



DCWC Research Bulletin

Vol. XXI

Issue 2

April - June 2017

2017

Documentation Centre for Women and Children (DCWC)
National Institute of Public Cooperation and Child Development (NIPCCD)
5, Siri Institutional Area, Hauz Khas
New Delhi – 110016

DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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

Contents

S. No.		Page No.
A. Research Abstracts on Child Development		
Child Welfare		
1.	Report of Study on the working of Special Courts under the POCSO Act, 2012 in Delhi.	1
2.	Determinants of Child Sex Ratio in West and South Districts of Tripura, India.	3
Education		
3.	Assessment of Available Facilities for Primary and Upper Primary Education in Predominantly Tribal Areas in Nine States.	5
4.	Depression, Anxiety and Stress among Higher Secondary School Students of Imphal, Manipur.	7
Health		
5.	Growth and Development of Children Living with Human Immunodeficiency Virus in South India a Comparative Study	8
6.	Probiotics for Promoting Feed Tolerance in Very Low Birth Weight Neonates: A Randomized Controlled Trial.	10
ICDS		
7.	Nutritional and Health Education Services Under Integrated Child Development Services in an Urban Area of North Karnataka.	11
8.	Knowledge and Utilization of Integrated Child Development Services (ICDS) Scheme among Women in an Urban Slum- a Community Based Study.	13

Nutrition

- | | | |
|-----|--|----|
| 9. | Family-Centered Care to Complement Care of Sick Newborns: A Randomized Controlled Trial. | 14 |
| 10. | Nutritional Status of Preschool Children in Andaman and Nicobar Islands and Food Insecurity, Food Groups, and Nutrient Consumption among Population. | 15 |
| 11. | Screening for Hypoglycemia in Exclusively Breastfed High-risk Neonates. | 17 |
| 12. | Study of Health Status and Morbidity Pattern in 5-18 Years Birhor Children: A Primitive Tribe of Chhattisgarh. | 19 |

B. Research Abstracts on Child Protection

Child Labour

- | | | |
|-----|--|----|
| 13. | Work related Injuries and Musculoskeletal Disorders among Child Workers in the Brick Kilns of Khejuri of Purba Mediiipur in West Bengal. | 21 |
|-----|--|----|

Health

- | | | |
|-----|---|----|
| 14. | Clinical Profile and Outcome of Acute Nephritic Syndrome in Children from a Tertiary Care Centre in South India: A Descriptive Study. | 23 |
|-----|---|----|

C. Research Abstracts on Women and Gender Issues

Health

- | | | |
|-----|---|----|
| 15. | A Score-based Performance Assessment of Maternal and Child Health Services Provided by USHA of Rajkot City. | 24 |
| 16. | Out of Pocket Health Expenditure and Sources of Financing for Delivery, Postpartum, and Neonatal Health in Urban Slums of Bhubaneswar, Odisha, India. | 26 |
| 17. | Urinary Tract Infection among Pregnant Women at a Secondary Level Hospital in Northern India. | 28 |

Nutrition

- | | | |
|-----|--|----|
| 18. | Assessment of Nutritional Status, Nutritional Knowledge and Impact of Nutrition Education among Selected Sports Persons of Coimbatore District. | 30 |
| 19. | Cross sectional Study on Nutritional Status and Morbidity pattern among School going Adolescents in Rural Health Training Centre, Patancheru, Hyderabad District –Telangana. | 32 |

Social Welfare

- | | | |
|-----|---|----|
| 20. | Work-Life Balance and Health Concerns of Women: A Survey. | 33 |
| 21. | Attitude of Females Working in Socially Accepted Occupations for Men and Women. | 35 |

Women Welfare

- | | | |
|-----|---|----|
| 22. | Women Safety in Delhi: Issues and Challenges to Employment. | 37 |
| 23. | A Comprehensive Study Among the Working Women Towards the Awareness of Tax Saving Schemes in Allahabad. | 39 |

A. Research Abstracts on Child Development

CHILD WELFARE

1. Center for Child and Law, National Law School of India University. (2016).
Report of Study on the working of Special Courts under the POCSO Act,
2012 in Delhi.
G19836

BACKGROUND: The Protection of Children from Sexual Offences Act, 2012, (POCSO Act), states that the State Governments shall, in consultation with the Chief Justice of the High Court, designate a Sessions Court to be a Special Court to try offences under the POCSO Act. This is with a view to facilitate speedy trial. If a Session's Court has been notified as a Children's Court under the Commissions for Protection of Child Rights Act, 2005, or if any other Special Court has been designated for similar purposes under any other law, it would be regarded as a Special Court under the POCSO Act.

OBJECTIVES: Examine the extent to which Special Courts in Delhi are "child-friendly"; examine whether the Special Courts are structurally and procedurally compliant with the POCSO Act and Rules; to understand the interpretation of provisions, application of presumption, appreciation of testimony of the child, disposal rate, conviction rate, factors affecting conviction and acquittal, response to 'romantic relationships', compensation orders, use of medical evidence, and investigation lapses; identify gaps and challenges in the functioning of the Special Courts; identify good practices that can be adopted by Special Courts to ensure a child-friendly trial; articulate recommendations for practice guidelines and system reform based on the above.

METHODOLOGY: A census approach was adopted to analyze 667 judgements of 20 Judges in Special Courts. Structured interviews with prosecutors, lawyers, Support Persons, police officers, doctors, NGOs, children, families, and other experts involved in legal proceedings concerning child victims of sexual abuse were administered.

RESULTS: The findings revealed that the 95 percent of cases involved a female victim, whereas only 5 percent of the cases involved a male victim. Among the 83.6 percent of cases where the age was specified, 69 percent of cases involved victims between in the age group of 12 to 18 years. Amongst the total number of victims, the 12 to 15 years age group formed the largest group consisting of 30 percent (197 cases), while the 16 to 18 age group formed the second largest group consisting of 28 percent (186 cases). Children below 5 years constituted only 7 percent of the total victims. In 461 cases (69%) the trial was completed within a year, while in 187 cases (28%) it took over a year. In 19 cases (3%) the time taken to complete the trial was over two years. All trials were completed in less than three years. Of the 461 cases that were completed within one year, convictions were recorded in 11.9percent while that for cases

which were disposed between 1-2 years was 26.7percent. Cases that took more than two years for disposal had a conviction rate of 36.8 percent. In 96 of the 667 judgments studied (14.4%), the case was committed to the Special Court by the Magistrates Court. The breakdown of the profile of the accused persons who were known to the victim revealed that neighbours constituted the largest group (29%), followed by those related to the child by blood or through the mother – like step-father or mother’s friend (20%). Acquaintances also form a significant proportion of accused known to the victim (15%). It was further revealed that the accused was allegedly married to the victim in 19 percent cases and was in a romantic relationship with the victim in 10 percent cases. The rate of conviction was lowest in cases in which the accused was married to the victim (1%), and only 2.8 percent in cases which they were friends, and 3.9 percent in romantic relationships. Conviction was the highest in cases in which the accused was a stranger (31.3%) followed by neighbor (27.3%), acquaintance (16.6%), relative (15.1%) and father (15%). The highest percentage of cases in which the victim turned hostile were those in which she was married to the accused (99%), followed by cases in which she was in a romantic relationship with the accused (96.1%), his step-daughter (76.5%), and daughter (76.3%). In 73.6 percent cases in which the victim was related to the accused, the child turned hostile. The highest percentage of cases in which the victim testified against the accused was cases in which the accused was a stranger (41.7%), followed by neighbour (41.1%), acquaintance (35.7%), and friend (22.2%).The percentage of victims who testified against the accused was least in cases in which they were married (1%) and in a relationship (1.9%). It was also low in cases in which the accused was a father (18.3%) or related to the child (18.9%). In 149 cases the child victims denied that a sexual offence had taken place. In 71 cases they turned hostile on the point of age. In 59 cases, they stated that the accused was not the person who had committed the offence. In 177 cases, they turned hostile on other grounds and appeared ignorant about the complaint and stated that the police made them sign on a blank sheet of paper or an NGO person asked them to file a false complaint.

CONCLUSION: Designation of additional Special Courts to deal with cases under the POCSO Act, where pendency is high. Construction of waiting rooms in all court complexes specifically for child victims of sexual abuse and their families, in a manner that they are not exposed to the accused or to other adult criminals, the police and other such persons. Toilets should also be located in the vicinity of the courtroom. The funds made available under the National Mission for Justice Delivery and Legal Reforms for improvement of courtroom infrastructure should be considered to ensure that the ambience of the court complex is child-friendly. Organize periodic consultations with police, prosecutors, doctors, CWCs, JJBs, and support persons to understand the problems they face in the implementation or application of the POCSO Act, identify training needs, document good practices, and identify measures that should be taken to support them in the discharge of their obligations.

KEYWORDS: 1.CHILD WELFARE 2.POCSO 3.SEXUAL ABUSE 4.CWCS 5.JJBS 6.LEGAL REFORMS 7. CONVICTION RATE 8.SEXUAL OFFENCES 9.JUSTICE DELIVERY.

2. Singh, P. et al. (2017).
Determinants of Child Sex Ratio in West and South Districts of Tripura,
India. *Indian Journal of Public Health; Vol. 54 (6): 477-480.*
G19837

INTRODUCTION: The sex ratio for the entire world population is 101 males to 100 females. According to 2011 census child sex ratio has plummeted to 914 from 927 of 2001 census and it is found to be the lowest since independence. The highest child sex ratio is observed in Mizoram at 971, closely followed by Meghalaya with 970. The 0–6-years old child sex ratio in Tripura has gone down from 966 in 2001 census to 953 in 2011 census.

OBJECTIVES: To find out the sex ratio at birth and to identify the factors affecting child sex ratio in west and south districts of Tripura.

METHODOLOGY: A community-based cross-sectional study in the old West and South districts of Tripura among 3438 couples residing permanently in these districts and having any 0–6-year-old child.

