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DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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Contents

S. No.		Page No.
A. Research Abstracts on Child Development		
EDUCATION		
1.	A Report on the Status of Primary Education of Adivasi Children in Andhra Pradesh and Orissa in the Context of the Right to Education Act 2009	1
2.	A Study of Small Primary Schools in India: Analysis of School Report Cards of Selected Districts in Four States.	5
HEALTH		
3.	Pilot Testing of WHO Child Growth Standards in Chandigarh: Implications for India's Child Health Programme.	8
4.	An Evaluation of Special Care Newborn Units in Eight Districts in India.	10
ICDS		
5.	Quantitative Assessment: Beneficiary Nutritional Status and Performance of ICDS Supplementary Nutrition Programme in Bihar.	13
6.	Appraisal of Supplementary Nutrition Programme Under ICDS in U.P.	15
7.	A Study on Monitoring Strategy of Preschool Education Component Under ICDS.	18
8.	ICDS Project in Tamilnadu: An Appraisal.	20
9.	Study of Nutritional Status of Children Attending ICDS Services in Lucknow.	22
10.	Knowledge and Perceptions of ICDS Anganwadi Workers with Reference to Promotion of Community Based Complementary Feeding Practices in Semi Tribal Gujarat.	23

NUTRITION

- | | | |
|-----|---|----|
| 11. | Nutritional Status and Morbidity Profile of Institutionalized Children in an Urban Slum of Mumbai City. | 25 |
| 12. | Child Malnutrition and Recurrent Flooding in Rural Eastern India: A Community-Based Survey. | 27 |

B. Research Abstracts on Child Protection**CHILD ABUSE**

- | | | |
|-----|--|----|
| 13. | Analysis of Substance Abuse in Male Adolescents. | 29 |
| 14. | Prevalence and Pattern of Substance Abuse among School Children in Northern India: A Rapid Assessment Study. | 31 |

CHILD WELFARE

- | | | |
|-----|---|----|
| 15. | Scheme of Project Assist to Children Affected by Communal, Caste, Ethnic and Terrorist Violence/Riots: An Evaluation. | 33 |
|-----|---|----|

DESTITUTE

- | | | |
|-----|--|----|
| 16. | Inhalant Use among Street Children in Bangalore. | 36 |
|-----|--|----|

SOCIAL DEFENCE

- | | | |
|-----|--|----|
| 17. | Rehabilitation of Juveniles in Conflict with Law and Children in Need of Care and Protection: A Study. | 38 |
| 18. | Right to Food for Children in Juvenile Justice Institutions and in Government Schools. | 40 |

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

- | | | |
|-----|--|----|
| 19. | Decline in Unprotected Sex and Sexually Transmitted Infections (STIs) among Female Sex Workers from Repeated Behavioural and Biological Surveys in Three Southern States of India. | 43 |
|-----|--|----|

S. No.		Page No.
20.	Sexual Activity as Risk Factor for Hepatitis C Virus (HCV) Transmission among the Female Sex Workers in Nagaland.	46
21.	Index Based Mapping of High Risk Behaviours for HIV among Female Sex Workers in India.	48
22.	Knowledge, Perceptions and Practice of 'Family Planning' Methods in Mothers Visiting an Immunisation Clinic of Rural Bengal, India	50
NUTRITION		
23.	A Study of Prevalence of Anaemia and Socio-demographic Factors Associated with Anaemia among Pregnant Women in Aurangabad City, India.	52
24.	Anthropometric Assessment of Nutritional Status among College Women of Midnapore.	54
25.	Nutritional Status Assessment among Women Sweepers in Midnapore Municipality of West Bengal.	56
26.	Diet and Nutritional Status of Women in India.	58
WOMEN WELFARE		
27.	Health Awareness amongst Urban Slum Women through Gender Resource Centres in Delhi.	60
28.	Violence Against Women: Evidence from a Cross Sectional Study in Urban Area of North Bengal.	62
29.	Domestic Violence Among Ever Married Women of Reproductive Age Group in a Slum Area of Kolkata.	64

A. Research Abstracts on Child Development

EDUCATION

1. Dhaatri Resource Centre for Women and Children, Andhra Pradesh. (2011).
A Report on the Status of Primary Education of Adivasi Children in Andhra Pradesh and Orissa in the Context of the Right to Education Act 2009.

www.dhaatri.org.

Background: The children from Adivasi/ Scheduled Tribe (ST) communities face serious development neglect, particularly evident in the status of primary education across India among different tribal groups. Achievement of universal primary education in the context of ST children is dependent upon several factors at policy, implementation and governance levels as well as civil society and community levels in their ability to demand for the constitutional mandate of the government. With the enforcement of the RTE Act, universal elementary education has become a constitutional obligation of the State and a fundamental right of children, as the act lays down rules and guidelines for minimum standards in providing free and compulsory primary education.

Objectives: To understand the current status and delivery of primary education by the state for ST children in India, particularly in the context of the RTE Act; and to identify the gaps and challenges which currently exist for the state in the delivery of primary education services.

Methods: The study covers ST children in the age group of 6-14 years. The study was conducted in states of Andhra Pradesh and Orissa which has a predominantly ST population. In Andhra Pradesh field visits were made to 46 schools in the districts of Adilabad, Khamman, Mahabubnagar, Visakhapatnam and Vizianagaram. In Orissa 27 schools from the districts of Koraput, Mayurbhanj and Rayagada were surveyed.

Findings: Literacy levels for ST population in Andhra Pradesh and Orissa were alarmingly low; gender disparities in literacy were very wide with some districts like Nabarangapur, Malkangiri (Andhra Pradesh)and Rayagada (Orissa) registering between one per cent and eight per cent female literacy respectively; gender disparities were not as marked in Andhra Pradesh as compared to

Orissa but the overall ST literacy levels were far lower than that for general population. A large section of ST children in both Andhra Pradesh and Orissa were not having access and right to free and compulsory education. While enrolment in class I was high, an alarming rate of children dropout from class II level, with consistently steep decline between primary and upper primary levels and with only a small minority retained between class VIII and X, dropout rate for ST children in Andhra Pradesh stands at 76.75 per cent (with some districts registering a higher percentage of 80 per cent dropout rate); in Orissa the number of out of school ST children as given by Orissa Primary Education Programme Authority (OPEPA) was 90612, which was less than 15 per cent of total child population. The dropout rate among ST students was more in districts which were outside the scheduled area where there was higher percentage of ST children engaged as agricultural and migrant labour. A considerable number of ST children were completely denied access to primary education or were taught in an adhoc manner through the Alternative and Innovative Education (AIE) centres; many of the AIE centres were reported to exist only on record. In many villages there was no infrastructure, teacher or mid – day meals being provided; children in centres of Orissa were also not receiving any form of literacy. The OPEPA could not give a clear plan of intervention for setting up schools in school-less habitations; majority of the primary schools visited in the tribal areas were dysfunctional or were not running regularly; poor performance due to high rate of teacher and student absenteeism was observed. Lack of teacher motivation to stay in interior villages and constraints in monitoring had been reported by the Tribal Welfare Department with regard to the problem of teacher absenteeism; mid-day meals were being cooked in many non-functioning primary schools also. In Andhra Pradesh the total strength of students in ashram schools and gurukulams was 3.2 lakhs; residential schools for girls were much lesser in number, especially those with english medium, gurukulam and School of Excellence (SOEs) facilities. Children brought to bridge schools were not really out of school children but those already enrolled in school; very few ST children with special needs were found to be enrolled in any of the schools; in Andhra Pradesh student performance was good. As per the field observations, in most of the primary schools only a small number of children could read and write; in Orissa student performance in the primary schools visited in Rayagada and Koraput districts was comparatively better but in Mayurbhanj it was very poor; no school in either of the states visited had a functioning toilet. In primary schools, there were black boards, colourful walls, and many had education material put up on walls; in Orissa, the primary schools were well painted, and had charts pinned to the walls; it was seen that multiple classes in one class room were taking place and shortage of teachers was seen

in upper primary schools; majority of the schools did not have separate dormitories, class room doubled up as dormitories; students had no place to keep their belongings ; poor hygiene and sanitation was an alarming phenomenon in every residential school ; the ratio of toilets for students was in a shocking range of 1:40 and even 1:70 in some places; while primary schools had no kitchens for the mid-day meal, in residential schools the kitchens were ill-ventilated, dark, having no electricity or water and no provision for proper storage of food items; water for drinking was not treated or purified in any of the sevashrams / ashram schools visited. Access to medical care was found negligible in almost all residential schools; medical kits had limited supply in most schools even with expired stock in some of them In Orissa, the student toll-free helpline numbers was found on the walls of every school, but not a single call was reported to be made from the schools visited. In Orissa the ST and SC Development Department was solely responsible for the sevashrams whereas in Andhra Pradesh SSA provided infrastructure support to ashram schools. In both Orissa and Andhra Pradesh the mid-day meal programme was being implemented in primary schools ; all primary schools including those which did not appear to function regularly ,also reported that mid-day meal was provided; the quality of the food served was very poor, and the rice supplied was of most sub-standard quality. In Andhra Pradesh the schools had Sneha Bala Kits and slim cards, story books and text books; in Orissa also the teachers were given slim cards, flipcharts and story books. In Andhra Pradesh multilingual education (MLE) was being taught as an additional subject with a special teacher; in Orissa, the MLE structure seemed to have made more headway, and was found to be more defined upto class IV and V ; in Andhra Pradesh some schools had only single teachers but most of them, even where the student strength was less than 30, had two teachers; in Orissa there were fewer schools that were single teacher schools although teacher absenteeism was on similar scale; the schools visited reported that they were short of teachers in Maths, Sciences and English languages. It was observed that many teachers were appointed without the necessary qualifications and training, especially at the primary level; most of the teachers were not aware of the MLE approach; in Andhra Pradesh the physical status of class rooms was better than in Orissa; in Andhra Pradesh the number of ashram schools were highly inadequate to meet the residential school requirements of ST children at the age of primary education; number of sevashrams in Orissa were very few hence it could reach out to a small majority of ST children. It was observed that there was no clear periodical external review and monitoring of performance of elementary education; in tribal areas, the lack of information to communities regarding education and their lack to access to governance and administration

had alienated them from the participation and assertion for their children's right to education; landlessness and increase in poverty had impacted children's quality of life and opportunities for education.

Recommendations: The state should move beyond its target of enrolment to retention and completion of primary education of ST children upto high school in its 12th five year plan; primary schools should be increased in number and monitoring should be made rigorous; the anganwadi teacher and primary school teachers should be trained to work as one unit / school/ institution in habitations having low student strength; an independent monitoring body on social security which conducts regular enquires and reviews the status of schools, consults with local bodies and parents, should be constituted for protection of children's rights.

Key Words: 1.EDUCATION 2.RIGHT TO EDUCATION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.PRIMARY EDUCATION 6.SCHOOL GOING CHILDREN 7.ADIVASI CHILDREN 8.RIGHT TO EDUCATION ACT 2009 9.BLOCK RESOURCE CENTRE COORDINATOR (BRCC) 10.CHILDRENS LEARNING ACCELERATION PROGRAMME FOR SUSTAINABILITY 11.CHILDREN WITH SPECIAL NEEDS 12.EDUCATION GUARANTEE SCHEME(EGS) 13.GROSS ENROLMENT RATIO 14.INTEGRATED TRIBAL DEVELOPMENT AGENCY (ITDA) 15.KASTURBA GANDHI BALIKA VIDYALAYA 16.NATIONAL CHILD LABOUR PROJECT (NCLP) 17. NATIONAL CURRICULUM FRAMEWORK(NCF) 18.SARVA SHIKSHA ABHIYAN 19..ELEMENTARY EDUCATION 20.LITERACY RATE 21.DPEP 22..NPEGEL 23.OUT OF SCHOOL CHILDREN 24.DROPOUT RATES 25.CHILD LABOUR 26.EDUCATION DEVELOPMENT INDEX (EDI) 27.ANDHRA PRADESH 28. ORISSA

2. Zaidi, S.M.I.A. (2012).

A Study of Small Primary Schools in India: Analysis of School Report Cards of Selected Districts in Four States. New Delhi: National University of Educational Planning and Administration.

Background: Development of education is important for ensuring over all development of a country. Issues such as in equal access, high dropout rates and poor quality of education in elementary education sector took the centre stage in formulation of educational policies, plans and programmes in India. Constitutional directive and international commitments to achieve the goal of Universalisation of Elementary Education (UEE) mandated the government of India and state government to make provisions for all children of the country to have access to elementary education.

Objectives: To examine the status of small primary schools in selected districts; to investigate into reasons of having small primary schools.

Methods: The study was conducted in four states from each of the four selected states one district was selected for the study. Jammu district from Jammu and Kashmir, Jorhat district from Assam, Raigad district from Maharashtra and Mandya district from Karnataka state. A sample of ten per cent small primary schools was taken for in- depth study of small schools.

Findings: Raigad in Maharashtra was the biggest district while Mandya district in Karnataka was the smallest in terms of the total number of primary schools; in Jorhat district 94 per cent schools were more than 25 year old whereas in Jammu 63 per cent schools were less than 25 year old; in Raigad district 0.87 per cent small primary schools were located in urban areas; the percentage of schools in urban areas was 1.47 and 2.59 in Jorhat and Mandya districts respectively; possibility of regular visit to the schools by the Cluster Resource Centers (CRC) coordinators was rare in case of 21 per cent schools in the four districts. There were only 1.26 per cent small primary schools in the four districts that were visited by the Block Resource Centers (BRC) coordinator for ten or more than ten times during the last one year; in Jorhat there was not even a single small school that was visited for more than ten times by BRC coordinator while in Jammu four per cent schools had the opportunity; situation was very alarming in Jorhat where 97 per cent small schools and in Mandya 91 per cent small schools had not been regularly visited by the CRC coordinators ; 13.5 per

cent small schools in all four districts functioned for more than 225 days in the last academic session; average number of teachers positions per school sanctioned in was highest in Jammu (2.4%) and lowest in Mandya (1.5%); the average number of teacher posts sanctioned in the four districts per school was about 1.98; 29 per cent small schools in the four districts were single teacher schools; 20.66 per cent small schools had less than six children per teacher while in about 62.41 schools there were ten children per teacher. In about 56 per cent small schools in all four districts the enrolment of girls was less than boys; the percentage of small schools having less number of girls than boys was highest in Jammu district (59.64%) while it was lowest in Raigad (54.61%); 17.5 per cent small primary schools had three pucca rooms . Regarding the condition of class rooms in small schools in the four sample districts was concerned Jammu district had best performance while Jorhat district was worst; in terms of availability of playground facility small schools of Jorhat were in worst condition as only 30 per cent schools had playground, in Mandya only 46 per cent schools had this facility while in Raigad 54.01per cent and in Jammu 56.76 per cent had this facility; in the four districts 9.12 per cent small primary schools were actually too small to be called schools because these schools had less than six children enroled; about one -third small schools in Mandya district had no child enroled in grade V. Participation of girls was best in the small primary schools of Jorhat district where 47.60 per cent schools had majority of girls in enrolment; in Jammu district 36 per cent schools had more girls in primary classes than boys; in Riagad and Mandya about 40 per cent and 37 per cent schools had more girls enroled than boys at the primary level ; 82.46 per cent schools had toilet facility, separate toilet for girls was available in only four per cent schools of the four districts; 90 per cent schools in four districts were located within one kilometer from the nearest habitation; the most prominent reason for low enrolment in the school given by the school was 'low population in the habitation. Most of the parents preferred to send their children to the private schools rather than the government schools; lack of awareness among the community in general and the parents in particular was also an important reason cited by the small schools for low enrolment; in Jammu district eight out of 61 small schools had reported that low enrolment in their schools to the fact that children were used by parents in other works. About 80 per cent of Village Education Committees (VECs) and School Development and Management Committees (SDMCs) of small schools in Jammu had not organised even one meeting in last two months, which was also true for other districts; in the four districts out of 285 small schools, only 222 schools were getting support from VEC/SDMC in the management of school; most prominent problems faced by the teachers of schools was lack of basic facilities in the schools; low enrolment

and lack of enough number of children in the schools was also identified as problems faced by the teachers; some steps reported by the small schools of the four districts to improve the functioning and performance of schools included increasing students enrolment and attendance (17 schools), reducing non – academic work of teachers (15 schools), separate management for MDM (12 schools), better training of teachers (11 schools), and regular visits of authorities to schools (5 schools).

