# DCWC Research Bulletin

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A. Research Abstracts on Child Development

CHILD WELFARE


Background: India is home to the largest number of children in the world, significantly larger than the number in China (UNICEF, 2011). State ensures that all children are provided with services and opportunities to grow and develop in a safe and secure environment. However, inadequate impact of programming investment and achievement in overall development of the child, and the adverse influence of negative social attitudes towards women and girls have left girl children in India disadvantaged. Girl child life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years.

Objectives: To analyze discrimination against girl child in Tirupati Rural Mandal in Chittoor district and analyze better interventions to holistic development of girl children.

Methods: The study was conducted in 10 villages of Tirupati Rural Mandal in Chittoor district. The total sample size is 100 women selected from 10 different villages. Using simple random sampling technique at first stage and at the second stage stratified random sampling technique was adopted in selecting women from each village with proportional allocation.

Results: Respondent’s reaction on birth of the girl child more than one third (40%) of the respondents were unhappy on the birth of the girl child. Respondent’s opinion on education level to be achieved by the girl child more than half 55 per cent of the respondents felt that girl child should study up to graduation, where as very few (3%) of the respondents felt that the girl child does not require any education. Opinion on profession of the girl, the study revealed that more than two thirds (67%) of the respondents felt that girl child should become a house wife, where as only 2 per cent of the respondents felt that girl child should become a doctor. When opined about ideal age of marriage of the girl, more than half (58%) of the respondents felt that marriage age of the girl child is in between 18 yrs – 20 yrs, while 8 per cent of the respondents felt that marriage age of the girl child is above 25 yrs. On activities of girl child one third of the respondents (32%) disagreed with the opinion that “Girls should be sent out of station for further studies”, less than one third of the respondents (28%) disagreed with the opinion that “In case of any economic crisis or emergency girl should be withdrawn first from studies?” Less than half of the respondents
(48%) disagreed with the opinion that “Should a girl be allowed equal right to her parent’s property?” Less than half of the respondents (45%) agreed with the opinion that “If Government Provides facilities like money and basic education, they will prefer to have only one girl child”.

Conclusion: The present study enlightened the life chart of a girl child and the abnormal form of discrimination on Girl child. The following measures should be undertaken to abolish discrimination against girl child and create holistic development for girl children. Girl children are pushed into home based duties especially sibling care, the number of ICDS and AWCs in remote areas should be increased to relieve young girl children of their sibling care duties. Gender Sensitization and gender awareness programmes should be organized and conducted to Community Vigilance Groups along with Self-Help Groups and Youth Groups should ensure that girl children in their community especially in rural areas on the rights of the girl child, social problems faced by them and to provide counseling or help if required.

Keywords: 1. CHILD WELFARE 2. GIRL CHILD 3. DISCRIMINATION ON GIRL 4. MARRIAGE AGE
Education


G18933

**Background:** Education is the fundamental right of every child and Alternative Schools are an alternative approach for the education of out-of-school children under the Education Guarantee Scheme (EGS). In this direction Delhi Government is also determined to provide free and compulsory education to all children in the age-group 6-14 years. National Capital Territory of Delhi has shown good progress in the field of education and has obtained higher literacy rate than the national average in 2011 census, even so hundreds of children remain out-of-school. Hence, the prospect of achieving Universalization of Elementary Education (UEE) remains a distant dream.

**Objectives:** To study the role of the Alternative Schools in achieving the goal of SSA; to study the infrastructure and basic facilities available at the ASs; to find out the extent of activities undertaken by Alternative Schools (ASs) under the prescribed duties of SSA; to study the perception of children, parents, instructors on the effective implementation of ASs.

**Methods:** Forty-five ASs were selected through systematic sampling. The data was collected through questionnaires, interview schedule, observation schedule and checklist.

**Results:** The study highlights the role and functions of Alternative Schools (ASs) under EGS for UEE for children in the age-group of 6-14 years in Delhi. ASs played a major role in the enrolment, retention, mainstreaming, mobilization, curriculum development and quality improvement in education of the children. Only 9 per cent of ASs were providing education to children of sex workers or children living in the red light areas. In terms of infrastructure, 96 per cent ASs did not have separate classrooms for different classes and 62 per cent of ASs had less space for group activities of children. 76 per cent of ASs had no separate toilet for girls and 91 per cent ASs had no play ground and play materials. Only 4 per cent ASs had chairs and 96 per cent students had to sit on the floor. 58 per cent had no adequate medical facilities while 85 per cent ASs had not provided Mid-day Meal and uniforms to the students. Only 35 per cent ASs were providing vocational training to the students of ASs. Textbooks, stationery were provided to the students in 71 per cent ASs. The library forms an essential component of SSA. The study revealed that 62 per cent of ASs did not have a library which is the most important objective of the SSA. 77 per cent instructors used formal school books and only 22 per cent instructors had developed their own teaching plans before teaching in the classroom to make teaching-learning effective. 20 per cent instructors were using effective teaching
methodology and audio-video aids and other teaching aids (such as models, charts, maps, specimens etc.) at the primary stage. It was seen that most of the ASs did not use the child centered approach. In 71 per cent classes of ASs, the concepts were being taught by the instructors using traditional method of teaching (by books) while only 24 per cent instructors used child centered approach by involving the students in class activities. Only 15 per cent instructors used Continuous and Comprehensive Evaluation for the evaluation of the students of ASs. All the ASs had a provision for the education of children with special needs and abridged the gender and social gap. There were only 4 per cent physically challenged children in these centers. Around 60 per cent of the ASs do not have support services for children with special needs.

Conclusions: The ultimate purpose of the study was to bring out the reality of the implementation of SSA with regard to Alternative Schools. These EGS Centres work as preparatory mechanisms to groom a child to enter the formal school easily. The SSA framework states “children should be encouraged to think and observe independently and the classroom should be the forum for interaction”. The ground reality, however, seen in most of the Learning Centres (LCs) is different than that advocated in SSA. Teachers generally use the traditional ‘chalk, talk, and text’ method. Teacher should be made competent in undertaking various activities. Educational plan should be prepared for child with special needs in consultation with parents and experts. Thus, it concludes that SSA encourages participation of NGOs by way of participatory need assessment, implementation and monitoring. In addition, these agencies are expected to play a proactive role in advocacy for children’s rights with emphasis on the Right to Education.

Keywords: 1. EDUCATION 2. SSA 3. EDUCATION GUARANTEE SCHEME (EGS) 4. UNIVERSALIZATION OF ELEMENTARY EDUCATION (UEE) 5. LEARNING CENTRES 6. RIGHT TO EDUCATION
Health

3. Pradeepa, Rajendra et al. (2013)
Prevalence of Generalized and Abdominal Obesity in Urban and Rural India-The ICMR-INDIAB Study (Phase I) [IVMR-INDIAB-3]. Indian Journal of Medical Research; Vol. 142 (2):139-150
G19026

Background: Overweight and obesity are rapidly increasing in countries like India. Studies from various parts of India have shown rising prevalence of obesity. However, most studies have been region specific (mostly from urban areas). Further, different studies have used different methodologies, definitions and cut-off points for defining obesity thus making comparisons difficult. In India, there is no nationally representative study on the prevalence of obesity till date.

