



DCWC Research Bulletin

Vol. XVIII

Issue 3

July - September 2014

2014

Documentation Centre for Women and Children (DCWC)
**National Institute of Public Cooperation
and Child Development (NIPCCD)**
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New Delhi – 110016

DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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Contents

S. No.		Page No.
A. Research Abstracts on Child Development		
Child Welfare		
1.	Gender Bias and Socialization of the Girl Child.	1
2.	Preventive Strategies for Child Protection: Practical Guidance to form and Strengthen Child Protection Committees.	3
Education		
3.	Impact of KGBVs on Girls' Education and Retention.	5
4.	Sarva Shiksha Abhiyan : A Milestone of Special Education in India.	7
5.	Study on Impact of BaLA (Building as Learning Aid) in State of Gujarat.	9
Growth and Development		
6.	Preparing Teachers for Early Childhood Care and Education.	11
7.	Early Stimulation and Language Development of Economically Disadvantaged Young Children.	13
8.	Report of Performance of Rajiv Gandhi National Crèche Scheme for Children of Working Mothers.	14
Nutrition		
9.	The Junk Food Generation : A Multi-Country Survey of the Influence of Television Advertisements on Children.	16
10.	Assessment of Infant and Young Child Feeding Practices among the Mothers in a Slum Area of Kolkata: A Cross Sectional Study.	18
11.	Consumer Perception about Fast Food in India : An Exploratory Study.	20

S. No.		Page No.
12.	A Study on Infant and Young Child Feeding Practices among Mothers Attending an Urban Health Centre in East Delhi.	22
13.	300,000 IU or 600,000 IU of Oral Vitamin D3 for Treatment of Nutritional Rickets: A Randomized Controlled Trial.	24
14.	A Study of Nutritional Status of Infants in Relation to their Complementary Feeding Practices.	25
15.	Right to Food and Urban Poor in India: Hopes and Concerns.	26

B. Research Abstracts on Child Protection

Child Labour

16.	Comprehending Child Labour : IEC Material.	27
17.	Combating Child Labour in India : An Empirical Study in Andhra Pradesh.	29

Destitute

18.	Experiences of Abuse among Street Children: Nature, Magnitude and Practices.	31
19.	A Scenario of Street Children in Ludhiana City.	32

Health

20.	A Brief History of Vaccines and Vaccination in India.	34
21.	Effectiveness of School-Based Intervention Programs in Reducing Prevalence of Overweight.	36
22.	Clinico-Anthropometric Profile of Children from Darjeeling Tea Garden.	37
23.	Prevalence of Fast Food Intake among Urban Adolescent Students.	38

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

24. Global Causes of Maternal Death: a WHO Systematic Analysis. 40

Scheduled Castes

25. Crimes and Atrocities against SCs & STs with Special Reference to Implementation of the Protection of Civil Rights (PCR) Act, 1955 and the Prevention of Atrocities (POA) Act, 1989: Andhra Pradesh, Himachal Pradesh, Gujarat, Maharashtra, West Bengal. 41

Women Welfare

26. Functioning of Micro-credit Scheme under Rashtriya Mahila Kosh (RMK) in North Eastern States (Assam, Manipur and Nagaland) of India. 44
27. Violence against Women in Prostitution: The Ground Realities. 46

A. Research Abstracts on Child Development

CHILD WELFARE

1. Menon, Usha and Vijay, Vasanthi. (2014).
Gender Bias and Socialization of the Girl Child. *Social Action, April-June, 64(1): 102-111.*

G18699

Background: Gender bias is a much-pursued area of study in the annals of sociological research, for its implications are pervasive and detrimental in the empowerment and development of young girls in India. The process of socialization weaves the thread of gender bias through child-rearing practices, which are then internalized by the girl as the norm of her very being.

Objective: To examine forms of discrimination meted out to the girl child.

Methods: The findings are based on a pilot study conducted in selected slums in Udthagamandalam in the Nilgiris. The research design was descriptive in nature and the universe comprised of selected slums in Udthagamandalam with a population of 5,427 households. Using purposive sampling technique based on the inclusion-exclusion criteria of the study, 30 girls in the age group of 10-18 years and 30 of their mothers were selected and interviewed. The researchers, in addition to a semi-structured interview schedule, also used a standardized gender bias scale (Metilda) in the research process. The findings are based on a pilot study conducted in selected slums in Udthagamandalam in the Nilgiris, Tamil Nadu.

Findings: The findings of the study revealed that bias meted out to the girl child at birth. 50 per cent of the girl children strongly agreed that the birth of a girl was not welcomed in their family whereas 26.7 per cent moderately agreed and 23.3 per cent strongly disagreed with the statement indicating that the majority of responses reflected a strong presence of gender bias towards the birth of the girl child. Son preference is highlighted as one of the significant reasons for gender bias against the girl child as 63.3 per cent of the girl child strongly agreed that girl child was considered a burden to the family whereas boy child was considered an asset. The girl child in the slum does not share the simple freedoms that boys take for granted. This becomes conspicuous when space needs to be jostled within the tiny home. Constraints on the mobility of the girl child were commensurate with the results of the study although there are regional differences in the degree. Discrimination in the area of household tasks appeared to be the highest.

Conclusion: Gender bias plays an active role in the process of socialization of the girl child in the slums of Udthagamandalam, Tamil Nadu. Son preference is evident and the girl child has internalized the roles that have been determined for her. Gender bias and its ramifications on the child calls for a nation to rouse itself out of its slumber and garner a mass movement of change for the young girls of today and for those yet to come.

Key Words: 1.CHILD WELFARE 2.GIRL CHILD 3.DISCRIMINATION 4.GENDER BIAS 5.SEX RATIO 6.SLUMS 7.SOCIALIZATION.

2. UNICEF, New Delhi. (2013).
Preventive strategies for child protection: practical guidance to form and strengthen Child protection committees.

Source: <http://www.unicef.org>

G18664

Background: The Integrated Child Protection Scheme (ICPS) which was launched in 2009 intends to build a protective environment for all children, especially those vulnerable to violence, abuse, and exploitation. Through partnerships between government and civil society, the scheme hopes to create a safety net that prevents and responds to vulnerabilities of children. ICPS identifies the lack of preventive interventions as a significant gap in existing child protection services, and goes on to stress on the role of communities in protection of children.

Objective: To identify the processes undertaken, outlines roles of various stakeholders in the process, and records case studies of select interventions, which demonstrate how preventive child protection works in convergence with other groups, committees, and government agencies.

Methods: The study is based on the information provided by UNICEF and partners in standardized templates that were gathered from nine states. The information collected from the states was reviewed to draw out the process of Child Protection Committee (CPC) formation, and the practices that were most effective in formation, strengthening, and functioning of the CPCs. Field visits and interviews with state government and district administrations, NGOs, community members, and UNICEF staff were undertaken to validate and analyse the information received from the states.

Findings: The findings of the study are presented in the form case studies.
Case I: In Sanghavi, a village in Yavatmal district in Maharashtra, the findings of the baseline survey conducted indicated that nine girls in their early teens had dropped out-of-school. It was discussed at the training of the volunteers. Further enquiry revealed that the girls dropped out-of-school because - (i) there was no secondary school in the village; (ii) the closest secondary school was in the adjacent village and there was no safe and convenient means of transportation to enable the girls get there. The issue was presented before the Beat Officer (BO) and State Transport Depot Manager of the area. Ascertaining the need for transport through a survey, the authorities started a bus service between the two villages. This motivated not only the parents of the nine girls who had dropped out but even other parents to send their children to the secondary school in the adjacent village. This positive action on the part of the State, gave confidence to members of the community. They began to raise other child protection related matters with the village volunteers. These included child labour, school drop outs, child marriage and malnutrition.

Case II: Upperapally is a village in Kurnool district, Andhra Pradesh with close to 50% population belonging to the backward community and 30% to the scheduled castes. The baseline survey found that 20 children were employed/out-of-school (OSC), while still others, mostly girls were dropping of school out as the high school was 4 km away and there was no transport. Many families migrate annually to Guntur and Kadapa in search of work. Close to 26 child marriages took place in the last one year. The facilitator NGO undertook an awareness campaign using the findings of the baseline survey in their discussions. As the awareness creation and sensitization on child rights issues continued, the community began recognize the relevance of a committee dedicated to address children's issues. The training provided to the CPC, not only sensitized them on what constitutes a CP violation but they learned how to deal with the issue.

The CPC took up each issue identified by the baseline survey.

- The issue of child labour was addressed with families through a door to door campaign families were informed of the importance of education.
- Children out-of-school was enrolled and their retention is being monitored.
- The issue of girl children dropping out because of the extensive distance to be travelled to the high school was partly resolved by the distribution of bicycles for some children and arranging an auto-rickshaw to pick and drop the others.
- Through the continual awareness created on child marriage, 9 child marriages were stopped. Following a series of discussion between CPC members and NREG officials and door to door campaign.
- SSA funds were obtained to ensure water and toilet facilities in the school.

Conclusion: The experience of formation of CPC has demonstrated that the CPCs can be the community level hub of a child protection system that weaves together a protective network of family, community, and services, which fortify children with a system that anticipates and prevents child protection violations, and which seamlessly works together in response to children who are at risk or in unsafe situations, where their rights are violated. The CPC must emerge as the first point of contact in the community for child protection. It needs to be scaled up to cover all villages in the country; hinged on to other components of a protective system including and extending beyond the bodies.

Key Words: 1.CHILD WELFARE 2.CHILD PROTECTION 3.CHILD LABOUR 4.ICPS.

EDUCATION

3. Chaudhari, Priti et al. (2012).
Impact of KGBVs on girls' education and retention. Vadodara : The
Maharaja Sayajirao University of Baroda.

G18684

Background: Education of girls has been a high priority with the Government of India. Both men and women need to be empowered in all the aspects to achieve actual development of the society. In India girls' education has suffered for many reasons in our society. To target pockets where girls' education is lagging behind, the Government of India has launched two focused interventions for girls – the National Programme for Education of Girls at Elementary Level (NPEGEL) and the Kasturba Gandhi Balika Vidyalaya (KGBV) to reach out to girls. The NPEGEL provides additional provisions for enhancing the education of underprivileged/ disadvantaged girls at elementary level through intense community mobilisation, development of gender sensitive learning materials, early child care, education facilities and provision of need-based incentives. The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was launched for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas.

Objectives: To study the status of KGBVs in terms of availability, adequacy, usability, relevance and appropriate utilization of material resources; To study Enrolment patterns, retention rate and dropout rate of girls in KGBVs; To study the teaching learning process in KGBVs through achievement of students and observation of class-room teaching; To study the problems faced by beneficiaries and functionaries.