Recommendations: If it is felt that continuing with such small schools is essential for universalising access to elementary education, and implementing of right to makers of the states needs to seriously look into the aspect of small schools and should ensure that their efficiency and performance is improved education act, the educational planners and administrators as well as policy.

Key Words: 1.EDUCATION 2.PRIMARY SCHOOLS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.EDUCATION SYSTEM 6.PRIMARY EDUCATION 7.ENROLMENT 8.SSA 9.UNIVERSAL PRIMARY EDUCATION (UPE) 10.EDUCATION GUARANTEE SCHOOLS (EGS) 11.GROSS ENROLMENT RATIO (GER) 12.DROPOUT RATES 13.SMALL PRIMARY SCHOOLS 14.DISTRICT INFORMATION SYSTEM OF EDUCATION 15.BLOCK RESOURCE CENTRES (BRC) 16.VILLAGE EDUCATION COMMITTEES (VEC) 17.SCHOOLS DEVELOPMENT AND MANAGEMENT COMMITTEES (SDMC) 18.GENDER DISPARITIES 19.URBAN 20.RURAL 21.MAHARASHTRA 22.JAMMU AND KASHMIR 23.ASSAM 24.KARNATAKA.

HEALTH

3. Prinja, Shankar et al. (2009).

Pilot Testing of WHO Child Growth Standards in Chandigarh: Implications for India's Child Health Programme. *Bulletin of the World Health Organisation*, 87: 116-122.

Source: www.who.int/bulletin/volumes

Background: India is home to nearly 60 million children who are under weight. ICDS programme uses its vast network of primary child care centres and workers to monitor children's growth by weighing at monthly intervals. In April 2006, WHO released new references for assessing growth and development in children from birth to five years. In 2007, the Ministry of Women and Child Development and the Ministry of Health and Family Welfare in India agreed for a changeover from IAP growth curves to WHO child growth curves.

Objectives: To compare the prevalence of underweight as calculated using IAP standards with the WHO Child Growth Standards and discuss the implications for child health programmes in India.

Methods: The study was conducted in Chandigarh city. A total of 45 Anganwadi centers were selected eight urban, 16 rural and 21 urban slums. 806 children under six years of age were recruited for the study.

Findings: About 806 children aged under six years were recruited; 441 of them were registered in the ICDS programme and 365 were not ; 91.4 per cent of them were younger than five years; according to the IAP classification, 50.2 percent under five years were underweight; when the WHO child growth standards were applied, the prevalence of underweight was seen to rise from birth up to age 36 months and to decline thereafter before rising again from 48-60 months; the age related trend in the prevalence of underweight was statistically significant ($p= 0.02$); the prevalence of underweight in the first six months of life was nearly 1.6 times higher when calculated with WHO child growth standards compared with IAP growth curves; for children of all ages combined, the prevalence of underweight was 1.4 times higher with IAP standards rather than the new WHO standards with the absolute difference being 14.5 per cent ($p < 0.001$); IAP standards also produced lower estimates of

malnutrition prevalence in girls under six months ($p= 0.05$); over all estimates for severe malnutrition was 3.8 times higher using the new WHO standards rather than IAP standards ($p<0.001$).

Recommendations: Professional bodies such as the I.A.P, the Indian Association of Preventive and Social Medicine, the Indian Public Health Association and the Indian Medical Association should endorse the use of the new WHO Child Growth Standards for the monitoring of the growth and development of children in clinical and public health practice in India.

Key Words: 1.HEALTH 2.CHILD HEALTH PROGRAMMES 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.WHO 6.CHILD GROWTH STANDARDS 7.UNDER WEIGHT 8.AWWs 9.AWCs 10.NUTRITIONAL STATUS 11.MALNOURISHMENT 12.ICDS 13.PRIMARY CHILD CARE CENTRES 14.GROWTH CHART 15.REFERRAL SERVICES 16.EDUCATION 17.MONITORING 18.IMMUNISATION 19.NUTRITION EDUCATION 20.CHANDIGARH.

4. Zodpey, Sanjay. (2010).

An Evaluation of Special Care Newborn Units in Eight Districts in India. New Delhi: Public Health Foundation of India, Indian Institute of Public Health.

www.phfi.org

Background: India is home to 20 per cent of global neonatal births and 30 per cent of global neonatal deaths. Well organised neonatal health care infrastructure and system is central to reduction of neonatal mortality and morbidity. According to global reviews, roughly 15 per cent of newborns require facility based care , hence it is mandatory to plan and provide for required levels of facility based newborn care set ups at different community levels .The neonatal SCNU is an attempt by the government to strengthen the facility based neonatal care. It is envisaged that development of SCNUs in the district hospital would reduce NMR.

Objectives: To do a situational analysis of the capacity of Special Care New Born Units (SCNUs) to respond to sick newborns; to examine the resources available in the SCNUs; to assess the utilisation of services by the community; to identify the bottlenecks in setting up and functioning of the units.

Methods: The study was conducted in SCNUs functioning in the districts of Mayurbhanj and Koraput (Orissa), Tonk and Jaipur (Rajasthan) , Vaishali (Bihar) , Dibrugarh (Assam), Andaman and Nicobar islands, Guna and Shivpuri (Madhya Pradesh), Lalitpur (Uttar Pradesh) and Purulia (West Bengal) for the last two years using purposive sampling technique. Tools used for the study were interviews and questionnaires.

Findings: About 14 Special Care Newborn Units (SCNUs) were present in Madhya Pradesh, while in Uttar Pradesh and Bihar only one SCNU was functioning; about nine functional Neonatal Stabilisation Units (NSUs) were found to be present in West Bengal, Orissa and in Andaman and Nicobar four functional NSUs were found, while Madhya Pradesh had two and Rajasthan had one NSU respectively. The location of labour room was not close to SCNU in majority of the centers; Guna SCNU had 20 beds, whereas Purulia SCNU had 14 beds; 50 per cent of units had designated area for side lab but the side lab was functional only at Port Blair Unit because of the presence of a lab technician; the protocols for biomedical waste management was available at all

units except in Vaishali and Lalitpur; the new born care corners were available in the labour room of all the districts ; operation theatre with all the equipment of SCNUs was found in seven out of eight districts; many doctors working in SCNU were involved in private practice; nursing staff was insufficient in Tonk and Lalitpur. Majority of the equipments were donated by UNICEF; apart from the availability of the equipments, the issue of repair and maintenance was found to be a major problem grappling all the special care new born units visited; there was an evident lack of clarity amongst the SCNU in charge and the staff at all the units who needed to be contacted for issues pertaining to the repair and maintenance; there was not a major problem in most of the SNCUs as far as supply of essential drugs were concerned though a separate supply of SCNU was lacking and the procurement of drugs was largely dependent on the supply to the pediatrics department. Most of the staff working during the period of assessment had been imparted practical training, though the duration of trainings was variable ranging from a minimum of one day to a maximum of 15 days; monthly reports were generated and submitted to civil surgeon or chief medical officer of the district, however, there was no uniformity in the data recorded; most of the units did not have a follow up protocol in place, hence it was difficult to find how many babies actually turned up for follow up. The total number of deliveries had increased manifold after Janani Suraksha Yojana came into force; the average number of admissions in each SCNU had increased since its inception; it had increased from 3.6 to 19.5 for every 100 deliveries over a period of four years; majority of the neonates admitted to SCNUs were males; babies with birth weight between 1500 - 2499 grams contributed to approximately 40 per cent of the total admission load; there was a drop in the case fatality rate (CFR) out of the total admissions in the first year of the functioning in all SCNUs except Lalitpur and Dibrugarh; proportion of babies leaving against medical advice (LAMA) had shown a decline in most of the units. It was found that Proportional Mortality Rate (PMR) due to sepsis and low birth weight had decreased, while that due to asphyxia had remained unchanged; in Mayurbhanj, out of five beneficiaries picked up randomly, three turned out to be cases of readmission, similarly two out of five were readmissions in Lalitpur; the average length of stay at SCNU was between five to seven days; 14 per cent of the variation in NMR could be explained by number of nurses; the SCNU-in-charge of Lalitpur unit said that SCNU was being instrumental in bringing about a sea change in the quality of care; the bed occupancy was in the range of 95 to more than 100 per cent for most of the units, SCNU Vaishali was underutilised; apart from an admission fees of Rs 25, rest of the services were provided free of cost across all units. Most of the units had two pediatricians, while the units with three or more doctors were asked to

do multi-tasking and handling of other units besides SCNU; the major issue faced by all the SCNUs was that of maintenance and repair of the equipments; a large number of BPL patients were availing the benefit of the services, the utilisation pattern was skewed at Lalitpur and Mayurbhanj SCNU where seven out of ten and six out of 11 respondents were not of BPL category. 97.56 per cent of the respondents had institutional delivery reflecting a growing understanding of the importance of institutional deliveries and the thrust created by the Janani Suraksha Yojana; 36.59 per cent respondents were aware of the presence of SCNU before having availed the service; 30 per cent respondents had availed care at private facility before visiting SCNU. The attitude of both doctors and nurses was perceived to be nice by 98.78 per cent and 92.68 per cent respondents respectively; 93.9 per cent respondents were satisfied with the care rendered at the SCNUs ; most of the beneficiaries at SCNUs were poor and daily wage earners.

Conclusion: There is a need to leverage upon the potential of field workers in enhancing awareness of the units. The field and the facility services if linked can help in achieving the desired reduction in neonatal mortality and make this model a huge success.

Key Words: 1.HEALTH 2.NEWBORN CARE 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.SPECIAL CARE NEWBORN UNITS (SCNU) 6.CHILD HEALTH 7.ANTENATAL CHECK-UP 8.ANM 9.AWWS 10.ASHAS 11.AWC 12.CHILD SURVIVAL 13.INFORMATION, EDUCATION AND COMMUNICATION(IEC) 14.IMR 15.LOW BIRTH WEIGHT 16.NEONATAL MORTALITY RATE (NMR) 17.PRIMARY HEALTH CENTRE (PHC) 18.REPRODUCTIVE AND CHILD HEALTH (RCH) 19.UNDER FIVE MORTALITY RATE (U5MR) 20.HEALTH CARE FACILITIES 21.NRHM 22.NATIONAL CHILD SURVIVAL AND SAFE MOTHERHOOD PROGRAMME (CSSM) 23.BREAST FEEDING 24.TRAINING 25.UNICEF 26.CASE FATALITY RATE (CFR) 27.INTEGRATED MANAGEMENT OF NEWBORN AND CHILDHOOD ILLNESS 28.ORISSA 29.RAJASTHAN 30.BIHAR 31.ASSAM 32.ANDAMAN AND NICOBAR 33.MADHYA PRADESH 34.UTTAR PRADESH 35.WEST BENGAL.

ICDS

5. Deolalikar, Menon P. et al. (2013).
Quantitative Assessment: Beneficiary Nutritional Status and Performance of ICDS Supplementary Nutrition Programme in Bihar. London: International Growth Centre.

Source: www.theigc.org

Background: In India, about 43 per cent of children under the age of five are underweight. Bihar has the third highest prevalence of underweight children (56.1%). The ICDS scheme addresses three inter- sectoral aspects of child development – nutrition, early childhood education and health. ICDS launched the Supplementary Nutrition Programme (SNP) which provides nutritional food to vulnerable populations such as children up to six years of age, pregnant women and nursing mothers. The government currently spends over Rs 1,100 crore per annum on the SNP. However, leakage of funds from public service delivery programmes like SNP is endemic in India and Bihar.

Objectives: The main purpose of this assessment was done to quantify the missing expenditure from the SNP; quality and quantity of nutrition actually received by beneficiaries; nutritional levels of beneficiaries.

Methods: The survey was conducted in three districts of Bihar (Gaya, Muzzafarpur and Madhubani). The sample consisted of 200 Anganwadi centres, 200 children aged six months to three years, 200 pregnant mothers, 153 children aged three to six years and 172 shop keepers.

Findings: About 24 per cent of anganwadi centers were found closed on the day of visit, reducing expenditure by 24 percentage points; of the open anganwadi centres, meals were not served 23 per cent of times; on an average only 22 children out of 40 those should attend were present for meals; only 73 per cent of the stipulated ingredients were used; ingredients needed to prepare the meals costed 20 per cent more on an average than the amount allocated by ICDS; 71 per cent of the funds the anganwadi workers received for the component of SNP were not spent on the beneficiaries. In 40.0 per cent of cases both Sevika and Sahayika were found present at the anganwadi centre at the time of survey ; in 18.5 per cent of cases only the sahayika was there and

in 16.0 per cent, only Sevika was there and in 25.5 per cent neither were present ; in cases where the Anganwadi center was open, on an average only 17.1 per cent children were present; attendance increased slightly by the time the meals were usually served; of the children present 58 per cent were girls; an average of 22.4 children attended when a meal was served .43 per cent of the under five children were underweight; 58 per cent of the children were suffering from stunting while 20 per cent of the children were suffering from wasting; 16.4 per cent of pregnant mothers and 38.6 per cent of nursing mothers were underweight.

Conclusion: The government of Bihar and ICDS eagerness to innovate and to improve the performance of SNP provides hope that the status quo can improve, ultimately benefitting millions.

Key Words: 1.ICDS 2.NUTRITIONAL STATUS 3.ICDS BENEFICIARIES 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.SUPPLEMENTARY NUTRITION PROGRAMME (SNP) 7.MALNUTRITION 8.UNDER WEIGHT CHILDREN 9.AWW 10.AWC 11.QUANTITATIVE ASSESSMENT 12.BUDGET 13.TAKE HOME RATIONS (THR) 14.WHO 15.NURSING MOTHERS 16.HOT COOKED MEAL 17.ADOLESCENT GIRLS 18.SERVICE DELIVERY PROGRAMMES 19.FEMALE LITERACY 20.EDUCATION 21.GENDER RATIO 22.BENEFICIARIES 23.CHILD ATTENDANCE 24.PREGNANT AND LACTATING MOTHERS 25.LOW BIRTH WEIGHT 26.STUNTING 27.WASTING 28.MISSING EXPENDITURE 29.BIHAR.

