

Report

**NINTH CONFERENCE OF
INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH**

THEME

“HEALTH, GENDER AND INCLUSIVE DEVELOPMENT”

Date: 24-26 November 2011

**Pre Conference workshop
On**

“Approaches to Social Science Research”

Date: 21-23 November, 2011



Organized by

**Centre for Development Studies
TATA INSITUTE OF SOCIAL SCIENCES,
DEONAR, MUMBAI-400088**

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Ninth Conference of Indian Association for Social Sciences and Health (IASSH)**On****Health, Gender and Inclusive Growth****November 24-26, 2011****Second Pre Conference Workshop on “Approaches to Social Science Research”****November 21-23, 2011****Venue: Center for Development Studies, Tata Institute of Social Sciences, Mumbai
Report**

The conference was organized by the IASSH in collaboration with Centre for Development Studies, Tata Institute of Social Sciences, Deonar, Mumbai.

IASSH acknowledges with thanks the generous funding provided by UNFPA, UNICEF, Population Foundation of India, New Delhi, Board of Research in Nuclear Sciences (BRNS), Bhabha Atomic Research Center, Mumbai, Indian Council of Medical Research, New Delhi, and Tata Institute of Social Sciences, Mumbai. Conference was preceded by workshop on “Approaches to Social Science Research” organised by TISS during 21-23, November, 2011. This workshop was attended by 49 young scholars who are pursuing their Doctoral work in the field of Humanities and Social Sciences. The report is as follows:

Workshop on: Approaches to Social Sciences Research

Locations: Second Pre Conference workshop of INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH, **November 21-23, 2011 Organised by TATA INSTITUTE OF SOCIAL SCIENCES, DEONAR, Mumbai-400088**

Three days participatory training program to enhance the research skills among the young social science researchers will be organized by **TATA INSTITUTE OF SOCIAL SCIENCES, DEONAR, Mumbai - 400088**

It has been observed that young scholars who are pursuing their post graduate / research degrees lack sufficient exposure to aspects relating to research methodology. Further during their college level most of the time students devote towards class room lectures and text books, and thus, lack practical experience of application of research methods. Hence, it is intended to organize workshop on research methodology to the scholars.

Objectives of the Workshop

1. To impart the basic knowledge of fundamentals and various methodological aspects to the young Social Scientists who are at the beginning of their teaching/ research career

2. To develop the skills of applying the different research methods while pursuing their research in different social and health related topics



Prof. D. P. Singh gave a talk on “Data analysis” to Pre conference Workshop participants on “Approaches to Social Sciences Research”

3. To enhance their ability to write research proposals and carry out analysis of data by taking up a social and/or health related research problems including the hands on practice

Total Number of Participants Trained = 49 For List of Participants see Table 1.

Evaluation: Through Group task and individual presentation

Outcome:

The research methodology course will introduce research scholars to the principles of social science research and the relationship between theory and methods, particularly to qualitative and quantitative research methodologies. Topics learned in this training program such as conceptualization and measurement, survey design, and ethical research techniques will improve the research skills of the scholar. Exercises and field work will help the participant to apply the methods learned and complement the theoretical knowledge gained from the lectures. Enables the scholars apply the same for their Ph. D programs, and develop skills to carry out data analysis independently. Able to use computers for data analysis and able to understand the procedures to prepare and submit research proposals.

Fourty nine participants were enlisted for the program. Wokshop focused on Qualitative and quantative techniques used in social research.

