



DCWC Research Bulletin

Vol. XX

Issue 2

April - June 2016

2016

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

DCWC Research Bulletin

About the Document

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Contents

S. No.		Page No.
A. Research Abstracts on Child Development		
Child Welfare		
1.	Exploring Factors Associated with Educational Outcomes for Orphan and Abandoned Children in India.	1
2.	Why Children Commit Offences: Study on Children in Conflict with Law in Delhi.	3
3.	Effect of Socio Economic Trends on Parents of Career Oriented Child.	5
Education		
4.	Views of the Adolescent Girls on Services Provided in the Kasturba Gandhi Balika Vidyalaya (KGBV) of Assam.	6
5.	Impact of School Environment, Home Environment and Mental Health Status on Achievement Motivation among High School Students.	8
6.	Sex Education: The Sooner, The Better.	10
Health		
7.	Bacteriological Profile and Antimicrobial Susceptibility Pattern of Isolates of Neonatal Septicemia in a Tertiary Care Hospital.	12
8.	Acute Diarrhoeal Diseases among Preschool Children in Western Maharashtra, India.	13
9.	Study on Reproductive Health Awareness among Adolescent Girls in Urban and Rural Field Practice Areas of Osmania Medical College.	14
10.	Impact of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Protocol to Improve Child Survival in Baran District of Rajasthan, India.	15
ICDS		
11.	Impact of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Protocol to Improve Child Survival in Baran District of Rajasthan, India.	16

- | | | |
|-----|--|----|
| 12. | Community Perception and Acceptance of Micronutrient Fortified Complementary Food in Integrated Child Development Services (ICDS), Gujarat, India. | 17 |
| 13. | A Study on Quantitative Effect of Supplementary Nutrition Provided in Anganwadis in Predicting Physical Growth of Pre-Schooler. | 19 |
| 14. | Nutritional Status of Children Under Five Year of Age in Anganwadi Centres in Kolar Area of Madhya Pradesh. | 21 |

Nutrition

- | | | |
|-----|--|----|
| 15. | A Study on the Assessment of BMI and its Association with IQ among Rural Primary School Children in West Bengal, India. | 23 |
| 16. | Determinants of Breast Feeding and Complimentary Feeding Practices in Rural Children Population of Central India. | 25 |
| 17. | Impact of Educational Status of Parents on Nutritional Status of Adolescent Girls - A Cross Sectional Study. | 26 |
| 18. | A Study on Knowledge Regarding Prevention of Iron Deficiency Anemia among Adolescent Girls in Selected Pre-University Colleges of Mangaluru. | 28 |

B. Research Abstracts on Child Protection

Health

- | | | |
|-----|---|----|
| 19. | A Cross-sectional Study on Immunization Status of School Going Adolescents in Indore, Madhya Pradesh. | 29 |
| 20. | Tobacco Abuse in Adolescents and Young Adults of Ahmadabad and Pertinent Epidemiologic Measures. | 31 |
| 21. | Substance Abuse Disorder Among Youth: A Cross-Sectional Study From A Slum In Mumbai. | 33 |

C. Research Abstracts on Women and Gender Issues

Health

- | | | |
|-----|--|----|
| 22. | Knowledge and Awareness of Cervical Cancer among Women in Rural India. | 35 |
| 23. | Understanding Mothers Awareness about Maternal Health Care Services among Baiga Tribe in Madhya Pradesh. | 37 |

Nutrition

24. Prevalence of Anaemia and its Socio-demographic Determinants in Pregnant Women: a Cross-Sectional Study in Tertiary Health Care setup in Central India. 39

Women Welfare

25. Work Related Stress among Working Women in Coimbatore City. 41
26. A Sociological Study on the Role of Gram Panchayats in Women Empowerment in Karnataka State. 43

A. Research Abstracts on Child Development

CHILD WELFARE

1. Sinha et.al (2016)

Exploring Factors Associated with Educational Outcomes for Orphan and Abandoned Children in India. Global Social Welfare Vol.3: 23-32

G19623

INTRODUCTION: The growing proportion of Orphan and Abandoned Children (OAC) in India are due to factors such as Human Immunodeficiency Virus infection (HIV)/ Acquired Immune Deficiency Syndrome (AIDS), poverty, and illness of parents. The burden of care for these OAC is on caregivers that are often ill equipped to meet their needs due to inadequate assets.

OBJECTIVE: To explore the impact of caregiver and child characteristics, specifically biological relationship when moderated by child involvement in work on OAC educational outcomes.

METHODOLOGY: This study uses baseline data from community living OAC aged 6 to 12 years in two sites (Hyderabad and Nagaland)

RESULTS: The study had majority (53%) male and female (47%) OAC. The age of the children ranged from 6 to 12.9 years. The mean age of the children at the baseline was 9 years (SD 1.7 years). 49 percent of the OACs were paternal orphans followed by were maternal orphans (13%), double orphans (7%), and rest (32%) had living parents who were not residing with them. 68 percent of OACs were the biological child of their primary caregiver, while remaining (31%) were not biological children of their primary caregivers. Almost half of the sample was involved in some kind of work, which included domestic or nondomestic work. Most (94%) of the children were currently in school. Of the children who were currently attending school, majority (51%) were below the target grade. The caregivers characteristics reveals that majority of the caregivers were female (81%). Most of the caregivers were between the ages of 18 and 50 years, with a mean age of 38 years (SD, 11.3 years). 50 percent caregivers were widowed, followed by married caregivers (35%), and single, divorced, or never married (15%). More than three-fourth (76%) caregivers reported that they had good health. The mean for caregiver education was 4.3 (SD, 4.5 years), which indicates that the caregivers on average had very low level of education.

CONCLUSION: Caregiver's investment in the child's education is based on the interplay of child, caregiver, and household characteristics. Child education outcomes were significantly associated with caregiver's health and education.

KEYWORDS: CHILD WELFARE; ORPHAN AND ABANDONED CHILDREN (OAC); HUMAN IMMUNODEFICIENCY VIRUS; ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS); PATERNAL ORPHANS; MATERNAL ORPHANS; DOUBLE ORPHANS

2. Delhi Commission for Protection of Child Rights (DCPCR). (2015).
Why Children Commit Offences: Study on Children in Conflict with Law in Delhi.
G19548

INTRODUCTION: The society is striding with a fast pace of technological advancement, which also pervades in the lives of individuals, families and society, at large. Children are valued assets of any family and society. They too are not left alone. Moreover, in the process of growing up, some of the children are averted towards unlawful and objectionable deeds that are unacceptable to the society. The involvement of children in offences seems to have serious socio-economic implications and so arise the term Juvenile delinquency.

OBJECTIVES: To gather quantitative and qualitative data on the profile of children in conflict with law in Delhi; to establish trends in offences committed by Children in Conflict with law; to identify and describe the factors that pre-dispose children to being in conflict with the law; and; to facilitate stakeholder discussion and collect practical and strategic recommendations and suggestions to prevent children falling into conflict with law.

METHODOLOGY: The population of the study consisted of 2 groups. Group 1 Children who are apprehended and detained at various observation and special homes; and Group -2 other stakeholders such as parents of the children in observation and special homes. 208 face to face contacts/interviews were undertaken with 182 children in conflict with law, 15 parents of the CICL, 3 probation officers, 4 counsellors and 4 superintendents of the homes to gather information on the subject of study.

RESULTS: The average age of the children was 16yrs. Those in their late adolescence (16-18yrs) were represented in higher proportion (45.1%) followed by those between 12-16yrs (36.1%). Most of them (58.8%) were residing in the urban areas at the time of the commission of crimes. Two fifth proportion (43.9%) of the children belonged to Delhi, followed by children migrated from the states of UP (24.7%) and Bihar (12.1%) represented at a higher rate respectively. A fifth proportion (20.9%) had never been to school. On the other hand some (29.1%) had only primary level (1-5 classes) of education followed by upper primary education (24.2%). Less than one fourth (23.6%) children were pursuing education. Out of 54 which include 33 murders and 21 rape cases of heinous acts, 44 children were found not studying. 11 had never been to school and 31 had dropped out either at the primary or upper primary level. It was found that above three-fifth (62.6%) enjoyed the protective environment of both the parents. While the rest (18.9%) were either living with mother (15.9%) or with father (5.5%). More than half (54.9%) fathers and (70.9%) mothers of the children in detention did not have any formal schooling. Absence of house of their own was reported by 39.5 percent of children. Among those involved in heinous offences of murder (48.4%) and rape (70.8%) of the children respectively were deprived of proper housing. Majority (62.1%) of the children in detention centres were working

at the time of their apprehension. More than half (57.1%) were involved in property offences as theft, robbery, etc. Crimes against person which includes murder, aggravated assault and sex related offences accounted for nearly one-fourth (28.5%) of the population covered. The other offences in which children were engaged included fight/scuffle (4.9%) unnatural sex (1.1%), kidnapping (1.6%) and cyber crime (0.5%). Majority (58.8%) of them had committed their offences in groups, denoting the influence of peer. Less than a fifth (16%) of the parents inquired about the whereabouts of their children or communicated/shared with them openly. It was found that only one-fourth (29%) of the children's parents spend time with their children and less than half self reported about communication/sharing between them. Some of those in special homes (15%) and in observation home (36%) affirmed about some kind of sharing/communication between them and the parents; and only less than half of these families dined together. Various (41.8%) homes of the children reported either quarrel or fight at varying frequency and intensity. Less than a fifth (18.1%) on the other hand witnessed beatings of one parent by the other in the height of their heated and harsh words of exchange or quarrel. Nearly three-fourth (74.2%) reported mental and psychological torture. Similarly, three-fourth (78.6%) of the children had experienced physical punishment either in the form of slap, beating or kicking. Majority (65%) of children rarely took part in any games/play. Most of the parents of the juveniles in detention centers were habitual alcoholics (57.4%), smokers (45.1%) and users of pan, and other tobacco products (26.2%). The survey showed that a fifth (19.8%) of the children serving in the detention centres had experienced the death of either of their parents. A majority (70.3%) of the children who were serving in the detention centres were quite unaware about the consequences of their acts.

