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DCWC Research Bulletin

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A. Research Abstracts on Child Development

CHILD WELFARE

1. Manasi Kumar. (2013).
Girls are to be Seen, not to be Heard': Understanding the Social Trauma of Kutchi Girls in Post-earthquake Gujarat. *Psychology and Developing Societies, Vol. 25(2) : 333-366.*
G18766

BACKGROUND: Gujarat experienced a massive earthquake on 26 January 2001 (7.9 on the Richter scale) and the aftershocks continued for days altogether. Thus, disasters are frequently associated with both acute and long-term adversities and secondary stresses (Pynoos, Goenjian and Steinberg, 1998). It was observed that in any developing countries context, amidst emergency rescue efforts and other relief efforts such as providing food, shelter, clothing, and medical aid to the injured, the psychosocial rehabilitation goes down in the priority list. This is perhaps the reason why no secondary data on children and families' psychosocial rehabilitation could be found. Therefore, the focus on children in the context of everyday life under vulnerable conditions is important as it enriches the understanding of a person as of how disputations over culture and forms of belongingness are enacted repeatedly and undramatically. Children (girls) taken in the research belong to a lower-to-lower middle class Gujarati families with whom a critical commentary, Child Attachment Interviews (CAIs) narratives method was used.

OBJECTIVES: To examine psychological and social trauma of child survivors of 2001-02 Gujarat earthquake and riots; To explore the diverse ways in which gender structures the notions of childhood, household work and domesticity defining their identity, 'inhibition', 'absence' and 'invisibility' of a certain kind.

METHOD: Twelve girls with a mean age of 11.67 years (range: 10-14 years old) were selected from four villages across Kutch (a district of Gujarat): Bhuj, Lodai, Khengarpur and Khavda. Child Attachment Interviews (CAIs) narratives method was used. Interviews were conducted in schools and when there was school holiday it was conducted in places such as community hall. The participants were selected on the basis that their narrative provided a broad sweep of themes that cut through the entire CAI sample and was analysed qualitatively.

FINDING: Girls' impoverished responses during the interviews were marked by long pauses, absent glances, occasional smiles; with mainly monosyllables spoken about their own self though maintaining adultmorphic views of work, their duties and family's expectations. Each interview was more or less a carbon copy of the others. The observation was also developed as the cases of these girls were a continual suppressor of their voices, needs and desires. Attachment

trauma in these young girls was because of this inability and failure of their families to adequately nurture their (psychological and social) capabilities (Robeyns, 2003; Sen, 1982). In the (girl) child and this 'lack'/trauma has an intergenerational transmission and import (Grubich-Simitis, 1984; Felman & Laub, 1992).

CONCLUSION: The paper illuminates the symptom these girls have become (being mute, stoic (multiple/ongoing), trauma survivors) and behind these symptoms lies social depravities such as gender discrimination and child-rights violation where the mother (and remaining family) is not only implicated but caught in the same rigmarole-of patriarchal hubris.

***Key Words**: 1.CHILD WELFARE 2.DISASTER 3.SINGLE WOMEN 4.TRAUMA 5.ATTACHMENT 6.ADOLESCENT*

2. Rai, Rajesh Kumar. (2013).
Declining Sex Ratio of the Child Population in India: A Decomposition Analysis.
Source:http://iussp.org/sites/default/files/event_call_for_paper/IUSSP_rajesh.iips28@gmail.pdf

G18760

BACKGROUND: The release of the Population Census, 2011 in India unleashed a huge wave of debate among researchers and program and policy makers about the declining child sex ratio (0-6 years). Primarily, the sex ratio is affected by trends in fertility, mortality and sex ratio at birth. Insufficient socioeconomic development in India does not necessarily explain the differential in female-to-male ratio of birth as reviewed by the study, where households with high education and wealth were found to have a concentration of an imbalanced sex ratio.

OBJECTIVE: This study aims to understand the contribution of both the sex ratio at birth and child mortality to the change in child sex ratio in India and in its major states during 2001-2011.

METHODS: The information on the Child Sex Ratio (CSR) was obtained from two consecutive rounds (2001 and 2011) of the decennial population census conducted by the Ministry of Home Affairs, Government of India. The estimates on SRSR (converse of mortality rates) were computed using the record of survival probabilities for the defined age groups.

FINDINGS: It is evident that at the national level, the mortality differential favors the male child. It was also interesting to note that SRSR in Kerala and Karnataka is 1000, indicating that there is no sex differential in child mortality in 2011, and that the male child mortality is almost similar to that of the female child. In Andhra Pradesh and Tamil Nadu, the sex differentials in mortality are in favor of girl children; in other words girls have higher survival chances or lower mortality compared to boys. But, the SRB in 2011 is the same as it was in 2001 in Kerala; however, an increase in SRB has been documented in Haryana and Punjab during 2001-2011.

CONCLUSION: Researchers have long been interested in the causes of sex ratio decline in India. In the light of the figures revealed by the 2011 Census, shows the lowest child sex ratio in India, this debate has gained new proportions. This study reconfirms that the skewed sex ratio is the result of the lower proportion of female births.

***Key Words**: 1.CHILD WELFARE 2.CHILD SEX RATIO 3.CHILD POPULATION 4.FEMALE CHILD MORTALITY 5.INFANT MORTALITY 6.SEX RATIO.*

3. Save the Children. (2009).
Communities for Children Selected Good Practices in Improving Children's Well-being through Community Participation. New Delhi: SC. G18659

BACKGROUND: Children are the true wealth of a country and the embodiment of its dreams and hopes. In India, despite its growing economic and global clout, more than a 100 million children live in extreme poverty and difficult circumstances. Moreover, they continue to be discriminated against on the basis of poverty, caste, ethnicity, and gender due to which they are less likely to access education and healthcare services, and more likely to be victims of exploitation and abuse.

OBJECTIVE: To identify and document a number of good practices in improving children's well-being which has been achieved through community participation in the focus areas of children's education, protection, and survival.

METHODOLOGY: The methodology of the study was focused group discussions and questionnaires.

FINDINGS: The study revealed that community participation should be viewed on a continuum and as a set of practices rather than as an outcome of an intervention. The study focused on identifying major community participation, as well as good practice components and categorized them for describing important and relevant strategies and activities involved in the practices which categorize them as good community interventions. The study, with the help of the literature review and field work identified some key processes that build social capital and enable, improve, and sustain community participation across all areas of children's Education, Protection, and Health and Nutrition to a variable extent.

CONCLUSION: Community participation is central to sustaining any initiative in social development and this is also true of programmes related to children's well-being.

***Key Words**: 1.CHILD WELFARE 2.BEST PRACTICE 3.COMMUNITY PARTICIPATION 4.COMMUNITIES FOR CHILDREN 5.CHILD CARE AND PROTECTION 6.PROTECTION OF CHILDREN 7.GOOD PRACTICE INDICATORS 8.CHILD PROTECTION 9.EDUCATION 10.HEALTH AND NUTRITION.*

4. Sharma, Anuradha. (2014).
Psychosocial Problems of Adolescents having Low Socio-Economic Status. *Indian Journal of Adult Education, Vol.75 (2) : 88-95.*
G18777

BACKGROUND: Adolescence is a distinct and dynamic phase of development in the life of an individual. Psychologically adolescence is such a vulnerable stage that boys/girls of this age are easily carried away by perceptions generates by misleading and misguiding parents, teachers, friends, brothers and sisters and other Medias of communications. Thus sometimes due to low socio economic status causes biological problems, psychosocial problems and social problems. Their different types of needs are not satisfied at school and at home level. Most problems of adolescents remain confused and cause identity crisis, most problems are due to failure in understanding the biological and psychological changes expected during adolescence. When adolescents are deprived of a supportive environment it leads to various psycho social problems like academic problems, truancy, adjustments problems, low self-esteem etc. Low socio economic status means that adolescents belong to low income group their parents have small occupation, they are not educated have meager wealth and their places of residence are not proper.

OBJECTIVES: To identify the home related problems of adolescents having low socio economic status; to study school related problems of adolescents; to know self-image related problems of adolescents of low socio economic groups.

METHODOLOGY: Descriptive survey and questionnaire method was used.

FINDINGS: The data of 200 children maximum (65.5%) of the children were living in slum areas whereas the other (30%) of the adolescents resided in different sectors of Chandigarh. 49 percent of children were in the 9^{th} and 10^{th} class, 30 percent were in 11^{th} and 12^{th} class. 42 percent of the adolescents were from age group 14-15 years while rest 34.5 percent were between age groups 16-17 years. Majority of the adolescents mother were housewives (75%) and remaining (15%) were engaged in meager household services. 65 percent students revealed that there were having very low socio economic background; 61 percent were having problems like less money as compared to their friends. Leas that half percent (49.5%) said that they were having authoritarian parents, 44 percent had non conducive environment at home and 25 percent reported that they had poor rapport with parents. I was also concluded that if teacher or school counselor guided them properly and solve their school related problems then school related problems of children can be reduced. One fourth of the adolescents revealed that society related problems resisted their independence. 88% students revealed that they were having anger related problems.

CONCLUSION: It can be concluded that due to low socio economic status adolescent students faced some major problems like illiteracy, low economic status, mood fluctuations. Adolescents who are living in the colonies or slums have almost same problems as those of other adolescents who belonged to middle or high class but their maximum problems are related with their status and family income.

***Key Words**: 1.CHILD WELFARE 2.ADOLESCENTS 3.PSYCHOLOGICAL PROBLEMS 4.IDENTITY CONFUSION 5.SELF-IMAGE.*

5. UNICEF, New Delhi. (2012).
Child Marriage in India: An Analysis of Available Data. New Delhi: UNICEF.

G18671

BACKGROUND: Child marriage is a violation of child rights. It is defined as marrying before the legal age at 18 years for girls and 21 years for boys. Child marriage is contributed because of factors like persistence of gender norms and expectations. Traditional practices around marriage, safety concerns and family honour, poverty, limited education and livelihood opportunities and weak implementation of the law. Child marriage challenges the right to health, education, protection and development. Estimated of 23 million girls in India face child marriage, this has enormous consequences not only on children as individuals but also on families, communities and nation as a whole. The pattern of disparity and inequality is visible in child marriage prevalence.

