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DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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A. Research Abstracts on Child Development

EDUCATION

1. Alam, Mahbub Ul. (2012).
Response of Girl Children to Elementary Education : A Study of Sarva Shiksha Mission, Siliguri Educational District. *Indian Journal of Adult Education, October-December, 73(4) : 51-65.*

Background: Sarva Shiksha Mission Programme recognises that ensuring girl's education requires changes not only in the education system but also in societal norms and attitudes. The National Programme Education of Girls at Elementary Level NPEGEL is a district component of the Sarva Shiksha Mission; it provides additional provisions for enhancing the education of under privileged/disadvantaged girls at elementary level through more intense community mobilization. Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was launched, for setting up residential schools at upper primary level for girls belonging predominantly to the SC,ST, OBC and minority communities.

Objectives: To study the enrolment status and nature of attendance of girls in the schools; to find out the causes behind non enrolment of girls to the schools; to find out the rate and causes behind drop outs of girls at different levels of school education; to assess the impact of programmes especially initiated by Sarva Shiksha Mission for girls.

Methods: A sample survey was carried out on 75 selected schools. Another survey on 25 randomly selected girl students each from class VII and class VIII of the sampled schools was conducted to assess their educational status and socio economic background. Tools used for the study were structured schedules and questionnaires.

Findings: It was observed that 32 per cent of the schools were established before 1960, seven per cent during 1980-90, and four per cent after 2000; 55 per cent of the schools were of semi-pucca type and 45 per cent were having pucca building; there were 212 teachers in 64 primary schools; 51.60 per cent girls were enrolled in sampled schools; in primary schools the overall rate of enrolment of girl students was quite higher than the boys; among the schools surveyed, there were two hostels exclusively for the girls from poor families; 61.33 per cent of schools had no idea about gender-sensitive teaching learning materials and methods; girls of only nine per cent schools took part in state level sports meet; 61 per cent of girls had to come to school from a distance of one to two km and for 20 per cent it was three to four km; 58 per cent girls came to school on foot ; bicycle as mode of conveyance was used by 18 per cent of girls; in 45 per cent of schools there were separate sections for girl students; 28

per cent schools were exclusively for girls; there was no sex based segregation in sitting arrangement in 18 per cent of schools; residential hostel facilities were available only in 18 per cent schools; toilet facilities for girl students were available in all the schools under survey; 73 per cent of the schools were providing free text books to the girl students; with reference to mid-day meal to the girl students it was observed that only one girls high school, had such arrangement; 45 per cent girls out of 541 girls had no private tutor; 42 per cent of them had only one tutor, 15 per cent of the girl students spent one to two hours daily in their studies at home; 57 per cent spent three to four hours daily; families were allowing their girls to study at home by lessening their work load in domestic chores; 82 per cent of the girls had never been disqualified in their examination and got promoted to next class; 33.5 per cent teachers were male and 66.5 per cent were female; the major causes of dropouts were lack of parent's awareness about the need of education , work at home; apathy against education of girl children and distance of schools from residence and problems of communication; 63 per cent of the girl students were from coeducation schools and 37 per cent from girls school; 86 per cent girl students were Hindus; 51 per cent of the girls students were belonging to scheduled castes, 16 per cent to scheduled tribes and another 16 per cent to OBCs; by education a sizeable section of the parents of the girl students were totally illiterate. Among the majority of educated parents their educational level was up to class VIII; by family size the girl students were mostly from medium sized families with an average of 5.8 members; about 72 per cent of male siblings and 74 per cent of female siblings of school going age were in school; 70 per cent of the girl students were from single earner families and 24 per cent were from double earner families; 58 per cent of the girl students were from families belonging to BPL category; 30 per cent of the girl students were living in kuchha and 40 per cent in semi- pucca houses; 19 per cent of the girl students had no electricity in their house.

Conclusion: The micro level introduction of schemes/interventions for the girl students needs to be introduced at macro level so that the desired level of results of Sarva Shiksha Mission can be achieved as part of achieving the global goal – Education for All.

Key Words: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.GIRL CHILD 6.ELEMENTARY EDUCATION 7.RURAL 8.URBAN 9.LITERACY 10.ENROLMENT 11.NON ENROLMENT 12.DROPOUT 13.NATIONAL PROGRAMME FOR EDUCATION OF GIRLS AT ELEMENTARY LEVEL (NPEGEL) 14.EARLY CHILD CARE EDUCATION (ECCE) 15.ICDS 16.SARVA SHIKSHA MISSION 17.BRIDGE COURSE 18.INTENSIVE COMMUNITY MOBILIZATION PROGRAMME 19.KASTURBA GANDHI BALIKA VIDYALAYA SCHEME (KGBVS) 20.GENDER ENROLMENT RATIO (GER) 21.RIGHT TO EDUCATION 22.SILIGURI 23.WEST BENGAL.

2. Mir, G.H. (2012).
A Study of Dropout Rate at Primary Level in Education Zone Qaimoh,
District Kulgam (J&K). *Indian Journal of Adult Education, April-June,*
73(2) : 83-95.

Background: Dropout is defined as a condition in which child discontinues schooling after having attended the school for some time. Dropouts affect the quality of education as a result of substantial rates of dropout and non-completion of primary school education, many children are leaving schooling without acquiring the most basic skills. There are various causes like economic, social, domestic, infrastructure etc. responsible for dropout rate.

Objectives: To find out the dropout rate in primary level in zone Qaimoh; to study ratio of dropouts with reference to sex; to find out the main causes of dropout rate.

Methods: The sample for the present study of education zone Qaimoh was collected from eight clusters. 24 schools were selected for the study. Tools used for the study were Information blanks. The data was analysed by applying percentage statistics.

Findings: In middle school Kharpora, there were only ten students enrolled in class one out of which six were boys and four were girls; in 2010-11, the enrolment in class five primary was nine; in 2006-07, there were 11 students in class one, in 2010-11, the enrolment in class five was nine two students dropped out hence the dropout percentage was 18.18 per cent; in 2006 – 07 the total number of students enrolled in class one of cluster Wanpora was 13 out of which six were boys and seven were girls; in 2010-11, enrolment in class five was nine; the dropout percentage was 30.76 per cent; in Wanpora middle school in 2006-07, the total number of students enrolled in class one was 19 out of which seven were boys and 12 were girls, in 2010-11, the enrolment in class five was 19; the dropout percentage was nil all these years; in middle school Wanpora, the total enrolment in 2006-07 was seven, in 2010-11 the enrolment of class five was five the dropout percentage of this school was 28.57 per cent, in primary school Maqdampora of cluster Qaimoh in 2006-07, the total enrolment was ten, out of which three were boys and seven were girls in 2010-11, the enrolment in fifth class seven, the dropout percentage in this school was 30 per cent; in middle school Gufbal in 2006-07 the total enrolment of first primary was 21, in 2010-11, total enrolment in fifth primary was 17 out of which seven were boys and ten were girls, the dropout percentage of this school was 19.04 percent; in middle school Rahpora of cluster Khudwani in 2006-07, there were nine students enrolled in first primary out of which four were boys and five were girls, in 2010-11, total enrolment in fifth primary was seven dropout

percentage of this school was 22 per cent; in girls middle school Buchroo in 2006-07, the total number of students enrolled in class one was 16, in 2010-11, the enrolment in class five was 14 and the dropout percentage of this school was 12.5 per cent; in primary school Lassipora of cluster Khrewan in 2006-07 the total number of students enrolled in class one was seven out of which three were boys and four were girls; in 2010-11 the enrolment in class five was four, out of which two were boys and two were girls, the dropout percentage of this school was 42.85 per cent; in middle school, Sakloo in 2006-07, there were six students enrolled in class one primary, out of which three were boys and three were girls, in 2010-11 the enrolment in fifth primary was five the drop out percentage of this school was 16.66 per cent; in girls middle school Redwani payeen of cluster Redwani in 2006-07, the total number of students enrolled in first primary was 20, in 2010-11 the enrolment in fifth primary was 17, the dropout percentage of this school was 15 per cent, in middle school Naidpora of cluster Chadder in 2006-07, the total enrolment in class one was 13, out of which eight were boys and five were girls, in 1010-11, the enrolment in class five was 11, out of which seven were boys and four were girls, the dropout percentage of this school was 15.38 per cent; in girls middle school of cluster Bhan in 2006-07, the total number of students enrolled in class one was five, out of which three were boys and two were girls, in 2010-11, the total number of students enrolled in class five was three the dropout percentage of this school was 40 per cent; there were various causes responsible for premature withdrawal of children from schools. Despite tremendous increase in enrolment process in class one, the dropout rate continued and many children did not complete full cycle of education and dropped out before reaching fifth primary. Poverty, practices of child marriage, illiteracy of the parents, inadequate infrastructure were some of the reasons for dropout of the children.

Recommendations: Making adequate provisions as directed in NPE, 1986 in the form of non-formal education centres as alternative channels for dropouts, working children, girls and other types of children who are unable to attend full time schools. Enhancement of more scholarships to the outreach children; ensure implementation of schemes/acts and its effective follow-up.

Key Words: 1.EDUCATION 2.SCHOOL DROPOUTS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.DROPOUT RATE 6.SARVA SHIKSHA ABHIYAN 7.ENROLLMENT 8.SOCIO ECONOMIC STATUS 9.ILLITERACY 10.RURAL 11.URBAN 12.EDUCATION SYSTEMS 13.ELEMENTARY EDUCATION 14.RIGHT TO EDUCATION 15.SCHOOL INFRASTRUCTURE 16.NATIONAL POLICY ON EDUCATION 17.QAIMOH 18.KULGAM 19.JAMMU AND KASHMIR.

3. Vijayakumar, T. and Vanaja, A. (2011)
Educational Status of Muslim Girls : Evidences from the Select Town of Andhra Pradesh. *Indian Journal of Adult Education, April-June, 72(2) : 69-79.*

Background: In rural India, the gender gap in literacy is 22.27 per cent against 16.8 per cent of urban India. About 34 per cent of girl children are dropped out before completing primary education and of the estimated 65 million out of school children, 40 million are girls.

Objectives: To study the status of girl child education among Muslims; to study the opinion of Muslim parents towards girl child education; to suggest measures for improvement of education among Muslim girls.

Methods: The study was under taken in two districts of Andhra Pradesh namely Nizamabad and Kurnool. Total sample was of 50 schools which included primary and secondary schools and 40 families, the respondents were students, teachers and head masters. Tools used for the study were Focus Group Discussions and interviews.

Findings: The respondents profile indicated that in Nizamabad town the distribution of sample was 45 per cent, where as in Kurnool town the distribution was 55 per cent; out of 410 respondents 68 were studying in 9th class which included 41 from Kurnool town and 27 were from Nizamabad, where as in 6th class 59, 7th class 57, and in class 8th only 53 were studying; majority of the respondents fathers education level was literate; majority of the respondents mothers education level was illiterate; 97 out of 410 fathers were self employed, which includes Kurnool town 26 per cent and Nizamabad town 21 per cent; 56.5 per cent of the respondents mothers were housewives; 60 per cent of the respondents revealed that they liked their teachers very much; 27 per cent of the respondents said that they liked their friends and were happy with the facilities of library, sports etc; 97 per cent of the respondents said that their parents were quite encouraging and insisted them to attend the school inspite of work at home; 65 per cent of the respondents revealed that their parents helped them in studies and provided facilities like sparing sufficient time to study, providing pens, pencils and books etc. 35 per cent of the respondents said that they were not getting proper support from their parents, because they were illiterates; 30 per cent of the respondents revealed that their parents assigned work at home; three per cent said that they helped their parents by attending domestic work, 45 per cent of the respondent parents were positive in their attitude and supportive towards girl child education followed by 30 per cent parents who were not much supportive towards girl child education; 60 per cent of the parents said that their family size comprised of one to six members ; 20

per cent parents family size consisted of seven to eight members; 70 per cent of the respondents families were of nuclear types whereas 30 per cent lived in joint family; regarding their income levels 45 per cent of the parents earned between Rs.9000- 13000, whereas 55 per cent earned below Rs. 9000; lower age group parents were more aware about the education of their children particularly girl child; higher income group families were more understanding and aware than those of lower income groups; educated parents were more aware of their children's education; 60 per cent of the respondents said that they wanted to send their children to English medium school; 30 per cent of the respondents wanted to provide higher education to their children.

Conclusion: There was a growing realisation among the students and families of muslims regarding value of education particularly to educate their girl children. The continuation of education among girls with better achievement was a motivating factor among families.

Key Words: 1.EDUCATION 2.MUSLIM GIRLS 3.CHILD DEVELOPMENT 4.EDUCATIONAL STATUS 5.GIRL CHILD 6.GROWTH AND DEVELOPMENT 7.PRIMARY EDUCATION 8.SARVA SHIKSHA ABHIYAN 9.SOCIO ECONOMIC FACTORS 10.RIGHT TO EDUCATION 11.ENROLMENT 12.ILLITERACY 13.SCHOOL GOING CHILDREN 14.NATIONAL POLICY ON EDUCATION 15.EDUCATION FOR ALL INITIATIVE 16.RURAL 17.URBAN 18.DROPOUTS 19.NIZAMABAD 20.KUNOOL 21.ANDHRA PRADESH

HEALTH

4. Biswas, Tamoghna et al . (2011).
Assessment of Health, Nutrition and Immunisation Status amongst Under-5 Children in Migratory Brick Klin Population of Periurban Kolkata, India. *Sudanese Journal of Public Health, January, 6(1): 7-13.*
Source : www.sjph.net.sd

Background: In India migrant labour makes enormous contribution to national economy. Children with high morbidity and mortality are the most vulnerable group among migrants and need special care. Migrants carry with them a health risk and public health implications due to their epidemiological profile, their exposure to infectious agents, their genetic and life style related risk factors, and culture based health benefits. Migrants often have to deal with poverty, marginality, stigmatisation and unequal access to social benefits including health care services.

Objectives: To study the health, nutrition and immunisation status of under-five children; to determine the different risk factors and their association with nutritional status of the study population.

Methods: A community based cross-sectional and observational study was conducted in the brick kilns of peri urban Kolkata. A sample size of 74 under five children were analysed for the study. For assessing nutritional status clinical examination and anthropometric measurement was performed.

Findings: Majority of the migrants had their domicile residence in the states of Jharkhand, Bihar and Orissa. 95.9 per cent of the study population were Hindu by religion; females comprised 51.4 per cent of the study population; 24.5 per cent of children belonged to the 12-23 months age; 94.2 per cent of the study population lived in nuclear families, the average family size was 5.3; 81.1 per cent of the children practiced open field defecation; 85.4 per cent of the families lived in temporary kachha houses; 41.9 per cent of children had a birth order of one and 27 per cent had birth order three or more. Acute Respiratory Infections (58.1%) and diarrhea (31.1%) were the common morbidities prevalent in the study population, along with worm infestation, and eye infection; immunisation status revealed that 77.1 per cent of the study population was partially immunised and 22.9 per cent did not received any routine immunization; 97.3 per cent of the children had received pulse polio vaccination during the Intensified Pulse Polio Immunisation Programmes. 48.9 per cent were vaccinated by government facilities, while 34.0 per cent were provided vaccination by private facilities (NGO). 32.8 percent of the children had received vaccines at their home area, while 27.9 per cent were vaccinated at the migrated area; 16.4 per cent took vaccines at both home and migrated areas;

proportion of exclusively breast fed children was only 18.1 per cent and 80.3 per cent children did not received timely complementary feeding; analysis of coverage of individual vaccines showed DPT-1 was the highest coverage (65.6%) followed by OPV-1 (59.0%), Vitamin A coverage in the study population was 49.2 per cent; 64.9 per cent of the study population were underweight 25.7 per cent were severely underweight, 20.3 per cent had wasting and 64.9 per cent were stunted; 25.6 per cent of the study population were normal; proportion of underweight and wasting was highest in the age group of 12 to 23 months while proportion of stunting was highest in the age group of 36 to 47 months; underweight was more prevalent among females (52.1) and so was wasting (60%), while stunting was more prevalent among males (52.1%); acute respiratory infections, not practicing exclusive breast feeding, improper immunization and socio economic status were significantly associated with under-nutrition.

Conclusion: Policy changes and involvement of all stakeholders to develop migrant-sensitive health care services is the need of the hour.

Key Words: 1.HEALTH 2.CHILD HEALTH AND NUTRITION 3.CHILD DEVELOPMENT 4.GROWTH AND EVELOPMENT 5.HEALTH 6.NUTRITION 7.IMMUNIZATION STATUS 8.UNDER-5 CHILDREN 9.MIGRATORY 10.BRICK KLIN 11.HEALTH CARE SERVICES 12.NUTRITIONAL STATUS 13.OBSERVATIONAL STUDY 14.HEALTH 15.CHILD HEALTH 16.UNDERWEIGHT 17.SOCIO ECONOMIC STATUS 18.URBAN 19.RURAL 20.WHO 21.UNDER NUTRITION 22.CROSS SECTIONAL OBSERVATIONAL STUDY 23.FEEDING PRACTICES 24.MORBIDITY EDUCATION 25.MORTALITY 26.PERIURBAN 27.KOLKATA.

5. Gopalan, Saji Saraswathy, Mohanty, Satyanarayan and Das, Ashis. (2013).
Assessing Community Health Workers' Performance Motivation : A
Mixed-Methods Approach on India's Accredited Social Health Activists
(ASHA) Programme.

Source : www.bmjopen.bmj.com

Background : The term community health workers encompasses a wide variety of local health care providers ranging from nurse midwives to home based care givers and salaried staff to volunteers. Globally, the intermediation of community health workers (CHWs) in healthcare delivery is widening as they are inevitable to meet the universal health care provision and the millennium development goals. ASHA is a female volunteer selected by the community, and deployed in her own village. Their responsibilities range from health education to diagnosis of health conditions.

Objectives: Assessing the current level of performance motivation among the ASHA; understanding the factors affecting their level of motivation and their perceptions and experiences on the current status of the motivational determinants.

