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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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication "DCWC Research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.

Bibliographical details and sources of information given along with each abstract facilitate the users to gain access to the main document. Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

A hardcopy of the publication "DCWC Research Bulletin" is available for reference purposes at DCWC, NIPCCD.

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A. Research Abstracts on Child Development

CHILD WELFARE

1. Aithal, U.B. (2012).
A Statistical Analysis of Female Foeticide with Reference to Kolhapur District. The New College, Kolhapur. *International Journal of Scientific and Research Publications, Vol.2(12) : 1-4.*
Source : www.ijsrp.org

Background: The census survey of India 2001 and 2011 shows the sex ratio of India is 933 and 940 as against 1000, whereas in the state of Maharashtra the ratio is 922 and 946 as against 1000. The gender ratio of Kolhapur district is 949 and 953 respectively for the above mentioned years.

Objectives: To examine the factors for female foeticide in Kolhapur district.

Methods: The study was conducted in Kolhapur district of Maharashtra. Two independent samples of size 400 and 600 were selected from urban and rural areas respectively.

Findings: In urban area about 20.25 per cent of the couples were going for abortion after their first issue. Among them 12 per cent had their first child as female; in rural area 47 per cent of the couples were going for abortion after their first issue, of which 33.17 per cent had their first child as female. About 36.3 per cent of the females in the total were going for abortion after their first issue; among them 12.1 per cent preferred to have a male child and 9.2 per cent preferred females and 15 per cent were neutral in their opinion. The percentage of females who were not going for abortion but preferred male child was 26.7 per cent and only 10.9 per cent were interested in having a female child. In all 38.8 per cent were positive for the preference of a male child and 20.1 per cent were negative about the gender. In urban areas 14.25 per cent of the couples who had gone for abortion were having their family income of below 20,000 per month. In rural area 32.83 per cent of the couple who had gone for abortion had family income below 20,000 per month. In higher income group, the percentage was very less in both urban and rural areas. In urban areas 11.25 per cent and in rural area 39 per cent of the mothers whose age was below 30 years were taking decisions for abortion after their first issue; about 11.25 per cent in urban areas and 34.83 per cent in rural area who had gone for abortion were non-graduates. In urban area 53.5 per cent and in rural area 75.17 per cent of the mothers were non-graduates among the mothers who had one child.

Recommendations: There should be a legislation to prevent the abortions after the first female child. The priority should be given for awareness to save female child especially among newly married couples in order to prevent female foeticide.

***Key Words**: 1.CHILD WELFARE 2.FEMALE FOETICIDE 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.FEMALE FOETICIDE 6.URBAN AREAS 7.RURAL AREAS 8.SEX RATIO 9.REPRODUCTIVE HEALTH 10.ABORTIONS 11.GENDER DETERMINATION 12.GENDER PREFERENCE 13.MONTHLY INCOME 14.EDUCATION 15.AWARENESS 16.CENSUS 2001 17.CENSUS 2011 18.LEGISLATION 19.KOLHAPUR DISTRICT 20.MAHARASHTRA*

2. Barakade, A.J. (2012).
Declining Sex Ratio : An Analysis with Special Reference to Maharashtra State. Geo science Research*, Vol.3(1) : 92-95*.

Source : www.bioinfo.in

Background: The sex composition of population is the basic demographic characteristics depending directly on incidence of birth , death and marriages. There are several factors responsible for discrimination against the girl child such as preference for son, low status of women , social and financial security associated with sons, socio- cultural practices like dowry and violence against women.

Objectives: To study the arithmetic sex ratio of population in study region; to find out the changing pattern of population sex ratio during 1991-2011.

Methods :The present study was conducted in the state of Maharashtra . The data was collected from various census reports of government of India.

Findings: The decennial conducted in Maharashtra suggested that there has been an almost monotonic decline in the sex ratio in Maharashtra. In 1901, the sex ratio was 978 females for every 1000 males by 1991 it had reached the lowest point at 922 . In census 2011, the sex ratio increased by three points to 925; the total sex ratio in Maharashtra is 925 females per thousand males; the sex ratio at the beginning of the period in 1901 was 978 and thereafter showed continuous decline until 1971 . In 1981 there was a marginal increase of seven points, but the state saw the sharpest decline of three points in sex ratio from 934 in 1991; most of the females died in Maharashtra at infancy, as well as reproductive period. Out of a total of 35 districts in Maharashtra, 22 districts had negative sex ratio of below 777 females per thousand males in 2001 and 838 females per thousand males in 2011 in Mumbai city. The decline of sex ratio in some districts are as follows Ahmednagar (-6), Aurangabad(-8), Latur (- 11), Pune (-9), Satara (-9) during 2011; there were 13 districts within the stable over sex ratio: Amravati (9), Mumbai city (61), Mumbai suburban (35), Nagpur (16), Nashik (4), Thane(22), during 2011. The top districts according to the sex ratio were Ratanagiri (1123), Shindhudurg (1037), Solapur (932) during 2011 as compared to 1991. The very low sex ratios in the large metropolitan areas like Mumbai city, Mumbai Suburban , Thane and Pune districts could be influenced due to the inflow of male migrants seeking work in industrial, commercial, construction, informal and other sectors of the economy, opportunities of better jobs and education.

Conclusion: The existence of gender discriminatory practices which start even before birth , requires urgent attention of public policy, as improving literacy and economic value of women is necessary but not sufficient for enhancing the relative life chances of girl child.

***Key Words**: 1.CHILD WELFARE 2.DECLINING SEX RATIO 3.CHILD DEVELOPMENT 4.SEX RATIO 5.ANALYSIS 6.RURAL 7.URBAN 8.MORTALITY 9.WOMEN'S HEALTH 10.SOCIO ECONOMIC PATTERN 11.GENDER DISPARITY 12.GENDER BIAS 13.VIOLENCE AGAINST WOMEN 14.LITERACY RATE 15.EDUCATION 16.INFANT MORTALITY 17.MATERNAL MORTALITY 18.FEMALE INFANTICIDE 19.WOMEN PARTICIPATION 20.GROWTH AND DEVELOPMENT 21.MAHARASHTRA.*

3. Plan India, New Delhi. (2011).
Situation Analysis : Status of Girl Child in Uttar Pradesh. New Delhi : PI.
Source : www.planindia.org

Background : The gender system is a socially constructed expectation for male and female behaviour. They prescribe a division of labour and responsibilities between male and female and grant different rights and obligations to them. Violence against women and girls is a major health and human rights concern as they experience physical or mental abuse throughout their life cycle.

Objectives: To analyse the status of the girl child in Uttar Pradesh. To recognise and quantify the knowledge , attitude and behavioural practices perceptible among the members of the community, towards a girl child.

Methods : The study was conducted in various regions of Uttar Pradesh (Lucknow, Pratapgarh , Aligarh , Bagpat , Mau , Varanasi, Jalaun and Jhansi) . The respondents (2400) were basically the head of the families, including both men and women. Tools used were structured questionnaires and personal interviews.

Findings: The child sex ratio for children under one year came out to be 625 per 1000 boys; only 26.4 per cent births were registered ; 2.8 per cent respondents did not know about registration; of the 633 registered births, in 70 families (11.1%) only boys were registered while for girls this figure was 42 (6.6%) . In 521 families no discrimination was observed; regarding leisure of being in childhood, a total of 77 per cent children went out for playing , while in 31 per cent families , only boys were allowed to play while this was only 1.5 per cent for girls. In 67 per cent cases no discrimination was reported ; the security 56.6 per cent and fear of society 28.1 per cent were the main reasons for not allowing girls to play. In about 85 per cent of cases, opinion of members was taken while preparing food, regarding participation , preference of children in the purchase of items and freedom. About 67 per cent children were allowed to visit market /fair celebrations; only 31 per cent boys were allowed to avail this freedom, while percentage for girls was negligible. The major reason for not allowing girls to visit market was ‘’not good for girls’’ (61.5%); in 14.9 per cent cases opinion of boys was considered for marriage and this was about five percent for girls; in 27 per cent households, marriage of boys was performed below the legal marriageable age and this was about eight per cent for girls . Only 20.6 per cent children above the age of 18 years possessed voter identity cards. Of these, only in18.8 per cent cases girls possessed the card; more than 60 percent of the family surveyed during the study accepted that the will of the husband supremes to go for an abortion. Talking about the reasons behind the abortions 25 per cent respondents justified their reasons with undesirability to have more children; 13 per cent of families validated the malpractice of sex determination.

Conclusion : The study explores the bigotry for a girl child, pertaining not only to their principal right to take birth but also highlights the discrimination prevalent as a concomitant at every strata of the community . It also brings out facets of discrimination against the girl child which is supported by ideologies and pre-conceived notions for the preference of a male child.

***Key Words**: 1.CHILD WELFARE 2.GIRL CHILD STATUS 3.SEX RATIO 4.SITUATIONAL ANALYSIS 5.GENDER DISPARITY 6.VIOLENCE AGAINST WOMEN 7.FEMALE FOETICIDE 8.CHILD DEVELOPMENT 9.POVERTY 10.SOCIO ECONOMIC PROFILE 11.STATUS OF GIRL CHILD 12.CHILD SURVIVAL 13.BIRTH REGISTRATION 14.EDUCATION 15.ILLITERACY 16.HEALTH 17.CHILD PARTICIPATION 18.RIGHT TO FREEDOM 19.PRE NATAL SEX DETERMINATION 20.REPRODUCTIVE AGE GROUP 21.DISCRIMINATION 22.GENDER BIAS 23.UTTAR PRADESH.*

4. Sangwan Sneh, Mahima and Sangwan Randhir Singh. (2013). Determinants of Skewed Juvenile Sex Ratio and its Implications in Rural Haryana : An Empirical Investigation. M.D. *Journal of Asian Research Consortium, Vol.3(9) : 127-141*.

Source : www.aijsh.org

Background : The juvenile sex ratio the ratio of females to males aged 0-6 years has been declining sharply .The low and declining juvenile sex ratio in the country is a matter of grave policy concern, it not only violates the human rights of unborn and infant girls but also deprives the country of the potential economic and social contribution of these "missing women". In Haryana, the population in 0-6 years age group is 32,97,724 and the sex ratio of this age group is 830 female children per 1000 male children.

Objectives: To study the determinants of skewed juvenile sex ratio and its implications in rural Haryana.

Methods : At first stage a total of 21 villages were selected which were having child sex ratio below 750 females per 1000 males and the population (in 0-6 age group) above 1000. At second stage 36 villages having juvenile sex ratio below 700 females per 1000 males and the population (in 0-6 age group) between 500 and 1000 was selected. The study was conducted in rural Haryana.

