



# DCWC Research Bulletin

Vol. XXI

Issue 1

January-March 2017

2017

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

## DCWC Research Bulletin

### About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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

# Contents

S. No.		Page No.
<b>A. Research Abstracts on Child Development</b>		
<b>Child Welfare</b>		
1.	Social Maturity among Juvenile Delinquent and Non Delinquent Children.	1
2.	Cross-Sectional Study of Pattern of Internet Use in College Going Students in Nanded City.	3
<b>Education</b>		
3.	Effectiveness of Planned Teaching Programme on Knowledge Regarding Prevention of Child Abuse and Neglect Among Primary School Teachers.	4
4.	Metacognitive Reading Strategies and Its Relationship with English Achievement of IX Standard Students of Raipur City.	5
<b>Health</b>		
5.	Menstrual Hygiene Practices and Knowledge Among High School Girls of Rural Kolar.	7
6.	Cost-analysis of Healthcare in a Private-sector Neonatal Intensive Care Unit in India.	9
7.	Lean Body Mass and Bone Health in Urban Adolescents from Northern India.	10
<b>ICDS</b>		
8.	A Quick Evaluation Study of Anganwadis Under ICDS.	11
<b>Nutrition</b>		
9.	Sunlight Exposure and Vitamin D Status in Breastfed Infants.	13
10.	Nutritional Status of 1-5 years Children under Ulubari, UHTC, Assam.	15
11.	A Study to Assess the Knowledge and Practice of Complementary Feeding among Mothers of Infants of a Selected Hospital.	16

## B. Research Abstracts on Child Protection

### Child Labour

12. A Study on Child Labour in Gujarat State (Considering 2 Blocks of Gujarat State). 17

### Destitute

13. Plight of Street Children: An Explorative Study from Varanasi, India. 19

### Health

14. Study on the Pattern of Substance Use among Street Children of the Age Group of 10-18 Years in Guwahati City, Assam. 20
15. Awareness of Legal and Social Issues Related to Reproductive Health among Adolescent Girls in Rural Varanasi. 22

## C. Research Abstracts on Women and Gender Issues

### Health

16. Prevalence of Subclinical Hypothyroidism during Pregnancy and its Maternal and Fetal Outcomes. 24
17. A Study on Utilization of Janani Suraksha Yojana and its Association with Institutional Delivery in the State of West Bengal, India. 25

### Nutrition

18. Under Nutrition among Reproductive Age Women: A Persistent Public Health Problem in a North-Eastern State of India. 27
19. Assessment of Efficacy and Safety of Intravenous Iron Sucrose Compared to Oral Iron Sulphate Therapy in Anemia among Antenatal Women Visiting Primary Health Centres, District Ambala, Haryana. 29

### Social Welfare

20. Socio-Economic Status of the Women Migrant Workers in Tirupur Knitting Industry. 30

**Women Welfare**

- |     |   |    |
|-----|---|----|
| 21. | The Role of Self Help Groups in Micro Credit: A Study in Warangal District. | 32 |
| 22. | Gender Dimensions at Work and Employment: A Case of Sexual Harassment.      | 33 |

## A. Research Abstracts on Child Development

### CHILD WELFARE

1. Lakshmi, K. G. and Anuradha, K. (2017).  
Social Maturity among Juvenile Delinquent and Non Delinquent Children. *International Journal of Science and Research*. Vol. 6(4): 712-714.  
G19764

**INTRODUCTION:** Adolescence phase is a transition period between childhood and adult hood that roughly extends from thirteen to nineteen years. A child is known as a delinquent when he/she commits a mistake which is against the law and which is not accepted by the society. Thus a “juvenile” or “child” means a person who has not completed eighteenth years of age and violates the law and commits an offence under the legal age of maturity.

**OBJECTIVES:** To measure social maturity of delinquent and non-delinquent children; and; to compare the significant difference is social maturity of delinquent and non-delinquent children.

**METHODOLOGY:** 200 students (95 delinquent and 105 non-delinquent children) in the age group of 12 to 18 years from Government observation home for boys and girls in Tirupati and Chittoor districts, respectively. Non-delinquent children (normal children) were selected from Government schools of Tirupati.

**RESULTS:** Among the delinquent children nearly two– third children (70.5%) were girls and remaining (29.5%) were boys. Majority of delinquent children (39%) were 3<sup>rd</sup> born and later born children and nearly half of the sample delinquent adolescents (49.4%) were above 16 years. With regard to type of family more than half of the non-delinquent children (53.3%) were from nuclear family. Among delinquent children equal percent of sample were from extended and joint family (34.7% and 32.6% respectively). Very few (7.6%) of non-delinquent category belonged to joint family. The frequency distribution of social maturity scores of non-delinquent children were calculated. The mean score was 209.9 with S.D 17.7. Nearly half of the sample non-delinquent children (49.6%) had good social maturity score of 222-238. An equal number of delinquent children fell in the score ranges of 205-221 and 222-238. The mean

social maturity scores of delinquent children was 204.11 (S.D =13.39) with a score range of 175 to 240.

The t-value was 2.59 which was significant at 0.01 level. Comparatively delinquent children had low social maturity than non-delinquent children.

**CONCLUSION:** The finding highlights that on comparison with the non-delinquent children, delinquent children had low social maturity scores. Hence, it can be concluded that education and training of children with delinquency on social aspects helps to improve not only social maturity but also a change in decreasing delinquent behavior among children.

**KEYWORDS:** 1.CHILD WELFARE 2.JUVENILE 3.DELINQUENT CHILDREN 4.NON-DELINQUENT CHILDREN 5.SOCIAL MATURITY 6.LEGAL AGE OF MATURITY.

2. Surwase, K. et. al. (2016).  
Cross-Sectional Study of Pattern of Internet Use in College Going Students in Nanded City. *International Journal of Health Sciences and Research*. Vol.6 (11): 17-23.  
G19765

**INTRODUCTION:** Internet has been an effective tool in eliminating human geographical limitations and it is globally applied by all lifestyles because of its attractive and unique characteristics in interpersonal communications and everyday life. Most of the youth particularly college students use the internet for social interaction and communication as well as for their education. But, just as they use the internet to take help in their education, they use social sites to enrich their social lives. Internet may affect students' life both positively and negatively. The use of internet among students in India has been bringing a fundamental change in their life styles and their study habits since its inception

**OBJECTIVES:** To evaluate pattern of internet use in college going students of Nanded Waghala City.

**METHODOLOGY:** Cross sectional study in Nanded Wagah city, amongst 309 participants randomly selected.

**RESULTS:** The most preferred use of internet by college students was found to be using internet for coursework (67.9%), followed by internet usage for chatting (59.9%). More than half (54.05%) of the respondents were accessing internet for shopping followed by, respondents using internet for online friendship (53.07%) and general browsing of websites (53.4%). More than two-fifth (46.9%) were using it for e-mail, while another (44%) were using for games. However, there were some (13.6%) who preferred internet usage for online relationships. Most commonly used gadget for accessing internet in was mobile phone in 81.6 percent. About two-third expenditure (65.1%) was found to be done on internet per month.

**CONCLUSION:** In a highly digital era, students can hardly live without computers and the Internet. There has been an increasing trend of use of mobile phones and internet among students especially in developing countries. There is need to sensitize students about internet addiction. Awareness should be created regarding developing a healthy and safe Internet culture.

**KEYWORDS:** 1.CHILD WELFARE 2.INTERNET 3.SOCIAL SITES 4.ONLINE FRIENDSHIP  
5.ONLINE RELATIONSHIPS 6.ACCESS INTERNET 7.INTERNET CULTURE.

## EDUCATION

3. Naregal, P. et. al. (2016).  
Effectiveness of Planned Teaching Programme on Knowledge Regarding  
Prevention of Child Abuse and Neglect Among Primary School Teachers.  
*Online Journal of Health and Allied Sciences. Vol. 14(4): 1-5.*

G19766

**INTRODUCTION:** Child abuse is more than bruises and broken bones. While physical abuse might be the most visible, other types of abuse, such as emotional abuse and neglect, also leave deep, lasting scars. Children are suffering from a hidden epidemic of child abuse and neglect.

