



# DCWC Research Bulletin

Vol. XXII

Issue 1

January-March 2018

2018

*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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.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.	Child Abuse and Neglect : A Survey on Primary School Teachers of Kanpur City.	1
<b>Education</b>		
2.	Middle Schools in India: Access and Quality.	3
3.	Infusion of Techno Pedagogy In Elementary Teacher Education Curriculum: Perspectives and Challenges.	5
<b>Health</b>		
4.	Neurodevelopmental Status of Children aged 6-30 months with Severe Acute Malnutrition.	7
5.	Adiposity and Cortisol Response to Stress in Indian Adolescents.	9
<b>ICDS</b>		
6.	Early-Life Nutrition Is Associated Positively with Schooling and Labor Market Outcomes and Negatively with Marriage Rates at Age 20–25 Years: Evidence from the Andhra Pradesh Children and Parents Study (APCAPS) in India.	10
7.	An Assessment of Facilities and Activities Under Integrated Child Development Services in a City of Darjeeling District, West Bengal, India.	12
8.	A Study on Knowledge of Anganwadi Workers about Integrated Child Development Services at Three Urban Health Centers.	14
<b>Nutrition</b>		
9.	Study on Prevalence and Determinants of Malnutrition among Anganwadi Children of Nagavi Primary Health Centre Area, Gadag.	15
10.	Impact of Nutritious Meals on the Nutritional Status of the Tribal Students: A Comparison between Centralized Kitchens (Annapurna) and Regular Kitchens in Government Tribal Residential Schools from Two Districts of Maharashtra, India.	17

<b>S. No.</b>		<b>Page No.</b>
11.	A Study on Nutritional Status of Anganwadi Children in a Rural Area of North Kerala.	18

## **B. Research Abstracts on Child Protection**

### **Child Labour**

12.	The Dark Sites of Granite.	19
13.	Child Labour in Marathwada Region of India: Problems and Remedies.	21

### **Health**

14.	Parental perception of childhood vaccination through focused group discussion approach amongst women in Karnataka, India.	23
-----	---	----

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

### **Health**

15.	Feto-Maternal Outcome Among Pregnant Females In Block Hazratbal of District Srinagar, Jammu And Kashmir: A Prospective Longitudinal Study.	24
16.	Utilization of Antenatal Health Care Services among Fishermen Population in Kanchipuram District, Tamil Nadu: A Cross sectional Study.	26

### **Nutrition**

17.	A Study on Prevalence of Abdominal Obesity among Diabetics.	28
-----	---	----

### **Social Welfare**

18.	Gender Equity Mapping: A Study of Few Departments of Government of India.	30
-----	---	----

### **Women Welfare**

19.	Effect of Female Literacy in Villages of Supaul District in Bihar.	32
-----	--	----

## A. Research Abstracts on Child Development

### CHILD WELFARE

1. Ramesh, G. et. al. (2017).  
Child Abuse and Neglect : A Survey on Primary School Teachers of Kanpur City. *International Journal of Medical Toxicology and Forensic Medicine*; Vol.7(2) : 105-116.  
G21029

**INTRODUCTION:** With a high count on worldwide annual deaths from homicide is estimated at 57,000 in children less than 15 years, Child abuse and neglect (CAN) is recognized as a significant health and social problem. It has been attributed to many forms as physical, emotional, sexual, neglect, and exploitation. Any of these, which are potentially or actually harmful to a child's health, survival, dignity and development are abuse. World Health Organization (WHO) estimates that 150 million girls and 73 million boys under 18 years have been subjected to forced sexual intercourse or other forms of sexual violence.

**OBJECTIVES:** To assess the knowledge and awareness on recognizing and reporting child abuse and neglect among primary school teachers, in and around Kanpur city.

**METHODOLOGY:** A descriptive cross-sectional survey was conducted among the primary school teachers (PST) of 19 randomly selected schools of Kanpur city, Uttar Pradesh, India.

**RESULTS:** Majority of the school teachers have never (42.7%) or rarely recognized (31.8%) any cases of CAN. Only a few subjects reported of recognizing CAN cases as always (4.5%) and often (5.5%). With a two-third majority (66.4%) school teachers felt that any type of abuse (physical, emotional, neglect, sexual) can be defined as child abuse, whereas certain respondents regarded only physical (13.6%) and sexual harassment (1.8%) under CAN. Around half (47.3%) the school teachers opined on the need in some cases for maintaining discipline. Two-fifth (40%) respondents opined that it was wrong to hit children. More than half (56.4%) never identified any cases of CAN in their school. Less than a fifth (19.1%) identified physical abuse cases with neglect (16.4%) and physical abuse cases (8.2%) respectively. None of them had identified any sexual abuse case among their school children. Regarding the frequency of CAN cases being reported the priority was given to major cases (39.1%), followed with few (30%) or none (23.6%). Only a minor proportion (7.3%) of respondents agreed to report all the cases. One-third

(34.5%) of the school teachers were unable to specify actual reasons for CAN cases not being reported, and a further one-fifth (20.9%) felt the lack of knowledge regarding the process of reporting such cases. The uncertainty, fear and their previous experiences also contributed to the same. Undoubtedly, principal/administration (89.1%) was the main persons to be reported to in such cases of CAN. A few were aware about the child abuse helpline (4.5%) and local child protective service (3%). Legal action would be sought through police among a very few (1.8%) respondents. To facilitate recognition and prevention of CAN, schools have encouraged and motivated the teachers to undergo training lead by school administrator (36.4%), followed by gaining knowledge through reading material (14.5%) and third party group training approach (11.8%). About a fourth (27.3%) teachers did not have any exposure for the same. The frequency of training was mostly on a monthly basis (34.5%), though others have reported a weekly (18.2%), six monthly (17.3%) and a yearly (19.6%) program. With regard to the present law system enforced against CAN in India, a staggering (46.4%) were satisfied. More than half (57.3%) respondents reported that they had sufficient knowledge on recognizing CAN cases. Some(44.5%) teachers agreed upon to have reported any instance of child abuse and most of them felt comfortable reporting suspected cases of physical (85.5%), sexual (67.3%) and neglect (63.6%). It was viewed as a serious issue in their schools as reported by two-third (67.3%) of teachers. Further, most (90%) of the school teachers recognized the need of having an expert in their respective schools which may boost their confidence of identifying and reporting such cases.

**CONCLUSION:** Since the primary school teachers are undoubtedly the greatest contact with children, and therefore, they become the most crucial professional to observe and act in response to CAN. Findings show that teachers lack skill and knowledge to identify such cases. It emphasizes on the need for enhancing teacher's education in CAN.

**KEYWORDS:** 1.CHILD WELFARE 2.CHILD ABUSE AND NEGLECT (CAN) 3.SEXUAL ABUSE 4.PRIMARY SCHOOL TEACHERS 5.PHYSICAL ABUSE.

## EDUCATION

2. McArthur Foundation and ASER Centre, Pratham. (2016).  
Middle Schools in India: Access and Quality. 141p.

Source:

<http://img.asercentre.org/docs/Research%20and%20Assessments/Past/Education/exploringpostprimaryschooling.pdf>

G21030

**INTRODUCTION:** Under the Right of Children to Free and Compulsory Education Act, 2009 (RTE), all children in this age group are now guaranteed education until grade 8.

**OBJECTIVES:** To generate new evidence regarding access to and the quality of post primary education in India.

**METHODOLOGY:** A two stage Probability sample to draw a representative sample of children by gender in grades 6, 7 and 8 in Satara district in Maharashtra and Nalanda in Bihar.