RESULTS: The socio demographic status, mean age of the participant husbands and wives at their first childbirth in the whole study area was 28.51 (± 7.79) and 28.92 (± 4.98) years respectively. Majority of the study couples from West and South districts (54% and 61.3%) were from nuclear families, belonged to general community (31.9% and 42.3%), studied up to primary level (West district: husbands 32.7% & wives 39%; South district: husbands 37.9% & wives 44.7%), Hindu by religion (92.9% and 99.6%). Majority of the males had their own business (32.1% and 34.1%), females were mostly homemakers (89.1% and 91.9%) and in majority (98.7% and 99.6%) of the families of both the districts decision regarding fertility was made by the husband and wife jointly. Regarding total number of children, 61.6 percent and 67.9 percent couples from West and South Tripura districts respectively desired to have only two children and most common desire of the study couples from both the district was one son and one daughter. Regarding the first child, majority of the study couples (72% and 81.8%) from both the districts had no particular sex preference but the second preference was mostly son. This equal or no preference for the first child was significantly associated with couple's literacy (men: $\chi^2 = 57.366$ $P = 0.000$; women: $\chi^2 = 40.573$, $P = 0.000$), residence ($\chi^2 = 16.228$, $P = 0.000$), religion ($\chi^2 = 29.924$, $P = 0.000$), and husband's occupation ($\chi^2 = 29.924$, $P = 0.000$). Regarding abortions, 6.8 percent women from West Tripura district and 4 percent from South Tripura district had this during the preceding 6 years period. Spontaneous abortions were more than the induced in South Tripura district during the preceding 6- year period and couples cited birth spacing (53.8% and 53.3%) as the most common reason for inducing abortion in both the district. Maximum numbers of induced abortions were sought by those couples who already had equal number of sons and daughters (47.2%),

followed by those, who had predominantly daughters (40%) and least by those, who had predominantly sons (2.5%). In West Tripura district the couples, who preferred son as their first child, mostly cited 'future security' (64.58%) as the main reason, while in South Tripura district cited 'generation continuation' (42.8%) as the main reason for it. Couples from both the district who preferred daughter as their first child, mostly cited 'daughters are Laxmi of family' (The Hindu goddess of wealth) as the main reason for it (43.03% & 43.6%). Among the couples who did not have any particular sex preference for their first child, majority (49.3% and 53.8%) of them believed that "both the sex is equal." In both the district, couples who desired more than one child, majority (63.7% and 69.2%) of them preferred a daughter during the second time if their first child happened to be son and couples who desired more than one child, majority (58.9% and 70.6%) of them preferred a son during second time if their first child happened to be daughter. About prenatal sex determination, majority of the study couples from both the district (59.5% and 55.6%) knew it is not possible and 6.1 percent couples from the West Tripura district had no idea about this but those who heard about prenatal sex determination, all most all of them knew Ultrasound as the method. Pregnancy check-up (97.71% and 98.6%) was the most common cause for undergoing USG examination in both the district and only 0.49 percent women in West Tripura district underwent USG examination for prenatal sex determination.

CONCLUSION: Lower sex ratio at birth (0–1 year) is observed in South Tripura district than West Tripura district. Patriarchal society of this region did not prefer girl children mainly due to economic reason, difficulty in rearing a girl child, poor future support from daughters to the family etc. Literacy status, occupation and residence of people did not modify higher male preference.

KEYWORDS: 1.CHILD WELFARE 2.CHILD SEX RATIO 3.SEX PREFERENCE 4.PATRIARCHAL SOCIETY 5.PRENATAL SEX DETERMINATION 6.USG EXAMINATION 7.INDUCED ABORTIONS 8.SPONTANEOUS ABORTIONS.

EDUCATION

3. National University of Educational Planning and Administration (NUEPA) (2016)
Assessment of Available Facilities for Primary and Upper Primary
Education in Predominantly Tribal Areas in Nine States.
G19910

BACKGROUND: Scheduled Tribes who constitute about eight percent of the total population of India are among the most disadvantaged sections and lag behind in socio-economic development. The Sarva Shiksha Abhyan, the flagship programme of the central government has accorded special focus on education of Scheduled Tribes for improving their access and participation in elementary education and to narrow the gap between them and others.

OBJECTIVES: (i) To assess availability of schooling facility for primary and upper primary education in rural habitations of tribal areas. (ii) To assess the extent to which the available educational facilities cater to the gender, linguistic and socio- cultural needs of children. (iii) To find out to what extent ST children are being covered by different incentive schemes meant for them in government schools. (iv) To find out the views of parents and Village Committee or SMC members on functioning of the schools in their villages and their expectations from the schools.

METHODOLOGY: Out of the nine states, 25 sample districts were identified having high percentage of ST population. From each district, a sample of 30 schools was randomly selected. Thus, the total sample comprised 750 schools.

RESULTS: The number of sampled schools in the nine states was 750 of which 70.7 percent schools had only primary classes while the remaining 29.3 percent schools had upper primary classes. The nearest Ashram school and KGBV were located at an average distance of 6.7 km and 26.0 km respectively from the sampled schools. Majority (51.8%) of upper primary schools had five or more classrooms in them. The average number of classrooms per school was 5.2, ranging from 2.8 classrooms in Assam and Chhattisgarh to 7.6 classrooms in Gujarat. Most of the primary as well as upper primary schools (86 percent) have pucca buildings. The percentage of schools, having only one classroom, was highest in Andhra Pradesh (47.2%), with Jharkhand having the lowest percentage of primary schools with single classroom. There was multi-grade teaching in 83.2 percent of primary and 56.8 percent of upper primary schools. The percentage of primary schools having multi-grade teaching was highest in Rajasthan (97.5%) and lowest in Assam (38.5%). In mostly (52.8%) primary schools and (53.2%) upper primary schools, some repair work, such as replacement of broken windows or doors or repair of damaged floor, walls or ceiling were needed in the classrooms. As regards other facilities, only 30 percent schools had playground; only 36 percent schools had electricity; while

school library was there in 56.9 percent schools, in 11.2 percent schools it was not being used by students. Additionally, 25 percent of primary school classrooms and 16.5 percent classrooms of upper primary schools did not have good quality blackboard. Drinking water facility was available in 89 percent primary schools and 92 percent upper primary schools. Usable toilets were available in only 57 percent primary schools and in 70.5 percent upper primary schools. Separate toilets for girls were available in 47 percent primary and 69 percent upper primary schools. Provision of separate toilets for teachers existed in a few (5.8%) primary and (11.4%) upper primary schools. Most (90%) schools had reported regular supply of MDM materials. While MDM was cooked in about 90 percent of schools, whereas in other schools, MDM was cooked and supplied by NGOs or prepared in cooks' houses. Immunization programme was undertaken in 57 percent of primary and 58.2 percent of upper primary schools during 2012-2013. All the 219 upper primary schools and 516 out of 528 primary schools have constituted the School Management Committee (SMC). Against 1415 sanctioned posts of teachers in primary schools and 1225 posts in upper primary schools, 93.8 percent and 90.9 percent respectively were actually filled up. It was found that during investigation, about one-fifth of teachers were absent as they were either on leave or on official duty. Most of the teachers (60%) had received in-service training with the average duration of training being 7.3 days. The trend of decline at primary level in government schools was common across several states. The increase in enrolment at the upper primary level was highest in Andhra Pradesh (60.2%). About 83.3 percent of the total children and 78.4 percent of ST children in Class I had attended Anganwadi or pre-school centers. As regards Children with Special Needs (CWSN), out of total only 9 percent had one or more children with orthopedic disability, followed by (7%) schools having children with mental disability and schools' children with other types of disability (4%). Only in Rajasthan no child received free uniform while in Jharkhand, only 36 percent children received uniform from school. Seven states (excluding Andhra Pradesh and Assam) had provision for scholarship to students of disadvantaged groups. Only about 48 percent students benefitted from the scholarship scheme. A majority of schools (over 80% in every state) followed Continuous and Comprehensive Evaluation (CCE) system at both primary and upper primary levels. Most of the students (79%) expressed satisfaction with the school and teaching by the teachers.

CONCLUSION: There is a need to adopt a national and state policy regarding mother tongue as a medium of instruction for tribes in the early classes at the primary level. Improvement in the quality of school infrastructure and facilities especially separate toilets for girls, drinking water, furniture etc. should be done to ensure that the schools are in a good condition. Also review of the policy for education of tribal children at the national-level and also at state-level in every state having large pockets of tribal population is needed.

KEYWORDS: EDUCATION; SARVA SHIKSHA ABHIYAAN (SSA); PRIMARY EDUCATION; MULTI-GRADE TEACHING; CONTINUOUS AND COMPREHENSIVE EVALUATION (CCE); SEPARATE TOILETS; FREE UNIFORM; FREE TEXTBOOKS; CHILDREN WITH SPECIAL NEEDS (CWSN); PRE-SCHOOL CENTERS; MDM

4. Kumar K. S. and Akoijam, B. S. (2017).
Depression, Anxiety and Stress among Higher Secondary School Students of Imphal, Manipur. *Indian Journal of Community Medicine*, Vol.42 (2): 94-96.
G19839

Introduction: Adolescence is a stressful period due to physical, psychological, sexual changes, and the presence of psychiatric disorders such as depression, anxiety, and stress at this stage of life is a matter of concern.

Objectives: To determine the prevalence of depression, anxiety, and stress among higher secondary school students of Imphal; and; to determine the association between depression, anxiety, and stress and selected variables such as gender, standard, and religion.

Methodology: A cross-sectional study was conducted among higher secondary school students of Imphal. The sample size was calculated to be 750. Seven schools were randomly selected, and all the students in that school were enrolled in the study. DASS (Depression Anxiety Stress Scale) study tool was used under the study.

Results: The mean age of the respondents was 17.06 ± 0.68 years with a range of 16–19 years. The prevalence of depression, anxiety, and stress among 830 valid respondents were 19.5 percent, 24.4 percent, and 21.1 percent, respectively. In total, 81.6 percent of the respondents had at least one of the studied disorders and 34.7 percent of the respondents had all the three negative states. The prevalence of depression, anxiety, and stress were high among females and were significant for anxiety ($P = 0.00$) and stress ($P = 0.04$). The prevalence of depression and stress were significantly higher among 12th standard students with P-values of 0.00 and 0.02 respectively.

Conclusion: The prevalence of depression, anxiety, and stress were high with anxiety and stress significantly higher among females, whereas prevalence of depression and stress were significantly higher among 12th standard students. More studies are recommended to determine the factors leading to these mental disorders.

KEYWORDS: 1. EDUCATION 2. ADOLESCENCE 3. ANXIETY 4. STRESS 5. PREVALENCE OF DEPRESSION 6. MENTAL DISORDER 7. DEPRESSION ANXIETY STRESS SCALE (DASS).