CONCLUSION: The study looks at the socio-economic profile of the children in conflict with law, the nature of offence which these children were accused of having committed and has analysed the factors that predispose children to deviant behaviour. It brings out the role of the family, the community, the school/education as well as peer influence in the life of children in conflict with law.

KEYWORDS: 1.CHILD WELFARE 2.CHILD PROTECTION 3.DCPCR 4.JUVENILE DELINQUENCY 5.CHILDREN IN CONFLICT WITH LAW 6.OBSERVATION HOMES 7.SPECIAL HOMES 8.CHILD DEVIANCE 9.DETENTION CENTRE 10.HEINOUS ACTS 11.HABITUAL ALCOHOLICS 12.PEER FACTOR 13.PARENTAL CONFLICT 14.PSYCHOLOGICAL TORTURE.

3. Jain, P. (2016).
Effect of Socio Economic Trends on Parents of Career Oriented Child.
Paripex. Indian Journal of Research, May; 5(5): 540-41.
G19549

INTRODUCTION: Parental association varies with respect to the growth of the age of child. Schools may seem to be more or less welcoming, but parents may feel more or less effectual about being involved. Parent's impact for motivations is based on parent's perceived role in their children's performance in their life. Parents with a proactive parenting approach for their children are more likely to promote pro social behavior and academic readiness. Children from lower socio economic background are at risk for lower achievements, behavioural problems, dropping out of schools, health problems, anxiety, depression and other negative outcomes.

AIM: To understand the socio-economic trend among parents in planning a career for their child.

METHODOLOGY: A total sample size of 60 parents was studied in the research work. A questionnaire was administered to find the trend among parents.

RESULTS: The findings reveal that the year wise comparison of parent's interest related data towards quality education shows that parents were then more concerned. As the year passed since 2009 to 2013, parent's awareness increased from 8 percent to 27 percent, showing remarkable change. Thus it delivers that the quality bar has been on a rise since last five years. Data collected from parents were classified to find parent's concern, effect of socio-economic trends related to education on them. Comparison table and chart related to effect of quality management on parents show that more than three-fourth (76%) parents were concerned for personality development of children. A majority (82%) parents desired to have good academic results, while three-fifth (62%) were willing to improve the skill development interest. Placement and career development interest was found to be 64 percent and 81 percent respectively among parents. More than three-fifth of parent's (61%) had a keen interest towards physical fitness as well. In context of cultural, seminar/workshop participation, moral value development parents are found concerned. More than three-fourth (77%) parents expressed their wish for quality institute.

CONCLUSION: The results exhibits that parents were concerned about their child's study and career. They desire to see them as successful persons with happiness and ethics. They are supportive and ready to expense required money. Parent's aptitude is supportive for quality education a positive signal for child welfare.

KEYWORDS: 1.CHILD WELFARE 2.CAREER ORIENTED 3.PARENT'S APTITUDE 4.SOCIO-ECONOMIC TREND 5.CHILD DEVELOPMENT 6.QUALITY EDUCATION.

EDUCATION

4. Gogoi S., and Goswami, Utpala. (2015). Views of the Adolescent Girls on Services Provided in the Kasturba Gandhi Balika Vidyalaya (KGBV) of Assam. *International Journal of Humanities and Social Sciences*, Aug; 5(8): 200-208
G19550

INTRODUCTION: Adolescent girls are structurally and culturally excluded from the learning opportunities available in the country. Education of girls has been a high priority with the Government of India. In the context of school education, Sarva Shiksha Abhiyan (SSA) remains a most important initiative. SSA activities are reaching those pockets of the country which are most difficult and hard to reach. Kasturba Gandhi Balika Vidyalaya (KGBV) scheme an important flagship programme for girls under SSA is a step in this direction.

OBJECTIVES: To assess the views of adolescent girls, regarding the services provided in KGBVs.

METHODOLOGY: To elicit information among school girls, random sampling was employed with a total sample size of 120 respondents.

RESULTS: The findings revealed that all the girls (100%) liked to stay in the KGBVs while about one-third (29.2%) expressed satisfaction on good education facility in the KGBVs. About 16.1 percent expressed that along with education facilities they also got the scope to learn many extracurricular activities, such as self defense, music, vocational trainings etc. 15.25 percent viewed that they got chance to live with their friends and enjoyed good times with them. More than three-fourth (77.5%) expressed that they did not missed their home and family members. Most of the girls (93.3%) felt free to share problems with teachers. Majority of the girls (96.6%) expressed that they got the necessary items when required while most (91.6%) of them also expressed that they were satisfied with the food items provided in the KGBVs. As most of the girls in the KGBVs were from the households below poverty line therefore they were satisfied that they got to eat thrice a day at KGBVs. The findings also revealed that the most of the girls felt safe and secured to stay in the KGBVs as the teachers took complete care of the girls in KGBV, in terms of health and hygiene to education. All the girls (100%) also viewed that they received reading materials on time and also adequate time to study without any disturbance. Co-curricular activities as sports (80.8%) and music and dancing (91.6%) were also well taken care at KGBVs respectively. Moreover, about 70.8 percent of the girls were not allowed to go for marketing from KGBVs, owing to remote location of KGBVs, risk of vulnerability of adolescent girls and their past history for addiction to gutka, tobacco, etc. Majority of the girls (98.3%) expressed that they were allowed to watch television in the KGBVs. The findings also revealed that more than half (53.3%) of the girls

expressed that they have to live in much disciplined environment in the KGBVs. Nonetheless, a very negligible section of girls (19.2%) and (4.2%) expressed that they got scolding and beating at KGBVs, due to not complying with the norms of KGBVs. Some of the girls (7.5%) did not liked KGBVs since there was no proper water facilities, few (6.6%) expressed the reason of less holidays, while some (5%) expressed due to toilet and bathroom problem. The findings also revealed that 60 per cent of the girls also got the chance to go for exposure trips as a means of alternative education during their stay in KGBVs.

CONCLUSION: Majority of the girl provided positive views towards the KGBV and very less number of negative views was found which may be taken care for rectification for successful implementation of the SSA programme. The KGBVs play an important role in individual empowerment, especially by being a residential institution that provides these girls a safe space where they get to express themselves freely. In KGBVs the girls experience a liberal environment for the first time in their lives and most importantly the KGBV act as a channel for adolescents to access education and open up future options through which their aspiration can both grow and be realized. The girls in future can be the role models for their fellow villagers as educated and independent women who have of their own voice.

KEYWORDS: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN (SSA) 3.KASTURBA GANDHI BALIKA VIDYALAYA (KGBV) 4.ADOLESCENT GIRLS 5.VOCATIONAL TRAININGS 6.EDUCATION FACILITIES 7.CO-CURRICULAR ACTIVITIES.

5. Jogeswar, R. MDV. and Reddy, S.V. (2016).
Impact of School Environment, Home Environment and Mental Health Status on Achievement Motivation among High School Students. *Paripex-Indian Journal of Research*, Apr; 5 (4): 426-429
G19551

INTRODUCTION: Mental health has two important aspects: It is both individual and social. The individual aspect connotes that the individual is internally adjusted. He/she is self-confident, adequate and free from internal conflicts and tensions or inconsistencies. School environment implies a measure of the quality and quantity of the cognitive, creative and social support that has been available to the subjects during their school life in terms of teacher-pupil interaction. Over the past few decades, research findings showed that pupil's perception or attitude towards the school climate or environment and home environment and mental health has got considerable influence over their achievement motivation.

OBJECTIVES: To examine the influence of school environment on achievement motivation among high school students; to investigate the influence of home environment on achievement motivation among high school students; to enquire the effect of mental health status on achievement motivation among high school students.

METHODOLOGY: A sample of 600 students was drawn, comprising of 300 boys and 300 girls each in West Godavari district. Psychological tools namely achievement motivation, school environment, home environment and mental health status were administered to subjects.

RESULTS: Results depicts that there is significant impact of the three variables on achievement motivation of the students. The findings reveals that subjects with good school environment, good home environment and good mental health had secured high mean score (M= 64.9) and the subjects with poor school environment, poor home environment and poor mental health had secured low mean score (M= 60.4) on achievement motivation. The subjects with good school environment had good achievement motivation (M= 63.70) than the subjects with poor school environment (M= 61.6). Subjects with good home environment had good achievement motivation (M=65.7) than the subjects with poor home environment (M= 59.6). Subjects with good mental health (M=65.4) had good achievement motivation than the subjects with poor mental health (M= 59.8). There were differences in the mean scores of the groups with regard to their achievement motivation. It was observed that the obtained 'F' values for school environment, home environment and mental health status were found to be significant ($F=4.50, 26.97, \& 30.93 > \text{at } 0.01 \& 0.05 \text{ level}$), suggested that there was a significant impact of school environment, home environment and mental health status on achievement motivation. The obtained interaction 'F' values were not found to be significant (between school environment, and home environment,

home environment and mental health status and the interaction between all three (11.74 > 0.01 level.)

CONCLUSION: School environment, home environment and mental health status are significantly related achievement motivation. Students with good school environment, good home environment and good mental health are better in their achievement motivation than the students with poor school environment, poor home environment and poor mental health status. There is no significant interaction effect among school environment and home environment, home environment and mental health; significant interaction are observed between school environment and mental health with regard to achievement motivation; when combined the three variables, it is found that there is significant interactional effect among them.

KEYWORDS: 1.EDUCATION 2.SCHOOL ENVIRONMENT 3.HOME ENVIRONMENT 4.MENTAL HEALTH 5.ACHIEVEMENT MOTIVATION 6.SCHOOL STUDENTS.

6. Chandarana, M. (2016).

Sex Education: The Sooner, The Better. *PARIPEX Indian Journal of Research*, Apr; 5 (4): 458-460
G19552

INTRODUCTION: In this era of westernization, sex education in schools has come up as a new topic to learn, explore and understand it further. Nevertheless, due to the cultural practices and hesitation, there is a still wide gap of looking broadly at the subject matter. Besides, people are more prone to analyze the negative aspect of sex through unsafe relationships or pornography. Therefore, sex education should not be condemned but seen as essential to create new awareness among growing children.