**OBJECTIVES:** To assess the knowledge of primary school teachers regarding child abuse and neglect; to evaluate the effectiveness of planned teaching programme on knowledge of primary school teachers regarding child abuse and neglect; and to find out the association between pre-test knowledge scores of primary school teachers with selected demographic variables.

**METHODOLOGY:** 30 primary school teachers were selected as sample of the study by non-probability purposive sampling technique.

**RESULTS:** Maximum 27(90%) primary school teachers were females, 13 (43.3%) were in the age group of below 25 years. Most of the teachers 24 (80%) were single, 25 (83.3%) were parent or guardian, 14 (46.6%) studied graduation, 18 (60%) were reemployed on contract, 25 (83.3%) had experience of 0-5years, 24(80%). 28 (93.3%) were working at government sector and belonged to the group that enjoyed childhood. The study further implies that 29 (96.6%) were not abused during their childhood. In the Pre-test majority 18 (60%) of teachers had poor, 6 (20%) had average and 6 (20%) had good knowledge regarding child abuse and neglect. Whereas in Post-test majority 19(63%) teachers had average knowledge,6(20%) had good and 5(17%) teachers had poor knowledge regarding child abuse and neglect. There was significant increase in post test scores of teachers. The mean post-test knowledge score was 16.2(SD=4.951) of primary school teachers which was significantly higher than their pre-test knowledge score 9.433(SD=4.981). Likewise, there was a significant association between knowledge scores of primary school teachers regard to age of teachers ( $\chi^2=14.769$ ,  $P<0.05$ ).

**CONCLUSION:** The study highlights that the primary school teachers' knowledge on child abuse and neglect is inadequate in pretest and after administration of planned teaching programme, there is a gain in knowledge of

primary school teachers. Therefore, planned teaching programme is effective in increasing the knowledge of primary school teachers.

**KEYWORDS:** 1.EDUCATION 2.PLANNED TEACHING PROGRAMME 3.CHILD ABUSE 4.NEGLECT 5.PRIMARY SCHOOL TEACHERS 6.PRE-TEST.

4. Khan, S.A., and Khan, F.A. (2017)

Metacognitive Reading Strategies and Its Relationship with English Achievement of IX Standard Students of Raipur City. *International Journal of Humanities and Social Science Invention*. Vol. 6(1): 55-63.  
G19767

**INTRODUCTION:** Metacognition is defined as "cognition about cognition", or "knowing about knowing." It can take many forms; it includes knowledge about when and how to use particular strategies for learning or for problem solving. Metacognitive skills are important not only in school, but throughout life. Students are taught metacognitive awareness concerning the purpose and usefulness of a strategy as they are taught the strategy, they are more likely to generalize the strategy to new situations.

**OBJECTIVES:** To study of Metacognitive Reading Strategy in relation to English achievement.

**METHODOLOGY:** Survey method with a total number of sample is 456 out of which 229 boys and 227 girls. Metacognitive Awareness of Reading Strategies Inventory (MARSII) constructed and standardized by Kouider Mokhtari and Carla Reichard was used for the present study.

**RESULTS:** The findings revealed that Global Reading Strategy and English achievement of IX standard students of Raipur city was found to be 0.540. This inferred as the relationship between Global Reading Strategy and English achievement was positive and high. Problem Solving Strategy and English achievement of IX standard students of Raipur city was 0.59. The relationship between Problem Solving Strategy and English achievement was found to positive and high. Support Reading Strategy and English achievement of IX standard students of Raipur city was 0.61. The relationship between Support Reading Strategy and English achievement was positive and high. The t-value of the scores of Metacognitive Reading Strategies of Boys and Girls of IX standard students of Raipur city was found to be 4.36 which was greater than the table value at both 0.01 and 0.05 level. The difference in the scores of Metacognitive Reading Strategies of Boys and Girls was significant. Hence null hypothesis was rejected. The t-value of the scores of Global Reading Strategies of Boys and Girls of IX standard students of Raipur city was 1.560 which was less than the table value at both 0.01 and 0.05 level. The difference in the scores of Global Reading Strategies of Boys and Girls was insignificant. The t-value of the scores of Problem Solving Strategies of Boys and Girls of IX standard students of Raipur city was 5.081 which was greater than table value at both 0.01 and 0.05 level. The difference in the scores of Problem Solving

Strategies of Boys and Girls was significant. The t-value of the scores of Support Reading Strategies of Boys and Girls of IX standard students of Raipur city was 4.69 which was greater than table value at both 0.01 and 0.05 level. The difference in the scores of Support Reading Strategies of Boys and Girls was significant. Hence null hypothesis was rejected.

**CONCLUSION:** Metacognition helps people to perform many cognitive tasks more effectively. Strategies for promoting metacognition include self-questioning. Thinking aloud while performing a task, and making graphic representations. There is positive and high correlation between Support Reading Strategy and English achievement of ninth standard students of Raipur city. It is approved and accepted as coefficient of correlation between Support Reading Strategy and English achievement is 0.61 which was positive and high.

**KEYWORDS:** 1. EDUCATION 2. METACOGNITION 3. METACOGNITIVE STRATEGIES 4. READING STRATEGY 5. GLOBAL READING STRATEGY 6. ENGLISH ACHIEVEMENT

## HEALTH

5. Krishnamurthy, L. et. al. (2016)  
Menstrual Hygiene Practices and Knowledge Among High School Girls of Rural Kolar. *National Journal of Community Medicine*. Vol.7(9): 754-758. G19768

**INTRODUCTION:** Adolescence is a healthy period of life, many adolescents are often less informed, less experienced, and less comfortable accessing reproductive health information. The young girls lack adequate knowledge regarding the menstrual hygiene. This leads to unhealthy practices during their monthly cycle. Poor Menstrual hygiene among women of developing countries is an insufficiently acknowledged problem.

**OBJECTIVES:** To know the Menstrual hygiene practices followed among high school in girls of Rural Kolar; to know their knowledge, beliefs and taboos regarding menstruation; and to know the facilities available for girls at school for maintaining adequate menstrual hygiene.

**METHODOLOGY:** A cross sectional study conducted from July 2011 to October 2011 among adolescent girls in the age group of 13-16 years. A total of 171 adolescent girls attending school were included for the study.

**RESULTS:** Mean age of 171 girls studied was 14.2 years (+0.90) among these girls 88 of them had attained menarche. Mean age at menarche was 13.4 years (+0.79). Majority of girls (48.6%) used both sanitary pads and cloth as menstrual absorbent. More than a fifth (22.2%) of girls used sanitary pad alone as absorbent and some (9.8%) of girls told that used the old cloth as absorbent. A majority (72.2%) girls took bath during menses and a two-third (68%) reported that they clean the external genitalia whenever they changed the absorbent. Mostly (81.9%) changed pad/cloths 2 times per day which is considered satisfactory. Majority of girls (63.8%) did not have knowledge about menstruation before attaining menarche. A majority of (52.7%) girls said the mother was the major informative about menstrual hygiene practices. Less than three-fourth (72.2%) had restrictions for participating in religious occasions,

while least (2.8%) had restrictions for going to school respectively during menstruation. Restrictions were followed for milk, milk products and fruits like mango, guava and sweets. Less than a fourth (23.6%) told they do not have adequate facilities at school, while 30.6 percent went home in afternoon for changing absorbent missing afternoon classes.

**CONCLUSIONS:** Hygiene practices and knowledge were inadequate. It can be improved if adequate facilities are provided for girls at school. Information on reproductive health needs to be provided to girls before attaining menarche.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.ADOLESCENT GIRLS 4.REPRODUCTIVE HEALTH 5.MENSTRUAL HYGIENE 6.MENSTRUATION 7.MENSTRUAL HYGIENE PRACTICES 8.MENSTRUAL CYCLE 9.SANITARY PADS.