6. Khan, N et al. (2013).
Appraisal of Supplementary Nutrition Programme under ICDS in U.P.
Lucknow: NIPCCD Regional Centre.

Background: Malnutrition commonly affects all groups in a community, but infants and young children are the most vulnerable, because of their high nutrition requirements for growth and development. Infant mortality rate in Uttar Pradesh is the second highest in the country. ICDS addresses child development programs holistically and comprises of health, nutrition and education component for pregnant women, lactating mother and children less than six years of age. ICDS programme functions through a network of Anganwadi Centres (AWCs) which are the focal points for the delivery of services attached to the scheme and are managed by the Anganwadi Workers (AWWs). Supplementary Nutrition is one of the important services of ICDS which aims at fulfilling the calorie and protein gap which generally persists in the family diet.

Objectives: To study the status of supplementary nutrition provided to beneficiaries in the light of guidelines issued by MWCD; to study the procurement, distribution, availability, regularity and storage of supplementary nutrition at various levels.

Methods: The study was conducted in Uttar Pradesh covering five districts, Lucknow, Lakheempur Kheri, Saharanpur, Ghazipur and Lalitpur. The sample of the study comprised of 845 respondents including beneficiaries, community leaders and functionaries of ICDS. The information was collected through interview and observational schedules.

Findings: It was found that on an average each sampled project had a total population coverage of 2,36,000 with an average number of 237 AWCs under its fold which was very high by any standard; data revealed that as against a total of 62 sanctioned posts (of DPOs) in the five sample districts, only 77 per cent positions of the said posts were filled in; the training status of the AWWs revealed that all the workers covered in the study had undergone job training course and 50 per cent had also taken refresher training. 90 per cent of AWCs were living in pucca buildings; 58 per cent were housed in the premises of primary school buildings; 22 per cent AWCs were running at ICDS own buildings which were well planned with kitchen, toilet and some open space; 90

per cent AWCs were accessible to the beneficiaries ; 92 per cent AWCs were storing drinking water for children in open buckets with little or no cover on it; the toilet facilities in AWCs were almost non - existent with the result children go in open spaces for relieving .It was found that as per enrolment of different types of beneficiaries at projects the DPOs placed the order for Take Home Ration (THR) 'Panjeeri' to the Directorate of ICDS; supplementary nutrition was given to all the beneficiaries enrolled at AWCs for the services; with regard to supplementary nutrition given to beneficiaries 90 per cent revealed that it would improve the nutritional status of target beneficiaries, 42 per cent said it was given as there was a provision in the scheme and 30 per cent said it attracted children to attend AWC; in 78 per cent AWCs the procurement of food grains was made twice a month. In almost half of the AWCs the storage of supplementary nutrition was improper and the basic norms were not followed; at 78 per cent AWCs the cooking vessels were not available; with regard to maintenance of records 92 per cent workers took half an hour to one hour daily to complete records; the distribution of amylase rich food THR (Panjeeri) and weaning food was done once a week; 86 per cent said that beneficiaries did not like the Panjeeri as it was not palatable and tasty and requested for its replacement with other food items like rice, dal, chana, peanuts etc; 74 per cent AWCs had new WHO Child Growth Charts and only 44 AWCs had received training on the use of new WHO Child Growth Standards .In 54 per cent AWCs the Mother and Child Protection Cards (MCP) was available that too in a small quantity ranging from 15 to 20 cards at each centre; Village Health and Nutrition Day (VHND) was organised in 30 AWCs out of 50 AWCs; as a part of monitoring, on an average DPOs visited four- five projects in a month and 10-15 AWCs at random basis. Take Home Ration in the form of Panjeeri measuring 900 grams was provided once a week to enrolled pregnant and lactating mothers; majority of the beneficiaries had knowledge about supplementary nutrition (87%); immunisation (55%) and less than 30 per cent had awareness about preschool education activities conducted at AWCs; 91 per cent respondents were consuming THR, 12 per cent mothers consumed THR alone and 88 per cent mothers shared it with their family members; 77 per cent rated the quality of Panjeeri (THR)from poor to average; 90 per cent infants of lactating mothers had received BCG vaccination; 72 per cent of beneficiary mothers reported that THR (weaning food) supplied by AWCs was not liked by their children. On an average only 20 – 25 children were present for preschool in the morning and 30 per cent joined at the time of distribution of hot cooked food (HCF); 79 per cent of beneficiary mothers expressed their satisfaction over the quantity of HCF given to their children at AWCs; 84 per cent of preschool

children consumed supplementary nutrition at AWC itself; 77 per cent of adolescent girls said that THR provided to them was adequate.

Recommendations: It is suggested that cooking of HCF at the house of AWWs / AWHs should be completely avoided and necessary guide lines for the same should be issued by the state Directorate of ICDS; it is suggested that the state government should take immediate steps to arrange training for the AWWs on new WHO child growth standards and replace the defective weighing machines with the dependable and durable machines like salter scale; concerned DPOs and supervisors should be made accountable if the VHND service is not organised on a regular basis as provided in the guidelines of the MWCD, necessary steps should be taken by the state government to fill up the vacancies at the earliest as it is affecting adversely the overall supervision and monitoring of the projects.

Key Words: 1.ICDS 2.SUPPLEMENTARY NUTRITION 3.CHILD DEVELOPMENT 4.MALNOURISHMENT 5.MALNUTRITION 6.LOW BIRTH WEIGHT (LBW) 7.INFANT MORTALITY AND CHILD MORTALITY 8.ANAEMIA 9.EDUCATION 10.HEALTH 11.MILLENNIUM DEVELOPMENT GOALS (MDGs) 12.WHO 13.ADOLESCENT GIRLS 14.CHILD NUTRITION STATUS 15.ANGANWADI CENTRES 16.SABLA 17.CDPOs 18.DISTRICT PROGRAMME OFFICER (DPO) 19.ANGANWADI WORKERS 20.SUPPLEMENTARY NUTRITION PROGRAMME 21.HOT COOKED FOOD (HCF) 22.TAKE HOME RATION (THR) 23.GROWTH AND DEVELOPMENT 24.GROWTH MONITORING 25.WHO 26.MOTHER AND CHILD PROTECTION CARD(MCP) 27.NUTRITION AND HEALTH EDUCATION 28.MONITORING AND EVALUATION 29.PREGNANT AND LACTATING MOTHERS 30.NRHM 31.IMMUNISATION 32.WHO CHILD GROWTH CHARTS 33.UTTAR PRADESH.

7. Mishra, Suryamani. (2012).

A Study on Monitoring Strategy of Preschool Education Component Under ICDS. New Delhi: NIPCCD.

Background: India is home to more than one billion people, of which 42 per cent are children. Early Childhood Care and Development (ECCD) entails that young children be provided opportunities and experiences that lead to their all-round development – physical, social, emotional, language and cognitive abilities. ICDS scheme is one of the world's largest and most unique programmes of early childhood care and development and is implemented through a network of over 12.96 lakh Anganwadi centres (AWCs) set up at the community level across India. Pre School Education (PSE) is one of the most important components of ICDS programme and more than 3.58 crores children between three- six years are benefited by this.

Objectives: To examine the existing monitoring mechanism of PSE component at the different administrative levels as well as to assess the extent of its implementation ; to look into factors that facilitate or hinder effective monitoring of PSE component at different administrative levels.

Methods: The study was conducted in Uttar Pradesh (U.P) and Himachal Pradesh (HP). A total of 60 AWCs (30 from Himachal Pradesh and 30 from Uttar Pradesh) were selected for the study. A pre-tested schedule was prepared for the study.

Findings:- Almost all AWWs in H.P and majority in U.P. assessed the developmental progress of children from time to time to ascertain the effectiveness of Pre School Education (PSE); 83.33 per cent supervisors from H.P and 33.33 per cent in U.P. had found steps to improve PSE; 50 per cent AWWs of H.P and 26.66 per cent of U.P. stated that school teachers made supervisory visit to AWCs . 55 per cent teachers in H.P. and 31.03 per cent in U.P. were involved in monitoring of PSE component ;the average number of AWCs visited by CDPOs of H.P. was 16-18 AWCs per month whereas in U.P., it ranged from 10 – 25 AWCs. All community members and school teachers were aware of AWC in their villages all school teachers in H.P and 97 per cent in U.P were aware of PSE component under ICDS; 97 percent of community leaders in U.P and 69 per cent in H.P had knowledge on importance of PSE component; 67 per cent CDPOs in U.P and 34 per cent in H.P had knowledge on two objectives of ICDS related to PSE; all AWCs in H.P and none in U.P respectively had guide book as observed at AWCs. In both the states no

guidance was provided to mothers by AWWs on home stimulation activities; 97 per cent AWCs in H.P and 90 per cent in U.P had required outdoor space; 81.71 per cent children in H.P. and 45.54 per cent in U.P were present at AWCs on the day of visit; lack of proper organisation of PSE activities by AWWs, wrong parental expectations and inadequate efforts by ICDS functionaries for orienting parents on PSE was observed as factors for poor attendance of children under the study. 73.33 per cent AWWs in H.P and 56.67 per cent in U.P had very good skills for sustaining interest of children during PSE session; all the AWWs of H.P and 20 per cent in U.P stated that community made contribution in implementation of PSE component; 96.66 per cent community leaders in H.P and 24 per cent in U.P. made contribution in implementation of PSE component; all school teachers in H.P and 89.65 per cent in U.P. made visit to AWCs in their areas; 56.66 per cent AWWs in U.P. and 26.67 per cent in H.P were experiencing problems in implementation of PSE component; 40 per cent of AWWs in H.P and 36.66 per cent AWWs in U.P were getting advice from officials for strengthening PSE component. All the community leaders in H.P and 20 per cent in U.P. were contacted by ICDS functionaries for their involvement in the activities of AWC; 93.33 per cent community leaders in H.P and eight per cent in U.P reported that they were involved in monitoring of PSE activities; one third supervisors of H.P suggested for imparting education to community on importance of PSE for improving monitoring of PSE component.

Recommendations: Time table should be used as a tool for monitoring PSE at AWC; extent of use of PSE kit should be used as an indicator for monitoring PSE under ICDS; extent of involvement of teachers in implementation of PSE component should be used as an indicator to monitor PSE component at AWC; PSE Kit, guide book, work book available at AWCs and copies of guidelines issued by government of India/ State on PSE should be provided to training centers for use in training programmes conducted for ICDS functionaries; CDPOs / ACDPOs should visit at least 20 AWCs per month on a rotational basis and to ensure coverage of 100 per cent AWCs in a year.

Key Words: 1.ICDS 2.PRESCHOOL EDUCATION 3.CHILD DEVELOPMENT 4.MONITORING AND EVALUATION 5.AWWs 6.AWCs 7.CDPOs 8.EDUCATION 9.EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD) 10.ELEMENTARY EDUCATION 11.SARVA SHIKSHA ABHIYAN (SSA) 12.HEALTH AND NUTRITION 13.RURAL 14.URBAN 15.NATIONAL CHARTER OF CHILDREN 16.NATIONAL PLAN OF ACTIONS 17.FIVE YEAR PLANS 18.SABLA 19.RAJIV GANDHI NATIONAL CRECHE SCHEME FOR WORKING MOTHERS 20.TRAINING 21.PSE KITS 22.ENROLMENT 23.HIMACHAL PRADESH 24.UTTAR PRADESH.

8. NIPCCD Southern Regional Centre, Bangalore. (2012).
ICDS Project in Tamil Nadu: An Appraisal. Bangalore: the author.

Background: Tamil Nadu is the eleventh largest state in India by area and the seventh most populous state. The commitment of the state is reflected in evolving a State Nutrition Policy, which is out lined with the goal to make Tamil Nadu free from malnutrition by espousing various strategies. State Nutrition Policy envisages eradicating malnutrition by a people's movement through statewide IEC campaign, reaching all sections of society especially the leaders and members of panchayati raj institutions.

Objectives: To gain an understanding on the programme implementation as also service outreach.

Methods: The present study was conducted in seven districts of Tamil Nadu. Viz.,Virudhunagar, Thiruvanamalai, Nagappattinam, KanyaKumari, Dindigul, Tuticorin, and Cuddalore. A total of 35 Anganwadi Centers were selected for the study.

Findings: Majority of the Anganwadi workers were qualified up to 10th standard followed by 12th standard; of the 35 Anganwadi Centers visited 34 had the pucca building; majority of the Anganwadi Centres had adequate indoor and outdoor facilities; 33 Anganwadi Centres had separate kitchen for cooking food; out of 35 AWCs visited only 14 had toilet facilities . The rate of enrolment of preschool children (PSE) was 60 per cent and most of the enroled children attended the centre regularly; 70 per cent children were found to be present for preschool activities on the day of visit; majority of AWCs had sufficient preschool materials for organising preschool activity; quality of organised preschool activity was found to be satisfactory (89%); the overall enrolment of different types of beneficiary for supplementary nutrition food was found to be 57 per cent; enrolment of below three years children was 76 per cent, pre-school children 73 percent, pregnant women 74 per cent, and for nursing mothers it was 89 per cent; enrolment of adolescent girls was 35 per cent only. The trend on distribution of supplementary nutrition for adolescent girls was found to be 46 per cent . This was because of SABL schemes being functional in only two districts; the pattern of Supplementary Nutrition given to different types of beneficiaries enroled was both Ready to Eat and Hot Cooked Noon Meal for preschool children; in all the AWCs the weighing machines were available in good condition; in majority of the AWCs the Salter scales were provided while in eight centers Bar scales were supplied; in order to ascertain

the correct age of the child the workers depended on immunisation card (51%), and birth certificate (57%); 79 per cent of 0-3 years children had normal weight as per their age, whereas 20 per cent were moderately underweight. Mother and Child Protection Card (MCP) was supplied to all AWCs and 19 per cent were using it; in 34 per cent AWCs health checkup was being conducted regularly followed by occasionally health checkup (20%) in 17 per cent AWCs there was no health checkup conducted in last one year; in 23 per cent AWC all the pregnant women had registered in the first trimester; out of 35 AWCs in all most all the pregnant women had received (33%) tetanus; 77 percent of AWWs did not refer the cases to the primary health centres. In Tamil Nadu majority of AWWs provided suggestions on diet, health and hygiene followed by education on prevention of diseases; the availability of the medicine kit was noted in most of AWCs ; 50 per cent AWCs did not maintain the health card; materials related to Nutrition and Health Education (NHED) were found to be inadequate in most of the AWCs(57.14%); 28 AWWs used lecture cum discussion method for imparting NHED sessions; only in three districts (Thiruvanamalai, Cuddalore and KanyaKumari) the SABLA programme was implemented. In most of the AWCs visited the workers maintained the records well (27) but in seven AWCs records were not maintained properly ; most of the DPO's planned their monitoring visits along with the supervisors; in Tamil Nadu CDPO's had to make minimum of 25 visits a month.

