural areas of Gujarat, confirmed that Dalit children are often missed in polio vaccination campaigns (15.8%), compare to non-Dalit children (6.0%), and Dalits are missed at a rate far exceeding non-Dalit children in neighboring communities.

- nearly one out of six Dalit children went unvaccinated,
- this rate of missed Dalit children is nearly two and a half times higher than for non-Dalits in geographically comparable communities

For Dalits and non-Dalits alike, the rates of missed children were significantly higher in rural areas than in the major urban center of Ahmedabad. Despite the extensive Pulse Polio campaign in India, this evidence indicates that many children from traditionally marginalized communities living in hard-to-reach areas remain unvaccinated. Although some non-Dalit children are also missed in these remote areas, the very high rate for Dalits raises notice that the endgame of polio eradication is at risk if greater monitoring is not directed at Dalit communities.

Conclusion: As the global health community moves toward the final mop-up stages in its battle against the poliovirus, progress toward this goal of polio eradication requires the most stringent of monitoring regimes. Monitoring can leave no stone unturned, especially as eradication appears within reach. With India's polio experts emphasizing the danger of complacency, and reiterating the importance of even greater vigilance in surveillance and monitoring those working at the last mile of eradication must take a second look at children in hard-to-reach areas. In India, continued discrimination against traditionally marginalized communities – and against Dalits in particular – extends to the delivery of the polio vaccine.

Key Words: 1.HEALTH 2.POLIO VACCINATION 3.DALITS 4.CHILD PROTECTION 5.DISCRIMINATION 6.MARGINALIZED COMMUNITIES.

17. Shaun K. Morris. (2013).
Measles Mortality in High and Low Burden Districts of India: Estimates from a Nationally Representative Study of Over 12,000 Child Deaths.
G18843
Source: <http://www.cghr.org/wordpress/wp-content/uploads/Morris-2013-measles-mortality-India.pdf>

Background: Direct estimates of measles mortality in India are unavailable. The study objective is, to use a nationally-representative study of mortality to estimate the number and distribution of, measles deaths in India with a focus on 264 high burden districts.

Methodology: They used physician coded verbal autopsy data from the Million Death Study which surveyed, over 12,000 deaths in children aged 1 month to less than 15 years from 1.1 million nationally, representative households in 2001–2003.

Findings: They estimate there were 92,000 (99% CI 63,000–137,000) measles deaths in children 1–59, months of age in India in 2005, representing a mortality rate of 3.3 (99% CI 2.3–5.0) per 1000 live, births and about 6 per cent of all 1–59 month deaths. In children under 15 years of age, there were 107,000, (99% CI 74,000–158,000) measles deaths. The measles mortality rate was nearly 70per cent greater in girls, than in boys, and 60per cent of the deaths were in three populous states Uttar Pradesh, Bihar, and Madhya, Pradesh. The 1–59 month measles mortality rate in high burden districts was 4.48 (99% CI 3.94–5.02) compared to 2.40 (99% CI 2.28–2.52) per 1000 live births in other districts.

Conclusion: Measles killed over 100,000 children in India in 2005 and girls at higher risk than boys. The majority of measles deaths occurred in a few states and high burden districts. The results of this study highlight the importance of focusing measles supplementary immunization activities in high burden districts.

KEYWORDS: 1.HEALTH 2.MORTALITY MEASLES 3.CHILD PROTECITION 4.CHILDHOOD .IMMUNIZATION 5.VACCINE.

NUTRITION

18. Malik, Akash et al. (2014).

Zinc Supplementation for Prevention of Acute Respiratory Infections in Infants: A Randomized Controlled Trial. *Indian Pediatrics*, October, 51(10) : 780-784.
S5457

Background: Pneumonia is responsible for 18 per cent of under-five mortality as a result of an estimated 151 million new episodes each year occurring mostly among the marginalized and malnourished children in the developing countries who are often zinc deficient. Zinc is a vital micro vitamin in humans and is essential for protein synthesis, cell growth and differentiation and thus is important for functioning of the immune system. Zinc supplementation both therapeutic and prophylactic reduces the duration, severity and incidence of ARIs.

Objectives: To study the effect of 2 weeks of prophylactic zinc supplementation on incidence and duration of acute respiratory infections

Methodology: Randomized double blind controlled trial, and intervention studies.