Objectives: To determine the prevalence of generalized abdominal and combined obesity in urban and rural India.

Methods: Phase I of the ICMR-INDIAB study was conducted in a representative population of three states (Tamil Nadu (TN), Maharashtra (MH) and Jharkhand (JH) and one Union Territory Chandigarh (CH) of India. A stratified multi-stage sampling design was adopted and individuals ≥20 year of age were included. WHO Asia Pacific guidelines were used to define overweight (BMI ≥ 23 kg/m² but <25 kg/m²), generalized obesity (GO, BMI ≥ 25 kg/ m²), abdominal obesity (AO, waist circumference ≥ 90 cm for men and ≥ 80 cm for women) and combined obesity (CO, GO plus AO). Of the 14,277 participants, 13,800 subjects were included for the analysis (urban: n=4,063; rural: n=9,737).

Results: The prevalence of GO was 24.6, 16.6, 11.8 and 31.3 among residents of TN, MH, JH and CO were significantly higher among urban residents compared to rural residents in all four regions studied. The prevalence of overweight was 15.2, 11.3, 7.3 and 15.9 per cent among residents of TN, MH, JH and CH, respectively. The study also showed that female gender, hypertension, diabetes, higher socio economic status, physical inactivity and urban residence were significantly associated with GO, AO and CO in all the four regions studied. Age was significantly associated with AO and CO, but not with GO.

Conclusions: Prevalence of AO as well as GO was higher in India now compared to earlier studies. Extrapolated to the whole country, 135,153 and 107 million individuals will have GO, AO and CO, respectively

Keywords: 1. HEALTH 2. ABDOMINAL OBESITY (AO) 3. COMBINED OBESITY (CO) 4. GENERALIZED OBESITY (GO)
ICDS


G18935

**Background:** Anthropometric measurements are integral to monitor the growth of the under five children of the Anganwadi. Under-nutrition, being one of the most common morbidities in the under-five, therefore it was decided to assess the growth pattern of children attending 7 anganwadis in 6 villages situated in their field practice area.

**Objectives:** To assess the growth pattern of under-five children attending the Anganwadis in 6 villages in the field practice area.

**Method:** In the study 7 Anganwadis in 6 villages, under Sarjapura PHC area in Anekal taluk of Karnataka were selected. The total sample size was 403 children. Quarterly anthropometric measurement of all children was considered for analysis. Children between 2 to 5 years of age, who had at least 2 readings in the quarterly measurements in 1 year, were included in the study.

**Results:** Out of the 403 children examined, 203 children (98 males and 105 females) fulfilled the inclusion criteria. The quarterly mean weights (in kgs) were calculated and 76.9 per cent of these mean recordings were within normal limits. The quarterly mean heights (in cms) were calculated and it was found that all the mean heights were lower than 95 per cent of the expected. Similarly, quarterly weights and heights for caste and gender were obtained and analyzed. However, no significant difference was seen for these two categories.

**Conclusions** The mean heights of the children in this study were lower than the expected under the IAP classification; while that for weight, was within normal limits for most of the children.

**Keywords:** 1. ICDS 2. LONGITUDINAL STUDY 3. UNDER-NUTRITION 4. ANTHROPOMETRY 5. WEIGHT 6. HEIGHT
Nutrition


G18912

Background: The legacy of malnutrition, especially among pre-school children, is a huge obstacle to overall national development. India is home to more than one-third of the world’s under-nourished children. The use of BMI to assess malnutrition in children is a more recent development. While there is global acceptance that Body Mass Index (BMI) should be used for assessment of obesity / adiposity in children, there has not been a similar consensus regarding use of BMI for assessment of under-nutrition in children.

Objective: To assess the prevalence of under-nutrition using the recently recommended WHO age and sex specific cut-off values of BMI.

Methods: The present study was a community based cross-sectional study carried out in a Primary Health Center (PHC) between January 2011 to December 2011. Study population comprised of all children between 2-5 years giving a total sample of 697. Weight (kg) and height (cm) measurements were taken on each subject and body mass index was computed. Nutritional status was evaluated using the WHO cut-off points of BMI. One-way ANOVA (F-test) was performed to test for age differences in means of weight, height, and BMI using SPSS Statistical Package.

Results: A total of 339 boys and 358 females were studied. Result showed that age combined prevalence of under-nutrition among boys and girls was (19.17%) and (18.71%) respectively with an overall prevalence of (18.93%). There were significant mean differences between ages among boys in weight (F = 4.160; P < .001) and height (F = 6.502; P < .001) and height (F = 6.895; P < .001), but not with BMI (F = 1.091; P =0.311).

Conclusion: In conclusion, this study provided evidence that these children were under acute and chronic nutritional stress in the form of thinness indicating the requirement for immediate appropriate public health nutritional intervention programmes. The results of the present study shall be useful for national and international comparisons of rates of thinness among pre-school children.

Keywords: 1. NUTRITION 2. MALNUTRITION 3. BODY MASS INDEX 4. PRESCHOOL CHILDREN.
Background: Malnutrition has rightly been called ‘The Silent Emergency’. The proportion of malnutrition among children in India is one of the highest in the world. Feeding recommendations are even less likely to be followed for the non-breast-fed infants/children aged 6-23 months. Promotion of appropriate complementary feeding practices is important in reducing malnutrition in infants and young children. Yet, India has dismal rates of optimal complementary feeding practices which are not rising.

Objectives: To find the impact of the educational intervention directed through peer counselors to promote optimal complementary feeding practices.

Methods: An Interventional study, conducted in an urban slum of Delhi using multi-stage random sampling. Data was collected from 426 participants (213 pair of mother and infant in each household). Of the 213 pregnant mothers enrolled in the study, data from 6-12 months pp were available for 198 mother-infant dyads. From the study area two sectors were randomly selected. From one sector, 54 pregnant women were selected who were not given any counselling forming the non-intervention group. The other sector, 159 pregnant women were selected to form the intervention group (Igr) which were further divided into 3 sub-groups; one sub-group was imparted counselling by a nutrition professional (Igr A; n=53) and the other two (Igr B1; n=53 and Igr B2; n=53) by the peer counselors who where the local health workers trained for promoting optimal infant feeding practices. The infants were followed up till their first birthday and in order to study the impact of counseling, the complementary feeding practices of the intervention and the non-intervention groups have been compared.

Results: In the intervention groups, the prevalence of exclusive breastfeeding at 6 months was significantly higher as compared to the non-intervention group (67.5 % vs. 4.2 %). In the intervention groups, 2.6 per cent infants received semi-solid/solid foods before the age of 6 months, 75.1 percent between 6 - 7 months and the rest by the age of 9 months. However, in the Non-Igr, the respective figures were 48.9, 19.4 and 25.4 per cent; and at the age of one year, 6.4 per cent infants were still being given predominantly mother’s milk. 99.3 per cent infants in the Igrs as compared to 82.3 per cent in the Non-Igr (P<0.05) continued to receive breast milk till the age of 12 months.
**Conclusion:** The study indicates that it is possible to promote optimal complementary feeding practices through adequately trained and motivated peer counselors along with back-up mechanisms rendering the necessary support. Follow-up supervision of the peer-counselors is also essential to monitoring their progress as well as addressing the challenges these peer-counselors are not able to handle. Improving optimal infant feeding practices among mothers requires behavioral change which is a continuum and changes at different stages in the infant’s/young child’s life, hence the timing of interventions is also critical. It is thus important that the interventions are inducted at a time, which is as close as possible to the time of desired responses.