Methods: The tools used for data collection in the present study were designed by the project team which was designed in both English and Gujarati. Observations schedules, structured questionnaires and focus group discussions were the tools used for data collection.

Findings: About 66.0% of the KGBVs running in own buildings are of TYPE I; 58.1% of the KGBVs have their own building while the remaining run in rented accommodation. The state of the gate and compound wall are important as they provide the security to KGBV. But in about 14.0% cases the compound wall is stated to be in poor/very poor state and in about 21.0% of the cases the gate is stated to be in poor/very poor state. In 13.33% of cases (KGBV managed by MS) and 16.9% of the cases (KGBV managed by SSA), there is no arrangement for sewage at KGBV. The availability of material resources was not a problem in most of the cases but adequacy, usability and appropriate utilization was not observed in many cases. About 66.54% of the students were in the schools before getting enrolled in the KGBV. Nearly half of the girls come from families having farming as their livelihood. Qualification of teachers serving at KGBV indicated that 43.9% of the teachers have done PTC. On an average on the day of visit 86.69% of teachers and 79.66% of students were found to be present. The PTR (pupil teacher ratio) on the day of visit was 16.25 and as per

records were 17.69. With regard to PTR for each district having KGBVs it was observed that Valsad stands best with regard to both teacher and student attendance. Amreli shows lowest percentage of teacher's attendance and Mehsana shows lowest in student attendance. The job satisfaction is lacking among the teachers who are working at KGBVs, due to low salary against the nature of responsibility they have. About 65.0% teachers are not satisfied with the salary they receive. In spite of the low salary the teachers about 73.0% wished to continue to work at KGBV which reflects a positive social relationship amongst the teachers and the students and within the staff members also. The percentage average achievement of the KGBVs spread across the state in all the subjects together is 45.76%. The districts Junagadh, Mehsana and Narmada showed better performance comparatively to other districts of the state while the districts Panchmahal, Vadodara and Surrendranagar show very low performance when all subjects are considered together. More than 80.0% have stated that there is problem in availing the daily requirements like milk, vegetables, etc. and the grants are also not received timely. But about 73.0% of the teachers stated that he books, uniforms, sweaters and other necessities are availed timely at KGBVs.

Conclusion: KGBV has played a very important role in making the people realize importance of education in a girl's life. KGBV made it practical for parents of girls at KGBV to see their girl child in school and learning, because for them meeting the daily needs is difficult, so education could never appear in the list of tasks for their children. There is an increase in readiness of parents to teach the child further but in some school like KGBV where child is secure and taken care off. It can be observed that success has been achieved in bringing the girls to KGBVs with the consent of their parents. This indicates certain level of awareness has been created among the people of EBB by the functionaries of KGBVs. The promise to quality education which was the underlying focus of the KGBV scheme needs to be now focused.

Key Words: 1. EDUCATION 2. GIRL EDUCATION 3. KGBV 4. NPEGEL 5. EDUCATION SYSTEM.

4. Pathak, Krishna Kumar. (2014).
Sarva Shiksha Abhiyan : A Milestone of special education in India.
Educationia Confab, Vol.3(4) : 20-24.

G18711

Background: The role of universal elementary education (UEE) for strengthening the social fabric of democracy through provision of equal opportunities to all has been accepted since the inception of our republic. The national policy on education (NPE) 1986/92 states “in our national perception education is essentially for all”. Sarva Shiksha Abhiyan (SSA) is implemented as a centrally Sponsored Scheme in partnership with state Governments for universalizing elementary education across the country.

Objective: The study overviews the Sarva Shiksha Abhiyan (SSA) and its salient features.

Findings: The Sarva Shiksha Abhiyan (SSA) is implemented as India’s main programme for universalizing elementary education. Its overall goals include universal access and retention, bridging of gender and social category gaps in education and enhancement of learning levels of children .SSA provides variety of intervention including inter alia, opening of new schools and alternate schooling facilities construction of schools and additional classrooms, toilets and drinking water, providing for teacher periodic teacher training and academic resource support, textbooks and support for learning achievement. These provision need to be aligned with the legally mandated norms and standards and free entitlements mandated by the RTE Act. The salient features of the RTE Act 2009 mentions that the rights of child to free and compulsory education till he/she completes elementary education in a neighborhood school is necessary. It clarifies that compulsory education means obligation of appropriate government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child in the six to fourteen age groups free means that no child shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education. It makes provision for a non-admitted child to be admitted to an age appropriate for particular class. It specifies the duties and responsibilities of appropriate government, local authority and parents in providing free and compulsory education and sharing of financial and other responsibilities between the central and state governments. It lays down the norms and standards relating inter alia to pupil teacher ratios building infrastructure school working days teacher working hours. Sarva Shiksha Abhiyan also focuses on children with special need (CWSN) and says CWSN include normal schools through integrated and inclusive education. Special education children special needs specially in reading writing are fulfilled by special trained teacher in special environment. In Integrated education the children with special needs remain in special school for maximum time for fulfillment of their special needs & goes to normal school for some of their activities. Inclusive education is that type of programme there are study special need children and normal children with together and provide suitable support.

Conclusion: children in to the primary schools. In each primary school a itinerant teacher teach to special need children with the normal children and after they go to the upper primary as well as secondary and higher education. In this way special children join education with normal child and get equal opportunity, Equal safety, and full Participation. So SSA is the really a milestone in the Indian Educational system. we have achieved maximum success by providing elementary education facilities for all 6 to 14 year age of special and normal students in nationwide . But we should provide awareness to teach the special need children. And we have to implement SSA and related schemes positively for the India's bright future and progress.

Key Words: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN 3.DISTRICT PRIMARY EDUCATION PROGRAMME (DPEP) 4.RIGHT TO EDUCATION 5.INCLUSIVE EDUCATION.

5. Sharma, Richa et al. (2012).
Study on impact of BaLA (Building as Learning aid) in state of Gujarat.
Gandhinagar : Gujarat National Law University.

G18685

Background: Schools are specialized spaces for learning. Less attention is paid to the interface between building design and the design of the teaching and learning program, the use of space and its constituent elements, including lighting and ventilation, can support more diverse learning activities apart from frontal teaching. BaLA is about developing the school's entire physical environment as a learning aid – the inside, the outside, semi-open spaces – everywhere. At the core, it is about maximizing the educational 'value' of a built space. It is based on 'how children learn'. Building as a Learning Aid (BaLA) aims to use the built elements like the floor, walls, pillars, staircases, windows, doors, ceilings, fans, trees, flowers, or even rainwater falling on the building as a learning resource. BaLA activity helps in creating child-friendly learning environment, help in experience learning by doing, involve multiple, involvement of multiple senses in learning process and providing a learning environment in the school for the children.

Objectives: To study the condition of BaLA resources; To compare the enrolment and retention rate before-after implementation of BaLA; To study the different concept learnt by students through BaLA; To Study perceptions of teachers regarding usefulness of BaLA.

Methodology: Tools used for collecting data were Questionnaires, structured interview and focus group discussions.

Findings: The major finding of the study reflects the availability and condition of BaLA resources and basic concepts learnt by students. It was observed that in 45% schools condition of BaLA resources in classroom was found good whereas only in 42% schools the BaLA resource utilization was found good. 21 BaLA items were found in more than 70% schools of which Dot Board, Word Wall, and Picture with Fun, Calendar, and Practice Word, Numerical Tables are to name a few. About 90% of the principals of the school stated that BaLA had its impact on the enrolment of the children, as after the implementation of BaLA in 2007-2008 the total consistency in enrolment was observed to be between 74-76%. Schools where BaLA was implemented in 2006-2007, total enrolment was low but after implementation of BaLA in three years i.e. from 2007-2008 significant increase in total enrolment was observed followed by gradual decrease in successive years. BaLA showed a remarkable impact on total retention in the years 206-07. In 32.95% schools, students' knowledge of Numerical concept was found good whereas in 36.08% schools, it was found average. 31.88% schools, students' knowledge of Science concept was found good and in 43.66% schools, it was found average. Knowledge of Mathematics concept it was found well in 32.70% schools students and in 40% schools, students it was found average. Majority of the principals (96.66%) stated that after the introduction of BaLA the school has become a joyful place for students

and served as a holistic place of development for students. As per observation Utilization of class room for implementing ideas of BaLA was average in 45.45% schools, whereas the use of resources by teachers was in 81.81% of schools. Out of total 11 schools, 9 (81.81%) principals stated affirmatively that BaLA is helpful in encouraging slow learners and 8 (72.72%) teachers also opined the same. Out of total 60 schools principals, 5 (45.45%) stated that students' participation in self-engaged learning is good. However of the total 5 (45.45%) teachers opined it is average and as per observation it is 6 (54.54%). Maintenance of BaLA resources was maintained by students in 50% of the schools, whereas in other schools 95% teachers and 15% school management managed the resources. Observations revealed that out of total 60 schools in 44 (73.34%) schools students were found before school hours and playing and learning with BaLA resources.

Conclusion: BaLA is successful in making its remarkable beginning in the state of Gujarat. Nearly 70% identified resources were available in BaLA School. Their condition was found either good or average. Students' knowledge of various concepts learnt through BaLA was found average and good. However no significant impact of BaLA is found on enrolment in the schools. However a minor impact of BaLA on retention is observed. Teacher knew about BaLA but their knowledge was very limited. 88% teachers didn't receive any training to utilize BaLA resources. Hence it is a serious matter which needs to be addressed. Hence education of teachers regarding the proper utilization of resources is needed.

Key Words: 1. EDUCATION 2. SCHOOL EDUCATION 3. CHILD FRIENDLY SCHOOL 4. CHILDREN 5. STUDENT TEACHER PARTICIPATION 6. GUJARAT.

GROWTH AND DEVELOPMENT

6. Kaul, Venita et al. (2010).
Preparing teachers for early childhood care and education. Delhi :
Ambedkar University.
G18683

Background: Early Childhood Care and Education (ECCE) aims at total child development in a learning environment that is joyful, child centred, play and activity based. These requirements call for a teacher educator who has a sound educational philosophy of ECCE besides specialized content and methodology skills pertaining to these areas. Teacher education in ECCE is perhaps as amorphously defined as provisions for ECCE. People working with young children require minimal training and at best need to be prepared to be fun loving, playful and caring towards young children. India has been implementing perhaps the world's largest ECCE programme known as the Integrated Child Development Services (ICDS) since 1975. The field of ECCE in India is replete with slow moving policy and programmatic initiatives, certainly not in pace with the rapid increase in population of young children and emerging social, economic and cultural changes.

Objectives: The major objectives of the study were to review availability, coverage and nature of pre-service teacher education in Early Childhood Care and Education Inform policy level reforms in the area of teacher education in ECCE.