6. Karambelkar, G. (2016).  
Cost-analysis of Healthcare in a Private-sector Neonatal Intensive Care Unit (NICU) in India. *Indian Pediatrics. Vol.53 (9): 793-795.*  
G19769

**INTRODUCTION:** The NICU provides comprehensive care including advanced life support and surgeries (except cardiac surgeries) for infants >28 weeks gestation and >1000g. Neonatal care in private sector is presumed to be expensive than the cost of care in the public sector. The present infrastructure in the public sector is inadequate. Partnership with private sector (PPP) holds immense potential to ensure universal coverage and bridge the immediate quality care gaps in newborn healthcare.

**OBJECTIVES:** To study the actual cost of care per patient in private-sector level in a Neonatal Intensive Care Unit (NICU).

**METHODOLOGY:** Prospective cost-analysis study. Cost incurred by the family on the treatment of baby, separately for every newborn for entire length of hospitalization, was calculated. A total of 126 newborns (86 males) were enrolled in this study.

**RESULTS:** Amongst the 41.3 percent pre terms, most (73%) were late pre terms. Birth weight was >2500 g in more than half (56.4%), 1500-2499 g in about a third (36.5%), 1000-1499 g in a few (6.3%) and one baby was <1000 g. High level of intervention was needed in one-fourth (25.4%) cases and advanced life support was needed for some (14.3%) of the total babies. More than half of the admitted newborns (52.4%) were hospitalized in the NICU within 6 hours of birth. The expenses towards use of antibiotics were 1 percent of the total costs. Outcome was discharged cured in majority (80.2%) and discharged expedited in least (2.4%), transfer to other units in some (11.9%) (n=15) and death in a few (5.5%). Non affordability and unwillingness of parents to continue spending on the treatment of babies with poor prognostic outcome led to transfer of 12 babies to a nearby government hospital, whereas dissatisfied parents and unavailability of cardiac care were the reasons for transfer in the remaining three cases.

**CONCLUSION:** The existing neonatal health care infrastructure in public sector in India needs expansion by 30 to 50 percent. Bulk of the cost of care was the hospital bill.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.PRETERM 4.NEONATAL 5.NEONATAL INTENSIVE CARE UNIT(NICU) 6.PUBLIC PRIVATE PARTNERSHIP (PPP) 7.ANTIBIOTICS.

7. Marwaha, R.K. et. al. (2017).  
Lean Body Mass and Bone Health in Urban Adolescents from Northern India. *Indian Pediatrics*. Vol. 54 (3): 193-198.  
G19770

**INTRODUCTION:** Lean Body Mass (LBM) which is acquired during adolescence and puberty. Genetic factors as hormonal status, growth, sexual maturation, nutritional status and ethnicity largely effects the LBM during childhood and adolescence. During puberty, males gain greater amounts of LBM, whereas females acquire significantly more fat mass.

**OBJECTIVES:** To prepare percentile charts of lean body mass (LBM) among Indian urban children and adolescents; and to evaluate gender differences in LBM, and its relation with pubertal status.

**METHODOLOGY:** Secondary data analysis with a sample size of 1403 apparently healthy children and adolescents (826 boys).

**RESULTS:** Total and regional lean mass were greater in older age groups in both sexes. LBM showed rising trends up to the age of 18 years in boys, whereas it plateaued after the age of 15 years in girls. The age-associated increase in LBM was significantly higher in boys (130%) compared to girls (83%) ( $P < 0.001$ ). Boys had significantly more total and regional lean mass when compared to girls, whereas girls had higher total fat mass than boys. When LBM was adjusted for height (LBM/Ht ratio), and total BMC (LBM/BMC ratio), boys still had significantly higher ratio than girls. Boys had higher arm to leg lean mass ratio when compared to girls (0.31(0.03) vs 0.29 (0.03),  $P < 0.05$ ), 11-15 years, whereas girls had in the age group of >8-11 years. A similar pattern was also observed in ASMI. Girls had significantly higher total BMC per gram of LBM when compared with boys (61 vs 53 g/kg LBM,  $P < 0.0001$ ).

**CONCLUSION:** Total and regional LBM increases with age and pubertal progression. Boys have more LBM than girls, but girls have more BMC per unit of LBM. LBM is strongly correlated with BMC in both sexes. Further longitudinal

studies are required to assess the LBM as well as other body composition in Indian children and adolescents.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.BONE MINERAL CONTENT 4.ADOLESCENTS 5.LEAN BODY MASS (LBM) 6.BONE HEALTH 7.MUSCLE MASS 8.PUBERTAL STATUS

## ICDS

8. NITI Aayog. (2015).  
A Quick Evaluation Study of Anganwadis Under ICDS. New Delhi : NITI Aayog. 67p.  
G19709

**INTRODUCTION:** ICDS programme has expanded tremendously since its initiation to cover almost all the development blocks in the country. It offers a wide range of health, nutrition and education related services to children, women and adolescent girls. ICDS is intended to target the needs of the poorest and the undernourished, as well as the age groups that represent a significant window of opportunity for nutrition investments (i.e. children under three years of age, pregnant and lactating mother). The services targeted at young children and mothers are immunization, regular health check-ups and supplementary feeding as well as nutrition and health education to improve the childcare and feeding practices.

**OBJECTIVES:** The objectives of the study are to:-

1. Verify and examine the enrollment and other records maintained by AWCs.
2. Examine the accuracy of weighing instruments provided to AWCs.
3. To examine health records and to take on-the-spot weight measurement of the children available in AWCs and assess their physical status as per the applicable norms and guidelines.
4. Assess the availability and adequacy of infrastructures at AWCs.
5. Verify the performance/activity of personnel attached to AWCs.
6. Give suggestions for the improvement of AWCs.

**METHODOLOGY:** The quick study was conducted on purposive random sampling basis with a total sample size of 15,300 children were covered under the study. One district from 19 States/ UTs was selected by simple random sampling method.

**RESULTS:** The study revealed that out of the total 19,534 children enrolled in 530 selected AWCs, study selected 15,300 (48.6%) children as sample for verification of their weight records. It was found that AWCs were maintaining appropriate records only for 11,508 (75.2%) children and thus, records for the remaining 3,792 (24.8%) children were either missing or not maintained properly. The health status of 11,508 (76.4%) children was categorized as Normal (N), 2,269 (19.7%) children as Moderately Malnourished (MM) and the remaining 657 (5.7%) as Severely Malnourished (SM), respectively. However, in the case of Punjab and Uttar Pradesh, all the information maintained was found to be either misclassified or not maintained. It was noticed that 99 percent of AWCs were providing mothers counselling on the child healthcare and two-third (68.6%) of AWCs were intervening on children's malnutrition. On the spot weight measurement carried out by the evaluation teams revealed that more than three-fourth (77.4%) of the sample children had N, followed by (17.6%)MM and (5%) had SM health status. Physical verification of the infrastructure and supports provided to AWCs revealed that 59 percent of them had adequate space, and thus the remaining (41%) had either shortage of space or unsuitable accommodation. It was also found that 40 percent of AWCs had their own accommodation and the remaining (60%) were located in rented buildings. Study also found that majority (86.3%) of AWCs had drinking water facilities and the remaining (13.7%) do not had safe drinking water facilities. Further, the hygiene conditions at AWCs require improvement as less than half (48.2%) of them had maintained good hygiene condition.

**CONCLUSION:** The mothers of the malnourished children should be provided regular counseling. On the spot monitoring and supervision of centers should be done by the Block and District level Officers regularly. Food provided at AWCs should be of good qualities and nutrition. Enhancement of financial norms may increase the quality of AWC food. Provision of LPG gas for cooking purpose may also be supplied to every AWC.