Methods : About 386 ASHAs from the state of Orissa were selected for the study. Tools used were Survey , Focused Group Discussions (FGDs) and interviews, The quantitative information was analyzed through STATA.

Findings: The survey consisted of 386 CHWs, of which the majority were below poverty line (71%), married (70.47%) and scheduled tribes (36%); 85.75 per cent had eight years of formal education; 73.06 per cent had under gone a minimum of five trainings; the level of motivation was the highest on the intrinsic job satisfaction on various job related achievements (mean 4.30; 68.4 per cent of CHWs); the nature of the job responsibilities positioned at the third with a mean score of 4.18 (66.3%), followed by the social responsibility and altruism (4.12; 66.1%); the degree of motivation was the least on the community opinion on the health care delivery system (2.7; 1%), followed by their satisfaction on the level of health care infrastructure (2.83;6.7%); the recognitions from the community, family and health system scored moderately (3.96; 55.4%); a large proportion of the ASHAs (n=327; 84.72%) were self-motivated. The ASHA's earning as a CHW ($p < 0.05$, 95% CI 0.06 to 0.12), sense of social responsibility and altruism ($p < 0.01$, 95% CI 0.12 to 0.25) and feeling of self-efficacy ($p < 0.01$, 95% CI 0.38 to 0.54) in undertaking responsibilities influence her recognition at the health system, community and family; the better use of time (91%), lack of alternative job opportunities (76%) and a sense of social responsibility 68 per cent were the reasons to become a CHW and everyone wanted to continue as ASHA; they considered performance motivation as an encouragement (45%) or something which makes their performance

better (62%). Many reported enhancement in their family and social status, and personal autonomy attributing to the role of CHW; they felt empowered through the acquisition of knowledge and skills on community health through training, designated stature in the community and the personal autonomy to work; peer support and healthy competition among the ASHAs seemed to have enhanced their enthusiasm to perform well and achieve progressive community health; CHWs had certain dissatisfactions on certain health system aspects like excessive work load, frequent refresher training and meetings at health centers and travel to remote habitations took away their personal time; CHWs solicited their active involvement in the planning of service delivery to incorporate community's felt needs , as often they were given only the options to deliver services than planning; there were instances of care seeking from the private informal providers, despite the availability of drugs with CHWs; performances were monitored through the self-recording of activities, supplemented with random visits by the multi-purpose female health workers and other supervisors; most of them expected to have routine supportive supervisions of their activities and the grass-roots level organisations cooperation to enable improved performances, they demanded for more flexibility in organising meetings at convenient locations to give more time for the community and their personal life; CHWs received honorarium for trainings and meetings, they did not preferred frequently attending them; ASHAs denied having any opportunity for informal payments , but admitted to have received occasional incentives for escorting mothers without actually doing so.

Conclusion: Linking the incentive directly with each activity ensures performances of the CHWs. The health care delivery system improvement might further enhance their motivation and enable them to gain the community trust. The CHW management needs to change with adequate supportive supervision, skill and knowledge enhancement and enabling working modalities.

Key Words: 1.HEALTH 2.COMMUNITY HEALTH WORKERS 3.CHILD DEVELOPMENT 4.ASHA 5.PERFORMANCE 6.GROWTH AND DEVELOPMENT 7.CHILD HEALTH 8.HEALTH 9.EDUCATION 10.NATIONAL RURAL HEALTH MISSION (NRHM) 11.MOTIVATION 12.DETERMINANTS 13.FOCUS GROUP DISCUSSIONS (FGDs) 14.SOCIO ECONOMIC FACTORS 15.HEALTH SYSTEM 16.STATA 17.QUALITATIVE 18.QUANTITATIVE 19.EDUCATION 20.ORISSA.

6. Kaur, Jaspreet and Mehta, Promila. (2012).
A Study of Prevalence of Overweight and Underweight among Girls from
Different Socio Economic Status in Ludhiana (Punjab). *Human Biology
Review*, 1(2) : 197-206.

Source : www.humanbiologyjournal.com

Background: Heredity and environment have a combined influence on physical growth. Children living under better socio-economic conditions have consistently exceeded in growth and maturation than their counter parts living under worse conditions. The economic transition has changed the life style and resulted in double burden of obesity and under nutrition in developing countries. India is also facing the epidemic of obesity and its associated diseases especially in children and adolescents.

Objectives : To assess the prevalence of underweight, over weight and obesity among girls studying in private and government schools of Ludhiana and to analyse correlation of parental BMI and children's BMI.

Methods: The present study was conducted on 1049 girl students, aged 10-16 years from private and government schools of Ludhiana city in Punjab state. The prevalence of underweight, overweight and obesity was determined by using NCHS and WHO criteria.

Findings : The weight of private school girls was significantly higher at all ages where maximum difference was found at 13 years of age; girls of private schools were from affluent family background and hence experienced the adolescent growth spurt earlier than their counter parts from less privileged family background; the girls of private schools were significantly heavier than those of government schools at all the age groups studied; according to NCHS the overall criteria and overall prevalence of overweight and obesity was found to be 26.84 per cent and 9.33 per cent in private school girls and 5.42 per cent and 1.68 per cent in government school students respectively according to WHO criteria the percentage of overweight and obesity was found to be 28.59 per cent and 7.78 per cent in private school girls and 5.42 per cent and 0.93 per cent in government school girls; in the private schools, maximum over weight was found in 12 years old girls and obesity was found to be highest in 13 year old girls; in the group of government school girls, maximum over weight and obesity was found in 14 year old girls according to both NCHS and WHO standards; parental obesity was considered an important risk factor for obesity in children who imposed, a combined effect of genes and numerous environmental factors operative in the families deciding the living style, eating habits, food preferences and attitudes; a significant positive relation was found between the BMI of parents and children.

Recommendations: Urgent educative measures are needed to spread awareness at community level and effective policy measures at government level to get rid from the ill effects of under nutrition and over nutrition.

Key Words: 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.UNDERWEIGHT 7.ADOLESCENT GIRLS 8.SOCIO ECONOMIC STATUS 9.BMI 10.NUTRITION 11.MALNOURISHMENT 12.EDUCATION 13.SCHOOL GOING CHILDREN 14.DIETARY PATTERN 15.OVER NUTRITION 16.UNDER NUTRITION 17.WHO 18.NCHS CRITERIA 19.LUDHIANA 20.PUNJAB.

7. Nair, Sajini B. (2010).
Correlates and Consequences of Teenage Motherhood in India.
Health and Population - Perspectives and Issues, 33(3) : 160-183.

Background: Teenage pregnancy is one that occurs from puberty to the age of 19. About 23 per cent of the population of India is of adolescents and the proportion of females aged between 15 and 19 years to total female population in India is 9.3 per cent. The rigid social and cultural norms in many societies and prevalence of illiteracy force girls to marry early. Early marriage exposes these girls to risk of pregnancy early in life.

Objectives : To identify the socio economic and demographic correlates of entry into early motherhood in India; to assess the consequences of teenage pregnancy in India.

Methods: Teenage pregnancy or motherhood was considered with women with at least one live birth or who were pregnant at the time of survey. Regions selected for the study were North, Central, East, North East, West and South. Data from NFHS – 3 was considered to see patterns of teenage fertility in India.

Findings : In India, 16 per cent of the women aged between 15 and 19 years had begun child bearing; about 12 per cent already had a live birth and four per cent were pregnant with their first child at the time of survey; the percentage of women who had begun child bearing was classified into five classes : very low, low, medium, high and very high per cent; all the states in the central and western region had medium prevalence; eastern states had very high proportion of women beginning child bearing in their teenage while Orissa was in medium category; in southern region Kerala and Tamil Nadu showed low values while Andhra Pradesh and Karnataka had high values; the mean age at marriage of women aged 15 and 19 years was 15.9 years and their mean age at first birth was 16.5 years; the proportion of women aged between 15 and 19 years who begin their child bearing in rural areas was more than double than that of urban areas; in the north, teenage pregnancy was higher among the Christian followed by the Hindus and the Muslims; regarding caste wise breakup one in five women aged between 15-19 years from SC/ST was a teenage mother or was pregnant; 17.2 per cent of the nonworking teenage women were already mothers, 13 per cent of the working women had begun child bearing; bivariate analysis showed that teenage pregnancy and motherhood was proportionately more in the rural than in urban areas; the middle and rich income groups of women had lesser likelihood for beginning of child bearing in their teenage compared to their poor counter parts in all the regions except the northern region where the middle and rich income groups were at greater odds of initiating teenage fertility; pregnancy complications like type of delivery, self reported prevalence of sexually transmitted diseases, pregnancy wastage and

child less were some variable that reflected the health status of the teenage mothers; anaemia had been calculated for children aged six months and above; almost two-thirds of the teenagers in the present data sample in India were thin; in the eastern states the proportion of women with abnormal BMI was greater than 20 per cent, in the northern states and in southern states the proportion of women with abnormal BMI was greater than 20 per cent, in the northern states and in southern states the proportion of women with abnormal BMI was less than ten per cent; almost two thirds were found to have any anaemia, mild or moderate or severe; night blindness or difficulty in seeing at dusk was a common problem arising due to chronic vitamin A deficiency among pregnant women; convulsions, at times were fatal and vaginal bleeding during pregnancy often threatens the life of both mother and the foetus ; almost two thirds of the teenagers had at least one of these problems during the most recent births; this proportion was higher in the northern states; eastern states, and in the central region; in southern region, Kerala reported higher proportion of health problems during pregnancy; ten percent of the teenage women who had begun child bearing at the time of survey had a foetal loss and eight percent reported death of a child; in eastern states where teenage fertility was high also had higher proportion of pregnancy wastage; low incidence of foetal loss was seen in states like Kerala, Jammu and Kashmir, Himachal Pradesh etc. about 7.4 per cent of teenage mothers had caesarean section; 45 per cent of the babies born to teenage mothers had low birth weight; half of all the babies born to teenage mothers had low birth weight in the north eastern states, northern states, central state of Maharashtra and southern state of Kerala; in India, 37.6 per cent of the children born to teenage mothers were stunted, 43.5 per cent were under weight and 15.4 per cent were wasted; except Tamil Nadu, Andhra Pradesh and Tripura, all the states showed prevalence of stunting in children around 40 per cent, half of the children born to teenage mothers were stunted in Orissa; underweight children born to teenage mothers were more in Jharkhand, Orissa, Madhya Pradesh and Bihar; 70 per cent of the children in India had mild, moderate or severe anaemia; the correlation coefficient between anaemia in children and teenage pregnancy was 0.22; in most of the states except Kerala, Jammu and Kashmir, Delhi, West Bengal, and Uttarakhand, prevalence of anaemia was above the national average.

Conclusion : Adolescents, parents and community should be made more aware of the negative health, social and economic consequences of teenage pregnancy through information on dissemination and campaigns. Stringent measures should to be taken to prevent child marriages.

Key Words: 1.HEALTH 2.TEENAGE PREGNANCY 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.ADOLESCENTS 6.TEENAGE MOTHERHOOD 7.PREGNANCY 8.BODY MASS INDEX 9.ANAEMIA 10.TEENAGE 11.HEALTH 12.SOCIO-ECONOMIC FACTORS 13.FERTILITY 14.EDUCATION 15.CONSEQUENCES 16.NUTRITION 17.NUTRITIONAL STATUS 18.CHILD MORTALITY 19.MALNOURISHED 20.BIRTH WEIGHT 21.UNDER WEIGHT 22.STUNTED 23.NUTRITIONAL DEFICIENCIES 24.TOTAL FERTILITY RATE 25.ILLITERACY.

8. Salve, S.B. et al.(2012).
Assessment of Knowledge and Practices about Menstrual Hygiene amongst Rural and Urban Adolescent Girls : A Comparative Study. *International Journal of Recent Trends in Science and Technology*, 3(3) : 65-70.

Source : www.statperson.com

Background : Adolescent is a period of transition from childhood to adulthood. These are the formative years, when maximum amount of physical, psychological and behavioural changes takes place. Menstruation is the first indication of puberty. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. Menstrual practices are clouded by taboos and social cultural restrictions even today, resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, necessary for maintaining positive reproductive health.

Objectives : To assess and compare knowledge, source of information and practices about menstrual hygiene in rural and urban adolescent girls; to know and compare about availability of basic sanitation facilities and knowledge about reproductive system in rural and urban girls.

Methods: The present study was carried out in rural Z.P. High School in Village Ambelohale and Sharda Mandir Girls High School Aurangabad from urban area. A total of 321 girls 189 from rural and 132 from urban areas studying in 8th to 10th standard were selected for the study. A pre-designed, pre-tested and structured questionnaire was used in the study.

Findings: There were 189 girls from rural area of class VIII (42%), class IX, (35%) and class X (23%), out of which 49 per cent girls had attended menarche; amongst 132 urban adolescent girls 38 per cent were of VIII standard, 40 per cent were of IX standard and 22 per cent were of X standard, 71 per cent girls had attended menarche; the percentage of girls who had started menarche was higher in X standard as compared to VII and IX standard both in urban and rural areas; the percentage of attending menarche was higher 45 per cent in X standard rural girls as compared to X standard urban girls (31%). 43 per cent of girls were willing to know about sex education, while 57 per cent of adolescent girls were not willing; in rural area 34 per cent girls were willing to know about sex education; where as in urban girls 56 per cent were willing; 30 per cent adolescent girls were having proper knowledge about reproductive system and urban adolescent girls had more knowledge (51%) than rural girls (15%); 59 per cent of adolescent girls knew

correctly the age of marriage for boys; in rural areas 49 per cent and in urban areas 73 per cent knew the correct age of marriage for boys; 68 per cent adolescent girls knew correctly the age of marriage for girls, in rural areas it was 64 per cent and in urban areas it was 74 per cent; in rural girls the main source of knowledge of menstrual hygiene was teachers (47%), mothers and friends (21%), books (08%), and other source of knowledge (3%) respectively; in urban girls the main source of knowledge about menstrual hygiene was mothers (36%), books and family relatives (30%), teachers and friends (10%) respectively, 95 per cent rural adolescent girls were having regular menstrual period and five per cent were having irregular menses, where as in urban adolescent girls 56 per cent were having regular and 44 per cent were having irregular menses; in rural girls 83 per cent were having optimum five days menstrual duration while in urban girls it was 59 per cent; 33 per cent girls were using market available napkins during menstruation and 67 per cent girls used homemade napkins; in urban girls, the use of market available napkins was 60 per cent and in rural girls it was 07 per cent respectively; in rural adolescent girls 25 per cent were having toilet facility at home where as in urban girls it was 86 per cent; in rural areas 48 per cent girls were doing household work during menstruation where as in urban girls it was 90 per cent respectively; in rural areas 72 per cent adolescent girls attended school during menstruation where as in urban area it was 94 per cent.

Recommendations: Sanitary napkins should be made available at lowest cost with AWW/ANM/ASHA; a sustained public health awareness program should be developed to operate in population to create better awareness amongst adolescent girls.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.HYGIENE 5.MENSTRUATION 6.CHILD DEVELOPMENT 7.GROWTH AND DEVELOPMENT 8.KNOWLEDGE 9.PRACTICES 10.MENSTRUAL HYGIENE 11.RURAL 12.URBAN 13.EDUCATION 14.MENARCHE 15.AWW 16.ANM 17.ASHA 18.MENSTRUAL CYCLE PATTERN 19.SOCIO ECONOMIC FACTORS 20.SANITATION FACILITIES 21.AURANGABAD 22.MAHARASHTRA.

9. Shanbhag, D et al. (2012). Perceptions Regarding Menstruation and Practices During Menstrual Cycles among High School Going Adolescent Girls in Resource Limited Settings around Bangalore City, Karnataka. *International Journal of Collaborative Research on Internal Medicine and Public Health*, 4(7) :1353-1362.

Source : www.iomcworld.com

Background : The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The first menstruation occurs between 11 and 15 years with a mean of 13 years. Menstruation is still regarded as something unclean or dirty in India and the reaction to menstruation depends upon awareness and knowledge about the subject. Menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes results in to adverse health outcomes.

Objectives : To assess the perceptions regarding menstruation and practices during menstrual cycles among selected high school adolescent girls in a rural area of Bangalore.

Methods : A cross sectional study was done in four selected high schools in rural areas in three districts of Bangalore urban, Bangalore rural and Kolar around Bangalore city. Tools used were Pre- designed, Pre-tested structured and self administered questionnaires. The study population included all the girls studying in 8th 9th and 10th standards. Data was analysed using standard statistical packages.

Findings : A total of 505 girls were included in the study; 58.7 per cent of the girls were in the age group of 14-15 years, followed by 32.4 per cent in the age group of 12-13 years; 43.5 per cent girls were studying in 9th standard, 36 per cent in 8th standard and 20.5 per cent in the 10th standard; 99.6 per cent of the students had heard of menstruation and 57.9 per cent had acquired this knowledge before attaining menarche; 73.7 per cent of the girls new that menstruation was a normal phenomenon while about 13.4 per cent felt it was due to the curse of god; the mean age of attainment of menarche was 13.4 years with standard deviation of 1.013; 63.2 per cent said that they had their cycles once in four-five weeks, while 22.8 per cent said once in two-three weeks, 66 per cent of the study population had regular menstrual cycles and 61.3 per cent experienced dysmenorrhoea; 34.7 per cent of the study population used cloth, 44.1 per cent used sanitary pad and 21.2 per cent used both cloth and sanitary pad; among the study population who used cloth, 31.3 per cent used soap and water to clean them, while 28.6 per cent used hot water and 20.1 per cent used antiseptic solution along with water; 68.4 per cent girls dried their washed clothes in the sun but 16.4 per cent dried them inside

the house; 71.7 per cent reused the clothes for one-two months, 20.4 per cent for three – four months and 7.9 per cent for five-six months; 56.8 per cent used soap and water to clean their private parts while 43.2 per cent used only water; 88.8 per cent of the girls took bath every day during menstruation, 3.3 per cent once in two-four days and three per cent after the bleeding had stopped. 58.1 per cent said that they consumed less food during menstruation; food taboos were common during menstruation; 98.7 per cent did not practiced all the ten steps of good menstrual hygiene during menstruation; 44.1 per cent girls mentioned that they experienced fear on attaining menarche, while 26.1 per cent were anxious; 56.8 per cent felt that menstruation posed as a huge physical and psychological burden on them; it was seen that knowledge scores were significantly higher among those who had attained menarche, girls from BPL families and girls in the older age group; there was no significant correlation between knowledge attained and practices of menstrual hygiene.