Recommendations: The number of specific items in the preschool kit should be raised to five instead of one or two; proper containers and drums should be provided for safety of the food items and for hygienic reasons; the quantity of the medicine in medicine kit should be increased and replenished periodically; NHED materials should be supplied from time to time.

Key Words: 1.ICDS 2.EVALUATION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5. HEALTH 6.ICDS 7.ANGANWADI CENTRES 8.ANGANWADI WORKERS 9.EARLY CHILDHOOD EDUCATION DEVELOPMENT 10.ADOLESCENT GIRLS 11.PREGNANT AND LACTATING MOTHERS 12.REFERRAL SERVICES 13.SUPPLEMENTARY NUTRITION 14.IMMUNISATION 15.HEALTH CHECK UPS 16.NUTRITION AND HEALTH EDUCATION 17.WHO 18.THR 19.HCF 20.MDM 21.WOMEN EMPOWERMENT 22.CDPOs 23.INFRASTRUCTURE FACILITIES 24.ENROLMENT 25.RURAL AREAS 26.PSE KIT 27.GROWTH CHART 28.NUTRITIONAL STATUS 29..SABLA 30.INFORMATION EDUCATION AND COMMUNICATION.(IEC)ACTIVITIES 31.MONITORING 32.EVALUATION 33.TAMIL NADU

9. Pandey, Vandana et al. (2011).
Study of Nutritional Status of Children Attending ICDS Services in Lucknow. *Indian Journal of Preventive and Social Medicine*, 42(2): 142-145.

Source: www.medind.nic.in

Background: Malnutrition is an impairment of the health resulting from deficiency excess or imbalance of nutrients. ICDS is one of the schemes prevalent in India in order to curb the serious problems of malnutrition especially in vulnerable groups.

Objectives: To assess the impact of nutritional supplementation in terms of nutritional grading and nutritional deficiency diseases among children of age group of three- six years in rural Kakori block Lucknow.

Methods: The present study was conducted among three- six years of children in ten villages of Kakori block of Lucknow district. A total of 350 children were selected for the study of which 180 were utilisers and 169 were non utilisers of Anganwadi services. Questionnaires were prepared for data collection.

Findings: A total of 350 children in the age group of three – six years were studied, out of which 58.9 per cent were males; in ICDS utilisers group , 51.8 per cent children belonged to SC / ST, 36.6 per cent belonged to (OBC) and 11.7 per cent belonged to general category; in non-utilisers group 5.5 per cent belonged to SC/ST and 51.4 per cent were from backward category; the food stuff energy, calories, proteins and fats and CHO, consumed by children was significantly higher energy intake in utilisers (1726.66 Kcal) than non- utilisers ($p<0.0001$); protein intake was also significantly higher in utilisers as compared to non-utilisers. Malnutrition in ICDS group was found to be 45.9 per cent in males 53.0 per cent in females, 11.2 per cent in male and 14.5 per cent in female and 39.8 per cent in male and 41.0 per cent in female stunting, wasting and underweight respectively; in non ICDS utilisers stunting was found in 69.2 per cent males and 64.1 per cent in females; wasting was found in 22.0 per cent in males and 23.1 per cent in females; underweight was seen in 54.9 per cent males and 64.1 per cent in females respectively; the mean weight of ICDS beneficiary in general was more than that of non ICDS utilisers.

Conclusion: Proper and sufficient nutrition supplementation provided to the beneficiaries may help the children towards leading a nutritionally sound and healthy life combating malnutrition.

Key Words: 1.ICDS 2.NUTRITIONAL STATUS CHILDREN 3.ANGANWADI CENTRE 4.AWWS 5.MALNUTRITION 6.SUPPLEMENTARY FOOD 7.RURAL POPULATION 8.HEALTH 9.CHILD HEALTH 10.ICDS UTILIZERS 11.NUTRIENT INTAKE 12.STUNTING 13.WASTING 14.UNDER WEIGHT 15.ICDS 16.NON UTILIZERS 17.DIETARY PATTERN 18.ANTHROPOMETRIC MEASUREMENTS 19.LUCKNOW.

10. Parikh, Purvi and Sharma, Kavita. (2011). Knowledge and Perceptions of ICDS Anganwadi Workers with Reference to Promotion of Community Based Complementary Feeding Practices in Semi Tribal Gujarat. *National Journal of Community Medicine, Oct- Dec, 2(3): 457-464.*

Source: www.njcmindia.org

Background: About 40 per cent of children below three years of age are underweight in India. Stunting and wasting are mainly due to suboptimal complementary feeding (CF) and improves in most settings with focus on feeding, frequency, energy density and adequacy of nutrients in the diet. In Gujarat state, 41.1 per cent children below three are underweight, 49.2 per cent are stunted and 19.7 per cent are wasted. ICDS anganwadi workers (AWWs), play a vital role in promotion of community based optimal complementary feeding practices in India.

Objectives: To assess the knowledge and perceptions of AWWs in enhancing community based complementary feeding practices.

Methods: A total of 17 AWWs of one semi tribal sector of Vadodara district were selected for the study. Tools used for the study were a pre - tested semi - structured interview schedule and questionnaires.

Findings: The 17 AWWs covered had varied profile with education ranging from 7 to 12 grades, age ranging from 29 to 53 years and experience between one to 25 years; many AWWs mentioned starting complementary feeding with thin liquid diet; majority of AWWs recommended cereals (53%), pulses (71%), fruits (65%), and milk (41%) as CF; food available at anganwadi centres (AWCs) was also mentioned by 25 per cent AWWs; 100 per cent AWWs mentioned correct age of initiation of CF; six percent AWWs had knowledge regarding continuation of breast feeding ; none of the AWWs knew the complete reason behind continuation of breast feeding which further represented a very poor capacity of AWWs to convince community to continue breast feeding till two years .During illness only 18 per cent AWWs stated giving small frequent feeds and six per cent advised on continuing breast feeding; none of the AWWs demonstrated persistence in feeding the child with required quantity of food; none of AWWs advised on experimenting with taste, consistency, food items to ensure that the child consumes required quantity of food; most of the AWWs (42%) only suggested that a child needs to be encouraged to eat with play, songs, story etc; none of the AWWs could grade all the six behaviors correctly. Most of the

AWWs could grade two to three behaviours correctly; all AWWs (100%) listed crying as an indicator of hunger, which showed that the awareness on early signs of hunger was not very good, since crying was one of the late signs of hunger; AWWs listed sickness as the key reasons for poor appetite. A total of 11 care practices were identified which the care givers should ensure while feeding the child, when assessed the AWWs on an average listed two practices only.

Recommendations: Regular reinforcement of training with on job capacity building, follow-ups with regards to CF rather than just IEC (Information Education and Communication) on key IYCF messages is recommended.

Key Words: 1.ICDS 2.ANGANWADI WORKERS 3.CHILD DEVELOPMENT 4.KNOWLEDGE 5.PERCEPTIONS 6.AWCS 7.COMMUNITY BASED COMPLEMENTARY FEEDING (CF) 8.SEMI TRIBAL AREAS 9.HEALTH 10.IYCF PRACTICES 11.NUTRITION 12.CHILD DEATHS 13.MALNUTRITION 14.UNDER 5 YEARS 15.NUTRITIONAL STATUS 16.BPNI 17.BREASTFEEDING 18.COMPLEMENTARY FOODS (CF) 19.WHO 20.MICRONUTRIENT DEFICIENCY 21.VADODARA DISTRICT 22.GUJARAT.23. IYCF

11. Pise, Kunal H. et al. (2012).
Nutritional Status and Morbidity Profile of Institutionalized Children in an Urban Slum of Mumbai City. *Asian Journal of Medical Research, Jul-Sep, 1(3): 74-78.*

Source: www.scopemed.org

Background: Whenever family harmony is disturbed for any reason, such as death, illness, separation, marital conflict, economic and psychological stresses and emergencies outside the control of family, alternative forms for their care becomes necessary. A number of children's home and institutions have opened up in various parts of the country and have brought relief and new hopes to socially handicapped children. In 1927, Children's Aid Society, a first voluntary organisation in Maharashtra established its first institution for children in Umer Khedi area and provided residential care and rehabilitative services to neglected, abandoned, destitute and delinquent children.

Objectives: To assess the nutritional status and morbidity profile of institutionalised children in urban slum of Mumbai city.

Methods: A cross sectional study was carried out on institutionalised children, run by the Children's Aid Society at Mankhurd, Mumbai. A total of 313 children in the age group of 6-18 years living in the institution were included in the study.

Findings: A total of 313 institutionalised children in the age group of 6-18 years were enrolled for the study; about 57.18 per cent were girls and 42.82 per cent were boys; the ratio of boys and girls was 0.74:1; 36.42 per cent children belonged to the age group of 9-12 years followed by 35.14 per cent belonging to the age group of 12-15 years; 44.08 per cent of the total children had been in the institution for a period less than three years while 30.36 per cent and 25.56 per cent were there for a period of three to six years and above six years respectively. 94.2 per cent of the institutionalised children were found to be Hindu and 3.8 per cent and 1.9 per cent were Muslims and Christians respectively. 63.6 per cent children had normal weight for age; while 36.4 per cent children were under nourished ; among the under nourished children 24.6 per cent belonged to grade I, 7.3 per cent to grade II and 3.5 per cent to grade III malnutrition; among the boys 49.3 per cent were under nourished as compared to 36.4 per cent of the girls; about 75.1 per cent children were anaemic, 30.4 per cent were mild anaemic; about 55.0 per cent children were normal, 14.4 per cent (wasted), 8.9 per cent (stunted) and 21.7 per cent were

wasted as well as stunted; anaemia was the commonest (75.1%) among all health problems followed by dental caries (44.4%), skin disorders (15.9%), ear problems (10.3%) and ocular problems(8.9%) .

Recommendations: The study highlights the need of health education for children with regard to personal hygiene and some common diseases. There is a need for regular iron and folic acid supplementation along with periodic deworming with the collaboration of government.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.INSTITUTIONALISED CHILDREN 6.URBAN SLUM 7.MORBIDITY PROFILE 8.HEALTH 9.BMI 10.SOCIO DEMOGRAPHIC PROFILE 11.ANAEMIA 12.INDIAN ACADEMY OF PAEDIATRICS (IAP) 13.UNDER WEIGHT 14.UNDER NOURISHED 15.MALNUTRITION 16. WASTING 17.STUNTING 18.PRIMARY HEALTH CARE 19.EDUCATIONAL STATUS 20.HEALTH EDUCATION 21.ABANDONED 22.NEGLECTED 23.DESTITUTE 24.DELINQUENT CHILDREN 25.REHABILITATION SERVICES 26.MUMBAI.

12. Rodriguez-Llanes, Jose Manuel. (2011).
Child Malnutrition and Recurrent Flooding in Rural Eastern India: A
Community-Based Survey. *BMJ Open Accessible Medical Research
Journal*.

Source: www.bmjopen.bmj.com

Background: Floods are the most common reported natural disaster worldwide with an important impact on the health of human populations. Children are especially vulnerable to environmental adversities because of their greater sensitivity to certain exposures and dependence on care givers. The Indian state of Orissa, is located by the Bay of Bengal, and is vulnerable to multiple disasters, such as tropical cyclones, storm, floods and tsunamis.

Objectives: To improve the understanding of the relationship between exposure to floods and malnutrition in children aged 6-59 months in rural India.

Methods: A cross sectional study was conducted on children aged 6-59 months living in 13 flooded communities and 16 nearby non- flooded villages within a month after the September 2008 floods. The study site was Jagatsinghpur, a coastal district located in the state of Orissa. A sample comprised of 179 households with 223 children in 13 flooded villages, and 152 households with 183 children in the 16 non - flooded communities. Tools used for the study were interviews and questionnaires.

Findings: More non- manual (18.4%) and less agricultural work (31.6%) was reported by the respondents in the flooded communities compared with the non-flooded communities (11.8% and 40.4% respectively); the overall prevalence's of stunting, underweight and wasting was 31.5 per cent , 17.4 per cent and 12.1 per cent respectively; the prevalence of stunting was 38.7 per cent in the flooded cohort compared with 23.0 per cent in the non-flooded cohort; the prevalence of underweight was more in the children living in flooded communities (20.9%) compared with those inhabiting non- flooded villages (13.1%); wasting was very similar in children experiencing flooding and those populating non-flooded areas, with 12.2 per cent and 11.9 per cent respectively. In the bivariate model, exposure to floods, religion and family income was associated with stunting; children living in flooded households were more likely to be stunted as compared with those living in non-flooded communities. The children of the poorest families were also stunted as compared with those in the

higher income class; children living in a household with one or more children under five presented a higher risk of underweight than those living without other under five counter parts (APR 1.69; 95% (11.05 to 2.72); low birth weight children (<2.7kg) were at higher risk of being underweight compared with those born with higher weights (APR 1.80; 95% CI.11 to 2.29). The children of the flooded cohort aged 26 -36 months presented the largest difference in stunting with those of the non – flooded compared with other age groups, except for the 6-18 month cohort; the difference was only significant for the group 26 – 36 (p<0.001).

Recommendations: More research is necessary to understand the complex dynamics of child malnutrition after severe flooding and its socio-economic and health determinants. Representative larger surveys are recommended, which will help to confirm these results and help the policy makers to implement appropriate measures.

Key Words: 1.NUTRITION 2.CHILD NUTRITION 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.MALNUTRITION 6.CHILD HEALTH 7.EASTERN INDIA 8.RURAL AREAS 9.DISEASES 10.NUTRITIONAL STATUS 11.UNDER NUTRITION 12.POVERTY 13.SOCIO ECONOMIC STATUS 14.FLOODS 15.ICDS SCHEME 16.STUNTING 17.WASTING 18.IMMUNIZATION STATUS 19.ANOVA 20.UNDER FIVE CHILDREN 21.LOW BIRTH WEIGHT 22.EDUCATION 23.JAGATPUR DISTRICT 24.ORISSA.

B. Research Abstracts on Child Protection

CHILD ABUSE

13. Ahmad, Anees et al. (2009).

Analysis of Substance Abuse in Male Adolescents. *Iranian Journal of Pediatrics, December, 19(4): 399-403.*

Source: www.bioline.org.br/pdf

Background: The substance abuse by adolescents and their negative consequences are becoming progressively a major public health concern. Smoking in adolescents is associated with other harmful life styles such as engagement in illicit drug use, alcohol use, psychiatric illnesses and sexual intercourse. Early initiation is often associated with poor prognosis and a lifelong pattern of irresponsible behavior.

Objectives: To find out the prevalence, pattern and socio- demographic risk factor of substance abuse in male adolescents.

Methods: A total of 390 male school children aged 10-19 years in the rural and urban areas of district Aligarh, Uttar Pradesh were selected for the study. The study tools consisted of a self- developed pre- tested questionnaire. Analysis was done using chi- square test.