Findings: The son preference was considered as the leading cause of declining juvenile sex ratio, because the couple desired to have a male child for the continuation of their family tree, to support them in their old age and to perform last rituals. More than 50 per cent of the total respondents were of view that son carried the family name; it was observed that there was a clandestine practice of aborting female foetus in Haryana through the use of ultra sound technique in private clinics. Only 15.1 per cent people agreed that the dowry was declining in the state while 2.5 per cent preferred not to respond .In the present study, there were 15345 currently married women , and most of them had children but none of them directly revealed that they had ever gone for sonography. The decision to undergo sonography in the state of Haryana was taken by husband and inlaws in case of 74.3 per cent respondents followed by 12.7 per cent by women herself. Women mostly had undergone this test around 12 to 15 weeks of gestation of pregnancy ; only six per cent of births among women in the lowest wealth quintile had an ultrasound test, as compared with 66 per cent of births among women in the highest wealth quintile. In 2011, the state has experienced an increase of 11 point as against 819 in 2001; in 1991 , not a single district of Haryana recorded juvenile sex ratio less than 800, but in 2001, five districts namely Kurukshetra (771), Ambala (782), Sonipat (788), Kaithal (791), and Rohtak (799) , recorded figures less than 800 girls per 1000 boys. However in 2011, only four districts Sonipat (790) , Rewari (784), Mahendergarh

(778) and Jhajjar (774) recorded juvenile sex ratio less than 800. The imbalances in the sex ratio has lead to many disastrous demographic and social consequences in the states like, general rise in violence and crimes and worsening of law and order, disturbances and imbalances at the family level and in inter personal relationships; trafficking of girls as brides from backward states through the process of buying and selling of brides.

Conclusion : Haryana has witnessed a decline by 91 point in child sex ratio during the period from 1961 to 2011 . The determinants of skewed juvenile sex ratio are many, but the most important amongst them are strong son preference, prevalence of the practice of social evil of dowry.

***Key Words**: 1.CHILD WELFARE 2.SEX RATIO 3.CHILD DEVELOPMENT 4.RURAL AREA 5.JUVENILE SEX RATIO 6.MISSING WOMEN 7.INFANT GIRLS 8.FEMALE FOETICIDE 9.SEX SELECTIVE ABORTIONS 10.UNBORN GIRLS 11.SON PREFERENCE 12.DOWRY 13.SOCIO ECONOMIC FACTORS 14.DEMOGRAPHIC PROFILE 15.CRIME AGAINST WOMEN 16.IMBALANCES 17.HARYANA.*

5. Ojha, Seema S. (2013).
Implementing Right to Education : Issues and Challenges. *Research Journal of Educational Sciences, Vol.1(2) : 1-7.*
Source : www.isca.in

Background: The right of children to free and Compulsory Education Act 2009 was passed in August 2009 and came into force in April 2010. In Haryana it came into force on 1 November 2010.

Objectives: To study the status of implementation of RTE in rural government schools in Haryana and to examine awareness and understanding of the provisions of RTE amongst teachers, parents and children.

Methods: The study was conducted in rural Haryana. The participants of the study were mainly parents, teachers and students of rural government schools. Questionnaires contained both close ended and open-ended questions.

Findings: Most of the schools had buildings, playgrounds kitchen and separate toilets for boys and girls; regarding facility of library all students said that there was a private library in the neighbourhood where one could register and issue books, newspapers etc. The head teacher of the school was not aware of special training and what constitutes this training; it was found that in one of the schools some students wanted to go to some other government school but school was not providing transfer certificate nor the school where they wanted admission was willing to admit them. The teacher student ratio in schools followed RTE norms but regarding curriculum reform and improvement in evaluation there was little awareness, teachers were still following the traditional pattern of making students read chapters and then write some questions from the textbooks. The methods adopted for the continuous evaluation were monthly unit tests, half yearly exams and annual exams; most of the government schools had qualified teachers, but they had little information about advances in different subjects. In the name of Continuous and Comprehensive Evaluation (CCE), schools were conducting activities which were very mechanical in nature and only aimed at keeping children busy without learning anything substantial. Investigator did not find any parent teacher meeting or meeting of School Management Committee (SMC) members. No designated authority was found at the habitation level where violations of the Act could be registered, investigated and responded within a definite time frame. Majority parents stated that classrooms and schools were not cleaned regularly and classes were not held regularly. Most parents were not satisfied with teaching methods adopted in the schools. Majority of parents said that their children were not satisfied with the school. Most of the children were not aware of the benefits of the RTE Act.

Recommendations: Government should immediately take action to ensure all the basic facilities in the school like safe drinking water, library etc. Orientation programmes should be organized for the head masters and the teachers who are in charge of admission or given charge in the absence of head masters. Government should instruct head masters to strengthen activities of school management committee. Co-curricular activities, excursions, games, fine arts, quiz should be made part of the teaching methodology. Community members should be made aware about important provisions made in the Act as regards to students, classes and functioning of the schools etc.

***Key Words**: 1.EDUCATION 2.RIGHT TO EDUCATION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SCHOOL GOING CHILDREN 6.SSA 7.EDUCATION 8.CURRICULUM 9.RTE ACT 10.ISSUES AND CHALLENGES 11.CLASSROOMS 12.NATIONAL POLICY OF EDUCATION 13.CONVENTION ON THE RIGHTS OF THE CHILD (CRC) 14.RURAL AREA 15.INFRASTRUCTURE 16.TRAININGS 17.MID DAY MEAL 18.SCHOOL MANAGEMENT COMMITTEES 19.CONTINUOUS AND COMPREHENSIVE EVALUATION 20.HARYANA.*

6. Verma, Snehlata and Saini, Promila. (2013).
An Evaluative Study of Early Childhood Care and Education Programme under Sarva Shiksha Abhiyan in Punjab. : Lovely Professional University, Punjab.

Source : DCWC Collection : G18491
(*report submitted by author*)

Background: The Sarva Shiksha Abhiyan realises the importance of preschool learning and early childhood care and education and its role in improving participation of children in schools. In order to facilitate a greater convergence with the ICDS efforts to strengthen them in the area of preschool education has been made under SSA.

Objectives: To evaluate the ECCE programme with reference to infrastructural facilities, curriculum and teaching learning material, class room organisation; to explore the views of district level, block level, community members and parents towards the implementation of ECCE programme.

Methods: A total of 30 ECCE centers located in Dinanagar and Pathankot block of Gurdaspur district of Punjab was selected for the study. Tools used were interview schedule and observation schedule.

Findings: In Pathankot block, 100 per cent of ECCE centers were located in urban areas whereas in Dinanagar 60 per cent of ECCE centers were located in rural area and 40 per cent in urban area; in Pathankot 20 per cent of ECCE centers had small and 80 percent had large group seating arrangement whereas in Dinanagar 30 per cent had small and 70 per cent had large group seating arrangement; in Pathankot 24 per cent and in Dinanagar 21 per cent ECCE centers had wall painting, maps charts, etc. District Education Officer (DEO) of both the blocks were utilising funds for ECCE programme and agreed that ECCE programme was beneficial for the children; both the blocks provided some training to block level functionaries with regard to organising or implementing ECCE programme. Block Development Officer (BDO)of both the blocks considered the provision of funds per year, per district adequate for ECCE programme under SSA. In Dinanagar 27 per cent, 42 per cent and 31 per cent parents expected the preschool center to develop basic skills, to provide free education facilities and nursing facilities respectively whereas in Pathankot it was 32 per cent, 39 per cent and 29 per cent respectively. In Pathankot block, 90 per cent ECCE worker stated that centre was useful for the community and in Dinanagar all parents agreed that it was useful. CDPO of both blocks admitted the availability of physical facilities, play materials, and equipments in ECCE center. In Pathankot 37 per cent and in Dinanagar 26 per cent ECCE workers attended the training in 1991 and 63 per cent and 74 per cent ECCE workers attended the training in 2010. In Dinanagar block ECCE worker followed 8.00 am to 12.00 pm time schedule, while in Pathankot ECCE worker followed 9.00 am to 1.00 pm time schedule in the ECCE center. In Pathankot 58 per cent indoor and 42 per cent outdoor activities were organised at the

center by the ECCE workers whereas in Dinanagar it was 63 per cent and 37 per cent respectively. In Dinanagar 57 per cent of ECCE worker used work sheet to assess the child development, 18 per cent used children performance index for assessing children and 25 per cent used participant observation development whereas in Pathankot it was 54 per cent, 26 per cent and 20 per cent respectively.

Recommendations: Building capacity of key stake holders such as parents, ECCE workers, community members and ECCE head to deliver quality ECCE services. Community based early childhood organisation should be encouraged with specific proposals for partnership by increasing awareness of ECCE through sensitisation of communities and stake holders. Development of guidelines for establishment, operation and management of ECCD centers.

***Key Words**: 1.EDUCATION 2.EARLY CHILDHOOD EDUCATION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.EARLY CHILDHOOD CARE AND EDUCATION (ECCE) 6.SARVA SHIKSHA ABHIYAN 7.ECCE WORKERS 8. ICDS 9.AWWS 10.AWC 11.EDUCATION 12.CURRICULUM 13.INFRASTRUCTURE 14.TEACHING AIDS 15.CLASSROOM CURRICULUM 16.FUNDING 17.NCERT 18.RTE ACT 19.TRAINING 20.DINANAGAR 21.PATHANKOT BLOCKS 22.GURDASPUR DISTRICT 23.PUNJAB*

7. Bodat Suman, Ghate Mrunalini M. and Majumdar Jyoti R. (2013). School Absenteeism during Menstruation among Rural Adolescent Girls in Pune. *National Journal of Community Medicine, Vol.4(2) : 212-216*.
Source : www.njcmindia.org

Background: Menstrual cycle is a normal monthly function, but the menstrual related problems are one of the most common problems among adolescents girls and might have an adverse effect on their performance in academic and other activities of daily life which may lead to school absenteeism during menstrual days.

Objectives: To assess the impact of menstruation on school attendance and factors affecting menstruation management.

Methods: A sample of 740 adolescent girls in the age group of 10-19 years was selected for the study. The study was conducted in Pune. Tools used were pre-designed, pre- tested questionnaires.

Findings: About 48 per cent of girls belonged to early adolescent phase (10-14) years and 52 per cent belonged to late adolescent phase (15-19) years; 84.05 per cent had attained the menarche; as many as 269 out of 622 girls who had attained menarche used to remain absent from school during menstruation; a considerable proportion 47 (2 : 6 or 17.48%) of girls were absent for two days while 12 (4.46%) remained absent for three days. School absenteeism was higher in girls from joint families (48.1%) than girls belonging to nuclear families (40.8%) ; 84.05 per cent girls had attained the menarche, 41.8 per cent girls had one or more menstrual disorders. Most of the girls reported varying degree of abdominal pain; about 38.0 per cent girls mentioned that the pain was not that severe that they had to miss their school; 48.0 per cent girls used sanitary pads while 51.9 per cent used clothes (new + old); it was found that absenteeism from school was higher among sanitary pad users (47.8%) than clothes users (39.1%) (old + new). The outcome of school absence while the use of sanitary pads for menstrual management during menstruation was 1.433 ($p<.0001$) CI 1.042-1.971. This was probably due to fact that girls found it difficult to dispose the used sanitary pads in the school; 54.5 per cent rural girls brought pads/clothes to school during menstruation while 45.5 per cent did not bring pads/clothes to school during menstruation. One of the reasons highlighted by survey respondents for being absent in school during menstruation was due to inadequate sanitation facilities in their school. The most common reason reported by 25.08 per cent girls was the common toilet entrance area for girls and boys.

Recommendations: Early reproductive health education and adequate school sanitation facilities should be implemented in order to achieve better reproductive health.

***Key Words**: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SCHOOL ABSENTEEISM 6.MENSTRUATION 7.RURAL ADOLESCENT GIRLS 8.SANITATION 9.REPRODUCTIVE HEALTH 10.EDUCATION 11.MENSTRUAL MANAGEMENT 12.SOCIO ECONOMIC STATUS 13.MENSTRUAL DISORDERS 14.DYSMENORRHOEA 15.REPRODUCTIVE TRACT 16.INFECTIONS 17.MENARCHE 18.RURAL AREA 19.PUNE.*

8. Verma, Snehlata and Sunita. (2013).
An Evaluative Study of Integrated Child Development Services in Punjab. Punjab : Lovely Professional University.