Conclusion : Findings in the study reinforce the need to encourage safe and hygienic practices among the adolescent girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.HYGIENE 5.MENSTRUATION 6.CHILD DEVELOPMENT 7.MENSTRUAL CYCLES 8.EDUCATION 9.SCHOOL GOING CHILDREN 10.NUTRITIONAL DEFICIENCY 11.RURAL 12.REPRODUCTIVE TRACT INFECTIONS (RTI) 13.SOCIO ECONOMIC STATUS 14.SOCIO-DEMOGRAPHIC PROFILE 15.MENARCHE 16.PERCEPTIONS 17.KNOWLEDGE 18.MILLENNIUM DEVELOPMENT GOAL-7 (MDG) 19.CROSS SECTIONAL STUDY 20.BANGALORE 21.KARNATAKA.

10. Thakre, Subhash B. et al. (2011).
Menstrual Hygiene : Knowledge and Practice among Adolescent
School Girls of Saoner, Nagpur District. *Journal of Clinical and
Diagnostic Research*, October, 5(5) : 1027-1033.

Source : www.wsscc.org

Background : Adolescence in girls has been recognised as a special period which signifies the transition from girlhood to womanhood. Social prohibitions and the negative attitude of parents in discussing the related issues openly, have blocked the access of adolescent girls to the right kind of information, especially in the rural and tribal communities.

Objectives: To assess the knowledge and the practices of menstrual hygiene among rural and urban, school going adolescent girls; to assess the restrictions which were practiced by adolescent school girls during menstruation.

Methods : The present study was undertaken among the adolescent school going girls in the field practice area of the Rural Health Unit and Training Centre, Saoner in the Nagpur district .387 girls studying in 8th and 9th standards were,selected for the study. A pre- designed, pre-tested and structured questionnaire was used in the study.

Findings : The mean age of the subjects who were studied was 13.82± 0.832 years, while their age range was 12-17 years; 62.27 per cent belonged to urban residences and 37.73 per cent resided in the rural areas; a majority of the mothers of the studied girls were educated while 7.49 per cent of the mothers were illiterate; 36.95 per cent of the study subjects were aware about menstruation before menarche and the most important sources of the information were mothers; 76.23 per cent of girls were not aware of the source of the menstrual bleeding 76.49 per cent of the participants were aware of the use of sanitary pads; 49.35 per cent girls used sanitary pads during menstruation, 45.74 per cent girls used old cloth pieces and 4.90 per cent used new pieces of clothes; while in urban girls, the use of sanitary pads was 60.58 per cent and in rural girls it was 30.82 per cent; the cleaning of the external genitalia was unsatisfactory in 58.09 per cent of the urban girls and it was unsatisfactory in 79.45 per cent of the rural girls; 58.18 per cent girls used soap and water, 40.57 per cent used only water and 1.29 per cent used water and antiseptics; with respect to the method of disposal of the used absorbent, it was found that a majority of the girls; 52.20 per cent burned it, 39.79 per cent threw it with the routine waste and 6.72 per cent used other methods of disposal; in 46.89 per cent of the urban and in 60.96 per cent of the rural girls,

the method of disposal of the used absorbent was found to be burning; 51.32 per cent subjects dried the cloth outside the house in sunlight; 84.63 per cent referred to change the absorbent at home; 11.37 per cent changed the absorbent at their school; the range of the total number of absorbents which were used during the last menstrual period was 1-18 and the median number of the absorbents which were used by each subject was (8±3.18) pads; 86.56 per cent of the subjects had toilets at home; 26.36 per cent of the subjects did not practice any restrictions; 73.64 per cent girls practiced different restrictions during menstruation; 71.78 per cent girls did not attend any religious functions or visited temples, 26.36 per cent girls were not allowed to do the household work, 26.36 per cent girls were not allowed to sleep on the routine bed 24.81 per cent girls were not allowed to touch anybody and 5.17 per cent girls were not allowed to attend their schools during menstruation; the urban and rural difference was found to be statistically significant with regards to the separation of the girls from others, restrictions in touching stored food, being seated on the threshold of the house and restrictions in touching family members and in playing and working outside.

Recommendations: Formal as well as informal channels of communication such as mothers, sisters and friends, needs to be emphasized for the delivery of such information; teachers to impart knowledge on reproductive health education through training or workshops; an urgent address by all the stakeholders-family, school community, civil society, and service providers to entrench correct menstrual perceptions and to enable proper hygiene practices amongst this segment of the population.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.HYGIENE 5.MENSTRUATION 6.CHILD DEVELOPMENT 7.GROWTH AND DEVELOPMENT 8.SCHOOL GIRLS 9.MILLENNIUM DEVELOPMENT GOALS (MDG)-2 10.MENARCHE 11.MENSTRUAL HYGIENE PRACTICES 12.RURAL 13.URBAN 14.EDUCATION 15.QUESTIONNAIRE 16.KNOWLEDGE 17.AWARENESS.

ICDS

11. Gopalakrishnan, Shanta et al. (2012).
Evaluation of Functioning of Accredited Social Health Activists (ASHAs)
in ICDS Related Activities. New Delhi : NIPCCD.

Background: National Rural Health Mission (NRHM) key components is to create a band of female health volunteers named “Accredited Social Health Activist” (ASHA) in each village within the identified states to act as an interface between the community and the public health system. ASHAs, create awareness on health and its social determinants, counsel mothers on key health behaviours and mobilise the community towards local health planning and increased utilization and accountability of the existing health services. The concept of package of nutrition and health related services under the ICDS is based primarily on the consideration that the overall impact will be much more if the different services are delivered in an integrated manner. The task expected of ASHA requires that she works in close coordination with ANM and AWW for effective delivery of services. In order to synergise service delivery under the ICDS and health systems and maximise impact, there is a need to assess the knowledge and skills of ASHAs.

Objectives: To assess the knowledge and skills of ASHA on issues relating to maternal and child health and nutrition and related ICDS services; to study the contribution of ASHAs in ICDS related activities; to analyse the training needs of ASHA with respect to ICDS related services; to examine the existing interface between the ANM, AWW and ASHA; to identify the problems and bottlenecks in effective service delivery by ASHA.

Methods: The study was conducted in two of the EAG states Odisha and Uttar Pradesh, two Non – EAG states ,Maharashtra and Karnataka and one North – Eastern State Assam. The sample comprised of 100 ASHAs, 50 health functionaries, 130 ICDS functionaries , 300 beneficiaries and 100 community leader. Tools used for the study were Interview schedule.

Finding: The study revealed that half of the ASHAs were in the age group of 30 to 39 year age- group (54%) 20 per cent of ASHAs in Maharashtra were in the age group of 20-24 years; 73 per cent of the ASHAs belonged to the backward classes; 48 per cent of ASHAs were catering to a population of over 1000 indicating a burden on them; 66 per cent of ASHAs had undergone the requisite training of 23 days or more; almost all the health functionaries (ANM

100%), LHV 100% and MOs 100%) and ICDS functionaries (AWWs 100 %) were aware of the ASHAs working in their respective areas; 55 per cent of ANMs, 40 per cent of LHVs, 60 per cent of MOs and 51 per cent of AWWs were involved in the selection of ASHAs in their areas; 82 per cent of ASHAs could tell the correct procedure of conducting Nishchay Home Pregnancy Test; calculating the expected date of delivery (EDD) was known to only 59 per cent of ASHAs; there was a mismatch between the awareness level of beneficiaries and that of ASHAs, about prevention of anaemia during pregnancy; 40 per cent of ASHAs were experiencing problems related to Janani Suraksha Yojana; the new born care, as reported by ASHAs included keeping the child warm (84%) ; not bathing the child until the second day in case of normal weight (35%), not bathing the child until the seventh day in case of low birth weight (57%) initiating breast feeding immediately after birth (90%), weighting the child at birth (51%), giving special care to a child with birth weight below 2.5 kg (42.0%); the knowledge of ASHAs about initiation of breast feeding within an hour, feeding colostrums, avoiding pre -lacteal feeds, breast feeding eight times or more in a day, feeding child at night , and exclusive breast feeding for six months was reported by 96 percent, 99 per cent, 92 per cent, 64 per cent, 100 per cent, and 98 per cent of ASHAs; the knowledge level of beneficiaries with regard to frequency of breast feeding and exclusive breast feeding was found to be inadequate; the level of knowledge of ASHAs about the immunization schedule across all the sample states was considerably good; the knowledge level of ASHAs about prevention of malnutrition, across all sample states needs improvement; all the ASHAs ANMs, and AWWs were aware about the Mother and Child Protection and Card and also reported using it; 98 per cent of ASHAs reported conducting home visits; the percentage of beneficiaries who had visited at home, soon after delivery, during the postnatal period, for all sample states were 1st day (43%), 3rd day (56%); 7th day (55%); 21st day (33%) and 42nd day (19%); 73 per cent of AWWs, 45 per cent of supervisors and 40 per cent of CDPOs shared the opinion that ASHAs possessed adequate knowledge and skills to use the medicines provided in the medicine kit; 47 per cent of ASHAs had undergone an orientation training on Village Health, Sanitation and Nutrition Committee (VHSNC) per se; problems experienced in relation to performance based incentives as reported by ASHAs included, delay in the Payment of incentives; 'expenses incurred being more than the incentives provided', non-submission of required formalities', and fight over the same case; there was gross over reporting by ASHAs , as well as ANMs and AWWs on the job performance by ASHAs during pregnancy and delivery and in the care of children under two; the extent of support provided by ANMs in the work of ASHAs was greater than the support provided by AWWs to ASHAs . ASHAs shared a good rapport with the health and ICDS functionaries and community leaders; ASHAs were successful in reducing the work load on ANMs and AWWs up to some extent.

Recommendations: There is a need for 'regular training' and support and supervision' for effective service delivery by ASHAs; quality of training should be enhanced and refresher trainings should be planned regularly; ASHAs should be properly oriented to all the services being offered under the ICDS to make an effective link between AWW, and the community; there is a need to consider joint training of ASHAs, ANMs and AWWs on ICDS and related activities; there is a need to ensure the distinct roles and responsibilities are clearly communicated between the ASHA, ANM, and AWW, to avoid overlap and increase efficiency.

Key Words: 1.ICDS 2.FUNCTIONING OF ASHAS 3.EVALUATION OF ASHAS 4.SOCIAL EALTH ACTIVISTS 5.ICDS FUNCTIONARIES 6.VILLAGE HEALTH COMMITTEE 7.HEALTH VOLUNTEERS 8.HEALTH SERVICES 9.DELIVERY OF SERVICES 10.CHILD HEALTH 11.MATERNAL HEALTH 12.NUTRITION 13.KNOWLEDGE AND AWARENESS 14.REVIEW OF LITERATURE.

12. NIPCCD, New Delhi. (2012).

A Quick Appraisal of ICDS Awareness in National Capital Region : A Report. New Delhi: NIPCCD.

Background: Integrated Child Development Services, (ICDS) was evolved in 1975 by Government of India with major objectives like improving nutritional and health status of children in the age group of 0 - 6 years. ICDS takes a holistic view in the development of the child and attempts to improve his / her pre and post natal environment. The number of beneficiaries benefited from ICDS has been continuously increasing from 375.10 lakh in the year of 2002 to 959.22 lakh till October 2011. Many qualitative inputs have also been incorporated in the scheme like introduction of new Who Child Growth Standards, Mother and Child Protection Card, AWW/AWH , Bima Yojana, initiation of new schemes like SABLA and Indira Gandhi Matritva Sahyog Yojana (IGMSY).

Objectives: To assess the general awareness status of various services, provisions , entitlements and resources of ICDS programme among its functionaries ; to assess the general awareness status of various services , provisions entitlements and resources of ICDS programme among its beneficiaries (women of 15 - 45 years of age , lactating and pregnant mothers and mothers of children six months to three years, and three years to six years).

Methods : The study was conducted in the National Capital Region of Delhi . In total, nine rural and seven urban ICDS projects were selected. A total of 80 AWC , (50 from Delhi , 30 AWCs from UP and Haryana) were selected for the study . Tools used for the study were interview schedule.

Findings: The awareness about objectives of ICDS was more among the AWWs of UP (79.3%) followed by Haryana (62.3%) and Delhi (61.8%); 67.7 per cent of AWWs had correct knowledge of caloric nutritional norms for severely underweight children; 45.6 per cent of AWWs had knowledge about Anganwadi Karyakarti Bima Yojana, 87.8 per cent in Haryana, 86.9 per cent in UP and 16.1 per cent in Delhi were aware of Bima Yojana ; 90 per cent of AWWs were aware about the provision of maternity benefits to the AWWs, 7.6 per cent of AWWs from U.P were aware about such entitlements, 98.5 per cent AWWs from Haryana , 29.2 per cent from UP were aware about the correct age of Adolescent girls under SABLA ; 97. 7 per cent of AWWs from UP ,84 per cent from Haryana and 72 per cent from Delhi had knowledge about Mother and Child Protection Card; 85 percent of AWWs from Haryana, 36.9 per cent from Delhi and 53.2 per cent from UP had correct knowledge of steps of growth monitoring; 67.6 per cent of ICDS supervisors were having the basic

idea about newly launched scheme SABLA ;55.9 per cent of ICDS supervisors had knowledge of correct calorific nutritional norms meant for children six months to 72 months; 96.4 per cent of ICDS supervisors were aware about provision of maternity benefits to AWWs / AWHs; 17.1 per cent supervisors from UP, 46.6 per cent from Haryana were aware of such benefits to the workers and helpers under ICDS ; 59 percent of supervisors were aware about the target group of Sabla; all supervisors of UP and Haryana were having correct knowledge of target group of Sabla; 76 per cent of ICDS supervisors were aware of preventive measures of anaemia during pregnancy; 86.6 per cent supervisors from Haryana,82.8 per cent from UP and 70.5 from Delhi were aware about prevention of anaemia during pregnancy; more than two – third of Child Development Project Officers (CDPOs) had correct knowledge of caloric nutritional norms corresponding to different category of ICDS beneficiaries ; 72.4 per cent of CDPOs were aware of the age group of adolescent girls covered under the scheme; 80 per cent of CDPOs from UP, 69.2 per cent from Delhi and 66.6 per cent from Haryana were aware about the age group of adolescents ;24.6 per cent of CDPOs were aware about the recent guide lines issued by MWCD with regard to monitoring of AWCs and also the joint visits with the medical officer, 91 per cent of pregnant women were aware about immunisation service; 34.5 per cent of women were aware about Take Home Ration (THR) provision of supplementary nutrition ; 97.3 per cent pregnant women were found aware about THR; 42.6 per cent and 77 per cent of the pregnant women of Delhi were found aware of the provisions of Ready to Eat (RTE) and Hot Cooked Meal (HCM) respectively ; 88 per cent of pregnant women from Haryana planned their delivery at government hospital followed by Delhi (74.5) and UP (60%); awareness about provisions of health check-ups during pregnancy were found more among pregnant women of UP 97.3 per cent followed by Delhi 75 per cent and Haryana 52 per cent; 91.8 per cent of pregnant women from Delhi were found aware about advantages of prolonged breast feeding than the pregnant women of Haryana 89.3 per cent and UP 70.6 per cent; 97.7 percent of pregnant women were aware about the importance of immunisation to the child; Nursing mothers 65.3 per cent of UP had more awareness about referral services than the mothers of Delhi 37 per cent and Haryana 2.6 per cent ; 56.8 per cent of nursing mothers were of opinion that supplementary nutrition at AWCs provided energy followed by maintaining good health ; 90 per cent nursing mothers were aware about the importance of exclusive breast feeding ;69.7 per cent of nursing mothers in Delhi were found aware about anaemia followed by Haryana 65.3 per cent and UP 36 per cent; every nine out of ten nursing mothers were found aware about proper birth spacing between two children more awareness was found among mothers of Haryana and Delhi 95 per cent and 90 per cent respectively as compared to mothers of UP 77 per cent; 90.6 per cent of women beneficiaries were found aware about the legal age of marriage of girls ; awareness about MCP card was found among 79 per cent mothers of children three - six years of age ; in Haryana 36 per cent of women were aware of MCP card; 75.3 per

cent of mothers of children three – six years of age responded that children attending AWCs learned more activities related to concept of number and volume followed by the concept of colour; 86.5 per cent of mothers of children six months to three years were aware about the introduction of complementary food / semi solid food to child at six months ; 94.2 per cent mothers were found aware about the importance of immunisation to their children; UP and Haryana were found as worst sufferer as far as awareness about measles and hepatitis vaccinations were concerned.

Recommendations: To educate the ICDS beneficiaries and functionaries about all aspects of the programme which includes basics of ICDS, various programmatic provisions and other financial norms; there is a need to propagate ICDS services by organising exhibitions, meetings, group discussions etc.

Key Words: 1.ICDS 2.ICDS AWARENESS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.EVALUATION OF ICDS 6.FUNCTIONARY OF ICDS 7.ICDS BENEFICIARIES 8.GENERAL AWARENESS 9.ANGANWADI WORKERS 10.ICDS SUPERVISORS 11.CDPOS 12.PREGNANT WOMEN 13.NURSING MOTHERS 14.SUPPLEMENTARY NUTRITION 15.CHILD PROTECTION CARD.

13. Surwade, Jitendra B., Mantri, Sarita B. and Wadagale, Atul V. (2013). Urbanization of ICDS Scheme in Urban and Rural Area of Latur District with Special Reference to Pediatric Beneficiaries. *International Journal of Recent Trends in Science and Technology*, 5(3) : 107-110.