Methodology: Data was compiled from both secondary and primary sources. The tools used were detailed questionnaires, fact sheets, interview schedules, field visits and check lists.

Findings: The survey clearly demonstrates the major role played by the private sector in the area of teacher education in ECCE, with a majority (50 percent) of the teacher education institutions being private initiatives. The study very clearly demonstrated that almost 63.4 percent of the institutions offering teacher education, except government were unrecognized. The survey indicates that majority (76.19 %) of the ECCE Teacher education courses are run on a full time basis, with only very few run as part time. The Diploma courses were found to have the part time option more frequently as compared to the Certificate courses. Among the recognized institutions, 50 percent of the conformed to class 12 while 36 percent reported graduation as the eligibility criteria. Admission to courses after class 10 as the minimum qualification was significant as out of 52 institutions, 14 institutions followed this norm. The NCTE has specified Post-graduation with Child Development, ECCE and Education as the requirement for Teacher Educators and has prescribed three teacher educators per batch of 50 students. Only 40% of all the teacher educators did not meet

NCTE specifications. A positive and significant finding is that a majority (89%) of the teacher educators across categories reported receiving their salary on time indicating some level of regularity and stability in this profession. About one third of the teacher educators reported updating their knowledge through reading of books and research articles. Curriculum designing was found significant among 17 out of 33 recognized and unrecognized institutions. The duration of the placement reportedly ranged from less than 10% of the course duration to 50% in some cases of the entire duration.

Conclusion: The study has brought to the fore several issues which need to be understood and addressed, not only in the context of the present scenario with respect to ECCE, but also with a futuristic perspective. The study has brought to the fore several issues which need to be understood and addressed, not only in the context of the present scenario with respect to ECCE, but also with a futuristic perspective. The study highlights absence of any induction training or orientation programmes for teacher educators and study clearly brings out the significant role played by the private sector in making available teacher education facilities in ECCE across the country.

Key Words: 1.GROWTH AND DEVELOPMENT 2.EARLY CHILDHOOD CARE AND EDUCATION 3.EDUCATION 4.ECCE 5.CHILD CARE 6.CHILD DEVELOPMENT 7.EDUCATION INFORM POLICY LEVEL 8.EMPOWERMENT.

7. Malhi, Prahbjot, Sidhu, Manjit and Bharti, Bhavneet. (2014). Early Stimulation and Language Development of Economically Disadvantaged Young Children. *Indian Journal of Pediatric*, Vol. 81(4).

G18708

Background: India has recorded strong economic growth in recent years but has shown little progress in tackling issues of poverty and its impact on malnutrition, school readiness, poor rates of child learning and its future educational outcomes. Exposure to psychological risks affects the developing brain and seriously undermines children's development.

Objectives: To examine the effect of home stimulation on the language functioning of young children from low income families.

Methods: The language functioning of 102 children (Mean age = 3.3 y, SD = 1.3) was assessed by the communication sub-scale of the Indian Developmental Inventory (IDI) along with home to assess the quality of stimulation provided by parents to children.

Findings: Nearly 16 % of children from economically disadvantaged homes had language delay. Children with language delay as compared to children with adequate language skills had significantly lower stimulation at home ($t=2.59$, $P=0.01$), specifically parents were significantly less likely to praise their child (25 % vs. 52 %, $\chi^2=4.03$, $P=0.045$) or provide verbal stimulation (44 % vs. 72 %, $\chi^2=4.95$, $P=0.026$). Multivariate stepwise regression analysis revealed that 18 % of the variance in the communication developmental quotient (DQs) of children was accounted by stimulation and age of the child ($F=10.47$, $P=0.000$). Age was negatively correlated to language function in children ($r=-0.23$, $P=0.023$). Younger children from relatively more stimulating home environment had significantly higher communication Developmental quotient. It was noted that even within the context of economic disadvantaged; there are positive associations between simple home stimulations and language development in children.

Conclusion: the ICDS has made considerable efforts to promote physical and cognitive development of children living in disadvantaged environments. Programs that seek to increase early stimulation for disadvantaged children by providing cognitive-linguistic enriched learning experiences would go a long way in paving the way for improved language, cognition and school performance in young children.

Key Words: 1.GROWTH AND DEVELOPMENT 2.EARLY STIMULATION 3.ICDS 4.CHILD DEVELOPMENT 5.LANGUAGE DEVELOPMENT 6.MILESTONES.

8. Sutaria, D.S. et al. (2013).
Report of performance of Rajiv Gandhi National Crèche scheme for children of working mothers. Gujarat : Supath Gramyodyog Sansthan.

G18682

Background: Women of today's world are entering the job market with increase employment opportunities and also gender inclusive policies. Economic liberalization, globalization and privatization have played a significant role to bring changes in the society, polity and economy. With the breaking of joint family system and increased phenomena of nuclear families, working women need support in terms of care for their young children while they are at work. Therefore effective day care for young children is essential for providing support to both mothers and young children. Day care serves as a protective measure which addresses the issues of child labour, school drop outs, outreach for medical and health programme, female literacy, malnutrition, etc. A crèche is defined as facilities that provide occasional care for children usually less than 8 years old, and these facilities are provided on particular premises. With the advancing times and busy schedules of parents there is imperative need to improve the quality and outreach of child day care services for working mothers and also achieving the Millennium Development Goals. Rajiv Gandhi National Crèche Scheme for Working Mothers has been implemented by Government of India under the Ministry of Women and Child Development. The programme is being implemented in partnership with civil society organizations and some of private and corporate agencies.

Objectives: The study was conducted with main objectives to study the relevance and need of the scheme for children of working mothers in the view of universalization of ICDS; To study the modus operandi of implementation of Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers in selected states, examine the status of physical infrastructure and service deliveries at Crèche Centres; To examine the problems in effective functioning of the Rajiv Gandhi National Crèche Scheme for children of working mothers; and also women inmates in their socio-economic rehabilitation; To suggest policy measures for effective and efficient functioning and performance of the scheme

Methods: the data was collected through field surveys. Other methods used for data collection were structured interview schedules and questionnaires.

Findings: In 2008-2009, there were 31,718 crèche centres with the beneficiaries of 7.92 lakh only. Crèche centres were reported to be implemented by Central Social Welfare Board(65.83 per cent) while the share of ICCW (16.77 per cent) and BAJSS (17.39 per cent) was reported low. A declining trend of crèche centres is observed over the period of 2006-07 to 2011-12. Observations reported that most crèche centres have two rooms but the space under the centre was small. About 60 per cent children living in crèche centres were from BPL families while about 2/5th children were from APL families. Majority of the

children living in crèche centres were found belonging to the age group of 0-4 years and about 10 per cent children belonged to age group 6 years and above. Most of the projects implementing agencies were NGOs (76.5 per cent) however; about 20 percent PIAs functioned as Trusts. The PIAs received assistance from Central Social Welfare Board for running the scheme. Only 17 per cent PIAs reported that they have imposed user charges for augmenting the centre's resources. The crèche were inspected by organizations and sponsoring agencies, and were found satisfied with the quality and adequacy of training to workers for child care services. Contrary to the training services, infrastructural facilities were found to be poor in most of the crèche centres. About 16 per cent crèche centres did not have availability of electricity while 28 per cent crèche centres did not have basic sanitary facilities; 14 per cent crèche centres do not have clean and safe drinking water; about 18 per cent crèche centres do not have play materials and equipment. The sleeping, cooking facilities in the crèche centres were also reported to be poor because of shortage of resources. Most of the beneficiaries were from labour class and their occupation was reported to be labour with average annual family income reported to be Rs. 28,210 with average monthly income reported to be Rs. 2592. The beneficiaries reported that they were availing crèche services from 6 to 18 months; about 30 per cent respondents reported that they are availing crèche services for more than 2 years. Children between 1-4 years were in majority availing crèche services where the average times spent by the children were 4-8 hours and the beneficiaries were satisfied with the services provided, and 2/5th beneficiaries were found dissatisfied with the adequacy of facilities in the crèche centres. Most of the crèche workers have received training however; the adequacy of training was reported to be low. The training to crèche workers requires on regular basis along with coverage of important areas such as community mobilization and empowerment, psychological care of young children, sanitation and hygiene, child health care, etc.

Conclusion and Recommendations: Decentralization approach is essential for fostering participatory planning, community ownership, responsiveness to local circumstances and the involvement of local governments on effective implementation of child-centred schemes such as ICDS and Rajiv Gandhi National Crèche Scheme. Location of crèche centres was found in favour of rural and semi urban areas where job opportunities are found concentrated in urban centres. A need to adopt multiple strategies towards achieving universalization of child day care is required to provide benefits to the beneficiaries.

Key Words: 1.GROWTH AND DEVELOPMENT 2.CRECHE SCHEME 3.EVALUATION OF CRECHE SCHEME 4.CHILDREN 5.WORKING WOMEN 6.CRÈCHE 7.RAJIV GANDHI NATIONAL CRÈCHE SCHEME FOR THE CHILDREN OF WORKING MOTHERS 8.ICDS.

NUTRITION

9. Consumer International Asia Pacific.

The Junk Food Generation: A multi- country survey of the influence of television advertisements on children. 18 p.

G18707

Background: Developed and developing countries observe an increase in advertising of foods high in fat, sugar and salt, which generally targets the young children leading to a rapid increase in childhood obesity. Advertisements broadcasted on television are identified as the most easily modifiable influential factor on diet. Advertising which preys on the human need to belong into a lifestyle, an identity is a potent tool which has the ability to sway the judgment of all the consumers. It has the power to reinvent the familiar and make the unfamiliar trustworthy. Children are especially vulnerable to advertising because they are less able than adults to fully understand its persuasive techniques and to therefore judge it critically.

Objectives: The major objective of the study was to conduct a survey on the influence of televised food ads on children, drawing primarily upon the results from a survey conducted by Consumers International Asia Pacific Office in six Asian countries - India, Indonesia, Malaysia, Pakistan, the Philippines and South Korea.

Findings: the report outlines the findings of the research conducted by CIARPO on food advertising in six countries of Asia- Pacific. Television, advertisements reaches whole spectrum of consumers and exposes children to and overwhelming amount of advertisement which are not regulated and controlled. 30% Malaysian children spend eight hours of television during a normal holiday day exposing them to over two and half hours of advertisements a day. Majority of the children believed that television advertisements were informative and were responded favorably. It was observed that 73% and 68% of Pakistani and Filipino children loved advertisements respectively. In India, 40-50 per cent of advertisements during children's programming were for food. For Pakistan, the Philippines and Malaysia the percentage of food advertisements varied between 50 and 75 per cent. More than 50 per cent of parents in all countries surveyed say that their children are an important factor in influencing their purchasing decisions. Indian, Malaysian and Pakistani parents cited "child's demand" as the primary reason for buying a product. 73 per cent of Pakistani children perceive soft drinks to be healthy for frequent consumption. In the Philippines 80 per cent of children and 71 per cent of parents, drink soft drinks at least once a week, as do 71 per cent of South Koreans. 40 per cent of parents and 63 per cent of children in the Philippines believe fast food to be fit for frequent consumption. All six countries have legislative frameworks governing advertising in general and

most have guidelines for advertising to children in particular. Only the Philippines and South Korea have laws pertaining to the advertisement of fast food and confectionery.