Source : DCWC Collection: G18490
(*report submitted by author*)

Background: ICDS scheme was launched in the year 1975 with the major objective of providing opportunities of physical and psycho social development to children in the age group of 0-6 years through an integrated package of early childhood services.

Objectives: To analyse the views of Anganwadi workers and ANM workers about the implementation of ICDS. To assess the views of beneficiaries (lactating mothers and pregnant women) about the implementation of ICDS.

Methods: The study was conducted in Dhar and Pathankot blocks of Gurdaspur district of Punjab . A total of 50 ICDS centres were selected for the study. Tools used were interview schedule.

Findings: About 84 per cent anganwadi workers of Pathankot block and 76 per cent of Dhar block were satisfied with their job; 72 per cent AWWs in Pathankot and 64 per cent in Dhar agreed that women and children had good access to health facilities in ICDS centres; 28 per cent AWWs of the Pathankot and 20 per cent of Dhar block faced the problems of less supply of medicine stock like Iron and Folic Acid, doctor's visit and infrastructure; 96 per cent AWWs of Pathankot and 92 per cent in Dhar block agreed that training programmes developed their skills and awareness. In Pathankot, 88 percent and in Dhar 76 percent AWWs said that beneficiaries were enrolled in ICDS centre ;100 per cent of ANM from both the block Pathankot and Dhar attended training programmes to get knowledge and develop skills ;76 per cent ANM of Pathankot and 56 per cent of Dhar block received NHED books during training time; 72 per cent ANM in Pathankot and 60 per cent in Dhar block said that the panchayat sarpanch of their village met them to know about the status of ICDS centre and its activities; 98 per cent beneficiaries in Pathankot and 96 per cent in Dhar block said that they were invited by AWW worker in monthly meeting every time. In Pathankot , 88 percent beneficiaries got their health checkup done during pregnancy at the ICDS centre whereas 12 per cent beneficiaries deviated with the health check up during pregnancy time. In Dhar block, 92 per cent of beneficiaries received medicine checkup whereas eight per cent of beneficiaries denied with the medical facilities during pregnancy time. In Pathankot 96 per cent and in Dhar block 88 per cent pregnant women respectively got TT vaccination during pregnancy;32 per cent and 40 per cent pregnant women in Pathankot and Dhar respectively suffered with anaemia. In Pathankot 20 per cent and in Dhar block 32 per cent beneficiaries agreed that they helped AWW in promoting the

preschool education for children; 68 per cent and 80 per cent beneficiaries in Pathankot and Dhar respectively opted AWC for better checkup and provision of education for their children. In both the blocks, 100 per cent community members said that AWW has been performing the responsibilities properly in their area. In Pathankot 55 per cent and in Dhar 60 per cent community members felt that there was lack of supply of medicine stock and medical hospital was situated at long distance and less doctors visited ICDS centers. In Pathankot and Dhar blocks community members agreed that small family is essential as it can provide nutritious food and good education to their children.

Recommendations: Development of curriculum guidelines and standards should be done to enable ICDS workers and service providers to provide quality care to children. Capacity building in ICDS should be done through refresher courses and training programmes. Strengthening of intensive and extensive research in ICDS should be done to enhance the quality of the programmes.

***Key Words**: 1.ICDS 2.EVALUATION OF ICDS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.ANM 6.AWC 7.AWW 8.NUTRITIONAL STATUS 9.HEALTH PRACTICES 10.PREGNANT AND LACTATING MOTHERS 11.BENEFICIARIES 12.HEALTH FACILITIES 13.ANAEMIA 14.IFA TABLETS 15.TRAINING PROGRAMMES 16.AWARENESS 17.SUPPLEMENTARY NUTRITION 18.IMMUNISATION 19.NHED 20.EDUCATION 21.CURRICULUM 22.MONITORING 23.EVALUATON 24.GURDASPUR DISTRICT 25.PATHANKOT 26.DHAR BLOCK 27.PUNJAB.*

9. Verma, Snehlata and Kaur, Manddep. (2013).
Policy and Practices in Integrated Child Development Services in Punjab: An Analytical Study. Punjab : Lovely Professional University, Punjab.

Source : DCWC Collection : G18492
(*report submitted by author*)

Background: The ICDS scheme was sponsored by the Government of India in 1975 with the major objective of providing opportunities of physical and psycho-social development to children in the age group of 0-6 years through an integrated package of Early Childhood Services.

Objectives: To study the functioning of ICDS centers in the light of existing policies; to analyze the views of anganwadi workers, ANM workers and community members; to compare the implementation of ICDS across selected districts in Punjab.

Methods: The study was conducted in all ICDS centers of Ludhiana, Amritsar and Hoshiarpur districts of Punjab. A sample of 50 AWW, 50 ANM, 50 pregnant women , 50 lactating mother and 50 community members were selected for the study.

Findings: The AWWs of Hoshiarpur, Amritsar and Ludhiana faced the problems of less supply of medicines like Iron and Folic Acid; AWWs of Hoshiarpur, Amritsar and Ludhiana felt that training programs developed their skill and awareness. Majority of AWWs of all three districts received nutritional and health message booklet. Maximum numbers of AWWs said that the number of AWW in a batch was between 20-30; all AWWs said that beneficiaries were enrolled in ICDS center, most of the AWWS said that they faced the problems of water, medicines and infrastructure than other districts; all ANMs agreed that the panchayat sarpanch of their village met them to know about the status of ICDS center. In many anganwadi centres, availability of important health services was found to be lacking; only in 29 per cent Anganwadi areas PHCs were available and in 43 Anganwadi areas sub-centers were available; about 44 per cent AWCs covered under the present study were found to be lacking preschool education kits. Present study reports that the boys, though registered less in number, availed more benefits than the girls; 29 per cent children were born with a birth weight which was below normal (less than 2.5 kg); the attendance of target groups in NHED sessions was quite low; AWWs were found to face problems in providing referral services mainly due to non availability of transport facilities to take the needy to health centers which are often located at far-off places. 36.5 per cent mothers did not report weighing of new born children; non availability of growth charts was found in 11 per cent AWCs and weighing scales in four per cent AWCs. In Amritsar mothers and children have responded enormously to supplementary nutrition programme wherever SHGs were involved in preparing cooked food in AWCs; children with

grade III and IV malnutrition were given special food which was called " Therapeutic Nutrition" which was in semi-solid form and could be easily digested by the child. Coordination with health functionaries was reported to be satisfactory by a vast majority of project functionaries, the participation of ANMs in referral services, health checkup, home visits and NHED was found to be marginal. About 54 per cent AWCs covered under the study were found to be lacking of pre-school education kits.

Recommendations: It is suggested that efforts should be made to coordinate with health department to make services available in AWCs as near as possible. Necessary funds should be made available to AWWs to meet costs of medicines and transport. CDPOs and the Medical officers of PHC should conduct joint visits to the AWCs to increase the performance of the programme.

***Key Words**: 1.ICDS 2.EVALUATION OF ICDS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.POLICY 6.PRACTICES 7.SUPPLEMENTARY NUTRITION 8.MALNUTRITION 9.SCHOOL DROPOUTS 10.ENROLMENT 11.PREGNANT AND LACTATING MOTHERS 12.HEALTH EDUCATION 13.PRESCHOOL EDUCATION 14.SHGs 15.AWCs 16.AWWs 17.ANMs 18.CDPOs 19.RURAL 20.URBAN 21.MONITORING 22.EVALUATION 23.TRAINING 24.NHED 25.ASHA 26.ADOLESCENT GIRLS 27.THERAPEUTIC 28.NUTRITION 29.LUDHIANA 30.AMRITSAR 31.HOSIARPUR 32.PUNJAB.*

NUTRITION

10. Bhattacharyya, Himashree and Barua, Alak. (2013).
Nutritional Status and Factors Affecting Nutrition among Adolescent Girls Urban Slums of Dibrugarh, Assam. *National Journal of Community Medicine, Vol.4(1) : 35-39.*

Source : www.njcmindia.org

Background: Adolescence begins with pubescence, the earliest signs of development of secondary sexual characteristics and continues until morphological and psychological changes approximate adult status. Adolescent girls are particularly at high risk of malnutrition because of gender discrimination in distribution and access to food within the family.

Objectives: To assess the nutritional status and factors affecting nutrition of adolescent girls residing in urban slums of Dibrugarh town.

Methods: The study was conducted in urban slums of Dibrugarh Assam. The study population comprised of adolescent girls in the age group of 10-19 years. The data was collected using pre-tested and pre-designed proforma.

Findings: A total of 288 households were visited to meet the required sample size of 284; 54.57 per cent adolescent girls belonged to early adolescent (10-14 years) and 45.42 per cent girls belonged to late adolescent (15-19 years); 84.50 per cent of adolescent girls were found to be literate and 15.50 per cent were found to be illiterate; the overall prevalence of stunting was 31.33 per cent (95% CI=25.83-36.83%); though the prevalence of stunting was higher among early adolescents than late adolescents. The overall prevalence of thinness was found to be 25.70% (95% CI =20.52 = 30.88%); both the prevalence of stunting (36.06%) and thinness (27.09%) was highest in socio-economic class IV. However no significant association was found between socio economic status and prevalence of stunting (38.37 %) or thinness (31.39%) was high among girls whose fathers were illiterate. The prevalence of both stunting (41.80 %) and thinness (44.26%) was much higher among girls who came from families whose mothers were illiterate; 34.09 per cent illiterate girls were found to have stunting (p=0.668) whereas 25.00 per cent of illiterate girls were found to have wasting (p=0.907); a statistically significant difference was also observed with respect to thinness, where 31.72 per cent of girls belonged to families with $\geq$ 5 members (p=0.001). The commonly prevalent nutritional disorders among girls were found to be menstrual problems (83.09%), diarrhoea (7.04%), goiter (4.22%) etc.

Conclusions: Health and nutrition education especially of the mothers can play a vital role in improving the nutritional status of the adolescent girls.

Key Words*: 1.NUTRITION 2.NUTRITIONAL STATUS 3.ADOLESCENT GIRLS 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6 7.URBAN SLUMS 8.BMI 9.WHO 10.STUNTING 11.THINNESS 12.EDUCATION 13.LITERACY 14.PUBERTY 15.ADULT WEIGHT 16.DIET 17.MALNUTRITION 18.WASTING 19.NUTRITIONAL DISORDERS 20.NATIONAL NUTRITION MONITORING BUREAU 21.UNDER WEIGHT 22.OVER WEIGHT 23.CHRONIC ENERGY DEFICIENCY 24.DIBRUGARH 25.ASSAM.*

11. Lakshmidevi, N et al. (2012).
Feasibility of Introducing Jowar in Mid Day Meal Programmes : A Study in Three Regions of Andhra Pradesh. *The Indian Journal of Social Work, Vol.73(4) : 601-606.*

Background : Children of school going age (6-12) years grow rapidly and require diet that is rich in energy , protein and micronutrients like minerals and vitamins. Most of the children from low socio economic families suffer from under nutrition and dropout from schools at an early age, which directly affects their personality development . The Mid Day Meal programme provides one – third of the daily nutrient requirement 300-400 k cal energy and 10-12 grams protein(Nutrition Foundation of India ,2003).