Source: www.statperson.com

Background : ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children below six years , expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas. ICDS services are provided through a village based centre known as anganwadi centre. The anganwadi worker is the most peripheral functionary which implements the programme services at the village/community level.

Objectives: To study and compare utilisation of services provided under ICDS to children attending Anganwadi Center in urban and rural areas; to study health and nutritional status of beneficiary children in anganwadi's in the study area.

Methods : The present comparative cross-sectional study was conducted at anganwadi in urban and rural blocks of Latur district. A sample size of 506 children was selected for the study. Tools used for the study were pre-tested and pre structured proforma. Weight for age was taken as criterion for malnutrition as per Indian Academy of Pediatrics (I.A.P.) classification which was being used in ICDS.

Findings : Out of total 506 children examined 252 were from urban Latur, Udgir block and 254 were from rural Nilanga block; in urban area 142 were male and 112 were female; in rural area 136 were male and 116 were female; majority of the children were in the age group of three to six years; it was observed that out of the total beneficiaries from urban area 48.03 per cent had utilised supplementary nutrition service satisfactorily, where as in rural area only 37.7 per cent children had utilised the service and the difference was statistically significant ($x^2 = 5.51$, $df = 1$, $p < 0.05$); non formal preschool education service was utilised better in urban area (57.72%) than in rural area (53.79%). Utilization of health checkup facility was more in rural area 25 per cent than in urban area 21.65 per cent; immunization service utilisation in urban and rural area was 90.95 per cent and 94.44 per cent respectively with no significant difference; receipt of vitamin A prophylaxis and IFA prophylaxis was more in rural than in urban area; the prevalence of malnutrition in the present study population was 50.99 per cent; it was seen that percentage of malnourished children was 46.46 per cent and 55.56 per cent in urban and rural area respectively; in urban and rural area majority of malnourished children were

suffering from grade I malnutrition i.e 32.28 per cent and 36.91 per cent respectively; the percentage of malnourished children in grade II was 11.03 per cent in urban area and 14.68 per cent in rural area.

Conclusion: In urban area utilisation of supplementary nutrition service was more than rural area. The health checkup service was irregular in both urban and rural. Utilization of non- formal pre - school education was more in urban areas as compared to rural areas.

Key Words: 1.ICDS 2.UTILIZATION OF SERVICE 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.URBAN 6.RURAL 7.ANGANWADI CENTRE 8.ANGANWADI WORKER 9.NUTRITIONAL STATUS 10.HEALTH 11.EDUCATION 12.WHO 13.MALNOURISHED 14.IMMUNIZATION COVERAGE 15.EARLY INTERVENTIONS 16.EARLY CHILDHOOD CARE AND DEVELOPMENT.

14. Thakur, Jarnail Singh, Prinja, Shankar and Bhatia, Satpal Singh. (2011). Persisting Malnutrition in Chandigarh : Decadal Underweight Trends and Impact of ICDS Program. *Indian Pediatrics, April, 48 : 315-318*.
Source : www.medind.nic.in

Background : India is currently home to more than half of worlds underweight children. According to the WHO Global Data Base on Child Growth and Nutrition the prevalence of malnutrition among under five children in rural India fell from over 70 per cent in the late 1970's to below 50 per cent at the end of the 1990's , for both underweight and stunting measures.

Objectives: To ascertain decadal trend in childhood nutritional status between 1997 and 2007 in Chandigarh, India and to assess impact of ICDS program on childhood under nutrition.

Methods: A total of 803 under five children, 547 between 12-23 months of age and 218 women with infant children were selected for the study . A total of 45 Anganwadi centres (AWCs) in Chandigarh were selected. A sample size of 769 children under five years were selected for the study. Tools used were semi structured questionnaire. Data was analysed using Epi Info statistical software version 3.2. Statistical significance was computed using chi-square test.

Findings: Majority of children recruited in both the studies present study 43.5 per cent; baseline study, 40.7 per cent were in three-six years of age groups; a significantly higher proportion of children in the baseline study 68.9 per cent were registered under ICDS programme compared to 54.7 per cent children in present study ($P < 0.001$); prevalence of underweight among under five children remained almost stagnant in the last one decade from 51.6 per cent in 1997 to 50.4 per cent in 2007; prevalence of underweight among children registered under ICDS programme 52.1 per cent and those not registered 48.4 per cent was not significant; proportion of fully immunised children was significantly higher ($P < 0.001$) among children enrolled under ICDS programme 90.2 per cent as compared to non-enrolled 79.1 per cent; stratified results for coverage of health care services according to geographic area revealed that coverage of all reproductive and child health services were significantly lower in urban slums ($P < 0.05$), except TT-2 coverage, fully immunised children and enrolment under ICDS program.

Recommendation : There is a need to re-orient the focus of ICDS program towards a meaningful process of growth monitoring that involves mothers and builds their capacity for child feeding. Secondly, services needs to be strengthened in the urban slums for better outreach and effectiveness.

Key Words: 1.ICDS 2.MALNUTRITION 3.NUTRITION IN ICDS 4.CHILD DEVELOPMENT 5.UNDER WEIGHT 6.CHILD HEALTH 7.GROWTH MONITORING 8.HEALTH 9.ANGANWADI CENTRES 10.RURAL 11.URBAN 12.NUTRITION 13.DECADAL TREND 14.GROWTH AND DEVELOPMENT 15.ANGANWADI WORKERS 16.EDUCATION 17.NUTRITIONAL STATUS 18.CHILDHOOD 19.UNDERNUTRITION 20.CHI-SQUARE TEST 21.WHO 22.EVALUATION 23.REPRODUCTIVE HEALTH 24.HOUSEHOLD SURVEY 25.CHANDIGARH.

NUTRITION

15. Alim F. et al. (2012).
Nutritional Status of Children Attending Mid Day Meal Scheme in
Government Primary School in Aligarh City. *Indian Journal of
Community Health*, 24(3) : 227-231.

Source : www.iapsmupuk.org

Background: School children constitute a major segment of the community whose health and nutritional status indicates the changing trend of nutritional profile of a region. The main nutritional problems faced by the school children include growth retardation, stunting, underweight, IDD, anaemia, and vitamin A deficiency.

Objectives: To find out the nutritional status of children receiving mid -day meal in schools in urban area of Aligarh city.

Methods: The data was collected from six government primary schools in urban area of Aligarh city. A total of 300 students, 138 boys and 162 girls were examined. The mean weight and height of the children according to age and sex was compared with the mean weight and height for age as per the ICMR standards.

Findings: Maximum number of boys was in the age group of 12 and girls were in the age group of 10. 46 per cent were boys and 54 per cent were girls; both boys and girls mean height and weight increased monotonically with their age; the peak increase in height of boys was between 12 and 13 years of age and in girl's it was between 11 and 12 years; in boys increase in mean weight was noticed at different age but the maximum increase in mean weight in girls was noticed between 12 and 13 years of age; the overall increase in mean height for boys was 42.15 cm and for girls it was 33.73 cm, the overall increase in mean weight for boys was 16.15 kg and for girls it was 19.65 kg; boys of the present study were shorter than well to do boys of ICMR by 0.1 cm to 8.7 cm from six to 14 years and the maximum difference was found in age group of 12 years; in case of girls the difference ranged from 1.71 cm to 8.74 cm and the maximum difference was in girls of nine years; data on weight indicated that the maximum difference in boys was reported in age group of 14 years 10.5 kg and in girls it was 12.1 kg; the mean difference of height and weight of boys in present study with that of ICMR was 8.6 cms and 6.8 kg respectively and for girls it was 7.08 cms height and 6.86 kg weight; 24.63 per cent boys and 25.32 per cent girls were found to be normal as per their height for age (stunting); higher percentage of boys (52.89%) than girls (46.29%) were reported to be stunted and 22.48 per cent of boys and 28.39 per cent of girls were found severely stunted; girls were falling more under normal category 25.32 per cent than boys

24.63 per cent; severe stunting was higher among girls 28.39 per cent compared to boys 22.48 per cent; 13.04 per cent boys and 23.45 per cent girls were found to be normal as per their weight for height (wasting); higher percentage of girls 45.67 per cent than boys 33.33 per cent were reported to be wasted where as higher percentage of boys 53.62 per cent than girls 30.86 per cent were severely wasted; comparing the prevalence of wasting between boys and girls it was noticed that girls were falling more under normal category 23.45 per cent than boys 13.04 per cent; over all wasting was reported higher in boys 86.95 per cent than girls 76.53 per cent, to study the association of wasting with that of different age groups of both boys and girls chi-square test was used and it was found that at five per cent level of significance with four degree of freedom was 1.94 for boys and 13.52 for girls.

Conclusion: Wasting was reported to be more than stunting for both boys and girls. The nutritional status of the school children under study was found to be low.

Key Words: 1.NUTRITION 2.MID DAY MEAL SCHEME 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.NUTRITIONAL STATUS 6.PRIMARY SCHOOL 7.ICDS 8.SCHOOL GOING CHILDREN 9.URBAN 10.WHO 11.HEALTH 12.CHILD HEALTH 13.ICMR 14.STUNTING 15.WASTING 16.CHI-SQUARE TEST 17.ALIGARH.

16. Geetha, P.B. Kumari Jaya, Moli, G.K. and Mini, G.K. (2010).
Prevalence of Under-Nutrition among Adolescent Girls: A Study in an
Urban Setting of Kerala. *Demography India*, 39(1): 35-42.

Background: In many developing countries, one-half of all children and adolescents fail to achieve their full genetic growth potential due to the combined effects of inadequate nutrition and frequent illness. World Health Organisation estimates that about one million adult deaths results from health problems exacerbated by over-nutrition, while half of it is associated with under nutrition.

Objectives: To assess the nutritional pattern of school going adolescents.

Methods: A cross sectional study was carried out in the schools of Thiruvananthapuram corporation area to collect the data on nutritional status of adolescent girls aged 9-14 years. The study sample consisted of 303 girl students of 5th to 9th standards of the randomly selected schools. Socio Economic Score (SES) was calculated as per the criteria used by Kerala Sastra Sahithya Parishat (KSSP, 2000). Data was entered and analysed using SPSS version.

Findings: About 26 per cent of girls were severely under nourished and 2.3 per cent of them were obese; prevalence of malnutrition (BMI < 15 and BMI > 25) among adolescent girls in Thiruvananthapuram corporation area was 28.0 per cent only 19.5 per cent came under normal category; mean age of the girls in the study group was 12.36 years; average age of the severely under nourished girls (11.68 years) was lower than their counterparts (12.36 years); among hindus and muslims percentage of girls under nourished were comparatively low, in contrast to the high percentage of under-nourished girls among christians; nine per cent of the severely under nourished and 7.1 per cent of those without under nourishment were in the higher birth order; no significant association was found between the type of family and severe under nutrition; severe under nourishment was less among girls belonging to nuclear families; percentage of girls with high SES was lower among severely under nourished than the remaining girls; severe under nourishment was less among girls who had attained menarche, 86 per cent of the severely under nourished girls had not attained menarche, low food consumption was a factor for under nourishment among adolescent girls; severe under nutrition had no significant association with physical exercise and duration of sleeping; among the average SES group the probability of being severely under nourished was about 2.6 times higher when compared to girls belonging to high socio-economic status

and 2.3 times higher than those girls in the poorest group; menarchial status was highly related with under-nutrition; the risk of being severely under nourished was ten times more among those who had not attained menarche.

Recommendations: More attention needs to be paid to adolescents by providing nutrition related programmes; Health Education Programmes are needed to help the mothers to understand components of a healthy diet for adolescent girls to lead a healthy life.

Key Words: 1.NUTRITION 2.ADOLESCENT NUTRITION 3.UNDER NUTRITION ADOLESCENT 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.URBAN 7.WHO 8.EDUCATION 9.SCHOOL GOING CHILDREN 10.MALNOURISHMENT 11.MALNUTRITION 12.MID DAY MEAL 13.BMI 14.SOCIO ECONOMIC FACTORS 15.NUTRITIONAL STATUS 16.SOCIO ECONOMIC STATUS 17.CHI-SQUARE TEST 18.THIRUVANANTHAPURAM 19.KERALA.

17. NIPCCD, New Delhi. (2011).

Pilot Study to Assess the Nutritional Status of Children Using the New WHO Growth Standards. New Delhi: NIPCCD.

Background: Nutrition plays a key role in the early months and years of life. Growth monitoring using growth charts is one valuable way to assess nutritional status in ICDS. ICDS scheme aims towards the goal of reducing child mortality as well as to achieve physical, mental and psychological development for children. A multi- sectoral strategy bringing together health, education and nutrition interventions at the door step of the people through a network of anganwadi centres is the uniqueness of this programme. The new WHO growth standards are based on the premise that the breast fed infant is the norm and children all over the world under optimal environment conditions have same potential for growth and development regard less of ethnicity and socio-economic status.

Objectives: To identify children at risk of underweight amongst the children assessed for nutritional status ; to compare the nutritional status using ICDS growth curves vs. New WHO growth curves; to determine the causes responsible for the poor nutritional status of the children.

Methods: The sample was selected from the Lado Sarai and Andheria Mode projects of Delhi. 233 girls and 275 boys belonging to the lower socio economic group were enrolled for the study. Age group of children was between birth-four years. Tools used for the study were Anthropometric Assessment and interviews. The equipments required for weighing the children included Salter's scale and bathroom scale.

Findings: Data collected at the time of enrollment reflected that in the age group from birth to six months 60.4 per cent children were classified as normal according to ICDS standards as compared to 75.0per cent normal children based on a new WHO growth standards; 16.7 per cent children were moderately underweight as per new WHO growth standards; 37.5per cent were found suffering from grade –I /II malnutrition as per the existing growth charts and 8.3 percent children were found to be severely underweight according to new who growth standards while 2.0 per cent children were in grade III / IV of underweight based on existing growth standards. Among children aged seven months to one year 42.3 per cent children had normal weight for age by the existing monitoring parameters; 69.2 per cent children fall in this category by the new WHO growth standards; 21.8 per cent children were moderately underweight as per the new WHO growth standards while 51.3per cent suffered from Grade- I / II underweight as per old growth standards; 60.1 per

cent children belonging to the age group of one to two years were normal according to the new WHO growth standards in contrast to 42.8 per cent as per the old growth standards; out of 234 children aged two- four, 40.6 per cent and 67.1 per cent children had a normal weight; moderate underweight was found in 23.5 per cent children; among children aged more than four years, 70.0 and 50.0 per cent were classified as normal ;of the total 508 children, 40.2 per cent were normal while the figure was raised to 64.6 per cent when the new who growth parameters were used; 25.4per cent children were found to be moderately underweight in comparison to 57.1 per cent who suffered from Grade – I /II underweight, in the month of September 40.9 per cent children were normal; 23.8 per cent children were found to be moderately underweight; in the month of October , the number of children aged birth - six months who were classified as normal for weight for age doubled from 33.3 per cent to 66.7 per cent; data of children aged seven months to one year showed that the number of children with a normal body weight raised from 46.0 per cent to 68.9 per cent; severely underweight was reported in 12.2 per cent children, as compared to 5.3 per cent who were graded as having Grade III / IV underweight; in the age category, of one –two years, the percentage of children with normal weight for age increased from 44.0 per cent to 72.3 per cent 23.4 per cent children were moderately underweight while 53.9 per cent were Grade I / II underweight; the data related to children aged two – four years showed that 44.0 per cent and 67.7 per cent children were found to be in normal grade; 2.3 per cent children were reported to be moderately under weight, 69.7 per cent and 39.4per cent of the children aged more than four years were having normal weight for age according to new and existing standards respectively; the WHO growth standards showed 24.6 per cent more children having normal weight and 5.3 per cent more children in severely underweight whereas 29.9 per cent less children in moderately underweight in comparison to existing growth standards; 84.5 per cent of the mothers of children enrolled for the study were aged between 21-30 years; 37.2 per cent of the mothers were found to be illiterate and 35.2 per cent had education up to class X ; 87.7 per cent were availing the supplementary nutrition being provided at the AWC; 93.5 per cent children were being covered under the Universal Immunisation Programme under ICDS; 26.0 per cent mothers responded to have received any health checkup or referral services to PHC's by the ICDS staff; 50.3 per cent mothers were aware about the nutritional status of their children; percentage of children given early breast milk was 68.4 per cent than those who were introduced breast milk later 66.7 per cent ; 86.4 per cent mothers responded that they had fed colostrums to their child; 63.6 per cent children who were fed up to seven times a day or whose mothers followed schedule feeding were having a normal body weight as compared to 72.7 per cent children whose mothers followed demand feeding out of the 80 children aged 7-12 months, 88.7 per cent were given various complementary foods at the age of six months while 11.3 per cent were found to be weaned off at an earlier age; 22.2 per cent who were weaned off at an earlier age were

severely underweight in comparison to only 8.5 per cent who were weaned off after six months of age ; the number of children having normal body weight was 12.0 per cent higher among children who were being fed complementary foods three or more times a day (75.4%) in comparison to those who were being fed these foods once or twice a day (63.2%); 61.3 per cent children suffered from Acute Respiratory Infections (ARI), 31.1 per cent from Diarrhoea and 48.2 per cent from fever; 59.7 per cent children who were falling sick twice a month were having a normal body weight while 11.6 per cent were found to be severely underweight; 87 per cent mothers responded that they take Supplementary Nutrition from AWCs, while 13.0 per cent said they had never utilized this service; 93.3 per cent mothers responded that they received Hot Cooked Meal (HCM) as Supplementary Nutrition while 8.3 per cent agreed that they also received Ready to Eat (RTE) food . Take Home Ration (THR) was not being provided in any of the AWCs; 32.7 per cent of the respondents attended the Nutrition and Health Education sessions held at the AWCs;

Recommendations: The growth monitoring activity should be replaced by Nutritional Assessment and Nutritional counselling (NAHC) sessions. The existing growth chart should be accompanied with the Mother and Child Protection Card, which has parameters on the child and key messages related to child caring and feeding.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.WHO 6.GROWTH STANDARDS 7.MILLENNIUM DEVELOPMENT GOALS 8.ICDS 9.GROWTH MONITORING 10.HEALTH 11.ANGANWADI WORKERS 12.ANGANWADI CENTERS 13.MALNOURISHED 14.EDUCATION 15.BREASTFEEDING PRACTICES 16.MORBIDITY PATTERN 17.SUPPLEMENTARY NUTRITION PROGRAMME 18.EARLY INTERVENTIONS 19.MOTHER AND CHILD PROTECTION CARD 20.INFANT AND YOUNG CHILD FEEDING 21.NUTRITION INTERVENTIONS 22.GROWTH MONITORING PRACTICES 23.DIETARY HABITS.

