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Documentation Centre for Women and Children (DCWC)
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5, Siri Institutional Area, Hauz Khas
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A hardcopy of the publication "DCWC Research Bulletin" is available for reference purposes at DCWC, NIPCCD.

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A. Research Abstracts on Child Development

CHILD WELFARE

1. Mahtab, S. Bamji et al. (2013).
Development of Rural Adolescent Girls through Scientific and Social Engineering and Skill Development. *Indian Journal of Nutrition Dietetics, 50: 102-110*.

Background: Adolescence is the age of physical and mental development, emotional transition, curiosity, energy, creativity and desire to learn. Early marriage and child bearing, stunts their physical and mental growth, and adversely impacts their health and nutrition. India has a high burden of under-nutrition, particularly in children, adolescence and pregnant and lactating women, primarily due to inadequate diet.

Objectives: To assess knowledge, attitude and practice (KAP) of adolescent girls on health, nutrition, environment and social issues; to assess food consumption of the families; to impart appropriate nutritionally and environmentally promotive farm skills and livelihood promotive non-farm skills.

Methods: The study was conducted in five villages of the Narsapur Mandal of Medak district of Andhra Pradesh (AP). All the girls were in the age group of 10 to 18 years. A total of 412 girls were selected for the study. Tools used for the study were focus group discussions. A structured, pre-tested questionnaire was used with scope for open-ended questions.

Findings: About 80 per cent of the girls surveyed were in school; 62 per cent mothers and 43 per cent fathers were illiterate; 90 per cent girls were not married in both the surveys; only 33 per cent households had latrines which were in use; most girls (initial survey 87.5%, final survey -99.2%) could tell the age of adolescence as 10 to 18 years and age of menarche as between 10-18 years. Majority of the girls opposed to the dowry system but expressed helplessness to change it; 77 per cent girls said that both the parents were decision makers in the family even on financial issues. Majority of the girls mentioned the importance of colostrum and breast feeding for preventing infections in the final survey this was not mentioned by them in the first survey, signifying improvement in the knowledge of the girls. 70 per cent girls responded that adolescent girls needed more food for being healthy but only 27 per cent could explain the need for growth as reason; topics in nutrition did not form part of high school syllabus and the few lessons were probably insufficient for proper understanding of these scientific subjects; almost all the girls reported bathing daily even during menstrual period, washing hands with soap after defecation and before and after meal. 50 per cent girls who were menstruating (201

girls) used sanitary napkins during menstruation (commercial 25.3% homemade 38.3%) rest used a cloth which was washed and reused; most girls had heard of tuberculosis but could not describe the symptoms initially; in the end line survey 50 per cent mentioned symptoms like continuous cough, phlegm and loss of weight. 20 per cent girls explained contaminated syringes, contaminated blade and blood transfusion as the cause of AIDS/HIV infection, only two per cent mentioned unsafe sex with multiple partners as the cause. Foods like dals, vegetables including GLV, was consumed 2 - 4 times a week, but the quantity consumed was very low; per capita consumption of milk showed a decrease from 79 g in the initial survey to 54 g in the end line survey; over 200 girls out of a cohort of 412 girls raised home gardens; 50 per cent of vegetables produced were used for home consumption and the rest were sold; less than ten per cent of the girls were aware of vermi compost, organic pesticides and drip irrigation. Among girls staying at home, 31 received training in food processing and 22 in tailoring and embroidery ; some girls mentioned educating mothers in the family and village in complementary food making.

Conclusion: Important subjects in health and nutrition and gender issues should be part of high school syllabus.

***Key Words**: 1.CHILD WELFARE 2.ADOLESCENT GIRLS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.RURAL AREA 6.SKILL DEVELOPMENT 7.EDUCATION 8.HEALTH AND NUTRITION 9.UNDER NUTRITION 10.ASSESSMENT OF KNOWLEDGE 11.ENVIRONMENT AND SOCIAL ISSUES 12.FOOD CONSUMPTION 13.DIETARY PATTERN 14.KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) 15.DIET SURVEY 16.GENDER ISSUES 17.HYGIENE 18.MENSTRUAL CYCLE 19.MENSTRUATION 20.BREASTFEEDING 21.FOOD FREQUENCY 22.GREEN METHODS OF FARMING 23.EMPOWERMENT 24.EARLY INTERVENTIONS 25.SCIENTIFIC AND SOCIAL ENGINEERING 26.EARLY MARRIAGE 27.WOMEN AND REPRODUCTIVE HEALTH 28.BALIKA DINAMS (GIRLS DAY) 29.MEDAK DISTRICT 30.ANDHRA PRADESH.*

2. UNICEF, New Delhi (2011).
Delaying Marriage for Girls in India: A Formative Research to Design Interventions for Changing Norms. New Delhi: the author.
Source : www.icrw.org

Background: In India almost half of all girls marry before the age of 18 years. The implications of child marriage for girls are an increased risk of maternal and infant mortality, HIV infection due to early sexual debut and early child bearing. Girls married at early ages are also at a higher risk of domestic violence. Child marriage is not only a human rights violation, but it also hinders the achievement of millennium development goals and compromises the future of our children and our country.

Objectives: The purpose of the study was to unpack social norms and understand fears of fathers, uncles, and mothers who marry their daughters early; to identify role models in the community who have changed norms, their motivation and responses from the community; to understand community response to legislation and policies on delaying marriage; to identify organisations, networks, and platforms which can be leveraged for catalysing change.

Methods: The study was conducted in Nawada and Madhepura districts of Bihar and Bikaner and Tonk districts of Rajasthan. Young women in the age group of 16-20 years were selected for the study. The study comprised of 170 in-depth interviews, focus group discussions, state level stake holder meetings and key informant interviews to explore the perspectives.

Findings: In the study areas of Rajasthan household chores were expected from girls very early in their lives; findings indicated that people often did not see any alternative roles for girls other than marriage; during interviews with fathers, mothers and girls, education was prioritised across all three categories of respondents; of the 15 fathers, 11 suggested that education was priority for their daughters and eight of 13 girls stated the same; focus group discussions with mothers and fathers at the two districts showed that sexual violation by boys from dominant castes was very common; norms around chastity first and foremost restricted girls mobility; parents feared that someone might sexually abuse their daughter which was an important determinant for arresting girl's education and hastening her marriage. The age of marriage, especially for girls, was often decided by some practices that are prevalent across various castes, however with some variation; the practices included marrying multiple sisters or cousins in one ceremony, 'Atta Satta', 'Mrityu Bhoj' and group/community marriages; the practice of group marriages was prevalent among Gujjars in both the districts; lack of inclination towards education and/or the girls dropping out of school for various reasons lead to child marriages; critical factors that lead families to marry their girls

early was the social pressure to marry off girls who appeared physically matured. Seven role model fathers were interviewed who have challenged the norm for child marriage and have made decisions to delay their marriage; role model fathers were progressive about educating their daughters and willingness to face community pressures; many of the role model mothers have been influenced by NGO workers; the presence of facility centres such as schools or anganwadi centres also helped girls to gain the courage and skill to negotiate the timing for their marriage. NGOs played a major role in disseminating messages about child marriage in communities; an interesting mechanism for catalyzing education has been initiated through residential camps or shivirs; only one father out of 15 respondents was aware of the tenure of imprisonment and amount of fine that has been prescribed in the prohibition of Child Marriage Act. The Bikaner CDPO stated that police officials were bribed, so no punitive action was taken against any incident of child marriage; the Rajasthan government had launched several incentive based schemes like community marriage scheme and the 'sahyog scheme' which aims directly or indirectly at delaying the age of marriage for girls; a total of 200 Kasturba Gandhi Balika Vidyalaya (KGBV) residential schools were currently functioning in Rajasthan, of which five were situated in the Bikaner district and seven in the Tonk district. The data from both Nawada and Madhepura districts illustrated that young girls were required to do household chores. Six out of 11 fathers were motivated to educate their daughters as long as there were schools nearby; the practice of dowry was identified by community members and other key stake holders as one of the main reasons for families marrying their daughters early; eight out of the ten fathers interviewed felt that physical maturity of their daughters and chastity were the key barriers to delay their daughters age of marriage; six out of ten fathers perceived that dowry was the key barrier of delaying age at marriage; structures like Village Vigilance Committee (VVC) showed potential to engender community behavior and attitudes towards the girl child and stop child marriages. The Meena Manch girls had actively spread information and highlighted the issues surrounding child marriage in their communities; of the 11 fathers of young girls (aged 12 to 18 years), more than half (7) responded affirmatively regarding awareness of the legal age for marriage of girls in India, in both districts there was a general lack of awareness around the provisions and penalties of the law. An important reason for poor enforcement of the prohibition of Child Marriage Act was the lack of any system of reporting to the authorities about violations; the Bihar state government had launched number of schemes to support girls empowerment like Mukhya Mantri Kanya Vivah Yojana, Mukhya Mantri Kanya Suraksha Yojana etc. Findings from both Nawada and Madhepura showed that many people were not aware of the scheme. In Bihar, KGBV maintained 365 hostels for girls aged 10 to 14 years for scheduled caste, ST and OBC communities; many parents showed interest in the schemes and saw it as useful for the education of their girls.

Recommendations: To address teacher attendance and performance, monitoring programmes that provide both punitive measures and incentives should be considered; the possibility of distance education programmes should be explored for girls who cannot leave their home to attend school. The government should

explore various transportation alternatives that will differ in relation to geographic and social realities in various community contexts; performance and attendance based incentives for girls should be explored, especially at the primary school level; groups like village education committee should be trained and encouraged to work actively in education related issues, particularly enrolment of girls and monitoring their retention in the schools. To create awareness of the depth of the child marriage problem and sensitise government officers to contribute to solution training camps and workshops should be organized.

***Key Words**: 1.CHILD WELFARE 2.CHILD MARRIAGE 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.PROHIBITION OF CHILD MARRIAGE ACT 2006 6.EARLY CHILD BEARING 7.ABUSE 8.DOMESTIC VIOLENCE 9.CHILD RIGHTS VIOLATION 10.ILLITERACY 11.HIGH INFANT AND MATERNAL MORTALITY 12.SOCIO-ECONOMIC FACTORS 13.HEALTH 14.EDUCATION 15.POVERTY 16.HIV 17.GENDER INEQUALITY 18.ADOLESCENT GIRLS 19.AWWs 20.SOCIAL NORMS 21.BIHAR 22.RAJASTHAN.*

3. Jain, Sakshi and Mital, Meenakshi. (2011).
Assessment of 'Sarva Shiksha Abhiyan' in Sarvodaya School of Delhi.
Indian Educational Review, Jul, Vol. 49(2): 15-29.
Source : www.ncert.nic.in

Background: Universal Elementary Education or Education for all means providing universal enrolment, universal retention, equity and universal achievement of children. India's goal of universal elementary education of quality points to three main challenges, expanding access, raising learning achievement and reducing gaps in education outcomes. Sarva Shiksha Abhiyan (SSA) was launched with the aim of providing useful and relevant elementary education for all children in the 6-14 age group by 2010, and to bridge social, regional and gender gaps with the active participation of the community in the management of schools.

Objectives: To ascertain the awareness and satisfaction level of the following stakeholders regarding selected programme components. (Students, Teachers and Principals); to ascertain participation of NGO's in the programme and perception of NGO functionaries towards provisions made for NGO's.

Methods: The study was carried out in South West zone of Delhi. The sample consisted of 48 students aged 12-14 years, 12 teachers, five principals and five NGO functionaries. Tools used for the study were interview schedules, group discussions and informal talks.

Findings: About 83 per cent of the teachers were aware of the ongoing SSA but only 50 per cent of them had some idea about the objectives of the programme; most of the teachers quoted that they were being provided with refresher course, money for purchasing teaching learning material (TLM); 75 per cent of the teachers did not know that these provisions were being provided under the aegis of SSA; all the principals interviewed were aware of the ongoing programme SSA but 60 per cent of them had only some idea about the objectives of the programme; when asked about the class sizes, 66 per cent of the students reported class size of larger than 40; when asked about the class strength, 50 per cent of the teachers were dissatisfied with the pupil to teacher ratio and reported that it was difficult for them to handle such a large group of students and also checking their note books was tedious. Majority of the principals reported that pupil to teacher ratio in their school was not in compliance with the SSA norms . Reasons stated for this were too many students seeking admission in their school; when asked about boys vs girls ratio, 62 per cent of the students stated that the number of boys outnumbered girls in their class; as many as 42 percent of teachers and a majority of principals reported a ratio of 60 : 40 for boys and girls respectively. Recalling the enrollment ratio during the previous year teachers (67%) and majority of principals reported that the ratio of girls enrolling in schools had not changed much after the

implementation of SSA .When asked about the provision of Teaching Learning Material (TLM) all the teachers reported that they were being provided with a sum of Rs. 500 per year per teacher; 50 per cent of the teachers were dissatisfied with the amount of money and felt that the money was too less to purchase any material; however all the teachers reported that they had full freedom in purchasing of teaching learning material as per their need and requirement. Majority of the students reported that teachers were using teaching aids during their classes and 88 per cent of them said that they were satisfied with the teaching methodology of teachers. All the teachers interviewed had attended the refresher course at least once but 75 per cent of them did not know that this training was being given to them under SSA; 67 per cent of the teachers and principals said that the refresher courses that were conducted for the teachers were beneficial in updating their knowledge, clarified doubts and in learning better teaching methodology. All the NGO functionaries were aware of the ongoing SSA however all them were dissatisfied with the amount of money they were getting (Rs. 845 per student per annum) and stated that the provision was too less to meet the expenses incurred in running the centre. All the teachers of the learning center reported that the provision of a ten day workshop in the programme was very beneficial for them and the teacher to pupil ratio in their learning centers (1 :40) was as per the norms of SSA; some of the main reasons for children not attending school as reported by the functionaries were sibling care, poverty, lack of value for education by parents and employment of children; NGO functionaries reported dropout cases in their locality and stated lack of inclination towards studies and sibling care as reasons for dropout.