Objectives: To evaluate the feasibility of introducing sorghum/ jowar in the MDM programme as a substitute to rice.

Methods: About six schools were selected by the directorate of school education, government of Andhra Pradesh. A total number of 900 children constituted the study sample. 443 children were selected as the control group, and 459 children comprised the experimental group for feeding the sorghum, jowar recipes.

Findings: Boys comprised 48 per cent and girls 52 per cent for both the control and experimental groups in Anantapur district; in Mahbubnagar the control group comprised 44 per cent boys and 56 per cent girls, in the experimental school the girls comprised 59 per cent and boys 41 per cent ; in Vizianagaram district , the control group comprised 54 per cent girls and 46 per cent boys, while in the experimental school , the number of girls was 52 per cent and that of boys was 48 per cent. The proportion of girls was greater than boys in all the schools; the school enrolment and female ; attendance in schools was satisfactory; the children of the three districts liked all the three jowar recipes. In Ananthapur , Kichidi was given the first preference , while in Mahbubnagar and Vizianagaram district, Kichidi was given second preference ; majority of the children placed vegetable bath in the first order of preference both in Mahbubnagar and Vizianagaram, districts . The nutritive value of the jowar recipes was calculated by using data from the nutritive value of Indian Foods published by ICMR. Majority of the parents agreed that jowar was a nutritious and tasty food; parents expressed that jowar recipes should be given to children 3-4 times in a week and rice meals on the remaining days of the week; as children did not exhibit any health problems , the villagers were happy with the implementation of the MDM programme in their villages.

Conclusion: The results showed that the acceptability of jowar recipes was good and, therefore , should be considered for supplementation in the school Mid-day Meals programme of Andhra Pradesh.

***Key Words**: 1.NUTRITION 2.MID DAY MEAL 3.CHILD DEVELOPMENT 4.JOWAR RECIPES 5.NUTRITIONAL STATUS 6.SCHOOL GOING CHILDREN 7.DAILY CALORIE REQUIREMENT 8.MALNUTRITION 9.GROWTH AND DEVELOPMENT 10.NUTRITION PROGRAMMES 11.MICRONUTRIENTS 12.APPLIED NUTRITION PROGRAMME 13.RURAL DEVELOPMENT SOCIETY (RDS) 14.SOCIO ECONOMIC PROFILE 15.ENROLMENT 16.DROPOUTS 17.ANDHRA PRADESH.*

12. Patel, Harshad et al. (2013).
A Study of Awareness of Nutrition and Anaemia among College Going Students of Mahila College of Bhavnagar. *National Journal of Community Medicine, Vol.4(2) : 300-303.*

www.njcmindia.org

Background: Adolescence refers to the phase of human development encompassing the transition from childhood to adulthood. Nutritional and health need of the young people are more because of more requirement for growth spurt and increase in physical activity. Inadequate iron storage during younger age and before conception leads to iron deficiency anaemia during pregnancy which aggravates the risk of death due to anaemia during pregnancy .

Objectives :To study awareness regarding nutrition and anaemia amongst young college going students; to assess the impact of health awareness programme on knowledge of nutrition and anaemia.

Methods: The present study was conducted among group of 68 college students in Bhavnagar city. Tools used were pre-test questionnaires, post-test questionnaires and semi structured questionnaires.

Findings: In the present study most of the respondents were belonging to the age group of 18-20 years; majority of the respondents were aware about the legal age of marriage for both boys and girls; only 13.2 per cent of the respondents were aware about nutritious diet before health education but after health education the response regarding the same had significantly improved (63.2%);55.9 per cent respondents were knowing the components of food; 33.8 per cent respondents knew that lack of nutritious diet results in malnutrition, anaemia and vitamin deficiencies; 44.1 per cent girls were aware about anaemia but after education the response for the same had improved significantly. Correct response regarding symptoms of anaemia was given by 38.2 per cent before health education but after health education 51.2 per cent girls became aware about the fact; most of the respondents knew about the preventive measures of anaemia (73.5%) and treatment of anaemia (92.6%).

Conclusion: Educational intervention can bring out positive changes in its true sense and can modify or change the lives of people.

***Key Words**: 1.NUTRITION 2.NUTRITION AWARENESS 3.GROWTH AND DEVELOPMENT 4.CHILD DEVELOPMENT 5.ANAEMIA 6.COLLEGE GOING STUDENTS 7.AWARENESS 8.HEALTH 9.EDUCATION 10.ADOLESCENT 11.MENSTRUATION 12.IRON DEFICIENCY 13.REPRODUCTIVE HEALTH 14.NUTRITIONAL DISORDERS 15.ADOLESCENT GIRLS 16.BHAVNAGAR CITY.*

B. Research Abstracts on Child Protection

DESTITUTE CHILD

13. Patel, N.B et al. (2011).
Staying Preferences by Street Children in Surat City. *National Journal of Community Medicine, Vol.2(2) : 293-296.*
Source : www.njcmindia.org

Background : Street children constitute a highly vulnerable, most deprived and marginalized section of the society, whose rights are constantly violated with impunity. These children when (10 to 12) years old escape from their home to neighbouring cities with the hope of finding a more tolerable life and get caught in another world of exploitation, hunger, violence and abuse and are subject to abject poverty.

Objectives: To explore the staying preferences of street children in the city of Surat and the reasons thereof.

Methods: A cross- sectional study was conducted in Surat city. 326 street children were interviewed using a pretested interview schedule. Both qualitative and quantitative approach was adopted for the study.

Findings: Street children preferred to stay and work in Surat city as they perceived that Surat was a safer city and it was easier to earn money in this city; the maximum number of street children were staying at the railway platforms (35.3%); the major reasons given by the street children for choosing their place of stay was safety, convenience of finding work, comfortable shelter characteristics, availability of friends, and less harassment; these children only stayed in cities where the railway platforms were crowded and busy even late in to the night, so that their presence could not be detected and they feel safe. Navsarjan trust was running a day care centre in Surat city, which was located near the railway station and unofficially accommodated all children in the night timings as well as the day timings and helped these children from abstaining alcohol and substance use. At times the railway authorities informed the authorities of the day care center when they came to know about a new child at the railway station. Most of the children stayed at center for some time and then moved to other areas and stayed with other street children where they felt more freedom ; street children stated that freedom was the central concern which shaped their life; street children who had been residing at the railway platform for a long time reported of facing less harassment in comparison to the children who had recently moved at the railway platforms.

Recommendations: There is a need to build mechanisms to increase safety of the street children at their places of stay and check their abuse by older children, police and authorities and encourage their stay at day care (24 hour care) centers.

***Key Words**: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.CHILDREN IN DIFFICULT CIRCUMSTANCES, POVERTY 6.SHELTER HOMES 7.EXPLOITATION 8.SAFTEY 9.ILLITERACY 10.EDUCATION 11.HARASSMENT 12.RAILWAY STATION 13.SLUM AREAS 14.WORKING CHILDREN 15.CHILD LABOUR 16.MONITORING 17.EVALUATION 18.TWENTY FOUR HOUR CARE CENTRES 19.SURAT CITY 20.CROSS SECTIONAL STUDY.*

14. Patel, N.B. and Bansal, R.K. (2010).
STI Profile and Treatment Seeking Behaviour of Street Children in Surat.
National Journal of Community Medicine, Vol.1(1) : 12-16.
Source : www.njcmindia.org

Background : Street children in India are a highly vulnerable and deprived group, whose rights are constantly violated. They are vulnerable to sexual abuse and STIs and are also engaged in "survival sex" for money, food, clothing and shelter with adults.

Objectives: To explore their morbidity profile with respect to complaints suggestive of suffering from sexually transmitted diseases; to identify mechanisms to improve and strengthen their health care seeking behavior with respect to STIs.

Methods: A cross sectional study was conducted in Surat City. A sample of 326 street children using a pre-tested interview schedule was selected for the study.

Findings: Half of street children (50.5%) had a history suggestive of STI infections during the past six months; all the children who were suffering from symptoms suggestive of STIs had reported of having sought treatment; the treatment seeking behavior however, was irregular and that they did not always complete the treatment. Majority of the children sought treatment for STIs at public facilities; many children had received medical care from the so called practitioners who were not qualified doctors; all the respondents had reported of having been cured by the treatment and only two reported as being uncured; the treatment costs for STIs infections for the maximum numbers of children were ranging from Rs. 51-100 ; about 95.8 per cent of the street children were satisfied with the treatment that they had received. As regards the venue of treatment for STI infections, 79 per cent had chosen the concerned place of their own volition, followed by 17 per cent and four per cent who had needed to the advice of their friends and NGOs respectively; almost two-thirds of the street children had opined that the behavior of the staff of the health care facility (where they had gone to seek care for STI infections) was not good; 79.2 per cent had reported of feeling stigmatized while seeking medical care for STI; 20.8 per cent who had reportedly not experienced the feeling of stigmatization, were those seeking care from chemists and private providers. Majority (56.2%) of the street children did not share the information which they had received during counseling while undergoing treatment for STIs.

Conclusion: The study reveals that the street children face unacceptably high load of STIs. Urgent attention had to be focused on the provision of care to them by the public health services to ensure that they have a hassle free, non-judgemental and pleasant experience for containing the contraction and transmission of STIs, including HIV and AIDS.

***Key Words**: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.CHILDREN IN DIFFICULT CIRCUMSTANCES, STI PROFILE 6.HEALTH 7.CARE 8.BEHAVIOURE PATTERN 9.HIV/AIDS 10.SEXUAL ABUSE 11.SEXUAL EXPLOITATION 12.TEENAGE PREGNANCY 13.SEXUALLY TRANSMITTED DISEASES 14.POVERTY 15.ILLITERACY 16.EDUCATION 17.TREATMENT 18.COUNSELLING 19.PUBLIC HEALTH SERVICES 20.CROSS SECTIONAL STUDY 21.SURAT.*

15. Patel, N.B. et al. (2011).
Occupational Profile and Perceptions of Street Children in Surat City. *National Journal of Community Medicine, Vol.2(2) : 297-301.*

Source : www.njcmindia.org

Background : Street children constitute a highly vulnerable, most deprived and marginalized section of the society, whose rights are constantly violated with impunity. Common occupations among street children are tailoring, domestic work, rag picking and other petty jobs.

Objectives: To explore the occupational profile of the street children in the city of Surat.

Methods: A cross sectional study was conducted in Surat city. A sample of 326 street children were interviewed using a pre-tested interview schedule.

Findings: About 79.8 per cent street children started earning money as beggars but soon switched over to other petty jobs; the earnings of the street children fluctuated with the season; territories of these children were defined and if breached could lead to group territorial fights; 98 per cent children were doing the occupation of shoe shining; the bigger children aged more than 12 years with better body built and with good stamina worked as coolies; Commercial Sex Work (CSW) by girls was considered as inevitable by street girls as they worked around the railway station area during the night timings and on the cinema road during the day timings .Girls worked as CSWs due to poverty and maltreatment in family; all the girls engaged in commercial sex activities were minors and all of them started providing commercial sex activities when they were 14 to 15 years old. Often CSWs had addictions like alcohol, nitro sun tablet, gutka etc. Many times street children were caught by public and police and were badly thrashed; some children worked as rag pickers and sold collected waste materials to scrap whole sellers however this occupation was looked down by other street children as a survival strategy. Many children who were very young, had recently come into the streets with the original families and often the most disadvantaged were more likely to get engaged in this work as it required no capital, no contacts and very less labour; street children had a definite over all perception about various occupations as good, not good or not that good and the reasons of earning potentials and risks.