SCHEDULED TRIBES

18. Uma Devi, D. (2011).
Education of the Tribal Children as Perceived by the Community
Members. *Indian Journal of Adult Education, January-March,*
72(1): 75-87.

Background: The tribal population constitutes eight per cent of the total population in our country. The tribals of India live in forests, hills, and naturally isolated areas which make them geographically isolated, socially and educationally deprived from development programmes. Government has established many schools in the tribal areas, but tribals prefer to send their wards to work rather than to send them to schools as the child income supplements their family income. Lack of adequate schools and facilities in the existing schools, mismanagement, lack of interest of work in tribal area among the non-tribal teachers, usage of the tribal children for this personal works are some of the major constraints for the promotion of education among the tribal children.

Objectives: To assess the socio-economic background of the community members; to assess the infrastructural facilities that are available in the schools of selected areas; to analyse the opinions of the community members towards problems of the tribal children in attending the schools and solutions for improvement of the education among the tribal children,

Methods: The study was conducted in the state of Andhra Pradesh. Three districts one from each region having the second highest tribal population was chosen for the study. A total of 135 community representatives comprised as sample of the study. Data was analysed both qualitatively and quantitatively.

Findings: The occupation of the sample community showed that 57.03 per cent were labourers, 57.03 per cent were in to farming; 80 per cent of the representatives were from nuclear families and 18 per cent were from joint families; with regard to the size of the children in the family 46.67 per cent representatives had one – two children, 45.93 per cent had three-four children; more than half of the families had three-four members as literates. Six per cent had no literates in their families; 65.19 per cent had one-two illiterates in their families; about three-fourths of the families had one-two women literates; 72.59 per cent families had one-two literate men; 14 per cent of the families did not had school aged children; 63.70 per cent of the community representatives families had two-three school aged children; 22.41 per cent of the families did not possess the school going boys at their houses; about half of the families

had one school aged boy in their houses followed by families with two-three children (21.55%); in case of girls half of the families had one girl child followed by families with two-three children (18.10%); 23.28 per cent of families did not had schools aged girls; representatives who responded to the questionnaire were SHG members, Anganwadi Workers, housewives, panchayat members, mahila mandal members and youth club members; 80 percent of the community representatives stated that the villagers had good opinion of school education and more than 14 per cent felt that the villagers did not had good opinion of school education; 70 per cent were of the opinion that their negative opinion will not show any impact on the education of the children whereas more than 28 per cent opined that the villagers negative opinion will have an impact on the education of their children; majority of the community representatives informed that the teachers were not discriminating against the children belonging to the tribal community; few members stated that teachers discriminated in language issues; 80 per cent of the community representatives opined that the teachers were not assigning their own works to the children whereas 17 per cent stated that the teachers were assigning their own works to the children; more than half of the sample have rendered their services to the schools in providing facilities for it; all the community representatives helped in constructing a road to the school while some helped in providing building, goods and land.

Conclusion: To promote education among the tribal children, there is a need to inculcate awareness among the tribal people towards the importance of education. It is also necessary to introduce the vocational courses along with the formal schooling which is suitable to their day to day needs as well as global needs so as to equip them with the employable skills suitable to the globalisation era.

Key Words: 1.SCHEDULED TRIBES 2.EDUCATION TRIBALS 3.TRIBAL EDUCATION 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.TRIBALCHILDREN 7.SOCIO ECONOMIC FACTORS 8.LITERACY 9.ILLITERACY 10.SCHOOL GOING CHILDREN 11.DROPOUTS 12.ENROLMENT 13.COMMUNITY MEMBERS 14.SARVA SHIKSHA ABHIYAN 15.RIGHT TO EDUCATION 16.PRIMARY EDUCATION 17.ANDRHA PRADESH.

B. Research Abstracts on Child Protection

CHILD ABUSE

19. Ningombam, Somorjit, Hutin, Yvan and Murhekar, Manoj V. (2011).
Prevalence and Pattern of Substance Use among the Higher Secondary
School Students of Imphal, Manipur, India. *National Medical Journal*, 24:
11-15.

Source: - www.imsear.hellis.org

Background: Adolescence is a time of experimentation and risk taking and the initiation of substance use often begins during this period. Substance use in adolescence is commonly associated with unsafe sexual behavior, social misbehavior, poor academic performance which eventually leads to the continuation of drug use in adulthood. Imphal district has the highest number of substance users in Manipur accounting for 20 per cent of all substance users.

Objectives: To estimate the prevalence and pattern of substance use among students of higher secondary schools in Imphal municipality and to identify the factors associated with substance use.

Methods: A cross sectional study was done among the students of higher secondary schools (class XI and XII) of Imphal municipality. A total of 1020 students were selected for the study.

Findings: Of the total students surveyed 36 per cent were from government schools and 52 per cent were males; the median age of the students was 17 years; 551 students reported having used any substance earlier in their lifetime; 356 students had used the substance in the last year and 222 had used it in the past month; the prevalence of ever, recent and current substance users was highest among students aged 19 years or older compared with younger students, and males compared with females; among the ever users, tobacco 46 per cent was used most commonly followed by alcohol 29 per cent cannabis 14 per cent and solvents 9.1 per cent; the pattern of substance use was similar among recent and current users; no students reported injection as a route for substance use; the median age at first use was 15.5 years; On univariate analysis, children who used the substance ever were more likely to be males (Odds Ratio [OR] 3.0, 95% CI 2.4 - 3.9) and were older than 17 years of age (OR 1.5, 95% CI 1.1-2.0), had father (OR 2.3, 95% CI 1.7-2.9) or sibling (OR 2.6, 95% CI 1.9 - 3.7) using any substance, on multivariate analysis, the factors found to be significantly associated with substance use were male sex

(adjusted OR 2.6, 95% CI 2.0 -3.4), substance use by father (adjusted OR 2.0, 95% CI 1.6 – 2.7) or sibling (adjusted OR 2.1, 95% CI 1.5-3.0) ; 81% of ever users reported that the substance was introduced to them by their friends; others sources of introduction were family members 9.3 per cent and casual acquaintances 4.2 per cent enjoyment 41 per cent and curiosity 24 per cent were the most commonly reported reasons for first substance use among ever users while 15 per cent ever users could not cite any specific reason for substance use.

Recommendations: Campaign to prevent tobacco and alcohol use in schools with a written school education policy should be started; Parents and siblings should be involved in school education programmes concerning substance use; periodic surveys should be done every two – three years, which will be useful in evaluating the impact of the preventive measures.

Key Words: 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.CHILDREN IN DIFFICULT SITUATION 5.PREVALENCE 6.PATTERN 7.HIGHER SECONDARY SCHOOL STUDENTS 8.EDUCATION 9.HEALTH 10.CHILDREN IN NEED OF CARE AND PROTECTION 11.SOCIO ECONOMIC STATUS 12.BEHAVIOUR PATTERN 13.ALL MANIPUR ANTI DRUG ASSOCIATION (AMADA) 14.IMPHAL 15.MANIPUR.

20. Sailaja, P. and Rao, K.Visweswara. (2012)
Substance Abuse Among School Children: A Study in Andhra University High School, Visakhapatnam of Andhra Pradesh. *International Journal of Multidisciplinary Educational Research*, June, 1(2): 135-144.
Source: www.ijmer.in

Background: Substance abuse is one of the serious problems affecting youth in the world. Substance abuse and dependence occurs at any age but is most common during adolescence and young adulthood. School going adolescents are attracted to substances because of 'thrill' and 'enjoyment; whereas, under privileged students get hooked up to them to escape from unhappy, harsh parental values, uncongenial home atmosphere and poor interpersonal relationships and other negative factors. Substance abuse is harmful not only to the individual but also to family and society at large.

Objectives: To study the socio – economic profile of the high school going children addicted to substances like Panparag, Manikchand etc; to examine their family back ground, and impact of the substances on their habits. To find out the type of substances used. reasons etc. by school children.

Methods: The study was conducted in Andhra University high school Visakhapatnam Andhra Pradesh. A sample size of 100 Children , 87 male and 13 females were selected for the study. Interview schedule was used for data collection.

Findings: Majority of the respondents were in the age group of 12-14 years; 78.0 per cent of the respondents academic performance was poor and 89.0 per cent of the respondents teachers were not aware of their habit; 75.0per cent of the respondents reported impact on their academic performance; about 57.0per cent of fathers and 70.0 per cent of mothers were illiterates; 90.0 per cent children belonged to nuclear families; majority of the respondents taking substances parents were class IV employees; 60.6 per cent of the respondents parents were getting monthly income in between Rs. 2000 – Rs. 5000, 65.0per cent respondents fathers used substances; all the respondents reported having other habits such as smoking and drinking and friends of the respondents were multiple substance users. 72.0 per cent of the respondents were initiated by their friends; 76.0 per cent were initiated by both class mates and outsiders; 47.0 per cent of the respondents were taking substance during leisure time; 49.0 per cent of the respondents were particular about the time of taking during the day; 24.0 per cent of the respondents were taking during school time; many respondents stole money from their parents to buy substance ; most of the respondents were earning money on their own through different methods like theft and by saving on the purchase of provisions for the family without the parents knowledge; reasons for taking substance were for happiness , enjoyment, curiosity, overcoming

depression, peer influence etc. 13.0 per cent of the respondents used all types of substance like Alcohol, khaini, cigarette etc; 32.1per cent of the respondents fathers were taking all substances; 2.4 per cent respondents mother reported the use of tobacco; 50.9per cent of the respondents reported that their lips became black and they had pain in eyes; 52.4 per cent noticed change in their academic performance.

Conclusion: It is important to identify adolescents view pertaining to knowledge and awareness of substance use, social situations, substance risk, social image effects of substance abuse on their lives, knowledge and abilities pertaining to substance use and short and long term effects on health beliefs in relation to substances.

Key Words: 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.SCHOOL CHILDREN EDUCATION 5.SOCIO-ECONOMIC PROFILE 6.HIGH SCHOOL CHILDREN 7.HEALTH 8.CHILDREN IN NEED OF CARE AND PROTECTION 9.CHILDREN IN DIFFICULT SITUATION 10.VISAKHAPATNAM 11.ANDHRA PRADESH.

CHILD LABOUR

21. Agarwal, Anand Kumar et al. (2012).
Social and Health Scenario of Child Labour at District Level in India.
Indian Journal of Medicine and Healthcare, May, 1(2): 38-41.

Source: www.iseeadyar.org

Background: The Government of India initiated the National Child Labour Project Scheme in 1988 to rehabilitate the working children. International Labour Organisation (ILO) launched International Programme for Elimination of Child Labour (IPEC) in 1991 to contribute to the effective abolition of child labour in the world. India continues to have the largest number of child labourers in the world. 12.7 million economically active children in the age group of 5-14 years are working as child laborers in various sectors.

Objectives: To find out the factors and constraints which are operating negatively in the rehabilitation efforts and affecting the health of these unfortunate and under-privileged children.

Methods: A cross-sectional study was conducted on 303 children aged between 5-18 years by using pre-tested performa. The study was conducted at Barabanki District of Eastern U.P.

Findings: In the present study 64.68 per cent were males and 35.31 per cent were females; 53.46 per cent were without formal education; 39.6 per cent had studied less than fifth standard; reasons for school dropouts included poor economic status 64.28 per cent family problems 21.42 per cent and personal problems 14.28 per cent; 64.3 per cent were engaged as labour to supplement family income; 50.49 per cent earned about Rs. 250-500 per month; many males were sole bread earners (n=39); significant numbers of child labourers worked to fulfill their own requirements; 36 per cent of children were using tobacco in some form; as per nature of child labour 24.75 per cent worked as domestic help wherein 68 per cent were females in this category; in Dhabas and tea stalls 23.76 per cent worked in which 84.72 per cent were males; in street garbage collection 64.70 per cent females worked, in age group of 9-13 years males outnumbered, while age of induction was found as 33.66 per cent in the age group of 13-18 years; all the children were suffering from anaemia, 65.34 per cent and 76.23 per cent were showing signs of Vitamin A and Vitamin B deficiency respectively.

Conclusion: Poverty, as a trigger necessitated these children to work and has compounded the problem in their rehabilitation.

Key Words: 1.CHILD LABOUR 2.HEALTH 3.CHILD PROTECTION 4.SOCIAL AND HEALTH SCENARIO 5.ILO 6.NATIONAL CHILD LABOUR PROJECT SCHEME 1988 7.EDUCATION 8.REHABILITATION 9.CHILDREN IN NEED OF CARE AND PROTECTION 10.CHILDREN IN DIFFICULT SITUATION 11.CHILD ABUSE 12.ADOLESCENTS 13.NATIONAL CHILD LABOUR POLICY 14.INTERNATIONAL PROGRAMME FOR ELIMINATION OF CHILD LABOUR (IPEC) 15.CHILD LABOUR ACT 1986 16.BARANBANKI DISTRICT 17.EASTER UTTAR PRADESH.

CHILD WELFARE

22. Indirani, J. and Manikandan, K. (2012).
Return Migration of Adolescent Girl Workers of Tiruppur. *Women's Link*,
18(3) : 30-33.

Background: A large proportions of workers in textile and garment manufacturing industries were migrants. Tiruppur was an important hub for absorbing female labour . The female migrants were engaged in various types of works. Most of the workers were from backward regions and were agricultural workers, who were living amidst the desperation of unending poverty. The employment opportunities in these industries helped young girls to earn money for their marriage thus reducing the burden of poor parents.

Objectives: To study the problems and challenges faced by migrant adolescent girls of textiles and garment units in Tiruppur.

Methods: The study was conducted amongst 30 adolescent return migrant workers chosen randomly from five villages in Pudukkottai district. Data was collected from them by using an in depth interview module and Focused Group Discussions.

Findings: About 76.7 per cent of the migrant adolescent girls were from the age group of less than 16 year, 13.3 per cent were under 16-18 years and ten per cent of girls were above 18 years; 67 per cent had completed their high school education, 27 per cent had completed middle school education; 76 per cent of the households had family size of five and above and the average family size of all respondents was 5.3; the main occupation of most of girls household was agricultural labour ; most of the girls migrated and took up jobs in textile and garment industry because of poor economic conditions of the family; one – tenth of the respondents revealed that they migrated due to the imperative condition of shouldering family responsibilities like taking care of their aged parents etc. 50 per cent of the respondents working in Tiruppur textile and garment industries for less than three years entered under the Sumangali scheme (marriage benefit scheme) for three years; 23 per cent of the girls stayed till the completion of the scheme period of three years; 27per cent worked beyond three years even after completion of the scheme period; at the time of entry, 64 per cent of the girls received less than Rs. 1,500 one third of the workers got Rs. 1500 to 3000, and only one respondent received more than Rs 3000; at the time of leaving 53 per cent of the respondents monthly wages ranged between Rs 2000 and 4000 ; 33 per cent respondents wage remained the same or less than Rs 2000; all the girls worked for more than eight hours on regular basis girls, generally worked for 12 hours per day; during peak season they were

compelled to work on Sunday's also; the overtime duty of workers varied. Across the units, 73.3 per cent over worked for four hours per day; most of the respondents did not receive any wages for their overtime work; 50 per cent of the girls reported that the companies deducted money from their wages for provident fund, gratuity, employees state insurance but they have never heard about accidental benefit for any injuries; 87 per cent of girls expressed that the quality of food was not satisfactory; 90 per cent of respondents said that the water quality was not satisfactory at residential place and 73 per cent reported the same in case of drinking water at work place; the girls reported that the number of toilets was very less for such a large number of girls and their maintenance was very poor; the unhygienic, inadequate number of toilets and limited time to use toilets posed threats to their health; regarding room for resting, 80 per cent said that there was no resting room facility; all the girls said that the textile and garment units did not adopt any labour safety measures both in working and residential places; no unit provided ID card or maintained muster register, acquaintance register and labour file records pertaining to the respondents; most of the girls cited that they liked watching television, playing games and rare outing and tour trips arranged by companies; they disliked when they were compelled to work even after the completion of actual shift hours or when supervisors and warden approached them; girls working in these units suffered from multiple ailments like allergy, headache, menstruation related problems, anaemia, and injuries; girls reported that they had mental health problems such as sleeplessness, fear, frequent depression due to verbal and sexual harassment by supervisors and also worrying about their family back home.

Conclusion: Government should take stringent action so as to mitigate the situation. Vigilance Committees should be set up comprising of members from judiciary, social activists, and government officials, to take effective action against the textile and garment industrial units which engage and abuse adolescent female workers and ensure that the labour rights of the workers are adhered.

Key Words: 1.CHILD WELFARE 2.ADOLESCENT CHILD PROTECTION 3.MIGRATION 4.MIGRATION 5.MIGRANT WORKER 6.CHILD DEVELOPMENT 7.GROWTH AND DEVELOPMENT 8.ADOLESCENT GIRL WORKERS 9.SOCIO ECONOMIC FACTORS 10.WORKING HOURS 11.WAGES 12.EDUCATION 13.HEALTH 14.HEALTH HAZARDS 15.POVERTY 16.ILLITERACY 17.CHILD LABOUR 18.CHILDREN IN NEED OF CARE AND PROTECTION 19.CHILDREN IN DIFFICULT SITUATION 20.TEXTILE AND GARMENT INDUSTRIES 21.CHILD LABOUR ACT 22.TIRUPPUR.

DESTITUTE

23. Bhuyan, Bandana et al. (2012).
A Study on Children's Institutions in the State of Assam. Guwahati :
NIPCCD Regional Centre Guwahati, Assam.