HEALTH

5. Alexender, G. et. al. (2017)

Growth and Development of Children Living with Human Immunodeficiency Virus in South India a Comparative Study. Indian Journal of Child Health; Vol.4 (2): 162-169

G19904

INTRODUCTION: Human immunodeficiency virus (HIV) positive children are a tragic consequence of the HIV epidemic because they have acquired the infection from their HIV-positive mothers during pregnancy and have not had antiretroviral treatment (ART). Children living with Human Immunodeficiency Virus (CLHIV) are physically stunted and underweight compared to normal children.

OBJECTIVES: To determine the physical growth (height, weight, and body mass index [BMI]) of children infected with HIV according to age, gender, sociodemographic factors, Antiretroviral Therapy (ART), and health status and to compare their physical growth with two other groups, i.e., exposed uninfected children and unexposed uninfected children and to determine the extent of growth retardation and the effect of ART on the reversal of growth retardation.

METHODOLOGY: A 3-year prospective cohort study with a nested case-control study of children living with HIV (CLHIV) was taken. Group 1 was compared to age and sex matched HIV-exposed uninfected children (Group 2) and HIV unexposed uninfected children (Group 3). Total children enrolled were 231.

RESULTS: Group 1 consisted of 63 HIV-infected children. Of these, 32 were on ART and designated as Group 1A, and 31 were not on ART (1B). Group 2 consisted of 98 exposed but uninfected children while Group 3 consisted of 70 unexposed, HIV negative children. There was no death among the children during the study period. Statistically significant difference was demonstrated between Group 1 and Group 2 regarding mothers alive/dead, (33.3% vs. 7.1%) and Group 1 and Group 3 (33.3% vs. 2.9%). More number of children lost their fathers in Groups 1 and 2 when compared to Group 3 (49.2%, 41.8%, and 2.9%). This was expected as the fathers were HIV positive. Groups 1 and 2 had 62 percent and 59.2 percent of children exposed to TB as compared to 15.7 percent in Group 3. According to weight for age Z scores, 28.1 percent of children were underweight (Z score <-2) among Group 1, 12.5 percent among Group 2, and 14.3 percent among Group 3. Difference between Groups 1 and 2 demonstrated statistical significance ($p=0.016$). The serial weight for age means Z scores for the children in Group 1 had not demonstrated a significant difference between the five measurements and the mean Z scores were -1.38,

-1.32, -1.28, -1.32, and -1.32. This was confirmed by the Friedman test ($p=0.405$). Comparison with the baseline and second semiannual values for Group 2 revealed that Group 1 children did more poorly with no recovery in weight gain. For height for age Z scores, 29.8 percent were stunted (Z score <-2) among Group 1, 16.7 percent among Group 2, and 11.4 percent among Group 3. Between Groups 1 and 3, there was statistical significance ($p=0.010$). There was no significant difference between CLHIV in Group 1A and Group 1B, with regard to weight for age or height for age Z scores. The serial height for age mean Z scores for the children in Group 1 revealed no significant difference between the five measurements, and the mean Z scores were -1.41, -1.41, -1.37, -1.38, and -1.42 (Friedman test $p=0.365$). Comparison with the baseline and second semiannual values in Group 2 again revealed no gain in height in the infected children to catch up with Group 2. BMI Z scores demonstrated no difference statistically between the three groups. Statistically significant difference was seen in Tanners Sexual Maturity Scale between Groups 1 and 3, and between Groups 1 and 2 at baseline. The Tanners Scale showed only 69.8 percent children with appropriate sexual maturity in Group 1, compared to Group 2 (94.9%) and in Group 3 (90%) respectively. There was a significant difference ($p<0.001$) at baseline. A year later, children in Group 1 (89.7%) had appropriate sexual maturity compared to in Group 2 (97.9%), and the p value was no longer as significant (<0.001 to 0.011) during the same period. Analysis of serum albumin demonstrated that all the 3 groups had normal albumin levels (Group 1 - 4.20 g/dl \pm 0.32 vs. Group 2 - 4.24 g/dl \pm 0.36 vs. Group 3 - 4.39 g/dl \pm 0.17). However, the mean serum albumin was lowest in Group 1, and highest in Group 3. The difference between Group 1B (4.10 \pm 0.31) and 3 was the most significant ($p\leq 0.001$). Anemia was highest in Group 1. Significant difference was seen between Group 1A and Group 3 ($\chi^2 =9.06$, $p=0.028$) and severe anemia was highest in Group 1A. Zidovudine-based ART regimen was associated with 1.7 times more anemia. The incidence of infections calculated per person-year of follow-up was in Group 1A (92.9%), Group 1B (109.1%), in Group 2 (93.8%), and in Group 3 (137.1%). This was lower than expected in Group 1A and 1B because the children were on prophylactic cotrimoxazole.

CONCLUSION: This study shows that CLHIV are comparatively more stunted height wise and have decreased weight for age, delayed sexual maturation, and more significant anemia when compared to exposed uninfected children and unexposed uninfected children. This physical growth retardation is not reversed completely by addition of ART.

KEYWORDS: CHILD HEALTH; HIV; CLHIV; ANTI-RETROVIRAL TREATMENT (ART); CHILDREN LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS; GROWTH; STUNTED; UNDERWEIGHT

6. Shashidhar, A. et. al. (2017).
Probiotics for Promoting Feed Tolerance in Very Low Birth Weight Neonates: A Randomized Controlled Trial. *Indian Pediatrics*, Vol. 54(5): 363-367.
G19842

INTRODUCTION: Enteral feeding intolerance is a major issue in premature infants, resulting in prolonged hospitalization and a predisposition to serious complications due to prolonged use of parenteral nutrition. Enteral supplementation of probiotics prevents severe necrotizing enterocolitis (NEC) and all-cause mortality in preterm infants.

OBJECTIVES: To measure the efficacy of a probiotic formulation on time to reach full enteral feeds in VLBW (Very Low Birth Weight) newborns.

METHODOLOGY: Blinded randomized control trial on 104 newborns with a birth weight of 750-1499 g on enteral feeds.

RESULTS: Of the 162 VLBW babies admitted to the NICU during the study period, 104 VLBW newborns were enrolled; 52 in each group. There were 5 extremely preterm babies (4 in control and 1 in probiotic group) and 15 extremely low birth weight babies (10 in control and 5 in probiotic group). Enteral feeding was initiated at a similar postnatal age in the probiotic and no probiotic groups. Oral supplementation with probiotics began in parallel with enteral feeding (<24 h after initiation of feeds). A mean duration of 26.3 (17.6) days of probiotic supplementation was received in the intervention group. 22 babies in the probiotic group and 25 in the control group were exclusively fed with breast milk.

CONCLUSION: Probiotic supplementation does not seem to result in significant improvement of feed tolerance in VLBW newborns.

KEYWORDS: 1.HEALTH 2.CHILD HEALTH 3.NICU 4.BIFIDOBACTERIUM 5.INFANT FEEDING 6. LACTOBACILLUS 7.TOTAL PARENTERAL NUTRITION (TPN) 8.NECROTIZING ENTEROCOLITIS (NEC) 9.VLBW.

ICDS

7. Mundodan, J.M. and Metgud, C.S. (2016).
Nutritional and Health Education Services Under Integrated Child Development Services in an Urban Area of North Karnataka. *National Journal of Community Medicine*; Vol. 7(1): 16-20.
G19843

INTRODUCTION: As a comprehensive and integrated approach, ICDS caters to children below 6 years of age, adolescent girls, pregnant women and nursing mothers, along with all women in the reproductive age group (15-45 years). Nutritional and Health Education (NHE) activities under Integrated Child Development Services (ICDS) are intended to change behaviour of community in general and specifically of the mothers.

OBJECTIVES: To assess the utilisation of Nutrition and Health Education services provided under ICDS in urban areas of Belagavi.

METHODOLOGY: A cross-sectional study among beneficiaries of Anganwadis (AWC) in Urban Areas of Belagavi. There were 912 participants who included Mothers of Children aged less than 6 years, Pregnant and Lactating Women, Adolescent Girls and Non-Pregnant Non-Lactating Women enrolled at the AWC.

RESULTS: Nearly two-thirds (65.70%) of the respondents were Hindus, 298 (32.67%) were Muslims, eight (0.88%) were Christians and six (0.65%) were Sikhs. The mean age of the interviewed women were 24.09 (\pm 5.28) years and that of the adolescent girls were 16.71 (\pm 1.59). There were 38 respondents (4.17%) who were illiterate while majority (85.4%) of the participants was housewives. More than half of the respondents (52.7%) lived in nuclear family. About 60 percent of the respondents had Below Poverty Line ration card and 49.2 percent belonged to classes IV and V as per Modified B G Prasad Classification. Among the respondents, 827 (90.7%) were aware of the Nutrition Health Education (NHE) activities conducted at the Anganwadi Centre (AWC) in the past 6 months. Among them, the awareness was low amongst Non-pregnant Non-lactating women (NPNL) (73.1%) as compared to the other groups. Of the respondents who were aware of this service, 585 (70.7%) had attended at least one session in the past 6 months. The reasons given for not attending the NHE sessions included timings not being convenient (44.1%), not being interested (18.5%) and lack of time (10.1%). Five (1.5%) of the respondents regarded the sessions to be of not much use. Half the participants (55.7%) had attended two or more sessions of NHE activities. Of the 585 who had attended at least one session of NHE, 471 (80.5%) felt that it resulted in some change in their practices and 26 (4.4%) reported that it brought in no change. Proportion of respondents who opined that the NHE sessions caused no change in the practices was higher among NPNL women (8.9%) as

compared to the others. Over 90 percent of the respondents were satisfied with the nutritional and health education services provided under ICDS.

CONCLUSION: The awareness about the NHE activities being conducted at the AWC was high; however, it was low amongst the NPNL group. The utilization of this service was also low. Hence, greater focus needs to be given to the Nutritional and Health Education services to ensure that the benefits of the ICDS scheme last long.

KEYWORDS: 1.ICDS 2.NUTRITIONAL AND HEALTH EDUCATION SERVICES 3.NHE 4.BELOW POVERTY LINE 5.MODIFIED B G PRASAD CLASSIFICATION 6. AWC 7.PREGNANT AND LACTATING WOMEN 8.ADOLESCENT GIRLS 9.NON-PREGNANT WOMEN 10.NON-LACTATING WOMEN.