Findings: The primary outcome was the incidence of ARIs per child-year. Secondary outcomes included incidence of Acute Upper Respiratory Infections (AURI) and ALRI per child-year, duration of ARIs, and side effects. From a total of 3155 households identified during the house to house survey, 272 infants were assessed for eligibility and all were recruited. Out of the total 862 episodes observed, 424 episodes occurred in the zinc group and 438 in the placebo group, accounting for an incidence of 7.84 and 8.70 per child year, respectively, at the end of 5 months. A significant decrease of (62%) in the episodes of ALRIs was observed in the zinc group. Zinc supplementation led to a significant reduction of (15%) in days with ARIs. There was also a significant reduction of (12%) in duration per episode of ARIs observed in the zinc group. Reported side effects were diarrhea, vomiting and constipation. The percentage of children reporting these were (9%), (10.4%) and (1.5%), respectively in the zinc group and (7.3%), (4.8%) and (0%), respectively in the placebo group; the difference was non-significant.

Conclusion: Prophylactic zinc supplementation for two weeks may reduce the morbidity due to acute lower respiratory infections but not overall rate of acute respiratory infections in infants aged 6-11 months in similar populations.

Key Words: 1.NUTRITION 2.MICRONUTRIENT 3.PNEUMONIA4.PUBLICHEALTH
5.PROPHYLAXIS.

19. Rashmi, M. R. (2015).
Prevalence of Malnutrition and Relationship with Scholastic Performance among Primary and Secondary School Children in Two Select Private Schools in Bangalore Rural District (India). *Indian Journal of Community Medicine, Apr-Jun, 40 (2) -97-102.*
G18824

Background: Malnutrition is the largest health problem among children in developing countries. Approximately 60 million children are underweight in India and child malnutrition is responsible for 22 per cent of the country's burden of disease. In India government has taken steps to combat malnutrition among school children, by providing them one nutritious meal at school called 'mid-day meal' which is provided only in government schools and not in private schools. There is dearth of studies focusing on the nutritional status of children in private schools and also those trying to assess the relationship between malnutrition and scholastic performance.

Objective: To assess the nutritional status of primary and secondary school children of two selected private schools in rural Bangalore district, India and also to assess the association between malnutrition and scholastic performance among them.

Method: A cross sectional study was conducted among students from class 1-7 from two selected schools. Total number of students was 582. A validated translated interview schedule was used to collect data. Height and weight of each participant was measured and pallor was examined. Information on age of the students was collected from the school records. English and Mathematics scores from previous two class tests were also recorded.

Findings: The proportion of males was 54 per cent (315) and females were 46 per cent (267). Among the students 159 (27.3%) had pallor. Among the 410 participants between the age 5-10 years, 81 (20%) had under nutrition and 38 (7%) had stunting. 197 (34%) children are thin or underweight based on BMI (BMI < -2 SD). Out of 197 children, 139 (70%) had mild to moderate thinness and 58 (10%) had severe thinness. Five (1%) of the participants were found to be obese (BMI > 2SD). Gender and BMI were found to be significantly associated where more males were found to be thin (BMI < -2SD). Decreasing WAZ Z score were associated with decreasing mathematics percentage scores and this trend was statistically significant. Similarly HAZ Z scores deteriorate as the first language scores deteriorates.

Conclusion: Apart from establishing a high prevalence of malnutrition among children attending private schools, this study has also established a positive relationship between several indicators of nutritional status and academic performance of students in English and Mathematics.

Key Words: 1.NUTRITION 2.MALNUTRITION 3.UNDER NUTRITION 4.CHILD PROTECTION
5.PRIVATE SCHOOLS 6.BMI.

RECREATION

20. Mukherjee, Sharmila Banerjee, Gupta, Yogita and Aneja, Sunder. (2014). Study on Television Viewing Habits in Children. *Indian Journal of Pediatrics, November, 81(11) : 1221-1224.*
G18812

Background: Television viewing is a favorite pastime for children. But prolonged television viewing can be detrimental to health. Previous studies from developing countries have reported that Television (TV) viewing, if excessive and of poor quality has a proven negative influence on child health. Indian studies on this subject are few. Therefore the current study was planned to study the TV viewing habits in children.

Objectives: To determine TV viewing habits of children and their families as well as parental perspectives on the impact of TV on child health

Methodology: The study group comprised of 109 children attending a government hospital who belonged predominantly to lower socio-economic strata with poor maternal literacy and a questionnaire was developed for the study.