Background : Family is the primary institution for bearing and rearing of children. It has been found in the recent years that number of children needing institutional care is on the rise. India has 84 million orphans and 11 million homeless children. There are 3, 14, 700 street children in seven metropolitan cities. These children are left to all sort of evils, exploitation and abuse. An Institution for children is a useful service for destitute, abandoned, orphan, physically and mentally challenged children and also to the children of families in which due to desertion, death, imprisonment and unemployment caring of children becomes extremely difficult. Juvenile Justice Act, 2000. (Care and Protection of Children) has primarily recommended for four types of institutions for children, which are – Shelter homes, Children's home, Observation home, and Special home.

Objectives: To understand the functioning and management of the Children's Institutions; to study the basic infrastructural facilities made for children in the light of the JJ Rules 2007; to assess the appropriateness and quality of different services rendered to children.

Methods: Eight institutions run by the Social Welfare Department of Government of Assam were selected for the study. Tools designed and used for collection of data for the study were interview schedule, observation check-list and case studies.

Findings: All the children homes and observation homes and the institutions for special children/ physically challenged had dormitory type of accommodation; 600 children were enrolled in five homes for children; 60 new children were admitted every month ;in the special schools there were altogether 339 children of whom 199 were boys and 140 were girls; 27 per cent of the children were below 12 years of age and 69 per cent were between 12-18 years; in observation homes children were divided in to four groups, namely 7-12 years, 12-16 years, 16-18 years and 18 years and above; in the children homes, the segregation of groups were 5-10 years, 10-15 years and 15-18 years; 42 per cent children duration of stay in the homes was up to six months; 31 per cent children stayed for more than one year ; physically and mentally challenged children were found to be present in the homes at the time of visit; all together there were 23 children with special needs, 15 of them were mentally retarded

and eight had physical disabilities; At observation home of Boko and children home of Jalukbari there were eight mentally retarded children at the time of investigation; three mentally retarded children were found in observation home of Jorhat; 45 children ran away from the homes in the last ten months; maximum incidences of running away were reported at children home of Ambari; of the five institutions under JJ Act, only two children's home at Nagaon and Ambari, Guwahati were found to be arranging educational facilities in a proper way; except observation home, Boko and hearing impaired school, Jorhat, all others imparted vocational training to the inmates; all the institutions took appropriate measures whenever there was any sudden illness in children or there was an any emergency situation; except for the children home of Jalukbari, none of the other institutions had a medical care unit; medical records and files were maintained well by all the visited children's institutions; all the institutions were found to have the first-aid kit, except the observation home, Boko; children home of Nagaon reported to have immunised their inmates; children below the age of six years were immunized at the AWC; all the institutions followed similar kind of menu and similar meal pattern; all the institutions provided some recreational facilities to children; hygiene and sanitation was found satisfactory in all the institutions; performance of the homes in restoration and discharge of children was found to be satisfactory; on an average, every home restored/ discharged ten children in a month; there was no uniformity or proper procedure for recruitment of staff in the child care institutions under JJ Rules; all the institutions prepared and displayed daily routine and had scheduled time for prayer, schooling, sports, watching T.V homework, meal, sleep etc. Registers such as medical file / report, nutrition / diet file were not properly maintained by all; most of the children found the warden, matron and other staff understanding, loving and caring.

Recommendations: All the staff in the children's home should be trained and sensitized on issues relating to child rights and protection, provision under institutional care and also about their role and responsibilities; adequate measures should be undertaken for attitudinal change of the children in conflict with law; all the homes under JJ system should be regularly monitored by concerned authorities.

Key Words: 1.DESTITUTE 2.INSTITUTIONAL CARE 3.CHILDREN'S INSTITUTIONS 4.CHILDREN HOME 5.OBSERVATION HOME 6.CHILD PROTECTION 7.CHILDREN IN NEED OF CARE AND PROTECTION 8.CHILDREN IN DIFFICULT SITUATIONS 9.INSTITUTION FOR DISABLE CHILDREN 10.J.J. ACT, 2000 11.DISABLED CHILDREN 12.HEALTH 13.EDUCATION 14.INFRASTRUCTURE 15.ENROLMENT 16.SPECIAL CHOOOLS 17.RUN AWAY CHILDREN 18.FORMAL AND NON FORMAL EDUCATION 19.SKILL DEVELOPMENT.

24. Gaidhane, Abhay M. et al. (2008).
Substance Abuse among Street Children in Mumbai. *Vulnerable Children
and Youth Studies*, April, 3(1) : 42-51.

Source : www.researchgate.net

Background: India has 18 million street children. Mumbai being one of the biggest cities in India, has an estimated 100,000 street children. Substance abuse is not uncommon in Indian street children. Issues of poverty, ignorance, migration and exploitation complicate further the problem of adolescent substance abuse in a developing country. Street children face many challenges in their search for food, safety, employment, shelter and medical care. They depend commonly upon their peers, non- governmental agencies and their own resource fullness to survive on the streets.

Objectives: To determine the pattern, characteristics and attitude of substance abuse among street adolescent boys; to identify factors associated with the abuse and also to determine the proportion of adolescent street boys who have experienced physical and sexual abuse.

Methods: A cross – sectional study was conducted in a three day 'Diwali Festival Mela' organised in central Mumbai by an NGO. A total of 163 adolescent street boys aged 10-19 years were selected for the study. Data was collected by face to face interview using a structured interview schedule. Questionnaires were also used for the study.

Finding: The response rate for the study was 83.5 per cent; adolescent street children in the study ranged from age 11 to 19 years and their median age was 16 years; on an average, boys had been on the street for four- five years, boys cited poverty as the major reason for leaving home; of 163 boys 90.79 per cent boys were victims of one or more types of abuse; 80.98 per cent were substance abusers; 53.37 per cent were physically abused and 31.90 per cent were sexually abused; 27.02 per cent were substance abusers only; 7.43 per cent were physically abused only and five were sexually abused only; 20.49 per cent who indulged in substance abuse were sexually as well as physically abused; nicotine was the most frequent substance of abuse, used by 63.8 per cent adolescent street children; 37 per cent were using inhalants; 48 per cent were using alcohol and 26 per cent were using hypnotics and stimulants; 19 per cent were found to be using cannabis and opioids; street children initiated substance use with nicotine, graduated to use of inhalants and progressed to alcohol; the most common reasons mentioned by the participants for substance abuse or the perceived functions of substance use was of peer pressure 62.1 per cent to experiment 36.3 per cent or to boost self - confidence 28.7 per cent; 70 per cent of all substance users wanted to quit and 40 per cent tried to quit; adolescent street boys having family pathology, history

of substance use among peers and those who were living “ only on – street “ were at higher risk of sexual abuse, but were not statistically significant ($p>0.05$); adolescent street boys were at greater risk of physical abuse if they had family pathology, those having friends who were substance users and those who were living ‘only on- street’ .

Conclusion: Special efforts are needed to connect these boys with night shelters, night schools, treatment services and other types of help, such as life skills and job training. The study highlights the need for more aggressive outreach strategies to make comprehensive health care treatment services more accessible to street children. Service providers needs to take these differences in to account when planning intervention.

Key Words: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.SUBSTANCE ABUSE 5.DRUG ABUSE 6.ADOLESCENT BOYS 7.PHYSICAL ABUSE 8.EDUCATION 9.LIVING CONDITIONS 10.HEALTH 11.CHILDREN IN DIFFICULT CIRCUMSTANCES 12.CHILDREN IN NEED OF CARE AND PROTECTION 13.SEXUAL ABUSE 14.MUMBAI.

25. Praveen, Devarsetty et al. (2012).
Determinants of Inhalant (Whitener) Use among Street Children in a
South Indian City. *Substance Use and Misuse*, 47: 1143-1150.
Source: www.researchgate.in

Background : Street children constitute a marginalized population in urban centers of the world, across both developed and developing countries. About 11 million of street children live in urban areas alone. Street children are often exploited for cheap labour and are victims of physical and sexual abuse and frequently get involved in illegal activities as part of larger criminal gangs. Substance use among street children ranges from 50 per cent to 80 per cent throughout the world and inhalants are one of the commonest drugs, along with alcohol and tobacco .

Objectives: To estimate the distribution of whitener use among adolescents in juvenile observation homes and understand the factors which differentiate them from non-users in the same group.

Methods: The study was conducted in two observation homes in Hyderabad, one for boys and other for girls. Tools used for the study were questionnaires and interviews .

Findings: A total of 174 children in the juvenile homes were selected for the study of which 61 per cent were boys; the age of the children varied from five to 18 years with a mean age of 12.2; prior to the entry in to the juvenile homes 36.8 per cent of the children were living with their own families in their houses and 33.9 per cent were staying in the streets alone, one – fifth of children were staying in streets in groups; ten per cent were staying either with their relatives or friends in slums; 60.3 percent children knew to read and write in the local language Telugu and had attended school at one point of time, all the children were brought from the railway stations and bus terminals of the city and had a prior history of running away from their families and homes; whitener use among the study participants was 34.5 per cent and all of them had started this habit before coming to the juvenile homes; the rate of use of whiteners was higher in boys 50.9 per cent as compared to girls 8.8 per cent across all age groups; the mean age of initiation of whitener use was 10.3 years (SD 3.0 years; rang: 6-16 years) and the duration of whitener use at the time of interview was two years (SD of 1.1 years; range: six months to five years). Among the non - experimenters, the other substances used along with the whiteners were nicotine 57.9 per cent followed by cannabis 10.5 per cent and alcohol 3.5 per cent ;16 per cent of the children preferred using whiteners with nicotine or alcohol or cannabis and 12 per cent did not used any other substances except whitener fluids; 65 per cent of children, excluding experimenters, used two or less number of bottles (50ml) of whitener fluid daily,

and six children preferred having four or more bottles (200 ml) daily; the leading reasons for initiating whitener use were peer pressure 42.1 per cent and being forced by seniors 8.8 per cent among those using whiteners, withdrawal symptoms like instability and insomnia and craving was found in 78 per cent and 90 per cent respectively; After usage of whiteners, two third of the children experienced symptoms of dizziness followed by headache 1.6 per cent increased appetite 1.6 per cent and loss of consciousness 1.6 per cent ; 83.3 per cent of the whitener fluid users were unaware about the harmful effects and 66.6 per cent did not felt guilty for using whiteners.

Conclusion: There is a need to develop a comprehensive intervention strategy to tackle the problem of inhalant use among street children. Different social support systems should be developed to guide, counsel, and help such children in the best possible way through decent job opportunities, living facilities and schooling. Efforts should be directed to implement effectively and in a timely manner the various policies related to street children.

Key Words: 1.DESTITUTE 2.STREET CHILDREN 3.CHILD PROTECTION 4.SUBSTANCE ABUSE 5.HEALTH 6.JUVENILE HOMES 7.INTEGRATED CHILD PROTECTION SCHEME (ICPS) 8.INHALANT USE 9.SOCIO ECONOMIC FACTORS 10.ADOLESCENTS 11.EDUCATION 12.CHILDREN IN NEED OF CARE AND PROTECTION 13.CHILDREN IN DIFFICULT SITUATION 14.RUN AWAY CHILDREN WHITENESS USE 15.OBSERVATION HOMES 16.CORRECTIONAL 17.SERVICES 18.NATIONAL PLAN OF ACTION FOR CHILDREN 19.NATIONAL CHARTER FOR CHILDREN 20.NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES (NDPS) 21.ACT 1985 22.JJ ACT 200 23.CENTRAL SECTOR SCHEME OF ASSISTANCE FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE ABUSE AND FOR SOCIAL DEFENSE SERVICES 2008 24.HYDERABAD 25.SOUTH INDIA.

C. Research Abstracts on Women and Gender Issues

EDUCATION

26. Barve, Rajlaxmi.(~2001).
Role of Women's Poly-Technical Education in their Social Upliftment.
Solapur : D.B.F. Dayanand College of Arts and Science.

Source: <http://www.bmdp.co.in>

Background: Female education had gone through all stages like total apathy, indifference, ridicule, criticism, acceptance and recognition. Women's education and their literacy expanded fairly rapidly in post-independence period. During 1951 and 1981, percentage of literacy among women improved from 7.93 per cent to 24.82 per cent (Programme of Action, 1986). By 1991, it was increased up to 39.42 per cent (Aajkal, 1991). The first co-educational polytechnic was started in 1937. In 1982, the total number of polytechnics in India were 334 out of which only 31 polytechnics were meant exclusively for women. This number rose up to 62 polytechnics with annual intake of about 5900.

Objective: To study and evaluate the women's role in Poly-technical education.

Methods: A comprehensive, comparative and evaluative study was undertaken in Maharashtra, Gujarat, Karnataka and Goa in 1992. There were 27 Women's polytechnics in the above four states. Information from 27 Institutions, 188 teachers (3 per course) and 685 present students (10 per course), 43 past students, 22 members of management and Board of Technical Education and 27 principals was collected through mailed questionnaires and interviews.

Findings: Majority of the heads (more than 85%) of women's polytechnics from four states felt that polytechnic for women was a real and genuine need of the society; around 50 per cent girl students having higher education sought admission to these polytechnics; most of the (present) girl students (around 66%) belonged to middle class families (average monthly income between 5000-3000, 3000-1000 in 1990); nearly 100 per cent girl students from four states had joined the diploma courses with a view to earn their own livelihood; role availabilities for the diploma holders were more in Maharashtra (more than

80%) as compared to those in Gujarat (nearly 65%), Karnataka (64%), Goa (20%); polytechnics for women in all the four states were observed to be flourishing in metro cities mainly in Mumbai, Ahmedabad and Bangalore; content of nearly 83 per cent diploma courses was oriented to employment while nearly 50 per cent courses were oriented to self-employment.

Recommendations: More incentives, instruction through their mother-tongue, multi-point entry system should be introduced mainly for rural, economically and socially backward women; poly-technical education for girls should be planned even more properly at the national level; country needs to design more relevant courses both in urban and rural areas, and trained women power must be utilised for economic development of the nation.

Key Words: 1.EDUCATION 2.WOMEN'S EDUCATION 3.POLY-TECHNICALEDUCATION 4.SOCIAL UPLIFTMENT 5.GIRL STUDENTS 6.SELF- EMPLOYMENT.

27. Negi, Pooja and Dhoundiyal, Vijiya Rani. (2012).
Reading Habits of Rural Women. *Indian Journal of Adult Education*,
October- December, 73(4): 34-42.

Background: Reading is a vital behavioural factor in a knowledge based society in an emerging knowledge based economy. Reading is necessary for rural women to develop their personality and to find solutions to the problems they encounter in their day to day life. The purpose of this study is to assess the reading habit of rural adult women.

Objectives: To study the reading habits of rural adult women with regard to their educational and economic status; to study the kind of reading language and literature they like most; to study the topics which were preferred for reading among them and to study the problems faced by the respondents with regard to reading.

Methods: The present study was confined to the analysis of reading habits of rural adult women of Sarkar Ki Aali Gram Sabha, Hawalbagh Block, Almora district of Uttarakhand. It covers both married and unmarried rural women under its preview. A sample of 100 women was selected through incidental sample technique from Sarkar Ki Aali Gram Sabha of Hawalbagh Block and district Almora of Uttarakhand.

Findings: Among the sample respondents, 37 per cent belonged to 30-40 years group, followed by 30 per cent from the age group of 40-50 years; 28 per cent belonged to the age group of 20-30 years, only five per cent of the respondents were within the age group of 50-60 years; on the basis of educational status of selected women, two groups were formed (Group-I, N=60; education up to higher secondary and Group-II, N=40 education above higher secondary); only 37 per cent women of group-I showed interest in reading while 63 per cent were interested in activities like watching television, gossiping, sleeping and knitting, however in group-II, 65 per cent women were found to have interest in reading and 35 per cent women were interested in watching television, listening radio, knitting, gossiping and sleeping; 13.3 per cent liked to read short stories; 16.7 per cent liked to read novels and magazines, very few women (3.30%) liked to read poems and essay, in group-II, 52.5 per cent women liked to read newspaper, 27.5 per cent women liked to read stories and ten per cent were interested in reading magazines (Manorama and Grahsobha); in Group-I, 50 per cent women were interested in reading topics related to domestic matters while 11 per cent women preferred topics related to education and politics; ten per cent women liked to read topics related to general knowledge and only five per cent were interested in reading religious topics, in group-II the most popular topics among women (50%) were related to politics, 25 per cent women

preferred to read topics related to domestic matters, least preferred topics of interest were general knowledge and religious issues; 89 per cent women met their reading needs through self- purchase whereas only ten per cent women borrowed books and other reading material from their friends and relatives; majority of the respondents preferred to read in Hindi language in group-I, 91.6 per cent women preferred to read in Hindi language and in group-II, 75 per cent women read in Hindi language whereas only 22.5 per cent women preferred to read in English language.

Recommendations: It is important to encourage the reading habit among women in rural societies so that they grow mentally, realise their full uniqueness and powers in all spheres of life; organisation of mobile libraries will be useful to promote the habits of reading; book donation camps should be organised to add the number of the books in the library and to gain a sense of attraction towards the rural library among rural mass.

Key Words: 1.EDUCATION 2.WOMEN'S EDUCATION 3.RURAL WOMEN 4.READING HABITS 5.KNOWLEDGE ECONOMY 6.ADULT WOMEN 7.ALMORA

HEALTH

28. Dey, Sanku.

Identifying Factors for High Fertility in Slum Areas of Shillong City in Meghalaya, India. *Health and Population-Perspectives and Issues*, 33(4) : 205-216.

Background: Slums are consequences of increasing urban poverty and intra-city inequality. In India, 22 per cent of urban population has no option but to get their shelter in slums ranging from 15 to 50 per cent in different cities (RGI, 2001). In Shillong, there were 19 notified slum areas.

Objective: To study the factors associated with the number of children ever born to women in slum areas of Shillong city.