8. Patil, K. S. and Kulkarni, M. V. (2016).
Knowledge and Utilization of Integrated Child Development Services (ICDS) Scheme among Women in an Urban Slum- a Community Based Study. *Indian Journal of Forensic and Community Medicine, Vol.3 (4): 267-271.*
G19844

INTRODUCTION: Indian government launched Integrated Child Development Services (ICDS) scheme on 2nd October 1975. This scheme has been restlessly working for welfare of pregnant, lactating mothers and children up to 6 years of age. Girl child is given special benefits up to her adolescence in certain conditions.

OBJECTIVES: To obtain information about the knowledge, level of awareness and utilization of the services provided under ICDS among women living in the urban slum.

METHODOLOGY: A community based cross-sectional study, conducted through interview of women of 151 households in a slum.

RESULTS: The awareness level about Anganwadi and various services provided by ICDS through Anganwadi among women was 91.4 percent. Immunization, Supplementary Nutrition(SN) and Health checkup were the known services in contrast to Referral services, Nutrition and Health Education (NHE), and Preschool Non-formal Education(PNFE) which were lesser known. Utilization of these services was 77.8 percent. In the study 37.5 percent, 31.3 percent and 18.8 percent pregnant women respectively utilized facility of Take Home Rations (THR), health checkup and immunization and 38.5 percent, 30.8 percent nursing mothers respectively took regular THR, regular checkup. Among children beneficiaries, the group of 6-36 month consisted of 80 children among whom 41.3 percent took irregular SN, 70 percent were completely immunized, 60 percent had regular health checkups. In the group of 3-6 years out of 67 children, only 22.4 percent took regular SN, 71.6 percent were completely immunized, 62.7 per cent had regular health checkups and meager 9 percent attended PNFE. No association was found out between education of women and utilization of ICDS services ($p>0.05$). Similarly no significant association was found between occupation and utilization of ICDS ($p>0.05$).

CONCLUSION: Level of awareness of ICDS scheme and its services was found to be good. There was an inverse relation between Socio-Economic Status and Utilization of ICDS services.

KEYWORDS: 1.ICDS 2.ANGANWADI CENTRE (AWC) 3.IMMUNIZATION 4.SUPPLEMENTARY NUTRITION (SN) AND HEALTH CHECKUP 5.TAKE HOME RATIONS 6.PRESCHOOL NON-FORMAL EDUCATION (PNFE) 7.NUTRITION AND HEALTH EDUCATION (NHE)

NUTRITION

9. Verma, A. (2017).
Family-Centered Care to Complement Care of Sick Newborns: A
Randomized Controlled Trial. *Indian Pediatrics, Vol. 54(6):455-459.*
G19845

INTRODUCTION: Family-centered care (FCC) in Neonatal Intensive Care Unit (NICU) setting is an approach to develop and nurture the family's role in partnership with that of the healthcare team in care of a sick neonate. Implementation of this strategy has shown to decrease length of stay, improve well being of preterms, allow better allocation of resources and enhance parent infant bonding.

OBJECTIVES: To assess the impact of family-centered care in delivery of care to sick newborns, on nosocomial infection rate.

METHODOLOGY: 295 neonates randomized at the time of hospitalization in neonatal intensive care unit.

RESULTS: Majority (37%) of parent-attendants were fathers, a fifth (20%) were grandparents, mothers were 22 percent initially and increased (30%) later. One-fourth (25%) were illiterate, about a-third (34%) were primary/middle school level and just a few (2%) were graduates. Two-fifth (40%) were aged 25-35 years, a fifth (19%) being 36-50 years, and another two-fifth (41%) were >50 year-old. Mean (SD) time spent bedside by attendant was 14.7 (1.1) hours/day. Total nosocomial infection episodes were 75; 38 (culture positive 22, culture negative 16) in control group and 37 (culture positive 23, culture negative 14) in intervention group. No episode of nosocomial infection was reported in step-down side of the nursery. Total nosocomial infection rates (culture positive and culture negative) were 24.72 and 24.02 episodes per 1000 baby days in control and intervention groups, respectively (P=0.7). Culture positive and culture negative nosocomial infection rates between the control and intervention groups were not significantly different. Median (IQR) duration of hospitalization in control and intervention group was 11 (7, 18) days and 11.5 (7, 17.5) days, respectively (P>0.05). The mortality was 8.8 percent in control as compared to 6.8% in intervention group. The breastfeeding rate in control group was 66.7 percent as compared to 80.4 percent in intervention group (P=0.007).

CONCLUSION: There was no significant difference in nosocomial infection rate between the two groups. Translating and adapting principles of family-centered care was feasible, and improved the pre-discharge exclusive breastfeeding rates.

KEYWORDS: 1.NUTRITION 2.BREASTFEEDING 3.CHILD NUTRITION 4.CAPACITY BUILDING 5.CAREGIVERS 6.CROSS INFECTION 7.PATIENT CARE TEAM 8.NEONATAL INTENSIVE CARE UNIT (NICU) 9. FAMILY-CENTERED CARE (FCC) 10.SEPSIS.

10. Manimunda, S.P. and Sugunan, A.P. (2017).
Nutritional Status of Preschool Children in Andaman and Nicobar Islands
and Food Insecurity, Food Groups, and Nutrient Consumption among
Population. *Indian Journal of Community Medicine, Vol. 42(2): 88-93.*
G19846

INTRODUCTION: Food insecurity, hunger, and under nutrition are often viewed as continuum, with food insecurity resulting in hunger and ultimately, if sufficiently severe and/ or of sufficient duration, in under nutrition. Each condition, not only under nutrition, has consequences for the individual, the family, and society. Childhood under nutrition is a public health concern in India. But on such a serious issue, there are no data available from the Union Territory of Andaman and Nicobar (A and N) Islands.

OBJECTIVES: To know the prevalence of food insecurity, to estimate food group and nutrient intake among the community, and under nutrition and clinical signs of micronutrient deficiency among the preschool children of A and N islands.

METHODOLOGY: Multistage random sampling was followed to select the households containing children aged 6-59 months.

RESULTS: Majority (63%) of the children were living in nuclear family and 84 percent of the household was electrified. Major source of drinking water was tap water and 70 percent of the household studied were using sanitary latrine. Those living below poverty line (BPL) were 8.3 percent. Among the households surveyed, 67.5 percent (95% CI: 63.9, 70.9) were food secure, 18.5 percent were mildly food insecure, 11.1 percent were moderately food insecure, and 3 percent severely food insecure. Almost 27 percent children were under weight and 36 percent of children were stunted. The prevalence of anemia (Hb < 11 gm%) was 81.2 percent (95% CI: 81.0, 81.4). It was 86.8 percent in North and Middle Andaman district, 87 percent in South Andaman district, and 19.4 percent in Nicobar district. Among the clinical signs of micronutrient deficiency in children aged 6M-59M, dental caries is the lead one (10%). The morbidities suffered by preschoolers during the previous fortnight were acute respiratory infection (28.6%), followed by fever (20.3%) and diarrhea (2.7%). Average household consumption of food groups (g/CU/day) showed intake of cereal grains and products (87.6% of RDA), leafy vegetables (74.6% of RDA), other vegetables (72.0% of RDA), milk and milk products (8.4% of RDA), and sugars (19% of RDA) less than the RDA. Almost 74 percent of the families surveyed in Andaman and Nicobar Islands consume less than RDA (CU/day) for energy and almost 38 percent families consume less than RDA (CU/day) for proteins. MLR model, being in tribal area found to be of protective factor for under nutrition [odds ratio (OR): 0.28 (0.18, 0.43)], while family having income that of BPL [OR: 1.72 (1.20, 2.46)] and large family [OR: 1.39 (1.0, 1.94)] was found to be of increasing the risk of undernutrition.

CONCLUSION: The present study estimated the prevalence of food insecurity and food group and nutrient intake among the community in A&N Islands. It could also assess the prevalence of undernutrition and micronutrient deficiency among the preschool children of A & N Islands.

KEYWORDS: 1.NUTRITION 2.NUTRIENT INTAKE 3.PREVALENCE OF UNDERNUTRITION 4.MICRONUTRIENT DEFICIENCY 5.FOOD INSECURITY 6.ANEMIA 7.ACUTE RESPIRATORY INFECTION 8.RDA.

11. Singh, P. et al. (2017).
Screening for Hypoglycemia in Exclusively Breastfed High-risk Neonates.
Indian Pediatrics, Vol. 54(6): 477-480.
G19847

INTRODUCTION: Caregivers are often apprehensive whether newborns at risk for hypoglycemia, like small for gestational age (SGA), infants of diabetic mothers (IDM), large for gestation (LGA) and late-preterm infants, could be sustained on exclusive breastfeeding. This often tends to supplemental feeding, especially in first 48-72 hrs, leading to low exclusive breastfeeding rates in the community.

OBJECTIVES: To determine incidence of hypoglycemia in exclusively breastfed, high-risk but healthy newborns, and risk factors for its development.

METHODOLOGY: This observational study enrolled 407 exclusively breastfed high-risk (low birth weight newborns (1800-2499 g), late preterms, small-for-gestation, large-for-gestation and infant of diabetic mother).

RESULTS: Out of the total enrolled 407 newborns, only 110 (27%) developed at least one episode of hypoglycemia in the first 48 hrs of life [95% CI 23-31%]. Under this, 74 (67.2%) developed one episode of hypoglycemia, 36 (32.7%) newborns had recurrent episodes while 30 (27.2%), 5(4.5%) and 1 (0.009%) newborn had two, three and four episodes of hypoglycemia, respectively. Applying a cut-off of blood glucose level of 40 mg/dL and 45 mg/dL, the incidence of hypoglycemia was 10.5 percent and 22.6 percent, respectively. Majority of newborns (92.7%) had asymptomatic hypoglycemia. Moderate hypoglycemia was observed in 28 (25.4%) newborns, of which 24(21.8%) had hypoglycemia in first 6 hrs of life, but none of them had severe hypoglycemia. Among eight symptomatic newborns, 3 (37.5%) neonates developed jitteriness, 2(25%) developed feeding intolerance, 2 (25%) developed lethargy and 1 (12.5%) had irritability. These eight newborns required intravenous fluids and were admitted to the NICU. Incidence of hypoglycemia gradually decreased with time, from 44/407 (10.8%) at 1 hr to 1/298 (0.3%) at 48hrs. Incidence of hypoglycemia was significantly more in first 2 hrs as compared to next 6 to 48 hrs (P=0.001). Mean(SD) blood glucose levels in both term and preterm neonates showed a significant gradual increase from 59.2(15.9) mg/dL at 1 hr to 76.5 (14.5 mg/dL) at 48 hrs(P<0.01).Out of 399 neonates, 17 (4.2%) received formula feeds as 5 (29.4%) neonates had persistent hypoglycemia and 4(23.5%) mothers could not express enough breast milk. Despite euglycemia, 8 (40%) newborns were given formula milk by their family as their mothers could not successfully breastfeed despite counseling. Low birth weight, preterm gestation and male gender was significantly associated with increased risk of hypoglycemia.