Conclusion : The occupational profile of street children was invariably associated with the time that they had spent as a street child. These occupational aspirations were shaped as per their perceptions of good or bad and were ever dynamic in nature.

***Key Words**: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.OCCUPATIONAL PROFILE 5.PERCEPTIONS 6.CHILD RIGHTS VIOLATION 7.CHILD ABUSE 8.COMMERCIAL SEX WORKERS 9.POVERTY 10.ILLITERACY 11.MARGINALISED SECTION 12.RAG PICKERS 13.EDUCATIONAL ASPIRATIONS 14.BEGGING 15.CHILDREN IN NEED OF CARE AND PROTECTION 16.CHILDREN IN DIFFICULT CIRCUMSTANCES 17.WAGES 18.CHILD LABOUR 19.WORKING CHILDREN 20.EMPLOYMENT 21.SOCIO ECONOMIC PROFILE 22.SUBSTANCE ABUSE 23.SURAT CITY.*

16. Pal, Jadab Kumar. (2011).
Risk Factors Associated with Morbidity Pattern of Working Children. Kolkata : Indian Statistical Institute. *Journal of Life Science, 3(2) : 147-156*.

Source : www.krepublishers.com

Background : Child workers are usually assumed to be at a greater risk of health problems. The type of disease depends on the type of industry in which children are employed. The pattern and the impact of working status of children on health may be different for different socio-cultural perspectives and climatic conditions.

Objectives: To find the relation between the morbidity pattern and the socio-demographic parameters of the child workers.

Methods: The study was conducted in Ramna Etbar Nagar, a village in West Bengal. The total numbers of households visited were 327, and in each household only one child between the ages of 5-14 was selected for the interview. Tools: Primary data through field visits, interviews and discussions with parents and children.

Findings: The children of the Ramna Etbar Nagar in the family based handloom industry were working and living in a very poor state of affairs; most of the children suffered from cough and cold, which was the most common type of illness in tropical region; abdominal pain was due to irregular consumption of food; extreme poverty forced the children in taking meals irregularly. Children with less attack of stomach pain got higher price of gamchha prepared by them; children of enlightened households had less risk of catching cough and cold; price of 'gamchha' varied from household to household and was a sign of bargaining power and awareness to the economic situation. Those who listened to radio were expected to be more knowledgeable than the others. High caste children were more prone to be infected with eye diseases which were sometimes contagious; pucca houses that were made with bricks protected children from attacks of diseases; poor children suffered less from chest pain; chest pain was found to be more in the families with large number of children. There were four variables which significantly affected neck pain of children; these were castes, poverty, overall enlightenment and enlightenment through listening to radio; all the variables except listening to radio had positive effect on neck pain and poor children suffered more from it. Diarrhoea was occurring only with lower caste children that too with boys; it was seen from the logistic regression that children of higher caste were more vulnerable to most of the

diseases; it was also seen that the variables “total number of children under 14”, “rest time for children” and expenditure on education” did not have much significant influence on any of the diseases. Total number of children under 14 appeared in the most of the regressions with positive influence on the diseases in most cases.

Conclusion: An in-depth study of each of the diseases is necessary to arrive at some meaningful conclusion.

***Key Words**: 1.DESTITUTE CHILD 2.WORKING CHILDREN 3.CHILD LABOUR 4.CHILD PROTECTION 5.HEALTH 6.CHILD HEALTH 7.MORBIDITY PATTERN 8.RISK FACTORS 9.SOCIO-ECONOMIC PROFILE 10.POVERTY 11.DEMOGRAPHIC VARIABLES 12.HANDLOOM INDUSTRY 13.CHILDREN IN NEED OF CARE AND PROTECTION 14.CHILDREN IN DIFFICULT CIRCUMSTANCES.*

17. Reddy, K.Jayashankar. (~2012).
Comparative Study on the Behavioral Problems and Achievement Motivation among Institutionalized Orphan and Non-Orphan Children. *Contemporary Research in India, Vol.2(3) : 171-179.*
Source: www.contemporaryresearchindia.com

Background : Orphanages provide an alternative to foster care or adoption by giving orphans a community based setting in which they live and learn. Early adolescents experience, rapid biological, social and emotional changes contribute to confusion about their identities, and can lead to social, emotional and academic difficulties.

Objectives: To compare the Institutionalised orphan children and non –orphan children on behaviour problems and achievement motivation .

Methods: An exploratory study was conducted in Kannur district of Kerala. A sample of 30 orphan students from recognised orphanages and 30 non-orphan students from the public school were selected for the study. The respondents were in the age group of 11-16 years. Tools used were the Strengths and Difficulties Questionnaire (SDQ) an internationally well validated screening tool and Deo – Mohan Achievement Scale (DMAMS)

Findings: The mean and the standard deviation obtained for the orphans were 5.40 (2.19) respectively which was higher than that of normal students 3.10 (2.84) indicating that the orphans have more emotional problems when compared to the normal students of the same age; the mean and standard deviation on conduct problems score of orphans and non-orphans were 3.97 (2.12) and 3.23 (1.99) respectively. The mean and SD on hyperactivity of the orphan and non- orphan on SDQ was 5.30 (1.93) and 4.87 (2.33) respectively; the mean and SD on peer problem score of orphan and non-orphans was 3.13 (1.83) and 3.53 (2.05) respectively; the mean and SD on pro social behavior of orphan and non-orphans was 6.90 (1.78) and 7.23 (1.88) respectively; the mean and SD on composite score of orphan and non-orphans was 17.80 (5.61) and 14.77 (6.86) respectively. On Emotional symptom score the mean and SD of male was 3.73 (2.59) and for female 4.77 (2.88) respectively and the t-value was 1.45. Conduct problem mean and SD of male was 3.57 and for female 3.63 respectively and the t-value was 12 (P=.90). On Hyperactivity mean and SD of male was 5.33 (2.07) and for female 4.83 (2.19) respectively and the t-value was .90 (P=36). On peer problem score mean and SD for male was 3.37 (1.829) and for female 3.30 (2.07 respectively and the t-value score was .132 (P=.89). The results of the statistical analysis showed that there was a statistically non- significant difference in achievement motivation of institutionalised orphan and non-orphan. The mean and SD of orphans are 129.23 and 23.912 respectively and the mean and SD of non-orphans are 136.83 and 22.911 respectively with t- value 1.26 (P<0.05). Regarding the

relationship between the behavioural problems and achievement motivation results indicated that there was a significant negative correlation between behavioural problem and achievement motivation(r= - 54).

Recommendations: It is important for the caregivers in the institution to acknowledge and recognize the importance of the influence of environment of the institute on emotional wellbeing. Community based programmes are needed that aim to improve emotional wellbeing and help in securing psychological and emotional distress. There is a need to increase support for care givers and provide training in parenting responsibilities over skills might help to reduce emotional problems of orphan children.

***Key Words**: 1.DESTITUTE CHILD 2.INSTITUTIONALISED CHILD 3.CHILD PROTECTION 4.ORPHANS 5.NON- ORPHAN CHILDREN 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.CHILDREN IN DIFFICULT CIRCUMSTANCES 8.ORPHANAGES 9.CHILDRENS HOME 10.SOS VILLAGE 11.FOSTER CARE 12.BEHAVIOURAL PROBLEMS 13.ADOLESCENTS 14.ACHIEVEMENT MOTIVATION 15.SOCIO-DEMOGRAPHIC PROFILE 16.SCHOOL GOING CHILDREN 17.EDUCATION 18.ILLITERACY 19.STRENGTH AND DIFFICULT QUESTIONNAIRE (SDQ) 20.DEO-MOHAN ACHIEVEMENT MOTIVATION SCALE (DMAMS) 21.CONDUCT PROBLEM 22.PEER PROBLEM 23.HYPERACTIVITY 24.PRO-SOCIAL BEHAVIOUR 25.KANNUR DISTRICT 26. KERALA.*

HEALTH

18. Khanna, Manju et al. (~2013).
Rehabilitation and Reintegration of Children Infected with HIV/AIDS : A Case Study of Naz Foundation (India) Trust : A Report. New Delhi: NIPCCD.

Background : Children affected by HIV/AIDS are recognized as a category of children in difficult circumstances and children with special needs . Such children are provided support services like access to legal support, and redressal for specific legal issues by District Child Protection Units under the ICPS scheme . A large number of voluntary organizations are working as crucial partners under this government civil society partnership scheme. Naz foundation has undertaken many programs for upliftment and rights of HIV people and children. It runs a care home for HIV+ children in Delhi the first of its kind care home for vulnerable women and HIV positive orphans.

Objectives: To understand the philosophy and in-depth functioning of the organization; to highlight the activities/ projects implemented by NAZ foundation; to study the impact of the programmes and activities on rehabilitation and reintegration of children infected with HIV/AIDS.

Methods: To study the functioning and activities of NAZ foundation for the care, rehabilitation and reintegration of children infected with HIV/AIDS, information was elicited by interviewing organisors and various programme/project functionaries of the organization, specifically of Care Home. Tools used were interview schedules for each category of respondents and observation checklist.

Findings: There were 25 children (in the age group of 15-17 years)as against the capacity of 30 children in the home; all children were HIV positive and none had AIDS. Among these 19 were on ARV and two children were with special needs; all children were in the same home; children were however living in two dormitories; dormitories when compared to JJ norms was adequate for 25 children. About 68 per cent children were sharing one dormitory whereas the other had only 32 per cent children; one dormitory was exclusively for boys as compared to norms laid down in JJ Act; size of some of the rooms was less than the prescribed ones; in dormitories, children were provided with most of the basic facilities which were necessary for them. The NAZ foundation was following the norms of Juvenile Justice (Care and Protection of Children) Rules, 2007 to the extent possible in respect of clothing, bedding, toiletries and other miscellaneous items required by the children; the kitchen was kept clean and fly proof with separate area for washing utensils; cleanliness in the health check up room was fully maintained, however there was no separate sick room in the Care Home; Care Home provided facilities for recreation to the children;

playground facility was not available in the premises ; children were taken out to play in the nearby parks. Maintenance of records and registers was as per the norms of JJ Rules, 2007 (Rule 67) as far as possible; individual counseling was the part of daily activity for the children in Care Home; group counseling was being done three times in a week by the counselors. Routine health checkup of all the children was being done by the doctor with the help of nurse and ART medication was ensured. The caregivers were taking care of children with great love and affection; all the children of the home were attending schools regularly. Following the JJ Rules and to keep the life of children regulated and disciplined, a daily routine was established and enforced for the care home children; staff of the home was playing an important role in helping children to follow their daily routine activities. NAZ Care Home was following guidelines of WHO for nutrition, four meals in a day were provided and variety in menu was also observed. NAZ foundation had linkages with two hospitals for ART in Delhi namely AIIMS and Lok Nayak Jaiprakash Narayan Hospital; however, there was no full time doctor. Out of seven rehabilitated children, three were boys and four were girls, they were in the age group of 9-16 years; duration of stay at Care Home ranged from two to eight years. There were several sponsors for children in NAZ Care Home; all the 25 children in the Care Home were sponsored. Following the JJ Rules, 2007 NAZ foundation produces children completing 18 years to Child Welfare Committee to place them under the aftercare programme. The organisation was exploring the possibility to start its own vocational training center. As observed it was found that NAZ was facing many challenges in rehabilitating and reintegrating children in the society. Another big challenge faced by NAZ was rehabilitating children through adoption as funds for such services were also not available through ICPS.