OBJECTIVES: The objectives of the report is to consolidate data on indicators pertaining to early marriages as well as causal/impact factors like education , child bearing and mortality, women's empowerment and domestic violence; To highlight the disparities in child marriage incidence by social groups ; to provide with an overall analysis of the data at national level.

METHODOLOGY: The analysis and finding of the report are presented from secondary data sources like NFHS, DLHS, and SES.

FIDNINGS: Worldwide one of the key indicators to measure the incidence of child marriage is the percentage of currently married women in the age group 20-24 years who were married before the legal age of 18 years. The NFHS portrays a declining trend at less than 1 percent points per year. 47.7 percent brides are still reported to be married before the age of 18 years; 52.5 percent of currently married women in age group 20-24 years in rural areas. As per the latest DLHS (2007-2008) data, around 48 percent of currently married women in the age group 20-24 years got married before the age of 18 years. States of India namely Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Jharkhand and West Bengal have recorded the highest incidence of child marriage ranging from 51.9 percent to 68.2 percent. Gender disparities in the median age at marriage are evident and prevalent in both rural and urban areas. The median age of marriage among girls is 16.8 years while that of boys is 22.6 years. It is also observed from the graphical representation tight the median age at marriage for age groups 25-49 years has plateaued and did not witness any significant change. The median age at marriage is inversely related to the household economic conditions. A strong correlation is found between education and child marriage. Around 72 percent of females and 56 percent males did not receive any education. The data suggest that education may act as a strong deterrent against child marriage. The percentage of teenage mothers varied from 19.1 percent in rural areas to 8.7 percent in urban areas.

Women younger than twenty years old have reported to have higher rates of new born mortality than women ages 20-39 years. The percentage of women who contribute to household decisions presents a marked difference in participation based on age groups. Only 7 percent of girls are reported to operate their own bank account whereas on the contrary 40 percent of women in the age group 30 years and above had access to own money and hand knowledge about microcredit programs. Evidence also suggested that child brides are more likely to be exposed to violence or abuse. 1 in 10 women are likely to experience sexual violence by husband.

CONCLUSION: Child marriage is still a widespread practice in the country and is affecting some geographical areas as with higher intensity. It is also evident that child marriage is more likely to occur in certain areas of the country and among excluded groups. The correlations between child marriage and education are seen in terms of causes and consequences. The data also reveals that younger brides may have experienced serious health consequences as they are more likely to have complications at delivery and mortality rates among their babies tends to be higher than in women from older age groups. It is important to highlight that addressing child marriage requires a comprehensive strategy targeting different dimensions including education empowerment and economic vulnerability.

Key Words: *1.CHILD WELFARE 2.CHILD MARRIAGE 3.TRENDS IN MARRIAGE 4.INCIDENCE 5.FACTSHEETS OF STATES 6.DATA SOURCES 7.EDUCATION 8.CHILD BEARING 9.MORTALITY 10.WOMEN'S EMPOWERMENT 11.DOMESTIC VIOLENCE.*

6. Raju, B.M.K. and Singh, Avtar. (2011).
Educational Development in India at Elementary Level: An Interstate Perspective. *Indian Educational Review, 49(2) : 64-79*.
G18757

BACKGROUND: Educational development is a multidimensional process. As a result, its impact cannot be fully captured by any single indicator. Educational development in different dimensions measured with the help of a number of indicators when analyzed individually does not provide an integrated and easily comprehensible picture of reality. Such situation calls for using appropriate composite index, which can optimally combine development in different dimensions.

OBJECTIVE: To compare various State/UTs with respect to their educational prosperity using an appropriate composite index. Data on the aspects which were not covered under the 7th AISES are taken from SSA, DISE and Achievement Surveys conducted by NCERT.

METHODOLOGY: The data of 7th All India School Education Survey (7th AISES) conducted by NCERT with reference date of 30th September 2002 has been used in this study.

FINDINGS: On the basis of this index, various States and UTs were compared with respect to systemic quality in the field of elementary education. Kerala stands at No. 1 position when elementary education as a whole is considered. Though, Tamil Nadu is on top position at primary level education, very strong upper primary level education of Kerala pushes the state to fore front at elementary level. The states which are lagging behind at elementary level are Bihar, Jharkhand and Nagaland. The dimensions where these states are lagging behind are identified so that administrators put focused efforts in those weak areas.

CONCLUSION: Analysis of States with respect to development in different dimensions of school education may provide some insight and may prove to be an eye opening for policy planning as it brings out the individual dimensions at which the under developed states are lagging behind. The dimensions at which the developed states are prospered may be useful in setting potential targets for development.

***Key Words**: 1.EDUCATION 2.EDUCATIONALDEVELOPMENT 3.EDUCATIONAL PROSPERITY 4.ELEMENTARY EDUCATION.*

7. Chudasama et al. (2014).
Evaluation of Integrated Child Development Services Program in Gujarat, India. *Indian Pediatrics, Vol. 51(9) : 707-711*.

G18772

BACKGROUND: The Integrated Child Development Service (ICDS) program includes a network of Anganwadi Centers (AWC), literally courtyard play centers, with Anganwadi workers (AWW) providing integrated services comprising supplementary nutrition (SN), immunization, health check-up, and referral services to children below six years of age and expectant and nursing mothers. After more than three decades of implementation, the success of ICDS program in tackling maternal and childhood problems still remain a matter of concern.

OBJECTIVES: To evaluate the various aspects of ICDS program like infrastructure of AWCs and baseline characteristics of AWWs (inputs), provision of various services (process), coverage of various ICDS services provided (output), utilization of services, and issues related to program operation in different districts of Gujarat state.

METHODOLOGY: The ICDS blocks were selected using simple random sampling method. Interview method was adopted from per-designed and pre-tested questionnaires provided by NIPCCD.

FINDINGS: Majority (66.7%) of AWC buildings was owned by State and 73.3 percent AWCs were having concrete building. More than half of AWCs (53.3%) had an adequate indoor space and more than half (61.7%) had child friendly toilet facility. All the AWWs were literate and 86.7 percent had received job training. Majority of registered pregnant (96%) and lactating (97.8%) mothers, and adolescent girls (87.0%) were availing ICDS services. NHED was celebrated in majority (81.7%) of AWCs. Growth chart was present in 96.7 percent AWCs and accurately plotted by 95.0 percent Anganwadi Workers. Proportion of underweight among children who were registered was 20 percent. Supplementary nutrition coverage was reported in less than half (48.3%) children. Regular health checkup of beneficiaries was done in 30.0 percent AWCs. Supplementary nutrition was fully acceptable (90%), of good quality (86.7%) and in adequate quantity available to beneficiaries (95.0%), though 61.7 percent AWCs reported interruption in supply during last six months.

CONCLUSION: There are program gaps in coverage of supplementary nutrition in children, its regular supply to the beneficiaries, in pre-school activities coverage, recording of immunization, and regular health check-up of beneficiaries and referral of sick children.

***Key Words**: 1.ICDS 2.SUPPLEMENTARY NUTRITION 3.CHILD HEALTH 4.AWWS 5.AWCS 6.MOTHERS.*

NUTRITION

8. Bhatia, Seozy and Kaur, Paramjit. (2013).
Child Health and Malnutrition in India: A Case Study of Villages Near Attari Border of Punjab. *Indian Journal of Social Development, July-December, Vol.13(2) : 231-240*.
G18765

BACKGROUND: Development of children must be the first priority on the countries development agenda because they are our supreme assets and also the future human resources of the country. The notion that border areas (which are connectors with the neighboring countries) should be left underdeveloped and remote must be abandoned because the Infant mortality (IMR) and child mortality rates are comparatively high as compared to non-border districts due to deficiency of health care facilities in that region.

OBJECTIVES: To evaluate weight related malnutrition in children aged 0-7 years; to evaluate malnutrition defined by Body Mass Index (BMI) in the children aged 0-7 years; to know the immunization status of children in the age group 0-7 years; to make suggestions for better health care facilities in border areas.

METHODOLOGY: Through purposive sampling, sample of 100 children between 0-7 years of age was taken from 5 villages near Attari border. Structured questionnaire method was used to assess the socio-economic variables along with other factors. The degree of malnutrition among children was also assessed by comparing the actual results of the children with the standard norm on the basis of standard weight and BMI as given by WHO.

FINDINGS: Majority (61 %) of the families in the sample had joint family with fathers of 88 percent of children were unskilled workers. Female literacy rates (50%) were comparatively lower than male literacy rates (54%). The study also found staggering 70 percent of the deliveries were done at home with the help of midwives; this was particularly because of poverty and illiteracy followed by only 9 percent done at the Primary Health Care (PHC). As anemia among women is a prime reason for low birth weight of the child, about 85 percent of the women were found to be anemic in the study. As Immunization is considered very important for protecting children against vaccine preventable diseases still 13 percent children were not vaccinated at all (except for polio) as observed from the study.

An important finding of the study was that more than half (51%) of the children suffered from various degree of weight related malnutrition. Malnutrition was highest in the lowest income group (62.75%). Also 80 percent of the children were undernourished when both height and weight were considered.

CONCLUSION: Many weak links were present in the health system of border areas of Punjab, particularly of child health. Though, government is aware of the reality though not much has been done in the past. Children were undernourished, underfed and illiterate.

Thus, the government and policy planners have to reprioritize their priorities for making these poor people living in border areas contribute in the national development programs and at the same time, share the fruits of economic development.

***Key Words**: 1.NUTRITION 2.MALNUTRITION 3.CHILD HEALTH 4.BMI 5.NUTRITIONAL DEFICIENCIES 6.HEALTH STATUS.*

9. Das, Pinaki. (2013).
Entitlement Failure and Food Insecurity: Household Level Evidence in Backward Region of West Bengal. *Indian Journal of Social Development, Vol.13(2) : 119-130*.

G18764

BACKGROUND: Entitlements have been defined by Sen (1981) as "the set of alternative commodity bundles that a person can command in a society using the totality of rights and opportunities that he or she faces whereas in 1995 World Food Summit declared: '….food security, at the individual, household, national, regional and global levels…exists when all people at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life'.