**Keywords:** 1. NUTRITION 2. COMPLEMENTARY FEEDING 3. EXCLUSIVE BREASTFEEDING 4. INFANT AND YOUNG CHILD FEEDING 5. PEER COUNSELING

G18940

Background: In the last few decades, childhood obesity has tripled and it has reached epidemic levels in developed countries. Obesity has significant impact on both physical and psychological health of the child, increasing proneness of the overweight children to suffer from hyperlipidemia, abnormal glucose tolerance, hypertension, coronary artery disease, obstructive sleep apnea, infertility, orthopedic problems etc. Identification of obese status early during childhood has substantial health benefits to the children and to the country.

Objective: To assess the prevalence of obesity amongst the children of different Socio-economic classes.

Methods: A survey was conducted in randomly school children from government and private schools. Anthropometric measurements were taken using standard protocol. Obesity was assessed using Body Mass Index (BMI) criteria, those having their BMI (> 95th percentile) for age and sex were considered obese. Modified Kuppuswami Scale was used to study the effect of social class subjects.

Findings: The study reported that a total of 2158 (1038 boys & 1120 girls) school children were included in the study and total of 325 (148 boys & 177 girls) were found to be obese. The overall prevalence of obesity was found to be 14.97 per cent. Prevalence of obesity in girls was higher (8.16%) as compared to boys (6.81%). Highest prevalence rates of obesity were seen in the age groups 9 to 11 years in both sexes. Obese boys and girls had higher and statistically significant anthropometric measurements as compared to non-obese. A significantly large proportion of children (35%) belonging to higher class were obese in comparison to lower (13.9%) and middle class (15.7%) respectively.

Conclusion: From the study it was concluded that the prevalence of obesity is on rise in Indian children, highlighting the possible role of change in the dietary pattern and physical activities with increase in income levels. Collective effort of parents and schools are required to institute early preventive measures to reduce march towards obesity and its future complications.

Keywords: 1. NUTRITION 2. OBESITY 3. BMI 4. MODIFIED KUPPUSWAMI SCALE 5. SOCIO-ECONOMIC STATUS 6. DIETARY PATTERN.
Background: Early initiation and exclusive breastfeeding for the first six months of life—lay down the best possible foundation for start of life. Breastfeeding not only nourishes the child but also help in development of a strong bond between mother and child. Special fatty acids in the breast milk help in increasing Intelligence Quotients (IQs) and better visual acuity. In India, according to NFHS-3 exclusive breastfeeding rate is 46 per cent.

Objectives: To estimate prevalent practices regarding breastfeeding & the current status of knowledge amongst mothers of children aging between 0-9 months, regarding breastfeeding and to identify factors influencing breastfeeding.

Method: A house to house survey was done from 9th to 21st April 2007, amongst 82 mothers of children aged up to 9 months from three randomly selected wards of Alwar city. In addition to these 30 new-borns up to the age of 48 hrs, born in district Hospital Alwar, were also studied for a period of one week to know initiation of breastfeeding within 24 hours.

Results: Amongst all, 40.24 per cent mothers were found illiterate. Only 9.75 per cent mothers were educated. Only 16.6 per cent new-borns were breastfed within 1 hr of birth. 77 per cent of new-borns were put on breast milk in later hours of the same day. Amongst all children observed, 68.29 per cent were given pre-lacteal feed. Acceptance of colostrum was found 100 per cent. Total 48.6 per cent mothers exclusively breastfed their child up to 4 month and 38.8 per cent mothers exclusively breastfed their child up to six months. Out of total studied mothers 34.1 per cent said that correct age up to which they should breast feed their child is 2 year which is correct age and 32.91 per cent mothers said up to age of 1 year. All mothers said that breast milk is better than commercially available infant formula milk because it is cheap and covered. Only 50 per cent mothers said that it protects against common respiratory diseases and diarrheas. Majority of women (79.68%) breast fed their child on demand and 15.62 per cent approximately 7-8 times in a day. Episodes during night on an average were two to three times. Out of 82 mothers 16 (19.51%) were found non-breastfeeding. Majority of mothers (31.25%) felt that milk is not sufficient enough to satisfy their child.

Conclusion: Exclusive Breastfeeding has to be promoted by educating mothers during pregnancy and lactation.

Keywords: 1. NUTRITION 2. BREAST FEEDING 3. EXCLUSIVE BREASTFEEDING 4. BREAST MILK 5. COLOSTRUM

**Background:** Despite rapid economic development along with increase in food production in recent decades and several nutritional intervention programmes in operation since the last three decades, childhood under nutrition remains an important public health problem in India. The burden of under nutrition appears particularly high among rural and Indigenous tribal populations. “Birhor” tribal community of Dharamjaigarh block, Raigarh district has long remained a separate entity in terms of the demographic, health and socioeconomic characteristics. By any standard measurement of social improvement the “Birhor” tribal communities can be registered as one of the most vulnerable section of society. The social and economic backwardness has always been responsible for poor health status, high incidence of low birth weight, infant and child mortality among these groups.

**Aims:** To assess the nutritional status in tribal children’s in the study area.

**Methods:** The present cross sectional study was carried out in Dharamjaigarh block of Raigarh district. The study was conducted from January 2013 to June 2014. 63 children of 0-3.5 year’s age group from 148 families of 15 villages of Primitive Birhor Tribe were randomly selected where the population of Birhor tribe is more as shown in map. Pretested structured questionnaire was used to gather data from parent / head of family by door to door visit of every household.

**Results:** Out of 63 children studied over all 16 (51.6%) of girls were malnourished when compare to 10 (31.3%) of boys. Out of total malnourished children 19 (30.2%) found moderately malnourished and 7 (11.1%) severely malnourished. Most of the cases of stunting were >1 year of age (76.3%). Most of the cases of stunting were girls (60.5%). Most of the wasting cases were above 12 months of age 9(90%), p<0.0001, statistically significant. Most of the wasting cases were girls (60%) than boys (40%).

**Conclusions:** Present study demonstrates that children in this tribe are at very high risk. Steps are needed to improve the same.

**Keywords:** 1. NUTRITION 2. MALNUTRITION 3. TRIBAL CHILDREN 4. WASTING
Background: The burden of sub-clinical Vitamin A Deficiency (VAD), as evident by serum retinol levels, is huge (62%) among preschool children in India. Sub-clinical VAD increases children’s’ susceptibility to infections, reduces physical growth and decreases the ability to survive from serious illnesses. Even though overt VAD is not a major public health problem in India at present, sub-clinical VAD is still believed to be of significant public health relevance. Reports suggest reduced growth potential and to lower chances of survival from illnesses such as ARI, measles and diarrhea (3-7).

Objective: To assess the burden of subclinical VAD and study the various risk factors associated with it among children 1-5 years of age.