CONCLUSION: Healthy, high-risk exclusively breastfed newborns in postnatal wards need close monitoring for hypoglycemia in first 24 hrs of life.

KEYWORDS: 1.NUTRITION 2.EXCLUSIVE BREASTFEEDING 3.NEONATES 4.BLOOD GLUCOSE 5.EUGLYCEMIA 6.HYPOGLYCEMIA 7.FEEDING 8.PRETERM GESTATION 9.LOW BIRTHWEIGHT 10.FORMULA MILK.

12. Kurrey, V.K., et.al. (2017)

Study of Health Status and Morbidity Pattern in 5-18 Years Birhor Children: A Primitive Tribe of Chhattisgarh. Indian Journal of Child Health; Vol.4 (2): 180-183

INTRODUCTION: A 5-18 years children constitute about 31.6% of the Indian population. This age group, particularly children of underprivileged class are at higher risk to suffer from malnutrition and health-related condition and needs to be developed and cultivate for the country to progress.

OBJECTIVES: To study the health status and morbidity pattern in Birhor children (5-18 years) of Dharamjaigarh Block Raigarh, Chhattisgarh.

METHODOLOGY: This cross-sectional study was conducted among 50 Birhor children (boys and girls of 5-18 years age). All children underwent anthropometric measurements weight, height, body mass index (BMI) using the standard technique.

RESULTS: Out of 50 children studied, 16 (32%) were female, and 34 (68%) were male, and most (20, 40%) of the children were aged 5-7 years. According to WHO classification of malnutrition, underweight (weight for age) was found in 32.5 percent children and out of them, 22.5 percent had moderate malnutrition, and 10 percent had severe malnutrition. Stunting was found in 22 percent children while thinness was found in 24 percent (10% children thin and 14% children severely thin). Thinness was calculated as per new WHO reference tables for BMI (age 5-19) and defined as thin if BMI for age and sex was 13-year-old children where it decreased ($n=4$). Malnutrition was slightly more prevalent in boys (33.3%) than the girls (31.3%), but this difference was not statistically significant ($p=0.83$). malnutrition was distributed across all the income groups ($p=0.501$). Severe malnutrition decreased with increase in income, while moderate malnutrition did not follow this trend. Children who were breastfed for longer duration were less malnourished 56 percent for 1 year, 33.35 percent for 1.5 years, 24 percent for 2 years, 40% for 3 years, and none for 4 years but this was not statistically significant ($p=0.32$). Nutritional status was optimum in the group of children where complementary feeding was started around 6-8 months while earlier or later introduction resulted in more chances of malnutrition (6 months - 38%, 7 months - 44%, 8 months - 22.2%, and 10 months - 50%); however, this was not significant statistically ($p=0.501$). stunting was distributed in all the age groups and it was least in 8-10 years and more prevalent in boys than girls (23.5% and 18.8%, respectively). The distribution of the past morbid conditions and acute febrile illness (non-malaria) was the most

frequent (46% children) condition followed by a history of malaria (16%), envenomation/animal bite (16%), and jaundice (16%) children. Anemia was found to be the most common morbidity (66%), followed by conjunctival xerosis (38%), caries teeth (32%), skin infections (24%), lymphadenopathy (22%), and depigmented hairs (20%).

CONCLUSION: A high prevalence of morbidities including nutritional deficiency and infectious diseases was found in Birhor tribal children aged 5-18 years. However, the anthropometric indices of these children were not critical in comparison to other tribes of different states. Further efforts are needed to improve their health status by increasing the availability of the quality health care.

KEYWORDS: CHILD NUTRITION; UNDERWEIGHT; MORBIDITY; STUNTING; AUSTRASIATIC FAMILY; BIRHOR TRIBES; PRIMITIVE TRIBES; WHO REFERENCE TABLES; PROTO AUSTRALOID; NUTRITIONAL DEFICIENCY; ANTHROPOMETRIC INDICES

B. Research Abstracts on Child Protection

CHILD LABOUR

13. Rabin Das. (2015).
Work related Injuries and Musculoskeletal Disorders among Child Workers in the Brick Kilns of Khejuri of Purba Medipur in West Bengal. *International Journal of Advanced Research*; Vol. 3(3): 1065-1076. G19848

INTRODUCTION: Brick manufacturing is a labor intensive informal industry of India employing children as major workforce. Brick making is a painstaking labor job often performed by families accompanied by children living in temporary settlements. Also, they are exposed to clay dust, sand, and fumes from machines and smoke from furnace. This exposure to dust occurs during excavation of soil, molding of clay and transportation of baked bricks. The brick kilns may emit fine dust particles, hydrocarbons, Sulphur Dioxide (SO₂), Oxides of Nitrogen (NO_x), Fluoride compounds, Carbon Monoxide (CO) and some amount of carcinogenic dioxins if rubber tires were used as fuel.

OBJECTIVES: To know the working environment of the brick kiln; to identify the hazards & risk associated with each of the task; to measure the health and nutritional status of the child workers; subjective analysis of prevalence of self-reported pain/ discomfort among brick field workers; identify the most affected body regions; impact of pain on productivity; impact of pain on functioning of body parts; suggestive measures to improve work environment.

METHODOLOGY: A cross-sectional study with a sample size of 301 child workers from 23 brick kilns using purposive sampling.

RESULTS: The findings reveal that majority of children in the age-group 15-17 years boys (51%) and similar age-group girls (59.2%) started working for money at this age. More than half of child workers (54.1%) have sometimes experienced minor cuts or bruises. However the percentages of child that often experienced minor cuts or bruises was low (15.3%) but not negligible. About two-third of child worker (62.8%) sometimes felt pain in their body, whereas around one-fourth of child worker (23.6%) often felt pain in their body during last one month. Last one year medical history revealed that majority (85.7%) experienced cuts or bruises, some (10%) experienced sprains, strains or dislocation, another (10%) experienced burns or scalds and least (7.1%) experienced broken bones during the last year. Most of the child worker experienced bad cuts (42.3%), broken bones (51.7%) and sprains, strains or dislocations (53.7%) while carrying brick from the kiln to where the fired bricks

were stacked outside. A higher percentage of child workers (86.7%) experienced burns while burning green bricks. It was evident that majority (57%) of the respondent stated that their work was caused for their disease. About four-fifth (79.6%) child worker had reported that they have suffered from fever during last one year. However, the incidence of headache was higher among working child (55%). Conversely, feeling weak all over was much more common among child workers (65.9%). About half of child worker (53.9%) sleeps more than eight hours at night. However one-fifth (19.7%) child worker sleeps less than eight hours. One-third of (33.7%) of child workers were suffering from insomnia during last one year. Four-fifth (80%) of child workers had noticed that young people use tobacco products. A three-fifth (59.1%) of child worker has reported pain in neck or back. The study further revealed that about 36.7 percent of child workers were underweight, only 6.8 percent have overweight and 56.5 percent had normal weight.

CONCLUSION: The musculoskeletal disorders and injuries related to brick manufacturing are highly present in the sampled brick industries. The children with exposure to unsafe working conditions were found more vulnerable to injuries. The major issue of child labor remains a cross cutting issue which requires serious efforts and contribution of all involved.

KEYWORDS: 1.CHILD LABOUR 2.CHILD WORKER 3.CHILD PROTECTION 4.WORKING CONDITIONS MUSCULOSKELETAL DISORDERS 5.HEALTH HAZARDS 6.TOBACCO PRODUCTS 7.BRICK KILN 8.OVERWEIGHT 9.INSOMNIA.

HEALTH

14. Valiyat, S. and Valoor, H.T. (2017).

Clinical Profile and Outcome of Acute Nephritic Syndrome in Children from a Tertiary Care Centre in South India: A Descriptive Study. *International Journal of Contemporary Pediatrics*, Vol.4 (3): 769-774.

G19849

INTRODUCTION: Acute glomerulonephritis is defined as those glomerular diseases that may present with an Acute Nephritic Syndrome (ANS). Acute post streptococcal glomerulonephritis (APSGN) is a classic example of the ANS characterized by sudden onset of gross hematuria, oedema, hypertension, and renal insufficiency. APSGN predominantly affects children between the ages of 2 and 10 years, with a slight predominance of males.

OBJECTIVES: To identify the various clinical manifestations of Acute Nephritic Syndrome and to analyse the course and outcome during one year follow up period.

METHODOLOGY: Hospital based descriptive study 103 children with ANS were analysed and followed up for one year.

RESULTS: Out of 103 patients studied majority (64%) were male and remaining (36%) were female. Skin infection was the most common predisposing condition (68.9%). Latent period of sore throat was 8 to 14 days in majority of cases (41%). Latent period of skin infection was 15 to 21 days in majority of cases (39%). Presence of edema was recorded in all the patients. Hypertension was present in two-third (60.1%) of patients. Hypertension was more common in children aged 6 to 10 years. One-fourth (26.2%) of patients developed complications. Of these acute renal failures was the most commonly encountered complication (18.4%). Proteinuria (87.4%) and microscopic hematuria (80.6%) were the most consistent features. Nephrotic range proteinuria was present in 9.7 percent patients. Majority (82.5%) patients had low C3 at the time of diagnosis. Majority of patients with low C3 level had positive ASO titre. This was found to be statistically significant ($p=0.014$). At the end of 3 months 4 patients had persistent hypertension and 15 patients had microscopic hematuria. Renal functions were normal in all patients. At 3 months C3 became normal in 95.2 percent of patients. At the end of 12 months, microscopic hematuria was present in 4 patients, persistent hypertension in 2 patients; 11 patients had proteinuria.

CONCLUSION: Acute nephritic syndrome is common in South India. It is the cause of considerable morbidity and occasional mortality. These children need inpatient care and continuous monitoring. Sudden decrease in C3 followed by normalisation in 6 to 8 weeks is of diagnostic importance.

KEYWORDS: 1.HEALTH 2.CHILD HEALTH 3.CHILD PROTECTION 4.ACUTE GLOMERULONEPHRITIS 5.ACUTE POST STREPTOCOCCAL GLOMERULONEPHRITIS 6.COMPLEMENT C3 7.HYPERTENSION 8.MICROSCOPIC HEMATURIA 9. EDEMA.