OBJECTIVE: To investigate the role of entitlement of the household on their food security.

METHODS: Detailed data sets of five hundreds poor households from twenty villages in three backward districts of West Bengal were studied using purposive and random sampling techniques to explore the extent of entitlements and the status of food security of the households. Also the impact of entitlements on food security was also examined.

FINDINGS: The trade based entitlement is relatively low for majority of the households. 80 percent households were found to have not participated in any trade activity as there were not able to earn from trade. There were 36 percent household accounted for the entitlement failure in respect of agricultural production and 76 percent in respect of other agricultural production. Among 500 sample households per capita per day earning is higher than Rs. 20 for only 13.8 percent households. Number of food insecure households (FISH) varied across social classes. Food insecurity was high for SCs (72%) and STs (72.1%). on the whole 69.4 percent households were food insecure**.** The entitlements of the households were deficient due to their poor asset endowment and inadequate exchange entitlement mapping.

CONCLUSIONS: The failure of the entitlements is caused for food insecurity of the households, the similar findings as was postulated by Sen (1981) in the context of poverty and famine.

***Key Words**: 1.NUTRITION 2.FOOD INSECURITY 3.ENTITLEMENTS 4.HOUSEHOLD SURVEY 5.FOOD INSECURITY 6.JEL CLASSIFICATION.*

10. Gupta, Palak et al. (2014).
Association of Food Insecurity and Malnutrition among Young Children (6-36 months). *The Indian Journal of Nutrition and Dietetics, Vol. 51(3) : 293-305*.
G18767

BACKGROUND: Child under nutrition is one of major public health problems in developing countries including India. Child malnutrition is a state of physical weakness which results from a lack of energy and nutrients, which leads to poor cognitive development, intellectual and physical development which is impossible to reverse after three years of age. Food security is defined as assess at all times to enough food for an active healthy life, which is an important foundation to good nutrition and health. Cases of household food insecurity in India indicate food insecurity among young children and its contribution in child malnutrition remains unclear.

OBJECTIVES: The objective of the study was to assess the prevalence of food insecurity and malnutrition among young children (6-36 months) in urban slums of India and its consequences on the nutritional status of the children.

METHEDOLOGY: Household-based cross-sectional study on a sample of 446 mother/children was conducted. Structured interview schedules were used to collect data on socio-demographic characteristics, food insecurity and household assets wealth. Height and weight were also measured using the anthropometric techniques.

FINDINGS: The prevalence of child under nutrition and household food insecurity showed that month than one-third (38%) children were food insecure. Similar result (36%) was also found among children having Weight for Age z-cores ≤2SD. Stunting was found out to be very high among children (53%). It was observed that 69 percent children in the age range 6-36 months with Weight for Age z-score less than 2SD were food insecure whereas 53 percent children with Height for Age less than 2SD were food insecure in comparison to 47 percent children who were food secure. Height for Age z-score less than 2SD as well as Weight for Age z-score less than 2SD showed a statistically significant inverse association with child food security status , that is, the more food insecure the household, the higher the prevalence of Stunted (HAZ≤2SD) and underweight (WAZ≤2SD). Children from very low food secure households were 4.14 times more stunted (HAZ≤ 2SD) than food secure households. . Large proportion (39%) of children (6-36 months) living in urban slums were food insecure. Food insecurity among children is an indicator of the most vulnerable household which impact the overall development if children.

CONCLUSION: Findings from the study strengthen growing evidence that child food security is a predictor of child malnutrition, the policy implication is that, strategies for improved food and nutrition security should focus on improving the household food security, together with and overall socioeconomic well-being of families.

***Key Words**: 1.NUTRITION 2.FOOD SECURITY 3.MALNUTRITION 4.YOUNG CHILDREN 5.URBAN SLUMS.*

11. Srikanth,V.S., Mangala, S. and Subrahmanyam, G. (2014). Improvement of Protein Energy Malnutrition by Nutritional Intervention with Moringa Oleifera among Anganwadi Children in Rural Area in Bangalore, India. *International Journal of Scientific Study, 2(1) : 32-35.*

Source :http://miracletrees.org/moringa- doc/moringa-oleifera-to-combat-malnutrition.pdf

G18783

Background: Protein Energy Malnutrition (PEM) develops in children whose consumption of protein and energy is insufficient to satisfy the body's nutritional needs. While pure protein deficiency can occur when a person's diet provides enough energy but lacks the protein, in most cases the deficiency will be dual. PEM may also occur in persons who are unable to absorb vital nutrients or convert them to energy essential for healthy tissue formation and organ function. Malnutrition is a major factor in causing infant mortality in the tropics and sub-tropics.

Objectives: 1) Identification of children with Protein Energy Malnutrition; To give nutritional intervention in the form of *Moringa Oleifera* (drumstick) powder to the children for 2 months; To reassess the nutritional status after the nutritional intervention at the end of 2 months

Methodology: A before and after study was conducted in the rural field practice area of Vydehi Institute of Medical Sciences and Research Centre, Bangalore, India on sixty children, thirty in the intervention group and thirty in the control group. Nutritional Intervention was given in the form of *Moringa oleifera* leaf powder 15 g twice daily for two months. Reassessment of the nutritional status was done following the intervention.

Findings: In this study, the results observed after administration of Moringa leaf powder after 60 days, was that 70 percent children with grade 2 PEM improved to grade I, and 60 percent children with grade 1 PEM had shown significant improvement in their nutritional status. Thus, there was an improvement after the intervention with Moringa leaf powder in the intervention group as compared to the control group.

Conclusion: The Moringa leaf powder can be effectively utilized for treatment of PEM by spreading the awareness about the nutritional value of Moringa oleifera to mothers of children with PEM.

***Key Words**: 1.NUTRITION 2.MALNUTRITION 3.PROTEIN ENERGY MALNUTRITION 4.INFANT MORTALITY 5.NUTRITIONAL INTERVENTION.*

12. Kapil, Umesh. (2014).
Iodine Deficiency Status Amongst School Children in Pauri, Uttarakhand.
Indian Pediatrics, Vol. 51(7) : 569-570.
G18774

BACKGROUND: In India, 200 million people are exposed to the risk of Iodine Deficiency and more than 71 million suffer from goitre and other iodine deficiency disorders (IDD). Iodine deficiency is a major public health problem in Uttarakhand, India. In 1962, the National Goitre Control Programme was launched in eight hilly districts (Uttarkashi, Chamoli, Pithoragarh, Tehri Garhwal, Pauri Garhwal, Dehradun, Nainital, and Almora) – and in Bijnor district – in Uttarakhand. In State of Uttarakhand – according to NFHS-3 survey –46% households were using iodized salt with iodine content of 15 ppm or more.

OBJECTIVES: To assess the iodine deficiency status amongst school age children in district Pauri, Uttarakhand.

METHODOLOGY: 2067 children (age of 6-12 years) were included. Clinical examination of thyroid gland of each child was conducted. On-the-spot urine and salt samples were collected from children.

FINDINGS: A total of 2067 children (49.1% boys) were included. The TGR was found to be 16.8 percent. A total of 580 random samples of urine were collected. The median UIC level was 115 µg/L. The percentage of children who had UIC levels 20-49, 50-99, 100-199 and ≥200 µg/L were: 25.3, 17.2, 34.0 and 23.5 percent, respectively. No child had UIC level <20 µg/L. A total of 562 salt samples were collected. Only 40.4 percent of the children were consuming salt with iodine of ≥15 ppm.

CONCLUSION: Findings suggest that population of Pauri district is in a transition phase from iodine deficient to iodine sufficient. Elimination of IDD from district Pauri can be achieved by continued and sustained supply of iodized salt with adequate quantity of iodine to the entire population

***Key Words**: 1.NUTRITION 2.IRON DEFICIENCY 3.IDD4.NUTRITIONAL DEFICIENCY 5.MENTAL HEALTH6.SCHOOL CHILDREN.*

13. Mishra, Kirtisudha et al. (2014).
Risk Factors for Severe Acute Malnutrition in Children below 5 year of Age in India: A Case-Control Study. *Indian Journal of Pediatrics, 81(8): 762-765.*
G18762

BACKGROUND: Malnutrition is a major scourge taking a heavy toll of morbidity and mortality in developing countries. Though the turn of the century has witnessed giant strides in economy in India, a similar pattern has not been observed in case of the nutritional status of young children. Estimates suggest that the prevalence of severe acute malnutrition in children below 5 years of age in India is about 6.4 per cent accounting for nearly 8.1 million children.

OBJECTIVE: To determine the possible risk factors for Severe Acute Malnutrition (SAM) in children below 5 years admitted in a hospital in north India.

METHODS: This case-control study was conducted in a medical college hospital in children below 5 years of age. All cases of SAM (diagnosed as per WHO definition) between 6 and 59 months of age were compared with age-matched controls with weight for height above -2SD of WHO 2006 growth standards. Data regarding socio-demographic parameters, feeding practices and immunization were compared between the groups by invariable and multivariable logistic regression models.

FINDINGS: Results revealed that a total of 76 cases and 115 controls were enrolled. Among the 14 factors compared, maternal illiteracy, daily family income less than Rs. 200, large family size, lack of exclusive breast feeding in first 6 months, bottle feeding, administration of pre-lacteals, deprivation of colostrum and incomplete immunization were significant risk factors for SAM. Regarding complementary feeding, it was the consistency, rather than the age of initiation, frequency and variety which showed a significant influence on occurrence of SAM. Multivariate analysis revealed that the risk of SAM was independently associated with 6 factors, namely, illiteracy among mothers, incomplete immunization, practice of bottle feeding, consistency of complementary feeding, deprivation of colostrum and receipt of pre-lacteals at birth.

CONCLUSION: The present study identifies certain risk factors which need to be focused on during health planning and policy related to children with severe acute malnutrition in India. As this study was a hospital based study, further community based studies looking into this aspect are the need of the day.