Methods: A cross sectional community based study was conducted among 750 children selected from 15 villages adopting multistage random sampling from January to December 2011. Heller Keller International Food Frequency Questionnaire (HKI- FFQ) was used to assess intakes of 28 food-items including vitamin A rich foods for the past 7 days.

Results: Twelve of the fifteen cluster villages studied were found to be at risk of subclinical VAD. (30.6 %) of study subjects had not received even a single dose of Vitamin A. Almost one-third of the subjects had not been exclusive breast-fed for the recommended 6 months. Age and socio-economic status were significantly associated with the risk of sub-clinical VAD. Among the dietary factors, consumption of purely vegetarian foods and intake of green leafy vegetables less than thrice a week were significantly associated with enhanced risk of sub-clinical VAD.

Conclusion: The present study reiterates the fact that sub-clinical VAD exists as a public health problem in the study area. Young children, low SES, poor dietary intake of Vitamin A rich foods, low coverage of Vitamin A supplementation, poor breast feeding patterns have been observed to be important determinants of subclinical VAD.

Keywords: 1. NUTRITION 2. VITAMIN A DEFICIENCY (VAD) 3. FOOD FREQUENCY QUESTIONNAIRE 4. UNDER-FIVE CHILDREN 5. VITAMIN A RICH FOODS 6. WEEKLY CONSUMPTION.
Background: Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life it is also important for sensory and cognitive development and also protects the infant against infectious and chronic diseases. The United Nations Children’s Fund (UNICEF) has estimated that exclusive breastfeeding in the first six months of life can reduce under-five mortality rates in developing countries by 13 per cent. Breast-feeding has declined worldwide in recent years, as a result of urbanization, marketing of infant milk formulae and maternal employment outside the home.

Objective: To study infant feeding practices in Vidarbha region of Maharashtra.

Methods: A cross sectional study was conducted in Department of Community Medicine, Government Medical College Akola district of Maharashtra. A total of 246 respondents were included in this study. All mothers coming to immunization clinics for their children’s immunization on Monday and Thursday were interviewed.

Findings: More than half of the subjects (51.21%) were in the age group of 24-29 years. Majority of (80.48%) lactating mothers initiate breast feeding practices within ½ hour after the delivery. Most common cause of delay in initiation in breast was caesarian section and delivery complication (53.12% and 21.88% respectively) Only 39(15.85%) baby were given pre-lactal feed. Out of total respondent only 6 (3.03%) illiterate mother had started initiation of breast feeding within 1 hour. Major (97.5%) hospital delivered women had started initiation of breast feeding within 1 hour.

Conclusion: The study shows 84 per cent infant did not received pre-lactal feeding, only 15.84 per cent received pre-lactal feeds. 80.48 per cent infants received breastfeeding within ½ hour this shows right practice of breast feeding in Akola district of Maharashtra.

Keywords: 1. NUTRITION 2. EXCLUSIVE BREST FEEDING 3. INFANT 4. UNICEF 5. CAESARIAN SECTION 6. PRE-LACTAL FEEDING
G18921

**Background:** Adolescent obesity is one of the most serious public health challenges of the 21st century. The problem is global and is steadily affecting many low and middle-income countries, particularly in urban settings. Globally, in 2010 the number of overweight children was estimated to be over 42 million. Close to 35 million of these are living in overweight is on the rise with prevalence ranging from (0.9%) to (9.3%) and from (2.5%) to (15.5%) respectively in school children.

**Objectives:** To determine risk factors for overweight and obesity among school going children of age-group 12-15 years in Kanpur.

**Methods:** A cross-sectional study was conducted from September 2013 to August 2014 among students of age group 12-15 years in four schools of Kanpur that were selected by using multistage random sampling. Sample size was 806. The information about dietary habits and physical activity pattern was obtained by direct interview method.

**Results:** The prevalence of obesity and overweight was (3.97%) and (9.80%) respectively and consuming fast foods and carbonated drinks regularly, low levels of physical activity, watching television for more than 2 hours per day or playing computer games for more than 2 hours per day were significantly associated with overweight and obesity.

**Conclusion:** The important conclusion of this study was that irregular breakfast intake, occasional vegetable/ fruit consumption, restaurant visits more than once per week, regular consumption of fast food, carbonated drinks, chocolate eating habit, irregular outdoor games, occasional physical exercise, television watching and computer/mobile use for more than 2 hours per day, using motorized transportation and sleeping habit in the afternoon were associated with higher magnitude of overweight and obesity in school going children.

**Keywords:** 1. NUTRITION 2. ADOLESCENT 3. OVERWEIGHT 4. OBESITY 5. RISK FACTORS 6. SCHOOL GOING CHILDREN
Vitamin B-12 Deficiency in Infants. *Indian Journal of Pediatrics; Vol 82(7): 619-624*  
G19027

**Background:** Vitamin B-12 is essential for the development of fetus and child. The most common cause of B-12 deficiency in infants is maternal dietary deficiency. It is generally observed in infants breastfed by mothers who are strict vegetarians or who come from a low socio-economic status. The two active forms of vitamin B-12 (adenosylcobalamin and methylcobalamin) plays a key role in two important metabolic pathways in humans and their deficiency is responsible for hematological, mucocutaneous, gastrointestinal or neurological clinical problems.

**Objectives:** To determine different clinical presentations of vitamin B 12 deficiency in infants.

**Methods:** Infants at the age of 1–20 months admitted to infancy clinic of authors' hospital between January 2011–2013 with various clinical presentations due to vitamin B-12 deficiency were included in the study. Hospital records of all the patients were evaluated by means of history, physical, laboratory, imaging examinations and treatment. History included prenatal, natal, and postnatal history along with maternal and infant nutrition pattern. Detailed physical examination findings, including growth and development parameters as well as neurological evaluation were recorded. The amount of animal products consumed was noted after interviewing the mothers. The diagnosis was based on a nutritional history of mothers and infants, clinical findings, hematological evaluation, and low level of serum vitamin B-12.

**Results:** A total of 20 patients with a mean age of 6.65 ± 4.5 months were included in the study. The weight and height were below the third percentile in 4 patients. The most common symptoms of the patients were; infections in (30%), pallor in (25%), hypotonia and neuro-developmental delay in (25%), refusal to solid food or to suck in (20%), failure to thrive in (15%), fatigue in (10%). 25 percent of patients had neurologic signs and symptoms. Anemia was found in 16/20 (80%) patients. 3(15%) patients had leukopenia, 7 (35%) had neutropenia, 2 (10%) patients had thrombocytopenia. All of the mothers had vitamin B-12 deficiency. All of the patients were fed with breast milk. Cyanocobalamin was administered to all the patients and mothers. After the treatment, clinical and laboratory findings of all the patients improved.
Conclusions: Vitamin B-12 deficiency should be considered in the differential diagnosis of some hematological, neurological, and gastrointestinal disturbances of infants.

Keywords: 1. NUTRITION 2. CHILDREN 3. VITAMIN B-12 DEFICIENCY 4. INFANTS 5. MATERNAL
Background: Early successful breastfeeding is known to be important in securing effective, long term lactation. Globally over one million new born infants could be saved each year by initiating breastfeeding within the first hour of life. Several studies have shown the benefit of lactational counselling to secure effective long term lactation. However, there is paucity of literature documenting the postnatal maternal lactational counselling on the weight gain and reduction in mixed feeding rates among infants.