Recommendations: The principals of the schools should be made aware of all the objectives of the programme as well as the provisions that are made under it; awareness campaigns should be conducted at the community level to make the people aware about SSA. Measures should be taken to reduce the number of students that are merged from the feeder schools in order to maintain the proper ratio; special schemes should be launched for enrolling the girl child. The amount of money given for the purchase of TLM should be increased so that the teachers can purchase good quality material . NGOs should be provided with better funding and timely dispersal of funds so that they can work effectively.

***Key Words**: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN 3.CHILD DEVELOPMENT 4.EDUCATION SYSTEM 5.SARVODAYA SCHOOLS 6.ASSESSMENT 7.SCHOOL GOING CHILDREN 8.DROPOUTS 9.LITERACY 10.RIGHT TO EDUCATION 11.DISTRICT PRIMARY EDUCATION PROGRAMME(DPEP) 12.SHIKSHA KARMI PROJECT (SKP) 13.MILLENNIUM DEVELOPMENT GOALS (MDGs) 14.AWARENESS 15.NGO FUNCTIONARIES 16.ELEMENTARY EDUCATION 17.TEACHING LEARNING MATERIAL (TLM) 18.ENROLMENT 19.PRIMARY EDUCATION 20.GROWTH AND DEVELOPMENT 21.SOCIO ECONOMIC FACTORS 22.PUPIL-TEACHER RATIO 23.POVERTY 24.REFRESHER COURSES 25.DELHI.*

4. Shiv Charan Mathur Social Policy Research Institute, Jaipur. (2010).
The Role of VEC in School Management and Supervision in Context of SSA, Punjab. Jaipur: the author.

Source : www.sprijaipur.org

Background: Sarva Shiksha Abhiyaan (SSA) is a well-designed, structural system which has been devised for bringing the community nearest to the school with an authoritative role in maximizing enrolment of children, their retention in school, eliminating the ills of dropout and checking the teachers absenteeism. The VEDC is a representative body of the community, specifically set up for carrying out responsibilities best owed on it for realizing the objective of the UEE, under the SSA.

Objectives: To provide information on the roles, functions, rules, regulations and power delegated to VECs; to evaluate the content and methodology of training programmes for VECs and to assess participation rate in training and effectiveness of the training programmes; to assess VEC's involvement in school activities and management of the affairs of the school, and whether and how they oversee the academic programmes, teachers attendance, etc. in schools. To find out if any monitoring mechanism for VECs is in place and how they work and accountability of VECs is assessed.

Methods: The study was conducted in two districts of Punjab, Amritsar and Mansa. The sample consisted of 50 PRI representatives, five block project coordinators, 100 teachers, ten school heads, 100 parents and 250 Village Education Development Committee (VEDC) members.. Tools used for the study were interviews and focused group discussions.

Findings: There were about 864 government primary schools in Amritsar; the enrolment of students in the age group of 6-14 years was 275401; the total number of teachers, including those working in government aided schools, was 5326; the Gross Enrolment Ratio (GER) at the primary level was 100.08 per cent while at the upper primary stage it was 88.18 per cent; there were 3613 out of school children in the age group of 6-14 years. The transition rate from primary to upper primary level as per the Annual work plan 2009-10 was 84.74 per cent, while 95.10 per cent children cleared the primary level; there were 421 primary and 407 upper primary schools in Mansa district; there were only 178 government upper primary schools against 229 private schools; the total no. of children in the age group of 6-14 years was 130896; the total enrolment was 99167; at the primary level the SC children constituted of 53.50 per cent of the total enrolment .The total strength of teachers in government elementary school children constituted of 0.53 per cent of the total children . The number of out of school boys at the upper primary level was 44.44 per cent; the number of out of school girls at the upper primary level was 47.26 per cent; 92.48 per cent of children had completed their primary education, while the

transition rate was 89.14 per cent. The dropout at the upper primary level was 6.69 per cent as against 0.07 per cent at the primary stage; 52 per cent of schools were located within five km from the CRC, while 32 per cent were between 5 to 9 km; the average number of classrooms per primary school was 9.8 and for upper primary schools the average was 9.3; 96 per cent schools had pucca buildings; the sanctioned posts of teachers for the schools were 345, out of which 288 had been filled. Only 32 per cent schools had anganwadis attached to them; each village had 3.36 per cent private schools and 2.54 per cent schools managed by the government; 9.20 per cent members of the VEDCs had no education, while 65.60 per cent had education up to higher secondary; 43 parents were also members of the respective VEDC; 98 teachers had received pre-service training. All the ten trainers had received specialised training for training the VEDC members; 68 out 250 VEDC members stated that they visited the school every day while three members never visited the school; 31.20 per cent members showed their awareness about the importance of a teacher's presence in the school; 58.4 per cent VEDC members expressed their awareness about the need of effective management of the school and 67.60 per cent were in favour of improving it further; collection of funds at the VEDC members level was minimal. Majority of school heads (59.57%) found the VEDC's involvement in civil work more visible than in other activities concerning the school development and management; the VEDCs were, successfully getting communities involvement in schools for children's educational facilities like TLM etc. VEDC's involvement in the school management too was reflected in their awareness about the problems faced by the school; 76 per cent school heads stated that the meeting register was regularly scrutinized by the community members/VEDC members; the attendance at the VEDC meetings had been on an average 73.6 per cent men and 74.1 per cent women .When asked as to whether VEDC members knew about the regularity of teachers attendance in school, 84.8 per cent respondents stated that the teachers had always been present. The VEDC members were asked as to whether the VEDC made efforts for maximizing childrens enrolment in the school and their regular attendance in classrooms, 87.6 per cent respondents gave a positive response, while 12.4 per cent stated that VEDC made no such efforts; 74.4 per cent respondents stated that they contacted the parents and persuaded them to ensure their children's attendance in the school; 43.6 per cent VEDC members stated that the dropout could be minimised only by impressing upon the parents to give a helping hand in this respect; 44.00 per cent VEDC members had nothing to say about VEDC's steps for mobilising the community about schools needs and requirement. VEDC members were satisfied with the educational management and systemic arrangement in the school, majority of children of Urban Education Development Committee (UEDC) members were under age and hence did not go to any school; (84%) stated that the UEDC's did not prepare an annual plan for school development activities. According to 88 per cent of UEDC members, teacher have been regular in attendance; the UEDC have been active in maximising the enrolment and checking absenteeism among students, most of the UEDC members cited poverty, household chores and indifference of parents as main reasons for the dropout; 32 per cent of UEDC members had received two days

training. On an average, 89.2 per cent trainings were held for the VEDC members during the year 2008-09; 34 per cent parents gave negative response to the question whether VEDC tendered any help in resolving education related problems, 56 per cent teacher respondents stated that VEDC had provided some help in resolving the schools problem; 80 per cent VEDC members had been appreciative of the performance of VEDCs.

Recommendations: There is a need to make the VEDCs gender and social category-wise more representative, by increasing the number of women and other caste categories in the committee; the utilization and disbursement of funds made available to the VEDC should be transparent, and accounts should be audited by designated auditors; there is a need to sensitize the VEDC members about girls enrolment and retention in schools; the training of VEDC members should be made compulsory.

***Key Words**: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SCHOOL MANAGEMENT 6.CLUSTER RESOURCE CENTRES (CRCs) 7.PRIMARY EDUCATION 8.ENROLMENT 9.RATE 10.VILLAGE EDUCATION COMMITTEE (VEC) 11.VILLAGE EDUCATION DEVELOPMENT COMMITTEE(VEDC) 12.RTE 13.PRIs 14.ELEMENTARY EDUCATION 15.INFRASTRUCTURAL FACILITIES 16.OUT OF SCHOOL CHILDREN 17.STUDENTS ATTENDANCE 18.DROPOUTS 19.GIRLS ENROLMENT 20.QUALITY OF EDUCATION 21.COMMUNITY MOBILISATION 22.MANSA DISTRICT 23.AMRITSAR DISTRICT 24.PUNJAB.*

5. Wipro and Educational Initiatives Pvt. Ltd. (2011).
Quality Education Study.

Source: www.teindia.nic.in

Background: The National Curriculum Frame Work of India (2005) emphasized art, health, physical education and peace education apart from cognitive learning out comes. It draws attention to the factors or parameters that contribute to schooling outcomes and also emphasizes the importance of learning experiences beyond outcomes. International organisations such as UNESCO, UNICEF and Asian Development Bank have attempted to develop quality education frame works in the past in order to provide a more holistic definition of quality education and to study the factors or parameters that contribute to the quality of education.

Objectives: To provide information on different approaches and practices and their contexts; to provide information on student learning levels; to identify comparisons on students achievement as seen in schools of different types, boards and regions.

Methods: A total of 89 schools were selected from cities like Bangalore, Chennai, Delhi, Kolkata, and Mumbai. Students, Teachers and Principals participated in the study. Tools used were Focus Group Discussions and questionnaires.

Findings: Regarding student performance in English, Maths, Science and Social Studies, performance was lower when compared to International Standards; practical competencies such as map reading, using good language while writing, measurement, general awareness of well-known facts, etc. were not developed well; boys were seen to perform better than girls in Maths and Science at class 8 level, while no such significant differences were found in other classes or subjects such as English and social studies. Regarding gender equality about 40 - 43 per cent students in classes 4,6 and 8 felt that education for a girl was not as important as responsibility towards the family; 70-80 per cent of students across different classes thought of differently abled people as either burdensome, unhappy or not able to do well in studies. Regarding students awareness and attitudes towards civil/citizenship issues about 20 per cent of students thought that it is ok to bend traffic rules in an emergency or as long as there was no personal harm; 19-23 per cent of students at all three class levels thought that ecological/environmental issues were the responsibility of a higher institution e.g. government. A large number of principals (70%) said that co- scholastic areas were definitely very relevant to curriculum and for building students self-confidence, team work, competitiveness etc; around 40-60 per cent of students reported having sessions for sports, art/craft, music once a week or more. Principals who had higher instructional leadership also tended to delegate and distribute leadership more and ensured involvement of staff; almost all Principals and Teachers reported being highly satisfied with their job and had perceptions of self-efficacy; Quality Education Study (QES), using items from 'Teaching and Learning International Survey'

(TALIS), found that 'structuring practices, such as stating learning goals, summarizing former lessons, homework review, checking the exercise book and checking student understanding were the most frequently employed instructional practices across all the schools; majority of the students perceived the classroom climate as positive in their schools; better classroom climate was also very positively correlated with students values and interpersonal skills; principals (30%) and teachers (40%) surveyed, believed that strict discipline was necessary for proper teaching. The analysis of relationship between student's perception of classroom climate and principal, teacher beliefs on discipline revealed that beliefs of strict discipline were negatively correlated with students perceptions of all aspects of a classroom climate.

Recommendations: Large awareness campaigns involving schools and school heads should be rolled out where there is discussion and elaborating the understanding of what a good school and quality education means; wide ranging debate should be initiated on alternate models of education where schools could specialize in different areas of learning academic or co-scholastic; inputs regarding learning gaps and misconceptions can be built into an effective teacher training and support system to move the system towards better quality learning.

***Key Words**: 1.EDUCATION 2.QUALITY EDUCATION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SCHOOL GOING CHILDREN 6.SCHOOL CURRICULUM 7.CLASSROOM CLIMATE 8.GENDER EQUALITY 9.STUDENTS AWARENESS 10.SCHOOL BACKGROUND*

6. Patil, Manjula S. and Angadi, M.M. (2013).
Menstrual Pattern among Adolescent Girls in Rural Area of Bijapur. *Al Ameen Journal of Medical Science, 6(1): 17-20.*
Source: www.ajms.alameenmedical.org

Background: Menarche is the onset of first menstruation among girls. This is often recognised as the onset of maturity in girls. Menstrual cycle is a continuous process. It remains as a normal physiological phenomenon throughout the child bearing years of the women and stops permanently at menopause approximately between the ages of 45-55 years.

Objectives: To study the menstrual pattern among adolescent girls.

Methods: The present study was carried out in rural area of Shivangi, Bijapur district. The study subjects included all adolescent girls who have attained menarche. A pre-tested, pre-designed questionnaire was used to record information.

Findings: Out of total 440 girls 50.4 per cent had menarche at the age of 14 years; 0.9 percent girls had attained menarche at 16 years and 92.5 per cent girls had regular menstrual cycles and 7.5 per cent had irregular menstrual cycles. 92.7 per cent of the adolescent girls were menstruating at the interval of 21 to 35 days; the amount of blood flow was moderate in 90.5 per cent girls, heavy in 5.9 per cent and scanty in 3.6 per cent girls; 87.7 per cent girls had blood flow for 3-5 days. About 6.8 per cent had cramps, 22.7 per cent had abdominal pain; the average number of menstrual symptom per adolescent girl was 1.5 ; dysmenorrhoea in (28 %), irregular menses (7.5%) menorrhagia (5.9%)and polymenorrhoea in (0.5%) adolescent girls; 58.2 per cent had no menstrual problems.

Recommendations: Adolescent clinics should be established to address adolescent problems with respect, honesty and confidentiality along with social and psychological support.

***Key Words**: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.MENSTRUAL PATTERN 7.RURAL AREA SHIVANGI 8.MENARCHE 9.MENSTRUATION 10.MENSTRUAL CYCLE 11.PRE MENSTRUAL SYMPTOMS 12.ADOLESCENT HEALTH 13.BIJAPUR DISTRICT.*

7. Tripathy, Smritiratan. (2013).
Prevalence of Goitre among Muslim School Children in Domkol Sub-Division of Murshidabad District, West Bengal. *Indian Journal of Nutrition Dietetics, 50: 162-167.*

Background: Iodine is an essential: micronutrient required for structural development and optimal functional activity of the thyroid gland and central nervous system. Iodine Deficiency Disorders (IDD) refers to a complex clinical and sub-clinical disorders caused due to the lack of adequate dietary intake. In India, 167 million people are at risk of IDD, 544 million people have goiter and 8.8 million people have IDD related mental/motor handicaps.

Objectives: To evaluate the present state of goiter prevalence among the muslim school children of Domkol sub-division in Murshidabad district as per WHO/UNICEF/ICCIDD recommendation.

Methods: The study was conducted in Murshidabad district of West Bengal. A total of 1775 students in the age group of 6-12 were clinically examined for goiter. Goiter grading was done according to the criteria recommended by joint WHO/UNICEF/ICCIDD (1994).