**KEYWORDS:** 1.ICDS; 2.EVALUATION OF ICDS; 3.EVALUATION OF ANGANWADIS; 4.ANGANWADIS; 5.MALNUTRITION; 6.SPOT WEIGHT MEASUREMENT; 7.MODERATELY MALNOURISHED (MM); 8.SEVERELY MALNOURISHED (SM); 9.NITI AAYOG; 10.PREGNANT AND LACTATING MOTHERS.

## NUTRITION

9. Meena, P. et. al. (2017).  
Sunlight Exposure and Vitamin D Status in Breastfed Infants. *Indian Pediatrics. Vol. 54 (2): 105-111.*  
G19771

**INTRODUCTION:** Vitamin D deficiency has emerged as a pandemic affecting all ages including infants. The sources of vitamin D for infants include cutaneous vitamin D production and breast milk, with the later usually deficient in vitamin D. Natural vitamin D synthesis remains ineffective mostly due to modern lifestyle where infants remain confined indoors during daytime, which is the primetime for exposure to ultraviolet B rays.

**OBJECTIVES:** To correlate the sunlight exposure in first 6 months to Vitamin D status at 6 months of age in predominantly breastfed infants; and to quantify the sunlight exposure required to achieve serum 25(OH)D level >20 ng/mL, by 6 months of age.

**METHODOLOGY:** Prospective cohort study. 132 healthy infants, delivered at term, and predominantly breastfed were enrolled at 6-8 weeks of age. Of these, 100 infants were available for final evaluation at 6 months of age (mean (SD) follow-up: 126 (17) days).

**RESULTS:** Of 300 infants approached, 132 fulfilled the inclusion criteria and were enrolled between March to August 2015. A total 100 mother-baby pairs completed the 6 months follow-up. Of 100 mother-infant pairs completing the study, 90 mothers had vitamin D deficiency (serum 25(OH)D<12 ng/mL). The

median duration of exposure of infants to sunlight was 17 min per week, on 6 percent of body surface area. Vitamin D levels of 67 (67%) infants at 6 months were less than 12 ng/mL and another 23 percent had insufficient levels (12-20 ng/mL). Cumulative sun index correlated positively to infant's serum 25(OH)D level at 6 months of age ( $r= 0.461$ ,  $P<0.001$ ). Increment in afternoon sun index by 1 unit increased the serum 25(OH)D level by 1.07 ng/mL (95% CI 0.37, 1.78;  $P= 0.003$ ). A minimum 30 minute weekly afternoon sunlight exposure, between 10 am and 3 pm, over 40 percent body area (infant clothed in diapers, in prone position) for at least 16 weeks, was estimated requirement to achieve sufficient vitamin D levels (>20 ng/mL) by 6 months of age.

**CONCLUSION:** The study reported significant positive correlation between sunlight exposure and infant's serum vitamin D, irrespective of maternal vitamin D levels. This finding holds importance in the present scenario where much stress is being laid upon infant/maternal vitamin D supplementation. Though UVB radiation has been linked to increased risk of skin damage and skin cancer, it is highly unlikely that the modest exposure suggested in our study can be considered to increase the risk of skin malignancies.

**KEYWORDS:** 1.NUTRITION 2.CHILD NUTRITION 3.VITAMIN D 4.VITAMIN D LEVELS 5.MATERNAL VITAMIN D LEVEL 6.SUNLIGHT EXPOSURE 7.SUN INDEX 8.BREASTFED INFANTS 9.SERUM 25(OH)D LEVEL 10.UVB RADIATION 11.BODY SURFACE AREA.

10. Saloi, M., Baruah, K.K., and Ojah, J. (2017).  
Nutritional Status of 1-5 years Children under Ulubari, UHTC, Assam.  
*International Journal of Science and Research (IJSR)*. Vol. 6(4): 751-753.  
G19772

**INTRODUCTION:** Nutritional status of under five children is a matter of concern worldwide and malnutrition is a one of the most important public health problems. Nutrition is the cornerstone that affects and defines the health of all people and it paves the way for us to grow, develop, work, play and resist infection. As per NFHS-4 in India 35.7 percent are underweight, 38.4 percent are stunted and 21 percent are wasted. More than half (54%) of all deaths before age of 5 years in India are related to malnutrition.

**OBJECTIVES:** To assess the nutritional status of 1-5years children residing in field practice area of Ulubari, UHTC, Guwahati city; and; to find out the association between various socio demographic factors and nutritional status.

**METHODOLOGY:** Community based cross sectional study with a total sample size of 380 children aged 1-5 years.

**RESULTS:** The findings reveal that out of the 380 children who were examined more than half (52.6%) were boys and remaining (47.4%) were girls. Most of the children (33.2%) examined in the study were in the age group of 3-4 yrs. Prevalence of low weight for age, i.e. under nutrition was found in 32 percent. Prevalence of moderate malnutrition was 22.6 percent and severe malnutrition was 9.5 percent. The prevalence of low height for age i.e. stunting was 18 percent, moderate stunting 11.8 percent and severe stunting (6.1%). Similarly low weight for height i.e. wasting was found in 25 percent, moderate 16.8 percent and severe 8.1 percent. A significant association between nutritional status of the children and socio economic status was found in the study. However the association between nutritional status and education of the mother was not statistically significant. Children with higher birth order (2nd and  $\geq$ 3rd) were more likely to be malnourished (underweight, stunted/wasted) as compared with first born child but the distribution was not found to be statistically significant ( $p>0.05$ ).

**CONCLUSION:** The World Bank estimates that India is one of the highest ranking countries in the world for number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in world, and is nearly double that of Sub Saharan Africa. Now, in post 2015 development era, estimates of child malnutrition would help to determine whether is on track to achieve the Sustainable Development Goals (SDGs).

**KEYWORDS:** 1.NUTRITION 2.NUTRITIONAL STATUS 3.MALNUTRITION 4.STUNTING  
5.WASTING 6.MODERATE MALNUTRITION 7.SEVERER MALNUTRITION 8. SDG

11. Hemlata and Jana, K. (2017).  
A Study to Assess the Knowledge and Practice of Complementary Feeding among Mothers of Infants of a Selected Hospital. *International Journal of Science and Research*. Vol.6 (4):709-711  
G19773

**INTRODUCTION:** Complementary feeding can be termed as systematic course of introducing suitable food at the right time in addition to mother's milk to the baby in order to provide the required nutrients to the baby. Within the framework of the global and national Infant and Young Child Feeding (IYCF) guidelines, the prime characteristic of satisfactory complementary feeding is that foods given should complement rather than replace breast milk, which should continue till at least 2 years age, to meet the nutrient needs of the young child.

**OBJECTIVES:** To assess the knowledge and practice of complementary feeding among mothers of infants of a selected hospital.

**METHODOLOGY:** A cross sectional non experimental descriptive design. A purposive sampling method was used and 110 subjects were selected accordingly.

**RESULTS:** Under the study self-reported rating scale was designed which revealed that majority of mothers 61.8 percent had average knowledge whereas 38.2 percent had good knowledge regarding complementary feeding and none of them had poor knowledge. The mean knowledge score was 13 with standard deviation  $\pm 2.8$  and the mean practice score was 27.9 with standard deviation  $\pm 3.84$ . The correlation coefficient was calculated by using Karl Pearson's correlation. The mean knowledge score was 13 and the mean practice score was 27.9.

**CONCLUSION:** Findings suggest that knowledge and practice of mothers can be improved by planned teaching programmes and distribution of IEC material to be encouraged in hospitals and communities.

**KEYWORDS:** 1.NUTRITION 2.CHILD NUTRITION 3.INFANT COMPLEMENTARY FEEDING 4.INFANT AND YOUNG CHILD FEEDING (IYCF) 5.BREASTFEEDING.