Methods: The present study was conducted in Shillong. A sample of 1300 slum households was selected from fourteen localities. In order to reach the respondents, i.e. currently married women of reproductive age (MWRA), a two-stage random sampling procedure was followed. Information of 1417 married women was analysed to interpret the fertility pattern in relation to respondent's religion, education, occupation, family income, age at marriage etc.

Findings: The mean age at marriage of the women was 18.3 years and the respondents couples had, on an average, more than three children with standard error 1.90 (3.11 ± 1.90); forty five per cent of the couples had one or two children, 36 per cent had three or four children and 19 per cent had five or more children; the maximum number of children among couple was 16; the study also revealed that the number of children ever born, on an average in slum areas of Shillong city amongst the Hindu, Muslims, Christian and other community women were 2.98, 3.45, 3.23 and 3.28 respectively; the number of children ever born to the illiterate mother was on an average 3.58 while a sharp decline in fertility was found in the highly educated mother, which was on an average 2.03; majority of women (49.7%) were in the peak child bearing age 18-25 years; family planning methods were adopted by 41.8 per cent of Hindus, 33 per cent of Muslims and 28 per cent of Christians; women's religion was an important factor in her fertility; Hindu women were more likely to have one-two children as compared to women of other religious category (O.R.=1.510, p-value=0.224); in regard to education, women of middle schooling, high schooling, higher secondary and graduation or above had significantly more risk of having one-two children (O.R.=3.217, 7.404, 34.862, 4.900 with all p-values less than 0.05); women of middle schooling, high schooling and completed higher secondary were at more risk of having

three-four children i.e. at less risk of having adopting family planning method were at significantly less risk of having five or more children.

Recommendations: Improvements in education, together with family planning services should receive priorities in policies for further reduction in fertility. Policy makers must design family planning strategies by paying more attention to the roles of education, and the government organisation as well as NGOs should play a greater role to reduce the gap between actual and desired number of children among less privileged families.

Key Words: 1.HEALTH 2.SLUM DWELLERS 3.CHILDREN EVER BORN 4.MULTIPLE LOGISTIC REGRESSION ANALYSIS 5.FERTILITY 6.SLUM AREAS 7.SHILLONG CITY 8.MEGHALALYA.

29. Garg, Meenakshi and Sharma, Richa. (2010).
Prevalence of Pica Practice among Pregnant Women in and Around
Manipal, Udupi District, Karnataka. *Health and Population - Perspectives
and Issues: 33(2): 86-95.*

Background: The word pica was derived from the Medieval Latin word for 'magpie; a bird known for its appetite for diverse substances. Globally, the available literature shows that the prevalence rate of pica varies from place to place and has been reported to range from 0 to 68 per cent depending on the characteristics of the population studied.

Objectives: To determine the prevalence of pica practice during pregnancy; to identify the substances commonly ingested by the pregnant women and to determine the characteristics of pregnant women practicing pica.

Methods: A descriptive cross-sectional study was conducted in hospitals and communities around Manipal over a period of four months i.e. August to December 2011. The sample size of the study was 180 subjects. The pregnant women were the target group, including all age group, religious and socio-economic status. Data collected were coded using statistical analysis tool. T-tests and chi-square tests were used for the statistical testing.

Findings: Majority of the subjects (147) were between 20 and 29 years of age, about 54 had high school level of education, 44 had intermediate or post-high school and 49 were graduates or post graduates; out of 180 study subjects, only nine pregnant women admitted to have pica practice and 171 said they did not practice pica. There might have been some extent of under reporting owing to the fear of social stigma and/ or embarrassment. The study indicated highest prevalence of the pagophagia (33.33%), followed by amylophagia and polyphagia (22.22% each); the non-food items that comprised pica practiced in this study group was ice, raw rice, chalk and tamarind seeds; the subjects said that on non-availability of the pica item they ate ice-cream (3), sago balls (8), crispy food items, any other food items and starchy food (arrowroot). Reasons given by the pregnant women for pica practice were- three out of nine said it quenched thirst, seven said they enjoyed the taste, three said for visual appeal, four of them gave smell as the reason, three practiced it unknowingly and fortunately none practiced it for cultural or religious purpose; Pica practicing women said it relieved from nausea and heartburn that were the common problems during the first and second trimester.

Recommendations: The findings of the study revealed that the pica practice was influenced by the low haemoglobin levels. There is a need to routinely screen pregnant women for pica during pregnancy.

Key Words: 1.HEALTH 2.PICA PRACTICE 3.PREGNANT WOMEN 4.RAW RICE 5.CHALK
6.PREVALENCE 7.MANIPAL 8.UDUPI DISTRICT 9.KARNATAKA.

30. Garg, Rajesh et al.(2010).
Knowledge, Attitude and Practice (KAP) Study of Contraceptive Use Among the Rural Women of Amritsar District of Punjab. *Health and Population-Perspectives and Issues*, 33(3) : 121-134.

Background: Family Planning Programme in India was launched in 1952. Unmet need for family planning was higher in rural areas than in urban areas. It also varies by women's education (within the range of 14-17%). The contraceptive prevalence rate for currently married women in India was 56 per cent, up from 48 per cent in NFHS II.

Objectives: To know the knowledge, attitude and practice of contraceptive use amongst rural women of Amritsar.

Methods: Amritsar was one of the 20 districts of Punjab having a population of 21,52,182. The study was carried out in Verka block which was the rural practice area attached to the Department of Community Medicine, Government Medical College, Amritsar during the period 2005-06. 20 village clusters were selected for the study. A total of 1000 females were interviewed out of which 945 were married. A total of 50 houses were interviewed per village.

Findings: Regarding knowledge about various contraceptive methods, sterilization was stated by the maximum number 746 respondents; oral pills, condoms and copper-T were stated by 570, 547 and 143 respondents respectively; only 1.7 per cent of the respondents stated that they were not aware of any contraceptive method and 7.4 per cent refused to answer this question; women were most familiar with female sterilization (94%), followed by pill (80%), male sterilisation (79%) and the condom (74%); according to NFHS-III data in Punjab, 98.9 per cent of the currently married women knew at least one family planning method and were most familiar with female sterilisation (96.3%), the pill (92%), the condom (89.7%) and the IUD (88.5%); out of 1000 respondents, 547 respondents stated that they were using one or the other method of contraception; tubectomy, condoms, pills, Cu-T and vasectomy were the methods used by 300, 179, 44, 16 and 8 respectively while 324 of the respondents were not using any kind of contraceptive method and 74 of the respondents did not answer the question; according to NFHS-III current contraceptive prevalence in Punjab was 63.3 per cent among currently married women using some method of contraception; among the methods of contraception used in Punjab, female sterilisation (Tubectomy) was the most popular contraceptive method (Total- 30.8%, rural- 36.4%) followed by condoms (Total- 15.5%, rural- 11.7%), IUD (Total- 5.5%, rural- 6.4%), pills (Total- 2.9%, rural- 2.9%) and male sterilisation (vasectomy- total- 1.2%, rural- 1.1%); out of 239 respondents using the spacing methods, 86 respondents obtained their

supply from government health centre and 153 from private chemists/shops; only 230 respondents were motivated and given information by the health worker for various family planning methods; 770 stated that they were never approached by any health worker for counselling and advice on contraceptive methods; private and non-governmental organisation (NGO) health workers were more likely to inform clients about alternative methods than public sector health workers (28% vs 19%); out of 230 respondents who were motivated by the health worker to adopt a family planning method, 197 were motivated for tubectomy, 13 for condoms, 13 for pills and seven for IUD.

Recommendations: The availability of the various contraceptives i.e. cafeteria approach must be ensured at the government health facilities at the ground level; ASHAs should be involved in the distribution of spacing methods after giving proper training.

Key Words: 1.HEALTH 2.KAP OF CONTRACEPTIVE 3.CONTRACEPTIVE 4.KNOWLEDGE OF CONTRACEPTIVE 5.FAMILY PLANNING 6.HEALTH WORKER 7.RURAL WOMEN 8.AMRITSAR 9.PUNJAB.

31. Sreeranjini, A. and Chacko, Asha T. (2010).
Discontinuation of Temporary Contraceptives among Women in Kerala.
Health and Population - Perspectives and Issues, 33(2) : 61-74.

Background: Contraception is a private decision between sexual partners. The knowledge of contraceptives is almost universal in Kerala. The most well-known method is female sterilisation followed by the modern spacing methods such as pills, intrauterine device (IUD), condoms etc. A major concern of family planning programme in Kerala is the discontinuation of temporary contraceptive methods either voluntary or due to the method failure.

Objective: To analyse the reasons for the discontinuation of temporary contraceptive and its determinants in Kerala.

Methods: Sample consisted of the currently married women who were not sterilised and not pregnant at the time of survey. A multinominal logistic regression was performed to identify the main factors for the discontinuation of the use of temporary contraceptives among women in their reproductive ages. The study was conducted in Kerala.

Findings: Contraceptive choice and method choice was dependent on women's age. In the age group of 25 to 34 the percentage of women who had discontinued the ever use of temporary contraception was 52.3; percentage of women who had discontinued the modern methods was higher than those who had discontinued the traditional methods. Percentage of women who discontinued modern method was higher in the age group of 25-34 compared to other age groups; even though the discontinuation was more in rural areas (61%), the percentage of women who discontinued modern methods was more in urban areas (60.2 %); majority of the women who discontinued had the exposure to mass media, where in 60.1 per cent discontinued the modern methods compared to 39.9 per cent of traditional methods; number of living children was found significant and temporary contraception percentage of women with the discontinuation of modern methods was higher among women having one child whereas in the case of discontinuation of traditional methods, the proportion of women having no child was higher; only 14 per cent of the discontinued women reported the other reasons such as infrequent sex, 'own or husbands' dislike' etc. Reasons drawbacks or side effects became prominent among women who discontinued the modern methods (60 per cent) whereas it gets least importance for the discontinuation of traditional methods; working women (81%) were more likely to discontinue modern methods than those women who were not working. It could be inferred that increase in the number of children bearing a negative influence on the discontinuation of modern methods i.e., women having more than or equal to two children were

30 per cent less likely to discontinue a modern method than those women who had less than two children; discontinuation was mainly due to two factors namely “drawbacks” and “wanted to become pregnant. Women who did not get the exposure to mass media compared to that of women with the exposure had 21 per cent less chance to discontinue for ‘drawbacks’ than the reason ‘wanted to become pregnant’ and it was 2.1 times more likely for the other ‘reported’ reasons. The type of method adopted significantly influenced the reason for discontinuation. Right choice of adoption of temporary method was an important step towards the improvement in the health status of women;

Recommendations: There is a need for adequate information or support to use the temporary methods effectively to improve women’s ability to choose the suitable methods; follow-up measure is necessary for the effective family planning programmes.

Key Words: 1.HEALTH 2.REPRODUCTIVE HEALTH 3.CONTRACEPTIVES 4.TEMPORARY CONTRACEPTIVES 5.DISCONTINUATION 6.DRAWBACKS 7.SIDE EFFECTS 8.PREGNANT WOMEN 9.ILL HEALTH.

NUTRITION

32. Mishra, Rajesh. (2012).
Health and Nutritional Status of Women and Children of Pahari Korwa
Tribe in Chhattisgarh. Indore : NIPCCD Regional Centre.

Background: The population of Pahari Korwa in three districts of Bilaspur division declined between 1961 and 1981 which created an impression that the tribe was on verge of extinction. Malnutrition, poor health conditions and non-accessibility of health and nutritional services were major factors contributing to high infant, child and maternal deaths in the area.

Objectives: To study the living conditions, social and cultural practices of Pahari Korwa tribe; to assess health and nutritional status of women and children tribe; to analyse the factors responsible for high morbidity and mortality among women and children.

Methods: The present study was carried out in Sargiya district of Chhattisgarh in four blocks viz. (Rajpur, Lundra, Ambikapur and Batoli). Among these blocks, 22 villages were selected for primary data collection. A sample of 300 women (having last child in the age group 0-5 years) was selected for the study. Research tools used for the study were Interview schedules, Secondary data, Focus Group Discussions (FGD) and Anthropometric Tools.

Findings : Majority of the women were in the age group of 20-25 years; the age wise distribution of men showed that majority of them were in the age group of 25-30 years; the fertility behavior was highest among women of age group 20-30 years and most of the children (51.5%) were in the age group of 0-5 years; literacy rate of Pahari Korwa tribal women was found to be 13 per cent which was very low when compared with the literacy rate of Sarguja (50.88%) as per Census 2011. Out of total 333 children in the age group 5-15 years, only 40.8 per cent children were attending school; child marriage was found to be common among Pahari Korwa tribe; 89.7 per cent females and 80 per cent males got married before attaining legal age of marriage; agriculture was the main occupation of the tribe, and about 69 per cent and 18 per cent children were engaged in household activities and cattle grazing respectively; 42 per cent reported consumption of IFA tablets during pregnancy; 58.3 per cent women worked as agriculture labourer even during pregnancy and 66 per cent women performed heavy works during the last month of their pregnancy; 35.3 per cent women consumed additional or special food during pregnancy and percentage of consumption of food items other than rice and pulses was found to be relatively low; more than half of the women (55%) had experienced still births during their reproductive span; 91.7 per cent deliveries were conducted at home out of which 76 per cent were done by untrained Dai; safe delivery kits

were used only in case of 21.6 per cent home deliveries; the aspect of post natal care of mother and child was almost missing in the Pahari Korwa Tribe; about 33 per cent and 51.3 per cent of women took rest for less than 15 days and 15-30 days respectively after the delivery; 64.7 per cent women carried their young children to worksite which was a major hurdle in providing supplementary nutrition to children; more than half of the women (52.9 %) agreed to have consulted faith healers, followed by 42.7 per cent women consulting untrained doctors, and about 29.4 per cent women went to government health centres for treatment followed by 21.3 per cent women preferring self- treatment with the help of local herbs and remedies; nutritional status of women was found to be poor; family planning methods (16%) and its acceptability was also found to be very low; all the women had breastfed their children and majority 89.3 per cent of them initiated breastfeeding within 24 hours after the birth of their child, and 88 per cent women gave the first colostrums (first milk) to their children; 51 per cent children below five years were fully vaccinated; 37.3 per cent boys and 42 per cent girls of Pahari Korwa Tribe fell under the severely underweight category; morbidity pattern of children indicated that 58.6 per cent children had fallen sick in last one year; 136 children died under five years of age; infant and child mortality with level 117 and 42 per 1000 live births were respectively experienced by 300 women during their entire reproductive span; fever (44.8 %) was the common cause of death of child below five years , Diarrhoea (20.5 5%), Jaundice, Pneumonia, Malaria, Premature birth and low birth weight were the other causes of death in children.

Recommendations: There is a strong need to reinforce various literacy related government schemes for children such as Sarva Shiksha Abhiyan , Mid- Day Meal scheme to increase interest of children towards education ; these is a need to create awareness in the community towards education of children; there is an urgent need at the level of state government to reorganise and strengthen ICDS services in the area to ensure effective implementation of supplementary nutrition programme for women and children. Institutional deliveries in Pahari Korwa Tribe needs to be encourage by Govt. of Chhattisgarh should provide training of all Traditional Birth Attendants (TBAs) on safe delivery practices and provide them Dai Delivery kit. Social awareness campaigns in the area should be conducted to improve health and nutritional status of women and children of Pahari Korwa community.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.SCHEDULED TRIBE 4.HEALTH AND NUTRITION TRIBAL 5.NUTRITIONAL STATUS 6.TRIBAL WOMEN 7.TRIBAL CHILDREN 8.MORBIDITY 9.MORTALITY 10.FOOD HABITS 11.CROPPING PATTERN 12.OCCUPATION 13.SOCIAL CUSTOMS 14. TRADITIONS 15.PREGNANCY 16.CHILD BIRTH 17.SEX RATIO 18.LITERACY 19.CHILD HEALTH 20.ANAEMIA 21.EDUCATION 22.LIVING AND WORKING CONDITION 23.ANTENATAL CARE 24.DELIVERY PRACTICES 25.INTERVIEW SCHEDULED 26.FOCUS GROUP DISCUSSION 27.CHECK LIST 28.KORWA TRIBE.

33. Sharma, KumKum Kumari.(2010).
Health and Nutritional Status of Lactating Women among Different
Income Groups in Nalanda District, Bihar. *Health and Population -
Perspectives and Issues*, 33(3): 184-190.

Background : Nutritious food is a pre-requisite for maintenance of good health and wellbeing of vulnerable section of population. Lactating women are considered as nationally vulnerable section of the society. Satisfactory performance of lactation was influenced by the nutritional status of the mother and the intake of adequate diet (FAO, WHO, 1981).

Objective: To assess the health and nutritional status of lactating women of different income groups in Nalanda district of Bihar.

Methods: Women in the study were selected from Nalanda district, in Bihar 255 lactating women were randomly selected from three blocks of Nalanda district (85 lactating women from each block). Interview schedule was used for obtaining information.

Findings: Overall 69.41 per cent of lactating women had normal health which was considered as satisfactory while 16.18 per cent and 14.51 per cent had high and low blood pressure respectively and from health point of view it was a matter of concern; out of 82 lactating women highest percentage 58 were normal, 28.05 per cent were under weight, 3.66 per cent were overweight and none had obesity while among the middle income group out of 111 lactating women 1.53 per cent were underweight, 10.81 per cent were overweight, and 1.80 per cent were obese and in the high income group, out of 62 lactating women, 46.77 per cent were under weight, 4.84 per cent were overweight and none had obesity and out of 18 overweight, maximum percentages of overweight was found in middle income group; in the total sample, 5.88 per cent, 10.98 per cent and 20.39 per cent of women suffered from night blindness bitots spot and conjunctivitis respectively; with regard to diseases due to vitamin-B deficiency lactating women suffered more from Red and Raw tongue followed by cheilosis and angular stomatitis, while percentage of women suffering from angular stomatitis and cheilosis was highest among low-income group of women followed by middle and high income group; percentage of women suffering from red and raw tongue was highest among high income group; 12.16 per cent of lactating women suffered from thyroid problem due to iodine deficiency and lactating women of all income groups suffered from common infections dental carries, enlarged tonsils and regular diarrhoea.