Findings: The study comprised of 54.1 percent boys and 45.9 percent girls between 3 and 5 years. It was observed that most of the households (94.4%) have satellite services with TV placed in the sleeping area (85.2%). TV viewing while having dinner was observed by majority of the families (71.3%). It was observed that (100 %) children watched excessive TV (> 2 h daily), with majority viewing unsupervised and low quality content. Nearly half held TV responsible for maladaptive behaviour (opposition, aggression and foul language). In the present study 25 percent children studied with background television and 15 percent parents blamed TV for scholastic underachievement. Interpretation of program content and formation of personal ideas and beliefs depends on cognitive maturity. The study also concluded that bad behaviour was attributed to TV by 58.6 percent parents. Advertising also influences children, leading to coercing parents to buy products. This was observed in 40 percent. Most children (90%) played both outdoors and indoors. Excessive TV sedentary behaviour reduced sleep and unhealthy eating are interconnected with childhood obesity as concluded by the study. There was limited access to calorie dense food in low socio-economic classes because of which there was absence of obesity despite snacking (50%) and meal time TV (70%).

Conclusion: In conclusion, there were large numbers of Indian children who watch excessive, unsupervised TV of questionable quality. Parents are unaware of associated negative health impact. It becomes the responsibility of the care taker to educate the children and outline acceptable limits and suggest strategies for restriction. Thus Indian viewing guidelines require urgent formulation and program content modifications so that it can restrict children from excessive TV viewing.

Key Words: 1.RECREATION 2.EFFECT OF TELEVISION 3.CHILD PROTECTION 4.HEALTH
5.CHILD HEALTH 6.YOUNGCHILDREN 7.TVVIEWING 8.GUIDELINES
9.OBESITY10.UNDERACHIEVEMENT 11.NEGATIVE INFLUENCE.

C. Research Abstracts on Women and Gender Issues

AGED WELFARE

21. Help Age India. (2013).
Elder Abuse in India: a Help Age India Report 2013. New Delhi: HAI.
Source: <http://www.helpageindia.org/images/pdf/ElderAbuseIndia13.df>.
G18680

Background: Ageing of population is a major emerging demographic issue and is an inevitable consequence of the demographic transition experienced by most countries. In most of the nation's 60 and above age group is growing faster than any younger segment of the older, making the elderly a vulnerable group. In India, there is a need to take care of all aspects of the elderly persons namely, socio economic, financial, health and shelter. As defined by the Action on Elder Abuse in United Kingdom and adopted by the International Network for Prevention of Elder Abuse "Elder Abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder Abuse constitutes of different forms of abuse like neglect, disrespect, verbal abuse, physical abuse, financial abuse, psychological and emotional abuse or even sexual abuse.

Objectives: The specific objectives of the study are to understand perceptions of elderly regarding what constitutes Elder Abuse, perceptions of elderly on prevalence and most prevalent type of abuse, personal experience of abuse by elderly and abusers, reporting behavior of older persons and awareness of currently available intervention mechanisms.

Methodology: A quantitative study with structured interviews was conducted in 24 cities from 20 states of India, comprising of male and female elderly people of the age 60 years and above.

Findings: More than one fifth of the elderly 23 percent reportedly experienced abuse nationally with disrespect (79%) as the most common abuse nationally experienced by elderly, which was followed by verbal abuse (76%), neglect (69%) and beatings/slapping (39%). The major reasons cited by the elderly for prevalence of elder abuse included "lack of adjustment", "economic dependence of the abused", " increasing longevity" and "economic dependence of abuser." About 35 percent of the elderly abused, reported to be facing it almost daily. It was observed that 70 percent of the elderly abused did not report the matter as

“Maintaining confidentiality of the family matter” is the major reason (31%) behind not reporting abuse followed by “fear of retaliation” (23%). One fifth of the elderly did not report as they “did not know how to deal with the problem”. The Police Helpline is the most known redress mechanism reported by 70 percent of elderly, while less than half (17.67%) knew about the Help Age India Elder Helpline and about 11 percent about the Maintenance and Welfare of Parents and Senior citizens Act 2007. Among the cities which were studied Hyderabad emerged with the highest rate of elder abuse (37.50%), followed by Kolkata (28%), Delhi (20%), Mumbai (11.43%) and Chennai with the lowest with (9.64%). Daughter-in laws, sons and daughters have been reported as the main perpetrator of abuse. Madurai (63%) and Kanpur (60%) recorded highest levels of Elder Abuse whereas J&K and Rajasthan have the highest share among non-reported cases of abuse, which is 100 percent. The effective mechanisms suggested by the elderly to deal with Elder Abuse includes “sensitizing children and strengthening intergenerational bonding”, “increasing economic independence of the abused” and “sensitizing young adults.”