Recommendations : Effective linkages between various government, non-government, corporate and other community agencies for facilitating rehabilitation, and social reintegration of children needs to be established. Community group housing for these children on the pattern of SOS villages may be considered as an alternative for rehabilitation. Timely release of funds should be ensured to enable Care Home programme to proceed uninterrupted. Suitable arrangements should be made by the government to post a medical officer on rotation basis at institutions like NAZ Foundation. Model of NAZ care home may be replicated on a wider scale to cover large number of children infected with the virus.

***Key Words**: 1.HEALTH 2.AIDS AFFECTED CHILDREN 3.CHILD PROTECTION 4.REHABILITATION 5.REINTEGRATION 6.HIV/AIDS 7.NAZ FOUNDATION 8.HEALTH 9.CHILDREN IN NEED OF CARE AND PROTECTION 10.CARE HOME 11.ICPS 12.CHILDREN IN DIFFICULT CIRCUMSTANCES 13.CONVENTION ON THE RIGHTS OF THE CHILD 14.EXPLOITATION 15.CHILD RIGHTS 16.JJ ACT 17.SCHOOL DROPOUTS 18.HOMELESS 19.MDGs 20.DISTRICT CHILD PROTECTION UNIT 21.INFRASTRUCTURE 22.EDUCATION 23. COUNSELLING 24.NUTRITIONAL CARE 25.ADOPTION 26.FOSTER CARE 27.AFTER CARE PROGRAMME 28.CASE STUDY.*

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

HEALTH

19. Christian Donald, Kathad Manish and Bhavsar Bharat. (2011).
Socio-demographic Characteristics of Post-Menopausal Women of Rural Area of Vadodara District, Gujarat. *National Journal of Community Medicine, Vol.2(3) : 419-422.*

Source : www.njcmindia.org

Background : While women of reproductive age group are covered under the Reproductive and Child Health (RCH) programme, the post menopausal women ageing 45 and above are not covered in any specific health programs.

Objectives : To study the social and demographic characteristics of the post menopausal women in rural areas of Vadodara Gujarat.

Methods : The study was conducted in rural areas of Vadodara district of Gujarat State. A total of 147 women were selected for the study. Tools used for the study were a pre-designed questionnaire.

Findings: The mean age of the subjects was 58.32 (48-68) years; the mean age of menopause came out to be 47.74 (44.84-50.64) years; the mean gravida was 2.69 children and mean parity was 2.61 children per woman. Majority (73.5%) of the women were not engaged in any work and were housewives; most (80.3%) of the women were married and living with the partner at the time of the study while some (18.4%) were widows. Most of the BPL women were labourers by occupation; the most common mode of dependency was dependent on children (42.9), followed by both 'on self' and 'on husband' (28.6%) for each category. While most (74.8%) of the subjects were not literate, (17.77%) had an education level of primary school.

Conclusion : Rural post menopausal women in India suffer from many social disadvantages which make them more vulnerable to experience more frequent and more severe of menopausal symptoms. Along with genetic care, this special group of women also needs a separate focus for health care provision.

***Key Words**: 1.HEALTH 2.REPRODUCTIVE HEALTH 3.WOMEN AND GENDER 4.SOCIO DEMOGRAPHIC CHARACTERISTICS 5.POST MENOPAUSAL 6.RURAL AREA 7.SOCIO ECONOMIC PROFILE 8.EDUCATION 9.ILLITERACY 10.REPRODUCTIVE WOMEN 11.REPRODUCTIVE AND CHILD HEALTH 12.WOMEN HEALTH 13.POVERTY 14.VADODARA DISTRICT 15.GUJARAT.*

20. Govani, Kapil J., Sheth, Jay K. and Bala, D.V. (2013).
Utilization Assessment of Basic Maternity Health Services through Mamta Card in Rural Ahmedabad. *National Journal of Community Medicine, Vol.4(1) : 40-43.*

Source : www.njcmindia.org

Background: Mamta card is more comprehensive than MCH card as it includes various details like complete family details, birth details, health organization details, various ANC record and notes on treatment, follow up and referral advice during antenatal, intranatal and postnatal period by doctors or health workers.

Objectives: To find the utilization of antenatal, intranatal and postnatal health services by rural mothers and to assess completeness of records in the Mamta Card.

Methods: The study was conducted in rural Ahmedabad district. A total of 130 mothers having infants (< 1 year) were interviewed.

Findings: Out of total 130 mothers, Mamta card was available with 79 per cent mothers; in the available 103 mamta cards, documentation in birth detail section showed birth date in 78.64 per cent, birth weight in 66.99 per cent and birth registration in 18.45 per cent respectively. Complete documentation for family details was seen in 23.3 per cent cards; documentation of treatment, advice and follow up notes in mamta card was found in 82.52 per cent for antenatal details, 3.88 per cent for post natal details and in none for new born care details; 58 per cent mothers had continued IFA tablets for at least three months and 22 per cent mothers had taken tablets before meal. The commonest place of delivery was private hospitals (53.1%), followed by government hospitals (33%) and municipal hospitals (12.3%); majority of deliveries were conducted by doctors (61.5%) ,followed by nursing staff (37%) and trained dais (1.5%). Gender distribution of babies showed 53 per cent males and 47 per cent females; beneficiaries of Janani Suraksha Yojana were 32 per cent and Chiranjeevi Yojana were 3.07 per cent; 68 per cent women were not using any method of contraception or preferred not to answer.

Conclusion: Higher emphasis needs to be given for better coverage of all RCH services including ANC services. At present Mamta Card is used for documentation of ANC details only and requires a radical improvement.

***Key Words**: 1.HEALTH 2.MATERNAL HEALTH 3.WOMEN HEALTH 4.MAMTA CARD 5.RURAL AREAS 6.PREGNANT LACTATING WOMEN 7.ANTENATAL 8.INTRANATAL 9.POSTNATAL 10.HEALTH SERVICES 11.GROWTH CHART MAPPING 12.JANNANI SURAKSHA YOJANA 13.MATERNITY 14.HEALTH SERVICES 15.BREASTFEEDING 16.IYCF 17.GROWTH MONITORING 18.ANGANWADI 19.IFA TABLETS 20.CHIRANJEEVI YOJANA 21.MALNOURISHED CHILDREN 22.FIRST REFERRAL UNIT (FRU) 23.AHMEDABAD.*

21. Jani Yagnavalkya, Shukla Aparajita A. and Bala D.V. (2013).
Practices Related to Pregnancy and Child Birth : A Cross Sectional Study Among Women of Ahmedabad District. *National Journal of Community Medicine, Vol.4(3) : 381-385.*

Source : www.njcmindia.org

Background : To prevent unwanted outcomes of pregnancy, antenatal care (ANC) is the most important method for detecting pregnancy problems in the early period. ANC is a critical element for reducing maternal mortality and for providing pregnant women with a broad range of promotive and preventive health services. ANC is an opportunity to inform women with danger signs and symptoms for which immediate assistance can be sought from a health care provider.

Objectives : To assess the practices related to pregnancy and child birth among urban, poor and rural women of Ahmedabad district; to study socio economic and demographic determinant of use of maternal services.

Methods : The study population comprised of 345 mothers of children of 0-36 months of age. They belonged to urban poor and rural sections of Ahmedabad district. Age of mothers was between 21.3 to 29.5 years.

Findings: Out of total antenatal registrations (n=320, 92.8%), early registration was seen only in 51.6 per cent ANC women; almost half ANC (47.5%) were registered at anganwadis; women with one or two visits were 27.9 per cent while 7.2 per cent did not had a single visit. Women from urban area had undergone adequate antenatal visits as compared to women from rural areas; total hospital deliveries were 93 per cent, out of which 55.1 per cent were conducted at government facilities; common mode of delivery was normal delivery (80.6%). Proportion of children born pre-term was 12.2 per cent; practice of pre-lacteal feed was seen in 37.7 per cent with jaggery water being the commonest (83.1%); proportion of low birth weight babies was less among women with adequate ante-natal visits and IFA tablets ($p<0.05$) and OR is 4.3 (with 95% CI – 2.29 to 8.03) and 2.2 (with 95% CI – 1.21 to 4.05) respectively. Logistic regression showed pre-lacteal feed as the most important factor determining the initiation of breast feeding (OR – 6.8, 95% CI 4.1 – 11.3) followed by male sex (OR = 2.1, 9.5%, CI 1.2 – 3.5); women with adequate ANC visits were 70 per cent, with two visits were 20.9 per cent while 9.06 per cent had only a single visit.

Recommendations : Strengthening of anganwadi for better pregnancy outcome should be promoted. Training and incentives should be implemented. Awareness programmes regarding avoiding practices of pre-lacteal feed and timely initiation of breast feeding is highly recommended for this community.

***Key Words**: 1.HEALTH 2.MATERNAL HEALTH 3.WOMEN HEALTH 4.PREGNANCY AND CHILD HEALTH 5.ANTE NATAL CARE 6.DELIVERY CARE 7.MDGs 8.MATERNAL MORTALITY 9.MATERNAL SERVICES 10.URBAN AREAS 11.RURAL AREAS 12.RCH-2 13.WHO 14.ANGANWADIS 15.EDUCATION STATUS 16.INFANT MORTALITY 17.BREASTFEEDING 18.IYCF 19.NUTRITION 20.IRON AND FOLIC ACID TABLETS 21.PRELACTEAL FEED 22.CHILD HEALTH 23.INSTITUTIONAL DELIVERIES 24.AHMEDABAD DISTRICT 25.GUJARAT.*

22. Mahawar, Priyanka. (2013).
Evaluation of Different Aspects of Janani Suraksha Yojna in Indore District, Madhya Pradesh. *National Journal of Community Medicine, Vol.4(3) : 512–515.*

Source : www.njcmindia.org

Background : The Janani Suraksha Yojana (JSY) has been a safe motherhood intervention and modified alternative of the National Maternity Benefit Scheme (NMBS). The main objective and vision of JSY is to reduce maternal, neo-natal mortality and promote institutional delivery among the poor pregnant women of rural and urban areas.

Objectives: To study quality of care received by beneficiaries to evaluate the financial and administrative procedures in implementation of JSY.

Methods: The study was conducted in Indore district of Madhya Pradesh. A total of 265 respondents including beneficiaries of JSY, ASHA and medical officers from five different health centres were included in the study. Tools used were pre-tested semi structured interview schedule.

Findings: About 143 (57.2%) respondents were told by ASHA to get an ante natal checkup; all the beneficiaries consumed iron and folic acid tablets (IFA) during pregnancy and received two tetanus toxoid injections; ASHAs motivated 123 (49%) of beneficiaries for institutional delivery; 91.2 per cent beneficiary had only one post natal checkup; 80 per cent of ASHAs said that they gave IFA tablets to beneficiaries; all the ASHAs prepared micro birth plan for delivery and provided referral services to mother; 73.2 per cent of beneficiaries had heard about the scheme before hand. All the beneficiaries received exact amount of assistance as provided by the government, but only 24.8 per cent of the beneficiaries received cash just after the delivery; majority of the beneficiaries gave the cash to their spouses. About the JSY beneficiaries of the catchment area there was a requirement of display the list of JSY beneficiaries on a board at the Health center which was found non-existent in all the sample areas. ASHA was the main source for creating awareness about JSY in 90 per cent of beneficiaries in Primary Health Centers (PHC) and Community Health Centers (CHC); ASHA accompanies beneficiaries to health centers in most of the cases as much as (94%) in PHC and CHC. Beneficiaries delivering in private hospitals had to bear the cost of delivery, in most of the other health centers; cash assistance received by ASHA was same everywhere, except for the district hospital; about 80 per cent of the medical officers complained of not getting their funds on time.