Conclusion: Survey clearly highlights the same disparity between knowledge and behavior. South Korean families seem to be the most well informed in terms of what constitutes a healthy diet.

Key Words: 1.NUTRITION 2.JUNK FOOD 3.FAST FOOD 4.TELEVISION 5.CHILD HEALTH
6.EATING PATTERN 7.HEALTH PROBLEMS 8.CHILDHOOD OBESITY
9.ADVERTISEMENTS.

10. Dasgupta, Aparajita et al. (2014).
Assessment of Infant and Young Child Feeding Practices among the Mothers in a Slum Area of Kolkata: A Cross Sectional Study. *International Journal of Biological & Medical Research*, 5(1): 3855-3861. G18703

Background: Infant and young child feeding is a cornerstone of care for childhood development. It was estimated that optimal IYCF practices could reduce childhood morbidity and mortality dramatically in most cost-effective and efficacious way. Proper assessment of IYCF practices among the mothers is the need of the hour to identify the gaps in their performance and to find out the influencing factors for these gaps.

Objective: To find out the status and some covariates of Infant and young child feeding (IYCF) in a slum area of Kolkata.

Methods: A cross-sectional study was conducted among 86 mother-child pair attending a MCH clinic of an urban health center catering health care service to the largest slum of Kolkata, the Chetla slum. All the mothers were interviewed after obtaining informed verbal consent and assurance of confidentiality. A predesigned, pretested structured schedule in the local language Bengali was used for data collection and measurement in the study.

Findings: Results showed that among the mothers, 55.8 per cent had their marriage at less than 18 years of age with mean age of marriage 17.5 ± 1.9 years. 52.3 per cent mothers had conceived for the first time at less than 20 years of age. Among the 86 children, 25(29.1%) were born low birth weight (birth weight less than 2.5 kg) and 3.5per cent had undergone home delivery. Out of the total 86 children aged less than two years, only31.4per cent had started breastfeeding within 1 hour after birth, 29.1per cent did not get colostrum and 31.4 per cent had prelacteal feeding mainly in the form of water and honey. Only two-third (66.7%) children of under 6months of age and 62per cent of 6-23 months were found to be exclusively breastfed. The study further revealed that only 36per cent (18/50) children of 6-23 months had started complementary feeding correctly at the age of 6 months while 32per cent(16/50) children of 6-23 months of age had late initiation of complementary feeding i.e. from 7 months of age or more. Bottle feeding apparently was quite common and was found to be more than 50per cent in the age group of 9-11 months of age. Formula feeding was found quite frequent during complementary feeding among the children. Only 6.9 per cent of 12-23 months old children had fruit juice in complementary feeding and no one had micronutrient supplementation.

Conclusion: IYCF practices among mothers of less than 2 years old children were far from satisfactory and proper action should be taken at all levels to improve the situation by propagation of the right message to the antenatal and postnatal mothers and to their families. Health education on child bearing and child rearing must be given from time to time, in easy language and by the field health staff who are very much acceptable by the general people.

Key Words: 1.NUTRITION 2.BREASTFEEDING 3.COMPLEMENTARY FEEDING 4.INFANT AND YOUNG CHILD FEEDING 5.SLUM AREAS.

11. Goyal, Anita and Singh, N.P. (2007).
Consumer perception about fast food in India : an exploratory study. *Fast Food Journal*, Vol.109(2) : 182-195.

G18709

Background: Food diversity in India is an implicit characteristic of India's diversified culture consisting of different regions and states within. However, with times due to increasing awareness and influence of western culture, there is a slight shift in food consumption patterns among urban Indian families. However, with times due to increasing awareness and influence of western culture, there is a slight shift in food consumption patterns among urban Indian families. Today, fast food industry is getting adapted to Indian food requirements and is growing in India. It is gaining acceptance primarily from Indian youth and younger generations and is becoming part of life. Keeping in view the Indian habits and changing preferences towards food consumption, this study has its focus to understand the factors affecting the perception of Indian youth, in the age group of 20-30 years, towards consumption of fast food as well as towards making choice of fast food outlets.

Objectives: To identify the factors affecting the choice of (Indian youth) consumers for fast food; To study the consumption pattern towards fast foods particularly with respect to the frequency of visits and choice of fast food outlets; To identify the impact of hygiene and nutritional value of fast foods on consumer purchase decision; To study the consumer perceptions about two popular fast food outlets in National Capital Region (NCR), New Delhi.

Methodology: The data were collected using a structured questionnaire.

Findings: A total of 92.8 per cent respondents were in 21-25 years age category. Young consumers of fast foods visit fast food outlets one to two times in a week or in a month. Based on multiple answer questions, it can be inferred that McDonald's is the most favoured fast food outlet followed by Pizza Hut, Nirula's and Domino's. Most of the young prefer Domino's for home orders followed by Pizza Hut, Nirula's and McDonald's. Based on multiple answer questions it is inferred that their preference to visit a particular fast food outlet is influenced by friends in 93 per cent of cases followed by relatives and other factors. The mean scores indicate that food taste and quality has highest importance in the mind of fast food consumers while selecting a fast food outlet for outings followed by ambience and hygiene, service speed, price, varieties and location of the outlet which clearly indicates that young consumer is attracted more with quality, ambience and hygiene conditions. Only 3 per cent feel that fast food outlets offer healthy food. A total of 83 per cent of the consumers are of the view that fast food outlets must provide information on hygiene conditions. A total of 70 per cent of the consumers pointed out that such information will increase their frequency of visiting fast food outlets. In addition 68 per cent consumers want to have nutritional chart of all food items

served is to be displayed by fast food outlets. A total of 81 per cent of the consumers prefer home cooked food in comparison to fast food outlets food.

Conclusion: Consumer acceptance of food served by fast food outlets is critically important for the future growth of fast food outlets in any economy. Though the rating of fast food outlets' attributes under study based on mean score is very high but still consumer's visit fast food outlets for fun, change or entertaining their friends but certainly not as a substitute of homemade food. Comparison of McDonald's and Nirula's indicates a clear cut difference in their mean score of their attributes and also dimensions identified with factor analysis. Consumers demand more and more information related to hygiene issues and nutritional values of the products of fast food outlets. Based on the analysis and results, we can say that with more and more acceptability of fast food outlets and change in life style, competition among fast food outlets with respect to quality of food and customer service will be more prominent in the days to come.

Key Words: 1.NUTRITION 2.JUNK FOOD 3.FAST FOODS 4.CHILDREN 5.ADOLESCENTS 6.CONSUMPTION PATTERNS 7.FOOD REQUIREMENTS 8.LIFESTYLES 9.CHILD HEALTH.

12. Khan, Amir Maroof et al. (2012).
A Study on Infant and Young Child Feeding Practices among Mothers Attending an Urban Health Centre in East Delhi. *Indian Journal of Public Health, Vol.56(5) : 301-304.*
G18693

Background: The World Health Organization (WHO) and UNICEF have developed the Global Strategy for Infant and Young Child Feeding (IYCF), which recognizes appropriate infant feeding practices to be crucial for improving nutrition status and decreasing infant mortality in all countries. WHO offers three recommendations for IYCF practices for children aged 6–23 months: Continued breastfeeding or feeding with appropriate calcium-rich foods if not breastfed; feeding solid or semi-solid food for a minimum number of times per day according to age and breastfeeding status; and including foods from a minimum number of food groups per day according to breastfeeding status. More than half of all deaths in young children are attributable to undernutrition. Problems such as malnutrition in children, poor maternal and adolescent nutrition, and gender discrimination, all continue to be major challenges in our country.

Objectives: The objective of the study was to assess the IYCF practices among the children attending the immunization clinic at the Ghazipur urban health and training center (UHTC) of University College of Medical Sciences (UCMS), Delhi.

Methods: A pretested questionnaire mainly based on the standard questionnaire on IYCF practices given by WHO was used for data collection.

Findings: Out of the total 374 children, a majority, that is, 86.9% were tenants whose mean duration of living in that area was 5.85 years (range 0–35 years). Half of the subjects were male and half were female. Out of the total 374 children, 101 (27.0%) of the children were of birth order three or more, whereas the remaining 273 (73.0%) were of birth order less than three. Only 37.2% were put on breastfeeding within one hour of birth. Prelacteal feed was given to 38% (142/374) of the studied children, which was seen much lower compared with NFHS-3 data at the national level (57.2%). Exclusive breastfeeding was done by 89 (57.0%) of 156 children under 6 months of age. Out of the 66 children aged between 6 and 9 months, about three-fourths (72.7%) were having complementary feeding. Of the 32 children aged 6–8 months, 20 (62.5%) were taking solid, semi-solid, or soft foods. Continued breastfeeding at one year was being done by 93 (72.1%) of 129 children between 12 and 23 months. Minimum dietary diversity (MDD) indicator is the proportion of children 6–23 months of age who receive foods from 4 or more food groups from a total of 7 food groups. The data reveals that MDD was observed in only 32.6% of the children between

6 and 23 months. Minimum meal frequency (MMF) indicator is the proportion of breastfed and no breastfed children aged 6–23 months who receive solid, semi-solid, or soft foods was observed in about one-half (48.6%) of children aged 6–23 months. Bottle feeding was observed in 26.5% of all the children studied.

Conclusion: The status of IYCF practices was very poor. Especially the MAD indicator is very poor and it shows the inadequacy of MDD combined with MMF among the children studied. Educating the families about correct IYCF practices is the need of the hour in order to combat child malnutrition.

Key Words: 1.NUTRITION 2.BREASTFEEDING 3.MALNUTRITION 4.IYCF
5.REPRODUCTIVE HEALTH 6.CHILD HEALTH.

13. Mittal, Hema et al. (2014).
300,000 IU or 600,000 IU of Oral Vitamin D3 for Treatment of Nutritional Rickets: A Randomized Controlled Trial. *Indian Pediatrics, April, Vol.51 : 265-272.*

G18694

Background: Indian infants and adolescents have a high prevalence of hypovitaminosis D and nutritional rickets. Vitamin D metabolism is influenced by several factors, including availability of sunlight and sun exposure, skin pigmentation, genetics, and socioeconomic status. In India, a single dose of 600,000 IU of vitamin D is used for treating nutritional rickets in children and no national recommendations exist. Studies have concluded equal efficacy of single oral dose of 300,000 IU of vitamin D in comparison to 600,000 IU for treating nutritional rickets in children. **OBJECTIVES:** To evaluate the non-inferiority of a lower therapeutic dose (300,000 IU) in comparison to standard dose (600,000) IU of Vitamin D for increasing serum 25(OH) D levels and achieving radiological recovery in nutritional rickets.