**RESULTS:** The survey revealed that 7.9 percent declined in the proportion of children at 'number recognition or below' in Class 6 at baseline and have graduated to Class 7 at end line; the corresponding less proportion for Satara(2.4%). About 9.5 percent children in Nalanda and 10.9 percent in Satara were at 'number recognition level or below' at the baseline. At endline survey, it declined in Nalanda (6.5%) and Satara (9.5%). The percentage declined in the endline survey registered lower amongst girls (2.6%) than boys (3.5%). In Satara, girls were at par with boys in the math screener test. There were about 4.6 percent points decline in the proportion of children at 'number recognition or below' who were in Class 6 at baseline and have graduated to Class 7 at endline; Proportion of children who did not qualified Math floor test was higher for Satara than Nalanda. In contrast, in Satara, children seem to be proficient in language than math. Of the children who did not qualify the language floor test in baseline (N= 505 for Nalanda and N=209 for Satara), majority (49.9 percent in Nalanda and 61.7 percent in Satara) did not qualified the end-line language floor test. Nearly all children who qualified baseline floor test also qualified the endline except for 3.8 percent children in Nalanda and 1.7 percent in Satara who did not qualified the end-line floor test. In Nalanda, majority children (56.3%) not qualified the baseline floor test (N=218), and 44 percent failed to qualify the endline floor test. The corresponding percentages for Satara are 40.8 percent and 13.7 percent. Most of the children who qualified baseline floor test also qualified end-line floor test (97% in Nalanda and 96.2% in Satara). Overall math mean score increased significantly in Nalanda from 44.1 percent at

baseline to 56.1 percent at endline. Likewise, an increase in overall mean score in Satara as well from 39.6 percent at baseline to 47 percent at endline. There was significant increase in end line scores as compared to baseline score in both the districts across all the grades. At the time of the baseline assessment, the difference in overall mean percentage scores between Nalanda and Satara was 4.5 percentage points. At the time of end line assessment, the difference increased to 9.2 percentage points. In science assessment, children in Nalandahad a mean score of less than 50 percent at both baseline (41.7 percent) and end line (46.1 percent). In Satara, children performed better with a mean score of 48.8 percent in baseline and 53.8 percent in endline. This improvement in mean score was seen across all grades in both districts, with the increase being statistically significant. The Nalanda, score distribution was slightly skewed to the right for all the grades, with mean greater than the median. More than half of the children in Nalanda scored below 42 percent in baseline and 46 percent in end line assessment. Satara, on the other hand, has a close to normal distribution of science scores. The mean score in Nalanda across all the grades and in both the assessments was below 50 percent. In Satara, barring end line grade 8 and grade 9 mean score, the mean score remained below 50 percent. More than half of the sampled children in Nalanda and Satara scored below 50 percent or barely touched it, irrespective of grade and timing of assessment. Majority (92.4%) of the sampled children transitioned to the appropriate or expected grade.

**CONCLUSION:** The study reflected that there was not much learning outcomes between the baseline and end line. Heendline pen and paper assessments similarly reveal that while average scores have increased, break-up of the scores by competency categories indicate that children had not done particularly well in categories that they were weak in at base line assessments.

**KEYWORDS:** 1.EDUCATION 2.EDUCATION ASSESSMENT 3.MATH FLOOR TEST 4.PEN AND PAPER ASSESSMENTS 5.POST PRIMARY EDUCATION 6.RIGHT OF CHILDREN TO FREE AND COMPULSORY EDUCATION ACT, 2009 (RTE)



3. Leema K M, Saleem, T.M. (2017).  
Infusion of Techno Pedagogy In Elementary Teacher Education Curriculum: Perspectives and Challenges. *IOSR Journal of Humanities and Social Science*.

G21031

**INTRODUCTION:** ICT enabled methods is becoming very common, and making the educational scenario exploring new heights and avenues, while the Teacher education curriculum is responsible for imparting such abilities to modern teachers.

**OBJECTIVES:**To review the newly revised elementary teacher education curriculum of Kerala; to give suggestions for effective integration of techno pedagogical skills in elementary teacher education curriculum.

**METHODOLOGY:**content analysis.

**RESULTS:**In Curriculum and pedagogy paper, running thread section suggests that ICT must be used for data collection mentioned in the syllabus so it mandates to teach, the basic lessons of I.C.T and their scope in teaching, through different units in this section. Also, one of the teacher competency item is identified as skills in ICT, Video analysis of classes taken by self and peers added as one of the transaction method. Cyber Crime unit discuss about cybercrimes, such as Email harassment, Hacking and cracking, Misuse of internet etc. This paper also gives information on Hardware, Software, Utilizing video camera LCD and Digital Camera for the purpose of learning, Application Software. The information and skills gathered though ICT is applied through concept formation and communication. It also helps in identifying the use of ICT in data collection, identify the facilities when ICT is made use of in data collection. In the paper for English language teaching, ICT was used in the following areas like, strategies for making learning more authentic using ICT and web resources. Transaction section of English language learning paper provide various web recourses that can be utilized for the same and also asks to prepare a presentation on 25 most useful websites that can be used for elementary level learners. YouTube links are provided for classroom transaction and strategies, multiple intelligence, language acquisition, concepts of mentoring and collaborative learning strategies. Even though ICT is identified as a transaction method in the introduction of the paper „Learner and acquisition of Knowledge“, no specific transaction item or syllabus content is present. In Social, Historical and Philosophical foundations of Education paper specifies a transaction item for Prepare tools (Panel, PowerPoint, Documentary) required for generating awareness by collecting photographs, video clips and reports on

ICT enabled classroom facility. Language proficiency paper in this semester uses technology in following locations: record video and evaluates one minute speeches of student teachers, understand use of language in media such as Visual media (Short films, documentaries etc.) and social media (Blog, twitter etc.). Practical training in Mother tongue computing, computerizing documents, Formulating activities, using equipment's for children requiring special consideration and using different software and familiarizing various software for educational purpose are also present in language papers.

**CONCLUSION:** Education also significantly contributed by modern day technologies. Elementary school teachers have a new responsibility to use ICT in their day to day teaching life, to enrich the lives of children they teach. The present investigation revealed that, techno pedagogy has given outstanding weightage in the newly revised elementary teacher education syllabus. But to facilitate pre-service teachers to improve their techno pedagogical skills, the present teacher education scenario has to improve upon most of the impeding factors.

**KEYWORDS:** 1.EDUCATION 2.TECHNO PEDAGOGY 3.PRE-SERVICE TEACHERS 4.ICT 5.LCD 6.DIGITAL CAMERA 7.ELEMENTARY TEACHER EDUCATION 8.EDUCATIONAL CURRICULUM.

## HEALTH

4. Dwivedi, D. et. al. (2018).  
Neurodevelopmental Status of Children aged 6-30 months with Severe Acute Malnutrition. *Indian Pediatrics, Vol. 55 (3): 131-134.*  
G21032

**INTRODUCTION:** One of the intrinsic form of malnutrition, Severely Acute Malnutrition (SAM) is understood as a risk for the health and nutrition parameters, especially during the developing years of children. The major risk factors involved under SAM are impaired motor, cognitive and the socio-emotional development, along with other factors. The nutritional rehabilitation centres, have proved to be a substantial method of improving the conditions of SAM children, as it mainly focuses on the nutritional supplement. A comprehensive early intervention may be fruitful for SAM children to combat the neurodevelopmental condition of these children.

**OBJECTIVES:** to assess the developmental status in children (6-30 months old) with Severe Acute Malnutrition (SAM).

**METHODOLOGY:** A hospital based cross-sectional study. Neurodevelopmental assessment was done by Developmental Assessment Scale for Indian Infants (DASII). 102 children with severe acute malnutrition and 101 controls were enrolled for the study.

**RESULTS:** The result highlighted that the mean Development Quotient (DQ) was found to be significantly lower in children with SAM as compared to controls ( $P < 0.0001$ ) in both domains. However, the difference in the DQ's of the rural and that of the urban children were found to be statistically insignificant, or between the Mental Development Quotient (MeDQ) and Motor Development Quotient (MoDQ) of SAM children ( $P < 0.0001$ ). Secondary Factors as gender, socioeconomic status and type of family also did not show any statistically significant. Most of the SAM children had mild delay, and few had moderate delay. Mild delay (DQ 50-70) in motor domain was found in majority (87.3%) of study subjects and 10 percent of controls, whereas it was considerably higher (94.1% and 12%) in the mental domain. For moderate delay (DQ 35-50), these proportions were 12.7 percent and 1 percent, and 5.9 percent and 0 percent for motor and mental DQ, respectively. The difference in scores of neck control cluster in motor domain was found to be statistically insignificant. Whereas, in the other clusters, the difference between the two groups with lower scores in SAM children was drawn out to be statistically significant.

**CONCLUSION:** The study finds a significant difference in motor and mental Development Quotient in Severely Acute Malnutrition children as compared to controls, which demonstrates the impact of malnutrition on child development.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.MALNUTRITION 4.SEVERE ACUTE MALNUTRITION (SAM) 5.MOTOR DEVELOPMENT QUOTIENT 6.(MODQ) 7.MENTAL DEVELOPMENT QUOTIENT 8.MEDQ 9.MENTAL AGE 10.MOTOR AGE 11.LOCOMOTION 12.NECK CONTROL CLUSTER 13.MOTOR DOMAIN 14.MILD DELAY 15.MODERATE DELAY.