Conclusion: ASHA played a major role in motivating females for institutional delivery. A continuous flow of funds is needed to ensure timely disbursement to beneficiaries.

***Key Words**: 1.HEALTH 2.HEALTH INTERVENTIONS 3.WOMEN HEALTH 4.JANANI SURAKSHA YOJANA 5.ASHA 6.NATIONAL MATERNITY BENEFIT SCHEME 7.NUTRITIONAL STATUS 8.POVERTY 9.NRHM 10.MATERNAL HEALTH 11.MATERNAL MORTALITY 12.NEONATAL MORTALITY 13.INSTITUTIONAL DELIVERY 14.RURAL AND URBAN AREAS 15.PRIMARY HEALTH CENTERS 16.COMMUNITY HEALTH CENTERS 17.EDUCATION 18.ANTENATAL CARE 19.IFA TABLETS 20.POST NATAL CARE 21.NATAL CARE.*

23. Roy, Manas P. et al. (2013).
Socio-Economic Determinants of Adherence to Iron and Folic Acid Tablets among Rural Ante-Natal Mothers in Lucknow, India. *National Journal of Community Medicine, Vol.4(3) : 386-391.*

Source : www.njcmindia.org

Background: Anaemia is a great challenge or maternal health in India, affecting more than half of the pregnant mothers. For combating this, iron supplementation during pregnancy has long been recognized as a way. One of the causes of maternal deaths is anaemia, mostly due to iron deficiency. In India, 100 iron and folic acid (IFA) tablets are routinely prescribed to the ante-natal mothers as a part of Safe Motherhood Program to combat this threat.

Objectives: To find out the socio-economic determinants of consumption of 100 IFA tablets in rural areas of Lucknow in Uttar Pradesh.

Methods: A cross sectional study was conducted among Recently Delivered Women (RDWs) of rural Lucknow. A sample of 352 respondents was selected for the study. A structured interview schedule was used to collect information.

Findings: About 54.5 per cent of the Recently Delivered Women (RDWs) were above the age of 25 years; 53.7 per cent of RDWs were registered in the first trimester of their pregnancy and 85.5 per cent took at least three ANC visits; 83.5 per cent of the women had received at least 100 IFA tablets while only one-third (36.9%) consumed them. The comparison between the profiles of the mothers who took 100 tablets and who did not reveal significant difference in terms of education, parity, timing of registration and number of ANC visits, on logistic regression no significant relation was found between IFA tablet consumption and the age, religion, SES or family type of the RDWs; significant relation was found between IFA consumption and education (OR = 1.661, 95% CI = 1.062 – 2.596), parity (OR=1.704, 95% CI=1.062-2.733) timing of ante-natal registration (OR = 1.745, 95% CI = 1.122 - 2.714) and number of ANC visits (OR = 2.096, 95% CI = 1.054 – 4.166); at multivariate level, only parity (OR = 2.212, 95% CI = 1.186 – 4.125) and elder age (OR – 1.836, 95% CI = 1.020 – 3.305) stood significant, indicating that primiparity and elder age could affect IFA tablets intake positively.

Recommendations: Ensure early registration to facilitate ante-natal care for a sufficient duration and to enhance the probability of consumption of IFA tablets in sufficient number. The intake of 100 IFA tablets needs to be addressed with its due gravity and action oriented modifications are to be intensified and taken to the grass root level.

***Key Words**: 1.HEALTH 2.MATERNAL HEALTH 3.WOMEN HEALTH 4.IRON TABLETS 5.FOLIC ACID TABLETS 6.ANTENATAL MOTHERS 7.RURAL AREAS 8.ANAEMIA 9.ANTENATAL CARE 10.MATERNAL HEALTH 11.PREGNANT MOTHERS 12.MATERNAL MORTALITY RATIO 13.MDGs 14.WHO 15.SAFE MOTHERHOOD PROGRAMME 16.EDUCATIONAL STATUS 17.ASHAs 18.AWWs 19.SOCIO ECONOMIC STATUS 20.RECENTLY DELIVERED WOMEN 21.HOSMER-LEMESHOW GOODNESS- OF-FIT-TEST 22.OMNIBUS TEST 23.LUCKNOW 24.UTTAR PRADESH.*

24. Vikram, K., Sharma, A.K. and Kannan, A.T. (2013).
Beneficiary Level Factors Influencing Janani Suraksha Yojana Utilization in Urban Slum Population of Trans-Yamuna Area of Delhi. *Indian Journal of Medical Research, 138, September : 340-346*.
Source : www.ijmr.org.in

Background : Janani Suraksha Yojana (JSY) , a conditional cash transfer scheme was introduced to improve maternal mortality by providing adequate antenatal care, supervised transportation to institutions for delivery, skilled birth assistance and incentives for care of the new born and the mother. The JSY scheme was implemented in Delhi from 2007.

Objectives: To identify the beneficiary level factors of utilisation of JSY scheme in urban slums and resettlement colonies in trans-yamuna area of Delhi.

Methods: The study was conducted in the urban slums and resettlement colonies of the East and North East districts of Delhi from Dec 2009 - Nov 2010. The mothers who had stayed in Delhi during antenatal period and at the time of delivery were chosen from these areas. Tools used for this study were a pre-tested interview schedule .

Findings: A total of 633 mothers of infants were approached, of whom 469 had stayed in Delhi during their antenatal period and at the time of delivery; the median age of the mothers was 25 years; 92 per cent of the women had received minimum three antenatal visits in the last pregnancy with 70 per cent of them having started their antenatal checkups within the third month of pregnancy. The institutional delivery rate was 71 per cent and 52.5 per cent women had delivered in government institutions; the awareness regarding JSY Scheme was 62.3 per cent of whom 72 per cent were not aware if they were eligible for monetary benefits under the scheme. Majority of women (68%) came to know about JSY during the antenatal period and place of ANC (51.7%) and place of delivery (40.1%) acted as the major sources of information about JSY with ASHA acting as the third major source (25.7%). The study results showed a definite improvement in trend comparing the National Family Health Survey – 3 (NFHS – 3) report on Delhi in terms of percentage of women who had minimum three antenatal visits and institutional delivery rate which were 74.4 and 60.7 per cent respectively. The better privileged women utilized the services better, women who utilized the antenatal health care services more than six times were evidently in a better position than others to make use of facilities to avail the services of ASHA and health care institutions during delivery; in the univariate analysis, per capita income of less than Rs 1000 was associated with less utilization of benefits of JSY; the logistic regression analysis gave a parsimonious model in which belonging to Hindu religion and

having more than six ANC visits during pregnancy were significant predictors of women availing benefits of JSY. In the full regression model, the place of residence was the only variable which had a significant relation with the availing of JSY benefits.

Conclusion: Findings show a gap in the awareness and utilization on JSY scheme in the urban and slum population which needs to be addressed via proper information, education and communication drives to improve demand for the scheme.

***Key Words**: 1.HEALTH 2.HEALTH INTERVENTIONS 3.JANANI SURAKSHA YOJANA 4.WOMEN AND GENDER ISSUES 5.URBAN SLUM POPULATION 6.MATERNAL MORTALITY 7.INFANT MORTALITY 8.SOCIO-DEMOGRAPHIC FACTORS 9.ANTENATAL SERVICES 10.MMR 11.ASHA 12.INSTITUTIONAL DELIVERY 13.NRHM 14.CONDITIONAL CASH TRANSFER SCHEME 15.MAMTA SCHEME 16.EDUCATION 17.ANM 18.MATERNAL HEALTH 19.PREGNANT WOMEN 20.DELHI.*

WOMEN WELFARE

25. Asrani, Shalini and Kaushik, Sushma. (2011).
Problems Perceived by Scheduled Caste Women in Haryana.
Stud Tribes Tribals, 9(1) : 29-36.

Source : www.krepublishers.com

Background : The scheduled castes and scheduled tribes are disadvantaged both socially and economically although they have been well protected and secured by constitutional provisions and enactment and state governments have implemented several poverty alleviation programmes during different plan periods.

Objectives : To assess the problems faced / perceived by rural scheduled caste women.

Methods: The study was conducted in Hissar district of Haryana. Data was collected from 300 scheduled caste women from six villages through self structured pre-tested interview schedule.

Findings: About 54 per cent respondents belonged to middle age group (between 26 to 50 years) followed by young (34 %) and old (12%) age group; 22 per cent of respondents were illiterate; majority of the respondents had primary level of education and their family educational status was medium. Regarding occupation of respondents majority of women (68%) had agricultural labourer as their major occupation; average monthly income of the respondents was less than Rs. 2000 while their family income per month was Rs. 2001 – 5,000; about 80 per cent of the respondents seldom faced the problems of untouchability; almost all the respondents reported that they faced atrocities like 'being beaten in public places', 'burn houses', 'forced out of the village', rape/bad behaviour with women etc; 77.3 per cent respondents always had the problem of financial scarcity for higher education and 87.3 per cent respondents 'sometime' reported that schools were not providing the benefits under government schemes. As per economic problems majority of the respondents faced problems like 'Lack of finance for any economic activities' (84.77%); less wages (78.3%), lack of awareness about reservation in jobs (71.7%) etc. Regarding communicational problems, majority of respondents faced problems like 'lack of awareness about various government schemes' (74.7%). Regarding socio-cultural problems majority of respondents (84.3%) in total had low problems followed by medium (13.7%) and high (2%).

Recommendations : There is a need to create awareness among villagers about govt. welfare schemes; efforts are required to enhance income earning capacity of the respondents so as to make them self reliant and independent citizens.

***Key Words**: 1.WOMEN WELFARE 2.SCHEDULED CASTE WOMEN 3.WOMEN AND GENDER 4.SOCIAL NEGLECT 5. POVERTY 6.SOCIO ECONOMIC CONDITIONS 7.ATTROCITIES 8.ILLITERACY 9.EDUCATIONAL PROBLEMS 10.RTE ACT 11.SARVA SHIKSHA ABHIYAN 12.ENROLMENT 13.OBC 14.DOMESTIC VIOLENCE 15.WOMEN EDUCATION 16.NATIONAL HUMAN RIGHTS COMMISSION 17.SCHEDULED TRIBES 18.DALIT WOMEN 19.UNTOUCHABILITY 20.HISAR DISTRICT 21.HARYANA*

26. Kiran, et al. (2012).
Empowerment of Rural Women in Agriculture : A Socio-Psychological Analysis. *Stud Home Com Sci, 6(3) : 139-144.*
Source : www.krepublishers.com

Background : Empowerment strategy has emerged as a unique response to the challenge of gender equity and development. Empowering women at all spheres of life plays a vital role and is crucial in sustainable development of the nation.

Objectives: To study the socio- economic profile of the respondents; to study the respondents in relation to their various socio-psychological traits of empowerment.

Methods: The study was conducted in two blocks viz. Dhanpatganj and Baidirai of Sultanpur district Uttar Pradesh. A sample of 200 women respondents comprising of SC (91), OBC (54) and general category (55) were selected for the study.