Progamme

Date	Time	Topic	Resource Person
21-11-2011	10.00 am - 10.30	Inauguration	Deputy Director T.I.S.S. Dr.K.E.Vaidyanathan President,IASSH
	10.30 am -10.45 am	Tea& Snacks	
	10.45 am - 1.00 pm	Introduction to Social Sciences Research	Prof. N. Jayaram
	1.00 pm - 2.00 pm	Lunch Break	
	2.00 pm -3.30 pm	Approaches in Quantitative Research	Dr.U.V.Somayajulu
	3.30 pm -3.45 pm	Tea& Snacks	
	3.45 pm - 5.15 pm	Approach in Qualitative Research	Dr.N.Audinarayana
22-11.2011	10.00 am - 11.30 am	Tools of Quantitative Research-I	Prof Siva Raju
	11.30 am- 11.45 am	Tea& Snacks	
	11.45 am - 1.15 pm	Tools of Quantitative Research-II	Dr.N.Audinarayana
	1.15 pm -2.00 pm	Lunch Break	
	2.00 pm -3.30 pm	Methods and tools of Qualitative Research-I	Prof Salini Bharat and
	3.30 pm -3.45 pm	Tea& Snacks	
23-11-2011	3.45 pm - 5.15 pm	Methods and tools of Qualitative Research-II	Pro.Rajashri Mathani
	10.00 am - 11.30 am	Quantitative Data Analysis	Dr.C.P.Prakasam
	11.30 am-11.45 am	Tea& Snacks	
	11.45 am - 1.15 pm	Qualitative Data Analysis	Prof D. P. Singh Dr.T.Rajaratenam
	1.15 pm - 1.30 pm	Concluding Session	

Inauguration of Pre Conference



Deputy Director of TISS and Dr.S.Siva Raju

Workshop Particepants



CONFERENCE on “Health, Gender and Inclusive Development”

Inaugural Function

The Ninth Conference was inaugurated by Prof. S. Parasuraman, Director, TISS with a welcome speech and the key note address was delivered by Mr. Anders Thomsen, Deputy Representative, UNFPA of India, Dr. K.E. Vaidyanathan, President of IASSH spoke on IASSH and its various activities. Dr.S.Siva Raju, Chair Person for Center for Development study TISS presented the collaboration of TISS and IASSH and its importance on Health and Gender issues. Dr. C. P. Prakasam presented an overview of the 9th Conference and the themes on which papers to be presented during the conference. Dr. U.V. Somayajulu proposed vote of thanks.

Mr. Anders Thomsen, Deputy Representative, UNFPA, India, released a volume of research papers presented at the 8th Conference of IASSH at Sri Venkateswara University, “Health, Environment and Inclusive Development: Perspectives and Issues” edited by Dr. N