5. Krishnaveni, G.V., et. al. (2018).  
Adiposity and Cortisol Response to Stress in Indian Adolescents. *Indian Pediatrics*. Vol. 55 (2): 125-131.  
G21033

**INTRODUCTION:** Adiposity and stress levels are increasing steadily in Indian children and adolescents that contributes to their increased susceptibility to Non Communicable Diseases (NCD). In particular the cortisol level in the presence of higher adiposity, also adds to the risk factors of the disease.

**OBJECTIVES:** To examine associations of different adiposity measures with cortisol responses during the Trier Social Stress Test for children (TSST-C).

**METHODOLOGY:** Hospital based cohort study comprising of 269 babies. Anthropometry and gestational diabetes (GDM) status were assessed at ~30weeks of gestation.

**RESULTS:** Girls were found to have greater BMI as compared to boys, fat percent and skin fold thickness and higher Homeostasis Model Assessment for Insulin Resistance; boys had higher Waist-to-Hip-Ratio (WHR), fasting glucose (5.2) and resting Systolic and Diastolic Blood Pressure. No differences in baseline or post-stress cortisol concentrations were found between boys and girls, respectively. Stress increased cortisol concentrations significantly from baseline (mean (SD): 5.5 (6.4) ng/mL;  $P < 0.001$ ). Higher fat percent was associated with lower baseline cortisol concentrations (-0.22 SD per SD increase in fat%, 95%CI: -0.39, -0.06 SD;  $P = 0.008$ ). No associations between other adiposity measures and baseline cortisol could be established. Adolescents with higher WHR had lower cortisol responses at all time points after stress induction, strongest at 20 and 30 minutes post-stress. The association between BMI and sum of skinfold thickness with cortisol responses could not be established.

**CONCLUSION:** The role of optimised stress responses in reducing NCD risks in vulnerable children could be provided by the continued follow-up of this cohort. The study indicates that increase in abdominal adiposity shall reduce the stress reactivity and can be combined to the metabolic risks associated with visceral adiposity that may increase NCD amongst adolescents.

**KEYWORDS:** 1.HEALTH 2.CHILD HEALTH 3.ADOLESCENT HEALTH 4.CORTISAL RESPONSE 5.ADIPOSITY 6.NCD 7.NON COMMUNICABLE DISEASES 8.SKINFOLD THICKNESS 9.ABDOMINAL ADIPOSITY 10.WAIST-TO- HIP-RATIO (WHR) 11.TRIER SOCIAL STRESS TEST FOR CHILDREN (TSST-C).

## ICDS

6. Nandi, A. et. al. (2018).

Early-Life Nutrition Is Associated Positively with Schooling and Labor Market Outcomes and Negatively with Marriage Rates at Age 20–25 Years: Evidence from the Andhra Pradesh Children and Parents Study (APCAPS) in India. *The Journal of Nutrition Community and International Nutrition Jan: 140-146.*

G21034

**INTRODUCTION:** Of recent, the highest number of stunted and wasted children have been reported in India. The 40 million stunted and 17 million wasted children <5 y old (under-5) constitute 26 percent and 34 percent of global total, respectively.

**OBJECTIVES:** To estimate the long-term association between early-childhood ICDS nutrition and adult outcomes.

**METHODOLOGY:** During 2003–2005, a follow-up survey identified 1815 women who had participated in the trial and gave birth to  $\geq 1$  child during 1987–1990 who was currently alive (now referred to as the index child). Out of total 2601 index children, 36 died before 2010 and the rest were invited to participate in survey. Of these, 53 percent (52% and 54% in the intervention and control groups, respectively) participated.

**RESULTS:** The findings revealed that significantly more adults in the intervention group completed secondary and graduate education, and fewer adults were ever married compared with the control group. There were no significant associations for marital status or employment-study outcomes. With the use of PSM (propensity score matching), adults born in intervention villages were 9 percent (95% CI: 0.04, 0.14;  $P < 0.01$ ) and 11 percent (95% CI: 0.06, 0.15;  $P < 0.01$ ) more likely to complete secondary and graduate-level education, respectively, 6 percent (95% CI:  $-0.11$ ,  $-0.01$ ;  $P < 0.05$ ) less likely to be ever-married by age 20–25 y, and 5 percent (95% CI: 0, 0.11;  $P < 0.05$ ) more likely to be employed or enrolled in higher education than those in the control group. In sex-specific regression analysis, men born in intervention villages had 6 percent (95% CI: 0, 0.12;  $P < 0.05$ ) and 12 percent (95% CI: 0.06, 0.18;  $P < 0.01$ ) higher secondary and graduate education completion rates, respectively, and were 8 percent (95% CI:  $-0.01$ , 0.14;  $P < 0.05$ ) more likely to be employed or enrolled in higher education than men from control villages. In PSM analysis, intervention-group men were more likely to complete secondary and graduate education and were more likely to be employed or enrolled in higher education

by 7 percent (95% CI: 0.02, 0.13;  $P < 0.05$ ), 12 percent (95% CI: 0.06, 0.18;  $P < 0.01$ ), and 8 percent (95% CI: 0.03, 0.12;  $P < 0.05$ ), respectively, than control-group men. In regression analysis, intervention-group women had 16 percent (95% CI: 0.07, 0.24;  $P < 0.01$ ) and 9 percent (95% CI: 0.01, 0.16;  $P < 0.05$ ) higher secondary and graduate education completion rates, respectively, compared with women from control villages. Similarly, in PSM analysis, they were 16 percent (95% CI: 0.08, 0.25;  $P < 0.01$ ) and 9 percent (95% CI: 0.02, 0.16;  $P < 0.05$ ) more likely to complete secondary and graduate education and were 7 percent less likely to be ever-married by age 20–25 y (95% CI:  $-0.21$ ,  $-0.02$ ;  $P < 0.05$ ) than control-group women.

**CONCLUSION:** The exposure to nutritional supplementation in utero or during the first 3 years of life was associated with improved adult educational and employment outcomes and lower marriage rates in India.

**KEYWORDS:** 1.ICDS 2.EDUCATION STATUS 3.EARLY-CHILDHOOD EDUCATION 4.NUTRITION 5.COMPLETION RATES 6.NUTRITIONAL SUPPLEMENTATION.

7. Saha, M., and Biswas, R. (2017).  
An Assessment of Facilities and Activities Under Integrated Child Development Services in a City of Darjeeling District, West Bengal, India. *International Journal of Community Medicine and Public Health*. Vol. 4(6): 2000-2006.  
G21035

**INTRODUCTION:** The ICDS programme was launched on 2nd Oct 1975 in thirty three projects with aim of reducing malnourishment level and was targeted at children in age group 0 to 6 year and pregnant and lactating mother. These services are provided through childcare centre, known as Anganwadi Centre (AWC) except immunization, health check-up and referral service that are provided by Health and family welfare ministry through NHM and health system. The service provider in each of these centres (AWCs) is an Anganwadi Worker (AWW), a resident of a particular village or a nearby village, selected to play down the pivotal role.

**OBJECTIVES:** To assess the facilities and activities of ICDS centres in Siliguri city of Darjeeling district; and; to study the utilization of ICDS services among children 6 months to 6 years of age in study area.

**METHODOLOGY:** A descriptive, observational, cross-sectional design. The sample were randomly selected in 111 ICDS blocks in Siliguri, West Bengal. Total sample size of 210 mothers of 6 months - 6 years children were interviewed in the 30 selected AWCs.