Findings: The maximum percentage of the respondents were found in middle age group (80.50%), scheduled caste (45.50%), illiterate (62.50%); 57.50 per cent respondents were in the medium level of socio-economic status; 72 per cent of the respondents were observed in medium category of Autonomy vs Dependency followed by low (23.50%) and high (4.50%) categories respectively; maximum respondents had fear of failure and less hope of success because of illiteracy and no knowledge about various things related to farm and other home management activities; 80.50 per cent respondents were in medium category of self-esteem vs self-depreciation followed by low (15%) and (4.50%) categories respectively; the reasons for all this was due to male dominancy and fear of older persons in the family and society that what they would say. 68 per cent respondents were in the category of medium level of reflective vs repetitive behavior followed by 22.50 per cent low level and 9.50 per cent high level of reflective vs repetitive behavior in all the three caste categories. The results indicated that women were involved in doing the repetitive and routine work. This was due to the dependency of women on husband or in-laws of the family. Regarding empowerment of women 78.50 per cent respondents were observed in medium category of empowerment followed by low 12.50 per cent and high 9.00 per cent categories of empowerment with a mean score of 42.627 and S.D. 3.468 respectively. The reasons for this was due to illiteracy and unawareness about their facts and role of rural women and male dominancy in society. From the results it can be inferred that independent variables are important determinants for the empowerment of women

Conclusion: Education should be major motive for holistic empowerment of rural women.

***Key Words**: 1.WOMEN WELFARE 2.AGRICULTURE AND WOMEN 3.WOMEN EMPOWERMENT 4.RURAL WOMEN 5.AGRICULTURE 6.GENDER EQUITY 7.SOCIO ECONOMIC PROFILE 8.SOCIO PSYCHOLOGICAL TRAITS 9.RURAL AREAS 10.URBAN AREAS 11.AUTONOMY DEPENDENCY 12.SELF ESTEEM 13.SELF DEPRECIATION 14.REFLECTIVE 15.REPETITIVE BEHAVIOUR 16.EDUCATION 17.LITERACY 18.WORK PARTICIPATION 19.SULTANPUR DISTRICT 20.UTTAR PRADESH.*

27. Roumi Deb, Bhatnagar, P. and Avasthy, D. (2012).
Female Foeticide in Delhi/NCR : Exploring the Socio-Economic and Cultural Dimensions. *National Journal of Community Medicine, Vol.3(3) : 548-551.*

Source : www.njcmindia.org

Background : Gender preference enshrined in social perceptions is thought to be a major cause of sex selective abortions. The provisional population totals of NCT of Delhi for 2011 put the sex ratio in Delhi/NCR at 866 females per 1000 males.

Objectives: To explore the female foeticide perceptions and practices of lower socio economic class of Delhi/NCR.

Methods: A sample of 100 families residing in the slum areas of Delhi/NCR was selected for the study. Tools used for the study were in-depth interviews and a semi-structured interview.

Findings: It was observed that 57 per cent of the subjects were migrants from Bihar, Uttar Pradesh, Assam and Bengal; all the subjects were from lower socio-economic strata with low average literacy levels. About 66 per cent of the families were illiterate and 21 per cent of families had male head as the most educated member of the family; in bengali sub-group children irrespective of the gender were made to work at a very young age (9-12 years) while in the other sub groups the children mostly started earning at the age group of 15 – 18 years. In the present study the average female to male ratio was higher Bengali group (1:0.94) as compared to other states from northern belt (Bihar, 1:1.64, Uttar Pradesh 1:1.45 and Delhi 1:0.97). All the respondents had the same opinion that female foeticide and infanticide was prevalent because of dowry system in their respective communities; many subjects in Bengali sub group testified that they have seen incidences of dowry deaths in middle class families where the stakes and demand for dowry was higher. In some families from Bihar and U.P daughters were made to do tedious errands around the house and were not subject to the same respect as the sons. The participants unanimously condemned practice of female foeticide and infanticide and all of them claimed that they preferred both male and female children equally.

Conclusion: Cultural practices and socio economic circumstances of different communities are fundamentally unique. These differences needs to be studied for better implementation of social-awareness programmes meant to uplift the status of girl child.

***Key Words**: 1.WOMEN WELFARE 2.STATUS OF WOMEN 3.FEMALE FOETICIDE 4.SOCIO ECONOMIC PROFILE 5.SEX RATIO 6.DOWRY 7.INFANTICIDE 8.SLUM AREAS 9.IMMIGRANTS 10.GENDER DISPARITIES 11.ILLITERACY 12.HEALTH 13.EDUCATION 14.CULTURAL BELIEFS.*

28. Sahu, Lopamudra and Singh, Suresh K. (2012).
A Qualitative Study on Role of Self Help Group in Women Empowerment in Rural Pondicherry, India. *National Journal of Community Medicine, Vol.3(3) : 473-479*.

Source : www.njcmindia.org

Background: Empowerment is a continuous process by which powerless people become conscious of their situation, organise collectively to improve it and access opportunities, as an outcome of which they take control over their own lives, set their own agenda, gain skills, solve problems and develop self – reliance. In India, micro-finance and self help groups (SHG) intervention have brought tremendous change in the life of women at the grass root level by empowering women.

Objectives: To assess women's perception about the role of SHGs in improving their situation (empowerment) in rural Pondicherry.

Methods: A total of six SHGs were selected from Madagadipet village. Tools used were focus group discussions.

Findings: After joining the SHG, most of the women had perceived to have more freedom of mobility and were able to manage most of the outdoor activities; all the group members invariably experienced a change in the attitude of their husbands and other family members and felt relaxed from domination after joining SHG. Regarding involvement in decision making all the group members said that there involvement in family matters have improved; some women felt that they have developed independent decision making and had the courage to take it against their family members; all the members who were earning in group were independently purchasing necessary household and personal things. Many members had opened savings accounts in bank or post offices after joining SHG and were having regular savings; the level of awareness in political, educational and legal fields had increased after joining SHGs; all the group members felt that SHG itself was very prestigious and joining it had improved their status in society. Many members felt that they were more confident after joining SHG and had organized meetings with leaders making all the arrangements themselves.

Recommendations: Women SHGs formation especially in marginalized community of rural area should be encouraged; capacity building of the members should be ensured; government should provide interest free/subsidized loan to SHG to help them come out of poverty.

***Key Words**: 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.WOMEN EMPOWERMENT 4.MICRO FINANCE 5.POVERTY 6.SOCIO ECONOMIC STATUS 7.GENDER EQUALITY 8.DECISION MAKING 9.MORBIDITY 10.SELF CONFIDENCE 11.ECONOMIC SECURITY 12.LEGAL AWARENESS 13.ECONOMIC CAPABILITY 14.PONDICHERRY.*

29. Srivastav Shalini, Kariwal, P. and Kapilasrami, M.C. (2011).
A Community Based Study on Awareness and Perception on Gender Discrimination and Sex Preference Among Married Women (in Reproductive Age-Group) in a Rural Population of District Bareilly Uttar Pradesh. *National Journal of Community Medicine, Vol.2(2) : 273-276.*
Source : www.njcmindia.org

Background : Sex ratio is an important social indicator measuring status of equity between male and female prevailing in society. Various medical technologies have been put into practice to identify the sex of the child before the birth and selective abortion, if found female.

Objectives: To find out awareness of rural women regarding sex determination and their perceptions and attitudes on gender discrimination.

Methods : About 317 women in reproductive age group were interviewed on pre-designed questionnaire

Findings : Out of 317 women selected for interview, 69 per cent were unaware of the legal age of marriage and 80 per cent knew that pre-natal sex determination can be done; 68 per cent respondents were unaware about PNDT Act. Regarding perceptions, 94 per cent were of view that females still do not enjoy equal rights as males; 88 per cent of females expressed views that they would prefer to go for son even if the family gets completed with females, and 32 per cent were willing to go for pre-natal sex determination. About 20 per cent accepted that they would prefer to go for foeticide if female fetus is conceived; 62 per cent of respondents who had studied upto secondary level were aware of PNDT ACT. The study clearly showed that unawareness regarding PNDT ACT and preference for male child was significantly associated with the literacy status of females.

Recommendations : To bring the sex ratio to normal there is a need to strengthen the PNDT ACT. It is necessary to gear efforts by women empowerment and intensive information, education and communication campaigns.

***Key Words**: 1.WOMEN WELFARE 2.GENDER DISCRIMINATION 3.WOMEN AND GENDER ISSUES 4.SEX PREFERENCE 5.MARRIED WOMEN 6.REPRODUCTIVE AGE GROUP 7.RURAL POPULATION 8.FEMALE FOETICIDE 9.SEX RATIO 10.PNDT ACT 11.EDUCATION 12.LITERACY STATUS 13.PRENATAL SEX DETERMINATION 14.IEC CAMPAIGNS 15.RURAL WOMEN 16.SOCIO ECONOMIC PROFILE 17.AWARENESS 18.BAREILLY DISTRICT 19.UTTAR PRADESH.*

30. Sudha, Yadav et al. (2011).
A Study on Status of Empowerment of Women in Jamnagar District. *National Journal of Community Medicine, Vol.2(3) : 423-428.*
Source : www.njcmindia.org

Background : The empowerment of women occurs when women are involved in decision making, which leads to their better access to resources, and therefore improves socio economic status. Disempowerment of women also affects their health as their health needs are often ignored even by themselves as well as by their families.

Objectives: To find out participation of women in household decision about reproductive health affecting their lives including age at marriage and financial decisions; to find out the prevalence of domestic violence.

Methods: The study was conducted in villages, urban slums, and urban areas of Jamnagar district of Gujarat state. A sample size of 50 married women of reproductive age group (15- 49 years) were selected for the study. A pretested, semi-structured questionnaire was used for data collection.

Findings: The mean age of the study participants was 30.74 $\pm$ 7.65 years. The majority of women were housewives (81.88%); 53.38 per cent women were willing to work but could not due to family responsibility of small children; about 28.86 per cent women were not involved in the decision regarding their marriage; majority of women (85.91%) participated in making household decisions. More women living in urban areas (92%) participated in decisions as compared to those living in urban slums (87.2%) and in rural areas (80.8%); employment increased the participation of women in household decision making. 89.93 per cent women could make purchases for daily needs by themselves; 51.68 per cent women had say in the decision on how the household earnings should be spent; one in four women suffered physical violence (n=32) and the rest 75 per cent suffered non physical violence (mental or emotional violence. More urban women (36%) had suffered from domestic violence than women living in urban slums (12.8%) and villages (15.4%). It was found that 18.79 per cent women had no participation in decision regarding, spacing of children, number of children (19.46%) and use of contraceptive methods (20.13%).

Conclusion: Empowerment of women will go a long way in improving the health and quality of life of women and families and will lead to accelerated development of our society.

***Key Words**: 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT 3.WOMEN AND GENDER ISSUES 4.WOMEN HEALTH 5.NUTRITION 6.SOCIO ECONOMIC PROFILE 7.ECONOMIC ISSUES 8.EDUCATION 9.ILLITERACY 10.RURAL WOMEN 11.URBAN WOMEN 12.REPRODUCTIVE HEALTH 13.GENDER EQUALITY 14.WORK PARTICIPATION 15.DOMESTIC VIOLENCE 16.WOMEN PARTICIPATION 17.EMPLOYMENT 18.JAMNAGAR DISTRICT 19. GUJARAT.*

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