C. Women and Gender Issues

HEALTH

15. Sheth, A. M. et. al. (2017).
A Score-based Performance Assessment of Maternal and Child Health Services Provided by USHA of Rajkot City. *Indian Journal of Community Medicine*; Vol. 42(2): 97-101.
G19850

INTRODUCTION: The National Rural Health Mission (NRHM) proposed to involve a cadre of persons known as Accredited Social Health Activist (ASHA) from the community to be the first call for any health related demands. Urban Social Health Activists (USHAs) are the grass root health care workers of urban areas. There are 290 USHAs distributed in various Urban Health Centers (UHCs) of Rajkot city.

OBJECTIVES: To compare the (i) effectiveness of the training received by the USHAs on their knowledge and counseling skills (ii) knowledge and counseling skills of USHAs on the awareness and utilization of Maternal and Child Health (MCH) care services by their beneficiaries.

METHODOLOGY: Cross sectional study with a randomly selected sample size of 32 USHAs and 416 beneficiaries served by the same USHAs.

RESULTS: The findings revealed that half (50%) of the USHAs had 'average' knowledge (50%-69% score) under the induction training programme conducted for these USHA workers. However, only 37.5 percent USHAs had received induction training. The importance is evident from the fact that majority (90%) USHAs, who had received 'good' ($\geq 70\%$) knowledge score, had taken the training. The median score of knowledge was significantly higher ($z = 2.986, p = 0.004$) among the USHAs who received induction training than those who didn't. The majority of the USHAs (78.2%) demonstrated 'adequate' counseling skills. The median score for counseling skills of USHAs was more in those who received induction training than those who did not (20 vs.16). There were 266 (63.9%) beneficiaries who were found to be 'aware' of various maternal and child health care aspects. There was no significant association ($\chi^2 = 5.4, p = 0.06$) between the educational qualifications and the awareness level of the beneficiaries. About 49 percent of the beneficiaries were found to be utilizing various available MCH services. A comparison between educational status of beneficiaries and overall utilization of services showed that utilization was more among highly educated mothers (53.6% in mothers educated 'at least up to secondary level' and 45% in mothers educated up to 'primary level'). However, the difference was statistically not significant ($\chi^2 = 2.7, p = 0.25$). The findings revealed that 287 beneficiaries residing in areas, which were regularly visited by

the USHAs. Out of total beneficiaries served by USHAs with 'good' knowledge, 72.7% (64/88) utilized the services; whereas among beneficiaries served by USHAs with 'average' and 'poor' knowledge, 50.3 percent and 35.3 percent utilized the services, respectively. The difference was found to be statistically significant ($\chi^2 = 17.9$, $p = 0.00$).

CONCLUSION: The study shows that those beneficiaries residing in areas regularly visited by the USHAs had better health awareness and utilization of MCH services. The utilization was even more in the areas, which were served by the USHAs having comparatively better knowledge and counseling skills. Hence, the focus should be laid on proper induction training and regular refresher trainings to improve their knowledge and counseling skills.

KEYWORDS: 1.HEALTH 2.WOMEN HEALTH 3.URBAN HEALTH CENTERS (UHCS) 4.NATIONAL RURAL HEALTH MISSION (NRHM) 5.URBAN SOCIAL HEALTH ACTIVISTS (USHAS) 6.ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA) 7.INDUCTION TRAINING 8.COUNSELING SKILLS.

16. Sahu, K.S. and Bharati, B. (2017).
Out of Pocket Health Expenditure and Sources of Financing for Delivery, Postpartum, and Neonatal Health in Urban Slums of Bhubaneswar, Odisha, India. *Indian Journal of Public Health, Vol. 61 (2): 67-73.*
G19851

INTRODUCTION: Universal health care is now a global goal that countries seek to achieve. However, significant sections of the population incur large Out-Of-Pocket Expenditure (OOPE) for health services due to limited public funding, high cost of hospitalization, cost of drugs, lack of insurance, and dominance of private health service providers. Formal and informal fees act as barriers in accessing healthcare services for maternal health. Various schemes have been introduced such as Janani Suraksha Yojana (JSY) in 2005 and Janani Shishu Suraksha Karyakram (JSSK) in 2011 to provide financial coverage not only to the pregnant woman but also to neonate and eliminate or reduce OOPE. Odisha is one of the eight low-performing states of India in terms of health and stands far behind the national picture in terms of availability of health infrastructure.

OBJECTIVES: To explore the OOPE, sources of funding, and experience of catastrophic expenditure (CE) for healthcare related to delivery, postpartum, and neonatal morbidity.

METHODOLOGY: A community based, cross-sectional survey was conducted among a sample of 240 recently delivered women from the slums of Bhubaneswar, Odisha.

RESULTS: Only 29.6 percent of the households incurred OOPE, and the others incurred either nil OOPE or had a net income because of benefits received from Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), and “Mamata” schemes of the government. The median total OOPE was found to be 2100 INR (100–38,620). Multivariate analysis found parity, place of delivery, type of delivery, and presence of morbidity to be significantly associated with incurring any OOPE. The respondents were spending more than 40 percent of their reported monthly household expenditure were said to have CE which comes around more than 15 percent and who were spending more than 100 percent of their monthly income were in severe CE which comes around 9 percent. The odds of experiencing positive OOP was more than 7.8 for cesarean section in comparison to normal delivery whereas odds for getting OOP due to delivery in private health care facility was around 13 in comparison to public health care facility. Similarly, morbidity either to baby or mother also leads to OOP significantly (odds ratio 3.585).

CONCLUSION: The government schemes such as JSY, JSSK, and Mamata have been a boon to many (more than half) low-income households who are now able to have an institutional delivery without any OOPE.

KEYWORDS: 1.HEALTH 2.WOMEN HEALTH 3.LOW-INCOME HOUSEHOLDS
4.CATASTROPHIC EXPENDITURE 5. DISTRESS FINANCING 6.HEALTH CARE
FINANCING 7. OUT-OF-POCKET EXPENDITURE (OOPE).

17. Kant, S. et. al. (2017).
Urinary Tract Infection among Pregnant Women at a Secondary Level Hospital in Northern India. *Indian Journal of Public Health*; Vol. 61(2): 118-123.
G19852

INTRODUCTION: Urinary tract infections (UTIs) are bacterial infections with a global annual incidence of approximately 150 million cases. Currently, in India, there is no regular screening for UTI, and facility for diagnosis of UTI is not available at peripheral government health centers.

OBJECTIVES: To estimate the proportion of pregnant women with UTI among antenatal clinic attendees in rural Haryana.

METHODOLOGY: Eligible participants were pregnant women attending antenatal clinic of secondary care center of rural Haryana from March to May 2015. Consecutive sampling was done to select a total of 1253 pregnant women.

RESULTS: The findings revealed that most (77.9%) of the pregnant women were in the age group 18–25 years. Mean (standard deviation) age of pregnant women was 23.6 (3.4) years. Median (interquartile range [IQR]) duration of marriage was 4 (2.0, 6.5) years. Most (91.7%) of the pregnant women were Hindu by religion. The majority of pregnant women (59.5%) were in the second trimester of pregnancy. Almost one-fourth of pregnant women were in the third trimester of pregnancy. The majority of pregnant women were unemployed/homemaker by occupation. Almost one-fifth of the pregnant women were illiterate. Similar proportion was educated till 10th standard. Median (IQR) monthly per capita income of the family was Rs. 2,000/- (1286, 3334). Almost one-third of the pregnant women were primigravida. As many as 14 percent of pregnant women were gravida 4 or more. The history of abortion was present in one-fourth of the pregnant women. The proportion of women with symptoms of UTI on the basis of history was 33.3 percent (95% confidence interval [CI] - 30.7, 35.9). On urine examination, visible growth was present in 10.6 percent of the samples. Out of the total, 4.7 percent samples had colony count of 100. Almost 2 percent of the pregnant women had colony count of 103, 104, and 105, or more each. The proportion of pregnant women attending antenatal Outpatient Department (OPD) of subdistrict hospital who had UTI was 3.3 percent (95% CI - 2.4, 4.5). Of all the pregnant women having UTI, two-third, i.e., 2.2 percent (95% CI - 1.6, 3.2) were symptomatic. The proportion of pregnant women with UTI in the first, second, and third trimester was 1.7, 3.2, and 4.5 percent, respectively. Of all the pregnant women, present with symptoms 6.7 percent (95% CI - 4.7, 9.5) had laboratory confirmed UTI. Similarly, out of the asymptomatic pregnant women, 1.7 percent (95% CI - 1.0, 2.8) had laboratory-confirmed UTI. The presence of UTI was found to be significantly associated with the presence of symptom of increased frequency of micturition (odds ratio [95% CI] - 3.12 [1.63, 5.88]), burning micturition (odds ratio [95% CI] - 2.56 [1.21, 5.55]), and the presence of any one symptom of UTI

(odds ratio [95%CI] - 4.22 [2.20, 8.11]). Rest of the variables studied (i.e., age of pregnant women, occupation of pregnant women, education of pregnant women, gravida of pregnant women, history of abortion, and painful micturition) were not found to be significantly associated with the presence of UTI.

CONCLUSION: The burden of UTI among pregnant women attending the antenatal clinic of a sub-district hospital was considerable, more so among those that presented with symptoms suggestive of UTI.

KEYWORDS: 1.HEALTH 2.WOMEN HEALTH 3.UTI 4.PREGNANT WOMEN 5.ANTENATAL CARE 6.URINARY TRACT INFECTIONS 7.HISTORY OF ABORTION 8.MICTURITION 9.GRAVIDA.

NUTRITION

18. Sangeetha, K. M., Ramaswamy L, and Jisna, P.K. (2014). Assessment of Nutritional Status, Nutritional Knowledge and Impact of Nutrition Education among Selected Sports Persons of Coimbatore District. *International Journal of Science and Research*. Vol.3 (11):970-978.
G19853

BACKGROUND: Nutrition plays an important role for attaining high level of achievement in sports and athletics, besides other factors such as motivation, skill, techniques, commitment, physical fitness and training. Studies suggest that athletes lack knowledge of nutrition, healthy food choices, components of a well-balanced diet, and the implications of nutrition on performance.

OBJECTIVES: To improve the science based knowledge of the role of nutrition in sports among those involved in athletic performance.