Findings: Most of the study population was in their early and mid-teens (42.3 % and 35.6 % respectively) ; out of 390 male adolescents 13.3 per cent adolescents (8.2 % occasional and 5.1 % regular users) were found having substance abuse; tobacco (96.1 %) and alcohol (3.8 %) were the abused substances; the majority of adolescents used smokeless tobacco (71.1 %) of which 70.2 per cent consumed 'Gutka', 'Panzarda' (18.9 %), 'Gul' and 'Khaini' (5.4 %) each; substance abuse was significantly associated with age more than 13 years and moderate to large family size. 1.4 per cent of the adolescents experimented with tobacco at the age of ten years; 75 percent adolescents initiated substance use at the age of 13-15 years with a peak at 14 years of age (48.6 %); 47.2 percent adolescents stated that they used substances for fun whereas 40.3 per cent used it when they were in company of their peers; 68.1

per cent of adolescent were inspired by their peers, followed by parents (22.2%) and teachers (6.9 %); adolescents who started on their own were least frequent (2.8 %).

Recommendations: Preventive measures against tobacco use should be started early, preferably at primary education level. The strategy on substance control should engage schools and parents. It should also encourage them to help in implementing and sustaining of such programme.

Key Words: 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.MALE ADOLESCENTS 5.PREVALENCE 6.PATTERN 7.SOCIO DEMOGRAPHIC PROFILE 8.SCHOOL STUDENTS 9.TOBACCO 10.ADOLESCENT 11.RURAL 12.URBAN 13.HEALTH 14.SOCIO ECONOMIC FACTORS 15.CHI SQUARE TEST 16.OCCASIONAL 17.EVER USERS 18.REGULAR USERS 19.AGE AT INITIATION 20.ALIGARH 21.UTTAR PRADESH.

14. Qadri, Syed et al. (2013).
Prevalence and Pattern of Substance Abuse among School Children in Northern India: A Rapid Assessment Study. *International Journal of Medical Science and Public Health*, 2(2): 271-280.

Source: www.scopemed.org

Background: Rapid industrialization, urbanization and changing life styles have left children struggling for their survival, forcing many to refuge in the dark world of substance abuse. Among the youth, students are particularly involved due to increasing academic pressures, encouragement by peers, lure of popularity and easy availability of many substances like tobacco, alcohol and other drugs.

Objectives: To find out the prevalence and pattern of substance abuse among school children and the associated risk factors.

Methods: The present study was carried out in eight government and four private schools of rural and urban areas of district Ambala, in Haryana. The study population consisted of school going children of 13 to 19 years studying in classes 7th to 12th which comprised of 1500 students. Pretested questionnaires were used to assess the prevalence of substance abuse in schools.

Findings: The mean age of the student population was 15.2 years (16.2 in rural area and 15.4 in urban area); males outnumbered females in the ratio of 1:8:1 (rural 1.5:1 and urban 1.6:1 respectively); 71.93 per cent students belonged to government schools; most of the students belonged to middle socio economic status CSE classes II, III and IV). 60.0 per cent of the participants had used a substance at least once in lifetime (ever users) while 34.93 per cent were regular users; among regular substance users the prevalence was more among urban students (39.65%) as compared to rural students (29.78%); similarly ever substance users were more in urban area(67.30%) as compared to rural area (54.08%). The mean age of substance abuse was 16.5 years in rural area and 15.5 years in urban area; sex wise prevalence of substance abuse was significantly higher among male students (42.36%) belonging to the urban areas (46.33%); in ever users alcohol was the most widely used substance by approximately (44.49%) of the students surveyed at least once in lifetime with 41.4% per cent in rural area and 47.5% per cent in urban area), followed by tobacco smoking which was 35.69 per cent with 28.6% per cent in rural area and 42.3% per cent in urban area. The prevalence of ever substance abuse

was more in urban students for all the drugs with the exception of tobacco chewing which was more in rural students (37.9%) as compared to urban students (31.4%). Regarding regular users the prevalence of tobacco smoking was maximum (14.42%) with 12.3 per cent in rural area and 16.5 per cent in urban area followed by tobacco chewing (12.79 %) with 14.6 per cent in rural area and 11.3 per cent in urban area and alcohol was 12.72 per cent with 11.1 per cent in rural area and 14.2 per cent in urban area. The prevalence of regular substance abuse was more in urban students for all the drugs with the exception of tobacco chewing which was more in rural students (14.6%) as compared to urban students (11.3%); commonest age of onset of substance abuse was 13-16 years followed by 16 – 19 years .The mean age of initiation of substance abuse was 14.5 years with 14.0 years in urban students and 15.0 years in rural students. Overall 58.46 per cent regular users were using single drug with 65.21 per cent in rural and 53.82 per cent in urban areas; there were more multiple drug users among urban students (46.16%) as compared to the rural students (34.76%); the most common combination was alcohol + tobacco with 34.21 per cent and 21.73 per cent in urban and rural areas respectively.

Recommendations: Dissemination of information regarding substance abuse should be done by mass media like Radio, T.V., street plays, newspapers and documentaries. Research and surveys on drug abuse at local as well as national level should be conducted to know the exact magnitude of the problem so that timely intervention can be done.

Key Words: 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.SCHOOL CHILDREN 5.NORTHERN INDIA 6.HEALTH 7.PREVALENCE 8.PATTERN 9.URBAN 10.RURAL 11.SOCIO ECONOMIC FACTORS 12.PSYCHOSOCIAL HEALTH 13.POVERTY 14.EDUCATION 15.CHILDREN IN NEED OF CARE AND PROTECTION 16.WHO 17.MODEL CORE QUESTIONNAIRE 18.CHI SQUARE TEST 19.AGE AT INITIATION 20.EVER USERS 21.REGULAR USERS 22.AMBALA 23.HARYANA.

CHILD WELFARE

15. Saikia, D.K. et al. (2012).

Scheme of Project Assist to Children Affected by Communal, Caste, Ethnic and Terrorist Violence/Riots: An Evaluation. Guwahati: NIPCCD Regional Centre.

Background: Violence in public life takes an acute form and affects large groups of people and takes a heavy toll of human lives and causes untold sufferings. Violence leads to bloodshed and leaves behind human sufferings, death destruction, displacement and destitution. Women and children suffer in many ways in such situations .The incidence of violence has both immediate and long term destructive effects for the child victims. Project Assist is the flagship scheme of the NFCH to assist children rendered orphan or destitute in various communal , castes , ethnic and terrorist violence for their care , education and training .

Objectives: To evaluate the extent to which the Project Assist has provided the physical and psychological rehabilitation of child victims of violence with special reference to their care, education and training and also to understand the impending factors in rehabilitation of children ; to examine the modalities of the implementation of the scheme.

Methods: The study was carried out in Kokrajhar and undivided Kamrup districts of Assam. Tools used for the study were Interview schedules.

Findings: About 105 families of beneficiary / non- beneficiary children were covered in the study; in most of the cases the mothers of the children were acting as the guardians (91%) and were, therefore interviewed. The largest section of the respondent families belonged to general category (41%), followed by scheduled tribes (36%) and OBCs (21%) .It was found that cultivation, engagement in low paying jobs, petty businesses, wage labour etc were the main occupations of the parents/ guardians of the children; the families of the children were mostly nuclear types(76%) with upto three members; less than one- fourth of the families were either joint or extended. In 94 per cent of the cases the surviving mothers or other female members were acting as guardians of the children ;34 per cent of the parents/ guardians were illiterate; 124 out of

229 beneficiary and 63 out of 73 non -beneficiary children respectively were selected for the study; 51 per cent children were in the age group of 11- 15 years; 32 per cent were in the age range of 16-18 years; 17 per cent were in six to ten years of age. Among the 63 non- beneficiary children, 51 per cent were boys and 49 per cent were girls; 92 per cent non – beneficiary respondents had attained the age of 18 years or more .Only eight per cent of the children were found to be between 16 – 18 years of age; 54 per cent of the non- beneficiary were continuing their studies. Under the Project Assist, a beneficiary ceases to receive the financial assistance if he / she discontinues his/ her studies prior to attaining the age of 18 years. Again after 18 years of age a beneficiary shall not receive assistance unless they continue their studies in professional courses. A large number of dropped out students (44%) stopped receiving assistance as they discontinued their studies . All the parents and guardians (98%) and the children (95%) were aware that, the financial assistance was given mainly to enable them to meet expenses related to their education, training and other essential needs. About 99 per cent parents and guardians agreed that the assistance had been very useful, particularly for the education of their children; 82 per cent of the beneficiary children too found the assistance to be useful. Almost all the parents/ guardians (97%), majority of beneficiary (87%) and non-beneficiary (84%) children found the amount of assistance to be insufficient to meet the educational as well as other essential expenditures of the child. 97 per cent parents/ guardians, 91.0 per cent beneficiary and 90.5 per cent non-beneficiary children desired enhancement of the present amount of assistance. Parents / guardians of both beneficiary and non – beneficiary children asked for hikes in the present amount of assistance in a range of Rs 1000 to Rs 2000/ - per month per child; for each child on an average Rs 1436 was required to meet the minimum expenses for education, food, clothing and some other miscellaneous needs; 80 per cent of the beneficiary families of Project Assist had received one time monetary compensation paid by the government to the next of the kin of those killed in communal / terrorist violence. 92 per cent of the respondents said that they had no difficulty while applying for the assistance except for procuring some necessary supporting documents particularly the income certificate. In most of the cases the disbursement of the assistance was usually delayed by about six months or so; large majority of the officials (67%) advocated for increasing the upper age limit from 18 to 22 -25 years and favored continuation of the assistance as long as the beneficiary was pursuing his / her education. Majority of the beneficiary children of Project Assist had done well in their studies; 53 per cent of the respondents expressed their desired to continue their studies till graduation while 18 per cent wanted to go up to post graduation and beyond.

Recommendations: There is a need for undertaking planned awareness generation activities regarding Project Assist and its package of assistance among the community, particularly in violence ravaged areas; NFCH should consider transferring the assistance amount in the respective bank accounts of the beneficiaries directly through bank to bank transfer with intimation to the district authorities and AASHWAS for record and follow up; the matter of increasing the age limit from 18 years to 22-23 years should be considered so that the beneficiary children can go for higher education/ complete their education; special provisions should be made in Project Assist to cater to the eligible children with special needs.

Key Words: 1.CHILD WELFARE 2.CHILD PROTECTION 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.PROJECT ASSIST TO CHILDREN 6.COMMUNAL VIOLENCE 7.RIOTS 8.TERRORIST VIOLENCE 9.CASTE 10.ETHNIC 11.ORPHANS 12.NATIONAL FOUNDATION FOR COMMUNAL HARMONY 13.REHABILITATION 14.CHILD VICTIMS 15.EDUCATION 16.AASHWAS 17.ASSAM POLICE PROJECT DESTITUTE CHILDREN 18.SOCIO ECONOMIC FACTORS 19 .FOSTER CARE 20.NUTRITION 21.HEALTH CARE 22.NON BENEFICIARY CHILDREN 23.FINANCIAL COMPENSATION 24.RIOT AFFECT CHILDREN 25.SISHU SHANTI SAMAROH 26.GUWAHATI 27.ASSAM.

DESTITUTE

16. Benegal, Vivek et al. (2009).

Inhalant Use among Street Children in Bangalore. Bangalore: NIMHANS.

www.nimhans.kar.nic.in

Background: India has the largest number of street children in the world. They have been defined as those children for whom the streets are home. Drug use among this population is a rampant phenomenon. Abuse of inhalant is very common among street children. WHO estimates that about 25- 90 per cent of street children use some kind of drug.

Objectives: To assess the pattern of substance use among out of school children/ adolescents living in the slums of Bangalore; to develop an intervention package for implementation; to assess the drug use and knowledge after the interventions.

Methods: The cross sectional study was conducted in the field setting both in Delhi and Bangalore. Data was collected through qualitative and quantitative methods.

Findings: A total of 36 inhalant user's assessment was at baseline 48 hours after conducting the interventions. The mean age of the inhalant users was 14.78 years (SD 1.90); out of 36 inhalant users six were girls; majority of them were unemployed (41.7 %), and were managing their drug use expenses through stealing (47.2 %). Majority had contact with NGO once in a week (50 %); 61.1 per cent of children had fixed place for food; 36.1 per cent were earning between Rs 100 to Rs 200 per month; money was not saved by 52.8 per cent; the money was spent mainly on processing food (80.6 %), drugs (77.8 %) and clothes (50.0 %). Many inhalant users reported using a variety of drugs, in the preceding two weeks and in the last 24 hours; very few of them knew that inhalant was harmful (22.2%) and were aware of the harm due to substance use (25.0 %); majority of the inhalant users reported that it was difficult to survive in the streets without inhalants (83.3 %). In a typical day participants used about 4.17 (S.D. 1.84) times on inhalant; benefits felt by the inhalant use was drives away hunger (36 %), pain (28 %), emotional blunting (19 %) and boldness (6 %); the assessment of the inhalant users was carried out after 48 hours of the interventions; there was significant change in the use of tobacco (Chi= 4.39, df=1, p<.05); alcohol (Chi= 8, df=1, p<.05); there was also significant

improvement in the need or help for stopping or reducing drug use (Chi= 46.8, df=2, p<.000); received help for stopping (Chi= 52.9, df=3, p<.000) and advantages of using drugs (Chi= 21.9, df=4, p<.000).

Conclusion: The interventions helped the street children in decreasing the amount of the substance intake and also improved the knowledge about the harms of the substance use.

Key Words: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.INHALANT USE 5.NIMHANS 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.CHILDREN IN DIFFICULT CIRCUMSTANCES 8.RUNAWAY CHILDREN 9.TOBACCO USE 10.SUBSTANCE ABUSE 11.DRUG USE 12.WHO 13.ABANDONED CHILDREN 14.SCHOOL CHILDREN 15.ADOLESCENTS 16.SLUM CHILDREN 17.INTERVENTIONS 18.HEALTH 19.SCHOOL DROPOUTS 20.EDUCATION 21.AWARENESS 22.PREVALENCE 23.SOCIO ECONOMIC FACTORS 24.EMPLOYMENT STATUS 25.BASIC HYGIENE 26.DRUG USE 27.PATTERN 28.POST COUNSELLING 29.BANGALORE.

SOCIAL DEFENCE

17. Gadkar, V.D. et al. (2012).

Rehabilitation of Juveniles in Conflict with Law and Children in Need of Care and Protection: A Study. NIPCCD Regional Centre Lucknow.

Background: The Juvenile Justice System lays greater emphasis on institutional mechanism for purposes of treatment and rehabilitation. It provides for a long term treatment and training of a child with a view to correcting and rehabilitating her / him. After care services for children returning back home from residential treatment are recognised as vital to maintain the acquired knowledge and skills of a child in the institution.

Objectives: To study the type and quality of services provided by the aftercare homes; to assess the effectiveness of rehabilitative measures undertaken for the inmates of aftercare homes; to identify the problems being faced by aftercare homes in rehabilitation of inmates.

Methods: A total number of seven aftercare homes, two from Bihar and five from Uttar Pradesh respectively were selected for the study. Tools used for the study were interview schedules.