OBJECTIVES: To study the knowledge about sex education of girls studying in higher secondary level; to find out their knowledge about safe sex practices; to know their view that it should be provided in school or not?

METHODOLOGY: Simple random sampling was used as a technique of data collection, with a sample size of 100 students, comprising of 50 girls from rural areas and 50 girls from urban areas were selected. The respondents were selected from girl's school and from co-education schools. Social Survey Method of exploratory-descriptive nature was used for the study.

RESULTS: The findings reveal that few girls in rural area (18%) and many girls of urban area (68%) knew about sex. A large proportion of girls of rural area (40%) and some girls in urban area (14%) did not know about sex. While further analyzing, it was indicated that a majority of girls in rural areas (92%) and also a similar proportion of girls in urban area (82%) did not have total knowledge about sex. The source of information details that 16 percent girl in rural areas and 32 percent girl in urban areas got knowledge about sex from friends. Family had almost no role in such knowledge giving as least (2%) comes under it in urban areas and parents of rural areas seems to have no role in imparting such knowledge. More than two-fifth (44%) girls in rural areas and three-fourth (74%) girls in urban area were talking with their friends on the topic of sex. Majority of girls in rural areas (80%) and similar figures girls in urban area (86%) believe that school should impart knowledge about sex. On the basis of different types of schools, about three-fifth (58%) girls of girl's school and less than one-third (28%) girls of co-education school knew about sex. Majority (90%) girls of girl's school and most of girls of co-education school (94%) were demanding that they should have knowledge about sex.

CONCLUSION: It is an unavoidable factor that Indian youth is becoming sexually aware and active at much younger age than before. Human Immune deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases (STDs), unwanted pregnancies, abortion and sexual abuse are on the rise largely due to unsafe and undisciplined sexual behavior. Therefore, it is imperative that children are equipped to take responsibly for their reproductive health, and sex education must be easily accessible in schools.

KEYWORDS: 1.EDUCATION 2.SEX EDUCATION 3.CO-EDUCATION 4.SEXUAL ABUSE 5.SAFE SEX 6.PORNOGRAPHY.

HEALTH

7. Ronni, M.P. Takpere, Aparna Y and P.R. Shahapur. (2015).
Bacteriological Profile and Antimicrobial Susceptibility Pattern of Isolates
of Neonatal Septicemia in a Tertiary Care Hospital. *International Journal
of Current Research and Review*, August, 7(16):1-5
G19553

INTRODUCTION: One of the major causes of the neonatal mortality and morbidity in India remains due to Neonatal Septicemia. In India, neonatal septicemia is responsible for one-fourth to nearly half of the neonatal deaths next to perinatal hypoxia. With the medical success of increased survival rate of neonates during the last twenty years, the situation seems stable but with low immunity, the babies pose a risk for post-infectious complications and are always in a need of prolonged hospitalization.

OBJECTIVES: To know the etiological agents of neonatal sepsis, and their antimicrobial susceptibility pattern.

METHODOLOGY: In all 115 neonatal cases were enrolled for the study. Antimicrobial susceptibility tests by Kirby Bauer Disc Diffusion method was administered under the study.

RESULTS: Out of the total sample size, early onset sepsis occurred in 76 (66.1%) and late onset sepsis in 39 (39%) neonates. Rates of infection were high among males (60%) as compared to females (40%). Culture proven sepsis was seen in 45 (39.1%) cases. Common isolated pathogen was Klebsiella pneumonia 13(29%) which was sensitive to Cotrimoxazole (69.2%), Sparfloxacin(15.3%) and Amikacin (15%). Second most common organism was Pseudomonas aeruginosa 9(20%) which was sensitive to Amikacin (88.8%), Ciprofloxacin (77.7%) and Piperacillin/Tazobactam (77.7%). Among the Gram positive organisms, Coagulase Negative Staphylococcus 7(15.5%) was predominant isolate which was sensitive to Linezolid (100%) and Piperacillin /Tazobactam (71.4%).

CONCLUSION: For effective management of neonatal septicaemia cases, study of bacteriological profile and regular antibiotic surveillance and evaluation, and enforcement and periodic review of antibiotic policy should be implemented in all the hospitals.

KEYWORDS: 1.HEALTH 2.NEONATAL 3.NEONATAL SEPSIS 4.RATE OF INFECTION
5.ISOLATED PATHOGEN 6.KLEBSIELLA PNEUMONIA 7.COTRIMOXAZOLE 8.GRAM
POSITIVE ORGANISMS 9.AMIKACIN.

8. Tondare; M.B. et al. (2014).

Acute Diarrhoeal Diseases among Preschool Children in Western Maharashtra, India. *National Journal of Community Medicine*, Vol.5(4):383-386.
G19554

INTRODUCTION: Acute Diarrhoeal diseases (ADD's) are reported to be the 2nd leading cause of child morbidity and mortality. Malnutrition and infectious diseases together play a major role in causing the high morbidity and mortality among children. Most of morbidity due to diarrhoea can adequately be managed at home since, the knowledge, attitude and health practices of the mothers directly reflect on the health and vitality of the child.

OBJECTIVES: To study the attack rate of Acute Diarrhoeal Disease among pre-school children and to study the socio-demographic variables of pre-school children suffering from Acute Diarrhoeal Disease.

METHODOLOGY: A community based longitudinal study was carried out among the pre-primary school children (3-5years) from private pre-primary school of urban area randomly selected. Subsequent three follow up visits were carried out at the interval of every 4 months. Total sample size of 155 children was taken under the study.

RESULTS: 88 out of 155 had attack of ADD one or more time giving an incidence rate of 0.632 episodes/ child/ year (attack rate 56.7%). The period prevalence of ADD was 9 percent during baseline data collection which increased to 17 percent and 27.7 percent during 1st & 2nd follow up and then decreased to 9 percent during the last visit. Higher proportions of ADD affected children were residing in nuclear type of family, belonging to middle socio-economic class, mothers were literate & housewives, born with order less than 2 compared to non ADD affected children. Significantly higher proportion of children affected by ADD had not got Exclusive breast feeding (41%) compared to non ADD affected children whereas total breast feeding was done for up to 2yrs (48.9%). On application of odds ratio to complementary feeding showed ADD 2.1 times more among children in whom weaning was started before 6months.

CONCLUSION: Maximum number of children from private pre-primary schools suffered with at least one attack of Acute Diarrhoeal Disease. Maternal illiteracy and working mothers found favorable factors in causing ADD. Immunization coverage, EBF and proper weaning play a very important role in prevention of infections in early life.

KEYWORDS: 1.HEALTH 2.DIARRHOEA 3.MORBIDITY 4.MALNUTRITION 5.ACUTE DIARRHOEAL DISEASES 6.ADD 7.EXCLUSIVE BREAST FEEDING.

9. Sudha Rani, G. and Rao, B. Babu. (2015).

Study on Reproductive Health Awareness among Adolescent Girls in Urban and Rural Field Practice Areas of Osmania Medical College. *International Journal of Current Research and Review*, Sep; 7(18):15-18. G19555

INTRODUCTION: Reproductive health is a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity in all matters relating to reproductive system and its functions and process. According to the WHO, reproductive and sexual ill-health accounts for 20 percent of the global burden of ill-health for women, and 14 percent for men. RCH phase II programme implementation plan, approved a technical strategy on adolescent reproductive and sexual health. The strategy focuses on reorganising the public health system in order to meet the service needs of adolescents.

OBJECTIVES: To assess the awareness level of adolescent girls regarding various reproductive health issues and to impart health education about menstrual hygiene among the adolescent girls.

METHODOLOGY: A total of 760 adolescent girls (380 in each area) were interviewed. Menstrual history and history of other bleeding conditions are taken and interviewed about awareness on reproductive health issues.

RESULTS: In the present study only 37.4 percent in rural area and 48.7 percent in urban area had prior knowledge on menstruation (before attaining it), and 61.3 percent of the rural subjects and 59.5 percent of the urban subjects did not know from which organ the menstrual blood was coming during menstruation. In those who knew about menstruation before attaining, mother was the main source of information in both rural (12.9%) and urban (18.2%) area. The mean age of menarche was 12.45 and 12.46 in rural and urban areas respectively. Majority of the rural respondents used cloth as absorbent during menstruation. Majority of the urban respondents used sanitary pads as absorbent. Majority girls whose mothers were illiterate or having low educational status used cloth or both as absorbent during menstruation in both rural and urban area. Majority of girls followed restrictions during menstruation. Most of the rural girls (42.9%) knew about the leucorrhoea as a white discharge when compared to urban girls (35.0%). Significant percentage of study subjects found to know that infection was one of the causes of leucorrhoea in urban and rural area with 42.1 percent and 30.1 percent respectively. In this study 47.7 percent in rural area and 54.5 percent in urban area knew correct legal age of marriage in girls.

CONCLUSION: There is poor knowledge regarding reproductive health issues in adolescent girls in both rural and urban areas. Hence there is urgent need to intervene in early adolescent period by imparting knowledge on reproductive health.

KEYWORDS: 1.HEALTH 2.REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.RCH 5.SEXUAL HEALTH 6.MENARCHE 7.MENSTRUATION 8.LEUCORRHOEA 9.LEGAL AGE OF MARRIAGE 10.PUBLIC HEALTH SYSTEM

10. Sadia ,C. et al. (2016).
Impact of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Protocol to Improve Child Survival in Baran District of Rajasthan, India. *Paripex. Indian Journal of Research*, Apr; 5 (4): 125-129
G19556

INTRODUCTION: Developing countries in today's scenario witness about 9 million children to die before they reach their fifth birthday, many of them during the first year of life. Approximately 28 percent of all deaths of newborns and 23 percent of all infant deaths in the world occur in India. At present almost 2/3rd of infant mortality is comprised of neonates; most of them die within the first week of life. More than 70 percent of the under- five child deaths are due to five diseases, namely pneumonia, diarrhea, malaria, measles and malnutrition, and often to a combination of these conditions.