METHODOLOGY: 100 sports persons (20-35 years) were selected through the purposive random sampling method from two different colleges situated in Coimbatore district, Tamil Nadu, India. Athlete's nutritional status was assessed by gathering information on the Anthropometry, Biochemical parameters, Dietary intake and imparting Education.

RESULTS: The findings revealed that 88 percent of selected sports person were males. The remaining 12 percent of subject were females. Of the selected sports person, the majority of sportsperson (52%) belonged to 20-24 years, while 38 percent were within 25-30 years of age and the 10 percent were between 30-35 years. The major religious category among the selected sports person was Hindus (77%), 12 percent were Christians and least (1%) belonged to Muslim community. More than half (54%) sports person hailed from nuclear family background, while remaining (46%) from joint family system. Three-fifth (60%) of the selected sportsperson did not have the habit of smoking or tobacco or alcohol or steroid while 20 percent of sports person had the habit of smoking. About 17 percent of sports person had the habit of consuming alcohol and a few of them were using tobacco. Interestingly, nobody was using steroid. The BMI value shows that majority of the selected sports persons were underweight. Also, majority (77%) of the selected players had Mid Arm Circumference (MAC) ranging between 25-29.9 cms and about 57 percent had a chest circumference ranging between 80-89cms. Majority of the sports person (80%) were non-vegetarians, followed by vegetarians (15%) and the rest were ova-vegetarian. The daily meal pattern of the selected subject showed that 52 percent of sports person took two meals per day, 25 percent three meals per day, 8 percent more than three meals a day. While 10 percent of sportsperson had the habit of taking two meals with snacks, 5 percent sports person consumed three meals with snack. Majority (85%) of sports women were consuming vegetarian diet

followed 10 percent were consuming mixed type of diet and only 5 percent sports women were consuming non vegetarian diet. The cereal intake was deficit by 17 percent, pulses by 21 percent, the green leafy vegetables by 65 percent, root and tubers by 40 percent, other vegetable by 53 percent, fruit consumption by 51 percent. Fat and oil intake was deficit by 15 percent, sugar and jaggery by 15 percent and milk and milk product was deficit by 40 percent. The energy intake was deficit by 46 percent, carbohydrate by 17 percent, the protein intake by 20 percent, fat by 20 percent and fiber by 57 percent. Minerals like iron consumption was deficit by 45 percent and calcium consumption by 62 percent, niacin consumption by 32 percent, and vitamin C consumption by 13 percent. The mean intake of all the nutrients was less than the RDA. The female collegiate swimmers demonstrated fair nutritional knowledge while demonstrating a lack of application of their knowledge to their current dietary habits. Most (90%) of the sportsperson did not meet the RDA for all the macronutrients (proteins, carbohydrates, or fats), and many were outside of normal ranges for calcium, iron, and zinc consumption. Only 22 percent of the selected sportsperson had the habit of carbohydrate loading before the event, while 35 percent followed it occasionally and 43 percent rarely followed carbohydrate loading. Less than a fourth (22%) of the sportsperson had a restricted fat intake while 37 percent did not restrict. Three-fifth (59%) of sports person consumed more than ten glasses of water per day, 23 percent consumed 8-10 glasses and 18 percent consumed 6-8 glasses/day. The findings further revealed that most (95%) of sports person did not consumed any sports drink. Majority (89%) of sports person were involved in group event and half (52%) of the selected sports person were involved in sports for the past 5-10 years and 46 percent practiced for 2-3 hours a day. Majority (91%) of sports person practiced both in the morning and evening session.

CONCLUSION: The participants of the present study had a below average nutritional status. The reason may be poor nutritional knowledge which is reflected in their nutrient intake. Nutrition education has definitely created awareness among the selected sports person which would in long run help improve their nutritional status.

KEYWORDS: 1.NUTRITION 2.WOMEN NUTRITION 3.SPORTS PERSON 4.UNDERWEIGHT 5.RDA 6.DIETARY HABITS 7.NUTRITION EDUCATION 8.MAC 9.MEAL PATTERN 10.ENERGY INTAKE 11.NUTRITIONAL KNOWLEDGE 12.MACRONUTRIENTS.

19. Hari Krishna B.N., Sreedhar, M. and Madhukeerthi.
Cross sectional Study on Nutritional Status and Morbidity pattern among School going Adolescents in Rural Health Training Centre, Patancheru, Hyderabad District –Telangana. *Indian Journal of Basic and Applied Medical Research*; Vol. 6(3): 5-9.
G19854

INTRODUCTION: In India, adolescents (10-19 years) constitute 21.4 percent of the population. Achievement of optimum growth during this period is of utmost importance in maintaining good health thereafter. The health and nutritional status of the children is an index of the national investment in the development of its future manpower.

OBJECTIVES: To assess the nutritional status and morbidity among the school going adolescents in a private school Patancheru, Hyderabad.

METHODOLOGY: A cross sectional study. Nutritional status of the adolescents through Body Mass Index and morbidity was assessed on a total of 100 children in the age group of 10 to 16 years was examined.

RESULTS: More than half (53%) of the adolescents were found to be normal while 47 percent were found underweight. Early adolescents were at highest risk of underweight accounting for 78.8 percent compared to late adolescents (21.2%) whereas 24 percent of the school going adolescents had anaemia. Girls suffering from anaemia (34.2%) were more compared to boys (17.7%). About 12 percent of the study subjects had dental caries while 14 percent of the study subjects were found to be suffering from refractive error. Other morbidities included worm infestation (13%), skin problems (9%) tonsillitis (3%) and wax in the ear (9%).

CONCLUSION: The study showed the poor health and nutritional status among the adolescents. The common morbidities included anaemia, dental caries, refractive errors, worm infestations and skin infections. A periodical and regular health check-up with dedicated efforts towards their nutrition along with focused health education will improve the health and nutritional status of these school going adolescents.

KEYWORDS: 1.NUTRITION 2.ANAEMIA 3.BODY MASS INDEX 4.WORM INFESTATION 5.NUTRITIONAL STATUS 6.HEALTH EDUCATION 7.MORBIDITY.

SOCIAL WELFARE

20. PHD Research Bureau, PHD Chamber of Commerce and Industry. (2017).
Work-Life Balance and Health Concerns of Women: A Survey
G19855

BACKGROUND: Women's health has often been understood from the perspective of her potential motherhood. That is, the need for investing in a woman's health is argued from the standpoint that a healthy mother would have healthy children, and hence it becomes important to invest in women's health. However, poor health status of women coupled with pigeonholing the understanding of women's health, it becomes important to understand the health concerns of everyday women in their everyday activities.

OBJECTIVES: To understand women's workload in terms of paid work and unpaid household work; to explore women's freedom to make decisions at work and home, and patriarchal practices in these domains of their lives; to understand the key health concerns of women and their family members and the expenditures towards the same; to explore the infrastructural facilities and benefits that are available/unavailable to women employees; to draw conclusions and recommendations based on the findings of the present survey.

METHODOLOGY: Exploratory research with a sample size of 5000 respondents from metropolitan cities of Bangalore, Chennai, Delhi, Kolkata and Mumbai.

RESULTS: The study included majority 2800(56%) respondents who were working women while remaining 2200(44%) were non-working women. Majority of respondents (49%) were in the age group of 25-32 years, followed by women in the age group of 18-24 years (36%). The study included married women (40%) as well as unmarried women (60%). The findings elucidated that a majority (63%) women reported missing work (absenteeism) due to health issues. As many as two-fifth (41%) of women had reported cold, cough and fever as the main health reason for missing work. More than half (52%) of women spent less than 10 percent of their income on health, while only 5percent spent more than two-fifth (40%).Only 2 percent of respondents had crèche facilities in their offices. It was found that about three-fifth (58%) women trusted private healthcare facilities more than government or local clinics. More than two-third (69%) women had a provision of paid sick leave sat their respective work places. Also, about 37 percent of women reported 3-6 months maternity benefits being given to them. Majority (83%) of women's workplace had separate toilets for them. However, only one-fourth (27%) working women reported having a dispensary with a lady doctor in their workplace. Majority of women (70%) worked for 8-10 hours a day. Only a minority (10%) had a short travel time of less than 30 minutes, while a large majority travelled for more than an hour everyday with about 19 percent stating to have travelled for more than 2

hours in a day for work. 7 percent of working women had work from home facility while majority of the respondents (93%) did not had the facility. A majority of women (84%) were indulged in 2-4 hours of house work every day. Majority (51%) of women said they did not have any additional help while rest (49%) had some source of help. It was found that about three-fifth (63%) of women reported missing less than 3 days in a month due to their respective health issues. Further, a third (32%) stated that they do not take a day due to health problems, and only a marginally 5 percent of women stated that they take 3 to 8 days off work every months due to health reasons. Also, the study showed that 31 percent of employees cannot access such benefits either due to absence of such provisions. Majority of women respondents (77%) said that Government should come out with more effective policies for women empowerment.

CONCLUSION: The study addressed the problems faced by women in balancing their life and work in the best possible way. Also exploring the main health concerns through this study is an effort to create more awareness and interest among women to take regular health checkups. This will go a long way in increasing female workforce participation and will address the issue of empowerment of women and gender equality at large.

KEYWORDS: 1.SOCIAL WELFARE 2.WORKING WOMEN 3.HEALTH ISSUES 4.WOMEN WORKPLACE 5.MISSING WORK 6.MATERNITY BENEFITS 7.FEMALE WORKFORCE PARTICIPATION.

21. Kadam, G. and Ubhe, Y. (2017).
Attitude of Females Working in Socially Accepted Occupations for Men
and Women. *International Journal of Advanced Research; Vol.5 (5):*
475 -479.
G19856

INTRODUCTION: As the Indian Society has evolved while accepting the change in the roles and responsibilities of gender discrimination at work, thereby providing equal opportunity to girl child on one hand and venturing women at work place in new roles at work. Most of the male dominated professions require physical strength, vigilance, and continuous rigorous time, work in shifts, etc. Hence, women are facing a lot of challenges in the home front as well as work place.

OBJECTIVES: To study attitude towards androgynization of roles among females; and; to study females working in socially accepted occupations for men and women.

METHODOLOGY: A sample of 115 females was selected from Pune city, Maharashtra, India with a minimum formal education of 10years, age ranging from 20 to 40 years. One group consisted of 65 females in socially accepted jobs for men such as manufacturing units, state transport service, private cabs, petrol pumps, and another of 50 females from socially accepted jobs for women such as nursing, saloons, beauty parlors etc.