Findings: About 93.44 per cent of inmates were females; 31.96 per cent of the inmates were illiterate and 23.77 per cent were just literate. 55.73 per cent inmates were in the category of children in need of care and protection and 44.26 per cent were in the category of juveniles in conflict with law; 28.57 per cent homes had dormitories as per the norms set under the JJ Act, 2000; 57.14 per cent aftercare homes had sufficient space for each inmate; majority of the inmates were satisfied with the meals; 100 per cent inmates mentioned that they got general items regularly from the aftercare homes; 99.18 per cent inmates told that they had facilities for the indoor and outdoor games. Out of seven after care homes, five had visiting doctors; 85.71 per cent homes had no separate counseling and guidance room . In all the aftercare homes the educational facility was limited up to primary education only; teachers in aftercare homes were trained and competent; 69.67 per cent of the inmates informed that they had gone through trainings such as tailoring, stitching and

embroidery; 60 per cent of aftercare homes had adequate equipment to teach the skills to the inmates; 57.14 per cent of the DPOs expressed the view that there was a need to change the training programmes as per the market demand; 71.42 per cent superintendents received funds on time whereas 28.57 per cent did not received funds on time; 71.42 per cent superintendents pointed that they were facing problems and difficulties in running the home; 85.71 per cent of the DPOs expressed the view that there was no need for any alteration in the Juvenile Justice Act; 57.14 per cent respondents were satisfied with the services rendered in the aftercare homes, whereas 42.85 per cent were not satisfied with the services.

Recommendations: There is a need to provide educational facilities beyond primary level to all the inmates of the home. To create technical skills, suitable training programmes should be organised on various subjects for counselling and child development. Timely release of the grants should be done to facilitate the functionaries in discharging their duties and providing proper care to children in aftercare homes.

Key Words: 1.SOCIAL DEFENCE 2.INSTITUTIONAL CARE 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.JUVENILE JUSTICE SYSTEM 6.REHABILITATION 7.JUVENILES IN CONFLICT WITH LAW 8.CHILDREN IN DIFFICULT SITUATION 9.AFTER CARE SERVICES 10.JUVENILES 11.JJ ACT 12.JUVENILE DELINQUENTS 13.ICPS 14.JJ BOARD 15.CHILD WELFARE COMMITTEE 16.JUVENILE POLICE UNIT 17.OBSERVATION HOMES 18.EDUCATIONAL STATUS 19.SHELTER HOMES 20.SPECIAL HOMES 21.INFRASTRUCTURE FACILITIES 22.VOCATIONAL TRAINING PROGRAMMES 23.BIHAR 24.UTTAR PRADESH.

18. Sharma, Neetu and Nimisha Kumar. (2013).
Right to Food for Children in Juvenile Justice Institutions and in Government Schools. Bangalore: National Law School of India University, Centre for Child and the Law.

Background: The Juvenile Justice (care and protection) Act, 2000 was enacted to provide for the rehabilitation of children in need of care and protection, as well as for children in conflict with the law, through various institutions established under the Act. The JJ Act has provided for the establishment of children's homes for children in need of care and protection for their care, treatment, education, training, development and rehabilitation. As per the Juvenile Justice Rules, 2007, the homes have to use the rights based approach to address every child's physical and mental health, emotional needs, education, skill development, protection and special needs, and to prevent neglect by providing counseling, nutrition, health interventions, and psycho – social interventions.

Objectives: To assess the nutritional status of children in the Juvenile Justice Institutions(JJIs); to draw comparisons between the status of the right to food for children in JJIs and children going to school; to identify the problems and issues that are needed to be addressed to enable the realisation of the right to food for children in JJIs.

Methods: The study was conducted in districts of Karnataka. Children in the age group of 9-14 years were selected for the study. About 11 districts were visited to collect data from 24 children's homes and all 24 schools where children from JJ homes were studying. The study was based on both primary and secondary data. A set of indicators was chosen to determine the status of the right to food for children within the JJ system and in the government schools where the midday meals were being served

Findings: Out of all the districts visited, schools in four districts Dharwad, Gulbarga, Bellary and Belgaum, had out sourced the supply of MDMs, while in the remaining schools food was cooked within the premises itself; Midday Meals were provided, as per the menu prescribed by the Department of Public Instructions (DPI); children homes had the autonomy to prepare their own menus within the broader frame work of the guidelines and procurement list issued by the state government; the budget for the mid-day meals was fixed by

the government of Karnataka; as regard to the budget allocation in the JJ institutions field investigators were informed that no budget was fixed per child and that the indents were prepared based on the government order; it was only the housefather / house mother who monitored the quality of cooking; no nutritionist or any other expert on food safety issues were involved in the monitoring or checking of the quality of food in terms of nutrition or safety in any of the homes; in all the JJ homes, rice and wheat was supplied through public distribution system (PDS); eggs and other non – vegetarian items were brought under the supervision of authorities by inviting tenders. In JJ homes about 51 per cent children were consuming less than 50 per cent of the calories actually required for their age and this percentage was even higher in parental home children where 72 per cent children were unable to get even the half of the required calories; there were significant number of children in JJ homes and in schools who were not getting the adequate quantity of proteins. In JJ homes 88 per cent boys and 85 per cent girls were recorded with less heights as compared to the heights required for their age; most of the cooks interviewed said that they had not received any training. Department of Health and Family Welfare initiated the ‘Suvarna Arogya Chaitanya Programme where doctors from government hospitals and public health centers conducted health checkups for all students of government, aided and unaided schools; all children homes on the other hand did not follow a standard policy for health checkups; there was a mixed response from the children regarding the quality of food served pursuant to the MDMS; about 85 per cent of children staying with their families and 90 per cent of children staying in children’s homes, liked the mid-day meals being provided in the schools, 11 percent children from the parental homes and four per cent from JJ homes did not like the mid-day meals; 94 per cent of children in JJ homes and 85 per cent children in schools found the meals being provided to them filling in nature. In both the JJ homes and in schools the entire emphasis was on calorie consumption without reference to the other micro nutrient requirements; in both JJ homes and in schools, the quality of food grains was an issue, there was no system in place to correct this situation; all the school principals said that the budgetary allocation per child was insufficient for them to purchase adequate vegetables and other nutritious food; in children’s home, the budget to procure provisions and items was sufficient but sometimes there were delays on the part of the government in releasing the budget. 63 per cent of children reported to have been given special diets during sickness; 26 per cent children from JJ homes and 28 per cent from children homes reported that there were no provision for any sick diets; in most JJ homes, irrespective of the number of children residing there, only one cook was there to do the cooking; the school children were weaker

than the children in JJ Homes. The norms for children's home did not have any provision to address the needs of malnourished children; all the children irrespective of their nutritional status were provided with the same food; out of all the children's home visited, only one home in Tumkur had created a children's committee which discusses the food and menu with the staff.

Recommendations: JJ Rules should include nutritional supplements through tablets like Iron, Folic Acid, Vitamin – A etc; there should be a sound monitoring mechanism to be put in place to take care of all the things; children's committees should be encouraged to participate in preparing the daily routine and menu; all superintendents should be made responsible to organise health checkups on a regular basis and report on these checkups along with the follow up should be done; the records of the nutritional status of the children should be maintained so that special diets can be prescribed for children who lack one or more forms of nutrition; budget per child should be increased in order to enable school authorities to purchase vegetables for the children.

Key Words: 1.SOCIAL DEFENCE 2.INSTITUTIONAL CARE 3.NUTRITION 4.RIGHT TO FOOD 5.FOOD FOR CHILDREN 6.RIGHTS OF THE CHILD 7.LEGISLATION 8.JUVENILE JUSTICE INSTITUTIONS 9.GOVERNMENT SCHOOLS 10.FOOD SECURITY BILL 2011 11.QUALITY OF FOOD 12. KARNATAKA.

C. Research Abstracts on Women and Gender Issues

HEALTH

19. Adhikary, Rajatashuvra et al. (2012).

Decline in Unprotected Sex and Sexually Transmitted Infections (STIs) among Female Sex Workers from Repeated Behavioural and Biological Surveys in Three Southern States of India. *Indian Journal of Medical Research (Sup), Oct, 136: 5-13.*

Source: www.icmr.nic.in

Background: According to National AIDS Control Organisation (NACO), there are 2.31 million people living with HIV/ Aids in India with an estimated adult HIV prevalence of 0.34 per cent. Female Sex workers (FSWs) and their clients play a prominent role in driving the HIV epidemic in the country. HIV prevalence among the FSWs is highest in Maharashtra. The main objective of Avahan is to deliver a rapidly scaled prevention programme to the high risk groups and control the transmission of the HIV epidemic in the target populations.

Objectives: To access the change in characteristics of FSWs and pattern of condom use with commercial and non- commercial partners; to find the prevalence of HIV and STIs ; to see the exposure to Avahan programme interventions and their association with condom use behaviour.

Methods: Data for the current analysis had been taken from the two rounds of cross sectional surveys conducted among FSWs in selected districts of Andhra Pradesh (AP) (8 districts), Maharashtra, (MH) (6 districts) and Tamil Nadu (TN) (5 districts); FSWs aged 18 year or older, having had paid sex in the last one month were recruited for the study. Face to Face interview was conducted using structured questionnaire covering basic demographic characteristics, patterns of sex work, sexual behavior, condom use etc.

Findings: A total of 7828 FSWs in Round one (R1) and 7806 in Round two (R2), participated in Integrated Behavioral and Biological Assessment (IBBA) conducted in the three states of India. Participation rates ranged from 66 to 86

per cent in R1 whereas in R2 it varied from 58 to 76 per cent with highest participation in Maharashtra and lowest in A.P. The mean age of FSWs increased from 31.0 years in R I to 31.5 in R2; of the three states, more literate respondents were seen in AP and TN in R2 as compared to R1 ($P < 0.001$); 90 per cent of the FSWs were married in both the areas ; 92.5 per cent of the participants belonged to the place of interview in the R1 survey where as in R2 nearly half of the FSWs interviewed were non – localities; mean age of starting commercial sex was around 25 years with a little increase in R2. With commercial sex starting earliest among Maharashtra sex workers, mean duration of selling sex was longest in Maharashtra in both the rounds (7.4 yr in R I and 6.2 yr in R 2); majority of the FSWs solicited clients on streets and entertained them at home except in Maharashtra, where they were brothel based; weekly client volume of FSWs increased from R1 to R2 , sharp increase was observed in AP (8.6 in R1 to 11.5 in R2,) and Maharashtra (11.9 in R1 to 16.7 in R2). Multivariate analysis revealed that at aggregate level, more FSWs were contacted by peer educator / staff of Avahan supported NGOs and received condom from them in R2 as compared to R1; more than 50 per cent of them were contacted by peer educator / staff, received condom from them and visited NGO clinic as gathered from R2 data; the increase in exposure to the Avahan programme service was evident in all the survey states except AP, where there was significant decrease to nearly one – third level in all the three programme indicators. The levels of condom use was reported maximum from FSWs in Maharashtra reaching 95 per cent and above in all condom use indicators with clients in the second round; less than 15 per cent of sex acts with occasional and regular clients, taken collectively, were unprotected and the proportion has decreased than before (zero unprotected sex acts with clients : R1 66.8% to R2 85.2%, ARO 3.5; $P < 0.001$) . There was a decline in the overall HIV prevalence from 14.1 per cent in R1 to 11.9 per cent in R2; the prevalence of HIV among FSWs was more in Maharashtra as compared with other states; the prevalence of both *N. gonorrhoeae* and *C. trachomatis* infection was below five per cent in the studied FSW population; at aggregate level condom use with paying clients and regular partners was higher among service investigated (AOR > 1.5 , $P < 0.001$ for all condom indicators; on analysis at state level in AP, interventions showed improved condom use with clients (AOR > 1 , $P < 0.01$ for all condom use indicators) , but had little to do with regular partners; both clinic visit and peer staff contact showed no statistical significant effect on most of the condom use indicators; the effect of Avahan interventions among FSWs, was highest in Tamil Nadu.

Conclusion: Evidence from the assessment is suggestive that a comprehensive HIV prevention programme among FSWs can lead to an increase in condom use with commercial clients, and a decrease or at least stabilize STIs and HIV prevalence among them; improved strategies are required to increase condom use with regular partners of FSWs; HIV prevention and control programmes should be scaled up to cover the unexposed FSW populations in the states.

Key Words: 1.HEALTH 2.SEXUALLY TRANSMITTED INFECTIONS (STIs) 3.WOMEN HEALTH 4.FEMALE SEX WORKERS 5.AIDS 6.CONDOM USE 7.INTEGRATED BEHAVIOURAL AND BIOLOGICAL ASSESSMENT (IBBA) 8.COMMERCIAL SEX 9.AVAHAN PROGRAMME INTERVENTIONS 10.NATIONAL AIDS CONTROL ORGANISATION (NACO) 11.HIV 12.ICMR 13.REPRODUCTIVE HEALTH (RCH) 14.EDUCATION 15.AWARENESS 16.SOCIO ECONOMIC FACTORS 17.MAHARASHTRA 18.ANDHRA PRADESH 19.TAMIL NADU.

20. Barua, Purnima et al. (2012).

Sexual Activity as Risk Factor for Hepatitis C Virus (HCV) Transmission among the Female Sex Workers in Nagaland. *Indian Journal of Medical Research (Sup)*, October, 136: 30-35.

Source: www.icmr.nic.in

Background: Infection by hepatitis C virus (HCV) is recognised as a major worldwide public health problem owing to its high prevalence and to the high risk of chronicity resulting in liver cirrhosis and hepato cellular carcinoma. The prevalence of HCV infection is known to differ according to different geographical areas and among the general population and specific risk groups such as sex workers.

Objectives: To assess the prevalence of HCV infection and possibility of sexual transmission of HCV and associated risk factors among them.

Methods: The study was carried out among 426 female sex workers (FSWs) in the Dimapur district of Nagaland, A pre- designed and pre -tested questionnaires were used to capture data on their demographic profile, sexual practices and risky injecting behaviors.

Findings : A total of 426 female sex workers (FSWs) were recruited in the study; the mean age of the participants was 25.6 ± 6.65 years; 45 per cent FSWs were literate; the main occupation of 63.6 per cent FSWs was sex work, 19.2 per cent were involved in some petty business and 6.3 per cent were employed as maid servants; about 39.9 per cent were currently married and the remaining were either divorced or separated / widowed. 31.1 per cent were in to sex work for more than six years and 16.7 per cent got into sex work less than a year ago. All the respondents had both occasional and regular clients and about 21 per cent had experienced receptive anal sex with their clients; 5.6 per cent FSWs had history of injecting drug use for non-medical reason in the past and 399 FSWs did not had any history of injecting drug use; 9.6 per cent participants were found to be sero positive for HCV. There was no history of injecting drugs among 73.2 per cent of HCV sero positive FSWs; over all HIV sero prevalence was seen in 13.4 per cent and 4.9 per cent FSWs co infected with HCV and HIV. In the univariate logistic regression analysis, having history of injecting drug use (OR 10.41, CI 4.30 - 25.22), having history of oral drug use (OR 4.68, CI 2.41 – 9.08), having sexual partners who shared injecting drugs (OR 2.90, CI 1.5 – 5.61), being HIV sero positive (OR 10.18, CI 5.05 -20 .54), being seropositive for HSV-2 (OR 2.86,

CI 1.48 -5.54) were significantly associated with increased risk of being seropositive for HCV. In the multivariate logistic regression analysis, having past history of injecting drug use (OR 6.34, CI 1.63 - 24.63) and HIV seropositivity (OR 9.39, CI 3.95 – 22.3) was found to be significantly ($P < 0.01$) associated with HCV sero positivity in the study.