Findings: According to WHO/UNICEF/ICCIDD recommended criteria, a prevalence rate of 5.0 – 19.9 per cent was considered mild, 20.0 – 29.9 per cent as moderate and above 30 per cent was considered as a severe public health problem; most of the goiter was found palpable (18.9%) the prevalence of visible goiter (20%) among the children of 6- 12 years also existed; a gradual increase in goiter rate was found from the age of six years till the age of eight followed by a short decline up to 12 years. The overall result showed that girls (24.3%) were more affected in goiter than boys (16.6%); the prevalence of grade 2 goitre was also found higher in girls (2.4%) than boys (1.7%); the higher prevalence in females has been generally attributed to increase physiological demands at puberty; to evaluate the iodine intake of the population salt samples were collected randomly from the households. In the present study 63.6 per cent salt samples had iodine level below 15 ppm, 19.3 per cent salt samples had iodine level above 15 ppm but below 30 ppm while 17.1 per cent salt samples had iodine level more than 30 ppm; 36.4 per cent salt samples had adequate iodine level; poverty and illiteracy was a common feature in Murshidabad District; people avoided the intake of iodised salt as they considered it to be costlier.

Conclusion: Present study indicates that goiter is still persisting in this region.

***Key Words**: 1.HEALTH 2.GOITRE . 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SCHOOL CHILDREN 6.IODINE, DEFICIENCY DISORDERS (IDD) 7.DIETARY INTAKE 8.WHO 9.UNICEF 10.ICCIDD RECOMMENDATION 11.ILLITERACY 12.EDUCATION 13.AWARENESS 14.POVERTY 15.NUTRITIONAL STATUS 16.PREVALENCE 17.MUSLIM CHILDREN 18.DOMKOI 19.MURSHIDABAD DISTRICT 20.WEST BENGAL.*

ICDS

8. Pandey, D.D. et al. (2013).
Assessment of ICDS Projects Implemented by Voluntary Organisations: A Study. New Delhi: NIPCCD.

Background: ICDS is a centrally sponsored scheme wherein the union government is responsible for programme, planning and infrastructure costs and states are responsible for programme implementation. ICDS, takes a holistic view of the development of the child and attempts to improve his/her both pre-and post-natal environment. The role of voluntary organisations in child welfare schemes was emphasised by National Policy for Children, 1974. From the very beginning of ICDS scheme, the NGOs have been involved in planning and organising training programmes by establishing MLTCs/AWTCs across the country.

Objectives: To assess the status of implementation of ICDS in term of coverage, outreach, coordination, convergence and innovations being introduced by NGOs; to assess the nature and extent of involvement of NGOs in NGO run ICDS projects; to identify the expectations of NGOs and the government from each other for better implementation of ICDS; to identify the gaps and problems and constraints in the implementation of ICDS programme by NGOs.

Methods: The study was conducted on all voluntary organisations involved in implementation of ICDS projects across the country. These voluntary organisations were mainly located in the state of Andhra Pradesh, (1) Chhattisgarh (2), Delhi (4), Gujarat (36), Karnataka (1), Madhya Pradesh (2), Punjab (2), Rajasthan (3), and West Bengal (14). A total of 325 primary units of AWCs were selected for conducting the study. Ten women beneficiaries, pregnant and lactating mothers of children of 6- 36 months and of children 37-72 months were also included in the sample. Tools used for the study were quantitative and qualitative data, interview schedule, observation schedule and Child Learning Competency Test (CLCT).

Findings: Of the total target population of lactating and pregnant mothers, 85 per cent of them were found to be registered in NGO run AWCs and 90 per cent of mothers were found availing supplementary food from AWCS; the percentage of children in the age group of 6-36 months and 37-72 months registered at NGO run AWCs in the study were 81 and 68 per cent respectively. All AWWs serving in NGO run ICDS projects except for Karnataka reported disruption in supplementary food during the reference period of one year; highest disruption of more than two months in a year was reported from NGO run ICDS projects of Punjab and Chhattisgarh; low acceptability of the supplementary nutrition was found in NGO run AWCs in Gujarat and Rajasthan; growth monitoring was being done in

prescribed manner in all the NGO run AWCs located in Karnataka, MP, Chhattisgarh and West Bengal whereas in Delhi and AP the growth monitoring activity was not found to be organised. The availability of new WHO child growth standard charts were found in 93 per cent AWCs; Nutrition and Health Education (NHED) sessions were found to be organized once a month in every seven out of ten AWCS; Health check-up camps were found to be organized in the states of AP and Karnataka while the same was not happening as required in the states of Punjab, Rajasthan and West Bengal; 70 per cent of mothers reported that health check-up was done for their children. It was found that ante and post natal care of women was the most preferred activity under health check-up; about 100 per cent children in Karnataka were found to be attending the PSE activities for its entire duration; enrolment of children in PSE activities was much lower in Karnataka (15) compared to Delhi (26) and Chhattisgarh and Gujarat (20 each) . Teaching Learning Materials (TLM) were not being used by children in almost half of the NGO run AWCs taken in the study; only one out of five AWWs serving in NGO run AWCs had excellent communication skills of pre-schooling and around one-fourth of them obtained rating as very good; 88 per cent of AWWs were found to be providing referral services to the target group; about three-fourth of health functionaries reported complete immunization of children; the NGO run AWCs located in the states of Karnataka recorded cent per cent coverage of immunization for children followed by MP (90%), Rajasthan and AP (80% each); immunization of pregnant women was very weak in the NGO run AWCs located in AP, Delhi and Rajasthan. None of the AWWs serving in NGO run AWCs were doing home visits as per structural guidelines of ICDS scheme; only 45 per cent of NGOs reported implementing of the KSY scheme; in every seven out of ten NGO run AWCs the local level committee was formed with the involvement of PRI members; in the states of AP, Karnataka and Punjab, none of the AWC had constituted such committee; all NGO run AWCs in the states of AP, Chhattisgarh, MP and Punjab were found to be located in pucca building compared to only two out of every five AWCs from the states of Gujarat and West Bengal. Less than half the NGO run AWCs were found to be easily accessible by beneficiaries as they were located within one kilometer of distance from beneficiaries habitats; 95 per cent of AWCs had drinking water available at their premises; 30 percent of NGO run AWCs were found to be showing surroundings with uncovered drains and slush and stagnant water; toilet facility was not found available in one-fifth of NGO run AWCs located in all nine study states; separate storage area was not found to be available in as many as 63 per cent of NGO run AWCs. In AP, Chhattisgarh, Karnataka and Punjab none of the ICDS functionaries were found as untrained; in Delhi, Gujarat, MP and Rajasthan more number of ICDS functionaries required training; every nine out of ten CDPOs reported that they discussed problems of AWWs and checked the supplementary nutrition stock and other physical verification during their visit to AWCs; involvement of PRIs in monitoring and supervision of AWCs located in NGO run ICDS projects of AP, Delhi, Karnataka and Punjab were found as fully negligible; in Chhattisgarh, Gujarat, M.P, Rajasthan and West Bengal, the PRI members were found to be involved up to great extent. More than half of NGO run ICDS projects in the country failed to receive grant-in-aid by concerned state

government during the last five years; all NGO run ICDS projects/AWCs located across eight study states were found better compared to the government run ICDS projects. The average number of days for which supplementary nutrition was being distributed in NGO run ICDS projects was found to be much higher (23 days in a month) than government run ICDS projects (15 days in a month); organization of referral services and health check-up was found better in NGO run ICDS projects, the organization of NHED service was reported better in government run ICDS projects. The monitoring visits by the CDPOs and the supervisor was found better in NGO run ICDS projects as compared to government run ICDS projects.

Recommendations: MWCD GOI should persuade concerned state governments to extend the benefits given for the services rendered as AWW for appointment as ICDS supervisors to the AWWs employed by the NGOs subject to the course of fulfillment of minimum eligibility conditions by such candidates; the government should try to make use of the VOs in implementing the programme more extensively. NGOs running ICDS projects/AWCs must be consulted and taken into confidence in every decision and policy matters related to implementation of ICDS; the possibility of release of grant-in-aid in advance rather than reimbursement should be explored by the government, there is a need to strengthen monitoring and evaluation and data collection should be analysed at state level to present a true picture.

***Key Words**: 1.ICDS 2.EVALUATION OF ICDS 3.ASSESSMENT OF ICDS 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.VOLUNTARY ORGANISATIONS 7.MONITORING AND EVALUATION 8.SUPPLEMENTARY NUTRITION 9.HOT COOKED MEAL 10.ANAEMIA 11.GROWTH MONITORING 12.NUTRITION AND HEALTH EDUCATION 13.NONFORMAL AND PRESCHOOL EDUCATION 14.ENROLMENT 15.REFERAL SERVICES 16.IMMUNIZATION 17.ADOLESCENT GIRLS 18.COMMUNITY PARTICIPATION 19.AWCs 20.AWWs 21.INFRASTRUCTURE 22.EARLY CHILDHOOD CARE AND EDUCATION 23.IEC 24.SHGs 25.WHO 26.NGOs 27.CDPOs 28.ATTENDANCE PATTERN 29.PSE ACTIVITIES 30.TLM 31.YOUTH CLUBS 32.MAHILA MANDALS 33.ICDS 34.FUNCTIONARIES 35.CHILD LEARNING COMPETENCY TEST (CLCT) 36.CHILD GROWTH STANDARDS 37.ANDHRA PRADESH 38.CHHATTISGARH 39.DELHI 40.GUJARAT 41.KARNATAKA 42.MADHYA PRADESH 43.PUNJAB 44.RAJASTHAN 45.WEST BENGAL.*

9. Bembem, Khwairakpam, Joshi, Neena and Vijayalaxmi, K.G. (2013). Evaluation of Enriched Snacks from Indigenously Processed Grains for School Children. *Indian Journal of Nutrition Dietetics, 50: 116-124.*

Background: Malnutrition can interfere with school performance impair body function, working ability and physical growth. Snacks form an integral part of diet of school children. Children need to eat every four to six hours to maintain a blood glucose level high enough to support mental and physical activities.

Objectives: To develop enriched snacks for school children from indigenously processed grains and test their acceptability in terms of sensory characteristics and nutritive value.

Methods: Two Multi Nutrient Powders (MNP) were developed. One was Carrot based (CMNP) and the second one was green leaf based (GMNP).

Findings: The calcium contents of carrots and green leaf based multi nutrient powders were 933 mg and 1120 mg per 100 g respectively; the iron contents of carrot and green leaf based multi nutrient powder were 5.68 and 57.34 mg /100 g; carrot based multi nutrient powders were incorporated at the rate of 4.8 and 12 g per serving for the three variations; GMNP was incorporated at the rate of 2, 4 and 6 g per serving for three variations. The average serving sizes were taken as 50g for products – 'dates square', 'sattu' and 'bhelpuri', 30 g for 'gojju' 'avalakki', 'laddu' and 13 g for sandige; products developed from the indigenously processed grain and enriched with multi nutrient powder were found to be highly acceptable; sweet snack foods such as 'laddu', 'dates square' and 'sattu' were enriched with CMNP; baked products were popular among the school children; the CMNP incorporated products scored higher for all the attributes than control receipe ; savoury snack foods such as 'Bhelpuri', 'gojju' 'avalakki' and 'aralu sandige' were products that were enriched with GMNP. Overall acceptability was the highest in control and lowest in the 12 per cent GMNP incorporated 'bhelpuri'. GMNP incorporated at four and eight per cent level were highly accepted with overall acceptability score above seven; incorporation of green leaf based multi nutrient powder at 12 per cent also resulted in an acceptable product; biscuits were acceptable at 7.5 per cent level of incorporation with colocasia leaf powder and suggested the use of green leafy vegetables in powdered or in other products. Incorporation of multi nutrient powder in the snack foods resulted in an increase in nutrients besides calories; at the highest level of incorporation of green leaf based multi nutrient powder, the protein content almost doubled in all the savoury snacks compared to the control; energy contribution remained fairly the same with that of the control; snacks enriched with carrot based multi nutrient powder, protein, fat, calcium, carotene, ascorbic acid,

thiamine and riboflavin increased considerably. The ingredients in the control recipe were a rich source of iron making the product iron dense; the MNPs that were used in the study were indeed capable of further enriching the snacks prepared from indigenously processed grains such as rice flakes, popped and puffed rice and parched Bengal gram; each serving of the enriched snack was capable of meeting more than 1/15th of RDA.

Conclusion: The enriched snacks can significantly contribute to recommended daily nutrient intakes unlike several popular snacks which merely provide calories along with insignificant quantity of other nutrients.

***Key Words**: 1.NUTRITION 2.EVALUATION 3.MULTINUTRIENT FOOD 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.HEALTH 7.ENRICHED SNACKS 8.PROCESSED GRAINS 9.SCHOOL CHILDREN 10.MALNUTRITION 11.MICRONUTRIENT DEFICIENCIES 12.INDIGENOUS RESOURCES 13.MULTI NUTRIENT POWDERS (MNP) 14.CARROT BASED NUTRIENT POWDER (MNP) 15.GREEN LEAF BASED POWDER 16.NUTRITIVE VALUE 17.SENSORY EVALUATION 18.CHILD HEALTH 19.EDUCATION.*

10. Kaur, Tarvinderjeet, Goel, Sonali and Gupta, Madhu. (2013).
Burden of Anaemia among School Going Rural Adolescent Girls in District Kurukshetra. *Indian Journal of Nutrition Dietetics, 50: 77-85.*

Background: Nutritional anaemia is widely prevalent in many parts of the world. Nutritional Anaemia in adolescent girls have an adverse effect on educational performance, productivity and well being. Nutritional anaemia in this group attributes to high maternal mortality rate, high incidence of low-birth weight babies, high perinatal mortality, fetal wastage and consequent high infertility rates.

Objectives: To highlight the problem of anaemia and to study the dietary and other factors in its etiology among rural school going adolescent girls belonging to rural areas of district Kurukshetra.

Methods: The study was conducted on school going adolescent girls belonging to the rural areas of district Kurukshetra, Haryana. 230 adolescent girls aged 13- 18 years were selected for the study. A pre-tested and pre-designed performa was used to collect the information.