***Key Words**: 1.NUTRITION 2.MALNUTRITION 3.SEVER ACUTE MALNUTRITION 4.RISK FACTORS 5.CHILDREN 6.IMMUNIZATION.*

14. Raghavan, Vineetha et al. (2014).
First Hour Initiation of Breastfeeding and Exclusive Breastfeeding at Six Weeks: Prevalence and Predictors in a Tertiary Care Setting. *Indian Journal of Pediatrics, 81(8):743-750.*

G18761

BACKGROUND: Breastfeeding is an ideal food for the healthy growth and development of infants. WHO recommends that breastfeeding should be initiated within half an hour of birth followed by exclusive breastfeeding for 6 months. It is estimated that 22 per cent of neonatal deaths can be prevented in our country, if breastfeeding is initiated within one hour of birth.

OBJECTIVE: To assess the prevalence of first hour breastfeeding initiation and exclusive breastfeeding at 6 week and identify its barriers in healthy term babies born in a tertiary hospital setting.

METHODS: A prospective observational cohort study was carried out in consecutively selected 400 mothers who delivered (normal, instrumental or cesarean) term healthy babies in a tertiary care hospital setting. All mother-infant dyads were enrolled within 48 hour of delivery

FINDINGS: The index study showed that breastfeeding was initiated within first hour in 64 percent of health term neonates. Cesarean delivery and male gender were strongest risk factors for delayed initiation of breastfeeding. Among the babies followed up till 6-8 week, 83 percent were exclusively breastfed. Breast milk substitutes were given in 43 percent babies on day one, which emerged as an independent predictor of failure to continue exclusive breastfeeding at 6 week. Odds of exclusive breastfeeding were two times higher in babies' breastfed within first hour when compared to babies initiated breastfeeds beyond first hour.

CONCLUSION: Cesarean section and male gender emerged as significant risk factors for delayed initiation (beyond first hour) of breastfeeding in the index study cohort. In addition, use of breast milk substitute emerged as the only predictor for failure to continue exclusive breastfeeding at six weeks in a tertiary care hospital.

***Key Words**: 1.NUTRITION 2.BREASTFEEDING 3.EXCLUSIVEBREASTFEEDING 4.FIRST HOUR INITIATION.*

15. Singh et al. (2014).
Management of Children with Severe Acute Malnutrition: Experience of Nutrition Rehabilitation Centers in Uttar Pradesh. *Indian Pediatrics, Vol. 51(1) : 21-25.*

G18775

BACKGROUND: Severe acute malnutrition (SAM) remains a major killer of children as mortality rates in. India's third National Family Health Survey (NFHS-3) indicates that the prevalence of severe wasting is 7.9 percent as per WHO Child Growth Standards. Therefore, at any point in time, an average eight million Indian children under age five years are severely wasted and are dangerously undernourished to survive, grow and develop to their full potential.

OBJECTIVES: To assess the effectiveness of facility-based care for children with severe acute malnutrition (SAM) in Nutrition Rehabilitation Centers (NRC).

METHEDOLOGY: 12 NRCs in Uttar Pradesh were selected and detected for SAM. MUAC of children was measured, and the presence of bilateral pitting edema was assessed. Hospital based management of SAM was administered to all admitted children with regular weight monitoring and therapeutic feeding.

FINDINGS: Of the 1,130 children with severe wasting 1,013 children (89.7%) had a weight-for height/length z-score (WHZ) below -3 SD, 907 children (80.7%) had a MUAC <115 mm, and 799 children (70.7%) had both a weight-for-height/length z-score (WHZ) below -3SD and a MUAC <115 mm. Nearly half (51.7% of the exists) were discharged from the program when they met the discharge criteria: (i) the child was active and alert; (ii) the child had no signs of bilateral pitting edema, fever, and/or infection; (iii) the child had completed all age-appropriate immunizations; (iv) the child was being fed 120-130 kcal/kg weight/day; and (v) the primary caregiver knew the care that the child needed to receive at home). Only 154 (25%) of the 610 discharged children, came back for three follow up visits after discharge, 175 (29%) came back for two follow up visits, 219 (36%) came back for one follow up visit and 62 (10%) did not come back for any follow up visit. the death rate among children with complicated SAM was observed to be six times higher than among children with uncomplicated SAM. More than half (58.2%) of the children admitted to the NRCs had uncomplicated SAM (no edema and/or medical complications)

CONCLUSION: NRCs provide life-saving care for children with SAM; however, the protocols and therapeutic foods currently used need to be improved to ensure the full recovery of all children admitted.

***Key Words**: 1.NUTRITION 2.MALNUTRITION3.CHILD HEALTH 4.NRC 5.EDEMA 6.CAREGIVER 7.MUAC 8.WASTING.*

16. Singh, D.K. (2014).
Supplementary Suckling Techniques for Relactation in infants with Severe Acute Malnutrition. *Indian Pediatrics, Vol. 51(8) : 671*.
G18779

BACKGROUND: Almost 13.6 percent infants below the age of 6 months in Uttar Pradesh, India are severely malnourished. The most important causes of SAM in infants less than 6 months are lack of exclusive breastfeeding which is because of cultural fads and traditional practices, illiteracy and lack of antenatal counselling and other factors. Supplementary Suckling Technique in mothers of infants is initiated because of lactation failure. The techniques involves keeping one end of a 6F or 8F feeding tube which is stuck to the mother's breast close to the nipple while the other end of the tube is in a bowl of milk.

OBJECTIVES: To administer SST for lactation in children with SAM.

METHODS: Mothers were selected using random sampling technique.

FINDINGS: A total of 108 children <6 were admitted in the NRC over the study period. SST was tried in 62 (57.4%) infants. The mean (SD) age at admission was 2.5 (1.3). The most common presenting complaint was acute diarrhea (23), followed by failure to gain weight (15). The average (SD) weight gain in the infants at discharge was 10.9 (8.3) g/kg/d. The SST was successful in 34 (55.7%) infants, and failed in 27 (43.5%) whereas 1 infant died during treatment. The results with SST was encouraging and had a positive outcome with >50 percent mothers successfully establishing Relactation resulting in good weight gain in their infants. The sucking stimulated milk production in the mother and simultaneously the baby draws milk from the bowl through the tube satisfying its needs. SST was considered successful if the mother's milk production increased and the baby started gaining weight on exclusive breastfeeding. If Relactation was not successful in the mother and we were not able to shift the baby to exclusive breastfeeding it was considered to be a failure of SST.

CONCLUSION: SST has been found to be effective in an inpatient setting. Feasibility and utility of such an approach in inducing Relactation in mothers at community level need to be investigated.

***Key Words**: 1.NUTRITION 2.BREAST FEEDING 3.IYCF4.MALNUTRITION 5.CHILD HEALTH 6.MOTHER HEALTH.*

17. UNICEF. (2013).
Improving Child Nutrition: The Achievable Imperative for Global Progress. New York: UNICEF.
G18674

BACKGROUND: Stunting affects 165 million children under 5 years of age around the world, and it can trap those children in a vicious cycle of poverty and under nutrition. Yet, key interventions when delivered during a critical 1,000-day window – during the mother's pregnancy and before a child turns 2 – can lead to a reduced prevalence of stunting. Poor nutrition in the first 1,000 days of children's lives can have irreversible consequences. For millions of children, it means they are, forever, stunted. Smaller than their non-stunted peers, stunted children are more susceptible to sickness. In school, they often fall behind in class. They enter adulthood more likely to become overweight and more prone to non-communicable disease. And when they start work, they often earn less than their non-stunted co-workers.

METHODOLOGY: The report showcases new developments in nutrition programs and analyses progress towards reducing under nutrition. It also includes case studies from countries where nutrition has been improved at scale.

FINDINGS: Globally about 1 in 4 children under 5 years old are stunted (26%) in 2011. It is estimated that 80 percent of the world's 165 million stunted children live in just 14 countries of the world. Stunting and other forms of under nutrition reduce a child's chance of survival, while also hindering growth and health. With influence of media and emphasis on improving child health it was observed that there's better understanding of the crucial 1000 day period covering pregnancy and the first two years of the child's life and of the fact that stunting reflects deficiencies during this period. The World Health assembly has adopted a new target of reducing the number of stunted children under the age of 5 by 40 percent by 2025. The global prevalence of stunting under- 5 has declined 36 percent over the past two decades, with the greatest declines in stunting occurred in East Asia and the Pacific. Globally over 1/3rd children in rural households are stunted as compared to 1/4th children of urban households. Underweight prevalence is highest in South Asia which has a rate of 33 percent followed by sub Saharan Africa at 21 percent. India ranked first with 20 percent of moderate or severe wasted children among the 10 most affected children. The key interventions addressed to combat stunting and other forms of malnutrition are improved maternal nutrition, Timely initiation and regular practice of infant and young child feeding practices. It is also reported that globally less than 40 percent of infants are exclusively breastfed. Launched in 2010 the Scaling Up Nutrition (SUN) movements is catalyzing action to build national commitment to accelerate progressing in reducing under nutrition and stunting. Globally more than 30 countries have joined the SUN movement and are working with multiple stakeholders to scale up nutrition programs to eradicate malnutrition in the near future.

CONCLUSION: Recurrent food shortages rising food prices and humanitarian crisis are some of the major factors associated with malnutrition among children globally. Proven options like multi nutrient supplements, improving nutrient intake using locally available foods, providing food supplements, and deworming are not used to the fullest extent. Continued research is needed to strengthen the knowledge edge of consequence of stunting and forms of wasting; wider use of innovative technology has the potential to transform programs coverage and effectiveness.

***Key Words**: 1.NUTRITION 2.CHILD NUTRITION 3.UNDERNUTRITION CAUSES 4.NUTRITION STATUS 5.STUNTING 6.UNDERWEIGHT 7.WASTING 8.LOW BIRTH WEIGHT 9.MATERNAL NUTRITION 10.INFANT FEEDING 11.CHILD FEEDING 12.PREVENTION 13.MICRONUTRIENT 14.MALNUTRITION 15.NUTRITION PROFILES OF COUNTRIES 16.MORTALITY 17.IYCF.*

B. Research Abstracts on Child Protection

CHILD LABOUR

18. Agarwal, Akanksha. (2013).
Child Labour in India. *Indian Labour Journal, November: 54 (11): 1099-1105*.
Source: http://labourbureau.nic.in/ILJ_NOV_2
G18759

BACKGROUND: Child Labour is a pure violation of a huge range of rights of children that has been dominating labour market all across the world since the inception of industrial revolution. Although legislations across the world now consider this practice exploitative and prohibitive, many developing countries owing to high poverty and poor schooling opportunities still demonstrate numerous cases of child labour. India is a no exception in this case where basic rights of many children are seen being snatched away commonly on streets, restaurants, agricultural fields or perhaps every nook and corner that can be associated with the labour work.