OBJECTIVE: To assess the impact of IMNCI on child survival through ASHAs supervision.

METHODOLOGY: A longitudinal study located at Baran district, Rajasthan. A total sample of 618 ASHAs was selected for the study. The period of data collection was spread over two year.

RESULTS: At the time of first visit by the block supervisor, 618 ASHAs reported 2181 live births in their centres collectively. Out of 2181 births recorded only one –third (33%) new born were visited by the ASHAs in 24 hours of their birth. Second visit reported that (56%) of the new born were visited within 24 hours and on third visit the proportion increased to two-third (67%), a double increase in initial visits. Just two-fifth babies (21%) visited thrice in first seven days to Supervisors. Thereafter there was an increase to 43.5 percent in the second visit and further to nearly three-fifth (62%) after third visit. Progress was also observed in assessment of child's sickness, classification of disease and treatment for disease and so did in the referrals of sick child. Referrals of sick child also increased in second visit and declined in third visit. Number of deaths reported also declined further (1.1%) to (0.3%) in the study period. Babies falling in Red Classification as identified by ASHA were (0.9%) both at baseline and second visit while it declined further after third visit (0.5%). There was no change in either yellow classification from first (22.6%) to third visit (24.3%), or green classification from first (76.9%) to third visit (75.2%) but there was a decline in reporting of deaths in the young children from first (0.4%) to none in third visit which may be due to the fact that the sickness in young children were timely addressed.

CONCLUSION: Betterment in ASHA's understanding of IMNCI practices proved effective in refinement of her performance resulted in more visits, more referrals, more sick child visited by her ultimately resulting in improvement of child survival.

KEYWORDS: 1.HEALTH 2.ASHA 3.SUPERVISOR 4.NEONATES 5.IMNCI 6.CHILDHOOD ILLNESS 7.RED CLASSIFICATION 8.YELLOW CLASSIFICATION 9.REFERRALS 10.CHILD SURVIVAL

ICDS

11. Bhardwaj, P. et al. (2016).
Assessment of Growth Monitoring Activities under Integrated Child Development Services (ICDS) in Western Rajasthan. *International Journal of Medical Science and Public Health*. Vol. 5 (7): 1355-1359
G19558

INTRODUCTION: The Integrated Child Development Services (ICDS) Scheme characterizes one of the most unique programs for early childhood development by network of “Anganwadi Center” (AWC), which provides integrated services comprising supplementary nutrition, immunization, health checkup, referral services, preschool education, health and nutrition education. Growth monitoring by the field level worker called Anganwadi Worker (AWW) is an excellent tool for assessing the growth and development of a child and for detecting the earliest changes in growth to enable one to take appropriate action at the earliest. The AWW in ICDS program assumes a pivotal role in AWC owing to her close and continuous contact with the community.

OBJECTIVES: To assess the knowledge and practices of AWWs regarding growth monitoring activities and study the difficulties faced by AWWs in growth monitoring activity.

METHODOLOGY: This cross-sectional study was conducted at five AWCs in western Rajasthan for a period of 2 months. A total of five AWCs were taken as study units. The total sample size was 543 children.

RESULTS: Out of the total, 283 (52.1%) were male and 260 (47.9%) were female subjects. All AWWs were aware of the colors in the growth chart but how to mark the absentee period in growth chart was unknown to all. The practice of weighing the child was not ideally followed by 80 percent of anganwadis. The growth charts filled by the anganwadis showed that around 80 percent children were having normal nutrition with upward trend. Just 20 percent of the AWWs knew that the maximum growth of child was under 1 year. Only one fifth (20%) of the AWWs were aware about the most sensitive variable for measuring growth is weight. Similarly, only some (20%) AWWs had correct information about weight measuring session to be conducted on weekly basis. However, majority (80%) AWWs were aware of child’s weight was not increasingly continuous for 2 months as disturbed growth.

CONCLUSION: AWWs present inadequate knowledge about the growth monitoring and growth charts. The difficulties faced by the anganwadis are also a hindrance in giving their best in field. It is paramount for these workers to possess the correct knowledge and practices in their routine activities.

KEYWORDS: 1.ICDS 2.EARLY CHILDHOOD DEVELOPMENT 3.ANGANWADI CENTER 4.GROWTH MONITORING 5.GROWTH CHARTS.

12. Chudasama, R.K. et al. (2015).
Community Perception and Acceptance of Micronutrient Fortified Complementary Food in Integrated Child Development Services (ICDS), Gujarat, India. *Online Journal of Health and Allied Sciences*, Volume 12(3): 1-4.
G19560

INTRODUCTION: ICDS serves as an excellent platform for several development initiatives in India and aims at enhancing survival and development of children from the vulnerable sections of the society. It serves the extreme underprivileged communities of backward and remote areas of the country and delivers services right at the doorsteps of the beneficiaries to ensure their maximum participation.

OBJECTIVE: To assess supplementary nutrition activities and its related issues at Anganwadi Centres (AWCs) in different districts of Gujarat state, India.

METHODOLOGY: Total 60 AWCs were selected including 46 AWCs from rural area and 14 AWCs from urban area during April 2012 to March 2013 from 12 districts of Gujarat. Five AWCs were selected from one district randomly.

RESULTS: Under the study, in 70 percent AWCs, all enrolled children of 6 months to 3 years were receiving the supplementary nutrition, which was almost half (51.7%) for age group 3 to 6 years. High coverage of receiving SN among enrolled was reported in pregnant mothers (88.3%), lactating mothers (91.7%) and adolescents (86.7%). In a few (10%) AWCs, less than half (50%) of enrolled children were receiving SN. Just a quarter (25%) AWCs were providing Hot Cooked Food (HCF) to 3 to 6 years children. Less than half of the AWCs (48.3%) were providing ready to eat (RTE) food to 6 months to 3 years children, pregnant (46.7%) and lactating (46.7%) mothers, and adolescents (45%). Combination of both HCF and RTE was provided to 3 to 6 year's children in majority (70%) of AWCs. Supplementary nutrition was fully acceptable in most (90%) of AWCs, with no acceptability in least (1.7%) AWCs. Quality of SN was good (86.7%) and quantity adequate (95%) as replied by AWWs. Community participation was reported by AWWs, mainly in the form of providing food in most (85%) AWCs, but low in providing raw material (16.7%) and helping the AWWs in preparation/cooking of food. No shortage of SN supply was reported in most (58.7%) rural and urban AWCs (71.4%). Total 38.3 percent AWCs reported shortage of SN supply, more in rural (41.3%) compare to urban (28.6%). Various problems were reported by anganwadi workers related to supplementary nutrition like lack of storage facility (21.7%), non availability of separate kitchen (16.7%), poor quality of food (15.0%), irregular supply (13.3%), inadequate supply (13.3%), and fuel problem (5.0%).

CONCLUSION: The regular and adequate supply of SN shall improve the provision of hot cooked food, ready to eat food and take home ration to the beneficiaries as per the norms, leading to improvement of overall nutritional status of the community.

KEYWORDS: 1.ICDS 2.NUTRITION 3.ANGANWADI CENTRES (AWCS) 4.SUPPLEMENTARY NUTRITION 5.SUPPLEMENTARY NUTRITION (SN) 6. TAKE HOME RATION 7.ANGANWADI WORKERS 8.COMMUNITY PARTICIPATION 9.PREGNANT MOTHERS 10.LACTATING MOTHERS 11.HOT COOKED FOOD (HCF) 12.READY TO EAT (RTE).

13. Patni, M. (2013).
A Study on Quantitative Effect of Supplementary Nutrition Provided in Anganwadis in Predicting Physical Growth of Pre-Schooler. *International Journal of Medical Science and Public Health*, Vol. 2(4): 1011-1016.
G19559

INTRODUCTION: In ICDS program, Supplementary nutrition is provided through anganwadis, but malnutrition remains still a major problem in India, and thereby ICDS' performance remains unsatisfactory. Supplementary nutrition provided through anganwadis contributes to one third of calorie and one half of daily protein requirement of the child.

OBJECTIVES: To study quantitative effect of supplementary nutrition on physical growth of children beneficiaries of ICDS; and; to understand determinants of physical growth among children registered with ICDS anganwadis.

METHODOLOGY: a prospective cohort study done during September 2010 to August 2011. All children of three to five years of 6 randomly selected anganwadis of Jhagadia block of Bharuch district were selected for study.

RESULTS: Out of 104 children, 70 (67.3%) received adequate and 34 (32.7%) did not receive adequate supplementary nutrition. When baseline visit (visit 1) was taken into account, it was found that all the indicators of physical growth were lower in exposed group (mean weight = 10.9 kg, mean height = 86.9 cm) than the unexposed group (mean weight = 12.6 kg, mean height = 90.9 cm). Mean increase in weight in exposed group was 841 grams compared to near 1300 gram for unexposed group and the difference was found to be significant. The minimum, 1st quartile, median, 3rd quartile and maximum value of weight gain and height gain in exposed group i.e. children receiving supplementary nutrition up to 14 days per month and unexposed group i.e. children receiving supplementary nutrition more than 14 days per month over the period of one year. The weight gain and height gain over the period of one year in exposed and unexposed group by box whisker plot shows that the range of weight gain in children of exposed group (not received adequate supplementary nutrition) was from 300 gram to 1000 gram, while it was from 300 gram to 2500 gram in unexposed group (received adequate supplementary nutrition). Quartiles and median weight gain was also higher in the children who received adequate supplementary nutrition. Similar was the case with height gain, but it was not as remarkable as the difference which weight gain had among exposed and unexposed group. When supplementary nutrition is provided to the child for one day per month per year, a child gained 45 gram more weight as compared to child who did not avail supplementary nutrition even for a single day with the 95 percent confidence interval ranging from 34 gram to 56 gram.

CONCLUSION: Supplementary nutrition provided at anganwadi has significant impact on physical growth of its beneficiaries.