Conclusion: Elder Abuse has been reportedly experienced by more than one fifth of the elderly with the most common forms experienced being disrespect and neglect. Most of the elderly are experiencing it almost daily. Disrespect, neglect and verbal abuse are the three major forms of abuse as understood by the elderly and the same are the most prevalent forms as reported by most. The major reasons for such abusive behavior include: lack of adjustment, economic dependence of the abused and increasing longevity of the old. Thus action needs to be taken against situations which make life difficult for the elderly. Social security of elderly should be taken care of, they should be given opportunity for income generation, programmes to sensitize children and young adults and involvement of society at large against elder abuse should be initiated.

Key Words: 1.AGED WELFARE 2.CARE OF AGED 3.ELDER ABUSED 4.SITUATION ANALYSIS OF ELDER 5.SENIORCITIZENS ACT 6.HELPPAGE 7.SOCIAL SECURITY8.SOCIAL WELFARE.

HEALTH

22. Acharya, Anita Shankar et al. (2015).
Making Pregnancy Safer Birth Preparedness and Complication Readiness Study among Antenatal Women Attendees of a Primary Health Center, Delhi. Indian Journal of Community Medicine, Apr-Jun,40(2) : 127-134.
G18826

Background: Maternal mortality is a substantial burden in many developing countries. Globally, more than 40 per cent of pregnant women may experience acute obstetric problems. Majority of maternal deaths occur during labor, delivery, and within 24 hours post-partum. Reduction of maternal mortality has been recognized as a priority concern across the globe. Birth preparedness and complication readiness (BPACR) is one intervention that addresses these delays by encouraging pregnant women, their families, and communities to effectively plan for births and deal with emergencies, if they occur.

Objective: To assess the status of BPACR among pregnant women and to study the socio-demographic factors affecting BPACR.

Method: A facility-based cross-sectional study was conducted among 417 antenatal attendees at a primary health center. A semi-structured interview was conducted where knowledge about danger signs, planning for transport, place, and delivery by skilled birth attendant, financial management, and outcome were assessed. BPACR index was also calculated.

Findings: Only seventy four women (17.7%) were graduates or professionals as compared to one-fourth (25.4%) of their husbands. Education of women ($P = 0.001$) and parity ($P = 0.000$) were found to be statistically significantly associated with their knowledge about early registration of pregnancy. BPACR index was very low (41%) although the preparedness level was high. Majority (81.1%) had identified a skilled attendant at birth for delivery. Nearly half of the women (48.9%) had saved money for delivery and 44.1 per cent women had also identified a mode of transportation for the delivery. However, only 179 (42.9%) women were aware about early registration of pregnancy. Only one-third (33.1%) of women knew about four or more antenatal visits during pregnancy. Overall, only 27.8 per cent women knew about any one danger sign of pregnancy.

Conclusion: The BPACR index in the present study was 41 per cent. The study showed that though there was poor awareness of danger signs during pregnancy, labor as well as puerperium, the level of birth preparedness was high. Eighty one (81.1%) women had identified a skilled birth attendant for delivery. Education of women beyond middle school was the most important factor associated with awareness regarding various components of BPACR. Repeated IEC awareness programs may be initiated at the PHC towards community participation so that BPACR status improves for these women.

Key Words: 1.HEALTH 2.WOMEN HEALTH 3.REPRODUCTIVEHEALTH 4.BPACR INDEX 5.PREGNANCY 6.PRIMARYHEALTH CENTRE.

23. Bennink, A.A.A. and Lindert, Paul van. (2012).
Accessibility and Utilization of Maternal Health Care in Urban India. Utrecht University, Faculty of Geosciences, International Development Studies, Master-Thesis.
G18827

Background: Of all the maternal deaths in the world, 99 per cent occurs in developing countries. The highest maternal mortality ratios can be witnessed in India where approximately 20 per cent of all maternal deaths take place. The majority of these deaths occur due to preventable causes. Maternal health care consists of postnatal care during the pregnancy, skilled assistance during labor and postnatal care after birth. Both antenatal and postnatal care consists out of multiple health checkups in order to safeguard the health of mother and child. Unfortunately, many women are excluded from the health care system that is present in their country. This problem is strongly prevalent amongst Indian women from low socioeconomic groups, resulting in low or incomplete uptake of maternal health care.

Objective: To provide an insight to the accessibility and utilization of maternal health care in a North-Indian city.

Methodology: In order to get a better understanding of the accessibility and utilization of maternal health care in urban areas, this research was conducted in Lucknow, the capital city of the Northern Indian state Uttar Pradesh. Fifty women from the urban slum Kashyap Nagar have participated in this study by sharing their experiences on accessing and utilizing maternal health care during their last pregnancy. Data from the women's perspective was collected by the use of questionnaires and interviews. In order to get a good understanding of the demand and supply side barriers women were asked to indicate to what degree these factors influenced the accessibility of maternal health care.