Method: 76 children (median age 12) with clinical and radio logically confirmed rickets were selected for the trial. Oral vitamin D3 as 300,000 IU (Group 1; n=38) or 600,000 IU (Group 2; n=38) in a single day.

Findings: Total of 312 children with rickets were diagnosed over 18 months, of which 106 met the inclusion criterion. Of the 76 children enrolled, 45% (n=34) were females. Over the period of intervention children in both the groups doubled their baseline serum 25(OH) D level. Complaints included not gaining height (n=43, 56.6 %), irritability (n=30, 39.5%), delayed gross motor development (n=29, 38.2%), bowing of legs (n=19, 25%) hypocalcaemia convulsions (n=13, 17 %), bone pains (n=4, 5.5 %), delayed tooth eruption (n=1, 1.3%) and recurrent infections (n=61, 80.3%). Almost half the children in both the groups showed normalization of alkaline phosphatase levels after receiving vitamin D3 treatment at 12 weeks [Group 1: 17/32 (53%); Group 2: 15/28 (54%)]. No child required a repeated dose of study medication or developed any signs of drug intolerance (nausea, vomiting, headache, persistent crying, etc.). No child had evidence of hypervitaminosis D. Hypercalcemia was documented in 2 children (1 in each Group) at 4 weeks; and 3 children (1 child in Group 1 and 2 children in Group 2) at 12 weeks.

Conclusion: dose of 600,000 IU may not be enough to normalize serum 25(OH) D (beyond 20 ng/mL), in Indian children with rickets. That a therapeutic oral dose of 300,000 IU of vitamin D can be safely substituted for 600,000 IU for treating nutritional rickets in under-five children.

Key Words: 1.NUTRITION 2.NUTRITIONAL RICKETS 3.VITAMIN D 4.CHILD HEALTH 5.NUTRITIONAL DEFICIENCY.

14. Sreedhara, M. S. and Banapurma, C. R. (2014).
A study of nutritional status of infants in relation to their complementary feeding practices. *Current Pediatric Research, February, 18 (1): 39-41.*
G18702

Background: Infant and young child feeding practices are an important determinant of nutritional status. As a global health policy for both developing and developed countries, WHO recommends exclusive breastfeeding for six months, followed by a combination of continued breastfeeding and safe, appropriate and adequate feeding with other foods. Appropriate feeding practices in the community can substantially improve the nutritional status of children and bring down morbidity.

Objective: To find out the prevailing complementary feeding practices and analyze their impact on infant growth in an urban slum community.

Methods: The study was conducted in five urban slum areas in central Karnataka, with a total population of 23,061. A total of hundred infants, between nine months to one year, were studied. Infants with Low birth weight (< 2.5 kg), born out of multiple gestations pregnancy, born premature or those with significant congenital malformations and chronic illness were excluded. Data on feeding practices was collected by interviewing mothers using a pre-tested semi-structured schedule. The nutritional status of infants was assessed by anthropometry. Height and length of the children at one year was plotted on WHO growth charts.

Findings: The findings of the study revealed that amongst the infants studied prevalence of Exclusive breastfeeding for six months was 68 per cent. 72 per cent of infants at one year were receiving thick complementary foods. 61per cent of infants at one year were fed adequate amount of complementary foods. Breastfeeding rate at one year was 100 per cent and prevalence of bottle-feeding was 2 per cent. The prevalence of wasting at one year was 34per cent and stunting was 32per cent. Higher prevalence of malnutrition was noticed in infants in whom complementary feeding was initiated before six months, Inadequate or inappropriate.

Conclusion: The complementary feeding practices in the study community were poor. Steps must be taken to improve the feeding practices in this community. The correlation of poor feeding practices with poor nutritional status further justifies this measure. Further large community based studies are required to determine if measures such as health education can change existing infant feeding practices and bring down prevalence of malnutrition.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.INFANT AND YOUNG CHILDREN FEEDING 4.COMPLEMENTARY FEEDING 5.EXCLUSIVE BREASTFEEDING 6.URBAN SLUMS 7.MALNUTRITION.

15. Sunil John J. (2014).
Right to Food and Urban Poor in India: Hopes and Concerns. *Social Action, January-March, 64(1): 1-12.*
G18698

Background: In India the urban poor occupy the lowest rungs of the social hierarchy and are deprived of basic services and amenities. They occupy the marginal positions in the socio-cultural system of the communities. Urban poverty conditions are more extensive and possibly worse than as indicated by standard income poverty estimates in India.

Objective: To examine right to food in the context of urban India.

Methods: To study the Right to Food and Urban Poor in India, information was elicited by compiling different reports (1970-2012) on estimation of incidence of poverty of Planning Commission, minimum calorie intake at 2100 calorie per capita per day and Slum population.

Findings: Overall, poverty in India had declined in India from 37.2 per cent in 2004-05 to 21.9 per cent in 2011-12. But in urban areas the poor suffer not only low calorie but from other form of deprivation like water, shelter and environmental degradations. Many people in urban areas may cross BPL mark but suffer from other inadequacies like shelter and basic services.

Conclusion: The huge differences between income and expenditure, unemployment, informal sector activities, high price etc threaten food and nutrition security of urban dwellers. Food prices have the largest direct impact on poverty because many poor households depend on income from tertiary sector and have larger shares of expenditure on food. So special stress should be given to the selection of beneficiaries of the Food Security Act.

Key Words: 1.NUTRITION 2.RIGHT TO FOOD 3.SLUM 4.URBAN POVERTY.

B. Research Abstracts on Child Protection

CHILD LABOUR

16. Dimri, Pankaj, Nath, Philip A. and Sekar, Helen R. (2013)
Comprehending child labour : IEC material. Noida : V.V. Giri National
Labour Institute.

G18662

Background: Child labour is a manifestation of various underlying socio-economic problems including widespread poverty, illiteracy, unemployment, deprivation of opportunities, denial of rights and inequality. Child labour is also a cause of many of these problems. Children are exposed to untold miseries and health hazards which are damaging to their mental, physical, psychological and moral development.

Objective: 'Comprehending Child Labour' is an IEC material which is developed with the objective of making basic information on child labour available at one place so that they are used by all those who are dealing with the issue of child labour in different capacities. The aim is also to enhance the understanding on the concept, magnitude and forms of child labour, legislation and policy, judicial intervention and other initiatives aimed at prevention and elimination.

Findings: The Study highlights various definitions of "child" according to the Constitution of India, United Nations Convention and Child Labour Act 1986. A definition of child labour is also defined from various sources. The International Labour Organization (1983) defines child labour as "Child labour includes children prematurely leading adult lives, working long hours for low wages under conditions damaging to their health and to their physical and mental development, sometimes separated from their families, frequently deprived of meaningful education and training opportunities that would open up for them a better future." Child Labour is found in various categories which are classified into various categories like children in employment, children in child labour; children in hazardous work; children working within the family or as a part of the family; child labour within the family but outside the home; children working for others. The various sectors under which child labour are employed are the agricultural and manufacturing sectors. Child Labour is inherent in the cycle of Poverty, Unemployment, Under-employment and Low Wages, caused by inequitable distribution of resources, unleashed by a centralized and lopsided economy and the backward nature of agriculture. The census of India data mentioned explains the magnitude of child labor in India across the years. The problem of child labour requires to be dealt through sustained efforts over a period of time. Constitutional provisions like Article 21A "right to education", Article 23 "Prohibition of Traffic In human beings and forced labour", Article 24 "Prohibition of employment of children in factories etc", Article 39 (e) and (f) "Directive principles of state policy" and Article 45 " Provision for free and

compulsory education for children” follow a pro- active towards tackling child labour problem. Juvenile Justice (Care and Protection) Amendment Act 2006 ‘Child Protection’ is about, protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood, protection of all rights of all children, especially those needing special attention and developing strategies to ensure realization of their rights. Trafficking is defined as “Illicit and clandestine movement of persons across national and international border slavery from developing countries and some countries with economies in transition, with the end goal of forcing women and children into sexually or economically oppressive and exploitative situations for the profit of recruiters, traffickers and crime syndicates, as well as other illegal activities related to trafficking, such as forced domestic labour, false marriages, clandestine employment and false adoption.”

Conclusion: The challenge of preventing and eliminating child labour requires concerted and harmonized efforts of all social partners and stakeholders with commitment and dedication. It is also important to be equipped with needed information. Having entered the labour market at a tender age without any formal education or skills, when they grow up as adults, they continue to be employed in monotonous, laborious, unskilled, marginalized, low-paid work, without being able to rise in their economic levels or move upwards in the occupational ladder. Consequently, they get into the trap of poverty and child labour becomes inter-generational.

Key Words 1.CHILD LABOUR 2.IEC MATERIAL 3.CHILD RIGHTS 4.CHILD PROTECTION 5.CONSTITUTIONAL PROVISIONS 6.JUVENILE JUSTICE AMENDMENT ACT 2006.

17. Narayana, K. Venkat. (2012).
Combating child labour in India: an empirical study in Andhra Pradesh.
Warangal, AP: Kakatiya University.

G18692

Background: The term Child Labor is often used synonymously with employed children or working child. It is also defined as any work done within or outside of the family that threatens health and mental development of the child by denying her or him fundamental as well as non-fundamental rights. The Child always experiences some degree of exploitation i.e. physical, mental, economic and social which impairs the health and development of children. Child Labour has direct relation with poverty, health, trade, and education, adult unemployment, and human development and over all development of the society. Thus the issue of child labor is linked with human rights, educational development, International relationship and National pride.

Objectives: The objectives was to study the nature, extent and modality of Child Labour (between the age group of 9-14 years) prevailing in the three regions of Andhra Pradesh; It also aimed to study the government efforts to rehabilitate children and provide their legitimate human rights, to lead normal life in the civil society; To suggest measures for improving the living conditions of the children and protecting their legitimate rights.

Methods: The proposed study employed a multi-stage, stratified sampling method while selecting the districts, mandals, villages/schools and respondents. Multi-dimensional approach was adopted to collect both qualitative and quantitative data at different levels. For collecting quantitative data two different types of structured Data Capturing Formats Manuals (DCFMs) were developed. In addition to the schedules, different qualitative methods such as interview, direct observations, group discussions, case studied was also used.