Objectives: To compare the impact of postnatal lactational counseling on the weight gain and frequency of mixed feeding in full term neonates.

Methods: 260 mothers who delivered a full term, healthy, appropriate for gestational age neonate with birth weight 2.2 kg participated in the study. During the period between 19th November 2007 and 4th March 2008, mothers of infants received the usual verbal encouragement to maintain breastfeeding from the maternity staff. From 1st June, 2008 to 16th December, 2008, 134 mothers were counseled about breastfeeding by the pediatric residents and nurses (trained by Infant and Young Child Feeding (IYCF) certified lactational consultants) with the help of charts, literature and verbal advice. They were supervised and helped during the first feed and subsequently until discharge.

Results: The mean (SD) weight gain was significantly higher in the counseled group in comparison to historical control group [9.2 (4.5) g/kg/d vs. 7.9 (5.1) g/kg/d; \( P=0.03 \)]. Mixed feeding occurred less frequently in [RR 0.36, 95% CI 0.13, 0.98; \( P=0.046 \)] the counseled group (5/134) as compared to control group (13/126).

Conclusions: Postnatal lactational counseling leads to higher weight gain, and lesser chances of mixed feeding in the neonatal period.

Keywords: 1. NUTRITION 2. BREASTFEEDING 3. NEONATE 4. POSTNATAL 5. LACTATIONAL COUNSELING 6. IYCF
B. Research Abstracts on Child Protection

Health


**Background:** Adolescence is a transition phase between childhood and adulthood, which is characterized by most significant changes in context to psychological and biological changes which need the supportive environment of family, teachers, community, health personnel and peer groups. Mental health problems frequently start in this age group. Mental and behavioural disorders resulting from psychoactive substance use include disorders caused by the use of alcohol, opioids. In India childhood problems are less readily recognized and treated. Though the use of substances (along with their associated disorders) varies from region to region, tobacco and alcohol are the substances that are used most widely in the world as a whole and that have the most serious public health consequences.

**Objective:** To estimate relative frequency of different types of disorders i.e. pattern of psychiatric morbidity in adolescents with emphasis on psycho-active use disorder; to study the pattern of psycho-active use among adolescents.

**Methods:** A cross sectional descriptive epidemiological study. Under the study, the patients attending the OPD and admitted in the ward who included adolescent patients in the age group of 10-19 years were included from August 2005 to July 2006. In total 500 adolescents were interviewed. A pre structured and pre-tested proforma were used to collect the data under the study.

**Results:** Out of the total, 12.4 per cent patients were addicted, males were 11.6 per cent and females were (0.8%) addicted. Addiction was statistically more (p<.001) in males as compared to females. The most common type of addiction was intake of drugs (67.74%), with most patients (61.3%) being daily addicts. 83.87 per cent addicts shared the company of friends while taking addiction while (12.90%) preferred to be alone. The friends served as a source of addictive substance in (61.3%) addicts. Only (3.2%) of patients shared the company of father while taking addiction.

**Conclusion:** A need to develop culturally sensitive and competent treatment and services that target young substance users. The high morbidity suggests much scope in all the three levels of prevention. Adolescent counseling especially to the more vulnerable such as girls, adolescents with addicted parents needs to be provided. Parent guidance clinics, workshops for parents
and School counselling programs, etc. need to focus on the contexts in which substance use occur. Parents, teachers and also the adolescents should be educated about substance abuse, the early symptoms and signs so that deviation from normal can be corrected early.

**Keywords:** 1. HEALTH 2. ADOLESCENTS 3. PSYCHIATRIC MORBIDITY 4. PSYCHOACTIVE USE DISORDER.
Background: Routine immunization and Vitamin A supplementation are two of many services offered by Government of India to reduce child mortality and morbidity. The three groups of Community Level Workers (CLWs) i.e. Auxiliary Nurse Midwives from health department, Anganwadi Workers from women and child development department and Accredited Social Health Activists (ASHAs) are responsible for raising awareness and demand for these services.

Objectives: To assess the knowledge and participation of CLWs in generating awareness about the two services namely immunization and Vitamin A supplementation among eligible mothers; mother's knowledge on these two services.

Methods: The study was conducted in 16 villages of two administrative blocks of Udaipur district in Rajasthan. Multistage purposive sampling was used for study area selection. Data collection was done using mixed methods with observations and questionnaire based survey

Results: Limited knowledge of CLWs and their participation in awareness generation activities for the two services was noticed, which was also reflected in the poor knowledge among mothers on the two services. While the average (88%) of the ANMs correctly answered the questions asked, only (59%) of ASHAs and (36%) of AWWs could do so. All CLW groups were least (<45%) aware about "total number of Vitamin doses to be given to a five year child" whereas maximum (>75%) awareness was seen in all groups on Polio immunization. About three-fourth (75%) of the ASHAs were aware on any child immunization or vitamin A related questions except Polio immunization. Less than one third of the mothers had knowledge about the diseases prevented by immunization and Vitamin A given to their infants. The knowledge of Polio was found better (31%) than Tuberculosis (20%), Measles (18%) and others (3-10%). Only an average of 6 per cent of the mothers correctly named diseases prevented by the DPT vaccination. Similarly, only 5 per cent of the mothers correctly named the disease prevented by Vitamin A supplementation in children.

Conclusion: The study showed limited knowledge among CLWs, mainly ASHAs and AWWs on child immunization written consent forms or any written document due to various types of inherent fears.

Keywords: 1. HEALTH 2. COMMUNITY LEVEL WORKERS 3. CHILD IMMUNIZATION 4. VITAMIN A SUPPLEMENTATION 5. ASHA 6. AWARENESS GENERATION.
Background: Birth and immediate postpartum period pose many challenges for the newborn. The neonatal mortality rates are high in India, whereas the breastfeeding rates are still low. Hence, need exists for a simple and easily applicable intervention, which may counter these challenges.

Objectives: To evaluate the effects of very early skin-to-skin contact (SSC), in term babies with their mothers, on success of breastfeeding and neonatal well-being.

Methods: A total of 298 mother-baby dyads were enrolled in this randomized control trial conducted at a tertiary care multispecialty hospital situated in southern Haryana over a 2 year period from July 2009 onwards. All term babies born during the study period by singleton normal delivery who did not require resuscitation beyond the initial steps post-partum were included. Babies with major congenital malformation, babies separated from their mothers postpartum and whose mothers refused consent, were excluded from the study. By considering the baseline exclusive breastfeeding rates to be (69%) and assuming that SSC would increase it by (20%), with alpha = 0.05, power = (80%) and allowing for exclusion and loss at follow-up to be (20%), the minimum sample size required was 108 (54 in each group).