Recommendations: Red and Raw tongue (seen in middle and high income groups), swollen gums (popular in middle income group), yellow nails (common in low income group) and thyroid problem (common in low and middle income group) were the major areas to be addressed to improve the health and nutritional status of lactating women across all income levels.

Key Words: 1.NUTRITION 2.NUTRITIONAL STATUS 3.LACTATING WOMEN 4.NUTRIENT INTAKE 5.SOCIO-ECONOMIC GROUP 6.BMI 7.RDA 8.NALANDA 9.BIHAR.

RURAL DEVELOPMENT

34. Manikandan, A.D. and Laxmi, Ch.Sri.(2012).
Mahatma Gandhi NREGS and Women: A Comparative Study of
Bihar and Kerala. *Women's Link*, 18(3): 27- 33.

Background: The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is one of the historic pieces of legislation in independent India. One of the main objectives of the scheme is to alleviate poverty by providing 100 days of employment to rural poor households in a year. As per the MGNREGS guidelines, one-third of person days generated under the scheme should be given to women.

Objective: To evaluate the implementation of provision of 33 per cent of persondays for women in Kerala and Bihar between 2006-07 and 2011-12.

Methods: The study was conducted in Bihar and Kerala.

Findings: Share of women in person days generated in Bihar was 17.40 per cent in 2006-07 and 29 per cent in 2011-12, whereas Kerala had a higher per capita income; the share of women in person days generated in Kerala was 65.6 per cent in 2006-07 and 93 per cent in 2011-12, it showed that the MGNREGS in Kerala was a women-driven programme; on an average an agricultural unskilled male labour got a wage of Rs.450 per day while it was Rs.350 for female, but male labourers usually got a wage of Rs.600 per day while it was Rs.450 for skilled female labourer ; the self-help groups (SHGs) were playing a crucial role in mobilising women for MGNREGS works in the state, data for 2011-12 showed that Kerala had generated 631.9 lakh person days, out of which 587 lakh person days were generated for women; i.e. a large part of public expenditure under MGNREGS had gone to women in the form of wage income in the state; NREGS has provided financial security to women and thus contributed towards better standard of living for households; Bihar had generated 592.6 lakh person days, out of which only 169.5 lakhs person days was generated for women in 2011-12; public expenditure on MGNREGS was not benefitting women in Bihar the way it was benefitting women in Kerala because the awareness level of women in Bihar was low as compared to women in Kerala and performance of self-help groups (SHGs) in facilitating NREGS work was remarkably well in Kerala.

Recommendations: The stakeholders of NREGS should ensure that share of person days to women is as per the guidelines before work was implemented; MGNREGS has to take up some specially designed works that are for women only; social audit should be conducted once in six months to make sure that women get the proposed share of person days from MGNREGS; to eradicate poverty from Bihar there was a need to implement NREGS effectively by raising women's participation.

Key Words: 1.RURAL DEVELOPMENT 2.MGNREGS 3.WOMEN 4.MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE SCHEME 5.POVERTY 6. EMPLOYMENT 7. PERSON DAYS 8.COMPARATIVE STUDY 9.BIHAR. 10. KERALA

WOMEN LABOUR

35. Dave, Vandana. (2012).
Women Workers in Unorganised Sector. *Women's Link*, 18(3) : 9-17.

Background: The present study was carried out on women construction workers, agriculture labourers and domestic helpers working in the unorganised sector. An attempt has been made to understand the socio-economic condition of women labourers, nature of their work, their working conditions, wage patterns, wage discrimination and other difficulties faced by them at their workplace.

Objectives: To know the socio-economic background of women construction workers, agriculture and domestic labourers; to find out the nature of work and working conditions of women labourers; to study the wage patterns and causes of discrimination in wages of women labourers; to find out what type of facilities were available to women labourers and to study their living conditions and to trace out the basic problems faced by women labourers.

Methods: Multistage stratified random sampling design was adopted, in the first stage. Three districts of Haryana were selected for the study (Panipat, Kaithal and Kurukshetra). The total sample of the present study was 350 respondents.

Findings: Majority of the workers (66%) belonged to scheduled caste or tribal communities in the case of construction sector; most of the construction workers (91%) had migrated from Chhattisgarh, Madhya Pradesh and Bihar; women workers were paid less as compared to their male counterparts, (Rs.20 to 30 lesser than the males); majority of construction labourers (68%) were working for 9-10 hours daily while majority agricultural labourers (70%) were working for six-eight hours per day and most of the domestic workers (72%) worked for four-five hours per day; gender discrimination in the amount of wages was more visible in agricultural sector; 33 per cent, 27 per cent, 26 per cent and 14 per cent of the respondents were getting respectively 30 rupees, 40 rupees, 20 rupees and 50 rupees lesser than their male counterparts; more than half of the domestic workers (57%) reported that they easily got two to four days medical leave without deduction of wages while no other sector provided medical leave facility; there was no provision of day care for small children; however 59 per cent domestic workers, 54 per cent agriculture workers and 11 per cent of the construction workers' children were taking any kind of education; major problem faced by most of the women labourers in unorganised sector was lack of

benefits. Among construction labourers lack of benefits (95%), excessive burden of work (90%) and fatigue (89%) were the three main problems faced by them; among agricultural labourers wage discrimination (100%), seasonal nature of employment (100%) and lack of benefits (96%) were the main problems; among domestic workers- lack of benefits (72%), lack of job security (64%) and lack of skill and knowledge (58%) were the three main problems faced by them.

Recommendations: Government should make efforts to improve working conditions in terms of occupational safety, working hours, payment of adequate wages to them so that the women workers engaged in unorganised sector of employment can have mandatory, decent and dignified work.

Key Words: 1.WOMEN LABOUR 2.WOMEN EMPLOYMENT 3.WOMEN WORKERS 4.UNORGANISED SECTOR 5.DOMESTIC HELPERS 6.AGRICULTURAL LABOURERS.

WOMEN WELFARE

36. ASSOCHAM Ladies League, New Delhi. (2013).
Women's Safety: Reality Check and Recommendations. New
Delhi: ASSOCHAM.

Background: The Ministry of Women and Child Development, as the nodal agency for all matters pertaining to welfare, development and empowerment of women, has evolved schemes and programmes for the benefit of women. This report was to check the reality status of women and recommend concrete steps to address the crisis.

Objective: To determine the wide variety of undercurrents in society, mindsets and institutional set-ups that gave rise to or foment the crises in which women find themselves today.

Methods: The survey in Delhi covered Delhi-NCR based 10,000 women working housewives and college students from the middle and upper economic and social strata.

Findings : Majority of women (around 53 percent) have migrated from various states of India to Delhi in search of work, education of children, etc; majority of the women were married below 14 years and many were married between the age group of 14-18 years; 66% were not aware about the legal age of marriage; 40 per cent of the women below 14 years and under the age group of 14-18 years were married with their consent despite knowing the legal age of marriage; around 20 per cent of the women had some form of schooling but had forgotten how to write their name or even sign due to the heavy burden of household activities; 38 per cent of the women did not had any knowledge about elections as they were not educated and motivated; 43 per cent of the women did not vote despite knowing about elections and its importance; 60 per cent of the women were working in the unorganised sector because of the lack of education and skills; 50 per cent of the women irrespective of being employed or unemployed were unaware of the most important economic fact of minimum wages and were being exploited by their employers if employed; 60 per cent of the women working were not helped in their daily chores which was also a major reason for ill-health; 44 per-cent of the women never attended school but wanted their daughters to be educated ; 67 per cent of the women were sending their daughters to school so that they could be educated and lead a better life; 15 per cent of the women sended their daughters to school as mid-day meals were provided but children often reached school at

the time of mid-day meals which ruin the main purpose of education; 50 per cent of the women had their first born child below the legal age of marriage which corresponds to lack of awareness of the legal age of marriage; 90 per cent of the women had some form of education and had their say in decision-making.

Recommendations: The underprivileged and illiterate sections of society should be made aware of the need to adhere to the well-thought rules and also be made aware of legal repercussions in case of lapse; recruitment of more formal teachers, provision of separate toilets for girl students, having flexible schedules should be done so that girls can attend school as well as do household activities, there is a need for widespread mindset change of seeing the girl child as an asset rather than a liability and government should offer job oriented courses to them so that they can move to organised sector and get fixed earning to improve their standard of living to some extent; judiciary, cases should be tried by women magistrates, to reduce stigma and harassment; safe transport should be made available to female staff and enforce strict rules against sexual harassment and gender prejudice at the work place.

Key Words: 1.WOMEN WELFARE 2.WOMEN SAFETY 3.SEX RATIO 4.ABUSE 5.VIOLENCE 6.RAPE 7.HARASSMENT 8.FEMALE INFANTICIDE 9.GENDER BIAS 10.LAWS 11.HELPLINE 12.EVE-TEASING 13.SELF-DEFENSE TRAINING 14.RAPE CRISIS CELL 15.MIGRATION.

37. Geetha, B. and Pagutharivu. (2010).
Internet - A Dangerous Web for Women. *The Indian Police Journal*,
October - December, 57(4) : 55-62.

Background: Advancement in the Science and Technology makes the world a global village. Information travels faster than light and sound and number of women professionals in the field of IT is increasing day-by-day. Internet and cellular phones are some of the modern gadgets, which produces worse effects on women.

Objectives: To identify the respondents' view about different types of crime against women through internet and cellular phones; to study the effects of crimes on women from respondents' perspective and to suggest solutions to overcome these problems.

Methods: About 50 young women were selected through convenient sample, who had regular access to internet and who possess cellular phone. Age group of the respondents was from 18 years to 24 years. Respondents were selected from graduation and higher education. Dindigul district of Tamil Nadu was the selected study area.

Findings: Latest technology internet let open the women to evils like cyber-defamation, cyber-stalking, e-mail spoofing, pornography, harassments, sexual abuse etc ; women who were affected by these crimes were unaware of the fact that they were in the clutches, till it takes the fullest shape; cyber-crimes that women face were through email/instant messaging identity theft, building hate websites, posting false profiles, hacking, posting fake sex ads/images of victim online, provoking attacks against the victim by others, posing as the victim and attacking others, contacting victim's family or employer, posting in a newsgroup or on a bulletin board online and following the victim from site to site; mailing obscene materials, including mails and messages with double meanings and the links to the pornography web pages were some of the intolerable things posted in the mails; short message services (SMS) text messaging was widely used, Interview about SMS and MMS revealed that women were provoked through messages, in few cases, girls were initially sent thought-provoking SMS, then messages on friendship and then it goes to the level of jokes and slides into the A-jokes.

Recommendations: Ways to overcome this problem is to use special e-mail address for cyber contact, a good anti-virus program, save all communications on your computer, report cyber stalking to the police, save the numbers from which the anonymous SMS and calls are coming and report to the cyber-crime officials if continuous calls, SMS or MMS come from the same number.

Key Words: 1.WOMEN WELFARE 2.CRIME AGAINST WOMEN 3.INTERNET 4.WEB FOR WOMEN 5.IMPACT OF INTERNET 6.CRIME AGAINST WOMEN 7.CELLULAR PHONES 8.CYBER CRIMES.

38. Sen, Saswata and Majumder, Braja Gopal. (2012).
Self-help Group Movement: A Step Towards Women Neo-literate Micro
Entrepreneurship: A Case Study in Tripura. *Indian Journal of Adult
Education, October-December, 73(4): 86-95.*

Background: Education refers to the development of human skills and knowledge of the people or labour force. In the era of globalisation, access to knowledge and access to credit were the prime determinants of employment. By providing knowledge through education and accessibility of credit through Self-Help Group movements under Micro-Credit Approach to the mass people of a nation can transform the rural economy by facilitating self-employment income creation, saving- mobilisation and hence self-sustainability and independent growth. An attempt has been taken to conduct a study on the role of SHGs run by women neo-literate in income generation programme and also on their intervention in socio-economic transformation of the society to which they belong in West Tripura district.

Objectives: To trace out the socio-economic conditions of number of the women neo-literate SHGs; to capture the scenario of income generation activities of the women neo-literate SHGs; to find out the role of members of the women neo-literate SHGs in socio-economic upliftment of the society.

Methods: The field work was conducted in the later part of the year 2006. In Phase-I, two blocks of West Tripura district namely Bishalgarh and Dukli were considered for the survey; where 529 and 304 SHGs were selected from these blocks respectively. At the aggregate level 833 SHGs were surveyed, out of which women neo-literate (WNL) SHGs were 258. The groups having more than 80 per cent women neo-literate members were considered as WNL SHGs.

Findings: Maximum (32.63%) of the total surveyed SHG members had qualification between VI-X standard followed by 31.43 per cent of neo-literates; 26.27 per cent had qualification between I-V standard and 9.67 per cent had qualification up to XI standard; 92.59 per cent members belonged to women neo-literate (WNL) which was around 29.10 per cent of the total observed members at the same level; 45.75 per cent of total WNL SHGs had not received any kind of training facilities; 17.05 per cent of total WNL SHGs had training experience in piggery followed by 12.40 per cent in mushroom cultivation, 7.75 per cent in poultry, 6.20 per cent in nursery, 5.01 per cent in bamboo and cane, 3.10 per cent in fishery and 1.19 per cent in agricultural activities; around 36.43 per cent of total WNL SHGs had started their venture in piggery, 21.32 per cent in poultry, 11.63 per cent in goatery and 11.24 per cent in fishery; 93.41 per cent WNL members engaged themselves in off-farm activities; 41.11 per cent of the members reinvested their income on off-farm activities; 19.30 per cent revealed that a part of the income generated was

utilised for education purpose for their children and 14.84 per cent of them spent on health care; 13.38 per cent of the members told that income generated was spent for meeting the household expenditure and 11.37 per cent reported that they had spent it on purchase of productive assets for them.

Conclusion: SHG movement has opened ample scope for earning on the part of women Neo-literate and hence the movement can be registered as a movement of 'Neo-literate Micro Entrepreneurship'.

Key Words: 1.WOMEN WELFARE 2.SELF HELP GROUP 3.WOMEN EMPLOYMENT 4.MICRO ENTREPRENEURSHIP 5.NEO- LITERATE 6.RURAL ECONOMY 7.WOMEN ENTREPRENEURSHIP 8.TRIPURA.

39. Singh, Darshan and Dhingra, Vanita. (2010).
Impact of Domestic Violence on Women Victims. *Indian Police Journal*,
October -December, 57 (4): 10-17.

Background: Violence against women is a worldwide phenomenon and is considered as the most pervasive human rights violation in the world today. The incidences of domestic violence are on increase and have direct social and psychological consequences in the behaviour of the women victims. As the women constitute the significant and vulnerable portion of our population, it is imperative to know the nature and magnitude of the problem of domestic violence and its impact on the women victims.

Objectives: To know the demographic profile of the respondents; to discuss the socio-economic and psychological impact of domestic violence of woman victims and to suggest various measures to curb the problem of domestic violence.

Methods: The study was based upon primary data of 200 woman victims of domestic violence who had visited Family Counselling Centres for the redressal of their familial conflicts. The sample was selected proportionately and randomly from each randomly selected Family Counselling Centre from four administrative divisions of Haryana State i.e. (Ambala, Rohtak, Gurgaon and Hissar).

Findings: The educational profile of the women in the study revealed that 42 per cent of the sampled woman victims of domestic violence were illiterate, followed by 19 per cent who had completed middle level schooling ; 16 per cent, 11.50 per cent and 10.50 per cent had completed education up to 8th, 5th, 10th and 10+2 level respectively. Only one per cent could go beyond 12th standard; 68.5 per cent were suffering from Anaemia followed by 57.5 per cent women from Migraine ; 55 per cent women were forced to abort the baby against their will; the reported severity of violence was so drastic that 16.5 per cent women had to face the problem of miscarriage due to battering by their husband and other family members; 12 per cent women said that due to forced sex by their husbands they had unwanted or unplanned pregnancies and further ten per cent of the woman victims of domestic violence reported that their new-born babies were of low weight due to frequent abortions, miscarriage and lack of proper diet and care; three per cent women victims of domestic violence had faced the agony of sex selective abortions ; two per cent women were having sexually transmitted diseases; 57 per cent of the respondents reported that they had been deprived of medical treatment ; 55.5 per cent women complained that their husband did not take care of their

recreational needs and they were merely treated as an object of sexual use; 29 per cent women who were victims of family violence, had reported dissatisfaction with their husbands; 33 per cent women were restricted to go outside their home to visit their neighbourhood or any other religious or social gathering, especially by their mother-in laws ;80 per cent of the respondents were upset and tensed after the incidences of violence exhibited against them by the family members and around 60 to 65 per cent women affected by violence had developed a feeling of confusion and helplessness; 48 per cent victims were under stress and pressure of their family members to reconcile with the abuses; 44 per cent women were full of anger towards their husbands due to their drinking behaviour and abusive language whereas 25 per cent women had lost trust over themselves and on their husbands because many times they asked for forgiveness, but their entire behaviour was in vain; 70 per cent of the woman victims did not had freedom to spend money on their own choices, followed by 38.5 per cent women whose husband did not give money even to fulfill the basic needs of the kids and their own; 31 per cent women complained that the money earned by them was grabbed by their husbands to fulfill their alcoholic or other needs whereas 26.5 per cent women informed that their husbands and in-laws snatched the gifts or money being given to them by their parents or relatives.

Recommendations: A domestic violence shelter or women's shelter should be set up where abused and battered women along with their children can go to seek refuge from their abusers; professionals engaged in shelter homes should help the abused and battered women in getting various services including legal help, counselling, support groups, services for their children, employment, health-related services, educational opportunities and financial assistance; to assist the protection officer, a village level committee of the feminist outlook person should be constituted.

Key Words: 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.IMPACT OF DOMESTIC VIOLENCE 4.WOMEN VICTIMS 5.VIOLENCE AGAINST WOMEN 6.SOCIO-ECONOMIC 7.PSYCHOLOGICAL IMPACT.

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