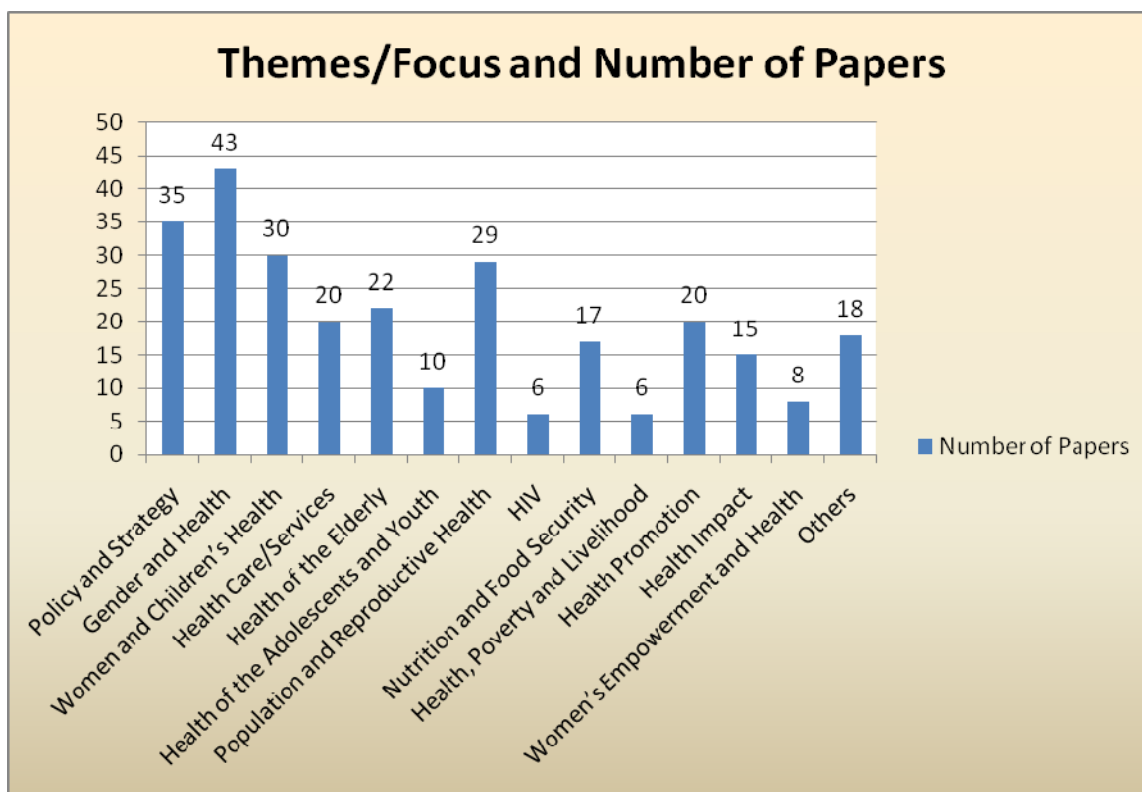
Audinarayana Dr Ulimiri V Somayajulu, Dr KE Vaidyanathan and. Dr CP Prakasam. Delegates from abroad and India participated and presented papers in the conference that had 6 Symposiums, 21 technical sessions with more than 140 paper presentations and 3 poster sessions with about 80 poster presentations. The conference was attended by more than 250 delegates from length and breadth of India and abroad. The technical sessions are divided into three groups. In the first technical session there were four subthemes viz: Health in South Asia: Leveraging Good Practices in MCH, Child Protection, Child Health and Inclusive Development, Food Security, Nutrition and Inclusive Development, Technological Change, Innovation and Inclusive Development. In the Technical Session T2 there were four subthemes viz: Gender Dimensions of Health and Longevity, Empowerment of Elderly Women and disparities, Gender, Health, Human Rights and MDGs and Poverty, Gender Inequality and Maternal Health. In the technical session T3 four subthemes.

The following table-2 presents the summary view of the papers presented at the symposia, technical oral sessions, Poster sessions and youth best paper award competition.

Table 2: Number of Paper Presented in different Sessions by themes

Themes/Focus	Symposia Papers	Technical Papers (Oral)	Technical Papers (Poster)	Youth Best Paper	Total
Policy and Strategy	5	10	17	3	35
Gender and Health	9	19	10	5	43
Women and Children's Health	1	19	10	-	30
Health Care/Services	-	12	4	4	20
Health of the Elderly	2	15	2	3	22
Health of the Adolescents and Youth	1	4	4	1	10
Population and Reproductive Health	3	16	6	4	29
HIV	1	2	3	-	6
Nutrition and Food Security	2	12	3	-	17
Health, Poverty and Livelihood	1	3	1	1	6
Health Promotion	-	11	9	-	20
Health Impact	-	5	6	4	15
Women's Empowerment and Health	-	6	2	-	8
Others	1	13	2	2	18
Total	26	147	79	27	279

Theme wise numbers of papers presented are given below. Maximum number of papers presented in Gender and Health Technical session



Some critical observations:

- The theme of the conference was Health, Gender and Inclusive Development. As evident from the figure given above, the distribution of papers seems to be inclusive of all the three topics mentioned in the theme of the conference though papers related gender have attracted the attention of large numbers of scholars.
- Given the fact that India is soon going to have large number of elderly population, it is heartening to see this issue getting adequate attention during the conference as evident from the number of papers presented on the health of the elderly.
- While majority of the papers posited gender as the centre of analysis, very few papers are found to be keeping inclusive development as the main focus. However, inclusion of topics such as poverty, food security, nutrition, and women's empowerment does indicate a positive direction towards recognising the importance of inclusive development as a strategy for health development.