KEYWORDS: 1.ICDS 2.ANGANWADI CENTRE 3.MALNUTRITION 4.PROSPECTIVE COHORT STUDY 5.SUPPLEMENTARY NUTRITION 6.UNDERWEIGHT 7.PHYSICAL GROWTH 8.HEIGHT GAIN 9.WEIGHT GAIN 10.EXPOSED GROUP.

14. Meena, S., Kaushal, Rituja and Saxena, D.M. (2015).
Nutritional Status of Children Under Five Year of Age in Anganwadi
Centres in Kolar Area of Madhya Pradesh. *National Journal of Community
Medicine; Vol. 6(2): 247-252.*
G19557

INTRODUCTION: Under nutrition is responsible for half of all deaths in children under 5 and is widespread in Asia and Africa. The global trend in underweight prevalence continues to decrease between 1990(25%) and 2013(15%). In India, many comprehensive schemes & policies are working against this scourge, but still after so many years, after outpouring of so much revenue, persistent figures of malnutrition cannot be averted.

OBJECTIVES: To find out prevalence of malnutrition among urban slum's under five children, to evaluate association between socio-demographic factors and malnutrition and to assess the knowledge of caretaker about child feeding and child rearing practices and its association with malnutrition.

METHODOLOGY: A community based cross-sectional study. Sample size taken was 200 children under five years of age in Anganwadi centres in Kolar district, Madhya Pradesh.

RESULTS: Majority of children in the study population were in the age group of 25 to 36 months, with age ranging from 1 to 60 months. The mean age of the children was 33.25 month. Out of 200 children, 84 (42%) were boys and 116 (58%) were girls. Around 40 percent of the children above one year of age had mid arm circumference of less than 13.5 cm. Children who received colostrum (35.8%) showed low prevalence of malnutrition (p value < .001). Exclusive breast feeding for six months has a definite role in the malnutrition as children received exclusive breast feeding (25.8%) for six months showed low prevalence of malnutrition (p value < .001). Mother's age at marriage is significantly associated with malnutrition as prevalence of malnutrition showed increase in prevalence where age of mother at marriage is less than eighteen years (71.6%) (p value <0.001). Just 13.8 percent of mothers had knowledge about balanced diet (p value < .001) that shows decrease in prevalence for malnutrition. As per new WHO child growth standards it was found that about half (51%) of under five children had various degree of malnutrition. Accordingly, majority (49%) was normal children, followed by moderately undernourished children (35%), and severely undernourished children (16%). On the basis of clinical examination the prevalence of malnutrition was 49 percent. Most (93.2%) of malnourished children also have pale conjunctiva which indicates anemia was very much prevalent in malnourished children.

CONCLUSION: As overall prevalence of malnutrition in slum dwellers of Madhya Pradesh is still high in comparison to declining trends in many other parts of the world, socio demographic profile plus awareness about malnutrition of slum

dweller's needs to be improved by forceful implementation of already existing policies along with latest reforms.

KEYWORDS: 1. ICDS 2.MALNUTRITION 3.ANGANWADI CENTRE 4.UNDER FIVE AGE GROUP 5.EPIDEMIOLOGICAL DETERMINANTS 6.MID ARM CIRCUMFERENCE 7. KOLAR.

NUTRITION

15. Bhowal, K. et al. (2015).
A Study on the Assessment of BMI and its Association with IQ among Rural Primary School Children in West Bengal, India. *International Journal of Current Research and Review*, Dec; 7(23):26-29.
G19564

INTRODUCTION: Child development is an important determinant of health over the life course and its relationship with cognitive development has grown in the last few decades. Early developmental opportunities establish a critical foundation for children's academic success, health, and general well-being. Malnutrition, both under and over, is a serious public health problem related to increased risk of mortality, morbidity and overall development of children. Nutrition is one of the crucial factors affecting cognitive development in children as many studies indicate that childhood IQ associated with childhood obesity and BMI values.

OBJECTIVES: To determine the body mass index and IQ of children; to assess malnutrition of rural primary school children in terms of body mass index; to examine the association between body mass index and IQ.

METHODOLOGY: The samples were randomly selected among four rural primary school children of Ramnagar district, West Bengal. A total of 560 students aged 6–8 years (280 boys and 280 girls) participated in the study. Tools as Anthropometric method for BMI and Raven's Progressive Matrices test were employed in the study.

RESULTS: According to BMI for age, out of 280 boys one-third (33.6%) fall in the severely wasted category, more than a quarter (28.6%) were wasted, while another one-third (34.3%) were normal. A few (2.9%) were found to be overweight and much lesser (0.7%) obese also. Amongst 280 girls, less than a quarter (23.9%) were found to be severely wasted, and about 27.2 percent were wasted. However, a sizeable fraction (43.6%) were normal while a few (3.9%) were overweight and even lesser (1.4%) obese. Out of total 560 children the total children falling into severely wasted category were 28.8 percent, while a similar figure was posed for wasted (28%) children, more than one-third (38.8%) were normal. While a negligible fraction (3.9%) accounted for overweight and (1.1%) obese. According to the Raven Progressive Matrices test out of 280 boys majority (50%) were found to be intelligently impaired, followed by below average (23.6%), intelligently average (21.8%), above average (3.9%), and least were found to be intelligently superior (0.7%) respectively. Out of 280 girls majority (51.4%) were found to be intelligently impaired, followed by below average (25%), intelligently average (21.1%) and least were found to be above average (2.5%) respectively.

Out of total 560 school children majority (50.7%) were found to be intelligently impaired, followed by below average (24.3%), intelligently average (21.4%), above average (3.2%) and least were found to be intelligently superior (0.4%) respectively.

CONCLUSION: The study highlights the prevalence of micronutrient malnutrition among the rural school children reveals that the boys are more vulnerable to under nutrition but girls are more prone to overweight and obesity. Boys were intelligently superior to girls. A significant positive correlation between body mass index and IQ exists among them. Overweight and obesity exists in rural population in both sexes.

KEYWORDS: 1.NUTRITION 2.BODY MASS INDEX (BMI) 3.PRIMARY SCHOOL 4.IQ 5.OVERWEIGHT 6.OBESE 7.OBESITY 8.MICRONUTRIENT 9.SEVERELY WASTED 10.WASTED 11.IN-TELLIGENTLY SUPERIOR 12.INTELLIGENTLY IMPAIRED 13.INTELLIGENTLY AVERAGE.

16. Golawar S.H. (2016).
Determinants of Breast Feeding and Complimentary Feeding Practices in Rural Children Population of Central India. *PARIPEX. Indian Journal of Research*; Vol. 5(4): 60-62.
G19561

INTRODUCTION: Appropriate Infant and Young Child Feeding in early age of life are widely identified as important factor for ideal child growth and development. Malnutrition has been responsible, directly or indirectly, for 60 percent of all deaths among children less than 5 years of age in India annually. Infant and child feeding in a community is influenced by variety of factors operating at the individual, family, and community level.

OBJECTIVES: To assess determinants of breastfeeding and complimentary feeding practices among children aged (0-23 months) in rural area of Nagpur, Maharashtra.

METHODOLOGY: A descriptive cross-sectional study conducted from December 2014 to March 2015 in three villages of a sub centre Patansavangi in rural area of Nagpur district. A total of 363 children of 0-23 month of age were studied for breastfeeding and complimentary feeding practices using a standard pretested & pre-validated questionnaire.

RESULTS: The study group comprised of 363 under two years children, out of which 93 were of age group 0-5 months and 270 were in age group of 6-23 months. Of 363 studied subjects, mothers of 213 (58.7%) initiated breastfeeding within one hour. Literate mothers were 2.73 times more likely to initiate breastfeeding within one hour as compared to illiterate mothers. Of 270 study subjects in age group of 6-23 months exclusive breastfeeding up to 6 months was done in 115(42.6%) subjects and 160 (59.2%) of the mothers initiated complementary feeding at the age of 6 months. On bivariate analysis early initiation of breast feeding, exclusive breast feeding and timely introduction of complimentary feeding was higher in literate mothers, Pregnancy at the age of more than 19 years, mothers having more than 3 ANC visits, multi-parity and those who had institutional delivery.

CONCLUSION: This study clearly highlights the importance of imparting health education, encouragement and adequate support by health care workers and traditional birth attendants to mothers regarding appropriate IYCF practices.

KEYWORDS: 1.NUTRITION 2.BREASTFEEDING PRACTICES 3.EXCLUSIVE BREASTFEEDING 4.COMPLIMENTARY FEEDING 5.DETERMINANTS 6.IYCF 7. INSTITUTIONAL DELIVERY 8. TRADITIONAL BIRTH ATTENDANTS

17. Singh, S.K. et al. (2014).
Impact of Educational Status of Parents on Nutritional Status of Adolescent Girls - A Cross Sectional Study. *National Journal of Community Medicine*.
Vol. 5(3):266-269
G19562

INTRODUCTION: The adolescent period is regarded very essential as it comprises of the formative years in life where major physical, psychological and behavioral changes take place. This is also the period of preparation for undertaking greater responsibilities including hale and hearty responsible parenthood. Nutritional and health needs of the adolescents are also more important because of constraint for growth erupt and increase in physical activity. During adolescence 20 percent of adult height is attained and 50 percent of adult bone mass gained. Girls deposit twice as much body fat as boys at this time and boys double their lean body mass. As a result nutrition requirement peak in adolescent.

OBJECTIVES: To study the effects of parental education on nutritional status of the adolescent girl.

METHODOLOGY: A community based cross sectional study was carried out among 400 randomly selected adolescent girls belonging to a block in Muzaffarnagar (UP).