Findings: It is evident from the data that utilization ratios in Kashyap Nagar are higher than the state average and that the majority of the researched women from this community have good experiences with accessing and utilizing maternal health care services in public and private health facilities. The majority (94%) of the researched women have utilized one or more components of maternal health. Antenatal care is the maternal health care component that is most often utilized by the women as (88%) indicated that they received this type of care. During the delivery most women also received skilled assistant as (50%) gave birth in a facility and 44 women received assistance from a skilled birth attendance. Postnatal care has a lower uptake as only (66%) of the researched women received any postnatal care after their delivery.

Conclusion: It can be concluded that the utilization ratios in Kashyap Nagar are higher than the state average and that the majority of the researched women from this community have good experiences with accessing and utilizing maternal health care services in public and private health facilities. However, some of the researched women did have to overcome difficult barriers that were mostly related to the affordability and the acceptability of the services.

Key Words: 1.HEALTH 2.MATERNAL HEALTH 3.ANTENATAL CARE 4.POSTNATAL CARE 5.MATERNAL DEATH.

24. Chooramani, S. (2012).
Improving Health by Mitigating Drought: A Qualitative Research Study on
Drought and Health. Jodhpur: Gravis.
G18816
Source: <http://www.gravis.org.in/images/Books/improving%20health%20by%20mitigating%20drought.pdf>

Background: Rajasthan is geographically the largest state in India with two-third of its area as Thar Desert. The entire State receives scanty rainfall. Thar Desert in western Rajasthan is characterized by low and erratic rainfall, high air and soil temperature, intense solar radiation and high wind velocity. Context-specific interactions of these factors not only give rise to frequent droughts and famines, they also make local livelihoods highly vulnerable.

Objective: To analyze and correlate responses from the project beneficiaries, service providers and community based structures broadly on the criteria of efficacy/linkage, impact, sustainability and best practices.

Methodology: The research methodologies used for the study were in-depth interviews and focus group discussions with key categories of respondent's beneficiaries, service providers and community based structures. The beneficiaries group comprised of the head of the household (men/women) who received services from Community-led Drought Mitigation Project in Thar (CDMT) project within one year. The service provider comprises of Village Health Workers from the CDMT project and Auxiliary Nurse Midwife from the project area respectively. The community based structure consisted of the Village Development Committee and Self Help Group of women, formed under the project respectively. Detailed interview and focus group discussion guides were initially developed in English and then translated into Hindi.

Findings: The findings of the study revealed that with the persistent drought conditions, water is available in low quantity and the collection of water become challenging task. That is often carried by women. The villages where government ground level water reservoir is available, women have to travel 1km to 5 km to collect water. But in some villages it's as far as 10-15kms. The ANM and Village Health Workers shared that the consumption of water from open taanka lead to frequent outbreak of vomiting, diarrhea and stomach ache among children in the drought hit villages. The discussion with the female group members revealed that they are well aware of the adverse effect of drinking contaminated water and cooking food in it but the scarcity of water is so severe that they are often left with no choice. Further discussion on choosing the

healthcare provider revealed that irrespective of debt and high out of pocket expenditure, people prefer Private Medical Practitioners (PMP). All the respondents showed great mistrust in the quality of treatment offered at government PHC or CHC. Even when they visited government facilities, they would hardly find the doctor. So, they prefer to go to the residence of the doctor, where doctors mostly see patients for a fee.

Conclusion: Drought is a slow-rise event that can affect any area of the country at any time. Unlike some natural disasters that occur unexpectedly and necessitate intense public health response activities (like earthquakes and hurricanes), drought is a condition that can be anticipated well before it becomes a threat to the health of a community. Both preparing for and responding to drought require local, block, district and state public health professionals to work collaboratively with other stakeholders and to communicate effectively with the communities they serve.

Key Words: 1.HEALTH 2.DROUGHT 3.COMMUNITY 4.FOODSECURITY 5.NATURAL DISASTER 6.VULNERABLE.

25. Singh, Shavinder et al. (2015).
Prevalence and Association of Physical Activity with Obesity: An Urban,
Community Based, Cross-Sectional Study. *Indian Journal of Community
Medicine, Apr-Jun, 40(2): 103-107.*
G18825

Background: Physical activity (PA) levels have declined globally in recent decades which lead to obesity and increase in the prevalence of hypertension and diabetes. It was observed that obesity is doubled in every region of the world between 1980 and 2008. Regular PA decreases many of the health risks associated with obesity or being overweight. Ecological analyses seem to imply that the increase in the prevalence of obesity is more strongly related to lower levels of PA than higher energy intakes.