Results: The baseline parameters, i.e., maternal age and parity, baby's sex and birth weight were comparable between the study and control groups. It was observed that SSC contributed to better suckling competence since the IBFAT score in the study group were significantly better than the control group (mean 9.55 vs. 6.77; $P < 0.0001$). The first follow-up visit (on day 4 or 5 of life), nearly (86.1%) of the newborns in the study group were being exclusively breastfed whereas only (66.9%) of the newborns in the control group received exclusive breastfeed ($P = 0.002$). The corresponding exclusive breastfeeding rates at 6 weeks follow-up visit were (85.2%) and (63.6%) for the study group and control group newborns respectively ($P < 0.0001$). Maternal satisfaction scores regarding mothers' perception about how well their baby is breastfeeding, as measured on four point Likert scale, were significantly higher in the intervention group ($P < 0.0001$). The infants showed significantly less weight loss in the study group (4% ± 1.98%) than the control group infants (6.1% ± 2.6%) at the time of discharge ($P < 0.0001$).
Conclusion: Very early SSC is an effective intervention that improves baby's suckling competence, maternal satisfaction, breastfeeding rates and temperature control and weight patterns.

Keywords: 1. HEALTH 2. BREASTFEEDING 3. IBFAT 4. MATERNAL SATISFACTION 5. SKIN-TO-SKIN CONTACT 6. TEMPERATURE REGULATION.
C. Women and Gender Issues

Health


Background: HIV prevalence in India has declined from 0.41 per cent in 2000 to 0.27 per cent in 2011. Women living with HIV/ AIDS have right to determine the number and timings of their pregnancies and safely achieve their reproductive intentions. Yet, many HIV affected women, lack access to family planning (FP) services and experience disproportionately high rates of unintended pregnancy and abortion. In spite of extensive condom’s promotion, its role as a dual protection method is undermined. Neither information on reproductive health status such as obstetric events; fertility patterns; perceptions and practice of contraceptives and symptoms of RTI / STI among HIV – infected women in India could go a long way in framing strategies to address the unmet needs.

Objectives: To assess knowledge, attitude, and use regarding contraceptives; safe sex and dual protection; fertility desires and unintended pregnancies post HIV; and; symptoms of reproductive tract infection/ sexually transmitted infection (RTI/ STI) among women infected with HIV.

Methods: A cross-sectional study among 300 currently married HIV – positive women who had not undergone permanent sterilization with no immediate desire for pregnancy.

Results: In spite of good awareness about modern methods, 42.7 per cent felt that contraceptives other than condoms were harmful to use due to their HIV status. Knowledge on dual protection was limited to condom (75%). Future fertility desire was expressed by 8.7 per cent women. Induced abortions post - HIV was reported by 16.6 per cent women, as pregnancies were unintended. About 69 per cent wished to use dual contraceptive methods for effective protection if it was not harmful to be used by people living with HIV.
Conclusion: Data reveals a need to promote modern contraceptive methods along with regular condom use to prevent unintended pregnancies and improve health-seeking behaviour for contraception. Health system models that converge or link HIV services with other reproductive health services need to be tested to provide comprehensive reproductive healthcare to infected women in India.

Keywords: 1. HEALTH 2. REPRODUCTIVE HEALTH 3. CONTRACEPTION 4. DUAL PROTECTIONS 5. DUAL METHODS 6. HIV.
Background: Indian society discriminates against Female Sex Workers (FSW’s) as immoral and prostitution is not legalized in India. Sexually Transmitted Infections (STI’s) and RTI’s are important public health problems in India. Community based surveys have shown that about 6 per cent of adult Indian population suffers from STI’s and RTI’s. The prevalence of these infections is considerably higher among high risk groups ranging from 20 – 30 per cent. Evidence shows that STI’s facilitate HIV transmission by increasing both HIV infectiousness and susceptibility. As Lucknow provides a comprehensive opportunity in terms of tourism, occupation, and economy, it becomes a potential hub for sex work. Studying FSW in Lucknow can thus be considered as a yardstick for the entire FSW population of UP.

Objective: To assess the prevalence of STI’s among FSW’s and to assess predictors of STI’s among FSW’s.

Methods: A cross-sectional descriptive study was conducted. Total 288 subjects were studied. The study was conducted over a period of 1 year starting from August 2012. All the FSW’s registered with NGO CREATE were included in the study. FSW’s were approached by selecting one by one randomly from the list through random number table till the set frame was completed.

Result: The average age of FSW’s was 31 years (ranges from 15-58 years). 288 FSW’s were street-based (group-I) and 205 were home-based (group-II). The overall prevalence of STI was found to be 35.8 per cent. Among home based 68.3 per cent were married. 73.5 per cent FSW’s in Group-I and 52.2 per cent in group- II were illiterate. However the percentage of FSW’s with STI was higher in group I (50.6%) compared to group-II (29.8 %). Majority (42.7%) of sex workers with STI had non-regular partners only while majority (52.4%) of sex workers without any STI had only regular partners. Condom usage with regular partners was poor. However, with the non-regular partners the condom usage was better. 67.9 per cent of street-based and 70.3 per cent of home based FSW’s always used condom with their non-regular partner. On multivariate analysis being single, having sex work as a sole means of earning, duration of sex work > 2 years, having pallor, and giving in to client’s demand for unsafe sex were found to be significant in causing STI.

Conclusion: Prevalence of STI among the FSW’s as per syndromic diagnosis was found to be 35.8 per cent. Condom usage with regular partners was much poorer than with non-regular partners. Unemployment, anemia and having sex without condom for extra money, failure to persuade the client and not doing anything were found to be important predictors for presence of STI among FSW’s.

Keywords: 1. HEALTH 2. STI 3. FEMALE SEX WORKERS (FSW) 4. CONDOM USAGE.

G18950

**Background:** Bacterial Vaginosis (BV) with it high prevalence among vaginal infections is well known for its adverse effects in pregnancy and the reproductive period and is found to be associated with vitamin D deficiency. The most important and undesirable consequence of BV is the increased risk of preterm labour in pregnant women, even in asymptomatic infections. Although the aetiology of BV is not well known, yet risk factors such as vaginal douching, race, smoking, chronic stress and local immune deficiency have been considered. Besides, the impact of vitamin D consumption and compensating for its deficiency on eliminating BV has also not been studied.

**Objective:** To investigate the effectiveness of the administration of 2000 IU/day edible vitamin D for 15 week to eliminate asymptomatic BV among reproductive age women with vitamin D deficiency.

**Methods:** A total of 208 women with asymptomatic BV, who were found to be eligible after interviews and laboratory tests, were randomly assigned to a control group (n=106) or an intervention group (n=105).

**Results:** The cure rate of asymptomatic BV was 63.5 per cent in the intervention and 19.2 per cent in the control group (P<0.001). The result showed that being unmarried (P=0.02), being passive smoker (P<0.001), and being in the luteal phase of a menstrual cycle during sampling (P=0.01) were significantly associated with post-intervention BV positive results. After these elements were controlled, the odds of BV positive results in the control group was 10.8 times more than in the intervention group (P<0.001).

**Conclusion:** Among women in reproductive age group with vitamin D deficiency, the administration of 2000 IU/day edible vitamin D was effective in eliminating asymptomatic BV. This treatment could be useful in preventing the symptoms and side effects of BV.

**Keywords:** 1. HEALTH 2. REPRODUCTIVE HEALTH 3. BACTERIAL VAGINOSIS 4. REPRODUCTIVE AGE WOMEN 5. VAGINAL INFECTION 6. VITAMIN D.