Findings: In the present study, only 8.69 per cent were having normal haemoglobin value and 91.31 per cent were affected with various grades of anaemia; out of 210 anaemic girls, 53.8 per cent were in the age group of 16-18 years and 46.19 per cent were 13-15 years old; majority of the anaemic subjects belonged to medium sized families; 60 per cent subjects reported that their family income was less than Rs. 4000 per months; all the anaemic girl had attained menarche and menstrual cycle and was found regular in 70 per cent of the subjects, 23 per cent of the girls had history of excessive menstrual bleeding . About three-fourth of the subjects experienced pain during menstrual cycle and amongst them pre and post menstrual pain was experienced by 49.37 and 5.62 per cent subjects respectively; most of the anaemic adolescent girls were vegetarian (50.95) and pattern of meals consumption per day indicated that about half of the respondents (49.52%) were consuming two meals per day. 32.85 per cent of the females were in the habit of taking packed lunch in routine, whereas 22.38 per cent used to take lunch sometimes; skipping of meals was common in more than three fourth of the subjects (76.19%); commonly skipped meal was lunch, breakfast and dinner in 50, 36.87 and 13.12 per cent of the subjects, respectively; 76.87 per cent subjects reported weakness on skipping of meals and due to this 61.78 per cent of the subjects ate more in the next meal, whereas, 38.21 per cent did not bother at all. Problem of anorexia and headache was experienced respectively by 31.42 and 63.80 per cent of the anaemic girls; most of the subjects (77.14%) had lethargic feeling; the mean daily energy intake of anaemic adolescent girls in the age group of 13-15 and 16-18 years was 67.08 and 78.70 per cent of the Recommended Dietary Allowances(RDA) and that of protein was 60.52 and 70.70 percent,

respectively; nearly half of the subjects (52.2%) had inadequate energy intake (<75% of RDA) while none of the subject had excessive energy intake (>125% of RDA). Fat intake was found to be slightly satisfactory as the intake was about three-fourth of the requirement in both the age groups; the iron and folic acid intake among anaemic adolescent girls was nearly half of the RDA; majority of the subjects had adequate or fairly adequate NAR (>0.66) with respect to protein (90.47%), fat (91.89%) and vitamin C (100%). 92.3 per cent of the subjects had inadequate nutrient adequacy ratio, while none of the anaemic adolescent girls had adequate NAR.

Conclusion: It is necessary to have effective publicity for the recognition of the problems associated with anaemia among adolescent girls (would be mothers) and need for nutrition education and dietary supplementation of hematinic nutrients.

Key Words: 1.NUTRITION 2.ANAEMIA ADOLESCENT GIRLS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.ANAEMIA 6.HEALTH 7.SCHOOL GOING CHILDREN 8.ADOLESCENTS GIRLS 9.RURAL AREAS 10.NUTRITIONAL STATUS 11.WHO 12 IRON STATUS 13.DIETARY FACTORS 14.LOW SOCIO-ECONOMIC GROUP 15.24 HOUR RECALL METHOD 16.NUTRIENT ADEQUACY RATIO (NAR) 17.MENARCHE 18.MENSTRUAL CYCLE PATTERN DIETARY HABITS 19.ENERGY AND NUTRIENT INTAKE 20.RECOMMENDED DIETARY ALLOWANCES (RDA) 21.EDUCATION 22.DIETARY SUPPLEMENTATION 23.KURUKSHETRA 24.HARYANA.

11. Muzammil, K., Kishore, S. and Semwal, J. (2010).
Common Nutritional Deficiencies of Adolescents in Dehradun. *Indian Journal of Science Research, 1(1): 77-80.*

Source : www.ijsr.in

Background: Nutritional deficiencies plays important role in the overall health status of adolescent and are different from those of older adults. Nutritional Anaemia, Vitamin-A and Vitamin-B deficiencies are widely recognised among children and adolescents.

Objectives: To study the nutritional health problems of adolescents as they face significant health problems and risk related their healthy development.

Methods: The present study was conducted in rural areas of Doiwala Block Dehradun. A total of 840 adolescents in the age group of 10-19 years were selected for the study. Tools used were a structured and pre-tested questionnaire.

Findings: About 37.4 per cent and 55.5 percent of the adolescent boys and girls respectively were found to be iron deficient; vitamin $-B_2$ deficiency was found to be highest among adolescents (2.5%) and prevalence of Vitamin-A deficiency was double among adolescent boys (1.7%) than adolescent girls (0.9%). The prevalence of anaemia among adolescent boys and girls were found to be (37.4 and 55.5%) respectively; the prevalence of anaemia among late adolescent girls was found to be 65.0 per cent. The prevalence of anaemia among adolescent boys and girls was found to be maximum in class-V (51.3%) and class-I (100%) respectively followed by class-III (40.9%) and class-V (88.6%) respectively. The difference between the adolescent of different socio-economic classes when compared with or without anaemia of different grades was statistically found to be significant.

Conclusion: A holistic approach to the underlying causes of nutritional problems of adolescents should be under taken with special attention on the strengthening of the existing "package" of services for adolescents under various initiatives and programmes.

***Key Words**: 1.NUTRITION 2.ADOLESCENT NUTRITION 3.ADOLESCENTS 4.NUTRITIONAL DEFICIENCIES 5.ANAEMIA 6.VITAMIN A 7.VITAMIN B 8.CHILD DEVELOPMENT 9.DEHRADUN.*

12. Rao, M. Vishnu Vardhana, Sharad Kumar and Brahmam, G.N.V. (2013). A Study of the Geographical Clustering of Districts in Uttar Pradesh Using Nutritional Anthropometric Data of Preschool Children. *Indian Journal of Medical Research, January, 137: 73-81*.

Background: Growth and development of children in a community are largely influenced by the environment they live in, which includes a host of factors related to socio-economic, socio-cultural and agro-climatic conditions.

Objectives: To identify differences or similarities in the nutritional status of children living in different clusters; to study the household demographic, socio-economic differentials of the children between the clusters.

Methods: The study was conducted in Uttar Pradesh. The anthropometric data on 10,096 preschool children (1 to 5 year of age) from a total of 87,491 individuals of different ages of both the sexes from 54 districts of Uttar Pradesh was considered for analysis. Two anthropometric measurements (height and weight) were collected using standard equipment and procedures. The cases were clustered by k-means cluster method using Euclidian distance.

Findings: Most of the districts under cluster I were from the western part of the state, such as Ghaziabad, Farrukhabad, Etawah, which are relatively prosperous regions of the state; majority districts like Bijnor, Saharanpur, Meerut, Aligarh, Mathura, Maharajganj etc were grouped in cluster II and ranked as second best segregation were from western and eastern regions of the state (considered to be developed regions); in cluster IV having lowest body size of childrens, most of the districts, Sitapur, Raibareli, Jalaun, Lalitpur, Hamirpur belonged to central and budelkhand regions (which are considered to be underdeveloped regions of the state); it was found that the districts in cluster I were relatively more developed than the other clusters. The differences observed between clusters were both in terms of population density and per capita income the districts in cluster I were better off when compared to cluster II, III and IV, with respect to demo-graphic factors like sex ratio of population, birth order, children covered for nutrition assessment, literacy status, per cent married below 18 year of age etc. The sex ratio (females for 1000 males), was a good indicator of demographic change was 921 in cluster I, as against 881 in cluster IV; the literacy status was 65 per cent in cluster I, compared to 52 per cent in cluster IV; according to WHO growth standards the proportion of children with underweight, stunting and wasting were least in the districts of cluster I as compared to cluster IV; the extent of underweight was 33 per cent in cluster I, 45 per cent in cluster II, 52 per cent in cluster III and 58 per cent in cluster IV, indicating the extent of under nutrition which was higher in clusters II, III and IV when compared with cluster I. The health parameters like per cent women undergoing antenatal check-ups in different clustered districts were high and 52 per cent in cluster III, 50 per cent in cluster I to 47 per cent in cluster IV. The

institutional deliveries were relatively more in cluster I (20%), compared to cluster IV (14%), indicating better health care utilisation in cluster I districts.

Conclusion: The results of cluster analysis, are not only of interest, in terms of geographical, biological, ecological and anthropometric similarities but may also facilitate the planners and policy makers to conceive and implement appropriate action programmes for improvement in the nutritional status of the community in general and preschool children, in particular.

***Key Words**: 1.NUTRITION 2.ANTHROPOMETRIC MEASUREMENT 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.PRESCHOOL CHILDREN 6.NUTRITIONAL ANTHROPOMETRIC DATA 7.RURAL AREAS 8.NUTRITION PROFILE 9.SCHOOL GOING CHILDREN 10.HEALTH AND NUTRITION 11.SOCIO DEMOGRAPHIC PROFILE 12.UNDER NUTRITION 13.NUTRITIONAL PATTERNS 14.UNDER FIVE CHILDREN 15.GEOGRAPHICAL CLUSTERING 16.NUTRITIONAL STATUS 17.WHO 18.DEMOGRAPHIC FACTORS 19.DESCRIPTIVE STATISTICS 20.K-MEANS CLUSTER METHOD 21.POST HOC COMPARISONS (PCA)*

B. Research Abstracts on Child Protection

CHILD WELFARE

13. Nandy, Debasish. (2012).
Child Rights Situation Analysis: Children of Families Engaged in Sugarcane Farming in Maharashtra. Pune: Save the Children.
Source: www.savethechildren.in

Background: The present study gives an over view of the situation of children affected by migration into the sugarcane industry of the state of Maharashtra. It focuses on the situation of the children of the migrant labourers who travel with their families from eastern and northern parts to the prosperous western parts of Maharashtra and other sugarcane producing areas.

Objectives: To undertake an explorative analysis of the situation of the children, affected by seasonal migration in the sugarcane farms of Maharashtra, based on five major components of child rights, education, health, food and nutrition, protection and social interaction; to find out the gaps in the institutional mechanisms for protecting rights of the children affected by seasonal migration for sugarcane harvesting.

Methods: The present study was conducted in Pune, Ahmednagar and Satara districts of Maharashtra. Information was collected from 773 children. A set of structured interview schedules was used as the quantitative tool, which was further supported by information collected through focus group discussions.

Findings: Out of 773 up to the age of 18 years, 478 were boys and 295 were girls; 30 per cent of children had migrated for helping their families; 18 per cent of children were reluctant to go to school or were school dropouts; 54 per cent of working children had multiple burden of work, including harzardous activities. 60 per cent of children worked for more than eight hours a day; 71 per cent of children did not like to work in the farms as the tasks were painful and hard; 50 per cent children did not go to school at the place of origin; 31 per cent of children who were not in school at origin, had no interest in education; for 50 per cent children ,the reason for not going to school at origin was either attitudinal or behavioural; 25 percent girls reported that their education has been stopped by their parents. The corresponding figure for boys was 15 per cent; 90 per cent of the children who were going to school in their native village replied that they had migrated after the completion of the half-yearly examination, but more than 90 per cent of them had not asked for a transfer certificate; 59 students who were in school at the place of

origin, tried to get admission in schools at their place of work; 30 percent children had information regarding other modes of education, they had benefitted from Sakharshala, schools run by NGO, etc. 46 per cent of children were interested in continuing their education; regarding the chance of re-admission in their class at their native village only 38 per cent children reported that they would get readmission in school at their native villages; 22 per cent of the children said that they did not need further education, as they had to work for their families. 49 per cent of children in the age group of 6-14 years fall sick after migration; most children suffered from cough and cold, which seems to be plausible due to the long working hours during winter season, often from dawn to dusk; 60 per cent children who fall sick after migration received treatment from private medical facilities, including factory-run primary health centres; 18 per cent children suffered from accidental injuries during farm activities; 46 out of 157 injured children visited Rural Medical Practitioners (RPM) for out-patient care. Regarding the administration of IFA tablets to the girls, only 10 out 295 girls received them provided by health workers; about 21 children have been abused while working in sugarcane farms. Out of these, 15 were subject to verbal abuse, while six children were physically abused; only 21 per cent of the migrant children had friends in their local community; 72 per cent children used to miss their family environment at the place of temporary settlement.

Recommendations: Rehabilitation and social integration of children rescued from sugarcane farm activities by ensuring access to free and basic education and wherever possible, appropriate vocational training; database on child labour engaged in sugarcane farms and support research should be intensified; Monitoring of school enrolment, attendance, retention and reintegration should be done on regular basis; efforts should be made to develop and implement strategies, appropriate academic packages and facilitate networking of NGOs and panchayats for over-aged children in primary schools to ensure that they are absorbed into the appropriate class.

***Key Words**: 1.CHILD WELFARE 2.CHILD RIGHTS 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.RIGHTS OF THE CHILD 6.SITUATION ANALYSIS 7.SUGARCANE FARMING FAMILIES 8.CONVENTION ON THE RIGHTS OF THE CHILD 9.ILLITERACY 10.ILO 11.ICPS 12.JJ ACT 13.CHILD LABOUR 14.NATIONAL CHILD LABOUR PROJECT 15.NCPCR 16.NATIONAL POLICY ON EDUCATION 17.NATIONAL ACTION PLAN FOR CHILDREN (NAPC) 18.SEASONAL MIGRATION 19.EDUCATION 20.HEALTH 21.SEX RATIO 22.SOCIO ECONOMIC STATUS 23.CAUSES OF MIGRATION 24.RIGHT TO PROTECTION 25.CHILD ABUSE 26. PUNE 27.SATARA 28.AHMEDNAGAR 29.MAHARASHTRA.*

DESTITUTE CHILD

14. Abraham, Mutluri. (2009).
Rights Violation of Children Orphaned by AIDS: A Study. Visakhapatnam: Andhra University.

Source: www.ijmer.in

Background: India is home to almost 19 per cent of the world's children. 40 per cent of Indian children are vulnerable to or experiencing difficult circumstances. India has adopted a number of laws and formulated a range of policies to ensure children's protection and improvement of their situation. Indian AIDS orphaned continue to be deprived of the rights, abused, exploited and taken away from their families and communities. Majority of the AIDS orphans become depressive and isolated due to stigma and discrimination and this leads to children becoming not active or sometimes too active and become street children, mentally retarded committing anti social elements etc.