## B. Research Abstracts on Child Protection

### Child Labour

12. Das S., and Singh A.K. (2014)

A Study of Child Labour in Indian Hotel Industry. Management Insight. Vol. X (2): 19-27

**INTRODUCTION:** Child is the future of a nation, but many children are neglected and are forced into various economic activities like working as agricultural labourers, in shops and establishments, hotels and factories. The Factories Act, 1948 and Child Labour Prohibition and Regulation Act, 1986 prohibits child labour before certain age to work. But it is far from practice and child labour employment can be easily found in many places, including the hotel industry. In India only star category hotels are regulated by the government, and the number remains too less.

**OBJECTIVES:** To find out the overall scenario of child labour engaged in hotel industry in India; to find out the data published by the government to curve out the child labour in the hotel industry; and; to find out the working condition and exploitation faced by the children in their working place as hotels.

**METHODOLOGY:** The study is exploratory in nature and is based on the secondary data from various government sources.

**RESULTS:** The findings reveal that about 18 percent of the total work force was contributed by children. These children were occupied in various industries as tobacco, diamond cutting, jewellery, agriculture, mining as well as hotel industry. The comparison between the census data shows that though the percentage of child labour was diminishing, but it was insignificant. Also the dropout ratio of the children in the school was also very high. When children were not going to schools that means they were involved in some economic activity either to support their family or for survival need of themselves. Also the law enforcement in India about child labour was found to be very poor. It was analyzed that the conviction in connection with the violation of law (Child Labour Prohibition and Regulation Act, 1986) compare to detection of was less than 1 percent.

**CONCLUSION:** To remove the child labour from the sector a number of steps should be taken ranging from making aware to the customer not to take the services of children to rehabilitation of children effectively through residential

education and accommodation. Beside all these, it is important to generate a positive political will to tackle this social problem.

**KEYWORDS:** CHILD LABOUR; CHILD LABOUR PROHIBITION AND REGULATION ACT; FACTORIES ACT; SURVIVAL NEED; WORKING PLACE; TOTAL WORK FORCE; WORKING HOURS

## DESTITUTE

13. Srivastava, M. and Shareef, N. (2016).  
Plight of Street Children: An Explorative Study from Varanasi, India.  
*Indian Journal of Public Health; Vol. 60 (4): 290-293.*  
G19777

**INTRODUCTION:** As per the UNICEF, (72%) of the street children are aged 6–12 years and majority of them are boys who are illiterate. In a 2009 study, six types of abuse were found among street children; general abuse and neglect, health abuse, verbal abuse, physical abuse, psychological abuse, and sexual abuse. Verbal and psychological abuse was maximally reported. Older children and children with higher incomes were abused more than younger children and children with lower incomes.

**OBJECTIVES:** To assess the different types of abuse to the street children residing in the urban area of Varanasi, Uttar Pradesh, India.

**METHODOLOGY:** A baseline survey was conducted from January 2014 to April 2014 with a total 1246 children using systematic random sampling.

**RESULTS:** The sociodemographic characteristics showed that a majority (48.90%) of the street children were in the age group of 11–15 years. Three-fourth (75%) of them was males. Majority (79.9%) of street children belonged to Hindu religion. More than half (50.5%) of them belonged to the reserved community. Considerable respondents (43.9%) hailed from urban areas. Majorities (86%) of the children were illiterate; and more than three-fourth (78%) of the children were subjected to police atrocities. Two-third (67%) of the children accepted to being involved in unlawful activities. The various forms of abuse and exploitation of street children in the present study were physical abuse (78%), emotional abuse (66%), sexual abuse (15%), forced to do unlawful activities, forced to indulge in trafficking of drugs/liquor, child neglect (32%), and economic exploitation. The findings of the study further reveals that some (12%) worked as domestic servant, others (21%) in the small-scale factories, and (18%) in the hotels and shops. The most common form of abuse was physical abuse (68%), and sexual abuse was present in 15 percent and 11 percent of female children reported to being abused.

**CONCLUSION:** The street children needs for security, shelter, basic amenities, and education ought to be addressed. Some kind of social security schemes need to be made and efforts to better their lot should be undertaken.

**KEYWORDS:** 1.DESTITUTE 2.CHILD PROTECTION 3.CHILD ABUSE 4.EXPLOITATION 5.PERPETRATORS 6.STREET CHILDREN 7.SEXUAL ABUSE 8.PHYSICAL ABUSE 9.EMOTIONAL ABUSE 10.SOCIAL SECURITY.

## HEALTH

14. Barman, P. J. and Ojah, J. (2016).  
Study on the Pattern of Substance Use among Street Children of the Age Group of 10-18 Years in Guwahati City, Assam. *International Journal of Health Sciences and Research*. Vol.6(11): 13-16.  
G19775

**INTRODUCTION:** According to UNICEF, there are about 100 to 150 million children growing up on the streets around the world and in India, it is about 8 Lakhs. Street children in India face additional vulnerability because of their lack of access to nutritious food, sanitation and medical care. They are at high risk of malnutrition, STD including HIV, Parasite infestation and skin diseases and criminal exploitation.

**OBJECTIVES:** To study the pattern of substance use among street children of the age group of 10-18 Years in Guwahati City, Assam.

**METHODOLOGY:** The cross-sectional study was conducted under street children of the age group 10-18 years with substance use from areas near railway station, bus stands were interviewed.

**RESULTS:** The socio-economic profile demonstrated that the majority of the children were illiterate (56.9%) followed by primary educated (35.9%) and more than half (55%) belonged to 14-16 years age group while a one-third (32.3%) belonged to 17-18 years. The association of different risk factors with substance use among the street children revealed that the history of substance use among parents was seen in about three-fourth (71.4%) of the street children while the history of substance use among peers was two-third (60.9%) of the street children. Among them, less than half (47.3%) reported use of Gutkha products and two-fifth (39.5%) were smoking cigarettes. Majority of the street children (44.1%) were using the substances for more than 2 years. Majority of them (55.9%) admitted that increased urge to use the addictive substances when they see the peers as the main reason for not quitting addiction. About two-fifth (44.1%) of the children spent Rs.31-50 daily in buying the addictive substances. Higher percentages (54.5%) of the street children were aware of the ill effects of substance use. Less than a fourth (22.3%) of the respondents revealed that they were involved in fight following use of substances.

**CONCLUSION:** Substance use is alarmingly increasing among street children of Guwahati city. Identification of root causes of the problem such as poverty and illiteracy are very much necessary to solve the problems of the street children. Awareness raising campaign to increase the knowledge of the street children about different ill effects of substance use is an urgent need of present time.

**Keywords:** 1.HEALTH 2.STREET CHILDREN 3.SUBSTANCE USE 4.MEDICAL CARE 5.RISK FACTORS 6.ADDICTION 7.CHILD PROTECTION 8.GUTKHA PRODUCTS 9.ADDICTIVE SUBSTANCES.

15. Kansal, S., et. al. (2017)  
Awareness of Legal and Social Issues Related to Reproductive Health among Adolescent Girls in Rural Varanasi. *Indian Journal of Public Health, Vol.61(1):26-32.*  
G19776

**INTRODUCTION:** India is home to more than 243 million adolescents, accounting for a quarter of the country's population. Despite being a huge segment of the population, policies, and programs in India have focused very little effort on this group. The medical termination of pregnancy (MTP) act, 1972 has legalized abortion, yet the number of illegal providers of abortion services is very high. Lack of awareness about legal age of marriage is a common phenomenon in rural areas. Thus, making the adolescent's aware about legal and social issues/acts related to reproductive health is necessary to reduce maternal mortality ratio, infant mortality rate, and total fertility rate.

**OBJECTIVES:** To assess the awareness level of legal and social issues related to reproductive health and its association with the various individual and family/household level characteristics.