Objective: To study levels of physical activity and various measures of obesity and their mutual association in an urban population.

Method: One thousand and forty-seven individuals between the ages 25-64 years systematically sampled from a community-based population. The database was contacted through a house-to-house survey and interview of the respondents were taken at their home. WHO STEPS guidelines were adopted and the recommended questionnaire was used. Anthropometrical measurements like height, weight, and waist and hip circumference of each participant was also recorded.

Findings: The prevalence of low levels of PA (sedentary lifestyle) was 56.7 per cent in this sample with males (53.5%) having a lower prevalence than females (58.9%). Overall, PA levels declined with age and decline was greater among females. This decrease was statistically significant among females (Pearson correlation co-efficient $r = -0.21$, $P < 0.05$). The prevalence of being overweight was higher among females than among males, and the differences were statistically significant. In the current study, obesity was present in 22.5 per cent of the sampled population (235/1046). Of these, women showed a significantly higher prevalence (28.8%) as compared to men (13.3%). There was a significant positive association between sedentary lifestyle and the various anthropometrical parameters (overweight, obesity, high Waist to Hip Ratio (WHR), and high Waist Circumference (WC) even after adjusting for age and gender.

Conclusion: Sedentary behavior is prevalent in more than half of the current study population. This was more so with increasing age, female gender, and increasing obesity. PA is an important component on long-term weight control, and therefore, adequate levels of activity should be prescribed to combat the obesity epidemic.

Key Words: 1.HEALTH 2.OBESITY 3.PHYSICAL ACTIVITY 4.WHO STEP.

NUTRITION

26. Radhakrishnan S. and Balamuruga S. S. (2012)
Prevalence of Exclusive Breastfeeding Practices among Rural Women in Tamil Nadu. *International Journal of Health and Allied Science*, 1 (2): 64-67. G18841

Background: Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Various studies have shown that infant feeding could be influenced by socioeconomic status, maternal education, place of living and many other factors. Hence a prevalence study on exclusive breastfeeding was conducted in rural Tamil Nadu.

Objective: To assess the prevalence of exclusive breastfeeding practices and the factors influencing them among women in a rural area in Tamil Nadu.

Methods: It is a cross-sectional study conducted in Attyampatti Panchayat Union, Salem district, Tamil Nadu, from March 2011-June 2011. All the 291 children in the age group of six months to two years in Attyampatti Panchayat Union were included in the study, irrespective of any sample. The data was analyzed using SPSS package.

Finding: Among the study population 52.6per cent were male children and 47.4per cent were females. Only 99 (34%) children were exclusively breastfed for six months. The majority of women (60.5%) initiated breastfeeding within half an hour after delivery. Various demographic factors like the education of the mother, type of delivery, type of family, occupation, number of children, monthly income, family size, age at marriage and religion had a direct influence on exclusive breastfeeding, which in turn influenced the weight of the baby and immune status of the child. Most of the mothers (44.7%) inferred that the main reason for giving bottle feed is because of inadequate breast milk secretion.

Conclusion: The prevalence of exclusive breastfeeding was 34% for the duration of six months, which is lesser than the national average of (41%). Though many National Health Programs were working for the improvement of mother and child health the prevalence of exclusive breastfeeding has not reached (50%). A well-drafted IEC (Information, Education and Communication) activity specifically targeting adolescent girls and antenatal mothers can be implemented with repeated reinforcement along with research. It might bring a change to the current scenario.

Keywords: 1.NUTRITION 2.BREASTFEEDING 3.EXCLUSIVE BREASTFEEDING 4.RURAL AREA.

WOMEN WELFARE

27. Ahmad, Zameer and Bhat Abhinav. (2014).
Gender Bias and Socio-Economic Problems of Women in India. National
Monthly Refereed Journal of Research in Arts & Education, April 2014,
3(4): 8-13.
Source: <file:///C:/Users/admin/Downloads/198-481-1-PB.pdf>
G18814

Background: The condition of women in a society is an index of that society's place in civilization. India is a multifaceted society where women's status is heavily dependent on many different variables that include geographical location (Urban/Rural), educational status, social status (Caste and class), and age. As such, women and girls have restricted mobility, access to education, access to health facilities and lower decision-making power, and experience higher rates of violence.