Conclusion: Acquisition of HCV by sexual route may not be as efficient as parenteral, yet sexually transmissibility of HCV among FSWs poses high risk to the community.

Key Words: 1.HEALTH 2.SEXUALLY TRANSMITTED INFECTIONS 3.WOMEN HEALTH 4.SEXUAL ACTIVITY RISK FACTORS 5.HEPATITIS C VIRUS (HCV) 6.FEMALE SEX WORKERS 7.INJECTING DRUG USER 8.HIV/AIDS 9.HERPES 10.SIMPLEX VIRUS-2 11.DIMAPUR DISTRICT 12.RESPONDENT DRIVEN SAMPLING 13.SOCIO DEMOGRAPHIC FACTORS 14.EDUCATION 15.AWARENESS 16.NAGALAND 17.NORTH EAST INDIA.

21. Joshu, Vasna et al. (2012).

Index Based Mapping of High Risk Behaviours for HIV among Female Sex Workers in India. *Indian Journal of Medical Research (Sup)*, October, 136: 14-22.

Source: www.icmr.nic.in

Background: According to WHO, in India there are large number of impoverished and disabled women who are not economically sound and hence they are forced to find opportunities for their survival or betterment. Behavioral factors of such women getting indulged in unprotected sex and with multiple sexual partners place them at the greatest risk of contracting HIV and other Sexually Transmitted Infections (STIs). According to National Aids Control Organization (NACO) there are 8.3 lakh female sex workers (FSWs) in India.

Objectives: To find an index or a score for each district surveyed, based on multiple high – risk related covariates of HIV/ STI concomitantly ; to get a map based on natural clusters in a multivariate set up ; to obtain a map overlay of India with kriged estimates.

Methods: Five highly endemic states for HIV / STI were identified namely Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu and Nagaland. The study population consisted of 10,461 respondents from 29 high risk groups from different sites spread over 24 districts surveyed among the five states.

Findings: Bartlett's test of sphericity was found to be highly significant ($P < 0.0001$); the indicators selected for the analysis were well correlated as required for factor analysis to be valid; the five factors extracted together explained about 82 per cent of the total variation. 17 sites had an index of above 50 (more than the average), indicating need for greater interventional care to bring down the HIV / STI transmission in the surveyed sites. All the three agglomerative methods gave four as the minimum optimal number of natural clusters required to describe the variability of the data in a multivariate setup; Dimapur, Warangal, Prakasam, and Chittoor districts as a cluster had an average score of 87.9 under one umbrella which required greatest attention; Yavatmal, Pune and Kolapur as a second priority cluster had an average score of 67.5; Belgaum, Guntur, East Godavari, Karimnagar, Hyderabad, Bellary and Visakhapatnam as a third cluster had an average score of 64.9 and the remaining districts as the fourth cluster had an average score of 34.4. The mapping revealed a portrait of natural clusters in a multivariate set up; the map

obtained gave an optimal unbiased representation of multiple covariates of HIV / STI transmission with kriged estimates; it depicted the regional variation and the HIV/STI high concentrated regions (hotspots) , and regions at the greater risk of developing the infection.The kriged estimates showed the high – risk concentrated regions as central part of India with a few hot spots in Andhra Pradesh, Maharashtra and most of north east region.

Conclusion: The results of this study may help the programme officials and policy managers to concentrate on the key factors, and districts / regions, which needs greater attention in the order of priority.

Key Words: 1.HEALTH 2.FEMALE SEX WORKER 3.WOMEN HEALTH 4.SEXUALLY TRANSMITTED INFECTIONS (STIs) 5.FEMALE SEX WORKERS (FSWs) 6.AIDS/HIV 7.KRIGING TECHNIQUE 8.MAPPING 9.INTEGRATED BEHAVIORAL AND BIOLOGICAL ASSESSMENT (IBBA) 10.NATIONAL AIDS CONTROL ORGANISATION (NACO) 11.EDUCATION 12.AWARENESS 13.CONDOM USE 14.BARTLETT's TEST 15.ANDHRA PRADESH 16.KARNATAKA 17.MAHARASHTRA 18.TAMIL NADU 19.NAGALAND.

22. Maulik, Sanghamitra and Dasgupta, Aparajita. (2013). Knowledge, Perceptions and Practice of 'Family Planning' Methods in Mothers Visiting an Immunisation Clinic of Rural Bengal, India. *Indian Journal of Medical Specialties, Jan-June, 4(1): 75-80.*

Source: www.ijms.in

Background: Gender equality, empowerment of women, elimination of all kinds of violence against women and empowering women with the ability to control their own fertility, are the corner stones of population and development related programmes.

Objectives: To study knowledge, perception and practice of family planning methods and determine association, if any, of current contraceptives users with their socio demographic characteristics.

Methods: The study was conducted in the immunisation clinic of Diarah Union Health Center under Rural health centre and training unit Singur of Hooghly district of West Bengal. A sample size of 103 mothers was selected for the study. Tools used for the study were pre-designed semi-structured schedule and questionnaires.

Findings: The number of current users, ever users and never - users of family planning methods were 69 (67%), 12 (11.7%) and 22 (21.3%) respectively; mean age of the respondents was 24.25 + 4.26 years. The mean age at marriage was 19.36 + 3.51 years; 57.3 per cent of the respondents were married before 18 years and 42.7 per cent had their first pregnancy at or before achieving 19 years of age; 85.4 per cent of the respondents agreed that friends or relatives should be encouraged to use contraceptives in future. 33 per cent preferred boy over girl and 44.7 per cent disagreed that ligation or vasectomy deteriorates health. Among those who were currently using contraceptive methods 46 per cent used modern methods and 54 per cent used natural methods; oral contraceptive pills were used by 13 per cent, condoms 33 per cent, withdrawal by 17.4 per cent. Majority of the women were lactating mothers and many of them were even practicing exclusive breast feeding; 36.1 per cent of the women were protected by the natural method i.e., locational amenorrhea method (LAM); not a single mother used intra – uterine device (IUD), the reason being that their children were recently born and such women usually avoid any intervention method of contraception. The current users

were motivated for contraceptive use by the doctor (7.2 %) , health worker (14.5), relatives (24.6 %) and self (53.6%) ; commonest reason given by the non - users (n= 34, 33%) for non – use was fear of side effects (n = 24, 70.5%); oral contraceptive pills (n = 97, 94.2%) were the most commonly known contraception method, followed by condoms (n= 96, 93.23%) and vasectomy (n= 53, 51.5%). 11.7 per cent were aware that condoms prevented sexually transmitted diseases (STDs) in addition to contraception; 45.5 per cent respondents said that they wanted more children in order to get a male child; 56. per cent said that the most influencing person in the family regarding decisions about family planning was their husbands.

Conclusion : It is felt that active, intensive and high quality methods to instill appropriate, timely and long lasting, ‘ Behaviour Change Communication ‘needs to be applied to the target population keeping in mind that women empowerment for decision regarding use of effective modern methods over less effective natural methods is the need of the hour.

Key Words: 1.HEALTH 2.FAMILY PLANNING 3.WOMEN HEALTH 4.FAMILY PLANNING METHODS 5.IMMUNISATION CLINIC 6.RURAL BENGAL 7.CONTRACEPTION 8.RURAL POPULATION 9.KNOWLEDGE 10.PERCEPTIONS 11.PRACTICE 12.GENDER EQUALITY 13.EDUCATION 14.AWARENESS 15.LACTATIONAL AMENORRHOEA METHOD (LAM) 16.INTRA-UTERINE DEVICE (IUD) 17.ICDS 18.BEHAVIOUR CHANGE COMMUNICATION 19.CHI-SQUARE TEST 20.HEALTH SERVICES 21.WOMEN EMPOWERMENT 22.WEST BENGAL

NUTRITION

23. Lokare, Pushpa O. et al. (2012).

A Study of Prevalence of Anaemia and Sociodemographic Factors Associated with Anaemia among Pregnant Women in Aurangabad City, India. *Annals of Nigerian Medicine, Jan-Jun, 6(1): 30-34.*

Source: www.anmjournal.com

Background: In India, 16 per cent of maternal deaths are attributed to anaemia. The association between anaemia and adverse pregnancy outcome, higher incidence of preterm and low birth weight deliveries has been demonstrated. India has become the first developing country to take up a National Nutritional Anaemia Prophylaxis Program (NNAP) to prevent anaemia among pregnant women. The government of India recommends a minimum dose of 100 iron and folic acid tablets to be prescribed during pregnancy.

Objectives: To study the prevalence of anaemia and the various socio demographic factors associated with anaemia among pregnant women of Aurangabad City.

Methods: The present study was carried out in Urban Health Center in Aurangabad City. A total of 352 pregnant women visiting the health center were selected for the study. Pregnant women were interviewed with the pre-designed pre- tested proforma and clinical examination was done on them.

Findings: In the present study, the mean duration of married life of pregnant women was 4.3 years; mean age at menarche was found to be 13.2 years; mean height and weight of the study subjects was 152.1cm and 48.9 kg respectively. Average calorie consumption per day was 1551 calories with deficit of 18.1 per cent; the majority of subjects were between the age of 20 to 29 years with an average age of 22.7.years; two per cent of all the pregnancies occurred among teenagers and five per cent were among women aged 30 years and above. The maximum numbers of women were from social classes III and IV (30.3% and 30.9% respectively). The overall prevalence of anaemia among pregnant women was found to be 87.2 per cent; the prevalence of mild, moderate, and severe anaemia was observed as 24.7 per cent, 54.5 per cent and 7.9 per cent respectively; the proportion of pregnant women suffering from anaemia was 93.7 per cent in the age group 30 years and above followed by

the age group below 20 years (88.3 %). The proportion of pregnant women suffering from anaemia in class I and II were less (47.61 % and 71.42 % respectively) as compared with the lower socio- economic status 93.51 per cent, 94.49 per cent and 94.11 percent in classes III – V respectively. Risk of anaemia as compared with class I was 15.87 times higher in class III, 18.88 times higher in class IV and 17.60 times higher in class V; proportions of pregnant women suffering from anaemia was 96.4 per cent, 94.8 per cent, 92.1 per cent and 91.5 per cent among illiterates, those educated up to primary, middle school and high school respectively; among the pregnant women whose husbands were illiterate, the percentage of anaemia was found to be 97.87 per cent. The proportion of the pregnant women suffering from anaemia was found to be decreased in those whose husbands had higher education; the association between the educational status of the husbands and anaemia in the pregnant women was found to be significant statistically ($p < 0.05$).

Conclusion: There is a need for dietary counselling and nutritional education in antenatal clinics to tackle the issue of anaemia in pregnancy with missionary zeal, innovative approach, and evidence -based interventions.

Key Words: 1.NUTRITION 2.ANAEMIA 3.HEALTH 4.WOMEN HEALTH 5.PREGNANT WOMEN 6.SOCIO DEMOGRAPHIC FACTORS 7.EDUCATION 8.PREVALENCE 9.MATERNAL DEATHS 10.LOW BIRTH WEIGHT 11.CHI SQUARE TEST 12.ILLITERACY 13.NATIONAL NUTRITIONAL ANAEMIA PROPHYLAXIS PROGRAMME 14.MATERNAL AND CHILD HEALTH SERVICES 15.ANTE NATAL CARE 16.SOCIO ECONOMIC STATUS 17.WHO 18.NUTRITION FOUNDATION OF INDIA 19.ICMR 20.HEALTH CARE SERVICES 21.AURANGABAD.

24. Mandal, Sumana et al. (2011).

Anthropometric Assessment of Nutritional Status among College Women of Midnapore. *International Journal of Life Science and Pharma Research*, Oct-Dec. 1(1): 81-87.

Source: www.ijlpr.com

Background: A woman's nutritional status has important implications for her health as well as the health of her children. A woman with poor nutritional status, as indicated by a low body mass index, anaemia and other micronutrient deficiencies, has a greater risk of having low birth weight babies, producing lower quality breast milk, etc.

Objectives: To investigate age differences in nutritional status among the young adult women of Raja N.L. Khan Women's College Midnapore West Bengal.

Methods: The present study was conducted in Raja N.L Khan Women's College Midnapore West Bengal. A total of 491 female adults aged between 18 to 20 years were selected for the study. Tools used were a pre - tested questionnaire, interviews and physical examination.

Findings: ANOVA tests were undertaken to test for age differences in weight, height and BMI. Pearson chi – square test was done to test for the significant difference in the prevalence of CED; mean (sd) weight, height and BMI was 48.96 kg (7.51kg), 154. 79 cm (5.03) and 20.05 kg/m² (2.63kg / m²), respectively; the mean BMI was highest (20.57 kg/ m²) at 20 years and lowest (19.72 kg/m²) at age 19 years; there was a significant (F = 4.085***, df = 2) positive age trend in mean BMI. The overall age combined prevalence of CED was 28.3 per cent; out of these, 4.9 per cent 6.9 percent and 16.5 per cent belonged to CED III, CED II and CED I categories; there was a significant (chi – square = 31. 439; p < 0.001) negative age trend in the prevalence of CED. The highest rate was observed at age 18 years (32.7%) while the lowest rate (21.1%) was present at age 20 years. According to the WHO classification of low BMI, it was clear that the studied college girls of Midnapore were in critical to serious situation for all ages and the youngest (18 years) among them were experiencing the critical situation (32.7 %) with respect to their health and nutritional status. 28.3 per cent of college women of the present study had high 20 -39 per cent rate of CED prevalence but less than that from all zones and India combined 35.6 per cent; the college women of present study had much

higher prevalence of under nutrition but the overall prevalence of under nutrition of Indian women was much higher than the present study.

Conclusion: The present study found that the nutritional status among the young adult women was poor, with high (20 – 39 %) rate of nutritional risks, youngest among them were experiencing the highest (32.7 %) prevalence of nutritional stress respectively.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.WOMEN HEALTH 4.BODY MASS INDEX (BMI) 5.MALNUTRITION 6.CHRONIC ENERGY DEFICIENCY 7.UNDERNUTRITION 8.CHI-SQUARE 9.ANOVA TEST 10.ANTHROPOMETRIC ASSESSMENT 11.WHO 12.ILLITERACY 13.MICRONUTRIENT DEFICIENCIES 14.MIDNAPORE 15.WEST BENGAL.

25. Pradhan, Silpishree et al. (2012).
Nutritional Status Assessment among Women Sweepers in Midnapore Municipality of West Bengal. *Asian Journal of Medical Research*, Jul-Sep, 1(3): 108-111.

Source: www.scopemed.org

Background: Nutritional status has been defined as an individual's health condition as it is influenced by the intake and utilization of nutrients. 50 per cent of Indian population who are poor face the nutrition deficiency problems, generally covering energy, protein, calcium, iron, Vitamin- A, C, D, E and B complex deficiencies. Dietary intake of these nutrients is generally inadequate to meet their requirements leading to clinical or functional deficiencies of nutrients.

Objectives: To evaluate the nutritional status among women sweepers in Midnapore Municipality.