**METHODOLOGY:** 650 adolescent girls in the age group of 15–19 years in Chiraigaon block of district Varanasi.

**RESULTS:** Out of the 650 respondents, more than half (57.2%) were of 15–17 years age group. In the present study, less than a fourth (23%) were married and out of which, majority were below legal age of the marriage. Almost all of the respondents were literate and only a few (5.2%) had never been to school. Regarding their mother's education, nearly two-third of mothers (63.1%) were illiterate. Economic status shows that three-fourth of the respondents belonged to lower economic class, i.e., IV<sup>th</sup> and V<sup>th</sup>. Respondents who were in higher age group, i.e., 18–19 years (odds ratio [OR] = 0.35, P < 0.001), educated up to high school and above (OR = 0.10, P < 0.01), literate mothers (OR = 0.38, P < 0.001), and belong to higher economic class (OR = 0.05, P < 0.05) were significantly less likely to become unaware about legal age of marriage and right age of childbearing. Married adolescent girls (OR = 2.07, P < 0.05) were significantly more likely to become unaware about the legal age of marriage. The respondents in higher ages, i.e., 18–19 years and belonging to higher economic class were also significantly less likely of becoming unaware about the MTP Act. Surprisingly, the married respondents were significantly more likely (OR = 2.74, P < 0.001) to be unaware about the Domestic Violence Act. Only a few (14.9%) of the respondents were aware about right age of childbearing.

**CONCLUSION:** The low awareness about all inquired legal issues and acts related to reproductive health. Awareness about legal age of marriage and dowry prohibition act was comparatively higher as compared to right age of childbearing, domestic violence, and MTP Act. Therefore, this suggests that the strong need of inclusion of various issues/acts in the high school curriculum and female teachers should also be involved in training programs for adolescent girls.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.ADOLESCENT GIRLS 4.AWARENESS, DOMESTIC VIOLENCE ACT 5.LEGAL AGE OF MARRIAGE 6.MEDICAL TERMINATION OF PREGNANCY 7.FEMALE TEACHERS 8.CHILDBEARING 9.CHILD PROTECTION.

## C. Women and Gender Issues

### HEALTH

16. Suganthi,S. and Monica, R. (2017).  
Prevalence of Subclinical Hypothyroidism during Pregnancy and its Maternal and Fetal Outcomes. PARIPEX. *Indian Journal of Research*, Vol.6 (4): 595-597.  
G19778

**INTRODUCTION:** It has been witnessed that endocrine disorder during pregnancy thyroid dysfunction remains quite prevalent, and thereby the demand on maternal thyroid gland increases. This can be especially found during the first twelve weeks of pregnancy when the fetus entirely depends upon the maternal thyroid hormone for the normal neural and skeletal development. Thyroid dysfunction has adverse maternal and fetal effects.

**OBJECTIVES:** To assess the benefits and maternal and neonatal outcome in promptly diagnosed and adequately treated antenatal hypothyroid women and to assess whether unfavourable pregnancy outcome and complications are more among the antenatal women who are diagnosed late in pregnancy and hence inadequately treated.

**METHODOLOGY:** A hospital based prospective study involving 500 women of 20-35yrs attending antenatal visits.

**RESULTS:** In this study, more than half (56%) women screened in first trimester. There were 13 women belongs to adequately treated women with subclinical and has less incidence of complication than 17 inadequately treated sub Clinical Hypothyroidism (SCH) women. The incidence of preeclampsia in euthyroid women was 3.4 percent and 9 percent in SCH women. While the prevalence of GHTN in euthyroid women was 4.8 percent and 10 percent in SCH. The prevalence of Gestational Diabetes Mellitus (GDM) in euthyroid and SCH women were 13.3 percent vs16.6 percent. The prevalence of pre-term labour in euhyroid was 3.6percent and 13.3percent in SCH. The prevalence of low Appearance, Pulse, Grimace, Activity & Respiration (APGAR) in euthyroid women was 0.4percent and 13.3 percent in SCH. The prevalence of NICU Care in euthyroid status was 3.4 percent and 16.6 percent. Adequately treatment group had significantly reduced incidence of perinatal complications 3.5 percentthan32 percent in inadequately treated group.

**CONCLUSION:** Early screening, diagnosis and treatment will prevent maternal and fetal complications and reduces the complication of subclinical hypothyroidism in pregnancy.

**KEYWORDS:** 1.HEALTH 2.WOMEN HEALTH 3.PREGNANCY 4.HYPOTHYROIDISM  
5.EUTHYROID 6.PERINATAL COMPLICATIONS 7.PREECLAMPSIA 8.PRETERM BIRTH  
9.MATERNAL THYROID GLAND 10. APGAR

17. Mukhopadhyay, D.K. et.al. (2016).  
A Study on Utilization of Janani Suraksha Yojana and its Association with Institutional Delivery in the State of West Bengal, India. *Indian Journal of Public Health. Vol.60 (2): 118-123.*  
G19779

**INTRODUCTION:** The Government of India introduced the 'Janani Suraksha Yojana (JSY)' (safe motherhood program) based on the principles of Conditional Cash Transfer. In states such as West Bengal, the scheme was for the marginalized women (Scheduled Castes, Scheduled Tribes, and those who belonged to BPL), aged at least 19 years and having less than two live births.

**OBJECTIVES:** To find out the utilization of cash incentives by the women delivering in the reference period of 1 year; and; to assess the factors associated with institutional deliveries in the state.

**METHODOLOGY:** A cross-sectional, descriptive study design, with a stratified random sampling method was adopted for a sample size of 960 women respondents.

**RESULTS:** About two-third (66.3%) of the respondents were aged 21-30 years, and nearly one-third were teenagers. The majority (69.7%) were Hindus. Nearly half of the study population represented the socially marginalized sections (36.4% Scheduled Castes, 5.9% Scheduled Tribes, and 3.6% Other Backward Classes). The majority (85%) were literates, with most of them having studied up to middle school (36%). Almost every 9 in 10 women (88.3%) were homemakers. About two-third (64%) families had BPL cards. The socioeconomic characteristics varied among the districts. Out of the total study participants, considering all three criteria, nearly three-fourth (74.7%) were eligible for JSY. Almost all of them (96.3%) took three ANC's. In addition, more than one-third (36.8%) of JSY-ineligible women got the monetary assistance. Around 10 percent eligible women, even after fulfilling all preconditions, did not get the cash incentive, while remaining (90%) of the JSY-eligible women received cash. Of them, deliveries at government, private, and home settings were chosen by 65.1 percent, 13.7 percent, and 21.2 percent of the women. The corresponding figures for those who did not receive it were 54 percent, 10.5 percent, and 35.5 percent, respectively. Thus, it was revealed from the figure that out of those eligible women, the rate of institutional delivery was significantly higher (78.8%) among those who received cash benefits than those (64.5%) who did not ( $\chi^2 = 7.8672$ , d.f. = 1,  $P = 0.005$ ).

**CONCLUSION:** Despite some inclusion and exclusion errors, cash incentive under JSY was associated with increased institutional delivery, especially in government institutions though there were other factors influencing the decision as well.

**KEYWORDS:** 1.HEALTH 2.WOMEN HEALTH 3.CONDITIONAL CASH TRANSFER (CCT) 4.INSTITUTIONAL DELIVERY 5.MARGINALIZED WOMEN 6.JANANI SURAKSHA YOJANA (JSY) 7.JSY-ELIGIBLE WOMEN.

## NUTRITION

18. Baidya, S., et. al. (2016).  
Under Nutrition among Reproductive Age Women: A Persistent Public Health Problem in a North-Eastern State of India. *Indian Journal of Nutrition, Vol. 3(2): 1-5.*  
G19780

**BACKGROUND:** Malnutrition is a public health problem worldwide. Nutritional status of a nation is closely related to the level of poverty, status of women, rate of population growth, and access to health education, safe drinking water, environmental sanitation, hygiene and other social services. As overweight and obesity is a major problem in western countries, under-nutrition is still a big threat to women in developing countries like India.

**OBJECTIVES:** to study the prevalence of underweight among reproductive age women in Tripura; and to assess the socio-demographic factors affecting underweight among the study population.