OBJECTIVE: To scale the pattern and magnitude of child labour in India

METHODS: In this paper an earnest endeavor has been made to provide Information on the scale, extent and pattern of child labour in India using 66th round of the employment unemployment survey of NSSO.

FINDINGS: The data clearly indicates the well-known fact that the problem of child labour is more prevalent in rural India. Seventy nine percent of children aged between 5 years to 9 years among all are involved in some economic activity in their household while 21 percent are in some another household that generally employs children to do domestic work. Following the discussion about no reporting of child labour incidence in Mining sector besides exposure by international media, there are many more evidences that may be sufficient to think for an exclusive survey devoted to assessment of child labour.

CONCLUSION: Getting an overview of the child labour in India is the only purpose that can be solved from NSSO data or census reports. Formulation of country wide survey technique exclusively devoted to assess the pattern of child labour from various angles is what the need of the hour is.

***Key Words**: 1.CHILD LABOUR 2.LABOUR MARKET 3.CHILD PROTECTION 4.WORKFORCE ENTERPRISE 5.VULNERABLE CHILDREN.*

19. Roy, Gautam and Devi, K. (2008).
Study of Child Labour among School Children in Urban and Rural Areas of Pondicherry. *Indian Journal of Community Medicine, 33(2): 116-118.*

G18758

BACKGROUND: Child labour is broadly defined as any form of economic activity for at least 1 hour per week and/or domestic chores for at least 7 hours per week and/or school labour for at least 5 hours per week. According to estimates, in developing countries alone there are 250 million children in the age group of 5-17 years who are toiling in economic activity - i.e. one out of every six children in the world today.

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

METHODS: The study was carried out in the schools situated in the service areas of Jawaharlal Institute Rural Health Center (JIRHC) and Jawaharlal Institute Urban Health Center (JIUHC) using a Self-Structured Interview Schedule. The JIRHC and JIUHC are the rural and urban field practice areas of Jawaharlal Institute Postgraduate Medical Education and Research Center (JIPMER), Pondicherry.

FINDINGS: The overall prevalence of child labour in the study was 32.5 percent. The number of students who worked in the rural and urban area was 131 (42.8%) and 103 (24.9%) respectively. Irrespective of the area, educational level of the mother, crowding in the family, families being in debt, presence of a handicapped or alcoholic member in the family, gender and religion were significantly associated with the working child. Ninety percent of the children in the rural area and 80.8 percent in the urban area said low income was the main reason for them to go to work. Overall, 78.6 percent visited a health facility like a health center or hospital in the past 1 year for any health complaints.

CONCLUSION: More children from families of the lower socioeconomic stratum went to work. In the informal sector of the economy, the magnitude of working children is virtually unknown because many of the establishments are not registered with the proper government regulatory agencies.

***Key Words**: 1.CHILD LABOUR 2.SCHOOL CHILDREN 3.CHILD PROTECTION 4.RURAL AND URBAN AREAS 5.WORKPLACE 6.PONDICHERRY.*

HEALTH

20. Jagadesan, Sonya et al. (2014).
Prevalence of Overweight and Obesity among School Children and Adolescents in Chennai. *Indian Pediatrics, Vol. 51(7) : 544-549.*

G18776

BACKGROUND: Obesity has emerged as one of the global health problems with 200 million school-aged children world-wide categorized as being overweight/ obese, of which 40-50 million are obese. The factors attributing to increasing childhood obesity are increased intake of high-calorie foods that are low in vitamins, minerals and micronutrients coupled with decreased physical activity. Data from India related to obesity rates in children and adolescents comparing both national and international cut-offs are scarce.

OBJECTIVES: To determine the prevalence of overweight and obesity among children and adolescents in Chennai, India, using national and international age- and sex- specific body mass index (BMI) cut-off points.

METHODS: The Obesity Reduction and Awareness and Screening of Non communicable diseases through Group Education in Children and Adolescents (ORANGE) project is a cross-sectional study carried out on 18,955 children (age 6-11 years) and adolescents (age 12-17 years) across 51 schools (31 private and 20 government) of Chennai. Overweight and obesity was classified by the International Obesity Task Force (IOTF 2000) and Khadilkar's criteria (2012), and Hypertension by the IDF criteria (in children ≥10 years and adolescents).

FINDINGS: The school participants from private schools were significantly taller and had higher BMI, waist circumference and systolic and diastolic blood pressure compared to the government school participants. Regression analysis showed that adolescents had 1.21 times greater odds of being overweight/ obese by the IOTF criteria and 1.11 times by the Khadilkar's criteria than children. Private school participants had 7.4 times greater odds of being overweight/ obese by the IOTF criteria and 6.94 times by the Khadilkar's criteria compared to government school participants. The prevalence of hypertension among overweight/obese children and adolescents was 20.4 percent compared to 5.2 percent among their non-obese counterparts (OR: 4.7, 95% CI: 4.2-5.3, P<0.001). The overall prevalence of obesity is high in urban Chennai. A higher prevalence rates of overweight/obesity among girls. The study also shows that overweight/obese children have a 5-fold higher risk of having hypertension than non-obese children.

CONCLUSION: The higher prevalence of obesity among children and adolescents attending private schools and among adolescents in general, suggests a need for targeted intervention. Obese adolescents have a 70-80 percent chance of developing adult obesity. Thus, inculcating and reinforcing both health eating habits and lifestyle needs to be the norm.

***Key Words**: 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.SCHOOL CHILDREN 5.CHILD PROTECTION 6.ADOLESCENTS 7.LIFESTYLES PATTERNS 8.EATING HABITS.*

21. Kajale, N.A. et al. (2014).
Body Fat Indices for Identifying Risk of Hypertension in Indian Children.
Indian Pediatrics, Vol. 51(7) : 555-560.
G18768

BACKGROUND: Children are becoming overweight and obese at progressively younger age throughout the world, both in high-income as well as middle-income and low income populations. Obesity is identified as the most important risk factors affecting blood pressure. Excess body fat or adiposity is an important cardio metabolic risk factor than excess body weight per se. Since BMI does not differentiate between fat and lean, other surrogate measures of body fat distribution such as WC, triceps skin fold thickness (TSFT), waist to height ratio (WHtR) are presently being evaluated for their association with metabolic risk. While WC is a crude measure of intra-abdominal fat, TSFT is predictive of body fat and metabolic risk in children and adolescents. Measurement of Wrist circumference (WrC) is also an easy-to-detect clinical marker to identify at risk children. Although there are ethnic-specific definitions for general and central obesity, few studies have compared ability of various adiposity indices and provided age-gender specific cut offs for screening children and adolescents for the risk of hypertension.

OBJECTIVES: To examine relationship of body mass index (BMI), waist circumference (WC), waist to height ratio (WHtR), triceps skin fold thickness (TSFT) and wrist measurements with blood pressure in children and adolescents 2) to suggest age- and gender-specific cutoffs for these indices in Indian children.

METHODS: Cross-sectional school-based study on a random sample of 6380 children (6-18 year old, 3501 boys) from five major cities in India. Height, weight, waist and wrist circumference, TSFT, and blood pressure were recorded. Children with systolic blood pressure (BP) and/or Diastolic BP >95th percentile were classified as hypertensive.

FINDINGS: Prevalence of overweight and obesity was 23.5 percent and 9.7 percent, respectively. Overall prevalence of hypertension was higher in boys (6.7%) than girls (4.2%) ($P<0.05$) with higher percentage in the younger age groups than in the older age group. Prevalence was also higher in overweight/obese than normal girls ($P<0.05$) which decreased with increasing age. Hypertension was observed in 5.6 percent. Multiple logistic regression (adjustments: age, gender) indicated double risk of hypertension for overweight and 7 times higher odds for obese than normal-weight children. Children with TSFT >95th centile for US children showed three times risk and with TSFT from 85th to 95th double risk of hypertension. Higher WC and WHtR exhibited 1.5 times risk and larger Wrist 1.3 times higher risk of hypertension ($P<0.001$). Receiver operating curve (ROC) analysis provided age-gender specific cut offs for the five indices to detect the risk of high BP. Area under ROC curves (AUC)

for five indices were similar and greater in older age groups indicating equal sensitivity and specificity. All five indices showed significant positive association with BP and indicated that obese children were seven times at risk of hypertension than normal-weight children.

CONCLUSION: all five measures of adiposity were significantly associated with risk of hypertension in a multi-centric sample of Indian children and adolescents. Age-gender specific optimal cutoffs for BMI, TSFT, WC, wrist circumference and WHtR measurements presented in the study may be useful in screening for risk of hypertension.

***Key Words**: 1.HEALTH 2.OBESITY 3.OBESITY CHILDREN 4.ADIPOSITY 5.CHILD PROTECTION 6. HYPERTENSION 7.CVDS.*

22. Mohan, Venkata Raghava et al. (2014).
Effects of Elevated Blood Lead Levels in Preschool Children in Urban Vellore. *Journal of Indian Pediatrics, Vol. 51(8) : 621-625.*
G18770

BACKGROUND: Lead exposure during childhood contributes to intellectual disability among children. Absorption of ingested lead is higher in children with nutritional deficiencies and PICA further enhances the absorption rate. Children are more vulnerable to the toxic effects of lead even with low levels of exposure potentially causing serious and possible irreversible neurological damage. Younger age and preexisting iron deficiency pose increased risk of developing lead induced anemia. The prevalence and severity of lead induced anemia is known to correlate well with blood lead levels (BLL).

OBJECTIVES: To investigate the proportion of children with elevated BLL and associated risk factors for elevated BLL.