Objectives: To analyse the risks/issues of AIDS orphans regarding their psychological behavior; to examine issues of AIDS orphans in the context of child rights violation and child protection; to analyse the living placement and livelihoods of the AIDS orphans after death of the both parents with HIV/AIDS.

Methods: The study was conducted in Krishna District of Andhra Pradesh. 84 AIDS orphans were selected for the study. Tools used were pre-testing, interview schedule and focus group discussions etc.

Findings: About 53 per cent of the respondents were double orphans who had lost both parents due to AIDS; 30 per cent of the AIDS orphans were out of school; 90 per cent of the orphans were never trained in any vocational training due to non availability of vocational training institutes in rural areas. 77 per cent of the orphans were not aware of the current government schemes such as girl child protection scheme, double nutrition, education facilities etc. 64 per cent of the respondents were not satisfied with present caregivers; 60 per cent of the children were not happy with the child friendly counselling at ICTC centers and ART centers because there was no focus on child friendly counseling. 74 per cent of the AIDS orphans experienced discrimination in their lives at schools water taps, play grounds, social events and communities; most of the children affected by HIV/AIDS lived in huge poverty. About 39 per cent of the children were working at their homes and doing chores like preparing food, washing clothes, and (19%) went for different works for livelihood; 50% per cent of the respondents stated that the relatives were ready to occupy their properties; nearly half of the care givers reported difficulties in administering medications to children. After the death of mother or single parents about 35 per cent of the AIDS orphans left their own villages and homes.

Recommendations: Government and civil society organisations should identify the issues of the AIDS orphans and provide them psychosocial support and send them back to school for continuing their education. Awareness on government schemes should be increased as very few children were accessing those schemes. Government and NGOs should create awareness on ART medicines.

***Key Words**: 1.DESTITUTE CHILD 2.CHILD PROTECTION 3.AIDS AFFECTED CHILDREN 4.CHILD PROTECTION 5.CHILDREN IN NEED OF CARE AND PROTECTION 6.CHILDREN IN DIFFICULT CIRCUMSTANCES 7.RIGHTS VIOLATION 8.CHILD RIGHTS 9.CHILD ABUSE 10.ORPHANED CHILDREN 11.HIV/AIDS 12.NATIONAL PLAN OF ACTION FOR CHILDREN 2005 13.JJ ACT 2000 AND 2006 14.NACO 15.SOCIO DEMOGRAPHIC PROFILE 16.DOUBLE ORPHANS 17.EDUCATION 18.PSYCHOLOGICAL ISSUES 19.CHILD FRIEDNLYL COUNSELLING 20.CHILDREN LIVING WITH HIV/AIDS 21.ICTC CENTRES 22.ART CENTRES 23.KRISHNA DISTRICT 24.ANDHRA PRADESH.*

15. Naqshbandi, M. Mudasir et al. (2012).
Orphans in Orphanages of Kashmir and their Psychological Problems. *International NGO Journal, October, Vol.7 (3): 55-63*.
Source: www.academicjournals.org

Background: The number of orphans in India is approximately 55 million children in the age of 0-12 years. About 18 million of this number of children live or work on the streets of India, and majority of them are involved in crime, prostitution, gang related violence and drug trafficking. In Jammu and Kashmir the conflict has resulted in an alarming increase in the number of orphans.

Objectives: To understand the reasons for being an orphan; to assess the psychological impact on orphans in institutions.

Methods: The study was conducted in different orphanages of Jammu and Kashmir. About 500 children were selected for the study. Tools used were interview schedule and chi-square test.

Findings: About 26 per cent of the respondents belonged to the age group of 8 to 10 years and 11 to 13 years, 36 per cent belonged to the age group of 16 years and above. 77 per cent of the respondents reported that their mothers were alive and 22 per cent mentioned that none of their parents were alive; a large percentage of the respondents (54%) mentioned that conflict was the reason for their parents death; 81 per cent of the respondents mentioned that they were living in the institution for more than three years; about 51.3 and 55.0 per cent of the male and female children were willing to join the institution, whereas 32.3 and 42.5 per cent of the male and female children respectively were not willing to join the institution. More male children (25.5%) than feel that it was very difficult to adjust in conventional society after leaving the institution than female children (22.5%), whereas more female children (52.5%) felt that it will be difficult to adjust in conventional society after leaving the institution than male children (21.7%). 72.5 and 45.7 per cent of the female and male children respectively mentioned that they experienced sleeping disturbance after the loss of their parents; 60.0 per cent of the female children expressed their sadness with their peer group more than the male children (53.3%). 80.0 and75.0 per cent of both male and female children respectively recollected the sad traumatic incidences which happened to them after they lost their parents; 89.3 and 82.5 per cent of the male and female children respectively felt that the loss of their parents affected their personality. About 97.5 per cent female and 85.7 per cent male children missed their siblings due to institutionalisation; 25.7 per cent male children and 22.5 per cent female children felt that their future adjustment in conventional society will be very difficult after leaving the institution. About 45.7 and 17.5 per cent of the male and female

children respectively felt like leaving the institution, while 54.3 and 82.5 per cent of the male and female children respectively never felt like leaving the institution; 90.0 per cent of female children and 71.3 per cent of male children mentioned that they missed their family care because of institutionalisation.

Conclusion: During the course of the study it was noticed that because of lack of psychologists or psycho-socio caregivers, or case social workers, the children were still living in the traumatic status of their lives.

***Key Words**: 1.DESTITUTE CHILD 2.ORPHANS 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.CHILDREN IN DIFFICULT SITUATION 6.PSYCHOLOGICAL PROBLEMS 7.CHILDREN IN CONTACT WITH LAW 8.POVERTY 9.INSTITUTIONAL CARE 10.CONVENTIONAL SOCIETY 11.PARENTAL LOSS 12.INSTITUTIONALISATION 13.CHILD RIGHTS VIOLATION 14.KASHMIR*

16. Qadri, Syed Shuja et al. (2013).
Socio-Demographic Characteristics of Substance Abusers among School Children in Ambala District of Northern India. *International Journal of Current Research Review, May, Vol.5 (9): 76-84.*

Source: www.scopemed.org

Background: Substance abuse among school children has become an issue of immense concern throughout the world. Substance abuse depicts harmful or hazardous use of psychoactive substances which can lead to dependence syndrome.

Objectives: To find out the socio – demographic factors associated with substance abuse.

Methods: The present study was carried out in eight government and four private schools of rural and urban areas of district Ambala, Haryana. A total of 1454 students studying in classes 7- 12 in the age group of 13 to 19 years participated in the study. A self reporting questionnaire was used in the study.

Findings: Around 60.0 per cent had used a substance at least once in lifetime (ever users) while 34.93 per cent were regular users; among regular substance users prevalence was more in urban(39.65%) students as compared to their rural counterparts (29.78%). Gender wise it was found that substance abuse had higher preponderance towards male students (42.36%) as compared to females (17.76%); substance abuse increased with increasing age of the students (13.15 years = 26.17%, 15-17 years =33.77% and 17- 19 years = 43.64%). The mean age of substance abuse was 16.5 years in rural area and 15.5 years in urban area; the prevalence of substance abuse among various socioeconomic classes was found to be maximum in the middle slab i.e. social classes II, III and IV; the abuse was more in urban area students in all the socio-economic classes. The prevalence of substance abuse was higher (42.06%) in students with a positive family history of drug abuse (48.06% in urban area and 32.30% in rural area); the abuse was more among students whose friends/peers were substance abusers (64.69%) as compared to non-substance abusers (26.53%). Regarding relationship with family members and teachers it was revealed that substance abuse had significant impact on students who had strained relationship with the family members (54.25%).

Conclusion: Early identification of the factors related to substance use can improve scopes for planning and preventive approaches for this vulnerable group before the problems get serious after which interventions becomes difficult.

***Key Words**: 1.DESTITUTE CHILD 2.CHILD ABUSE 3.SUBSTANCE ABUSE 4.CHILD PROTECTION 5.SOCIO-DEMOGRAPHIC CHARACTERISTICS 6.SCHOOL CHILDREN 7.CHILDREN IN NEED OF CARE AND PROTECTION 8.MENTAL HEALTH 9.RURAL URBAN AREAS 10.ADOLESCENTS 11.HEALTH EDUCATION 12.EDUCATION 13.SOCIO ECONOMIC STATUS 14.AMBALA 15.HARYANA.*

17. Sudan, Falendra K. (2007).
Social and Economic Implications of Armed Conflicts on Displaced Migrant Children: A Case Study of Purkhoo Camp in Jammu City, India. Jammu : University of Jammu, Department of Economics.

Source: www.icyrnet.net

Background: Armed conflict devastates people, families, communities, and nations. Populations are often forced to flee their homes and communities. Forced migration and internal displacement are a common feature of armed conflict. Displacement inevitably takes its toll on children's education. It increases the pressures on the young to work at the expense of their schooling. It also leads to undernourishment and malnutrition. Jammu and Kashmir is affected by armed conflict and forced migration, with grave implications for the survival, development and wellbeing of children.

Objectives: To examine the social and economic implications of armed conflict on displaced migrant children; to understand how children are affect by adversities and their understandings and experiences of and responses to conflict.

Methods: The present study was conducted in one of the largest displaced Kashmiri Hindu migrants camp in Purkhoo in the state of Jammu and Kashmir. The study was confined to children below the age of 18 years. A total of 230 children (160 males and 70 females) were selected for the study. Tools used for the study were focus group observations and questionnaires.

Findings: More than one fourth of the children were studying in higher secondary level (10 +2); small children below the age of six were not enrolled in any school, as their parents could not afford to send them to school outside the camp as it was very costly. Majority of the sample children were born and brought up in displaced migrant camps; most of the children were living in two parents families (85.22%) and rest were living with single parent as the other parent has gone outside to earn or has died; the problem of food insecurity and under nutrition was reported by 88.26 per cent of the children; prevalence of malnutrition, exposure to sub-nutritional diet and experience of epidemic of nutritional related diseases were reported by 45.81 per cent, 42.86 per cent and 11.33 per cent of the children respectively. About three-fourth of the sampled children were enrolled in schools and out of them more than two-third were enrolled in high school and above; a high proportion of the children (47.98%) were doing self-study; due to mental trauma and disturbance experienced children of the displaced community were suffering from diabetes (49.13%) due to tensions; more than one-third of the children had visited a health centre for consulting a doctor for treatment of the health problems; about 44.58 per cent of the ill children have missed school due to illness during last 30 days prior to the survey; nearly one-third of the children were vaccinated against diphtheria, whooping cough, tetanus and polio and other diseases. The sampled children were spending a significant proportion of their time in studying outside the

school, which ranged between less than 12 hours a week (36.99%) to more than 24 hours a week (19.65%); the displaced migrant families were getting cash assistance and food relief from the government when children were asked about their current livelihood situation and life, and who was responsible for camp life 47.82 per cent of them were blaming the government for their camp life and sufferings; majority of the children were of the opinion that camp life created dependency on relief and assistance; their parents were deprived of their authority as their roles as caretaker and bread winners were severely undermined.

Recommendations: In displaced migrant camps, there is a need to reduce risks to children's wellbeing and make child rights a reality by creating an enabling environment; provide structured, informal educational activities as a vehicle for ensuring child protection and psychosocial support and operationalising a holistic concept of children's wellbeing; there is a need to promote activities that should help to transmit cultural and social values, and impart children rules of behavior appropriate for community life.

***Key Words**: 1.DESTITUTE CHILD 2.ARMED CONFLICT 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.CHILDREN IN DIFFICULT CIRCUMSTANCES 6.SOCIAL AND ECONOMIC IMPLICATIONS 7.DISPLACED MIGRANT CHILDREN 8.SOCIO ECONOMIC PROFILE 9.LIVING CONDITIONS 10.EDUCATION 11.HEALTH 12.CAMP LIFE 13.COMMUNITY MOBILIZATION 14.CHILD CARE AND PROTECTION 15.TRAINING 16.VOCATIONAL TRAINING 17.DROPOUTS 18.ENROLMENT 19.MIGRATION 20.SOCIAL AND ECONOMIC EFFECTS OF DISPLACEMENT 21.PURKHOO CAMP 22.JAMMU AND KASHMIR.*

SOCIAL DEFENCE

18. Chubayanger, T. (2013).
Migrant and Trafficked Children in Hazardous Employment: the Case of Nagaland. Noida: V.V. Giri National Labour Institute.

Background: Trafficking of children for labour and children migrating alone for employment is a global problem affecting large number of children. Most of the migration of children, accompanied or unaccompanied by family members is not driven by choice but by the lack of it. They are pushed out of their homes and villages due to lack of job opportunities or because of large family size.

Objectives: To study the demand and supply side factors influencing their migration and trafficking, and the reasons for its existence and perpetuation; to map the risks and vulnerabilities of migrant and trafficked children; to study the working and living conditions of these children.

Methods: The study was conducted in three districts of Nagaland (Mon, Kohima and Dimapur). A total of 302 child respondents between 6-14 years and 49 key informants took part in the study. Tools used for the study were structured and non-structured questionnaires, focus group discussions and in-depth interviews.

Findings: About 12.3 per cent of the respondents children had reported that their father had expired or had no knowledge about their father; it was revealed that many of those children who had reported to have attended government schools were actually enrolled but had not completed even primary education. Study of the present schooling status of the children revealed that only 126 out of 302 sample children were enrolled in schools by the employers; majority of schools were only fulfilling the routine mandate and not actually dedicated in imparting regular quality education; many of the children remained absent from school on regular intervals. Students who got more than three hour of study time in a day were those who were enrolled in private schools; regarding reasons for coming to the present destinations, education and training were the major reason for moving out for 50 per cent of the children; majority of the children reported that it was their relatives (30.8%) and parents (30.5%) who had brought them to present destinations. 61.3 per cent of the children were either enticed by their relatives or parents who made promises of education or a better life at the place of destination; the children reported that they remain engaged in multiple chores and worked between four hours to more than 11 hours in a day; 26.8 per cent children worked in hotels, motor workshops and did house hold chores at the employers place. Since payments were either made to parents or in most cases to the trafficker, most of the children did not know how much they were being paid; 67.9 per cent children reported that the owners provided them enough food; out of 192 employers who

willingly participated in the study, 66.1 per cent were not paying any wage to the children. About 12 per cent of the employers were reported to be imparting vocational training to the employed children; 88 per cent did not have any plan to train the children; 13 per cent of the employers showed some interest in the future of the employed children and 87 per cent did not have any interest; 47.4 per cent of the employers had reported sending the working children home from time to time; 87 per cent employers stated that they were employing children with intention for work only; 13 percent responded that the purpose of employing the children was both for work and for education.