Objectives: 1) To study the gender inequality of women in India; 2) To analyze the findings of Census 2011 data to understand current status of women in India; 3) To study the various social and economic issues which the women are facing in India; 4) To suggest the guidelines for the eradication of gender bias in India;

Methodology: The study is mainly based upon the secondary data collected from various sources of publications such as Magazines, journals, Research articles, Internet and published records.

Findings: The 15th Census figure indicates a continued trend of preference for male children over females. Reviewing the literature reveals that Child sex ratio (0-6 years) is 914. Increasing trend in the child sex ratio (0-6) was seen in Punjab (846), Haryana (830), Himachal Pradesh (906), Gujarat (886), Tamil Nadu (946), Mizoram (971) and Andaman & Nicobar Islands (966). In all remaining 27 States/UTs, the child sex ratio show decline over Census 2001. Mizoram has the highest child sex ratio (0-6 years) of 971 followed by Meghalaya with 970 whereas Haryana is at the bottom with ratio of 830 followed by Punjab with 846. Data further reveals that poverty directly affects the future of women. Girl children are discriminated in the matter of feeding compared to boys. Studies have shown that girls in rural areas take a mean of 1355K.Cals/day in the 13-15 years age group and 1291 kcal/day in the 16-18 years age group, which is much below the recommended levels. The

disproportionate impact of poverty on girls is not an accident but the result of systematic discrimination. It further adds on changing society and a developing economy cannot make any headway if education, which is one of the important agents affecting the norms of morality and culture, remains in the hands of traditionalists who subscribe to a fragmented view of the country's and the world's heritage. Inadequate education or no education is the most important factor contributing to the backwardness of our masses, especially women.

Conclusion: To be 'pro-woman' we don't have to be 'anti-man'. What really matters is the change of mindset. Considering the role played by women that of a mother, a wife and a daughter, they deserve to be treated as partners and not viewed as competitors. Women have proved, time and again, that they are in no way inferior to men in all walks of life. The male dominated society is not yet ready to accept it. Women just need the necessary support and encouragement of the family and the society.

Key Words: 1.WOMEN WELFARE 2.GENDER BIAS 3.DISCRIMINATION 4.CHILD SEX RATION 5.SEX RATIO 6.WOMEN EMPOWERMENT

28. Human Rights Now (HRN). (2010).
Protection of Lives and Dignity of Women: Report on Violence against
Women in India. Tokyo: HRN.
G18667
Source: <http://www.hrn.or.jp/eng/activity/Report%20on%20violene%20against%20women%20in%20India.pdf>.

Background: There are various forms of violence against women in India. In addition to familiar types of violence such as violence by a spouse, sexual harassment at work, and rape, there are unfamiliar types of violence such as sati, dowry death, female infanticide, acid attack, and witch hunting. Violence against women deprives women of their rights and a decent future and is likely to develop into violence. According to the data by National Crime Records Bureau (NCRB) violence against women increased by 12.5% between the year 2006 and 2007.

Objectives: The research focused on India, the region where the violence against women is reported to be severe: the violence against women includes domestic violence, dowry-related violence, sati, acid attacks, —witch hunting|| , violence related to child marriage, and rape. The research focuses on domestic violence, which is an urgent problem in India. To observe the role of domestic violence act plays in real life: to identify the cause of problems as well as possible solutions.

Methodology: Direct observations method by making filed visits.

Findings: Indian Domestic Violence Act includes many innovative and progressive provisions and systems to prevent Domestic violence and protect victims of Domestic Violence. There is a huge gap between the Act and the reality because of the lack of budget and the lack of political will to implement the Act. The violence and fear prevent sound development and empowerment of women, and cannot improve women's status in the society. As per increasing the number of counseling centre, both central and each state government shall expand of places for consultation, such as counseling Centres and women's police stations. Since women under severe DV might visit hospital, it is important to train doctors and medical workers for the occasion, because even if victims do not tell doctors about DV, well-trained doctors might be able to recognize and intervene the situation. The vicious circle of India's gender issue is that violence against women derives from their low socioeconomic status and such violence ties women to the low status.

Conclusion: India has not yet taken appropriate measures to prevent recurrence of violence against women. Gender equality and women's rights should be prioritized in development aid policies. Since the violence against women deteriorates human development and security of entire female population in India, policy to address violence against women shall be prioritized in development policy.

Key Words: 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN3.CRIME AGAINST WOMEN 4.DOMESTIC VIOLENCE 5.DOWRY 6.SATI 7.ACID ATTACKS 8.WITCHHUNTING 9.CHILD MARRIAGE 10.RAPE 11.HUMANRIGHTS 12.LEGISLATION 13.NGOs14.DISCRIMINATION 15.WOMEN DEVELOPMENT 16.DV ACT.