RESULTS: Maximum girls were educated up to primary class (28.5%) followed by middle class (21.8%), high school (19%) and Intermediate (18.8%) while 8.6 percent of girls were graduate. Only a few (1.5%) girls were illiterate and similarly some (1.8%) were just literate. Prevalence of under nutrition was maximum (50%) in illiterate girls, followed by girls who were just literate (42.9%). About 30.7 percent under nutrition was found in girls who were educated till primary, 23 percent in girls who were educated up to middle, 13.2 percent under nutrition was found in girls who were educated till high school and least prevalence of under nutrition was found in girls who were graduate (8.6%). The prevalence of under nutrition was maximum (50%) in adolescent girls whose mothers were illiterate, two-fifth (41%) in girls whose mothers were just illiterate, followed by primary (26.1%), middle (17.7%), high school (15.6%) and (13.8%) in intermediate and graduate respectively. The difference in prevalence of under nutrition in relation with education status of mother was found significant ($p < 0.05$). Prevalence of under nutrition was maximum (100%) in adolescent girls whose fathers were illiterate, more than three-fifth (62.5%) in girls whose fathers were just illiterate, followed by primary (42.6%), middle (28.8%), high school (20.9%), (11.6%) intermediate and (5.9%) graduate respectively.

CONCLUSION: Health of an individual is directly related to the education of their parents, which is an important issue in nutritional status of Adolescent girls in Muzzafarnagar (UP).

KEYWORDS: 1.NUTRITION 2.NUTRITIONAL STATUS 3.UNDER NUTRITION 4.ADULT HEIGHT 5.ADULT WEIGHT 6.PARENTAL EDUCATION 7.ADOLESCENT GIRLS 8.LITERACY.

18. Niba. J, et al. (2016).
A Study on Knowledge Regarding Prevention of Iron Deficiency Anemia among Adolescent Girls in Selected Pre-University Colleges of Mangaluru. *International Journal of Current Research and Review*, Sept; 8(18):5-7 G19563

INTRODUCTION: Adolescent period is a critical link between childhood and adulthood, characterized by significant physical, psychological, and social transitions. Adolescent girls are particularly vulnerable to nutritional problems and anemia is one among them. Adequate knowledge can promote good practice and help in the prevention of iron deficiency anaemia.

OBJECTIVES: To determine the knowledge regarding prevention of iron deficiency anemia among adolescent girls and to find the association between knowledge scores and selected demographic variables.

METHODOLOGY: A descriptive survey approach was used in the study, non probability purposive sampling technique was used to select 100 adolescent girls.

RESULTS: The study revealed that majority (53%) of girls were in the age group of 15-16 years. Regarding parental education, majority (46%) of parents had high school education. Nearly three-fifth (57%) of the student's parents had business as occupation. Majority (86%) belonged to nuclear family. About three-fourth (73%) were residing in urban area. A two-fifth proportion (41%) had family income of Rs.10000-20000/month. Among the sample who received the information regarding prevention of iron deficiency anaemia, (47%) received from media and (45%) from family and friends. It was seen that majority (84%) of the study sample had moderately adequate knowledge, 11 percent possessed inadequate knowledge and 5 percent had adequate knowledge regarding prevention of iron deficiency anaemia. The mean knowledge score of adolescent girls was 13.05 ± 3.056 . Area wise knowledge assessment was found about iron deficiency anemia was 59.9 percent, while more than two-fifth (43%) causes or risk factor of iron deficiency anemia, and 35.8 percent showed signs and symptoms of iron deficiency anemia, About three-fifth (59%) had physiology and diagnostic measures of iron deficiency anemia, management of iron deficiency anaemia was 43.6 percent, prevention of iron deficiency anemia was 64.5 percent respectively. The study did not show any significant association between the knowledge score and the selected demographic variables ($p > 0.05$).

CONCLUSION: This study concluded that majority (84%) of the study sample had moderately adequate knowledge on prevention of iron deficiency anemia so it is advisable to provide educational programs for the adolescent girls regarding iron deficiency anemia.

KEYWORDS: 1.NUTRITION 2.ADOLESCENT GIRLS 3.NUTRITIONAL PROBLEMS 4.ANAEMIA 5.KNOWLEDGE SCORE 6.IRON DEFICIENCY.

B. Research Abstracts on Child Protection HEALTH

19. Ghelani, P , Inamdar, Sameer and Inamdar, Savita. (2014).
A Cross-sectional Study on Immunization Status of School Going
Adolescents in Indore, Madhya Pradesh. *National Journal of Community
Medicine. Vol. 5(1):57-60*
G19566

INTRODUCTION: Lack of knowledge, non-availability or non-affordability, makes the Immunization program, that is one of the most cost-effective health strategies, not so successful. Identifying the factors such as socio-economic status of parents, educational status of the mother and responsible attitude of givers and takers of vaccine would ultimately affect the immunization coverage.

OBJECTIVES: To determine the adolescent immunization status along with knowing the existence of gender bias in immunization coverage; and; to determine the impact of socioeconomic, educational status and awareness of parents on the immunization coverage.

METHODOLOGY: The study was carried out in schools of Indore in 2000 school-going adolescents, from total 28 schools selected for study.

Results: A total of 2000 children were included, of which 1080 (54%) were males and 920 (46%) were females. Out of total subjects studied, 740 (37%) children belonged to high socio-economic class whereas 760 (38%) and 500 (25%) children belonged to middle and lower socio-economic class respectively. Maximum number of children included in the study belonged to mother with High school level (35%) education followed by mothers with education level up to Primary school (25%), Graduation (17%) and Post graduation 260 (13%) respectively. Majority (62%) children were fully immunized, while some (34%) children were partially immunized and a few (4%) remain unimmunized. Immunization coverage was 61.1 percent (for full immunization) in males as compared to 63 percent (for full immunization) females in all the age groups, partial immunization also showing same trends in male (33.3%) Vs female (34.8%) suggesting the lack of significant gender bias ($p = 0.38$). The significant decrease in coverage for the first booster doses of OPV and DPT (48%) for both vaccines and even more for the second booster doses of these vaccines (28%) in comparison to coverage for OPV 1, 2 and 3; DPT 1, 2 and 3 doses (96% and 90% respectively) suggests lack of awareness in society regarding vaccination beyond infancy. The full immunization coverage was much lower (41.7%) in candidates vaccinated at PHC in comparison to the other three places of vaccination (66.7% to 73.9%). The percentage of fully immunized adolescents in the age group 10-12 years was two-third (66.7%) in the age group 13-15 years while it was more than half (56.5%) for adolescents above 16 years who were fully immunized. The immunization coverage increased as the education of the mothers increased with maximum percentage (84.6%) of children being fully immunized belonging to mothers who were postgraduates.

CONCLUSION: Certain loopholes and lack of understanding regarding vaccination beyond 2 yrs (especially beyond 10 yrs) and optional vaccines is an issue of concern. Government shall focus on this issue and put special emphasis over publicity and advertisement of vaccination beyond 2 years to improve the awareness in society.

KEYWORDS: 1.HEALTH 2.IMMUNIZATION 3.VACCINATION 4.ADOLESCENTS
5.IMMUNIZATION STATUS 6.IMMUNIZATION COVERAGE PHC 7.OPV 8.DPT 9.BOOSTER
DOSES.

20. Patel, Mamta Arvindbal and Bhavsar, C.D. (2016). Tobacco Abuse in Adolescents and Young Adults of Ahmadabad and Pertinent Epidemiologic Measures. *Paripex. Indian Journal of Research*, Apr; 5 (4): 188-190.
G19565

INTRODUCTION: Drug abuse is one of the major risks which rapidly get adopted in adolescents and young adults. Tobacco, a cheapest and easily available legal drug which is widely used by these communities as result of influenced and pleasure seeking mental status. Tobacco turns out to be an attractive but hazardous association between life and death. Hundreds of thousands of young men start daily consumption of tobacco in their late teens and early twenties. Tobacco obsession is a fragile one and user can also choose not to use it at all. But this event requires efforts, Efforts to save young generation by improving their awareness about current pervasiveness of peer group on tobacco use and thereby trapping themselves dangerous consequences of it.

OBJECTIVES: To determine the prevalence of tobacco consumption in young adults and adolescents who are having age between 15 to 24 years and residing in Ahmadabad; to identify risk factors of different types of tobacco consumption among subjects.

METHODOLOGY: A self organized cross sectional population based survey was conducted which included 570 adolescents (15 to 19 years) and young adults (20 to 24 years) from Ahmadabad city.

RESULTS: The finding summarizes the proportions and the output of procedure of multiple logistic regression of use of combusting tobacco products among adolescents and young adults of Ahmadabad. Girls were comparatively less likely ($OR=0.127^*<1$) to get addicted by smoking than Boys. Sikhs were less likely ($OR=0.410^*<1$) and Muslims were more likely ($OR=1.813^*>1$) to become daily smokers than Hindus. Subjects having education of 8 to 12 years were significantly less likely ($OR=0.361^*<1$) to get an exposure of smoking than illiterates. The proportions and the output of procedure of multiple logistic regression of use of non combusting tobacco products among adolescents and young adults of Ahmedabad. Girls were significantly less likely ($OR=0.390^*<1$) to get addicted by smoking than boys. Subjects of schedule cast were significantly more likely ($OR=5.205^*>1$) to get an exposure of smoking than General cast subjects. Educated subjects were significantly less likely to get an addiction smoking than illiterates.

CONCLUSION: The study depicts that a majority of the respondents were habituated with smokeless tobacco use. Male, Muslims, schedule cast subjects

and illiterate subjects were found to be vulnerable of addiction of smoking. No significant effect of awareness of ill effects was found on prevalence of smoking and smokeless tobacco. Male, schedule cast subjects and illiterates were significantly at high risk of getting addicted by smokeless tobacco abuse.

KEYWORDS: 1.HEALTH 2.TOBACCO 3.ADOLESCENTS 4.YOUNG ADULTS 5.TOBACCO CONSUMPTION 6.TOBACCO ABUSE 7.RISK FACTORS 8.SMOKELESS TOBACCO 9.NON-COMBUSTING TOBACCO.

21. Raut, A. (2016).
Substance Abuse Disorder Among Youth: A Cross-Sectional Study From
A Slum In Mumbai. *International Journal of Current Research and Review*,
8(12):6-13.
G19567

INTRODUCTION: The youth population in a country like India, with lack of access to appropriate health information is susceptible to the global concern for the rising premature morbidity and mortality due to non-communicable diseases as cardiovascular diseases, diabetes, obesity, cancers, etc. As the non-communicable diseases (NCDs) are gradually evolved diseases, their early clinical recognition is intricate. Seeing that the patterns of these diseases are strongly related to the changing lifestyle disorders, therefore early detection of these parameters or 'risk factors' could ultimately lead to prevent the progress of diseases. As such, the major risk factors for these non-communicable diseases are smoking, alcohol abuse, a sedentary lifestyle, and an unhealthy diet.