**RESULTS:** The findings were drawn from the mothers who were attending the AWCs. More than half (53.8%) respondents were from nuclear family. Majority (70%) of the parents were literate. Most (86.2%) of the mothers were home maker and two-third (66.7%) fathers were engaged in unskilled work. Majority of children (65.7%) belonged to family with per capita monthly income between Rs. 1000-3000. Only a third (33.4%) AWCs were running in rented government building and the rest were in rented private building. Adequate indoor space was present in (86.7%) AWCs. Out of all (60%) AWCs had electricity with fan facility. Toilet facility was absent (43.4%) centres, had toilet facility with running water was present only in (16.7%). Separate kitchen were present in (60%) of centres. Salter weighing scale and pre-school kits were available in all centres but adult weighing scale was available in 70 percent AWCs. Medicine kits were present in all but in 3 centres, medicines were expired. Sufficient play materials were present in all. All the Anganwadi workers were literate. One-fourth (26.7%)



of AWW were Madhyamik passed while two-fifth (43.3%) had higher secondary level of education. Majority (96.7%) had received job training. Majority (76.7%) of AWWs had work experience more than 20 years. Comparatively more boys (90.64%) than girls (83.8%) had regular growth monitoring done. While lesser boys (65.1%) than girls (70.7%) had received supplementary nutrition in all 30 AWCs. Out of 505 boys, substantial proportion (61.6%) received PSE and out of 440 girls, majority (64.6%) received Pre-School Education kits (PSE). Out of registered children, 106 (7.24%) male and 109 (7.44%) female child were suffering from moderately underweight and 4 (0.27%) female child suffering from severely underweight. Interruption in supply of supplementary food during last six month was reported in 23 (76.7%) AWC. All the selected 30 AWC used teaching method in play way. The health check-up of beneficiary was being done just once during last 6 month, in 23 (76.7%) AWC. Monthly growth monitoring done in all AWC and was plotted accurately by AWW in all AWC. Partially immunized children were present in 14 (46.7%) AWC. All AWC conducted NHeD(Nutrition and Health Education) by discussion. Only 4 (13.3%) AWC conducted NHeD by using demonstration method in addition to discussion. 19 (63.3%) AWC had less than half (50%) attendance of mother on NHeD. 24 (80%) AWC referred sick children verbally. Majority 23 (76.7%) AWC referred the sick children at Siliguri Dist. Hospital. Few (2.9%) children did not attended AWC regularly because their mothers were busy with household works. Considerable proportion (60.7%)of mothers were not discussed about the growth chart. Some (29.6%) mothers did not attended NHeD meeting as they were less interested about meeting.

**CONCLUSION:** The present study reported a gap in infrastructure and facility of AWCs, mainly child friendly toilet facility, inadequate indoor space, separate kitchen and electric facility. It requires immediate attention and action to provide toilet facility to all ICDS centres. Inadequate indoor space also hampers to conduct the play activity properly.

**KEYWORDS:** 1.ICDS 2.ANGANWADI CENTRE 3.AWC 4.AWW 5.NHED 6.NUTRITION AND HEALTH EDUCATION 7.SUPPLEMENTARY NUTRITION 8.PARTIALLY IMMUNIZED 9.HEALTH CHECK-UP 10.PRE-SCHOOL EDUCATION KITS (PSE) 11.GROWTH MONITORING 12.ICDS CENTRES.

8. Baliga, S.S. and Walvekar, P.R. (2017).

A Study on Knowledge of Anganwadi Workers about Integrated Child Development Services at Three Urban Health Centers. *International Journal of Community Medicine and Public Health*. Vol.4(9): 3283-3287. G21036

**INTRODUCTION:** The Anganwadi Worker (AWW) is the community based voluntary frontline worker who has a pivotal role under the ICDS programme. It primarily involves the qualification, experience, skills, attitude and job training of the Anganwadi Worker that constitutes the profile of key functionaries.

**OBJECTIVES:** To study the sociodemographic profile of Anganwadi workers; and; to assess the awareness among Anganwadi workers regarding the health and nutritional services of ICDS programs.

**METHODOLOGY:** A cross-sectional study. Total sample size was 76 Anganwadi workers from all 76 anganwadi's under the three urban health centers in Belagavi, Karnataka.

**RESULTS:** The findings revealed that majority (43.4%) of the respondents in the age-group of 31-40 years. 37 (48.7%) Anganwadi Workers had studied up to secondary school and 34 (44.7%) had experience less than 5 years. Majority (88.2%) of anganwadi workers had considerably better knowledge on immunization and supplementary nutrition and majority (45.4%) of them had knowledge regarding referral services. According to the Knowledge Assessment Score, 18 (23.7%) of AWWs had poor knowledge of health services provided, 20 (26.3%) had average knowledge and 38 (50%) had good knowledge about health services. In the present study among 23 AWW with work experience of <5 years, 12 (52.2%) of them had good knowledge. 37 AWW were found to have work experience 5-10 years, out of which 18 (48.6%) of them had good knowledge among 16 AWW with work experience of more than 10 years, 8 (50%) of them had good knowledge. Statistically insignificant ( $p=0.961$ ). No relationship was found between the educational or qualification of the worker and her knowledge about different services provided by her ( $p=0.660$ ).

**CONCLUSION:** The knowledge had no relation with experience and their educational qualification. This difference was not found to be statistically significant. Therefore there is a need of regular training camps to be organized for AWWs to increase their knowledge regarding different aspects especially growth monitoring and supplementary nutrition.

**KEYWORDS:** 1.ICDS 2.ANGANWADI CENTRE 3.AWC 4.ANGANWADI WORKER 5.AWW 6.NHED 7.NUTRITION AND HEALTH EDUCATION 8.SUPPLEMENTARY NUTRITION 9.PARTIALLY IMMUNIZED 10.HEALTH CHECK-UP 11.PRE-SCHOOL EDUCATION KITS (PSE) 12.GROWTH MONITORING 13.ICDS CENTRES.

## NUTRITION

9. Kotabal, R., Dasar, P., and Sonavane, Rekha. (2018). Study on Prevalence and Determinants of Malnutrition among Anganwadi Children of Nagavi Primary Health Centre Area, Gadag. *National Journal of Research in Community Medicine. Vol.7 (1): 32-35.* G21037

**Introduction:** Malnutrition is a major health and nutrition problem in India. Government of India initiated the Integrated Child Development Services (ICDS) Scheme in 1975 to reduce the malnutrition problem in children. To combat the malnutrition menace, this scheme combines multiple interventions approach such as food supplementation, immunization, health care and referral services for children as well as pregnant and lactating mothers.

**Objectives:** To estimate the prevalence of Malnutrition among Anganwadi children of Nagavi PHC (Primary Health Centre) area; and; to assess the association between determinants with malnutrition.

**Methodology:** An observational cross sectional study. The samples were drawn by convenient sampling technique randomly under which 4anganwadis were selected. Total study subjects comprised of 148.

**Results:** The findings revealed that out of 148 children 35 (23.7%) children belongs to the age group 24-47 months and 113 (76.4%) children belongs to 48-71 months. While the gender proportion turned out to be upscale towards girls (52.03%) to that of boys (47.9%). The prevalence of underweight (weight for age), stunting (height for age) and wasting (weight for height) were found to be 40.5 percent, 36.5 percent and 30.4 percent respectively. According to mid upper arm circumferences, the proportion of children with mild malnutrition was found higher (37.2%) while that of the children with moderate malnutrition (6.8%). The prevalence of underweight was found more (45.1%) among 48-71 months age group children as compared to 24-47 months (25.7%). This establishes an association between underweight and age of the children (significant at  $p < 0.05$ ). Prevalence of underweight was more in children with birth weight  $< 2.5$  kg, lack of exclusive breast feeding, breast feeding duration  $< 18$  months and absence of toilet facility. These indicators denotes a statistically significant association with underweight (at  $p < 0.05$ ). The findings further reveals that underweight was more in the children with the lack of exclusive breast feeding compared to children with the exclusive breastfeeding. Prevalence of underweight was more among girls, child with preterm delivery, on set of breastfeeding more than 30 minutes, birth order less than 3.

**Conclusion:** There is a high prevalence of malnutrition among the Anganwadi children aged 48-71 months. Various factors like age of under five children, child with low birth weight, lack of exclusive breast feeding, breast feeding duration less than 18 months and poor sanitation shows increased risk formal nutrition.

**KEYWORDS:** 1.CHILD NUTRITION 2.MALNUTRITION 3.EXCLUSIVE BREAST FEEDING 4.LOW BIRTH WEIGHT 5.MILD MALNUTRITION 6.MODERATE MALNUTRITION 7.ANGANWADI CHILDREN 8.POOR SANITATION 9.PRIMARY HEALTH CENTRE.

10. Devara, R. and Deshmukh, D. (2017).  
Impact of Nutritious Meals on the Nutritional Status of the Tribal Students: A Comparison between Centralized Kitchens (Annapurna) and Regular Kitchens in Government Tribal Residential Schools from Two Districts of Maharashtra, India. *Indian Journal of Public Health, Vol.61(4): 233-238.*

G21038

**INTRODUCTION:** Adequate nutrition is especially important in periods of rapid growth and development, i.e., during the first 1000 days of life and adolescence. Poor nutrition during pregnancy, infancy, childhood, and adolescence can result into stunted physical, mental and social development with lifelong consequences. According to UNICEF, nearly, half of all deaths in children under- 5 are attributable to undernutrition, translating in to unnecessary loss of about 3 million young lives globally each year. The Rapid Survey of Children (RSOC 2013-2014) conducted by the Department of Women and Child Development showed that 44 percent of adolescent girls (10-18 years) in India, were severely thin and additional 19 percent were moderately thin or under-nourished.