Source: http://www.humanbiologyjournal.com/uploads/Volume3-Number4-article2.pdf

**Background:** Globally, the total number of maternal deaths decreased by (45%) from 523,000 in 1990 to 289,000 in 2013. Country-level estimates shows that two countries accounted for one third of all global maternal deaths and India is one of them (17%, WHO, UNICEF, UNFPA, World Bank and the United Nations Population Division, 2014). Such a discrepancy poses a huge challenge in meeting the fifth Millennium Development Goal to reduce maternal mortality by (75%) between 1990 and 2015 (Carine and Wendy 2006).

**Objectives:** To study the impact of utilization of maternal health care services among the Ganda mothers an urban slums community; to find out the factors influencing the utilization of maternal health care services.

**Methods:** A descriptive cross-sectional study was conducted in 6 urban slums of Raipur Districts. A total sample size of 160 lactating mothers (15-49 years age) was selected under the study.

**Results:** Most (63%) mothers received full antenatal check-up, (76.2%) had received 2 dose of TT injection, and only 29 per cent consumed prescribed IFA tablets. Majority (80.6%) of mothers had delivered at home and 91.4 per cent of the deliveries were conducted by senior ladies. The important factors associated with low utilization of antenatal care services were belonging to mother’s education, occupation and parity.

**Conclusion:** The present study revealed low utilization of maternal health care practices among the study population; especially in case of consumption of IFA tables and delivery practices.

**Keywords:** 1.HEALTH  2.ANTENATAL SERVICES  3.TT INJECTION  4. IFA TABLES  5.SLUM.
Background: Breast milk is the ideal food for the infant. It helps to establish feeding and a close mother-child relationship. Early initiation of breast feeding lowers the mothers risk of post-partum haemorrhage & anaemia. Colostrum contains high concentration of protein & other nutrient the body needs. It is also rich in anti-infective factors which protect the baby against respiratory infections & diarrhoeal diseases. The promotion of early & exclusive breast feeding is a well recognized strategy for child survival. Pre-lacteal feeds are strictly prohibited because not only they introduce infection but also replace colostrum and interfere with sucking. The beneficial effects of breast feeding depend on breast feeding initiation, its duration & the age at which the breast-fed child is complemented.

Objectives: To assess the breast feeding practices among mothers in urban area of Adilabad, Andhra Pradesh.

Methods: A cross sectional study carried out in Rajiv Gandhi Institute of Medical Sciences, Adilabad, Andhra Pradesh from June 2010 to January 2011. Mothers who brought their children for measles immunization at 9 months of age were included in the study. Data was collected using a pre designed and pre-tested questionnaire after taking a verbal consent. Data was analyzed by calculating the percentages.

Results: The study revealed that out of 200 mothers who were interviewed, 62 (31%) initiated breast feeding within one hour of delivery. 168 (84%) mothers gave colostrum to the baby. Although majority of the mothers, i.e., 179 (89.5%) had received information on exclusive breast feeding, only 42 (21%) mothers did exclusive breast feeding for six months. Out of these, 98 (54.75%) mothers received information from health personnel, 58 (32.4%) from elders/relatives in the family, 12 (6.7%) and 11 (6.15%) from print media and TV/Radio respectively. 115 (57.5%) mothers gave Pre-lacteal feeds. 96 (48%) mothers added supplementary feeding at 6 months of age whereas 70 (35%) mothers did not start supplementary feeding even after 6 months of age. Supplementary feeding was started prematurely before 6 months of age by 34 (17%) of the mothers.

Conclusions: The study emphasizes the need for more intensive efforts in creating awareness regarding initiation of breast feeding within one hour of birth, exclusive breast feeding till six months and adding supplementary feeding.
at six months of age. Mothers ought to also be made aware of the harmful effects of Pre-lacteal feeds.

**Keywords:** 1. NUTRITION 2. BREAST FEEDING PRACTICES 3. HEALTH 4. URBAN NUTRITION 5. PRELACTEAL FEEDS.
Background: Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future, a measure of wellbeing. Life satisfaction is manifested through health, economic, marital personal, social, family and job satisfaction. Lack of satisfaction may be reflected in lack of adjustment in either of the areas identified earlier herein. A trend all over the world for women to compare with each other on various terms, which includes son preference, and the status associated with the birth of a male child in the family.

Objectives: India with the aim of finding out the life satisfaction of the married women in relation to female foeticide and the status of a girl child.

Methods: The study was conducted in the state of Uttarakhand. For the purpose of data collection sampling was used in which 600 married women from urban and rural regions of Uttarakhand were taken as sample. The sample was classified into three groups namely: (a) Women with two male children (2Mc), (b) Women with one male and one female child (1Fc1Mc), (c) Women with two female children (2Fc). Each group comprised of 200 women The help of local NGO’s, Anganwadis and ASHA in Uttarakhand was also taken. Visits were also paid to local government and private hospitals to collect the data. Life Satisfaction Scale (L.S.S) was used as a tool for data collection.

Findings: The analysis showed the values obtained for different factors of Life Satisfaction Scale as Health Satisfaction 14.8, Personal Satisfaction 14.95, Economic Satisfaction 22.47, Marital Satisfaction 20.05, Social Satisfaction 13, and Job Satisfaction 20.01. These values were based on LSS. 2Fc group women due to absence of a male child experienced various types of personal, health, social problems. The women of the 2Mc group and 1Fc1Mc group are found to be better satisfied with their health and thus have a more careful attitude towards their own self. They did not experience any type of problems which were faced by 2Fc. Women of 2Fc group report themselves being under constant fear of being abandoned by their husband, or a second marriage by their husband to secure a son.
**Conclusion:** This study concluded that there was a strong preference for having at least one son, and often at least two sons, among their children. There was a desire to have one daughter, but having more than one daughter is generally not considered desirable.

**Keywords:** 1. SOCIAL WELFARE 2. LIFE SATISFACTION 3. SON PREFERENCE 4. GIRL CHILD 5. MARRIED WOMEN 6. FEMALE FOETICIDE.
Background: The empowerment of women is viewed as all round development in the status of women. Constitution of India confers equal rights on men and women. Low literacy, lack of skills and awareness among females, social taboos and conventions, lack of economic independence and lack of participation in the decision-making process are the principal reasons for inequality between men and women. Empowerment of women is a crucial issue which would enable women to realize their full identity.

Objective: To assess the level of awareness among the elected women members about their roles, responsibilities and various development programmes and their participation in the activities of the Panchayat.

Methods: A multi-stage mixed sampling design or questionnaire was adopted for this study. A total of 94 respondents (elected women representatives) were included in this study.

Results: The age composition of the elected women was 30 per cent of the respondents are in twenties and 43 per cent in thirties and 27 per cent in forties. 60.65 per cent of the respondents have education only up to primary level and 24.5 per cent of the respondents have education up to high school level. The awareness of the women PRIs (Panchayati Raj Institutions) members on PRIs system was assessed on different aspects of PRIs such as election procedure, meeting procedure, administrative matters, financial matters and developmental activities. 39.36 per cent of the respondents have poor participation, 26.60 per cent have fair participation and more than one-third have good, very good and outstanding participation in the PRIs developmental activities and community mobilization. Majority of the respondents (62.77%) expressed that female members were not actively involved in the decisions of the Panchayats.