METHODS: Pregnant women residing in an urban slum were identified through a house-to-house survey. SES was assessed at 6 monthly intervals using the WAMI index. Risk factors associated with BLL were assessed using anthropometric measurements. Lead levels in whole blood were estimated by graphite furnace atomic absorption spectroscopy (GFAAS).

FINDINGS: Seventeen percent of babies were low birth weight and majority (62%) were exclusively breastfed for less than 4 months. Over a third (82/226) of mothers was either uneducated or studied till 5th grade. Water supplied through public taps by the local municipality was commonly (85.5%) used for drinking and less than 10 percent of the houses had piped water supply into their yards or dwellings. A total of 226 blood samples were tested for lead levels at 15 month and 138 samples at 24 months. The means (SD) BLLs were 10.3(5.0) and 11.8µg/dL (8.6) nearly 15 percent of children at 15 months and 24 months had BLL >15µg/dL. The 24 months BLLs had a significant positive correlation with the 15 month BLLs (P 0.01). Cognitive function was assessed using Bayley's scale on 143 children at 2months. The mean (SD) cognitive score was 60.6 (3.3). Cognitive scores at 24 months were negatively correlated with BLLs at 15 months; which however wasn't statistically significant. Children with BLLs had higher proportions of anemia across all categories. It was assessed that children with elevated BLLs at 15 months had excess risk of having poorer cognitive scores at 24 months although this was not found out to be statistically significant. 31 percent (26/67) of the children with elevated blood lead levels had poor cognitive scores. More than had of children (57%) were anemic at 15 months of age and elevated blood lead levels were not significantly associated with anemia.

CONCLUSION: Elevated BLLs is clearly a public health concern among preschool children living in urban slums of Vellore. Poorer conditions of the living environment seem to be associated with the higher lead levels. More research focusing on the built environment and behavioral characteristic of children and parents is needed to understand the exposure pathways in greater detail and to investigate causality.

***Key Words**: 1.HEALTH 2.CHILD HEALTH 3.CHILD PROTECTION4.PREGNANT WOMEN 5.HEAVY METAL EXPOSURE 6.COGNITION.*

23. Rao, Shobha et al. (2014).
Central and Overall Adiposity among Adolescents from Different Socio Economic Classes in Urban India. *Indian Journal of Nutrition and Dietetics, 51(3) : 222-235*.

G18769

BACKGROUND: obesity among adolescents is a major public health problem in developed countries and in some parts of developing countries. It is a growing nutritional concern in countries like India, which are witnessing nutritional transition. Obesity in adolescents is not only associated with hypertension and abnormal lipid profile but also shows clustering of risk factors for cardiovascular disease. Increasing body fatness is positively associated with blood pressure and other CVDs in children and adolescents. It is also shown that relative preponderance of fat in the upper body including abdominal fat is an important determinant of CVD risk factors in children. The differentials sin social class reflecting through levels over nutrition or under nutrition will therefore results in differences in prevalence of overweight and body fat distribution.

OBJECTIVES: The objective of the study is to examine social class differences in body fat patterns among adolescents from India.

METHODS: The cross sectional study was carried out among the school children from Pune city, India. Adolescents (9-16 yrs.) from schools catering to Lower Socio Economic (LSE; 943 boys, 1000 girls), Middle Socio Economic (MSE; 929 boys, 968 girls) and High Socio Economic (HSE; 867 boys, 1042 girls) classes were measured for weight, height, body fat, skinfolds and waist circumference.

RESULTS: prominent differences in various characteristics of children from the various economic classes (HSE, MSE, and LSE) were notices. It was observed that LSE children mean body measurements was significantly higher ($p<0.01$) and were almost double in magnitude as compared to HSE and MSE children, which estimates that children from HSE class were heavier by 10-12 kg and were taller by 8-10 cm as compared to children of LSE class. BMI increased as age increased ($p<0.01$) for boys as well as for girls among all social classes. Significant high BMI ($p<0.01$) was observed in boys and girls of HSE as compared to their counterparts. Mean body fat per cent of boys and girls in each group from HSE class were closer to those from MSE class but were significantly higher by 5-6 percent compared to those from LSE class. Girls showed significant increase ($p<0.01$) as compared to boys in mean peripheral skin fold. Mean waist circumference (WC) with age was prominent in both sexes of all economic classes. LSE children showed negligible prevalence of overweight, whereas this was 4-6 times higher in MSE class and almost 8-10 times higher in HSE class. Further, with increase in BMI from lowest to highest quartile, increase (%) in central skin folds and WC was higher among children from HSE (~300% and 35% respectively) and MSE (~200% and 30% respectively) classes than from LSE (~100% and 20% respectively) class in

both sexes. Despite large differences in prevalence of overweight, increase in central adiposity with increase in BMI was a common feature across all social classes which demands examination of health consequences of central adiposity even among adolescents.

CONCLUSION: the prevalence of overweight even among MSE class was relatively high and was comparable with that in HSE class while that in LSE class was significantly lower. Drastic differences in socio economic classes were reflected in most body measures and on the prevalence of overweight. The current study and the observations further underscore the need for examining the health consequences of central adiposity id any among adolescents.

***Key Words**: 1.HEALTH 2.OBESITY 3.ADOLESCENT HEALTH 4.CHILD PROTECTION 5.CENTRAL ADIPOSITY 6.SOCIAL CLASSES 7.INDIAN ADOLESCENTS 8.OVERWEIGHT 9.CVDS.*

24. Rao, Shobha et al. (2014).
Risk of High Blood Pressure in Undernourished and over nourished Adolescents from Urban Population in India. *Indian Journal of Nutrition and Dietetics, 51(4) : 358-373*.
G18778

BACKGROUND: the increasing prevalence of childhood obesity and its concomitant health risks justify widespread efforts towards its prevention. Even before the problem of under nutrition is overcomes the problem of over nutrition in growing children is witnessing a challenge in being cities of India. Though adiposity is a major factor that confers CVD risk for increased blood pressure in adolescents, high diastolic pressure has been reported in case of adolescents from India, Pakistan and Bangladesh. It is believed that poor childhood height growth may be associated with adult systolic blood pressure through socially patterned factors such as early nutrition infection or stress.

OBJECTIVES: The objective of the study was to examine the risks for high blood pressure associated with under nutrition and over nutrition among adolescents, as both forms of malnutrition coexist in India owing to nutritional transition.

METHODS: Adolescents (9-16 yrs.) from schools catering to Lower Socio Economic class (LSE; 943 boys, 1000 girls) and High Socio Economic class (HSE; 867 boys, 1042 girls) were measured for weight, height, sitting height, body fat, skin folds and blood pressure.

FINDINGS: Results revealed that high prevalence of overweight in adolescents from HSE class compared to that in LSE (24.1 percent vs 2.2 percent in boys and 20.8 percent vs 3.9 percent in girls; $p<0.01$ for both) indicated risk for High Systolic Blood Pressure (HSBP) while high prevalence of stunting in LSE class in boys (20.8%) and in girls (11.8%) indicated risk for High Diastolic Blood Pressure (HDBP). Mean values for all the skin folds were significantly ($p<0.01$) higher for adolescents form HSE class compared to those from LSE and increased with age. Striking disparities in mean values of all the body measurements of adolescents from the two social classes were seen. The prevalence of overweight among adolescents from HSE class was 8-10 times higher than in LSE class when assessed by either BMI or body fat in both sexes. Leg height to height ratio showed significant inverse association with blood pressure levels. In LSE class, prevalence of HDBP was significantly higher than prevalence of HSBP in each quartile of BMI, body fat and skin folds. Increase in systolic blood pressure per unit increase of BMI, was higher in adolescents from LSE class (1.99 mmHg in boys and 1.03 mmHg in girls) compared to those in HSE class (0.91 mmHg in boys and 0.52 mmHg in girls) and this was also true for diastolic blood pressure. In HSE class, among girls for HSBP and HDBP was not significant for any indicator of adiposity except for highest quartile of central skin folds. This adiposity conferred an earlier risk for systolic blood pressure among HSE class especially for boys and an earlier risk for diastolic blood in LSE class especially among girls. Implications of increase

in BMI are serious for undernourished children than better nourished children. The observation therefore, underscores the need for planning strategies for preventing adiposity in adolescents from urban as well as rural and poor sections of Indian population.

CONCLUSION: In HSE class high prevalence of overweight was associated with the high risk for HSBP while in LSE class high prevalence of stunting was associated the high risk for HDBP. With growing affluence in big cities in India, adolescent obesity is increasing and simple preventive measures such as nutrition counseling to children and their parents, measurement of blood pressure as a routine part of physical examination in schools.

Key Words: *1.HEALTH 2.ADOLESCENT HEALTH 3.PHYSICAL ACTIVITY 4.CHILD PROTECTION 5.OBESITY 6.HYPERTENSION 7.BLOOD PRESSURE 8. ADOLESCENTS 9.BMI.*

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

25. Khan, Ashraf Ali and Bhati, S.K. (2014).
A Study of Knowledge of Community Based Service Delivery Workers about Community Based Service Delivery Components and Reproductive Health. *Indian Journal of Adult Education, Vol.75 (2) : 61-78.*
G18755

BACKGROUND: Community-Based Service Delivery (CBD) is a non-clinical, health/ family planning delivery outreach approach whereby trained volunteers community agents who are nit health professionals operate with relative autonomy to provide low technology, safe programs, CBD workers are usually supported by a clinical based program in case of sexual and reproductive program referrals which provide access to a broad3er range of health services. This person to person approach has shown to yield better results in comparison to the medical/ clinical approach.

OBJECTIVES: To study the knowledge of Community Based Service Delivery workers about Community Based Service Delivery components and Reproductive Health.

METHODS: The program and data was collected from 30 districts of Uttar Pradesh. Stratified Random Sampling was used to select 100 CBD works from four districts.