**OBJECTIVES:** to ascertain whether the provision of nutritious meals through centralized kitchens improves the nutritional status of children in Ashram schools of Maharashtra.

**METHODOLOGY:** Control study The sample was randomly selected from 20 schools in each blocks in Palagr and Nashik districts. In each school, a total of 40 students were selected (20 boys and 20 girls) of 400 for intervention and 400 for control arms in each block, to achieve a sample size of 800 for intervention and 800 for control arm in the study.

**RESULTS:** The findings revealed that there was a higher precedence in underweight children (36.9%) in the intervention group as compared to the control group (31.9%) respectively. Atendline, 21.9 percent and 26.3 percent of the children were underweight in the intervention and control groups, respectively. Both groups showed an improvement as compared to the baseline. The stunting indicator revealed that the children in the intervention group (30%) resulted in a higher prevalence than the control group (38.2%). This difference was statistically insignificant ( $P=0.05$ ). The findings further revealed that at endline, the stunting reduced in the intervention (12.9%) and control group (14.6%) respectively.

**CONCLUSION:** The provision of regular nutritious meals, through centralized and local kitchen in government tribal residential/Ashram schools of Maharashtra, are effective and important in tackling undernutrition in Tribal children.

**KEYWORDS:** 1.CHILD NUTRITION 2.UNDERNUTRITION 3.MID- DAY-MEAL 4.MDM 5.CENTRALIZED KITCHENS 6.WASTING 7.STUNTING 8.TRIBAL CHILDREN 9.RESIDENTIAL SCHOOLS.

11. Radhamani, K.V. and Rajeev, S.V. (2017).  
A Study on Nutritional Status of Anganwadi Children in a Rural Area of North Kerala. *Indian Journal of Child Health*, Vol. 4(3): 348-351.

G21039

**INTRODUCTION:** A proper diet is essential from early stages of life for growth and development. The nutrition of children in the age-group of 1 and 5 years is highly significant as it is the most vulnerable period to deficiencies or malnutrition. Malnutrition, which is clearly linked to inappropriate feeding practices rather than food availability or household food security remains a gargantuan task to cater to. According to the WHO, India contributes to about 21 percent of the global burden of child deaths. Malnutrition is the underlying cause up to half (50%) under five deaths.

**OBJECTIVES:**To assess the nutritional status of Anganwadi children aged 2-5 years in a rural area of North Kerala.

**METHODOLOGY:**A cross-sectional study was done among Anganwadi children between 2 and 5 years of age, with cluster sampling method.

**RESULTS:** The finding reveals out of total 150 children, 67 (44.7%) were boys and 83 (55.3%) were girls. The majority of the children (n=87,58%) belonged to age group 3-4 years. Majority (94%)of the respondents had normal built and similar findings were reflected among the female children (89.2%) were with normal built. More female children (10.8%) were thin built than male children (5.9%), statistically not significant ( $p>0.05$ ). Further, no child was seen with severe malnutrition in any age-group. Among children aged 2-3 years, one-fourth (25%) were underweight, wasted and stunted. Among children aged 3-4 years, more children (11.5%)were wasted, followed by (9.1%) underweight, (8%) stunted. Among children of 4-5 years, majority (23.6%) were wasted, more than a fifth (21.8%) were underweight, and followed by stunted (12.7%). The prevalence of underweight, wasting, and stunting was maximum in 2-3-year-old children and minimum among 3-4-year-old children. In accordance with the WHO criteria, (14.6%) of the cases were underweight, (10.6%) were stunted, and (16.6%) were wasted. Underweight and wasting were more in female children.

**CONCLUSION:**The prevalence of underweight, wasting, and stunting was maximum in the age group 3 years. Underweight and wasting were more in females and stunting was more observed in males.

**KEYWORDS:** 1.NUTRITION 2.CHILD NUTRITION 3.ANGANWADI CHILDREN 4.UNDERWEIGHT 5.WASTING 6.STUNTING 7.WHO CRITERIA.

## B. Research Abstracts on Child Protection

### CHILD LABOUR

12. Stop Child Labour. (2017).  
The Dark Sites of Granite. 8p.  
<http://www.indianet.nl/pdf/TheDarkSitesOfGranite-abstract.pdf>  
G21040

**INTRODUCTION:** India is one of the top five producers of natural stone worldwide. Around 10 percent of the natural stone traded on the world market is sourced from India. In 2014 the India Committee of the Netherlands (ICN) commissioned research into working conditions in granite quarries in Tamil Nadu and Karnataka, covering 18 quarries (12 in Tamil Nadu).

**OBJECTIVES:** To increase insight in granite supply chains, from quarries in South India to end-users in Europe and other countries; the prevalence of child labour, bonded labour and other labour rights violations in granite quarries that produce for export markets, located in the South Indian states: Karnataka, Andhra Pradesh and Telangana; measures taken by natural stone companies and business and human rights initiatives to address human rights violations in granite supply chains.

**METHODOLOGY:** The data was collected through field survey selecting 172 workers in 22 sample quarries through interview.

**RESULTS:** The findings reveals that out of the total 172 interviewed workers 88 (51%) were in the age of 19 to 30 years and 52 (30%) in the age of 31 to 50 years. 24 workers (14%) were older than 50 years. The age of 8 workers (5%) was below 18 years, 2 were under the age of 14 years and 6 in the age group of 15 to 18 years. Involvement of children below 14 years and young workers in the age group of 15-18 years was mainly observed in waste stone processing. A substantial portion of the workforce in granite quarries in Andhra Pradesh and Telangana were seasonal migrants. Out of the 172 interviewed workers, 105 (61%) were migrant labourers and the remaining (39%) were local workers. Migrant labour accounts for majority (71%) of the workforce belonged to Telangana and (69%) Andhra Pradesh while rest (22%) of the workers were Karnataka migrants. Most of the migration (70-80%) was interstate. The caste composition of workers pointed the maximum (43%) Other Backward

Class(OBCs), followed by (27%) Scheduled Castes (SCs), and (11%) Scheduled Tribes (STs); and the remaining (19%) were from other (upper) castes. The educational background of workers showed that 53 (31%) of the workers were illiterate and 62(36%) completed only primary schooling. Out of the 172 workers interviewed just 34 (20%) were women and 138 men (80%). Women were also employed in housekeeping activities such as cleaning offices and cooking food for workers. 13 child labourers below 18 years were identified in 7 out of 22 researched quarries. Out of seven, two quarries were located in Karnataka, two in Andhra Pradesh and three in Telangana. Children below 14 years are not observed in main quarry activities. Further, nearly two-third (60%) of the workers interviewed had more than 10 years of work experience in the natural stone industry and a substantial proportion (36%) started their work in granite quarries at a very early age of 15 to 18 years. Children below 14 years account for nearly 3 percent of the workforce in waste stone processing and 5 percent of the workforce was between 15 to 18 years old. Foremost (45%) of the respondents were recruited through paying wage advances and nearly a fourth (25%) of the workers recruited by paying loans, which pitched staggering interest rates (24% to 36% per year). In Telangana two-fifth (42%) of the local workers and less than two-third (58%) of the respondents admitted that they were indebted big sum of money (Rs.10000 - 20000) to the quarry owners or contractors. Two-third (66%) in Andhra Pradesh, followed by workers (50%) in Karnataka, and workers (21%) in Telangana benefited from medical camps. Several big quarries organise medical camps on a yearly basis. In total partial workers (53%) from all three states did not received health services through medical camps. The middlemen deduct an amount of INR 2000 from workers' monthly salary for food; amounting to about a fourth (25%) of workers' monthly income.

**CONCLUSION:** Looking at the seriousness of the violations in granite quarries, a special task force of state governments to improve labour conditions in this sector is highly recommended, taking into consideration the poor social and economic conditions of the migrants, including the child labours.

**KEYWORDS:** 1.CHILD LABOUR 2.QUARRY OWNERS 3.MIGRANTS 4.HEALTH CARE 5.GRANITE QUARIES 6.BONDED LABOURS 7.STONE COMPANIES 8.LOCAL WORKERS 9.WOMEN WORKERS.