Conclusion: From the study it was concluded that the overall participation of the women PRI-members in the activities of Panchayati Raj Institutions was found to be very much inadequate but involvement of women in PRIs leads to their empowerment.

KEYWORD: 1. SOCIAL WELFARE 2. WOMEN EMPOWERMENT 3. PARTICIPATION 4. PRIs
Women Welfare


G19030

**Background:** Violence against women is an universal phenomenon that persists in all communities and in all countries of the world and the perpetrator of that violence is often well-known to the victim. Domestic violence in particular continues to be frighteningly common and well-accepted as “normal” within too many societies.

**Objectives:** To find out the extent of different type of domestic violence; to identify various risk factors for domestic violence against married women.

**Methods:** A population based cross-sectional study was carried out in the urban area of Gwalior city for a period of one year. Stratified random sampling technique was used for the selection of the samples. The study included all the married women who were living with their husband for last 1 year. The study participants were interviewed using a pretested semi-structured open-ended questionnaire. Proportion, Pearson’s, chi-square test and odds ratio were calculated for the analysis of the study.

**Findings:** The study found that out of 144 study participants, 68 participants reported some form of domestic violence, which was either physical, sexual or emotional. The most common type of violence reported was physical violence. The most important risk factor for domestic violence was alcoholism followed by literacy status. It was noted that the range of behavior control was more in the abused than in non-abused and it varies from (50.5%) to (36.2%) in abused to (11.8-4.6%) in non-abused persons. Majority of the abused women were dependent on their husbands for money, material assets and expenditure.

**Conclusion:** In India combination of physical and emotional violence is the most common type of domestic violence, which has a strong association with alcoholism and literacy status of women. The study had an implication for those involved in the control of domestic violence in India. The study hereby recommended that to prevent domestic violence government has to take stringent action for making women more self-reliant especially by making the women more literate and more financially independent.

**Keywords:** 1. WOMEN WELFARE 2. DOMESTIC VIOLENCE 3. EMOTIONAL VIOLENCE 4. PHYSICAL VIOLENCE 5. SEXUAL VIOLENCE
Background: Domestic violence is defined as “any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Domestic violence is prevalent throughout the world, in different forms, and across different societies. In India violence against women starts in the womb in the form of foeticide and continues throughout her life. Common form of violence against women includes female foeticide, domestic violence, dowry harassment or death, sexual trafficking etc.

Objective: To examine the prevalence of domestic violence in Secondary Care Hospital in India.

Methods: A cross-sectional study was conducted among the women visiting Integrated Counseling and Testing Centre (ICTC). Women in the age group of 18 to 45 years visiting the ICTC were administered a structured questionnaire in the study.

Findings: The study found that about 85 per cent respondents were 30 years or less of age. Age difference between husband and wife was 5 years or less in majority of subjects. Husbands of about (72%) of respondents consumed alcohol either sometimes or many times. 41.3 per cent of the respondents suffered from physical, 26.2 per cent from sexual and 36 per cent suffered from emotional violence. Overall 45.6 per cent of respondents reported experiencing some type of violence. Women older than 30 years of age were more likely to report violence as compared to younger women. Alcohol intake by the husband was also significantly associated with domestic violence. Important causes of domestic violence as perceived by the respondents include Ego (12.7%), Husband’s affair (11.7%), Husband doubts wife’s character (7.5%) and Alcohol (5.3%). Majority of the sufferers (63.8%) did not approach anyone with their grievance. Among the women who suffered domestic violence (55.3%) tolerated the same for the sake of their children.

Conclusion: The study concluded that alcohol intake by husband was significantly associated with the act of domestic violence. The domestic violence was more in older females and older males and young women are more likely to experience abuse.

Keywords: 1. WOMEN WELFARE 2. DOMESTIC VIOLENCE 3. FEMALE FOETICIDE 4. ICTC.

G18964

**Background:** Domestic violence against women is highly prevalent in India and the women usually try to hide it. Domestic violence against females is a serious public health concern in every community and culture. It has drawn attention from the medical community because it has a negative and harmful impact on the mental, physical and social health of females. World Health Organization (WHO) has defined domestic violence as "the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male intimate partners". Violence is often not restricted to the current husband, but may extend to boy friends, former husbands and other family members such as parents, siblings and in-laws.

**Objectives:** The study was undertaken to determine the prevalence, characteristics, reasons and the socio-demographic correlates of domestic violence; to find out the perceptions of the females to cope with the act of violence and to overcome the situation.

**Methods:** A cross-sectional observational study was undertaken by interviewing 141 adult and adolescent females residing in a village of West Bengal, with the help of a pre-designed and pre-tested questionnaire. Data were analyzed statistically by simple proportions and tests of significance.

**Findings:** Out of 141 respondents, 33 (23.4%) adult and adolescent females in this village were exposed to domestic violence in the past year. Among the demographic characteristics, statistically significant maximum prevalence was observed among 30-39 years age group, illiterate and unmarried females. For most of the females who were exposed to domestic violence, their husbands acted as the perpetrators (72.73%) and they reported slapping as the specific act of physical assault (72.73%). Majority of the respondents reported that opportunity of education (31.9%), being economically productive (31.9%) and better family income (23.4%) would help them to overcome the situation.

**Conclusion:** This study emphasizes the need for justified female empowerment and it calls for multidisciplinary approach to develop public health measures, which would most effectively address the problem of domestic violence.

**Keywords:** 1. WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.ADOLESCENT 4.PREVALENCE 5. PERCEPTIONS.

G18962

Background: Entrepreneurship and other development purposes finance play a vital role especially micro-level finance. Women constitute around half of the total world population. So is in India also Micro level credit is a boost for rural women development process. So microfinance and rural women entrepreneurship are interrelated.

Objectives: To examine the rural women entrepreneurship and socio-economic development in the study area; to evaluate micro finance and its uses in on women entrepreneurship; to find out effectiveness of SHGs in rural women’s development.

Methods: This study was based on primary as well as secondary data. Three blocks in the Salem district were selected for collecting the sample from 180 respondents of rural women entrepreneurs in the SHGs. Interview schedule we used to collect primary data and secondary data were gathered from leading journals, newspapers, related government office documents, for the study.

Results: Rural woman used micro level loans for starting small business units in their living area apart from petty shops, idly shops, milk store, etc. It helped them to improve socially and economically in the society. Majority members in SHGs (41.7%) were between age group 21-30 years indicating that youth groups were maximum participants in micro-credit and entrepreneurial process. Majority of the respondent (80.6%) were married. Thus, married women mostly evident to join SHGs. About 32 per cent of the respondents used micro-finance for agriculture related allied activities, while another 26.7 per cent of respondents for self employment creation. 49 per cent of the loan offered for the respondent through bank followed by NGOs and trust.

Conclusion: Micro-finance and entrepreneurial activities are a great solution to poverty alleviation. Micro level credit uplifts and creates entrepreneurial process in rural area and creates rural woman entrepreneur. Rural woman are getting social and economic conditions increased through micro credit activities thus contributing to the rural economy in India.

Keywords: 1. WOMEN WELFARE 2. MICRO FINANCE 3. SHG 4. RURAL WOMEN ENTREPRENEURSHIP 5. SOCIO- ECONOMIC DEVELOPMENT.
**Acknowledgement**

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