OBJECTIVES: To study the magnitude, patterns and various determinants of substance abuse disorders prevalent in the youth population in a slum of Mumbai.

METHODOLOGY: A cross-sectional study conducted in Malvani slum area of Mumbai among 540 youth between 15 to 24 years of age. Two-stage systematic random sampling method was used with individual household being the sampling unit.

RESULTS: Around two-fifth (37.7%) of the youth was in the adolescent age group (10 -19 years). More than half (52.4%) participants were males while rest (47.6%) was females. More than three-fifth (61.1%) of the participants were Muslims, while remaining constituted Hindus (38.1%) and other religions (0.8%) of participants. About 206 (38.1%) of the participants were married. Majority (72.8%) of the participants lived in joint families, some (8.7%) lived in nuclear families while other (18.5%) population was living either with some of their relatives or staying at their work place e.g. 'jarikarkhana'. As compared to males (34.6%) more females (58.4%) had received primary education however some males (15.3%) had received higher education as compared to females (5.1%). Most of the females (85.6%) were unemployed while majority of males (48.4%) were involved in semiskilled jobs. The impact of the substance abuse can be inferred from most (43.5%) of the participants who had a history of substance abuse. Tobacco chewed in raw form was the most common (91.5%) substance abuse seen followed by smoking (46.4%). Other abused substances (14.5%) were 'bhang goli', whitener solution, charas etc. Most (98.5%) of them were aware of the health hazards caused by such substance abuse. Cancer (46.9%) was the most common condition named by followed by Tuberculosis (38.3%). According to some (14%) the age of initiation for substance abuse had began before 13 years of age. Majority (78.3%) had taken to substance abuse in adolescence. The reasons for initiating the habit of substance abuse showcases majority (91.4%) of participants who had at least one family member who abused similar substance in their homes, followed by peer pressure (85.5%) was identified as the cause for

starting substance abuse. A significant three-fifth (61.2%) of the participants owed their habit of substance abuse to inquisitiveness. Gender wise distribution of study participants by substance abuse shows that more than one-fifth (22.6%) of the females had substance abuse history. The association between male gender and substance abuse was found to be statistically significant, Chi square value 87.5 with DF = 1 and P < 0.001. Those who did not had a history of substance abuse at their homes, history of abuse was found to be 21.7 percent. While those with a history of abuse at home, less than half (48%) took up to substance abuse.

CONCLUSION: The gap between knowledge and practice was marked in case of substance abuse. Alternative approaches will have to be tapped to find out the effective strategies to prevent the youth from indulging in substance.

KEYWORDS: 1.HEALTH 2.SUBSTANCE ABUSE 3.ADOLESCENTS 4.PRIMARY EDUCATION 5.NON COMMUNICABLE DISEASES 6.RISK FACTORS 7.JARIKARKHANA 8.TOBACCO 9.SMOKING 10.ALCOHOL 11.BHAANG GOLI 12.WHITENER SOLUTION 13.CHARAS.

C. Women and Gender Issues

HEALTH

22. Arunadevi, V. and Prasad, Geetha. (2015).
Knowledge and Awareness of Cervical Cancer among Women in Rural
India. *International Journal of Current Research and Review*, 7(21): 29-
32.
G19568

INTRODUCTION: With an estimated 5,50,700 new cases and 2,86,823 deaths due to uterine cervix cancer in the year 2010, it accounts for the second most common cancer among women globally. India alone holds a burden of one-fourth of the global cervix cancer. Several tests have been developed to screen women for cervix pre-cancers and cancers. Pap test has repeatedly demonstrated good specificity ranging from 86 percent to 100 percent. Cytology based screening programmes are labor intensive and logistically burdensome. Despite the low consumable cost, high quality cytology is expensive in absolute terms and may not necessarily be the most cost-effective option for screening.

OBJECTIVES: To assess knowledge and attitudes about Human Papilloma virus (HPV), cervical cancer and its screening among women using a structured questionnaire to obtain information.

METHODOLOGY: A cross section interview based survey was conducted in May 2015. 200 women attending a well women clinic were asked to complete a questionnaire assessing cervical cancer awareness and specific knowledge about prevention of the disease.

Results: The result showed that 38 percent respondents recognized that cervical cancer is the most common malignancy in gynecological cancers, while 28 percent thought that it is moderately common and 34 percent thought that it is least common, 36 percent were aware that it is the second most common gynecological cancer leading to death. Majority (63%) were aware that infection is one of the causes of cervical cancer, followed by environment (21.5%) and some opted for genetics (17%). 19 percent of the sample said that they “don’t know” the cause of cervical cancer. Of all the respondents who opted for infection half (49%) said virus is the cause of that infection, Other responses were bacteria (22%), fungus (19%) and parasite (8%). 16 percent of the study population who opted for virus were aware that HPV is that virus. None of the respondents were aware of the correct technique to detect HPV, which is PCR. Sexual practice which included unprotected sex was the most common risk factors observed (32%). Most common presenting complaint reported was vaginal bleeding (38%) and vaginal discharge (24%). While few thought lower abdominal pain (15%), swelling of cervix (9%), itching (6.5%) could also be the initial symptoms patients with cervical cancer present with. 21 percent answered the correct treatment

option which was “to treat according to the stage of the disease”. 34 percent were of the opinion that radiotherapy is required to cure cervical cancer, whereas 26 percent were in favour of surgery and 19 percent for chemotherapy. 78 percent of respondents were aware that pap smear is the screening test for cervical cancer. Ultrasonogram (14%), Biopsy (5%), Radiological scans (3%) were few of the incorrect responses observed. Majority of respondents were aware of the correct time to start screening which is after first coitus (62%). In total only 13 out of 200 were aware of the vaccine against HPV. Majority of the respondents opted for health professionals (48%) and mass media (41%) as a source through which knowledge concerning cervical cancer, 11 percent found special lectures and conferences to be a good source to obtain information.

CONCLUSION: Choosing a suitable screening test with good efficacy and one which is replicable, affordable, feasible for implementation with respect to available technical expertise and manpower is an important aspect of a screening program. Highly effective HPV prophylactic vaccines are now available for prevention of cervix cancers. Hence, early detection and treatment needs to be continued for millions of women who are already infected and who may not receive vaccination in the near future.

KEYWORDS: 1.HEALTH 2.WOMEN HEALTH 3.CERVIX CANCER 4.HUMAN PAPILLOMA VIRUS (HPV) 5.GYNECOLOGICAL CANCER 6.CYTOLOGY 7.ULTRASONOGRAM 8.VAGINAL DISCHARGE.

23. Kumar, D. and Goel, Ajay Kumar. (2016).
Understanding Mothers Awareness about Maternal Health Care Services
among Baiga Tribe in Madhya Pradesh. *PARIPEX. Indian Journal of
Research; April; 5(4): 20-22.*
G19569

INTRODUCTION: Recovering maternal health among tribal population is significant due to poor utilization of health care services. The maternal factors contribute neonatal mortality have their origin before the baby born. In rural and tribal areas of Madhya Pradesh, mostly women are socially backward, low economical development, illiterate and not aware regarding the utilization of health services that are availed by the government of India.

OBJECTIVE: To assess the younger and older mothers awareness on maternal health care services particularly antenatal and natal care during pregnancy.

METHODOLOGY: A cross sectional survey was conducted in 24 villages with 500 ever married women were covered from 460 household with a probability proportion to size sampling technique.

RESULTS: Out of 460 currently married women, about two-third (64.6%) were less than 30 year (younger age group) while rest (35.4%) were more than 30 year (older age group). It was observed that 5 percent women literate were among older age while it was seen that 21.5 percent were in younger age group. Rate of literacy among younger women was significantly higher ($\chi^2=19.03$, $P<.01$). It was found that majority of the women (87%) in younger and similar in older group (88%) were dependent on daily wages as labor work. The average age at marriage of women was observed at 17 years. Regarding Antenatal Care components, less than three-fifth of younger (58%) and more than two-fifth of older women (44%) knew about the maternal health care services. Thus, it was younger women having more knowledge ($p<0.0024$) than to older women. It was observed that half (50%) women in both groups know the source of ANC checkups as Anganwadi Kendra and younger women had more knowledge (41%) as ANM/LHV concern. About three-fifth (75%) women in both groups know that ANC required during pregnancy. Less than a quarter (24%) younger women had more knowledge than older women (16%) for first visit of ANC checkup in first trimester (<3 months of pregnancy). Another 29 percent younger women know that first ANC required in second trimester and 19 percent in third trimester of pregnancy as compared to older women who reported having knowledge of first ANC (29%) in second trimester and in third trimester (30%). Knowledge regarding the month first ANC between younger and older women was found statistically significant. Information about knowledge regarding immunization of Tetanus Toxide injection (68.7%) and consumption of recommended Iron folic Acid tablet (68.4%) was also little higher in younger group. It was also observed that knowledge of full dose of tetanus toxide injection in younger women (51%) higher than older women (45%). About 72 percent older women were not aware about the recommended full dose of Iron folic acid as compared to younger women

(56%). About three-fifth (59.5%) older women as compared to younger women (48.8%) reported that home delivery is better than institutional delivery. About half (51.2%) younger women reported that health institutional delivery is better place of delivery than older women (40.5%). Knowledge regarding better place of delivery between younger and older women is statistically significant ($\chi^2=4.82$, $p<0.028$). Two-fifth (42.1%) younger women know that deliveries were assisted by ANM compared to older women (28.8%). Unexpectedly the knowledge for use of home disposable kit for home delivery was very poor in both groups of women.

CONCLUSION: The knowledge of maternal health care services among tribal women vestiges very poor, especially in older women. Therefore, for improve the knowledge on MCH services, there is a need of special key intervention in relation to MCH services.