**METHODOLOGY:** A community based cross-sectional study in the Tripura state among reproductive age women in between age of 15 to 49 years. Probability proportionate to size sampling technique was applied with a total sample size of 2000 women.

**RESULTS:** The study revealed that majority of the study participants were between 20 to 29 year age group (41.5%) and were Hindu by religion (84.3%). Majority of the participants belonged to Scheduled Tribe (33.9%) and (92.5%) were married. The study also showed that most of the participants were housewife (71.5%) with primary education (52.1%) and had a per capita monthly income of < Rs. 2500/- (86.4%). The study revealed that about a fourth (28.1%) of the reproductive age women had a BMI of < 18.5 i.e. they were underweight, whereas some (10.8%) were overweight and a few (1.1%) of the participants were obese. Majority of the underweight women were below 30 years of age and statistical analysis using chi-square test showed that age of the participants were significantly associated with nutritional status (p value-0.00). Beside the study also showed that the religion (p value-0.02), community (p value- 0.00), occupation (p value-0.00) and income of the participants (p value-0.00) were also significantly associated with the nutritional status. The marital status and type of family were also significantly associated with the nutritional status of reproductive age women. It was also revealed that women

who were between 15-19 years of age were 1.95 times (1.24-3.05) more underweight compared to 45 to 49 years aged women. Similarly women who were between 20 to 24 years age, and 25 to 29 years of age were 1.79 times (1.26-2.53) and 1.60 times (1.13-2.26) more underweight compared to 45 to 49 years aged women. Again those women who belonged to scheduled tribe had 32 percent less chance [OR-0.68 (0.51-0.91)] of having underweight and it was statistically significant (p value-0.01). The study also revealed that women who were in government service had 86 percent less chance [OR- 0.24 (0.10-0.56), p value- 0.00] of being underweight and women who were skilled labor they had 71 percent less chance [OR-0.29 (0.11- 0.77), p value- 0.01] of having underweight compared to students. Again women who belonged to nuclear family had 22 percent less chance [OR-0.78 (0.63-0.98), p value- 0.03] of having underweight compared to women who belonged to joint families.

**CONCLUSION:** The present study revealed that over one-fourth of the women in the state suffer from underweight, which has a grave public health implication. Young aged women and women belonging to joint family were found to be more underweight. Hence, more systematic monitoring and surveillance of the nutritional status is important to address the widespread problem of underweight among them.

**KEYWORDS** 1.NUTRITION 2.NUTRITIONAL STATUS 3.HEALTH 4.UNDERWEIGHT 5.SOCIO-DEMOGRAPHIC FACTORS 6.PUBLIC HEALTH 7.REPRODUCTIVE AGE.

19. Singh, A. et. al. (2016).  
Assessment of Efficacy and Safety of Intravenous Iron Sucrose Compared to Oral Iron Sulphate Therapy in Anemia among Antenatal Women Visiting Primary Health Centres, District Ambala, Haryana. *International Journal of Health Sciences and Research*; Vol.6 (10): 10-15. G19784

**INTRODUCTION:** Anemia is the most common disorder of the blood, affecting a quarter of the world's population globally. WHO defines anemia as hemoglobin level (HB) <11g/dl in pregnancy. In India, prevalence of anemia ranges between 33 percent - 89 percent. About half of the global maternal deaths due to anemia occur in south Asian countries; India contributes to about 80 percent of this mortality ratio.

**OBJECTIVES:** To compare the efficacy of intravenous iron sucrose with oral iron sulphate therapy to treat anemia in pregnant women visiting the Primary Health Centers of Ambala District, Haryana; to evaluate the side effects and complications of Intravenous Iron Sucrose and Oral Iron Sulphate therapies in these patients.

**METHODOLOGY:** A total of 400 (rounded) 200 Antenatal females (20-24 weeks of gestation) visiting Primary Health Centers for intravenous therapy and 200 for oral sulphate therapy.

**RESULTS:** The target haemoglobin was achieved in 37 percent patients in group A whereas only 12 percent achieved target haemoglobin in group B. The gastrointestinal related side effects were nil in groups A as compared to group B. None of the patients from either group had any blood transfusion. Higher number of antenatal women reported side effects in Group B (25.4% in group B and 14.5% in group A). Fear of prick was the most common reason given for refusal of Intravenous Iron therapy in Group A at 38 percent.

**CONCLUSION:** This study concluded that intravenous iron sucrose is safe and highly efficacious for the treatment of iron deficiency anaemia in pregnancy. It restores iron stores more rapidly and promptly. Therefore it is an effective alternative to oral iron therapy without side effects, especially when patients are non-tolerant to oral iron therapy or when oral iron preparations are ineffective because of poor absorption.

**KEYWORDS:** 1.NUTRITION 2.ANEMIA 3.IRON SUCROSE 4.HAEMOGLOBIN LEVEL 5.GASTROINTESTINAL 6 BLOOD TRANSFUSION 7.ANTENATAL WOMEN.

## SOCIAL WELFARE

20. Muthulakshmi, V. (2017).  
Socio-Economic Status of the Women Migrant Workers in Tirupur  
Knitting Industry. *Indian Journal of Research*. Vol.6 (4): 593-595.  
G19781

**INTRODUCTION:** Migration in the global phenomenon having its distinctive characteristics which affects all including the female migrants. Most significant is the increase in female migration as independent migrants and not merely as associational migrants. The educated, upper middle class professional woman who migrates for work, the woman who migrates for marriage, the woman migrating as labour into the export processing zone factory, the woman migrating for seasonal agricultural labour, domestic labour, entertainment –the list is vast.

**OBJECTIVES:** To assess that the migration of female labour to an urban space has made any significant change in their living and working conditions, in particular labour market.

**METHODOLOGY:** 102 sample women migrant worker from Bihar, West Bengal, Assam, Manipur, Karnataka, Kerala etc., and worked in Tirupur Knitting industry were included in the study. Systematic random sampling technique was adopted for the study.

**RESULTS:** Majority of women migrant workers (67%) was unmarried, some were married (28%) and remaining were separated or divorced (5%). Most (83%) of female workers were living under nuclear family system, joint family (14%), remaining (3%) were living as individuals. A majority (84%) of women workers were Hindu, followed by Christians (13%), and remaining Muslims (3%). Half of the women migrant workers belonged to prime age group between 15 and 30 years followed by 31-45 years age-group (34.3%) and remaining in 46-60years category (13%). Education profile of the respondents revealed that majority (43%) workers had Primary education, followed by (38%) workers in secondary grade, higher secondary education (12%) and rest women workers were illiterate (7%). Majority (53%) of the respondents earned from Rs.100-Rs.200/- per day while 31 percent of the workers earned up to Rs.201- Rs.300/- and remaining (14%) of them earned up to Rs. 301- Rs.400/- as per day wages. Around 29 percent of the workers families' income was up to Rs.5,000/- and nearly 68 percent of the workers had their family income between Rs.5,001-Rs.10,000/- and only 3 percent of them had family income was above Rs.10,000. More than half (57%) of women workers were working up to 12 hours in a day, while remaining (43%) of workers were working up to 8 eight

hours. 92 percent of workers were receiving their wages on weekly basis, remaining on monthly basis(8%). Around 91 percent of workers were paid within time period, rest of the workers have opined that they were not paid regularly.46 percent of the women's were getting Bonus, 20 percent of them were received overtime wages, remaining 34 percent of the workers did not receive any benefit from the employer other than salary. Of the total, only 2 percent opined that their company is running crèches for their children. 39 percent of the workers said that their work affects their health and muscular pain were most commonly identified problem among the knitting workers due to long working hours. About 49 percent of the female workers were affected by muscular pain. Few women explained that long work hours, no rest, low intake of food creates problem of menstrual disorder. Around 22 percent of the women workers had discrimination in their company in payment of wages. Only 6 percent of the migrant women workers were eligible for getting State Employment Insurance. A few (4%) women workers were getting PF (Provident Fund) although they were not aware of the ESI, PF scheme. Only 3 percent of workers had insurance policy and rest of them had not taken insurance policy. About 2 percent of them were aware of their risk in health and took mediclaim policy from the government based organizations. Even though they were not aware about insurance schemes available for migrant workers, more than 89 percent of the workers were ready to pay for health insurance. Out of total, not even a single women worker was getting maternity leave and wage benefits.