13. Khairnar, D.R. (2017).  
Child Labour in Marathwada Region of India: Problems and Remedies.  
*World Journal of Social Sciences and Humanities. Vol. 3(2): 50-55.*

G21041

**INTRODUCTION:** According to the International Labour Organization (ILO), there are approximately 176 million children between the ages of 5 and 14 in employment in 2008, of which roughly 53 million are participating in hazardous work. Due to poverty and social security the number of child labourer in India exponentially increased.

**OBJECTIVES:** To identify and analyse the root causes of child labour.

**METHODOLOGY:** The snow ball sampling method was used to collect primary data regarding to 100 child labour, in the Aurangabad city, Maharashtra.

**RESULTS:** The average age of the respondent was found 5 years to 14 years. Majority in the age-group 13-14 years (43%), followed by 9-12 years (36%) and rest 5-8 years (21%). One-fifth (20%) child labour were literate or going irregularly to school. Among literate child labours preferred to the night schools (15%) and government schools (4%). These huge populations (80%) of child labour were illiterate. The average annual income of the family was upto Rs. 50000. However, majority (88%) of the child labour were coming from the families with income below Rs. 20000. Further the findings reveals that the most (67%) of the families were without any home. While a third (32%) of the families lived in tin shades. Most of the children are coming from the background with divorced families (44%), followed by intact families (35%). More than half (56%) of these child labours managed two meals a day, while a substantial (33%) proportion of child labours had meals available just for single time either in lunch or dinner in a day. Most of the family members of the respondents were found to be addicted to the alcohol or tobacco. Majority, the head of the family, father (60%) of the respondents were found addicted to alcohol or tobacco, while mothers of the respondents (8%) were also found addicted. The siblings (32%) were also found addicted to the alcohol or tobacco. The child labours are also found addicted to the tobacco consumption (69%) smoking (20%) and alcohol (11%). Around four-fifth (79%) of the respondents were engaged in a heavy working environment. Considerable (31%) proportion of children worked on daily wages basis, while another 31 percent children were getting their salary weekly. The regular medical aids were not available at workplace of these children. Majority (39.8%) of the child labours were minor handicapped during working hours followed by child labours (37%) were infected by various pathogens while some (23%) were infected by skin disorders.

**CONCLUSION:** To overcome child labour's problems Indian constitution constitute an effective acts or laws to prevent child labour as well as the central and state government launches a various schemes to stop child labour. But due to poor implementations of schemes, political interference, government irresponsiveness, flexible clauses in laws and lack of social awareness is the main reasons of failures to stop child labour.

**KEYWORDS:** 1.CHILD LABOUR 2.POVERTY 3.ADDICTION 4.WAGES 5.MEDICAL AIDS 6.SKIN DISORDERS 7.TOBACCO CONSUMPTION.

## HEALTH

14. Holyachi, S, Kengnal, P.R. and Ashok Kumar. (2018). Parental perception of childhood vaccination through focused group discussion approach amongst women in Karnataka, India. *National Journal of Community Medicine*. Vol.8 (12): 19-24.  
G21042

**INTRODUCTION:** India is one of the world's leading producer and exporter of vaccines with approximately a considerable (43%) share of global vaccine supply. Considering that social goals could hinder the immunization goals, there is a stigma within the community that a greater effort needs to be put towards understanding methods needed to address parental vaccine hesitancy.

**OBJECTIVES:** To explore the reasons that drive or motivate parental decision regarding vaccination, with a special reference to vaccination literacy.

**METHODOLOGY:** Ten focus groups were conducted in three sub-centres in the rural field practice area of Karnataka.

**RESULTS:** The majority of the participants were mothers in their thirties who had more than one child (age range 23–42 years). With respect to education, majority (88%) of the participants were literate. All participants mentioned that they had a positive experience upon visiting the governmental health facilities. All post-natal women (50%) reported taking their children for vaccination and ante-natal women (50%) opined to do the same. Majority of the post-natal women reported that vaccine had been given to their child immediately after immunisation by the ANM at the Sub-Centre. Majority opined that injections were better as compared to oral vaccines. Majority of women had good knowledge regarding the vaccination schedule either because they had read it from the Mother and Child Protection (MCP) card or from the ANM's who visited their villages. None of the participants reported experiencing any adverse reactions after vaccinating their child. Both ante-natal and post-natal women expressed satisfaction with the immunisation activities at PHC.

**CONCLUSION:** Most parents were receptive to the possibility of a greater number of discussions with health professionals regarding immunisation for children. Parents in this study indicated that they need more information regarding the risks associated with vaccination as well as the components and effectiveness of the vaccine concerned.

**KEYWORDS:** 1.HEALTH 2.CHILD PROTECTION 3.IMMUNISATION 4.CHILD VACCINE 5.POST-NATAL WOMEN 6.ANTE- NATAL WOMEN 7.MOTHER AND CHILD PROTECTION (MCP) CARD 8.PARENTAL VACCINE DECISION.

## C. Women and Gender Issues

### HEALTH

15. Rather, R.H. et.al. (2017).  
Feto-Maternal Outcome Among Pregnant Females In Block Hazratbal of District Srinagar, Jammu And Kashmir: A Prospective Longitudinal Study. *International Journal of Community Medicine and Public Health*. Vol. 4 (9): 3186-3190.  
G21043

**INTRODUCTION:** In the surgical procedure of a caesarean section an incision is made through a mother's abdomen and uterus to deliver a child. However, according to the WHO recommendations, the rates of the caesarean section shall not exceed 15 percent in any country. Amongst others, the association of hypertension with proteinuria during pregnancy markedly increases the risk of perinatal mortality and morbidity.

**OBJECTIVES:** To describe feto-maternal outcome among the study population in block Hazratbal, Srinagar.

**METHODOLOGY:** A community based longitudinal study. The total sample size of 385 inhabitants drawn from the total population was 75083 inhabitants in 65 villages in Hazratbal block, Srinagar.

**RESULTS:** Majority of the study subjects (21.6%) were from PHC Harwan and the other two PHCs (13.8% and 11.2%). The study subjects had a mean age of 29.61 years, a mean height of 159.18 cm and a mean monthly per capita income of Rs. 4035. The mean gestational age at delivery was 38.56 weeks and the mean birth weight of neonates was 2.731 kg with 4.9 percent of neonates having birth weight less than 2.5 kg. Majority of the deliveries were conducted at JLN hospital and LD hospital (36.6% and 33.2% respectively) and only 2.6 percent were home deliveries. More than two-thirds (71.7%) of the study subjects delivered by Lower (uterine) segment Caesarean section (LSCS). Less than 2 percent of the study subjects delivered twins. Male gender (55.2%) was more common than female gender (44.8%) among children born to study subjects.

**CONCLUSION:** The proportion of institutional deliveries and deliveries of twins and male babies were within expected limits. However, the proportion of caesarean cases were way higher than the limits as drawn by WHO. Therefore, there is a need of policy intervention for the healthcare providers to educate about the disadvantages of unnecessary caesarian sections.

**KEYWORDS:** 1.HEALTH 2.WOMEN HEALTH 3.CAESAREAN SECTION 4.GESTATIONAL AGE 5.PHC 6.LOWER (UTERINE) SEGMENT CAESAREAN SECTION (LSCS) 7.PERINATAL MORTALITY 8.WOMEN PREGNANCY 9.LOW BIRTH WEIGHT 10.LBW 11.NEONATES 12.HOME DELIVERIES.

16. Danasekaran, R., Raja, P., and K. Ranganathan. (2017). Utilization of Antenatal Health Care Services among Fishermen Population in Kanchipuram District, Tamil Nadu: A Cross sectional Study. *Indian Journal of Community Medicine, Vol. 42(3): 159-162.*  
G21044

**INTRODUCTION:** The fishermen population is being considered a marginalized and special group due to their varied sociocultural practices, low socioeconomic status, low literacy levels, and possibly less awareness about the healthcare services are provided.

**OBJECTIVES:** To assess the utilization of antenatal health services and to identify the factors influencing their utilization among women of fishermen population in Kanchipuram district, Tamil Nadu.

**METHODOLOGY:** A community-based cross-sectional study. The women samples were drawn using the simple random method with a total sample size of 284 mothers from Kovalam area in Kanchipuram district.