Recommendations: In the area of prevention awareness – raising campaigns about trafficking are needed; immediate concerted effort is recommended to establish convergence of child related programmes under different departments; rehabilitation centers in both rural and urban areas are required to be established for counseling and providing health services; police, administration and the judiciary must be well sensitized on the anti-trafficking law and its requisite components as well as be equipped with skills to enforce the law.

***Key Words**: 1.SOCIAL DEFENCE 2.CHILD TRAFFICKING 3.TRAFFICKING 4.CHILD PROTECTION 5.CHILDREN IN DIFFICULT CIRCUMSTANCES 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.CHILD LABOUR 8.MIGRANT CHILDREN 9.TRAFFICKED CHILDREN 10.HAZARDOUS EMPLOYMENT 11.SOCIO ECONOMIC PROFILE 12.EDUCATION 13.WORKING CHILDREN 14.WAGES 15.POVERTY 16.ILLITERACY 17.EDUCATION 18.CHILD WORK FORCE 19.RURAL URBAN AREAS 20.ILO 21.CHILD LABOUR PROHIBITION AND REGULATION ACT 1986 22.NCPCR 23.JJACT 2000 24.MON DISTRICT 25.KOHIMA 26.DIMAPUR.*

C. **Research Abstracts on Women and Gender Issues**

HEALTH

19. Banerjee, Soumik, John, Priya and Sanjeev Singh. (2013). Stairway to Death: Maternal Mortality Beyond Numbers. *Economic and Political Weekly, August 48(31): 123-130.*

Background: Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The number of maternal deaths per 1, 00,000 live births, is directly related to women's access to life-saving reproductive health care.

Objectives: To record maternal deaths at the local level; to identify the non-medical factors that contribute to maternal deaths in underserved areas to be able to mitigate the effects of these factors.

Methods: The study was carried out in two blocks, Poreyahat and Sundarpahri in Godda district of Jharkhand. Tools used for the study were in depth interviews.

Findings: A total of 23 maternal deaths were recorded in an estimated 3,150 live births in the study area; all the deaths occurred either at the time of delivery, post-delivery or in the course of pregnancy; the study shows that on an average there were two deaths per month in the study area; majority of the deceased women, (17 out of 23) were from indigenous communities. Most of the women were living in poor socio economic conditions; none of the deceased women in the study area received adequate antenatal care (ANC) services; none of the women had done birth planning to prepare for the delivery or to identify in advance the place of delivery; in the study area, the care providers who were approached by the families or the women themselves included informal medical practitioners, midwives, the public health system and private hospitals/clinics. In majority of the cases, it was seen that the informal medical practitioners did not referred the cases to any health facility or doctors in the area; multiple referrals were quite a common feature in the study area; regarding place of death eight died at home without going to a health facility, 14 women reached the first facility and three died after they returned home. Similarly four women died on their way to a facility , eight died at the facility while 11 died at home. Ten families shared details of their out of pocket expenditure in treating the women's condition and subsequently in dealing with her death; regarding pregnancy out comes there were six still births and five neonatal deaths of the total 23 cases; in all the cases, multiple types of delays contributed to

maternal deaths; in the study area, the minimum distance from home to the nearest health facility was one km and the maximum distance was 38 km. Regarding delay in receiving appropriate care the main reasons were lack of facilities, absence of competent medical personnel, reluctance to handle complicated cases, delay in referrals along with multiple referrals and irresponsible behavior of the personnel at the facilities. The only public facility in the area which was equipped to handle emergency obstetric care (EMOC) cases was located in another state, i.e. Bihar which was nearly 70 km from Godda district.

Recommendations: A combination of staff training and orientation programmes, involving local informal medical practitioners in identifying risks for early referral are the key to ensuring improvements in maternal health in the area. Periodic maternal death reviews (MDRs) by a diverse group at the district level with a focus on all facilities including those based in other states would greatly help in realistic planning at the district level.

***Key Words**: 1.HEALTH 2.MATERNAL MORTALITY 3.WOMEN HEALTH 4.PREGNANT WOMEN 5.MMR 6.NON-MEDICAL FACTORS 7.EDUCATION 8.ILLITERACY 9.MORBIDITY 10.HEALTH SERVICES 11.HEALTH AND NUTRITION 12.SOCIO ECONOMIC CONDITIONS 13.ASHA WORKERS 14.AWWs 15.ANM 16.ANTENATAL CARE SERVICES 17.INSTITUTIONAL DELIVERY 18.SERVICE PROVIDERS 19.REFERRAL SERVICES 20.PHCs 21.CHCs 22.PREGNANCY OUTCOMES 23.JANANI SURAKSHA YOJANA 24.POREYAHAT 25.SUNDARPAHARI DISTRICT 26.GODDA DISTRICT 27.JHARKHAND.*

20. Ghosh, Santanu, Samanta, Amrita and Mukherjee, Shuvankar. (2013). Knowledge and Practice of Family Planning in Married Women of Reproductive Age Group in a Slum of Kolkata. *Al Ameen Journal of Medical Science, 6(1): 34-39.*

Source: www.ajms.alameenmedical.org

Background: With a population of 1.21 billion with 17.64 per cent decadal growth rate, India is the second most populous country in the world. The extent of acceptance of contraceptives methods still varies within societies and also among different castes and religious groups.

Objectives: To assess the knowledge and current practices of family planning; to find out any association between their family planning practices and different socio-demographic variables and to elicit reasons for couples using no family planning method.

Methods: A cross-sectional, study was conducted among 352 women of 15-49 year age group of urban field service area, Kasba of Calcutta National Medical College Kolkata using a pretested and predesigned schedule.

Findings: It was observed that more than 65 per cent of the study population had knowledge of oral contraceptive pill (OCP) followed by condom (61.4%), ligation (45.5%) and IUCD (29.5%) whereas about nine per cent had no idea of any family planning method. Majority of the study population received knowledge from family members (40%), T.V. (38%) and friends (27%); about 2/3rd of the study population was not using any contraceptive method; OCP (52.6%) was the most commonly used contraceptive method followed by condoms (24.6%) and traditional methods (18.4%); most of the non-users were below 30 years. With the increment of per-capita monthly family income the percentage of users was increasing ($p<0.05$); the percentage of non-users was more in case sex of last child being a male ($p<0.05$); 42 per cent of non-users did not use contraception because they simply wanted child. Amenorrhoea since last child birth was also a reason for more than 25 per cent of non-users because most of them were mothers of infants; in more than half of the families (53.5%) the couple themselves made decisions on family planning issues.

Conclusion: It can be concluded that there was a huge knowledge practice gap in the population. Role of mass media and T.V should be intensified in spreading awareness among the lower socio-economic strata.

***Key Words**: 1.HEALTH 2.FAMILY PLANNING 3.WOMEN HEALTH 4.REPRODUCTIVE AGE GROUP 5.KNOWLEDGE AND PRACTICE 6.FAMILY PLANNING 7.MARRIED WOMEN 8.SLUM AREA 9.SOCIO DEMOGRAPHIC VARIABLES 10.CONTRACEPTIVE METHODS 11.CURRENT PRACTICES 12.ORAL CONTRACEPTIVE PILL (OCP) 13.EDUCATION 14.ILLITERACY 15.IUCD 16.AMENORRHOEA 17.IEC 18.KASBA 19.KOLKATA 20.WEST BENGAL.*

21. Mumbare, Sachin S. and Rege, Rekha. (2011).
Ante Natal Care Services Utilization, Delivery Practices and Factors. *Indian Journal of Community Medicine, October, Vol.36 (4): 287-290*.
Source: www.ijcm.org.in

Background: India has the highest number of maternal deaths in world. About 50 million women suffer from maternal morbidity due to acute complications from pregnancy. High-quality antenatal, intranatal and postnatal care is the most important way to reduce the maternal morbidity and mortality. Early marriages, malnutrition, illiteracy, ignorance, lack of health services, and unavailability of transport facilities are the major reasons for maternal mortality.

Objectives: To find out the Antenatal care (ANC) services utilization rates and factors affecting them; to find out the percentage of deliveries conducted at health centers and factors responsible for home deliveries.

Methods: The study was conducted in two tribal blocks Peth and Surgana , of Nashik district in Maharashtra . A total of 210 mothers were selected for the study . A pre designed, pre tested, semi open proforma was used to collect information.

Findings : Out of the 212 delivered children 205 were alive at the time of interview; 63.81 per cent pregnant women were registered in the first trimester; it was observed that the least utilized services were ANC checkups and consumption of iron and folic acid tablets; 63.76 per cent pregnant women utilised the minimum four ANC services decided for this study; adequate utilization of ANC services was significantly associated with education of the mother, father and socio economic status of the family. Main reasons for inadequate utilisation of ANC services were financial, unawareness about ANC services, unavailability of suitable accompanying person, and unavailability of transport facilities; 65.71 per cent deliveries were conducted at the various health centers and 34.29 per cent were home deliveries; 15.24 per cent deliveries were conducted by an untrained persons. Traditional practices were the main reason for conducting the deliveries at home; socio-economic status, education of the mother and father were significantly associated with the delivery practices; type of family was found to be significantly associated with the delivery practices; in three generation families, 22.22 per cent deliveries were conducted by untrained persons.

Conclusion: Health education will play a vital role in improving the ANC services utilisation rates and delivery practices in this area.

***Key Words**: 1.HEALTH 2.ANTENATAL CARE 3.WOMEN HEALTH 4.DELIVERY PRACTICES 5.TRIBAL AREA 6.SOCIO DEMOGRAPHIC DATA 7.HOME DELIVERIES 8.MATERNAL MORTALITY 9.PREGNANT WOMEN 10.MILLENNIUM DEVELOPMENT GOAL 5 11.INTRANATAL 12.POSTNATAL 13.MALNUTRITION 14.ILLITERACY 15.HEALTH SERVICES 16.MATERNITY CARE 17.ANC REGISTRATION 18.MAHARASHTRA 19.NASHIK DISTRICT.*

NUTRITION

22. Kalasuramath, Suneeta, Kurpad, Anura V. and Thankachan, Prashanth. (2013). Effect of Iron Status on Iron Absorption in Different Habitual Meals in Young South Indian Women. *Indian Journal of Medical Research, February, 137: 324- 330.*

Background: Data from India indicate that about 40-60 per cent of women of child bearing age suffer from anaemia, mostly due to iron deficiency (ID). Women of child bearing age are at risk for a negative Iron (Fe) balance due to their increased Fe loss through menstruation, gastrointestinal blood loss etc.

Objectives: To measure and compare Fe absorption in both iron deficiency and iron replete (ID and IR) status, using a stable isotopic tracer technique, in variety of common south Indian meals.

Methods: A sample of 60 healthy women, aged 18-35 years was selected for the study. The study was conducted in the division of nutrition, St. John's Research Institute, Bangalore.

Findings: The mean age of the subjects was 24.4 $\pm$ 4.2 years; the mean weight, BMI and Fe status were significantly different between the ID group with the IR Group ($P<0.001$). Mean fractional Fe absorption was difficult in all the groups (3 ID+1 IR); within the ID group the Fe absorption in the wheat group [11.2 C 9.7; 12.8 %] and the rice group [8.3 (6.2; 10.5) %] was significantly higher than in the millet group [4.6 (2.5;6.6)%] ($p<0.05$); Fe absorption in rice based and wheat based meal groups was not significantly different from each other. Between the groups, Fe absorption from rice based meal in ID group was significantly up regulated and on an average three times higher when compared to IR group [2.7 (1.1; 4.4) %] ($P< 0.05$); Fe absorption was significantly higher in the wheat based and rice based ID groups even after controlling for weight and BMI status of the study subjects ($p< 0.05$).

Conclusion: Diet matrix can play a key role in Fe absorption, and special attention needs to be given to millet based meals.

***Key Words**: 1.NUTRITION 2.IRON DEFICIENCY 3.WOMEN HEALTH 4.IRON STATUS 5.IRON ABSORPTION 6.HABITUAL MEALS 7.YOUNG WOMEN 8.NUTRITIONAL IRON (FE) 9.DEFICIENCY 10.ANAEMIA 11.DIETARY PATTERN 12.BANGALORE 13.BMI 14.WHEAT BASED AND RICE BASED GROUPS 15.MILLET BASED MEALS 16.MICRONUTRIENTS 17.RDA 18.ISOTOPIC TRACER TECHNIQUE.*

23. Shalini and Singh, Bharti. (2013).
Nutritional Awareness and Dietary Pattern of Pregnant Women of Hathras District. *Indian Journal of Adult Education, January-March, 74(1): 81-88*.

Background: In pregnancy there are many physiological changes in the women requiring increased intake of certain nutrients. To meet out the extra requirements arising during pregnancy, supplementary nourishment is necessary. India contributes about 80 per cent of all maternal deaths due to anaemia. Under-nutrition of the mother during her own foetal life and childhood growth limits the growth of her foetus.

Objectives: To assess the health status of pregnant women; to assess the awareness about dietary requirement and to find out the dietary pattern of pregnant women.

Methods: The study was conducted in Hathras district of Uttar Pradesh. A sample of 80 pregnant women of second trimester in the age group of 18-30 years was selected for the study. An assessment of dietary intake was done by 48 hour recall method. A self-structured pre-tested questionnaire was used in the study.

Findings: About 33 per cent of the respondents were illiterate, and 15 per cent had education higher than senior secondary; most of the respondents were from the weaker section of the society; 28 per cent of them had a per-capita income of more than Rs.1500/- per month; first time pregnant women were 39 per cent ; 34 per cent were having one live child and 28 per cent had more than two living children. 67 per cent respondents had a low BMI, 16 per cent had a normal BMI and four per cent had more than normal BMI; only 55 per cent of the respondents admitted having the iron and folic acid tablets; 75 per cent of the respondents were not aware of the fact that they should eat more food than their normal condition and should eat special food like (green leafy vegetables, fruits, pulses and, milk).Regarding awareness about the consequences of anaemia, 48 per cent were unaware about the consequences, eight per cent had wrong information and only 44 per cent had the right information about anaemia; the consumption of pulses was very poor, as 72 per cent of the respondents did not consume them even 40g/day with mean consumption of 48.81g and SD of 29.81; 56 per cent of the respondents did not consume even 25g of green leafy vegetables daily and the mean consumption was found to be 48.23 with SD of 52.94.