Findings: The number of working children in Andhra Pradesh is second to U.P. in India. The Child Labour is significantly present in districts like East Godavari, Guntur, Mahabubnagar, Kurnool, Ananthapur, Vizag and Ranga Reddy. The presence of girl child labour is significant in East Godavari and Guntur districts. As per census data the total number of out of school children is estimated to be 47, 09,996 compared to State (SSA) estimates district wise. It was also found that more than 39 per cent of the enrolled children belonged to primary section, 22.8 per cent to middle school and 37.6 to high schools. With regard to the enrolment of children, parents discriminating girls against boys were significant. Literacy rate in Andhra Pradesh increased from 61 per cent in 2001 to 67.80 per cent in 2011 and the coverage of NCLP schools was also declining in rural areas due to reduction of child labor in rural areas which showed a positive improvement. The proportion of never enrolled children is found to be less at 3.40 per cent among the selected BPL households. The MGNREGS 85 programme is working as a positive factor to combat rural-urban migration and

helps parents to motivate their children for continued school education thus under checking the distress in migration. As a result the proportion of children out of the school and never enrolled children is getting reduced to the level of bare minimum. There is a perceptible change in literacy; a significant increase in the percentage of children going to school education was observed from 49.18 per cent in 1991 to 73.82 per cent in 2001. In the present study 24 villages confirm that, out of school children has declined to bare minimum in rural areas. A remarkable reduction in the child labour engaged in wage employment was observed during the course of the study. **Conclusion:** In spite of globalization of Indian economy, the poor households in study villages could not find better alternative sources of income and employment except farm operations. The income sources of rural poor were restricted to only to daily wage labour in agriculture and MGNREGS. Attendance of children in NCLP schools ranging between 50-65 per cent showing the ineffective management of NCLP schools. Children in the age group of 9-14 year constitute more than 55 per cent. Vocational education was not given importance in most of the schools and the teachers were not appointed exclusively for this purpose. It was also concluded that nominal health checkups were done at school premises. The government of India needs to dilute the concept of NCPL societies and campaign more vigorously despite the declining trends in the occurrence of child labour.

Key Words 1.CHILD LABOUR 2.ELIMINATION 3.MGNREGS 4.NCPL SCHOOLS
5.LITERACY 6.REHABILITATION 7.CHILD PROTECTION.

DESTITUTE

18. Sharmila, Khwairakpam and Kaur, Sukhminder. (2014). Experiences of Abuse among Street Children: Nature, Magnitude and Practices. *American Journal of Advanced Drug Delivery*, 2(3): 387-396.

G18706

Background: Street children in India are frequently exposed to abuse and extortion because they have no social status and no adults to protect them, street children identify being physically threatened and intimidated by adults as the one factor that contributes most to the misery of living on the street.

Objectives: To determine the nature, magnitude and practices of abuse among street children by their parents; To determine the age and gender differences in the nature, magnitude and practices of abuse experienced by street children.

Methods: The study was conducted in various crowded places of Ludhiana city, Punjab, India. The sample comprising of 160 home based street children (9-12 years) equally distributed over gender was purposively selected using snowball sampling technique from various crowded places such as railway station, bus depots, bus stops, traffic lights, market places, temples, etc. A self-structured Interview Schedule was used to study the nature, magnitude and practices of abuse experienced by street children. The tools was circulated among the experts and modified in the light of the comments given by them. It was then pretested on 20 non-sampled street children and the test retest reliability was calculated to be 0.91.

Findings: Majority of the street children (92.50%) experienced abused by their parents. The most predominantly used punishment was scolding (83.44%) followed by spanking/slapping (47.96%), twisting ears or hands (37.50%), beating (30.74%), verbally abusing (20.94%) and yelling (20.26%). The most predominantly used mode of physical punishment by the parents was stick followed by other objects such as switch, shoes, broom and rod. Fathers were found to be stricter and exhibited more negative attitude towards the children compared to mothers. A higher proportion (42.56 %) of street children reported being punished once in a week by their parents because of varied reasons such as disobeying parents, misbehaving with parents, making too many demands, using abusive language or not going for work followed by once in a month (31.75%) and fortnightly (12.83%). However, some of them were punished more frequently i.e. twice a week (8.10%) and daily (4.72 %). So, maximum children experienced punishment by their parents frequently.

Conclusion: Street children experienced both physical as well as verbal abuse by their parents. Most of the children experienced beating/punishment frequently by their parents because of varied reasons such as disobeying parents, misbehaving with parents, making too many demands, using abusive language, not going for work, etc.

Key Words 1.DESTITUTE 2.STREET CHILDREN 3.ABUSE 4.MAGNITUDE 5.NATURE 6.PRACTICES 7.CHILD PROTECTION.

19. Sharmila, Khwairakpam and Kaur, Sukhminder. (2014).
A Scenario of Street Children in Ludhiana City. *OIDA International Journal of Sustainable Development, February, 7 (1): 63-70.*
G18705
Source: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2399623

Background: Children live and work on the street because their parents are poor, they are orphans, or they have run away from home, often to escape abuse. They are invariably malnourished, receive scant education and medical treatment, and are involved in child labour from an early age. The term street children refer to children for whom the street has become their real home. They are not necessarily being homeless or without families, but live in situations without protection, supervision, or direction from responsible adults.

Objectives: To determine the socio-personal profile and working hours of street children while involved in street activities; to determine the kind of accidents encountered by street children.

Methods: The study was based on 160 street children aged 9-12 years equally distributed over gender by administering a Self-structured Interview Schedule. The study was conducted in different locations of Ludhiana city viz, railway station, bus stand, traffic lights, nearby markets etc. Home based street children was purposively selected by using snowball sampling technique.

Findings: A probe into the native place of the sample children revealed that major proportion (40.00%) of the children belong to Uttar Pradesh, followed by Bihar (23.14%), Madhya Pradesh (13.75%), 6.88 per cent from Rajasthan and Nepal respectively, Odisha (4.37%), Punjab (3.12%) and Delhi (1.87%). An overview of the family type revealed that majority (74.37%) of the sample children were from nuclear households while around twenty six per cent children (25.63%) belonged to joint family. With respect to monthly income more than thirty three per cent of the families were having income ranging from Rs 3000-4000/month, followed by Rs 4001-5000/month (32.50%), Rs5001-7000 and Rs 7001-9000 and above respectively (11.25%). However, some of the children belonged to the family who had Rs 3000 (11.25%), monthly income. The result of the study highlighted that that boys usually work for longer duration as compared to girls. Major proportion (46.25%) of street children work for 1-6 hours a day in street whereas 28.75 per cent children work for 6-9 hours and 25.00 per cent spent 9-12 hours a day to earn their day to day living. Majority of the children (56.25%) were hit by motorbike whereas 18.75 per cent of them were hit by car and 12.50 per cent of the respondent were hit by bicycle and fell down from bus respectively. Information regarding children attending school revealed that out of the 160 street children, 54 respondents were attending school. All of the 54 respondents were reported to be attending government school.

Conclusion: The problem of street children is multifaceted and needs to be understood in proper perspective. Street children start working from very early age and they work for long hours and the result of the study highlighted that boys usually work for longer duration as compared to girls. The income generating activities of street children originate because of poverty and accompanying social disorganization. These youths are heterogeneous in terms of gender, race, ethnicity and socioeconomic status, but the majority comes from families that have been disruptive or dysfunctional in some way.

Key Words 1.DESTITUTE 2.STREET CHILDREN 3.CHILDREN AT RISK 4.CHILD ABUSE 5.HOMELESS CHILDREN 6.CHILD PROTECTION 7.VULNERABLE GROUP.

HEALTH

20. Lahariya, Chandrakant. (2014).
A brief history of vaccines and vaccination in India. *Indian Journal of Medical Research, April* , 139 : 491-511.
G18695

Background: Vaccination is a proven and one of the most cost-effective child survival interventions. Different immunization programmes run across all the countries specifically targeting and focusing on pregnant women, infants and children, who are at a high risk of diseases. A few selected antigens against diphtheria, pertussis, tetanus, poliomyelitis, measles, and hepatitis B are part of immunization programmes in most of the countries in the world.

Objectives: To document the history of vaccines and vaccination in India; To derive lessons for policy direction to expand the benefits of vaccination in the country

Methods: Systematic review.

Findings: The first vaccine (small pox) was discovered in 1798. The most striking success of these efforts has been the eradication of smallpox disease from the planet. Recent nation-wide survey data, of the targeted annual cohort of 26 million infants in India, only 61 per cent had received all due vaccines. The vaccination in the 19th century was implemented through 'vaccination and sanitary departments' and the Sanitary Commissioners were in-charge of these efforts. The early twentieth century witnessed the challenges in expansion of smallpox vaccination, typhoid vaccine trial in Indian army personnel, and setting up of vaccine institutes in almost each of the then Indian States. In the post-independence period, the BCG vaccine laboratory and other national institutes were established; a number of private vaccine manufacturers came up, besides the continuation of smallpox eradication effort till the country became smallpox free in 1977. The Expanded Programme of Immunization (EPI) (1978) and then Universal Immunization Programme (UIP) (1985) were launched in India. The intervening events since UIP till India being declared non-endemic for poliomyelitis in 2012 have been described. Though the preventive efforts from diseases were practiced in India, the reluctance, opposition and a slow acceptance of vaccination have been the characteristic of vaccination history in the country. The operational challenges keep the coverage inequitable in the country. The history of vaccination efforts suggests that the systematic methodological rigor is required to improve coverage with all antigens in a diverse country like India, with health being state subject. A major challenge in vaccine production in India is sub-optimal investment by public sector for vaccine research.

Conclusion: Though preventive efforts from diseases were practiced in India, the reluctance, opposition and slow acceptance of vaccination have been the characteristic of vaccination history. The operational challenges keep the coverage inequitable in the country. The lessons from the past events have been analyzed to guide immunization efforts.

Key Words 1.HEALTH 2.IMMUNIZATIONS 3.HEALTH 4.PREGNANT WOMEN 5.CHILDREN.

21. Mahmood, Sajid et al. (2014).
Effectiveness of School-Based Intervention Programs in Reducing
Prevalence of Overweight. *Indian Journal of Community Medicine*,
Vol.39(2) : 87-93.
G18696

Source: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4067935>

Background: Childhood overweight and obesity is a global public health problem that is responsible for childhood morbidity and mortality and also increase the risk of obesity, cardiovascular disease (CVD), diabetes mellitus (DM), osteoarthritis, and many types of cancers in adulthood. This problem is no longer detained to the developed world as its rising trend has been observed now in the developing part of the world.

Objective: To assess the effectiveness of school-based interventions program in reducing the prevalence of overweight or obesity among schoolchildren.

Methods: Main search engines were Ovid Medline (1950-December 2012), Embase (1980-2012), CINAHL (1982-2012), Secondary references and review articles and expert in the field.