KEYWORDS: 1.WOMEN HEALTH 2.MATERNAL HEALTH CARE 3.MCH 4.ANTENATAL CARE (ANC) 5.ANGANWADI KENDRA 6.ANM/LHV 7.TETANUS TOXIDE 8.HOME DELIVERY 9.INSTITUTIONAL DELIVERY 10.HOME DISPOSABLE KIT.

NUTRITION

24. Mahashabde, P. et al. (2014).
Prevalence of Anaemia and its Socio-demographic Determinants in Pregnant Women: a Cross-Sectional Study in Tertiary Health Care setup in Central India. *National Journal of Community Medicine*. Vol. 5(1): 126-130.
G19570

INTRODUCTION: Anaemia in pregnancy accounts for one fifth of maternal deaths & is a major factor responsible for low birth weight. According to World Health Organization (WHO), low dietary intake of iron and folate, high prevalence of anaemia and its adverse health consequences, contributes directly to 20 percent of maternal deaths & indirectly to a further 20 percent.

OBJECTIVES: To determine the prevalence of anaemia in pregnant women and to determine association of anaemia and socio-demographic factors.

METHODOLOGY: A descriptive cross sectional study was conducted among pregnant women during March- May 2013 using pre-designed, pretested structured schedule. Hemoglobin estimation was done by Sahli's method and anaemia was graded according to WHO criteria.

RESULTS: The study included 300 pregnant women having an average age of 22.73 ± 3.123 yrs ranging from 18 to 36 yrs. More than half (58%) of the study subjects were from joint families. A majority of women were housewives 267 (89%), about 115 (38.3%) had studied up to middle school followed by 69(23%) who were illiterate. The age of marriage for most women 164 (54.7%) was below 18 yrs followed by 125 (41.7%) between 19-24 yrs with mean age of marriage of 18.76 ± 2.8 years. The age of marriage for most women 164 (54.7%) was below 18 yrs followed by 125 (41.7%) between 19-24 yrs with mean age of marriage of 18.76 ± 2.856 years. Majority had their first pregnancy 178 (59.3%) between 18-21yrs, followed by 67(22.3%) between 22-25yrs with mean age of first pregnancy being 20.61 ± 2.571 years. Out of 300 women examined 188 (62.7%) were found anaemic. Moderate anaemia was found in 91(48.40%) followed by 90 (47.87%) who had mild anaemia. Thus prevalence of mild & moderate anaemia was found to be high in comparison to severe anaemia. Mean hemoglobin was found to be 10.27 ± 1.65 gm/dl between 4 to 14gm/dl. A total of 215 (71.7%) were registered during antenatal period. About 227(75.7%) women received IFA tablets while 73(24.3%) didn't received tablets. The prevalence of anaemia in of was found more in unemployed (65.92%) than the employed women (36.37%). The association between occupation of pregnant women and their anaemic status was found to be statistically significant ($P=0.001$). It was observed that 75.8 percent of Muslims were suffering from anaemia when compared with 59 percent of Hindu. The association observed between Hindu and Muslims with prevalence of anaemia during pregnancy was significant (Chi square = 6.19, d(f) 1, $P= 0.013$).

Anaemia was detected in 72.6 percent (53) of pregnant women who had not taken IFA tablets as compared to 59.5 percent (135) who had taken IFA tablets. This difference was found to be significant ($P=0.044$).

CONCLUSION: Anaemia in pregnancy is associated with adverse consequences both for the mother and the fetus. Health education should be provided both to pregnant women as well as adolescent girls about proper nutrition and importance of anaemia free pregnancy.

KEYWORDS: 1.NUTRITION 2.ANAEMIA 3.WHO CRITERIA 4.LOW BIRTH WEIGHT 5.PREGNANT WOMEN 6.HEMOGLOBIN 7.LOW DIETARY INTAKE 8.IRON AND FOLATE 9.IFA TABLETS.

WOMEN WELFARE

25. Kalaiselvi, A. (2016).
Work Related Stress among Working Women in Coimbatore City. *Paripex. Indian Journal of Research*; Vol. 5(5): 197-199.
G19571

INTRODUCTION: Stress is the inability to cope with a real or imagined threat to one's mental, physical, emotional, and spiritual well-being which results in a series of physiological responses and adaptations. Women may suffer from mental and the physical harassment at workplace, apart from the common job stress. Sexual harassment in the work place has been a major source of the worry for the women, since long. Women may suffer from the tremendous stress such as hostile work environment harassment or offensive or intimidating behavior in the workplace.

OBJECTIVES: To analyze how the demographical factors affect the working women; to investigate the working environment and the work related stress among working women.

METHODOLOGY: Simple random sampling method with a sample size of 150 working women was taken. Survey method was employed to collect the data from the respondents.

RESULTS: The location of Work Place was situated mostly in city (46%), followed by semi urban areas (24%), urban areas (22%) and least in rural areas (8%). Some (10%) of the respondents mentioned that the working hours stretched above 8 hours per day. For most respondents travelling distance was about 10-15 minutes. However, a few (6%) respondents were spending more than 60 minutes to reach from their home to location of work place and vice versa. Nearly one-third (33%) of the respondents agreed the lack of job security as one of the causes for stress and a two-fifth (42%) agreed that too much responsibilities as cause for stress. About a third (36%) of the respondents neither agreed nor disagreed that heavy workload was the cause for stress and 47 percent of the respondents agreed that little scope for personal growth was the cause for stress. Nearly a third (32%) of the respondents agreed that lack of freedom to make decision was the cause for stress and another one-third (34%) of the respondents was neither agree or disagree the unsatisfactory working condition was the cause for the stress. 40 percent of the respondents neither agreed nor disagreed that lack of clarity in job assignments was the cause for stress and 44 percent of the respondents agreed that the monotonous, repetitiveness and boredom nature of job was the cause for stress.

CONCLUSION: The working women have a lot of stress due to their work. Majority of the women's share their problems with family. The stress cannot be avoided, so it should be managed with the proper usage of management techniques.

KEYWORDS: 1.SOCIAL WELFARE 2.STRESS 3.WORKING WOMEN 4.WORK PLACE 5.JOB SECURITY 6.SEXUAL HARASSMENT 7.HEAVY WORKLOAD 8.JOB STRESS 9.HOSTILE WORK ENVIRONMENT HARASSMENT 10.STRESS MANAGEMENT.

26. Kavya, C.N. and S. Manjunatha. (2015).
A Sociological Study on the Role of Gram Panchayats in Women Empowerment in Karnataka State. *International Journal of Current Research and Review*, 7(23):54-58
G19572

INTRODUCTION: The 73rd Amendment to the Constitution paves the way to the process of decentralization of power three tier panchayat system has been implemented in India. It aimed at the development of a planned village which is taken for counting to play its role at the level of villages the Gram Panchayat was given prominence to make special works with regards to the development of villages.

OBJECTIVES: To examine the role of Gram Panchayats in empowering women in Karnataka state; and; to understand the social, educational, economical and political empowerment of women members of Gram Panchayats in Karnataka state.

METHODOLOGY: A total sample size of 50 women members of Gram Panchayats were selected with the help of simple random sampling method in Hassan taluk of Karnataka state.

RESULTS: Out of the total sample, majority (70%) of the respondents were in the age-group of 41-50 years followed by respondents in the age group of 51-60 years (20%) and rest in the age group of 21-30 years (10%). Religion classification provides information that most of the respondents (90%) belonged to Hindu religion while remaining were Muslims (10%). Educational qualification unfolded the information that two-fifth (40%) respondents were found to be illiterate, another fraction (40%) had primary education, while just a few (10%) got high school education and the same (10%) fraction were educated up to PUC level. Majority (90%) of respondent were married, and remaining were widows (10%). Just one-tenth (10%) of the respondents were staying in the joint family structure. Position in Gram panchayat further explicit that majority (80%) were elected as members in Gram Panchayat, while just a few (10%) were holding the position of vice president and remaining (10%) were president. More than four-fifth (84%) of respondents opined that their self confidence increased after the membership of Gram panchayat. After attaining this position in Gram Panchayat, four-fifth (80%) of the respondents earned respect from family and society alike. 70 percent of respondents opined that their living conditions have changed through membership of Gram panchayat. According to three-fourth (76%) respondents their self decision making has increased through the membership of Gram Panchayat. 72 percent of respondents are opined that after the membership of Gram Panchayath their ability increasing to solving and actively facing any problems. Majority (70%) of respondents opined that after the membership of Gram Panchayat their ability has increased to grasping knowledge about society like crimes, women harassment, awareness of politics, leadership qualities, corruption, etc. Majority (80%) of the respondents opined

that as members of Gram Panchayat they were involved in solving problems of public, like women harassment, dowry problems, eradication of poverty, against alcoholism, etc. All the respondents (100%) opined that as members of Gram Panchayat they gave prominence to Women organizations like sthri shakthi sangha, self-help groups, etc. Less than three-fourth (72%) of respondents were happy and satisfied with their membership of Gram Panchayat. 86 percent of them opined that they can achieve anything without any inferiority complex as women who are required for society and country. All (100%) the respondents opined that as members of Gram Panchayat they were involving and actively participating in rural development process.

CONCLUSION: The study focuses on the empowerment of Gram Panchayat women members through Panchayat Raj Institution which deals with the social, Educational, economical, political empowerment of women members. Although maximum women are empowered through Panchayat Raj institution, but some women are not more empowered in this way it is because of their lack of education, non co-operation by their family members and even non co-operation by their higher officers. This notion about women needs to be changed and given more importance to women empowerment. If women are empowered then the rural society shall also become a developed society.

KEYWORDS: 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT 3.PANCHAYATI RAJ INSTITUTIONS (PRIS) 4.GRAM PANCHAYAT 5.WOMEN MEMBERS 6.SELF-HELP GROUP 7.RURAL SOCIETY.

Acknowledgement

Guidance and Support	:	Dr Dinesh Paul Director
Project Incharge/s	:	Vandana Thapar Joint Director Vandana Sharma Assistant Director
Abstracting	:	Astha Chandra Project Assistant
Computer Support	:	Pawan Kumar