Recommendations: To combat malnutrition among pregnant women imparting of nutrition education is very important, in both pre and post pregnancy period. In government hospitals social workers should be appointed so that they can advise pregnant women, which type of food they should eat.

***Key Words**: 1.NUTRITION 2.NUTRITION EDUCATION 3.WOMEN HEALTH 4.NUTRITIONAL AWARENESS 5.DIETARY PATTERN 6.PREGNANT WOMEN 7.WHO 8.UNDER NUTRITION 9.OVER NUTRITION 10.ANAEMIA 11.HEALTH STATUS 12.MALNUTRITION 13.ASHAs 14.EDUCATION 15.ILLITERACY 16.48 HOUR RECALL METHOD 17.BMI 18.IRON AND FOLIC ACID TABLETS 19.ANGANWADI 20.FOOD INTAKE 21.HATHRAS DISTRICT 22.UTTAR PRADESH.*

24. Kaur, Paramdeep and Kaur, Kanwaljit. (2013).
Work Profile of Women Workers Engaged in Unorganized Sector of Punjab.
Stud Home Com Sci, 7(2): 119-124.
www.krepublishers.com

Background: Indian society has got a significant role in the increasing number of women workers in the unorganised sector. Around 28 million workers work in the rural sector and an estimated six crores are in urban areas. Exploitation of the workers is common and the majority of them with high unemployment are forced to work with no other alternative but as a means of survival.

Objectives: To study the type of job women workers are involved in; to study their work related characteristics. The study was conducted in three blocks and six wards of Ludhiana district of Punjab. A sample of 200 women (100 rural and 100 urban) were selected for the study. A pre-tested interview schedule was used to collect information.

Findings: About 53.00 per cent rural and 42.00 per cent urban women were involved in domestic work; lowest percentage of rural women were recorded in construction work and urban women in agriculture; 60.00 per cent and 55.00 per cent of the respondents started their work in the age between 24-36 years in both rural and urban category respectively. About 43.00 per cent of the respondents had worked for 10-20 years followed by 38.00 per cent of those who worked for less than one year – ten years; 82.00 per cent of respondents worked both the time, that is morning and evening; 91.00 per cent of the rural and urban respondents reported that they received their own wages for the work, while husband had the power of receiving the wages of 8.00 per cent of the rural and urban respondents. About 9.00 per cent of construction workers were doing work for 8-10 hours per day; majority of the workers, worked for maximum of 26-30 days per month in both urban and rural categories; regarding monthly income and mode of payment, 6.00 per cent of construction workers earned between Rs.3100-4200; 25 per cent rural domestic workers earned less than Rs.1000 per month; most of the respondents received the payment in cash mode. Majority of the respondents (95%) stated that economic necessity was the reason for joining job while 55.00 per cent and 44.00 per cent worked due to inflation and family pressure respectively; 76.50 per cent respondents got punishment from their employers in case of negligence; 15 per cent respondents experienced termination from the job as punishment. Majority of the respondents reported that they did not have any knowledge of any union, while others did not get time and some were not interested to join any union; 72.00 per cent and 73.00 per cent of the respondents of rural and urban category respectively , got maximum of one to two days leave

without any cut in the pay in case of illness, accident and emergency; none of the respondents in rural and urban category were provided any job cards by their employers contractors in unorganized sector. About 50.00 per cent of the respondents stated that they got money from the employers in emergency or if need arises; 53.00 per cent of the respondents were given food at the work place; 94.00 per cent of rural and urban category respondents reported that they did not get the time to feed their child at the work place; 100.00 per cent of the respondents reported that crèche facility was not provided to them by any of the employer.

Recommendations: There is a need to provide them crèche facility to take care for their children while at work and to create awareness among women workers regarding importance and benefits of job cards during any mishap at workplace.

***Key Words**: 1.WOMEN LABOUR 2.UNORGANISED SECTOR 3.WORKING WOMEN 4.WOMEN EMPOWERMENT 5.WORK PROFILE 6.RURAL AND URBAN 7.NATURE OF WORK 8.WOMEN WORK FORCE 9.SOCIO ECONOMIC PROFILE 10.EXPLOITATION 11.WORKING HOURS 12.WAGES 13.WORK PROFILE 14.UNION MEMBERSHIP STATUS 15.FACILITIES AT WORKPLACE 16.JOB CARDS 17.LUDHIANA 18.PUNJAB.*

25. Das, Gargi (2012).
Autonomy and Decision Making Role of Tribal Women: A Case Study of Santoshpur Village in Sundergarh District of Odisha. Rourkela: National Institute of Technology, Department of Humanities and Social Sciences.
Source: www.ethesis.nitrkl.ac.in

Background: The contribution of women to society cannot be ignored as they constitute almost one-half of the total population of the world. Unlike non-tribal societies, tribal societies have given special status to their women. In few tribal societies land matriarchy is also practiced by women. The concern lies with the fact whether increase in decision making power of tribal women will help them in their development process.

Objectives: To examine the decision making role of tribal women; to explore the extent to which the decision making role of tribal women is affected by their socio-economic status; to make a comparative note on decision making role of tribal and non-tribal women.

Methods: The study was conducted in Santoshpur village in Sundergarh district Odisha. A sample of 225 households was selected for the study. The study was both qualitative and quantitative in nature. Tools used were questionnaires and interview schedule.

Findings: Major financial decisions were taken by males because females did not had any permanent source of income; most females enjoyed a lot of autonomy pertaining to social issues; aggregate decision making role at households level (including both economic and social decision) was very high among tribal women; the autonomy at community level was very low; only 56.9 per cent women came out to vote, of which only 22 per cent of sample population casted their vote on their own accord. The community participation of women was very poor, they did not attended meeting, nor they were part of any association; only 34 per cent of women were members in SHGs; inspite of being uneducated and unemployed, decision making and participation of tribal women in household decision was very high; 52 per cent of the tribal women were illiterate, 54 per cent of literates had high decision making power, in comparison to 47 per cent illiterates. The tribal women of Militoli hamlets were well informed and well aware and played a prominent role in taking various decisions at their household and community level; 46.7 per cent of the female population were employed, out of which 80 per cent of them worked as agricultural labour and 11 per cent were self-employed; 60 per cent of the working women had high decisive power in comparison to 44 per cent of unemployed females; the decision making power as a whole, both employed and unemployed

females had 98 per cent of autonomy; 66 per cent of working population confirmed that they got recognition from family because of being employed. About 66 per cent of the working females shared half of the family income; 54.4 per cent of women from income groups had high autonomy in comparison to 46.9 per cent from no income groups; 93.4 per cent of the females did not possessed any ownership rights; the age distribution showed that decision making power increased with age, it was high among the age group, 48-57; the non-tribals had better position pertaining to their high educational and employment status whereas the tribal women were far behind in terms of community participation.

Recommendations: There is a need to understand the existing traditional pattern of tribal community in more details which would help in formulation of more effective development polices. Women should be provided with opportunities for leadership training.

***Key Words**: 1.WOMEN WELFARE 2.TRIBAL WOMEN 3.WOMEN LEADERSHIP 4.AUTONOMY AND DECISION MAKING 5.NON-TRIBAL WOMEN 6.SOCIO ECONOMIC STATUS 7.GENDER DISPARITIES 8.WOMEN PARTICIPATION 9.COMMUNITY PARTICIPATION 10.ECONOMIC AND SOCIAL DECISIONS 11.SHGs 12.EDUCATION 13.ILLITERACY 14.EMPLOYMENT 15.UNEMPLOYMENT 16.SANTOSHPUR VILLAGE 17.SUNDERGARH DISTRICT 18.ODISHA.*

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Best Practices of Self Help Groups and Women Empowerment : A Case of Barak Valley of Assam. *Far East Journal of Psychology and Business, May, Vol.7 (2): 25-47.*

Source: www.fareastjournals.com

Background: The concept of SHG in India was introduced in 1985 and a pilot scheme was started on Self-Help Bank Linkage Programme (SBLP) by NABARD in 1992. SHGs are playing a major role in removing poverty in the rural India. The group based model of self-help is widely practiced for rural development, poverty alleviation and empowerment of women. SHGs have been instrumental in empowerment by enabling women to work together in collective agency.

Objectives: To identify the normal practices and quality issues of SHGs; to study the impact of SHGs on its women members.

Methods: The study was conducted in Barak Valley of Assam. A total of 150 (50 SHGs from each district) in the age group of 30-40 years were selected for the study. Data was collected from primary sources and a set of questionnaires was used for assessing the quality of the SHGs.

Findings: About 67 per cent of the respondents had completed I-V standard category of education level; 47 per cent of the respondents were members for a period of four years; 34 per cent groups were formed to obtain the financial support, 16.67 per cent to improve their economic status ,7.33 per cent to improve social status etc; majority of the members in each group were below poverty line; 31.33 per cent SHGs did not have any specific interval regarding the holding of group meeting, 25.33 per cent conducted their meetings once a week; 52.67 per cent recorded more than 80 per cent of members attendance in the group meetings, while 15.33 per cent had 40 per cent to 60 per cent attendance in the group meetings. The NGOs/MFIs participation in the meetings of 30 per cent sample SHGs, was more than 80 per cent; the performance of repayment was not good at all in all the groups; the decisions relating to financial transactions in 10.67 per cent sample groups, were taken by the NGOs, while in 30 per cent the decisions were taken by group leader. About 88 sample SHGs have recorded more than 75 per cent utilization of common fund, while 14 SHGs had recorded between 60 per cent and 75 per cent utilization of common fund. 38 per cent SHGs had imparted training to less than 25 per cent of their members while 20.67 per cent had provided training to 25 per cent to 50 per cent of their members; 52 SHGs reported that the awareness of rules and regulation was more than 75 per cent; the level of maintenance of books and accounts in 39.33 per cent SHGs was more than 80 per cent. The major problems faced by the SHGs were delay in sanctioning of loan (22.67%), poor response of authorities (22%), inadequate loan amount (10.67%) etc.

Conclusion: The Self Help Group (SHG) Bank Linkage Programme has become a well-known tool for bankers, developmental agencies and corporate houses. The programme has become the common vehicle in the development process, converging important development programmes.

***Key Words**: 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.WOMEN EMPOWERMENT 4.BEST PRACTICES 5.MICROFINANCE 6.POVERTY 7.ILLITERACY 8.EDUCATION 9.SELF HELP BANK PROGRAMME (SBLP) 10.NABARD 11.RURAL DEVELOPMENT 12.SKILL DEVELOPMENT 13.SGSY 14.SOCIO ECONOMIC PROFILE 15.HOMOGENEITY 16.TRAINING 17.EMPOWERMENT 18.INCOME GENERATION 19.EMPLOYMENT.*

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Informal Sector Women Wage Labourers Access to Maternal Health Services: A Block-Level Study in Chhattisgarh, Uttarakhand and Uttar Pradesh, India: 2007-2009. Lucknow : Sahayog.
Source: www.sahayogindia.org.

Background: This study is a part of two block level research studies, anchored by SAHAYOG in different states of India, to investigate experiences of poor women wage workers in the informal sector, and the cross cutting determinants of maternal health such as women's livelihoods, social security benefits, food security and nutrition, and women's access to health care. This study enquires into the experiences of informal sector women wage workers in deprived areas, in selected blocks across three states of India, Chhattisgarh, Uttarakhand and Uttar Pradesh.

Objectives: To investigate the current status of health access to services, both public and private, for occupational and maternal health problems; to analyse the causes behind the current health access, in the light of the current legal and policy frame work.

Methods: The study was conducted in three states of India, Chhattisgarh, Uttarakhand and Uttar Pradesh. A sample of 262 women who had gone through a delivery in the last three years was selected for the study. All women workers belonged in the age group of 18-45 years. Tools used were Focus group discussions (FDGs), interviews and open-ended questionnaires.

Findings: Majority of the women wage workers belonged to socially vulnerable groups; 88.17 per cent of the respondents reported pain in body parts; more than half of the respondents reported having suffered from some form of accident or injury in the past one year (64.50%); women workers in the informal sector suffered from a range of occupational health problems that were severe enough to warrant absence from work. Poor work conditions, poor wages and the resulting poverty has meant that a large number of women were not able to afford nutritious food and suffered from anaemia. 47.49 per cent women reported spending more than six hour on house hold work; majority of the pregnant women could get only on-two hours of rest during the day while others reported no rest at all; in Chhattisgarh, women reported that they continued to work till the 7-8th month of the pregnancy. More than half of the women (173) reported starting domestic work within 15 days of delivery; 179 respondents reported resuming such work after 20 days to two months of rest; more than half the women (56.75%) responded that they preferred to go to private/informal practitioners compared to 36.05 per cent who preferred government health centers for seeking treatment; majority of the women had received at least some form of prenatal counselling. About 80 per cent of the

women had opted for home delivery for their last delivery, mostly assisted by relatives and older women; in Chhattisgarh, the highest proportion 114/120 deliveries took place at home, in UP, 61/85 were at home while Uttarkhand had the lowest rate with 34/57 births at home. Among the 262 surveyed women who had undergone delivery in the last three years, 84 per cent had received some form of counseling during pregnancy, two thirds had been counseled by the local ASHA workers; only 20 per cent of the women delivered at institutions in the last three years. Among the surveyed women who had gone through pregnancy and child birth in the last three years, two-thirds (65%) reported having severe complications, such as prolonged labour pain, heavy bleeding etc. For a large number of women who were interviewed, the nearest health centre did not have any arrangements to handle child birth; in all the states, ANMs complained of inadequate facilities for delivery and referral, many sub centers lacked basic facilities like delivery table, bathroom and drainage, water supply and electricity in their sub-centers. When it came to Anganwadi services, it was found that in most cases services were irregular, of poor quality or were completely absent; child birth was seen as a period of financial crisis by women in Chhattisgarh, since they did not get any maternity benefits, and rest meant lack of income. Among the 46 women who had an institutional delivery in three years preceding the survey, 32 women received Rs.1400, four received less than Rs.1400, while eight women reported not getting any money; out of the 26 women who did get the Janani Suraksha Yojana (JSY) money, the time gap between the institutional delivery and payment varied between one week to over a year.