Findings: Five trials with 3,904 schoolchildren were included. Mean age of the students (boys and girls) ranges 8.6-12.6 years. Meta-analysis showed a statistical significance beneficial effect of school-based intervention programs on obesity status of schoolchildren (risk ratio (RR) 0.58, 95% confidence interval (CI) 0.43-0.78) and suggested 42% reduction in prevalence of obesity among schoolchildren through school-based intervention programs. Individual studies also showed effectiveness of these school-based interventions.

Conclusion: School-based intervention programs are effective in prevention of childhood overweight and obesity problem and our results quantitatively supported this argument.

Key Words 1.HEALTH 2.OBESITY 3.CHILDREN 4.OVERWEIGHT 5.SCHOOL-BASED INTERVENTION.

22. Mondal, Rakesh et al. (2014).
Clinico-Anthropometric Profile of Children from Darjeeling Tea Garden.
The Indian Journal of Pediatrics, Vol.81(4) : 350-355.
G18710

Background: India is one of the largest tea growers in the world with Darjeeling as a major tea producing region. Millions of families are solely dependent in the labour intensive job. With illiteracy AND LOW EARNING WAGES prevailing, unhygienic conditions and overcrowding living conditions make the residents vulnerable to communicable diseases and malnutrition.

Objectives: To assess clinico-anthropometric profile of hospitalized children and their apparently healthy siblings from the Darjeeling tea garden.

Methods: Cross-sectional study over a period of 6 months including 157 children and their 301 apparently healthy siblings. Methods included Clinical diagnosis, height/length, weight, BMI assessment.

Findings: Children (n = 157) were mostly admitted for gastroenteritis (36.3 %), respiratory infections (26.75 %), meningo-encephalitis (14.0 %). Among 301 siblings, 30.56 % had nutritional anaemia, worm infestation, giardiasis etc. Severe (< -3 Z-score) stunting and wasting were noted in 10 (6.37 %) and 19 (12.1 %) hospitalized children respectively. A quarter of all siblings suffered from moderate malnutrition (stunting 24.92 %, wasting 29.57 %). Distribution of malnutrition in each anthropometric parameter was statistically significant (p<0.05) in sick children compared to non-admitted siblings. Intergroup comparisons for both sexes were statistically significant for all parameters except in length/height for age for females. Moderate malnutrition (< -2 Z-score) was related to low BMI in 45 % (n=71) of sick and 27 % (n=83) of apparently well children.

Conclusions: The present study, first of its kind, delineated specific pattern of illness in sick and apparently healthy tea garden children. Malnutrition is statistically significant co-morbid associate in both the groups. Public health policy targeting these children is needed.

Key Words 1.HEALTH 2.CHILD HEALTH 3.CHILDREN 4.HEALTH POLICY 5.NUTRITIONAL STATUS 6.MALNUTRITION 7.COMMUNICABLE DISEASES.

23. Vaida, Naheed. (2013).
Prevalence of Fast Food Intake among Urban Adolescent Students. *The International Journal of Engineering and Science*, February, 2(1): 353-359.
G18701

Background: Consumption of fast foods has become almost a global phenomenon, as more and more people are lured by it day in and day out irrespective of demographic traits. But to know how students are attracted by fast foods has assumed importance in recent times.

Objectives: To figure out the prevalence of fast food consumption among urban adolescents; To study the fast food consumption by adolescents in urban areas; To explore various factors contributing to fast food consumption by adolescents.

Methods: The study was undertaken to access the prevalence of fast food intake among urban students in the age group of 14-19 years. The data regarding the study was collected from both the sources viz. primary and the secondary sources. Collection of primary data was carried out by perceiving the views and ideas from the girls and boys through filling up of structured questionnaire and interview. Collection of secondary data was carried out by information obtained from various books, journals, news papers, websites and university libraries. A sample of eighty students (including both boys and girls) from different schools and colleges residing in urban areas were randomly selected for the present study.

Findings: Majority of the respondents were girls in the age group of 18 years. All the respondents eat fast food. The maximum fast food eaters belonged to the age group 14-18 years who do not skip lunch in the school/college and go for fast food even if their parents were not in favour of fast food. The study further showed that consumption of fast food was highest during pre-lunch period. Adolescents prefer fast food for their taste, convenience and fast service. It was observed that majority of the respondents agreed that urbanization has a greater influence on changing food habits of urban students. Opinion of respondents about contribution of various factors like working mothers, higher income, etc to the habit of eating fast foods was accepted by majority of respondents. The majority of respondents differed in their opinion that advertisements mould the mind of people to consume certain type of fast food while some had a similar viewpoint. Regarding the opinion of respondents on whether the consumption of fast foods leads to obesity it was found that majority of respondents were undecided about their viewpoint while some agreed to this fact. It was also seen that majority of respondents agreed that foods of low nutritional density are harmful only when they replace nutritious foods, while some disagreed to it. Majority of the respondents agreed over the

statement that eating of fast food is the way of showing that the respondents belong to a higher society.

Conclusion: The phenomenal growth of the fast food industry continues. Fast foods meet the needs of many people because they are quick, reasonably priced and readily available. Consumption of fast foods is more among girls than boys and majority of the adolescents agreed that most popular fast food items are unhealthy. The study was assessed with the remark that adolescents in the urban areas consume more fast foods and junk foods than caloric and protein rich foods.

Key Words : 1.NUTRITION 2.JUNK FOOD 3.FAST FOOD 4.NUTRITIONAL DENSITY 5.URBAN ADOLESCENTS.

C. Research Abstracts on Women and Gender Issues

HEALTH

24. Say, Lale. (2014).

Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*, June 2(6): 323 – 333.

G18704

Source: <http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2814%2970227-X/fulltext>

Background: Data for the causes of maternal deaths are needed to inform policies to improve maternal health. Reduction of maternal mortality has long been a global health priority and is a target in the UN Millennium Development Goals (MDG) frame work and a key concern of the Global Strategy for Women's and Children's Health.

Objective: To analyze global, regional and sub-regional estimates of the causes of maternal death during 2003-09.

Methods: The study was conducted using the International Classification of Diseases (ICD), 10th edition), definition of maternal mortality and maternal deaths reported during 2003-09, and generated regional estimates for the ten MDG regions. Data for causes of maternal death was obtained from two distinct sources: vital registration datasets from the WHO mortality database and literature search of bibliographic databases by adapting a previously described search strategy. Twenty three eligible studies (published 2003-12) were identified and included 417 datasets from 115 countries comprising 60 799 deaths in the analysis.

Findings: Results revealed that about 73 per cent (1 771 000 of 2 443 000) of all maternal deaths between 2003 and 2009 were due to direct obstetric causes and deaths due to indirect causes accounted for 27.5per cent of all deaths. Haemorrhage accounted for 27.1per cent, hypertensive disorders 14.0 per cent and sepsis 10.7per cent of maternal deaths. The rest of deaths were due to abortion (7.9%), embolism (3.2%), and all other direct causes of death (9.6%).

Conclusion: The gaps in coverage of effective interventions, for both direct and indirect causes of deaths, according to their distribution in various settings have large implications in view of the urgent need to accelerate the rate of decrease in maternal mortality to reach the MDG5 target and further to end all preventable maternal deaths. Therefore, accurate and routine information about causes of maternal deaths is crucial in both implementation of interventions and tracking and interpretation of the gaps in coverage.

Key Words 1.HEALTH 2.MATERNAL MORTALITY 3.HAEMORRHAGE 4.MATERNAL DEATH 5.MORTALITY 6.MILLENNIUM DEVELOPMENT GOALS.

SCHEDULED CASTES

25. Socio Economic and Educational Development Society, New Delhi (2012).
Crimes and Atrocities against SCs & STs with special reference to implementation of the Protection of Civil Rights (PCR) Act, 1955 and the Prevention of Atrocities (POA) Act, 1989: Andhra Pradesh, Himachal Pradesh, Gujarat, Maharashtra, West Bengal. New Delhi : SEEDS.

G18681

Background: Indian society historically had a rigid, occupation-based, hierarchical caste system in which the relative place of a caste in the social hierarchy was determined largely by its traditional occupation and birth in a particular caste. Those performing 'unclean'/'polluting' tasks came to be regarded as 'low' castes and 'untouchables'. These untouchable castes are categorized as Panchama in the Varna system. Besides these untouchable castes, the present Scheduled Castes (SCs) the Scheduled Tribes (ST) groups were also outside the Varna system and are neglected in the socio-economic development. To check and deter crimes against SCs and STs, the Scheduled Castes and the Scheduled Tribes Prevention of Atrocities Act, 1989 was brought into force w.e.f. 30th January, 1990 to prevent the commission of offences of atrocities against the members of the SCs and the STs.

Objectives: The present evaluation study has been undertaken find out the various types of crimes being committed against SCs and STs, in particular to PCR Act, 1955 and POA Act, 1989, find out whether the various provisions of the acts and rules are being followed by the State machinery, whether the funds allocated under the Centrally Sponsored Scheme (CSS) of the implementation of PCR, 1955 and POA Act, 1989 are adequate, being utilized properly and the associated problems, the crimes being committed against the SCs and STs and the socio-economic associated problems of the affected victims.

Methods: Data has been collected through a detailed questionnaire on their socio-economic status, crimes, atrocities details with the case status and the compensation received from the 33 Taluks of these 16 districts 8 states. Focus group discussion (FGDs) was also a method adopted for the collection of data.