**RESULTS:** The educational background of the mother respondents revealed that most (35.2%) of them were illiterates, while others (34.5%) had studied till primary education, whereas a few (1.06%) had studied till post-graduation. Their occupation activity revealed that majority (45.4%) were unskilled workers, followed by homemakers (37.7%). While some (6.7%) had semi-skilled jobs, remaining (10.2%) were doing skilled work. Among the mothers enquired majority (61.3%) were having their first child. About a fourth (27.1%) were having a second child, followed by others (8.5%) having their third and remaining (3.2%) were having their fourth child. According to modified B. G. Prasad classification, most (45.1%) of the study subjects belonged to socioeconomic class II, 41.9 percent belonged to class III, followed by class I (10.6%), and only a few (2.5%) belonged to class IV. Among the study population, half (50%) had confirmed their pregnancy in the Government sector, one-fifth (20.4%) in Private sector and the remaining (29.6%) had confirmed by self. Regarding the place of registration, around three-fifth (60.2%) got registered with the government sector, a fifth (19.1%) with private and another fifth (20.8%) had not registered themselves. Of the total mothers, 36.3 percent had three antenatal visits, 23.2 percent had more than three visits, 30.9 percent had only two visits, and 9.51 percent had only one visit. Nearly three-fifth (64.1%) mothers have received two doses of TT, a fifth (19.7%) had received a single dose, and 16.2 percent had not received transfusion transmitted TT. The findings further revealed that intake of IFA tablets, some (13%) had taken more than 100 tablets, about a third (31.7%) had 51-100 tablets, while 28.5 percent had less than 50 IFA tablets, and a fourth (26.8%) had not taken any IFA tablet. Among the investigations being done during antenatal period, three-fifth (59.5%) have undergone only basic investigations such as hemoglobin (Hb) and weight

measurements, a fourth (27.1%) had done all the investigations including Hb, serology, and ultrasound while 13.4% had not undergone any type of investigation. With respect to the services received from Integrated Child Development Services (ICDS) centers, majority (59.5%) of the mothers had taken supplementary foods from those centers. During the antenatal period, about half (50.7%) of the mothers had some complications. Complications experienced were anemia (34.7%), bleeding (14.6%), abdominal pain (12.5%), diabetes/hypertension (9.1%), fever (6.25%), epilepsy (9.7%), etc. Among the study population, more than half (53.9%) preferred Government sector for any maternal health services and the remaining (46.1%) preferred private sector. The major reasons for preference of the government sector includes nearby (11.8%), free treatment (31.4%), experienced health personnel (20.9%) and other benefits like cash benefits (24.2%). Likewise, the reasons for preference of private sector were better care (38.2%), care round the clock (12.9%), better hygiene (29.8%), etc.

**CONCLUSION:** The study concludes that although there a number of health related programs to the vulnerable community as the fisherman population implemented by the Government of India. But the antenatal healthcare services were not been delivered to everyone in the community.

**KEYWORDS:** 1.HEALTH 2.WOMEN HEALTH 3.WEIGHT MEASUREMENTS 4.HEMOGLOBIN 5.ABDOMINAL PAIN 6.DIABETES/HYPERTENSION.

## NUTRITION

17. Nagendra, A., Chekri, P. and Kakani, S. (2017).  
A Study on Prevalence of Abdominal Obesity among Diabetics. *Indian Journal of Nutrition. Vol.4 (5): 1-7*  
G21045

**INTRODUCTION:** The Indian population is passing through a transition phase where subsistence conditions are being replaced by plentiful food but reduced physical work and therefore, an understanding of the changing nutritional scene is critical. India leads the world with largest number of diabetic and being termed the “diabetes capital of the world”.

**OBJECTIVES:** To examine the rising prevalence of abdominal obesity among diabetic subjects.

**METHODOLOGY:** Hospital based study. 60 diabetic subjects, 30 male and 30 female in the age-group of 40-70 years admitted in the hospital were randomly selected.

**RESULTS:** Majority of the subjects were married (95%) and belonged to nuclear family (68%). The age distribution amongst the respondents projected that majority (42%) were amongst the age group of 61-70 years. One-third (33%) of them were graduates. Most (87%) women were homemakers while some had their own business (27%). Mean body weight was higher among male compared to female (70 kg  $\pm$  12 male; 64.5 kg  $\pm$  9.4 female). The Body Mass Index was calculated using Quetelet index based on WHO classification. Mean BMI was found to be 26 kg/m<sup>2</sup>  $\pm$  3.78 but some (18%) of the study group had BMI >30 kg/m<sup>2</sup> indicating obesity. Partial ( 50%) subjects were overweight (WHO, 1998) but according to Asia pacific WHO classification it was seen that about three-fourth (73%) of the total subjects were obese and while females were overweight (10%) and obese (80%) respectively compared to male. WHR indicator showed that majority (87%) male and female (47%) had WHR >0.90 (Ref- M<0.90, F<0.80). A Comparison of Waist Circumference (WC) and WHR showed both male and female had mean WC greater than the normal, male: 92.4 cm $\pm$ 9.5; female: 90 cm $\pm$ 9.3 respectively (Ref:male: <90 cm, female: <80 cm) and mean WHR was 0.95 $\pm$ 0.05 in male and 0.90 $\pm$ 0.04 in female. An association between BMI and WHR represented an increasing trend in BMI and WHR as age increased and even with normal BMI, WHR >0.90 was observed, indicating abdominal obesity even with the normal BMI range. Majority (70%) of the subjects combining all groups showed WHR >0.90. Thus, a clear indication that the WHR showed an increasing trend among these subjects. An



Association between age groups and stress scores, depicted that more (58%) of the subjects expressed medium stress scores among 40-50 years, at 51-60 years most (81%) indicated high stress scores; whereas during advancing age 61-70 years, scores were found to be reduced. The information on mean nutrient intake and adequacy in comparison with RDA revealed that the average energy, protein, calcium and iron intake was less than the RDA in both male and female groups. Mean calorie intake of the subjects among both male and female group was 39 percent and 31 percent less compared to the RDA and was statistically significant. Fair consumption of protein was seen among both male and female with adequacy of 90 percent and 87 percent respectively, while consumption of fat was negatively high with 120 percent among male and 145 percent among female. Calcium intake revealed more adequacy (73%) amongst males than females (66%). Similarly, iron intake projected more adequacy (26%) in males than females (19.5%) respectively. This shows that the subjects had deficit of calcium and iron in their diet. The dietary protein content was found to be slightly low as even though majority of the subjects were non vegetarian's frequency of consumption was about once a week.

**CONCLUSION:**The study revealed that abdominal obesity was prevalent among diabetic subjects as indicated by increased WC and WHR. Chronic exposure to environmental stress may play a role in the development of obesity; a hypothetical factor for chronic hyper activation of the HPA axis, particularly in abdominal phenotype has been related to the individual inability to cope up with long term environmental adverse stress full events throughout the life span. Setting a realistic goal and maintain a wellness lifestyle to develop a healthy body composition shall be suggested to the patients.

**KEYWORDS:** 1.NUTRITION 2.WOMEN NUTRITION 3.BODY MASS INDEX 4.BMI 5.WHR 6.FOOD CONSUMPTION 7.IRON INTAKE 8.CALCIUM 9.PROTEIN 10.STRESS LEVELS 11.ABDOMINAL OBESITY 12.QUETELET INDEX 13.WHO CLASSIFICATION.

## SOCIAL WELFARE

18. TISS and NCW. (2017).  
Gender Equity Mapping: A Study of Few Departments of Government of India. 101p.  
G21046

**INTRODUCTION:** Gender inequality in the societal context affects work place relationships and shape organizational culture. Organisations can also be viewed as small societies with its structures, norms and processes. Often these produce unequal gender outcomes for employees. Explicit policies that recognise and address these invisible forms of inequalities tend to be scarce. Some gender unequal practices are shaped by cultural traits unique to the organizational structure.

**OBJECTIVES:**1 To ascertain the efficacy of existing systems towards promoting gender equality at work place Identify the factors that impede gender equity at work place. 2 To identify areas that require strengthening in order to create appropriate systems for a gender friendly working environment for women. 3 Identify good practices and innovations in the department's functioning promoting a gender-sensitive working environment for both men and women.

**METHODOLOGY:** Three Central Ministries: Labour and Employment, Human Resources Development and Finance and four autonomous bodies affiliated to the three ministries: V.V Giri Institute (Labour), NCERT (Human Resources), IGIDR (Finance) and IIT-B (Human Resources) were involved in the study. Quota sampling was applied to draw 50 respondents (25 women and 25 men) randomly selected from a list of employees (5487) provided by each institution.