FINDINGS: Total mean knowledge score of CBD workers was 179.08, mean knowledge percentage score (MKPS) was 62.62. In case of aspects “safe motherhood” and “general dimension of family planning” the mean knowledge percentage score were found to be 69.31 and 66.57 respectively. The mean percentages on aspects like “copper T, Tubectomy, RTIs, HIV/AIDS, and condoms “ varied from 50.75 and 54.34 which meant that knowledge about theses aspects was average. Knowledge about vasectomy was low (48.33%) among all aspects of MKPS. The child survival aspect which comprised of six sub aspects were “reasons for infant mortality, nutrition, advantages of breast feeding, vaccination, vitamin A doses” the maximum possible score obtained by a CBD was 42. The mean knowledge percentage score was found to be high (81.50%-92.0%) for aspects like vaccine doses, nutrition and names of vaccines of preventable diseases. The knowledge of respondents on different aspects of child survival was high. Knowledge of respondents about different Sub-aspects of Condoms was maximum and recorded a 100 percent score. Knowledge about how condoms were used was found to be very high with 97.96 means knowledge percentage score. The MPKS of aspects like pregnancy complication symptoms. Advice in case of infertility, common complains reported by clients of Copper-T was found to be above average.

CONCLUSION: Overall knowledge of CBD Workers was found to be above average (62.62%). However knowledge about vasectomy, condom and other methods of contraception was around average, which clearly suggests that special attention, should be given on these aspects in various training programs. Measures must also be taken up to improve the knowledge of CBD workers.

Key Words: *1.HEALTH 2.REPRODUCTIVE HEALTH 3.COMMUNITY BASED SERVICE DELIVERY 4.CONTRACEPTIVES.*

26. Mahalingashetty, Anu-Raga. (2012).
Work-time analysis of ANM and ASHA: A Priority for Strengthening Health Systems.
https://aditigondal.files.wordpress.com/2012/08/anuraga-mahalingashetty-capstone-may-2012.pdf

G18782

BACKGROUND: The Indian government launched the National Rural Health Mission (NRHM) in 2005 to provide affordable, effective, and reliable healthcare to the poor residing in rural areas**.** The NRHM created a new cadre of health workers called Accredited Social Health Activist (ASHA) to promote safe institutional deliveries as well as provide ANC for rural women. In addition to the introduction of ASHA, the NRHM revamped the roles of auxiliary nurse midwives (ANM) to specifically provide critical maternal health services and also as possible solution to critical health worker shortage in India. These changes in frontline health worker roles reflect the WHO proposal of adopting a task shifting as a method of strengthening and expanding the health workforce to rapidly increase access for reproductive and other health services**.**

OBJECTIVES: To describe the distribution of daily activities conducted by ASHA and ANM; To evaluate time spent on provision of maternal health services in relation to other duties.

METHODS: An observational cross-sectional field survey aimed at describing the work and duties of frontline workers was undertaken from November to December 2011. Two rural blocks within Lucknow district of Uttar Pradesh, a NRHM high-focus state, was selected for sampling: Mohanlalgunj and Mall. The selected blocks represent the highest and lowest health performing, respectively, in the district. They were selected in consultation with district level program officials using criteria including health performing indicators, health infrastructure, and socio-economic status of residents including caste, class, and education levels.

FINDINGS: The results suggest that overall ASHA and ANM combined spent more time on official activities, less time on unofficial activities, and less time being asbent in Mohanlalgunj compared to Mall. ANM and ASHA combined spent an average of 34.0 minutes more working in Mohanlalgunj than Mall. Subsequently ASHA and ANM combined in Mall spent 14.7 more minutes not working (on unofficial activities) and 25.0 minutes more being absent than in Mohanlalgunj. Though overall time spent on official activities was higher in Mohanlalgunj, ANM in Mohanlalgunj spent less time on official activities than Mall, the difference being 7.0 minutes.

CONCLUSION: Within specific official activities, both ASHA and ANM spent relatively equal amounts of time on maternal and general health services with the exception of reporting. ANM from Mall on average spent more time on all specific official activities than Mohanlalgunj. The large standard deviations for each activity, however, indicate that ANM in Mall were either engaged in official activities or not at all. The large yet smaller standard deviations than Mall for ANM in Mohanlalgunj suggest that ANM were less varied in the time spent on specific official activities.

***Key Words**: 1.HEALTH 2.EVOLUTION OF HEALTH SYSTEM 3.ACCREDITED SOCIAL HEALTH ACTIVIST 4.AUXILIARY NURSE MIDWIVES 5.REPRODUCTIVE HEALTH 6.UTTAR PRADESH.*

27. Majumdar, Anindita. (2014).
The Rhetoric of Choice: the Feminist Debates on Reproductive Choice in the Commercial Surrogacy Arrangement in India. *Gender, Technology and Development, Vol. 18(2) : 275-301*.
G18780

BACKGROUND: Commercial gestational surrogacy is the practice of carrying and artificially fertilized embryo in the uterus in exchange for compensation. The embryo may genetically belong to an infertile couple or a single parent to be but its fertilization is strictly carried out in the laboratory with the help of specialist and assisted reproductive technologies (ARTs). In commercial gestational surrogacy ARTs such as in vitro fertilization (IVF) are used to fertilize and insert the embryo into the uterus of the surrogate mother. The nine month pregnancy that follows is marked by varying levels of engagement with technology and its practitioners.

OBJECTIVES: To analyze the notion of choice in relation to reproduction as a kind of "rhetoric". To examine the discourses that emerges from an analysis on the literature in commercial surrogacy. To find that the idea of reproductive choice is explored in the case of surrogacy through three recurring ideas-motherhood, agency and the gift relationship.

METHODS: Sixty articles were reviewed directly related surrogacy based on related key words (surrogacy, commercial surrogacy, Indian surrogates, IVF surrogacy, ARTs) which were followed by thematic cataloguing through content analysis.

FINDINGS: The rhetoric of choice as championed by liberal feminism advocated the right to control the biological body and its reproductive resources. In case of surrogacy the rhetoric has occupied the space off competing representations, often between that of "choice" over one's body and that of commoditization of relationships and bodily integrity. The diversity of engagement with choice and agency both as an institutionalized apparatus and as navigated by individuals marginal populations and communities has displayed a more nuanced understanding of the surrogate's position and engagement with the arrangement. The studies reviewed suggest that commercial gestational surrogacy threatens the most reified of all institutions and ideologies within the social thought. In the psychosocial literature on surrogates their motivations are seen in opposition to mother hood (Parker, 1983; Teman, 2008). Quadeer and John (2009) highlight the uneasy and treacherous routes that the surrogate must take while being part of surrogacy arrangement, such as undertaking to have a child due to monetary concerns, hiding it from family and friends due to social stigmas attached with often relates to sex work (carrying another man's baby) and the impact of the pregnancy on her existing children. The "gift of life" comes to be positioned as an exchange of "life for life" (Vora, 2013), wherein the Indian surrogates is willing to gestate a child in exchange for monitory

compensation that will help the surrogate survive. By giving away a child, they hope to incur a lifelong obligatory relationship with the intended parents that would ensure their own survival. Many surrogates' mothers see their overseas couples as "saviors" around whom they built fantasies of being rescued from their lives of drudgery (Pande, 2011).

CONCLUSION: The study has attempted to review literature on surrogacy in order to highlight how academic discourse constructs rhetorical notions. The need for newer approaches is being addressed by current anthropological work on surrogacy, but requires to be incorporated in other forms of discourse as well. The study highlights new forms of theoretical engagements along with the existing ideas and suggests a healthy combination of the two including researching surrogacy in ways in which it includes ideas and participants.

***Key Words**: 1.HEALTH 2.SURROGACY 3.MOTHER HEALTH 4.IVF.*

SOCIAL WELFARE

28. Confederation of Indian Industry. (2012).
Urgent Needs of NGOs in the Education Sector : A Report. New Delhi: CII.
G18668

BACKGROUND: Around 100 million people from India are projected to join the global workforce by 2020. With 50% of its population below the age of 25 and more than 65% hovering below the age of 35, India seems to be poised to reap a demographic dividend. Serving the masses is one of the most critical issues that India is facing currently. The Human Resources Development, under whose purview education policies are developed, has ordered a probe to uncover the reasons for dismal results on the regular assessments. It is estimated that over 180 million children are taught by almost 5.7 million teachers in more than 1.2 million primary and upper primary schools across the country. Evaluations by the government and NGOs across several districts highlight alarming deficiencies in children's learning per their stated grade level.

OBJECTIVE: To investigate the urgent needs of NGOs in the education sector, provide a reference for government and policy makers and provide actionable information to cooperate houses and donors who are looking to support educational initiatives.

METHODS: Interview method was adopted for the survey to demonstrate the impact on beneficiaries and represent the NGOs in terms of size and scale.

FINDINGS: Teachings aids like flip charts, blackboards, posters and books for science labs, and playgrounds top the infrastructure needs list with 33 percent points followed by maintenance (13%). 71 percent of surveyed NGOs have highest needs around AV equipment's and computer/ desktop/ laptops; 65 percent of surveyed NGOs expressed the need for special educational software; 82 percent of surveyed NGOs have highest need in teaching and training staff, followed closely (76%) by fund-raising, sales and marketing. All of the surveyed NGOs receive funding from private individuals. However on 47 percent receive some or negligible funds from the government. Shortage of quality teachers and social issues like child marriage, trafficking and cultural bias towards the girl child impedes the enrolment and retention of children in many schools supported by NGOs.

An overwhelming majority of 29 percent respondent's acknowledged that they need help with fund raising and desired greater awareness about their work. A high number 24 percent welcomed external help in formulating a strategy to increase outreach. More than half (53%) of the surveyed NGOs have been able to already establish processed and measure to ensure lobg0-term sustainability.

CONCLUSION: The acute shortage of skilled and motivated teachers is the single bigger problem that plagues the educations sector. Some of the NGOS surveyed found workable solution by training and employing local community members as teachers. It is recommended that the government invites cooperate sand NRIs to channelize private investment for infrastructure development for social bridging schools run by NGOs.