Methods: The present study was conducted among the women sweepers who were working under the Midnapore Municipality of West Bengal. A total of 56 women sweepers were selected randomly with age group of 25 to 60 years. All the necessary data was collected from door to door survey work.

Findings: From the analysis of anthropometric variables and nutrients intake, it was seen that 55.35 per cent of women sweepers were suffering from underweight and 41.07 per cent were suffering from under nutrition. It was noted that sweepers in the age group of 41 – 50 years and 51 – 60 years were suffering from energy deficiency than other two age groups this was due to the negligence of the aged sweepers to their own food consumption; 55.35 per cent of the women sweepers were suffering from protein deficiency, this was due to their low economic levels. Both calcium and iron deficiencies were noted at the level of more than 60 per cent in each case; it was indicated that 19.64 per cent, 16.07 per cent and 37.5 per cent of women sweepers were suffering from deficiency of Vitamin A, C and E respectively; nutritional anaemia was the main factor for underweight or under nutrition; dietary Vitamin B complex, iron, Vitamin C were involved for the onset of nutritional anaemia.

Conclusion: The present investigation has documented high level of under nutrition amongst women sweepers working in Midnapore Municipality of West Bengal. It is recommended that nutritional intervention is necessary to ameliorate the nutritional status among the studied groups.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.WOMEN 4.HEALTH 5.WOMEN SWEEPERS 6.DIETARY INTAKE 7.ANTHROPOMETRIC ASSESSMENT 8.NUTRITION DEFICIENCY 9.EDUCATION 10.POVERTY 11.BMI 12.UNDER NUTRITION 13.WHO 14.MIDNAPORE 15.WEST BENGAL.

26. Rao, K. Mallikharjuna et al. (2010).
Diet and Nutritional Status of Women in India. *Journal of Human Ecology*, 29(3): 165-170.

Source: www.krepublishers.com

Background: The literacy level of women affects reproductive behaviour, use of contraceptives, health and upbringing of children, poor hygienic practices, and access to employment and over all status of women in the society. Inadequate and improper utilisation of health facilities and wide spread anaemia among all the reproductive age women, leads to high maternal mortality.

Objectives: To assess the diet and nutrition profile of women in rural and tribal areas of certain states in India.

Methods: Data on diet and nutritional status of tribal and rural population was collected from nine states. Andhra Pradesh, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu and West Bengal were the states selected for the study. The data was collected by National Nutrition Monitoring Bureau (NNMB).

Findings: A total of 30, 390 households from tribal and 14, 256 households from rural areas were included in the study; a sub sample of 8,036 and 7,078 households were covered for diet surveys, from tribal and rural areas respectively. Anthropometric data included 27, 709 tribal and 18, 603 rural women on Non Pregnant and Non Lactating (NPNL); the average family size was 4.6 and 4.9 in tribal and rural areas respectively; the intake of cereals and millets was 402 grams and 365 grams respectively in tribal and rural NPNL women. The intake of income elastic foods such as oils, milk, and fats was higher in rural than in tribal NPNL; the intakes of all the nutrients were lower than the recommended levels suggested by ICMR in all the physiological groups in both the areas. The deficit in protein and energy intake was more among pregnant and lactating women, when compared to NPNL women in both tribal and rural areas; about 80 per cent of NPNL women and 58 -60 per cent of the pregnant and lactating women consumed adequate amount of both protein and energy (P+ C+); 70 per cent of the women were not meeting even 50 per cent of the requirement for iron and Vitamin A in both the areas. The prevalence of Vitamin A deficiency was found in 0.6 per cent tribal and 0.3 per cent in rural women; the prevalence of B complex Vitamin deficiency was 1.1 per cent and 0.8 per cent in tribal and rural women respectively. The prevalence of goiter was

more in tribal women 4.9 per cent than in rural women 0.8 per cent; the prevalence of chronic energy deficiency (CED) was significantly, higher ($p < 0.001$) among tribal women than the rural women. The prevalence of CED was 56 per cent among tribal NPNL women against 36 per cent in rural; the prevalence of CED was high with 58 per cent among tribal lactating women against 40 per cent among rural lactating women. The prevalence of overweight and obesity was higher among rural women than their tribal counter parts.

Conclusion: The study highlights the need for necessary steps for more community participation in various developmental programmes for removal of poverty and improve literacy rate among females. Health and Nutrition Education should be strengthened through department of health and ICDS, to bring awareness and behavioural change for better health and nutrition practices to improve the nutritional status of mother and child.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.WOMEN 4.HEALTH 5.WOMEN HEALTH 6.DIET 7.NATIONAL NUTRITION MONITORING BUREAU (NNMB) 8.TRIBAL AND RURAL POPULATION 9.ANAEMIA 10.REPRODUCTIVE HEALTH 11.MATERNAL MORTALITY 12.EDUCATION 13.POVERTY 14.GENDER DISCRIMINATION 15.SOCIO ECONOMIC STATUS 16.MALNUTRITION 17.ANTHROPOMETRIC DATA 18.PREGNANT AND LACTATING WOMEN 19.FOOD AND NUTRIENT INTAKE 20.NPNL (NON PREGNANT AND NON LACTATING 21.BODY MASS INDEX (BMI) 22.MICRONUTRIENTS 23.CHRONIC ENERGY DEFICIENCY (CED) 24.MATERNAL EDUCATION 25.ICDS 26.HEALTH AND NUTRITION EDUCATION 27.ICMR 28.ANDHRA PRADESH 29.GUJARAT 30.KARNATAKA 31.KERALA 32.MADHYA PRADESH 33.MAHARASHTRA 34.ORISSA 35.TAMIL NADU 36.WEST BENGAL

WOMEN WELFARE

27. Bora, Bani, Rajesh and Dixit, V.K. (2012).

Health Awareness amongst Urban Slum Women through Gender Resource Centres in Delhi. *Indian Journal of Adult Education Association, Jul- Sep: 3-11*

Background: Women in India are deprived of their fundamental rights to life, health, education, thinking and action. Central government and State governments have taken many steps and policies to ensure better women participation. After observing that women in nearly 1700 slums of Delhi had no access to health care due to absence of facilities and social inhibitions in availing of health care services, and the prevalence rate of the five high incidence diseases eg. Respiratory Tract Infection (RTI), Refractory Errors, TB, Protein Energy Malnutrition (PEM) and Anaemia, the government of NCT of Delhi initiated Gender Resource Centres (GRCs). The main objective of Gender Resource Centres (GRCs) was to provide facilities for “Single Information and Facilitation Centre”.

Objective: To study the awareness of health care amongst GRC beneficiaries and its application in personal life or for community mobilisation.

Methods: North East Delhi was selected for the purpose of the study. A total of 200 GRC beneficiaries were identified for data collection.

Findings: Majority of the study respondents who used medical treatment services were through government hospitals (23 %). A small amount of respondents used other modes of treatment like Jhadfunk, jadibuti etc. (2%); 71 percent of the respondents knew the importance of breast feeding and nutrition of child; 74 per cent of the respondents did not go for regular health care checkups; 64 per cent of the respondents acquired healthcare/ awareness services offered by Gender Resource Centres. Five per cent of the respondents used self medication for treatment of the disease, 21 per cent used government dispensaries arise, 23 per cent used government hospitals for treatment, six per cent used private doctor / nursing home for treatment of the disease; 100 per cent of the respondents took regular health care checkups and also availed the health care services from GRC. 52 percent of the respondents did not take regular health care checkups /availed health care services from the GRCS and

48 per cent did not availed health care services from the GRCS. Out of the total study respondents 65 per cent availed the health care services from the GRC and 35 per cent did not avail health care services from GRCS; 94 per cent of the respondents had the knowledge of importance of breast feeding and nutrition and had the ability to pass over the knowledge to their daughters; 76 per cent of the respondents had received sufficient information related to health as against eight per cent.

Conclusion: Gender Resource Centres had been successful in bringing about an attitudinal change in the target group and had created a certain level of awareness for the betterment in the lives of women.

Key Words: 1.WOMEN WELFARE 2.SLUM WOMEN 3.HEALTH 4.WOMEN HEALTH 5.HEALTH AWARENESS 6.URBAN SLUM 7.GENDER RESOURCE CENTRES (GRCs) 8.HEALTH CARE SERVICES 9.PROTEIN ENERGY MALNUTRITION (PEM) 10.UNDERNUTRITION 11.NUTRITIONAL STATUS 12.ANAEMIA 13.COMMUNITY PARTICIPATION 14.SOCIO ECONOMIC FACTORS 15.COMMUNITY MOBILISATION 16.SINGLE INFORMATION AND FACILITATION CENTRE 17.BREASTFEEDING 18.SAFE MOTHERHOOD 19.HEALTH SERVICES 20.TREATMENT SERVICES 21.DELHI.

28. Ray, Kuntala et al. (2012).

Violence Against Women: Evidence from a Cross Sectional Study in Urban Area of North Bengal. *Al Ameen Journal of Medical Science*, 5(2) : 157-164.

Source: www.ajms.alameenmedical.org

Background: Violence against women (VAW) is one of the crucial social mechanisms by which women are forced in to a subordinate position compared with men .VAW is often a cycle of abuse that manifests itself in many forms throughout their lives. Violence against woman occurs in all socio economic and cultural population, and in different societies, including India, but women are socialised to accept, tolerate, and even rationalise to remain silent about such experiences. According to National Crime Record Bureau one in every three married women experiences domestic violence.

Objectives: To estimate the prevalence of different types of life time violence against women (VAW) among reproductive age group (15-44) years with particular emphasis on physical, sexual , emotional and controlling behaviour; to identify the related consequences of the affected women and help seeking following violence.

Methods: A community based cross sectional study was conducted in two urban wards of Siliguri Municipal Corporation among women of reproductive age group using systematic random sampling technique. A semi-structured schedule for socio-demographic profile and violence was designed, pre-tested with the guidance from NFHS questionnaire and necessary modification was made where required.

Findings: The study was conducted among women of reproductive age group between 15 to 44 years of age in urban area of Siliguri; out of 297 women, 248 had participated in the study. Majority of study population were aged in between 20-30 years (65.1%), with mean age 26.2 ± 6.2 years. 78.2 per cent women in reproductive age group, had experienced violence against them in either form; 52.1 per cent women had faced physical violence from their intimate partner followed by emotional and controlling behaviour (48.9%) and least from sexual violence (37.3%). The most common form of life time violence was slapping , kicking, choking and punching the female respondent (52.1%); pressure for sex was most commonly seen in the study population ever experienced violence in the life time as well as in the last one year;

psychological problems were seen to be commonest consequences (54.5%) of VAW, followed by 40.9 per cent, where women suffered from gynecological problems. 27.4 per cent had reported for pre-vaginal discharge; 25.6 per cent had unwanted child due to repeated unprotected sexual exposure; 8.5 per cent had undergone abortion either force fully or as the consequences of physical torture to them; three-fourth of the women who faced violence in their life-time had never sought any help. 13.9 per cent had reported for first aid; 4.9 per cent had consulted physicians or health workers for their different problems; 3.6 per cent had reported to police for proper justice and 2.7 per cent had consulted to more than one office for their problems.

Conclusion: Little progress in reducing levels of violence can be achieved without significant changes in prevailing individual and community attitudes towards violence.

Key Words: 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN 3.WOMEN IN DIFFICULT CIRCUMSTANCES 4.URBAN AREAS 5.NORTH BENGAL 6.DOMESTIC VIOLENCE 7.HEALTH 8.SEXUAL ABUSE 9.PHYSICAL ABUSE 10.REPRODUCTIVE AGE GROUP 11.NATIONAL CRIME RECORDS BUREAU 12.SOCIO DEMOGRAPHIC PROFILE 13.WOMEN HEALTH 14.BEHAVIOUR PROBLEMS 15.PHYSICAL VIOLENCE 16.SEXUAL VIOLENCE 17.EMOTIONAL VIOLENCE 18.PSYCHOLOGICAL PROBLEMS 19.GYNECOLOGICAL PROBLEMS 20.WEST BENGAL.

29. Sinha, Abhik. (2012). Domestic Violence Among Ever Married Women of Reproductive Age Group in a Slum Area of Kolkata. *Indian Journal of Public Health, January - March, 56(1): 31-36.*

Source: www.ijph.in

Background: Domestic violence not only causes physical injury, it also undermines the social, economic and psychological well-being of the victim. Domestic violence has serious consequences on women's mental and physical health, including their reproductive and sexual health.

Objectives: To find out the prevalence of domestic violence among the ever married women in reproductive age group (15 – 49); to assess the types of domestic violence among them and to identify the factors associated with it.

Methods: The study was conducted in slum area of Kolkata Municipal Corporation (KMC). Study population constituted of all the ever – married women in the reproductive age group residing in that slum area. A pre-designed, pre-tested, semi-structured proforma was used to interview the study population.

Findings: Data was collected from 159 married women in the reproductive age group (mean age – 28.52 ± 5.44 years); mean age of their husbands were 34.16 ± 6.97 years; 82.4 per cent were living with their husband and 17.6 per cent were living with their parents; 30.9 per cent were illiterate; 34.9 per cent had completed primary education; 58.5 per cent of the women were homemakers, 22 per cent were unskilled labourers and three per cent were self-employed. Regarding social support, eight per cent had family support, nine per cent had neighbours support and 58 per cent had no support. Prevalence of domestic violence was found to be 54 per cent; the perpetrators were mostly husband in 81.8 per cent cases, followed by other members of the family like mother in law, father in law in 6.3 per cent of the cases. Psychological violence was more common than physical violence; as far as types of violence was concerned 19.8 per cent had only life time psychological violence, whereas 13.9 per cent were subjected to both life time and current psychological violence, but no physical violence. 18.6 per cent of women had history of both physical and psychological violence in their lifetime, but having only psychological violence at present. Hitting, beating and slapping were the commonest forms of physical

violence, whereas insulting, threatening and withholding or delaying food were the most common forms of psychological violence. Among the major factors associated with domestic violence, some serious issues came out such as, alcohol addiction of the husband, dowry related problems and not having a male child; presence of social support of wife, property of wife, alcohol addiction of husband and per-capita income of the family were found to have significant influence on presence or absence of domestic violence.

Recommendations: More social support for the women, community awareness about domestic violence and income generation for the women living in slum areas is recommended.

Key Words: 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.MARRIED WOMEN 4.REPRODUCTIVE AGE GROUP 5.DEPRESSION 6.BEHAVIOUR PROBLEMS 7.PHYSICAL INJURIES 8.GYNECOLOGICAL PROBLEMS 9.URBAN SLUM 10.SEX RATIO 11.WOMEN IN DISTRESS 12.WOMEN IN DIFFICULT CIRCUMSTANCES 13.SOCIO DEMOGRAPHIC PROFILE 14.EDUCATION 15.PSYCHOLOGICAL VIOLENCE 16.PHYSICAL ABUSE 17.MENTAL ABUSE 18.INTERNATIONAL CLINICAL EPIDEMIOLOGISTS NETWORK 19.INTERNATIONAL CENTRE FOR RESEARCH ON WOMEN 20.KOLKATA 21.WEST BENGAL.

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