**CONCLUSION:** Protecting the right of women migrant workers to social security is important not only for securing the equality of treatment in social security for migrant workers, but also for extending social security coverage to currently unprotected populations.

**KEYWORDS:** 1.SOCIAL WELFARE 2.KNITTING WORKERS 3.WOMEN MIGRANT WORKERS 4.SOCIAL SECURITY 5.MEDICLAIM POLICY 6.MATERNITY LEAVE 7.EMPLOYEES STATE INSURANCE(ESI) 8.INSURANCE POLICY 9.GENDER DISCRIMINATION.

## WOMEN WELFARE

21. Venkatraman, A. (2016).

The Role of Self Help Groups in Micro Credit: A Study in Warangal District. *Global Journal for Research Analysis; Vol. 5(10): 234-235.*

G19782

**INTRODUCTION:** Micro credit generally means availability of credit facility for a smaller amount for shorter period, very frequently at an affordable rate of interest. A large section of poor population still could not get access to the credit from the formal banking system and depends mainly upon private/unorganized sources which use exploitative methods and fall finally in to debt trap. In this juncture, the role of SHGs has been recognized in inclusion of poor, small, marginal farmers, artisans, retailers, labours etc. in institutional financial services for the micro credit needs.

**OBJECTIVES:** To study the credit needs of the poor people; to focus on the access to credit facilities by the poor; to assess the role of SHGs in extension of Micro Credit; to examine the problems involved in extension of Micro Credit.

**METHODOLOGY:** 50 Self Help Groups and 200 individual members of SHGs were randomly selected for the study.

**RESULTS:** All the SHGs in the study area were bank linked groups. Average age of the SHGs was 11 years. 95 percent of the SHGs had average 10 members. 92 percent of the SHGs were collecting Rs.100/- from members as monthly savings. All the members of the SHGs were utilizing the credit for individual Income Generating Activities but no Group Activities took place. Peer persuasion and denying further loan were major techniques being used by the SHGs to recover loans from defaulters. All the individual respondents of the SHGs were female only. 62 percent of the members of SHGs fall under the age group of 30-40 years. All the members of SHGs belong to nuclear families. Educational status of the members of SHGs indicates that 65 percent were Non-matriculantes. Only 20 percent of respondents had agricultural land. All the members of the SHGs took loan from Group and expressed their satisfaction about rate of interest and accessibility of credit. Only 50 percent of the members of SHGs used their loan for income generating activities like tailoring, kirana shop, cloth store, vegetable shop, purchasing of cattle/sheep, crop investment etc. 95 percent members regularly attend group meetings and discuss various issues. All the members of the SHGs opined that SHGs were good credit source than any other.

**CONCLUSION:** The exclusive women SHGs performance is better than others. The meetings of SHGs provide a good platform for discussing other social issues which in turns enable the social as well as financial women empowerment in India. The SHGs are good credit source than any other financial credit sources.

**KEYWORDS:** 1.WOMEN WELFARE 2.MICRO CREDIT 3.SELF-HELP GROUPS (SHGS)  
4.UNORGANIZED SECTOR 5.ACCESSIBILITY OF CREDIT 6.CROP INVESTMENT  
7.MONTHLY SAVINGS.

22. Bala, S. (2016)

Gender Dimensions at Work and Employment: A Case of Sexual Harassment. V.V. Giri National Labour Institute.  
G19783

**INTRODUCTION:** Sexual harassment at workplace is considered as violation of women's right to equality, life and liberty. It creates an insecure and hostile work environment, which discourages women's participation in work, both in organized and unorganized sectors, thereby adversely affecting their social and economic empowerment and the goal of inclusive growth. Sexual harassment at the workplace is often considered as solely a women's rights issue and is neglected as a labor issue.

**OBJECTIVES:** Employer's perspective on sexual harassment; existing mechanism for preventing sexual harassment at the work place; to review the reported cases on Sexual Harassment at workplace in Delhi/NCR; and; Impact of Sexual Harassment.

**METHODOLOGY:** Purposive sampling technique with a sample size of 600 employees, 300 each for employer and employees respectively, working in various Public and Private Institutions in the New Delhi/National Capital Region were selected.

**RESULTS:** The findings reveals that majority (89.7%) of the respondents were married while remaining (10.3%) were unmarried. Two-third (68.3%) of respondent were postgraduate and above, while others (31.7%) were graduate. In female dominated organisations, wherein about three-fourth (70.8%) of the respondents were post graduate and above and rest (29.2%) were graduate. While in case of male dominated organization a third (34.9%) of the respondents were graduate and remaining (65.1%) were post graduates. Most (95%) respondents were from other social group, some (2.3%) were from OBC group, (1.7%) from SC group and remaining (1%) were from ST group. It was revealed that majority (89.3%) of the respondents from urban areas had been sexually harassed at the workplace. While in the case of rural respondents reporting was only (10.7%). Majority (86%) of respondent were harassed in the case of female dominated organizations compared to 89.1 percent of the respondent in male dominated organizations from urban areas. Offensive behaviour was maximum followed by hostile work environment (25%). It was observed that 23.7 percent of respondents were aware of the legislation on Sexual Harassment Act, followed by 22 percent of the employers who knew about Dowry Harassment Act, 20.3 percent of the employers knew about the law of Maternity benefit Act, 20.3 percent were aware about legislation on Domestic Violence Act. In 60 percent of the establishments Sexual Harassment

Policy was formulated for processing the complaints of Sexual Harassment but not even a single complaint was forwarded to these Committees. Two-fifth (60.5%) Male dominated organization had Sexual Harassment Policy, compare to female dominated organizations (59.6%). 69 percent of the organizations constituted the Internal Complaints Committee after enactment of Act. Only 10 percent of the organizations constituted the Internal Complaints Committee before enactment of Act. In female dominated organizations, 80 percent of the organizations constituted the Committee after Enactment of the Act. 59.3 percent of organization had circulated the sexual harassment policy while 40.7 percent of the organizations did not circulate sexual harassment policy. 56.6 percent of the male dominated organization circulated sexual harassment policy in their organization compared to 61.4 percent in female dominated organizations. Among the organizations that had circulated the Sexual Harassment Policy, the medium was website for the 66 percent of the organization followed by 28.3 percent through the Notice board, 1 per cent mentioned in Service Contract and 4.6 percent informed through induction training. 48 percent of the organization circulated the policy in English language and 50.6 percent circulated in Hindi language.

**CONCLUSION:** Sexual harassment is a serious manifestation of sex discrimination at the workplace and a violation of human rights as well as fundamental rights enshrined in the Constitution of India (Article 14- Equal rights and opportunities for men and women in the political, economic and social sphere among others).Implementing the law effectively too is an important need. Effective implementation requires that the law should be understood and applied not just in letter but also in spirit. To ensure such spirit in our own conscience, it is important to provide initial learning steps from our own respective families.

**KEYWORDS:** 1.WOMEN WELFARE 2.SEXUAL HARASSMENT 3.SEX DISCRIMINATION 4.SEXUAL HARASSMENT POLICY 5.FEMALE DOMINATED ORGANIZATIONS

### Acknowledgement

Guidance and Support	:	M A Imam Director  Dr. P. Krishnamoorthy Additional Director
Project Incharge/s	:	S C Srivastava Joint Director  Vandana Sharma Assistant Director
Abstracting	:	Astha Chandra Project Assistant
Computer Support	:	Pawan Kumar