***Key Words**: 1.SOCIAL WELFARE 2.NGOS EDUCATION SECTOR 3.SCHOOL EDUCATION 4.EDUCATIONAL INITIATIVES 5.CORPORATE HOUSE 6.EDUCATIONAL SITUATION 7.PHYSICAL INFRASTRUCTURE 8.TEACHER TRAINING PROGRAMME.*

29. Jungari, Suresh Banayya. (2014).
Women Empowerment and Health Care Utilization in India. *Indian Journal Adult Education, 75(1): 78-88*.
G18763

BACKGROUND: Women's autonomy has a significant linkage with utilization of maternal health care in India, but still women's health especially maternal health is neglected issue. In particular how women's autonomy within household may affect the receipt health care utilization deserves further exploration. Women may enjoy some form of freedom in some sphere of life but may not be able to wield the same in other spheres and hence, their empowerment is now increasingly seen as a process by which they have the power and greater control over their own lives, meaning control on material assets, intellectual resources and ideology.

OBJECTIVES: To study the women's empowerment and it impact on women's health; to explore the relationship between women's empowerment and ANC visit status and delivery status of women.

METHODS: Data from the National Family Health Survey conducted in 2005-06 (NFHS-3) is used for analysis in this study. Data was collected on a large number of the women's empowerment indicators. The information is collected on the magnitude of wife's earning relative to her husband's earning, control over the use of own earning, participation in household decision making, women's control over the resources, knowledge, exposure with mass media, education and employment status of women.

FINDINGS: The findings of the study revealed that antennal care having significance difference as urban women are more likely to have antenatal visits, middle wealth index women are more likely to have antenatal visits compare to poor women. Women's educational attainment is also having a strong positive relation to antenatal care. The study further revealed that institutional delivery was very high in urban areas compared to rural areas. Wealth index has a strong positive relation with women's health outcomes, middle wealth index women are 2 times more likely to have institutional delivery, richest wealth index women are 8 times more likely to deliver in institutions compared to poorer women.

CONCLUSION: From this study it can be concluded that there is a significant relationships between women's empowerment and health care utilization. As education of women is increasing women's health care utilization are positively improving. Enhancing women's empowerment is one of the important aspects to reduce the health problems of women.

***Key Words**: 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT 3.INSTITUTIONAL DELIVERY 4.HEALTH CARE UTILIZATION 5.ANTENATAL CARE.*

30. Kothari, Devendra. (2014).
Empowering Women in India: Need for a Feminist Agenda. *Journal of Health Management, Vol.16(2) : 233-243.*
G18771

BACKGROUND: The condition of women in India has undoubtedly improved since independence. Well dressed women in western outfits driving scooters or cars to work are now in everyday sight in cities. There are two India- one where we can see equality and prosperity for women, but the other where the vast majority of women are living with no choice or rights. As a result gender gaps in India run deep as revealed by the Global Gender Gap Report, 2011. Gender equality and women's empowerment are two sides of the same coin- progress towards gender equality require women's empowerment and women's empowerment requires increase in gender equality.

OBJECTIVES: The study aims at formulating a formulating a feminist agenda to empower women living in highly patriarchal and traditional surroundings with several obstacles.

METHEDS: The study uses secondary data sources for formulating the agenda. Published data from Census of India and NFHS and data from a reproductive health study conducted in largest slums of Jaipur city is taken to understand the perceptions about fertility control and other areas.

FINDINGS: Low status of women is highlighted by the growing number of missing girls, difference between the normal sex ratio at birth and child sex ratio indicates that for every 1000 girls in age group 0-6, x number of girls are missing, which when projected to actual population figures states that around 2.9 million children in the age group 0-6 have gone missing in the year 2011 as compared to 2001. All states except for Punjab, Haryana, Gujarat, and Tamil Nadu all have recorded some improvement in CSR. The findings also indicate that discrimination against girls is widespread both in progressive and poor states. The declines in CSR for states like Maharashtra; Rajasthan has been 900 to 883, 26 points respectively. The total fertility rate had fallen from 3.6 to 2.4 (33%) in the past two decades. Steady increase in the use of modern contraceptives has been notices from 35-50 percent between the years 2001 and 2011. It is also observed that after the birth of a male child, a sizable number of couples did not opt for another child who impacted on the declining trends of CSR. Out of 3.11 million regular employees other government of India in 2008 only 0.31 million was women. Nearly 10 percent decline is reported among women seeking employment. Based on the findings of NFHS(1,2,3) it is estimated that currently there are around 450 million people out of 1,200 million in India who are a product of unwanted pregnancies. Poor availability of certain amenities created obstacles in improving decision making power of women. Census of India (2011) suggests that less than 66 percent of the 511 million females ages 7 and over were literate which means that today there are around 175 million illiterate females in India.

CONCLUSION: The study suggests that women-centered reproductive healthcare may alter patriarchal constructs despite strong structural resistance. Ensuring reproductive rights and improving living conditions could be fast track to progress. And this feminist agenda will contribute significantly towards women's empowerment.

***Key Words**: 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT 3.EMPLOYMENT 4.GENDER GAPS 5.EDUCATION.*

31. Sethuraman, Kavita. (2008).
The Role of Women's Empowerment and Domestic Violence in Child Growth and Under Nutrition in a Tribal and Rural Community. UNU Wider, World Institute for Development Economics Research.

G18781

Source: file:///C:/Users/admin/Downloads/rp2008-15.pdf

BACKGROUND: Moderate under nutrition continues to affect children under 5 years of age and rural women in India. Women's lack of empowerment is believed to be an important factor in the persistent prevalence of under nutrition. In India, women's empowerment often varies by community, with tribes sometimes being the most progressive.

OBJECTIVE: To explore the relationship between women's empowerment, domestic violence, maternal nutritional status, and the nutritional status and growth.

METHODS: This study was undertaken in the Mysore region of Karnataka, India (a rural region), between November 1998 and August 2000.Qualitative research was undertaken primarily to inform the design of the questionnaire, verify the relevance of the conceptual framework to these communities, and confirm differences between the tribal and the rural women in terms of empowerment. A conceptual framework for women's empowerment specific to the South Asian context was adapted from the literature. The overall design of the questionnaire and the format of the close-ended questions followed Babbie's guidelines. The questionnaire was translated into the local language, Kannada, back-translated to ensure accuracy of content and semantic and conceptual equivalence, and then pre-tested.

FINDINGS: The study findings show that women's empowerment and experience of domestic violence are associated not only with child nutrition as presented in an earlier paper, but that these associations also extend to child nutritional status as children grow older. Women's empowerment appears to promote child growth. But conversely, a mother's prior lifetime experience of domestic violence on enrolment appears to undermine her child's growth at follow-up. The opposite direction in which these two variables are associated with child growth are as expected, given that women who experience violence are less likely to be empowered.

CONCLUSION: The larger social context and gender inequality in particular, play a role in the prevalence of under nutrition at the community level in this region of Karnataka, India. Moreover, these findings seem to suggest that the influence of gender inequality extends to future child nutrition outcomes. These findings clearly reinforce the idea that to reduce under nutrition over the longer term, it continues to be important for health and nutrition programmes to enable adequate child feeding practices, promote health-seeking behaviour, provide health services, and address household food insecurity.

***Key Words**: 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.CHILD NUTRITION 4.CHILD GROWTH 5.NUTRITIONAL STATUS 6.WOMEN'S EMPOWERMENT 7.MATERNAL NUTRITIONAL STATUS.*

32. UN Women's Office for India. (2013).
Hearts and Minds : Women of India Speak : Shaping the Post 2015 Development Discourse and Agenda. New Delhi: UNWOI.
G18677

BACKGROUND: In late 2012, a tragic event that took place in New Delhi, capital of India involved brutalization, rape and eventual untimely death of a 23 year old girl. This act of crime has acted like fire of reform across the country. The incident mobilized thousands of young women and men for collective action to make the government accountable. Women and girls are faced with pressing challenges at every juncture of life. However with the passage of time and benefit of hindsight, it has become clear that the MDG frame work which tried to address girl child education and reducing mortality is still facing challenges. In the Indian context although the MDGs include wage employment for women in the no- farm sector as an empowerment indicator, it has stagnated for the past five years., an increasing "feminization" of poverty, agriculture, old age, migration and HIV and AIDS is taking place while social security and protection measures remain grossly inadequate and gender biased violence remains all-pervasive and the existing legal safe guards are insufficient to protect women and girls.

OBJECTIVES: The report is aimed at ensuring that the voices of women living at the grassroots level; To share women's lived experiences o understand how challenges manifest in their daily lives; To capture the social, economic, political, cultural and personal challenges and aspirations of women living in rural India; to channelize the voice of elected women representatives.

METHODS: In depth interviews with 20 women in 11 districts across five states was taken along with Focus group discussion (FDGs) with 200 elected women representatives.

FINDINGS: In terms of women empowerment most women felt that there have been positive even transformative changes in their lives over the past decade compared to previous generations. Women shared that they have greater visibility in terms of education and employment, better health related access, facilities and social security, reduced maternal mortality, increased political participation and awareness especially about girl's education and maternal and child health. Unaddressed issues like limited access to water and sanitation, lack of employment opportunities, and food security. Regarding gender equality women felt that their continued subordinate position in comparison to men deprives them of their freedoms and growth related opportunities, and this attributed to increasing gender gap. Single women of all categories (elderly, widows, abandoned) were found to be most vulnerable to poverty. Majority of women in rural India were engaged in agriculture and largely illiterate. Positive changes and improvements in village level nutrition facilities and centers for children and pregnant women were also reported. Women also acknowledged that their awareness levels about government schemes and services for education were still very low especially in remote areas.

CONCLUSION: The important role of civil society in trying to meet the twin goals of gender equality and women empowerment are both important. Women face challenges starting from the grass root level which further broadens its complex linkages with developmental frameworks and public policy. Gender specific goals, targets and indicators should be built into all targets to guard against dilutions in public policy which affects women's development. A gender based poverty mapping is required to identify groups of women who are especially vulnerable to ensure that they are genuinely addressed the new MDG framework.

Key Words: 1.WOMEN WELFARE 2.STATUS OF WOMEN 3.POVERTY 4.SOCIAL SECURITY 5.EMPLOYMENT 6.NUTRITION 7.FOOD SECURITY 8.HUNGER 9.EDUCATION 10.HEALTH 11.ECONOMIC 12.GENDEREQUALITY 13.WOMEN EMPOWERMENT 14.POLITICAL PARTICIPATION OF WOMEN 15.GENDER VIOLENCE

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