29. Maiti, Sameera. (2014).
A Tough Road Ahead: Intimate Partner Violence during Pregnancy: A Study in Rural Uttar Pradesh. *Sociological Bulletin, Journal of the Indian Sociological society*. September-December, 63(3): 386-406.
G18823

Background: Violence against women has been widely recognized as a universal problem occurring in every nation, culture, and class and as being rooted in the socio-cultural attitudes and norms that sanction privilege of men over women. Violence against women during pregnancy within their own homes is an important public health problem worldwide. Studies have shown that intimate partner violence peaks when women are pregnant, and such violence adversely affects both the mother and the foetus leading to the death of one or both in extreme cases.

Objective: To evaluate the incidence of Intimate Partner Violence (IPV) during Pregnancy in the rural Uttar Pradesh and to address the causes leading to such violence.

Method: The study was conducted in five gram panchayats of Tejawapur block, Bahraich district in the state of Uttar Pradesh during January-March 2010. In depth interviews were conducted with sixty pregnant women and data on their socio-economic and demographic background, violence by intimate partner during pregnancy and the associated reason of abuse specifically related with present conception was collected. The interview schedule comprised of both open and close ended questions. Data gathered was analysed both quantitatively and qualitatively.

Findings: Sixty per cent of the respondents belong to the age group 17-20 years, which directly points towards the cases of early marriage of girls. More than 50 per cent (51.6 %) of the respondents were illiterate in comparison to their husbands, who were educated up to secondary level or above (58.3 %). Seventy three percent (73.3%) of the respondents faced at least any one kind of violence (physical, sexual, or emotional) from their intimate partner during their current conception, while 36.7 per cent of them reported facing all three kinds of violence. In 22 per cent of the cases of abused women, husbands were found to be alcoholics.

Conclusion: Large numbers of women are subjected to physical, sexual, and emotional abuse in their home by their intimate partners and in-laws during their pregnancy than are actually reported. Some of the factors found to be chiefly associated with IPV are low socio-economic status of women compounded by a low financial status of the household; lack of awareness about women rights compounded with illiteracy; lack of interest in sex among pregnant women; patriarchal social structure with a marked preference for son; alcoholism, false beliefs and a fatalistic attitude of the womenfolk etc.

Key Words: 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN3.INTIMATE PARTNER VIOLENCE 4.PREGNANCY.

30. Shubhra Singh. (2010).
Separation Anxiety among Mothers of Infants. Rajasthan: Banasthali
University. ~50 p.
G18663

Background: Maternal separation anxiety is defined as an unpleasant emotional states tied to the separation experienced. The separation may be experienced by expression of worry, sadness or guilt. Many mothers “feel emptiness when they leave the child even for a short while” in the present day economic scenario is becoming increasingly mandatory of the lady of the house to support the family budget by taking up a job. Now days a there is a increase in the number of nuclear families, where the mother may suffer from a lot from separation anxiety. Separation anxiety may be at peak with mothers of a nuclear family as compared to joint family.

Objectives: To find out the maternal separation anxiety among working and non-working mothers of infants

Methodology: a maternal separation anxiety was developed on a scale to assess the mother’s feeling of sadness, worry, discomfort and feelings of separation.

Findings: The level of separation among mother was 26.6 percent as compared to non-working mother which was found out to be 20 percent. In phase one only 20 percent of non-working mothers were having low level of separation anxiety, results indicate a rise in a low separation anxiety category in phase two (48.5%), (34.2%) of non-working mothers were having high level of separation anxiety in phase one which reduced to 14.2 per cent in phase two. In phase one 42.9% non-working mothers were falling in moderate separation anxiety category but only (37.1%) of them remained in the same category but only (37.1%) of them remained in the same category phase two.

Conclusion: The level of separation anxiety among working mothers in both the phases was shifted in the moderate level as the duration of motherhood and the age of infants increased, but this was not the case with the non-working mother. Results showed that the increase time of motherhood their level of separation anxiety reduced to the low level.

Key Words: 1.WOMEN WELFARE 2.WORKING MOTHER 3.MATERNAL SEPARATION ANXIETY 4.NON WORKING MOTHERS5.INFANTS WORKING MOTHER 6.ANXIETY 7.STRANGER ANXIETY 8.INFANTS 9.NUCLEAR FAMILY 10.BIKANER 11.RAJASTHAN.

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