Recommendations: Maternity entitlements should be made available to all women, without any conditionality. Existing health systems should be strengthened to provide affordable quality comprehensive maternity care. Increase of Anganwadi workers and ANM services should be done on priority basis to ensure pregnancy care and nutrition services. Money should be disbursed in a single installment during pregnancy.

***Key Words**:* 1.WOMEN WELFARE 2.WOMEN HEALTH 3.WOMEN EMPOWERMENT 4.INFORMAL SECTOR 5.WOMEN WAGE LABOURERS 6.MATERNAL HEALTH SERVICES 7.HEALTH 8.MATERNAL HEALTH PROBLEMS 9.PRA METHODS 10.WOMEN WAGE WORKERS 11.ANAEMIA 12.WORKING CONDITIONS 13.WAGES 14.PREGNANT WOMEN 15.POVERTY 16.ILLITERACY 17.UNEMPLOYMENT 18.EDUCATION 19.NUTRITION 20.MALNOURISHMENT 21.WORKING HOURS 22.MATERNITY BENEFIT 23.ASHA 24.POST PARTUM CARE 25.POST PARTUM REST 26.WAGE LABOUR 27.NRHM 28.JANANI SURAKSHA YOJANA 29.ANGANWADI WORKERS 30.HEALTH CENTRES 31.PHC 32.CHC 33.SUPPLEMENTARY NUTRITION SERVICES 34.PUBLIC DISTRIBUTION SYSTEM (PDS) 35.INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY) 36.SOCIO ECONOMIC PROFILE 37.DISADVANTAGED WOMEN 38.CHHATTISGARH 39.UTTARKHAND 40.UTTAR PRADESH.

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Monitoring the IGMSY from Equity and Accountability Perspective : A Block-Level Study in West Bengal, Odisha, Jharkhand and Uttar Pradesh, India : 2011-2012. Lucknow : Sahayog.

Background: This study is a part of compilation of two block-level research studies anchored by SAHAYOG in different states of INDIA. The unconditional maternity benefits, and universal food security for all women, without any conditions in combination with state-financed maternal care of high quality, are primary for the improvement of maternal well-being in India. The focus of this study was on those women who stand excluded due to the eligibility criteria of the IGMSY scheme. The study explores their increased vulnerabilities during maternity in terms of loss of work, health, income, access to food and rest in four states of India.

Objectives: To examine the vulnerability of women wage workers excluded from IGMSY benefits, and the equity implications; to examine the accountability of the IGMSY scheme and service availability that is necessary to fulfill the conditionalities of the scheme, and assess budget flows.

Methods: The study was conducted in four states of India viz. West Bengal, Odisha, Jharkhand and Uttar Pradesh. About 57 women respondents who had live births were selected for the study. Tools used for the study were in-depth interviews.

Findings: The data collected from the four study sites showed that the infrastructure for public health services was available in most places; most of the women were opting for institutional deliveries in private institutions since the government functionaries such as doctors and ASHAs were unavailable at the time of need; in all four places treatment was sought from a mix of private and public practitioners. Almost all women who approached health care facilities beared daily wage losses; private doctors were seen to be providing more satisfactory care and attention despite the higher costs and money spent; a little over half of the women were beneficiaries of the Supplementary Nutrition Programme (SNP) in all the states. Most women complained about the insufficient quantities of the supplement while appreciating the taste of the food that they received; even though the 900 grams of 'panjeeri' was being provided on every saturday, it was hardly being consumed because of the poor quality; most of the women in the study sites continued waged work till about the eight month of pregnancy. Across all the four study sites the costs involved in losing wages was from two to 18 months; most of the women across all the sites reported of having taking loans to meet survival needs and taking up additional work, cut back on food or returning to work early to pay off the loans; the staple diets across the sites were heavier on carbohydrates and very low in protein content. Many women across all the four sites were aware that the infants should be exclusively breastfed for the initial period of their lives, however most were unsure about the exact duration of breastfeeding; the weight of the newborn infants ranged between 1.5 and 3.2 kgs; some women were aware that

the weight of the infants was an indicator of his or her growth, however they had not been explained the significance of growth charts; most women had MCP cards with information on immunization recorded in them; across the four samples it was observed that most women were not using any means of contraception when the study was conducted. Most of the women preferred to use the permanent methods after they have achieved the desired family size of three-four children; on expectations from the state regarding maternity benefits, most women demanded free services-medicines, vehicles, diagnostic tests and reimbursement for expenditures even if they accessed private facilities. According to the CDPOs, the budgets for disbursal of the IGMSY money was based on the actual number of beneficiaries that had been obtained through surveys conducted by the AWWs. The delay in disbursement had caused many problems, as women who were included in the list of beneficiaries drawn up in 2010 had already delivered (and in many cases the child had completed a year) by the time the money reached the blocks; the budgetary norms under IGMSY had no allocation for implementation of the scheme from the platform of anganwadi centres; the interviews with the CDPOs in the four study sites revealed awareness about the scheme, its eligibility criteria and its guidelines at the higher levels, however at the level of the AWWs the information was much poorer. Trainings were planned at all the levels, various agencies were involved in the training of the functionaries in the four states; according to the CDPOs, convergence was being established through joint training programmes for functionaries organised by both departments i.e. ICDS and NRHM. The problem of inadequate human resource availability was further compounded by vacancies in the existing structure; migration was the main reason why women were left out of the preview of the scheme; by the time the scheme was translated into implementation at the ground level, lot of new conditions were added restrictions, which further limited the access of women to the IGMSY scheme.

Recommendations: There is a urgent need for work place initiatives for supporting women with infants and young children through provision of crèches; pregnancy registration in any anganwadi centre should be a sufficient document for opening a zero balance bank account to enable the transfer of the IGMSY money; in case of a health system failure that prevents women from meeting the service-uptake conditions, there needs to be an accessible grievance redress mechanism which poor women can easily use.

Key Words*: 1.WOMEN WELFARE 2.MATERNITY SCHEME 3.WOMEN EMPOWERMENT 4.WOMEN HEALTH 5.INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY) 6.MATERNITY SUPPORT SCHEME 7.WOMEN WAGE WORKERS 8.POVERTY 9.ILLITERACY 10.MATERNITY BENEFITS 11.VILLAGE HEALTH AND NUTRITION DAYS (VHND) 12.AWWs 13.ASHAs 14.ANGANWADI CENTRES 15.PUBLIC HEALTH FACILITIES 16.MAMTA SCHEME 17.HEALTH CARE SERVICES 18.PREGNANT WOMEN 19.EDUCATION 20.STATE SUPPORTED SERVICES 21.FOOD SECURITY AND NUTRITION 22.SUPPLEMENTARY NUTRITION 23.PUBLIC DISTRIBUTION SYSTEM 24.SOCIO ECONOMIC PROFILE 25.BREASTFEEDING 26.INFORMAL SECTOR 27.WOMEN WORKERS 28.IMMUNISATION 29.MCP CARDS 30.WOMEN AND REPRODUCTIVE HEALTH 31.ICDS FUNCTIONARIES 32.ANAEMIA 33.UNIVERSAL FOOD SECURITY 34.ODISHA 35.UTTAR PRADESH 36.WEST BENGAL 37.JHARKHAND.*

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Effect of Protein Quality and Quantity on Body Composition of Sedentary Adult Women. *Indian Journal of Nutrition Dietetics, 50: 15-23*.

Background: Advancing adult age is associated with profound changes in body composition, the principal component of which decreases in skeletal muscle mass. The age related loss in skeletal muscle mass has been referred to as sarcopenia which include a decline in muscle protein synthesis, inadequate nutrition, inactivity and hormonal changes.

Objectives: To study the animal and plant protein in individual meals and their role in altering body composition of adult women so that appropriate guidelines can be drawn for quantity and quality of proteins to achieve optimum muscle mass.

Methods: A total of 152 subjects in the age range of 21 to 60 years, working in Punjab Agricultural University, Ludhiana, were selected for the study. The subjects were divided in to four groups (Group I, II, III and IV) on the basis of their age i.e., 21-30, 31-40, 41-50 and 51-60 years respectively. 24 hour recall method for three days was used to assess the food intake of the subjects. Basic anthropometric measurements were taken using standard methods.

Findings: The subjects in group I, II, III and IV were overweight by 2.3, 13.1, 22.2 and 24.2 per cent respectively; BMI of the subjects in group II, III and IV were more by 1.6, 9.1 and 15 per cent, respectively; the waist circumferences of the subjects were higher except for the youngest age group; the hip circumference was much higher than their women counterparts from other states of India; the prevalence of excess of fat mass was found among 43, 94, 100 and 93 per cent of the subjects of four age groups. The results revealed that the percent muscle mass reduced significantly ($P \leq 0.05$) after 40 years of age; the mean daily intake of protein by the subjects in four groups in breakfast ranged between 8.7 - 9.6 g ; in lunch and dinner it was 9.0-11.3 and 11.6-12.6 g; the range of mean daily intake of protein in in-between meals in the four groups ranged between 9.4 -11.5 g . The percent adequacy of protein by four age groups was 69.6, 78.2, 80.0 and 66.3 respectively; the subjects from all the four age groups showed inadequate intake of protein (8.7 - 12.0 g) in all the meals; the total daily animal protein intake of subjects in four age groups ranged between 3.3 – 21.6, 11.3 - 24.0, 7.0 - 28.0 and 6.0 - 30.3 g, with mean values of 12.2, 17.7, 17.8 and 14.6 g respectively. The total daily intake of plant proteins by the subjects of four groups ranged between 15.0 – 43.0, 16.0 – 40.3, 11.7 – 69.0 and 20.0 -37.0 g with the mean values of 25.6, 25.2, 27.8, and 25.5 g respectively. The subjects of all four age groups showed higher ratio of animal plant protein in the in-between meals, the ratios being 2.7, 3.4, 1.9 and 1.2 respectively; the contribution of protein to the total energy for four age groups ranged between 12-13 per cent for breakfast, 10-12 per cent for lunch, 12 -15 per cent for dinner and 11-15 per cent for in between meals respectively.

Conclusion: Adequate dietary protein in term of quantity and quality in association with physical activity and an energy-controlled diet may improve the body composition of adult women.

***Key Words**: 1.WOMEN WELFARE 2.WOMEN HEALTH 3.PROTEIN QUALITY AND QUANTITY 4.BODY COMPOSITION 5.SEDENTARY ADULT WOMEN AND DIET PATTERN 6.NUTRITION 7.RECOMMENDED DIETARY ALLOWANCES (RDA) 8.PROTEIN INTAKE 9.PLANT AND ANIMAL PROTEIN 10.BMI 11.LUDHIANA 12.PUNJAB.*

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Effect of Maternity Schemes on Place of Delivery in a Tribal Block of Gujarat. *Indian Journal of Community Medicine, Vol.38 (2): 118-120.*
Source: www.ijcm.org.**in**

Background: The government of India and Gujarat has launched various maternity schemes to promote institutional deliveries. In 2006 Gujarat government launched the Chiaranjeevi Yojana (CY) which allows women living below poverty line (BPL) to deliver free of cost at selected private health care centers. Janani Suraksha Yojana (JSY)., was launched by government of India in 2005, which is a conditional cash transfer programme for BPL women to promote institutional delivery in public hospitals.

Objectives: To examine effectiveness of recently launched maternity schemes and NGO initiatives to increase institutional deliveries by examining place of delivery during current pregnancy among women who had previous delivery after initiation of the schemes, to examine current place of delivery before and after initiation of maternity schemes for those women who had previous home deliveries.

Methods: The study was conducted in Jhagdia block of Gujarat. All women who had live or still births between April 2008 to March 2009 at home or hospital were included in the study.

Findings: Out of 3,499 live and still births in 2008-09, 2,207 birth met all inclusion and exclusion criteria; regarding current and previous place of delivery for women who delivered in 2008-09, 44 per cent deliveries occurred at hospital and 56 per cent deliveries occurred at home during current pregnancy; out of 671 deliveries that took place at an institution during previous pregnancy, 80 per cent occurred at institution during current pregnancy; out of 1,536 deliveries that took place at home during previous pregnancy, 29 per cent occurred at institution during current pregnancy. Women who had previous institutional deliveries were 2.39 times more likely to deliver at institution during current pregnancy, compared to those who had previous home deliveries after controlling for all other factors. Regarding place of delivery during current pregnancy in years 2008-2009 and 2004-05 for all women who had home deliveries during previous pregnancy, 29 per cent women delivered at institution and 71 per cent delivered at home in 2008-09. Out of 1595 women who had previous home deliveries, 10 per cent delivered at institution and 90 per cent delivered at home in 2004-05. Absolute risk reduction was 190 home deliveries during current pregnancy per 1000 previous home deliveries. For every 1000 women who had previous home delivery, 190 lesser women delivered at home in 2008-09 compared to 2004-05 due to the policy environment prevalent in 2008-09.

Recommendations: Providing free emergency transportation and contracting out services to private practitioners similar to the Chiaranjeevi Yojana (CY) *in next phase of* Janani Suraksha Yojana (JSY) *might further augment its effectiveness.*

***Key Words**: 1.WOMEN WELFARE 2.MATERNITY SCHEME 3.TRIBAL BLOCK 4.BPL 5.CHIARANJEEVI YOJANA 6.HEALTH CARE FACILITIES 7.JANANI SURAKSA YOJANA (JSY) 8.INSTITUTIONAL DELIVERIES 9.PREGNANT WOMEN 10.SOCIO-ECONOMIC PROFILE 11.LIVE BIRTHS 12.STILL BIRTHS 13.EDUCATION 14.ILLITERACY 15.TRIBAL WOMEN 16.ANTENATAL 17.INTRANATAL AND POSTNATAL SERVICES 18.POST PARTUM STATUS 19.HOME DELIVERIES 20.JHAGADIA BLOCK 21.GUJARAT.*

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