**RESULTS:** The findings revealed that women were significantly under-represented in the central ministries and public bodies. Less than 20 percent of all employees were women in the central ministry departments selected for this study. Highest representation was in HRD (28%), lowest in Labour (15%). The autonomous bodies also reported a low proportion (25%). About a fifth of the Group A positions (20-21%) were occupied by women in the ministries and autonomous bodies. In the Ministries, women occupied more than a quarter of the Group B positions (27%). Comparatively this proportion had increased within the autonomous bodies (37%). Only a few (10%) of Group C positions were filled by women as Group C. Notwithstanding, the senior most positions, in Group A were not occupied by women in any of the three ministries. Just a quarter of all senior positions were women employed in all three ministries. However, nearly 80 percent of such positions were occupied by male personnel. While women were better represented in Group B cadre of all ministries. In case of autonomous bodies, women did not occupy the top 4 positions (Director/Director General, Joint Director, Deputy Secretary, Registrar and Chief Accounts Officer)

anywhere. Close to 80 percent of all the respondents knew about the Prevention of Sexual Harassment Act 2013. About 16 percent of women employees and 20 percent of male employees were not aware of the act. Group wise data percentage revealed that women and men employees who were not aware of the act was quite high in the group C (31% and 33% respectively). More than 70 percent of the employees were aware about the presence of grievance redressal committees at the ministries. However, in the autonomous bodies, this proportion was less than 60 percent. However less than a quarter of the employees in Ministries, both men and women, reported to have witnessed any form of sexual harassment. The proportion was even lower in autonomous bodies. In the central ministries, majority (95%) of the group A women employees reported staying back after office hours as against all the (100%) by Group A men. While, in autonomous bodies there was greater parity in (84%) Group A women as against (83%) men doing long hours. Women employees found CCL (Child Care Leaves) to be a great entitlement. More than three-fourth of male employees (78%) and female employees (75%) opined that CCL should be extended to men. Across the groups, the highest percentage of employees who agree to this opinion belong to Group A amongst both men (83%) and women employees (94%). Across the groups, the highest percentage of employees who agree to this opinion belong to Group A amongst women employees (89%) and Group B amongst male employees (88%). Among female personnel of Group A (64%) and of Group C women (62%) expressed satisfaction, while less than half (47%) Group B women expressed dissatisfaction. In comparison with the ministries, higher proportion of women personnel expressed dissatisfaction with their position at work. Comparatively higher levels of dissatisfaction were found at the autonomous institutions with (40%) of all women and (23%) men expressing dissatisfaction with their position.

**CONCLUSION:** The present study did not find any gender equity specific best practice in any of the selected departments and autonomous bodies in the three Gol Ministries. Increasing women's representation in public employment through quota is an immediate necessity. Discouraging the feminization/masculinization of specific work and cadres should be taken into consideration. Creation of more gender specific policies which make it easier for men and women to rise up to the challenges of working at senior / decision making levels. Also, Gender-Neutral policies must be replaced by Gender Sensitive recruitment, appraisal etc. All departments should have a written gender policy that affirms a commitment to gender equality.

**KEYWORDS:** 1.SOCIAL WELFARE 2.GENDER SPECIFIC POLICIES 3.GENDER EQUITY 4.GENDER EQUALITY 5.SEXUAL HARASSMENT 6.GRIEVANCE REDRESSAL COMMITTEES 7.CHILD CARE LEAVES 8.CCL.

## WOMEN WELFARE

19. Economic Development Trust (EDT) and National Commission for Women (NCW). (2016).  
Effect of Female Literacy in Villages of Supaul District in Bihar. 138p.  
G21047

**INTRODUCTION:** Female participation in the main stream of life needs to be ensured, failing which dangers are imminent leading to social and economic unrest. Efforts to empower females are expected to enlarge women's equal opportunities to access and control economic and social resources. Literacy is a device to empower socially and economically. Need is to promote women's sustainable entrepreneurship in accordance with national laws and international commitments. Education is prime to come –up in life as it gives knowledge and information that empower, the power to face challenges and develop reasoning for every act of human beings. Education also helps in developing wisdom; and practise of wisdom gives power to practise.

**OBJECTIVES:** To gauge improvement in monetary income among females in villages and their sources; to gauge skill development and results thereof; to gauge change how resources are allocated within the family; to gauge the extend of shift in decision-making process in utility function within the family; to gauge the extend of change among daughter(s) and impact on child health due to literacy; to gauge infant and child mortality rate; to gauge the family size; to gauge the effects of literacy in totality in villages on issues related to health, fertility, infant mortality, marital status among adolescent daughters and adult female literacy in villages.

**METHODOLOGY:** The selection of individual respondents at household level is done randomly on probability basis in Saupaul district.

**RESULTS:** The findings reveals that majority of the respondents fell in the age-group 0-15 years were 33.5 percent, followed by 16-30years (29.6%) and 31-40 years (14.8%), further in 41-50 years (10.4%), again 51-60 years(8%) and 60 plus years (3.8%).Less than a fourth (22.5%) placed emphasis over making availability finance, followed by 15.5 percent for opening training centre for small scale industrial units, 8 percent opined to open an educational centre, 6.6 percent weighed on good skills to do better work in their day to day life. Just a few (2%) female respondents migrated from the village. Less than a tenth (7.5%) respondents availed skill development scheme of the government. Some (1.3%) suggested for opening of training for stitching cloths and others (2.8%) for improved animal husbandry activities. Moreover, 21 percent did not responded. Respondents (24.1%) indicated that electricity is available in their area for only 0-5 hours while some (12.3%) expressed supply of electricity is available only for 6 to 10 hours. Further 35.4 percent expressed that electricity is available only for 16 to 20 hours; and just a few (2.4%) informed that it was

available for 20 hours and above. Out of the total, only 78 individual respondents were females, out of which the majority females were illiterates (55.2%), followed by literate/ primary (12.8%), some (5.1%) were middle pass, again secondary/higher secondary (20.5%) and rest were graduate/post-graduate (6.4%). Income –wise classification, less than a third (29.2%) earned upto Rs.5000 while some (16.7%) female members earned Rs.5001 to 10,000pa; and a fifth (20.8%) earned in between Rs. 10001-30000 further a fourth (25%) females earned Rs.30001-40000 and only some (8.3%) earned above Rs. 40000. In turn, about 348 respondents indicated that they incurred the expenses over marrying their sons & daughter, meeting the expenses over their education, agricultural activities and over purchase of consumer durable items etc. Among the females, majority (92.3%) indicated that they do not earn while only 7.7 indicated that they do earn for their livelihood. The findings further revealed that out of total only a third (34.6%) expressed that they earned only upto Rs.5000/- per annum while a lesser (30.8%) responded that they earned between Rs.5001 to 30,000/- and 17.9 percent declared that they earned in between Rs. 30,000/- to 40,000/- and the least (16.7%) indicated earnings above Rs. 40,000/- per annum. About 59 percent of total respondents (41 girl students) girls admit that they never talk to parents about their future plan to study. Three-fifth (59%) felt to be self-dependent by acquiring education, about 57 percent opined education is good in achieving skills, less than a fourth (23%) respondents felt an inspiration to other children to go to school, while some (11%) opined that education helped in getting job and finally a few (5%) expressed that education helps to get information helps to prosper. More than half (52%) female students could opine in their houses and influence the family decisions. Further, family interactions are mostly confined to matters relates to personal-cum-domestic decision (44%), education (30%), family expenses matters (24%) and job settlement (26%) and only some related to shopping and purchases activities (16%). Only some (8%) gave additional weightage on education to girl child while the rest (92%) considered educating both the children was equally important.

**CONCLUSION:** The study concludes on emphasizing the need to popularise education in the region. NSDC (National Skill Development Corporation) and 'Pradhan Mantri Kaushal Vikas Yojna (PMKVY)' may promote augment skill based economic activities and further may be augmented by loan finance activities. Few more schools like Kasturba Gandhi Balika Vidyalaya under the Sarva Shiksha Abhiyan shall be opened in the area.

**KEYWORDS:** 1.WOMEN WELFARE 2.KASTURBA GANDHI BALIKA VIDYALAYA 3.NATIONAL SKILL DEVELOPMENT CORPORATION 4.SARVA SHIKSHA ABHIYAN 5.SKILL DEVELOPMENT.



### Acknowledgement

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