RESULTS: The findings reveals that mean and S.D. in ATARS of females in socially accepted occupations for men was found to be 80.82 and 14.86, while that of females in socially accepted occupations for women was 77.30 and 13.13 respectively. The 't' value was 1.32, not significant at 0.05 or 0.01 level. It highlighted that there was no difference in both groups, in attitude that males and females should not be differentiated in their occupations on basis of gender. The mean and S.D in Model of females in socially accepted occupations for men was 25.92 and 5.78, females in socially accepted occupations for women was 29.26 and 3.86 respectively. The 't' value was 3.52, significant at 0.05 level. It indicated that there was difference in attitude in both the groups in the belief that female role-model shall be given to girls and male role-model to boys. The mean and S.D in prescription of behaviour of females in socially accepted occupations for men was 26.43 and 6.05, females in socially accepted occupations for women was 22.12 and 6.94 respectively. The 't' value was 3.55, significant at 0.05 level. The analysis highlights that there was a difference in the attitude towards boys and girl's behavior shall be specific as per gender. The mean and S.D in Reinforcement of Behaviour of females in socially accepted occupations for men was 14.37 and 3.17, females in socially accepted occupations for women was 12.34 and 2.80 respectively. The 't' value was 3.58, significant at 0.05 level. It indicated that gender specific behavior shall not be reinforced and behavior that is not specific with the gender shall not be

encouraged. Mean and S.D in Exposure to Varied Occupations (EVO) of females in socially accepted occupations for men was 14.09 and 3.36, females in socially accepted occupations for women was 13.58 and 3.26 respectively. The 't' value was 0.82, not significant at 0.05 or 0.01 level. It highlights that there was difference in the belief that males and females would be more efficient in work that was gender specific.

CONCLUSION: There was no difference in attitude towards androgynization of roles (ATARS) and Exposure to varied occupations as a dimension of ATARS among females working in socially accepted occupations for men and women working in socially accepted occupations for women. There was difference in Model as a dimension of ATARS, in Prescription of Behaviour and in Reinforcement of Behaviour among females working in socially accepted occupations for men and females working in socially accepted occupations for women.

KEYWORDS: 1.SOCIAL WELFARE 2.WORKING WOMEN 3.ATARS 4.ANDROGYNIZATION 5.REINFORCEMENT OF BEHAVIOUR 6.SOCIALLY ACCEPTED OCCUPATIONS 7.GENDER ROLES 8.EXPOSURE TO VARIED OCCUPATIONS (EVO).

WOMEN WELFARE

22. PHD Research Bureau, PHD Chamber of Commerce and Industry. (2014).
Women Safety in Delhi: Issues and Challenges to Employment.
G19857

INTRODUCTION: The concept of gender equality has gained momentum in light of globalization and liberalisation and women have joined mainstream activities playing a major role in socio-economic developments. A city promising a safe and secure environment is one of the important yardsticks of its overall growth and progress. However, women safety and security has emerged as a key concern for the country over the recent years. The national capital of Delhi has also witnessed adverse impact of the recent incidents against women.

OBJECTIVES: To study the role of women in the present economic and business scenario; to study the impact of recent untoward incidents against women in Delhi; to assess the issues and challenges to employment posed by recent incidents against women in Delhi; to analyse the perception of working women, female students and the female job aspirants regarding women safety in Delhi and their willingness to work in Delhi, going forward; to draw conclusions and suggestions on how to improve women safety in Delhi, going forward.

METHODOLOGY: Random sampling technique was administered for a sample of 3400 women chosen randomly across the city. About 53 percent were working women respondents and remaining 47 percent were female students and female job aspirants.

RESULTS: The findings reveals that more than a third (37%) of women respondents were post graduate followed by graduates (30%), senior secondary (19%) and high school (12%) passed. While a very small proportion of survey respondents (2%) holds PhD degree. Majority of respondents (38%) mentioned that they possess work experience of more than 10 years, followed by (27%) of them carried work experience in the range of 2-5 years. While a fifth (21%) of survey women respondents holds work experience of nearly 5-10 years and about 14 percent responded that they possess work experience of less than 2 years. Majority (43%) was working in the private sector and they felt that the sector offers better growth prospects and challenging roles. While a fifth (21%) of respondents was engaged in public sector and opined that the sector offers job security and privileges, stability and satisfaction. Around 15 percent respondents were running their own business as they favor ease of working as per their own terms and conditions while 13 percent were seeking employment opportunities in the city. About 58 percent of the women respondents were found to married and remaining 42 percent of the survey participants were unmarried. Majority (76%) were found to be the supplementary income earners,

while remaining (24%) found to be the chief earners of their families. In light of recent incidents against women in Delhi, working women were inclined to work in day shifts and nearly four-fifth (80%) of the respondents was working in day shifts. A very small proportion of respondents (4%) worked in night-shifts. A third (32%) respondents used to cover more than 20 kms daily to reach their respective destinations followed by (30%) nearly 10-15 kms daily to reach their destinations. About 27 percent cover a distance of about 15-20 kms while a small proportion of respondents (3%) covers a distance of less than 2 kms to reach to their respective destinations. Majority (65%) were dependent on public transport to commute to their destinations comprising 45 percent of them traveling by metro followed by 30 percent commuting by bus and remaining a fourth (25%) by auto. Whereas (35%) opted for private mode of transportation as four wheelers, two wheelers and transportation services provided by their organizations. About 64 percent working women respondents felt insecure to work late in the offices. While 44 percent respondents claimed that their efficiency has been adversely affected due to the unrest created by such incidents. 34 percent believed that such incidents have impacted their regularity in the services. Further, 28 percent believed that business turnover may bear the impact of increased rate of incidents against women in Delhi.

CONCLUSION: To ensure safety of women, traffic police can play a major role in providing safety to the women in Delhi. Traffic police can inculcate safety culture through regular road safety audits, identification of unsafe and incident prone zones in Delhi and formulating a framework accordingly. Further, majority of respondents opined that Delhi police should be pro-active in taking immediate action in emergency in order to check anti- social elements.

KEYWORDS: 1.WOMEN WELFARE 2.WOMEN SAFETY 3.DAY-SHIFTS 4.NIGHT-SHIFTS 5.WORKING WOMEN 6.INCIDENTS AGAINST WOMEN.

23. Frederick, A.J. (2017).

A Comprehensive Study Among the Working Women Towards the Awareness of Tax Saving Schemes in Allahabad. *International Journal of Advanced Research; Vol.5 (5): 1919-1927.*
G19858

INTRODUCTION: Tax Saving Schemes in India, the quantum of Income Taxes can be somewhat reduced by investing smartly in tax saving schemes. There are multiple opportunities to reduce an individual's tax burden by using the available schemes appropriately. Tax planning is important for every assessee to reduce their tax liability and compliance with the income tax rule.

OBJECTIVES: To study the awareness of working women, towards tax benefits schemes; and; to study the investment pattern of working women towards tax benefits schemes.

METHODOLOGY: Exploratory research design with a sample size of 110 respondents selected randomly in Allahabad district.

RESULTS: The findings revealed that majority (40.9%) fall under Rs. 2, 50,000 tax slab, whereas the minimum respondents (1.8%) were from Rs. 10, 00, 000 and above. About a third (31.8%) were not aware from the tax slab in which their income is falling and they were ready to know about it, while a majority (68.2%) were not interested to know about the tax slabs. Three-fourth (76.4%) of respondents were regular tax payers and remaining (23.6%) were not. About half (47.3%) of respondents were not aware of the fact that what tax rate was being charged on their income. Out of 52 respondents were not aware of tax rate applicable to them, 55.7 percent respondents were ready to know about the tax rate and remaining(44.2%) respondents were reluctant to know. 53.6 percent respondents were of the view that there was no gender discrimination, whereas some(46.4%) respondents hold the opinion that there was gender discrimination. Four-fifth (79.1%) said that income from salary becomes taxable, while the minimum respondents (6.36%) were from capital gain income from other sources. Two-third (67.3%) respondents were aware of annual modification to the tax act, while another two-third (68.2%) respondent were aware about various incomes which were exempted from tax. Half (51.8%) of the respondents were aware about various deductions which were deductions permissible under chapter VI-A of income tax act, 1961. Majority (83.6%) of the respondents were aware that all the tax payers have to file their tax return, while only some (16.4%) did not knew about it. More than three-fourth (77.3%) respondents were aware that penalty was imposed if incorrect tax return was submitted. Majority (63.6%) of respondents were aware of such schemes/process. Most of the respondents invested in PPF (36.4%), whereas the minimum investment (2.7%) was in tax saving mutual funds. Majority (55.5%) of respondents invested in Monthly SIP, whereas the minimum investment (7.3%)

done by respondents were in once a year. Two-fifth (43.6%) of respondents belongs to 20:80 ratio of savings and expenditure, while only a few (3.6%) belongs to 30:70 ratio. More than two-fifth (44.5%) of respondents invested in medium term, while some (22.7%) invested in short term duration. Two-fifth (41.8%) of respondents belonged to 10:20:70 ratio of savings and expenditure, while only a fourth (24.5%) belongs to 30:40:50 other ratio. The main objective of investment of respondents was Safety (44.5%) whereas the minimum investment objective was (7.3%) other factors. Majority (70.9%) of the respondents agreed that there was a lack of tax education centers in Allahabad while only 29.1 percent responded that there were enough tax education centers. Majority (84.5%) of respondents agreed investing in tax saving schemes shall lead to the economic development while the rest (15.5%) disagreed. Majority of the respondents invested in saving banks (37.3%) whereas the minimum investment was in postal savings (3.6%).

CONCLUSION: The study reveals that the working women were not aware of the tax rate. Therefore there is a need of proper education of financial terms to be given to the working women while the government should take necessary steps for imparting education for improving financial literacy among working women.

KEYWORDS: 1.WOMEN WELFARE 2.TAX SAVING SCHEME 3.WORKING WOMEN 4.TAX RETURN 5.MUTUAL FUNDS 6. FINANCIAL LITERACY 7.MONTHLY SIP 8.TAX- SLAB 9.TAX-REBATE 10.TAX-BENEFIT SCHEMES.

Acknowledgement

Guidance and Support	:	M.A. Imam Director
		Dr. P. Krishnamoorthy Additional Director
Project Incharge/s	:	Dr. Suryamani Mishra Joint Director
		Smt. Vandana Sharma Assistant Director
Abstracting	:	Ms. Astha Chandra Project Assistant
Computer Support	:	Pawan Kumar