Findings: The frequency and type of crimes committed indicates that in case of SCs majority of them have been reported from the states of M.P, Rajasthan, A.P, U.P and Maharashtra. In context of STs, majority of the cases have been reported from M.P, Gujarat, Arunachal Pradesh, Chhattisgarh and Bihar. During 2010, the rate of conviction of cases registered under IPC is over 40%, whereas, conviction under the PCR Act, 1955 and POA Act, 1989 is only 8.0%

and 15.7% respectively. Primary qualitative data reveals that, apart from caste prejudices, practice of untouchability and deep-rooted social biases were also among the atrocities which were responsible for land disputes, land alienation, bonded labour, indebtedness, non-payment of minimum wages, forced labour, family disputes, inter caste marriages and economic disputes. In Chhattisgarh and Gujarat states, most of the cases are being charge sheeted once they are registered but, only a few cases (5%) are getting convicted. In Maharashtra and Orissa about one third of the cases are pending in the police stations or in courts for want of witness, courts trial dates. Data from the U.P and West Bengal state records is not available. The study findings reveal that, 64% of the cases are individual based crimes and 34% are committed at family level in the selected states. Of the nature of crimes against the victims of SCs and STs, it is found that about 6% cases were of murder, 14% of rape and 80% of various others types. Most of these cases in the selected districts of the states are of insult and intimidating, house burning, grievous injury types (58%). 71% victims' families reported that, their cases are pending due to lack of cooperation from police authorities, due to distance of police station and courts delays. Primary data assessment from the victims of the selected states indicate that, the main reasons for the delays and low conviction rate of the persons committing crimes towards SCs and were lack of proper evidence, slag in the production of witness by the police, long gap between the dates of offence to the date of evidence, delays in investigation, due to transfer of trial cases to other courts. Details of cases registered under the PCR Act, 1955 and PoA Act, 1989 during the last 10 years at all India level shows that, cases recorded have declined over the years, about 143 cases have been registered in the year 2010. In the PCR Act, 1955, 95% of the cases relate to SCs and only a few cases relate to the STs. POA Act, 1989 cases have been recorded to the extent of 30,315 in 2010 and they have declined during the last few years they have come down for both the SCs and STs. Like in the PCR Act, about 80% of the cases relate to the SCs and about 20% of the cases relate to the STs. Relief and rehabilitation data for the PCR Act, 1955 for 10th and 11th Plan period are not easily available from the selected states. In the nature of crimes, it is found that, about 64% of the cases are individual based and 34% are family level in the selected states. About 6% cases were of murder, 14% of rape and 80% of various others types. Most of these cases in the selected districts of the states are of insult and intimidating, house burning, grievous injury types (58%). 50% of the cases took place in public places, 26% at the road side and half to these cases happened in the neighborhood and about 58% of the victims/victims' families are aware of the details of the PCR Act, 1955 and 33% are aware of the PoA Act, 1989.

Conclusions: Adequate and timely funds for awareness generation campaigns, sensitization and publicity for the proper implementation of the scheme utilizing traditional Medias, folk media and the modern Electronic Medias needs to be put into effect immediately. Village level committee comprising of social leaders from different communities should be set up to test the validity of an incidents and supervise the relief and rehabilitation work. For

victims belonging to other state, there is no provision for providing any compensation packages under this atrocity Act, though he/she can register the case, hence there should be some provisions for these types of cases. Toll free numbers and SMS facilities to be created at PCR Cell to lodge complaints and grievances.

Key Words 1.SCHEDULED CASTES 2.ATROCITIES ON SCHEDULED CASTES
3.SCHEDULE TRIBES 4.EXPLOITATION 5.PROTECTION OF CIVIL RIGHTS PREVENTION
OF ATROCITIES 6.PROTECTION.

WOMEN WELFARE

26. Feroze, S.M. et al. (2012).
Functioning of Micro-credit Scheme under Rashtriya Mahila Kosh (RMK)
in North Eastern States (Assam, Manipur and Nagaland) of India.
Meghalaya : Central Agricultural University.
G18679

Background: The issue of poverty elevation is integral to the approach of inclusive growth and is discussed with special reference to developing and underdeveloped economies. There are two different modules of microfinance systems that exist in India. The first module considers microfinance as down marketing of credit to the informal sector or those clients who are not considered as creditworthy for loan by the formal financial system of the country. The second module is a community based participatory approach which emphasizes on forming small groups for solving common problems and covers marginalized people of the society. SHG is a self-governing peer controlled small and informal association of the poor, who usually belong to the same economic and social background. The group members invest the loans in variety of enterprises; such as agriculture, horticulture, dairy, handicrafts etc to support their income. Further to strengthen their funding the SHG receive external loans from the commercial banks either directly or through Non-Governmental Organizations (NGOs) which also act as Self Help Promoting and Implementing agencies (SHPIs).

Objectives: The aim of the present research proposal is to study functioning/performance of micro-credit scheme of RMK and analyse its impact on rural women of NE States of India. **Specific objectives:** To study the functioning of micro-credit scheme of RMK in NE States of India and to investigate the saving, loaning, repayment performance of micro-credit scheme of RMK at individual and group level; To analyse the impact of the micro-credit scheme on women empowerment, identify and prioritize the constraints as perceived by the participants of micro-credit scheme of RMK and suggest suitable policy initiatives.

Methods: Onetime primary data were collected from SHG members and NGO personnel through survey method using pre-tested schedules during 2011-12. Secondary data on financial aspects of SHGs were collected from the registers and records maintained by the SHG members and NGO personnel.

Findings: Progress of Rashtriya Mahila Kosh (RMK) in the north eastern states was created with the objective to facilitate credit support to poor women for sustenance of their existing employment and generation of new opportunities. Assam received maximum loan followed by Manipur and Nagaland. The share (less than 3%) of North Eastern states in total RMK loan is very minimal whereas a large number of NGOs receive loans in the region. Majority of the SHGs were formed within the period of 2005 and 2008 in Assam and Manipur,

whereas in Nagaland majority (75%) of the SHGs was formed in recent periods (after 2008). On an average a SHG was consisted of 13.20 members in Manipur and 11.83 members in Assam and only 10.75 members in Nagaland which made clear that the SHGs consisted of only minimum number of members to form a group. 22.5 per cent SHGs in Assam reported that members dropped out sometimes after formation of the groups. On an average, 3.5 members per group dropped out in Manipur, in Nagaland 1.89 members dropped out averagely per SHG group. The reasons for drop out of members from the groups were found to be various, viz., marriage of the members, old age, non-repayment of loan, personal problem etc. In Assam, the number of SHGs updated the records are relatively better than the other states covered in the study but in Manipur only 7.5 per cent and in Nagaland only 30 per cent of the groups were found to update the records regularly. Availing loan and augmenting regular income were the major reasons for joining SHGs found across the study area of the north eastern states. Apart from these two reasons; thrift, gaining social prestige and self-help were the other reasons to participate in microfinance movement in all the three sample states. The average per month per member savings contribution was calculated to be highest in Nagaland (Rs 86.50) and lowest in Nagaon (Rs 17.75) of Assam. The number of SHG members reported increased access to information was highest in Assam (85%) in comparison to Manipur (64%) and Nagaland (75%). A large section of the SHG members, especially from Jorhat (87%) in Assam and Imphal West district (58%) in Manipur were actively involved in SHGs and its related activities. Approximately all of the sample SHG members in all the three states stated that their self-confidence and self-worth increased, attitude toward women's' role changed in positive direction and the fear of domestic violence reduced due to participation in SHGs.

Conclusions: Most of the SHGs managed their records properly in the initial years but later they stop updating the records and usually the records were kept in rough copy. Hence regular updating of records is required. NGOs that regularly monitored the books and records were provided some form of incentives and annual prizes. Nearly all the groups expressed the need of training in account maintenance and record keeping. Trainings on income generating activities should be mandatory for all the SHG members as the skill development will help even if the member does not get any share in external loan and focus may be put on developing leadership among the women members so that the enterprises do not fall apart and stand alone in future when financial assistance is withdrawn.

Key Words 1.WOMEN WELFARE 2.RASHTRIYA MAHILA KOSH 3.WOMEN EMPOWERMENT 4.SELF HELP GROUPS 5.DOMESTIC VIOLENCE 6.WORKING WOMEN 7.SUPPORT SERVICES 8.ASSAM 9.MANIPUR 10.NAGALAND.

27. Reddy, G. Ravi Sankar. (2014).
Violence against Women in Prostitution: The Ground Realities. *Social Action, April-June, 64(1): 164-178.*

G18700

Background: Prostitution is one of the oldest professions of the world practiced since the birth of the organized society. Prostitution in some form or the other went on from time to time and the evil has continued to grow. Currently the sex trade can be observed in every small, medium and big towns and cities of the country. Human trafficking, especially for commercial sexual exploitation, is a modern form of slavery and is found to be the most profitable trade after smuggling drugs and arms.

Objective: To understand the push and pull factors influencing the women and to assess the violence and vulnerability experienced by them after being involved in prostitution.

Methods: The study was undertaken in Kadiri revenue division of Anantapuramu district, Andhra Pradesh using an exploratory design. The villages were chosen based on the information provided by Indira Kranthi Pathakam staff, local NGOs and the Department of Women and Child Welfare. The mandals chosen for the study are Kadiri, Mudigubba, Nallamada, Numbulu Pula Kunta, Talupula, Nallacheruvu, Obula Deva Cheruvu, Tanakal, Amadagur and Gandlapenta. The primary source of the data and information are the women who were forcibly or voluntarily entered into prostitution and returned at the time of study. The information was also collected through observation, informal conversations with victim's friends, family members, NGOs personnel and the women and Child Welfare Department officials.

Findings: The findings of the study depicts that poverty-related issues were responsible for 46.4 per cent of the victims entering into trafficking. The next three categories namely 'influence of others who are into prostitution', 'lack of awareness about the problems associated with prostitution' and 'no specific reason' certainly speak of illiteracy and ignorance of the victims, causes having link with poverty. In the perception of gharwalis/brothel owner, a women who is working as a prostitute under her guidance is a regular source of income. Hence he/she doesn't want to lose women who are in the business. It was also reported that 52.4 per cent of the prostitutes underwent either physical torture or rape or isolation or faced all three types of brutality in brothel house. In customer's perception, the woman who offers sexual services for a price is a commodity in which both ignore as an intimate and interpersonal relationship. The women in the sample were between 15 and 35 years whereas the customers were between 18 and 60 years with a mixture of both married and unmarried men. Except for 2.4 per cent of the prostitutes who had no complaints about the customers, majority of the prostitutes (82.1%) experienced cruelty, sexual abuse and unusual sex. A majority of the prostitutes felt that police personnel wanted to exploit them, both economically as well as sexually. Regarding the type of treatment met by the prostitutes from police and NGO

members during the rescue act about 34.5 per cent of them were rescued by police and NGO personnel and the rest came out on their own. Only 13.1 per cent of the victims said that they were treated well by the rescuers during the rescue act, which indicates the behavior gap in the police.

Conclusion: Trafficking of women for commercial sexual exploitation is one of the heinous crimes. They are largely helpless protagonists of a grim tale of the trade in human misery carried out by organized crime syndicates and exploiters. The worst scenario is re-victimization which continues through the very process meant to redress those criticisms. Proper arrangements should be made for adequate care and protection of the survivors so as to ensure that their basic human rights are not violated any further.

Key Words 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN 3.COMMERCIAL SEXUAL EXPLOITATION 4.PROSTITUTION 5.VICTIMIZATION 6.VIOLENCE 7.VULNERABILITY 8.WOMEN TRAFFICKING.

Acknowledgement

Guidance and Support : Dr. Dinesh Paul
Director
Ashok Kumar
Additional Director

Project Incharge/s : Neelam Bhatia
Joint Director
Vandana Sharma
Assistant Director

Abstracting : Nishita
Project Assistant
Khwairakpam Sharmila
Project Assistant

Computer Support : Pawan Kumar