(L to R) Mr. Anders Thomsen, Deputy Representative, UNFPA, Dr.S.Parasuraman and Dr.Siva Raju

- Perhaps, this is one of the conferences where young scholars are encouraged to attend in large numbers and it is heartening to see them pursuing their research interest seriously.
- Most of the papers are based on secondary data.
- Some of papers derived out of primary data/filed study, though micro in nature, did highlight the very challenging environment in which the research studies were undertaken. For instance, studies conducted in remote rural, tribal and high altitude places such as Ladakh.
- Very few papers could be considered innovative in nature.

SYMPOSIUM**THEME: HEALTH TRANSITION AND INCLUSIVE DEVELOPMENT**

Dr. P.K.B Nayar- “Employment of the Elderly Women and Inclusive Development”
Dr.P.K.B.Nayar raised some critical issues about elderly women and inclusive development. He explains as:

- Old women suffer exclusive on four accounts: being old, being poor, being widow and being unhealthy. Old do not get fair treatment, specially women who face secondary status. Feminisation of poverty, Productivity of old women falls, hence

curled into more chronic diseases of reproductive health further no proper medical attention and Culture of silence.Hence elderly women face discrimination. Though JSY, DOGRA and SHG programs exist but none is for women.

- “Ageing and Place” is a concept that was developed by United Nations .Generally the older women are considered to be an economic burden. Old age pension is a small amount. Therefore stressed on facts like increment of pension for them, free ration from PDS, one full balanced meal a day from ICDS should be provided to the older women from BPL family. Government should provide financial security to form SHGs for these women and also market for those SHGs. Other services like mobile geriatric health clinic should be started. Health personnels should visit above age of eighty women for free check up. Media should also be included to promote all this for this neglected section of the society.

Dr S. Siva Raju: “Ageing and Development: A Case Study of Parsi Elderly in India”

Dr.Siva Raju talked about Ageing and Development focusing on Parsi Elderly. He explains the Health status of Parsi Elderly as:

- Parsi community is in the stage of demographic transition, is experiencing negative growth of population- elderly population is as high as 31%. Almost 50-54% of Parsi men were never married with insignificant sex difference in the community.The study was conducted in places like Mumbai, Thane, Pune, Nagpur, Ahmedabad, Surat, Delhi, Kolkata, Hyderabad, Jamshedpur and a few more cities. It was found that their education is beyond secondary level and has nuclear families, who do not live with their children, and a large number of them had not migrated from their place of birth.
- These people are financially independent. Looking at the health status of the population most of them suffer from cardiac disorders, hypertension, disability, hypertension and osteoporosis. Housing is one of the major issues, limited interaction making them land into depression and isolation.
- He also talked about the geneology and the implication of it which stated demand for institutionalisation and need for financial aid services, support system in strengthening and expanding the role of stakeholders. Action neede from individual, day care programme, training of para-medical etc.

Prof. K.S James: “Convergence of Health Indicators in India: A Measure of Inclusive Development”

- Discussed an alternate way of understanding and measuring inclusive growth within the health sector.He explained to provide vital policy tools, convergence and divergence analysis has been at the forefront in economic discipline to understand the inequality pattern in income. It is expected that the regional converage and it is expected that the socio economic disparities will reduce.

Dr. Sulabha Parasuraman: “Declining Sex Ratio of the Child Population in India: A Decomposition Analysis”

- The Child sex ratio is favourable for male children. It's lower for south central Asia. In recent rounds, United Nations has changed the sex composition, compared to the world or South East Asia and the sex ratio of children age 0-6 years in India is as lower. The magnitude of missing girls-its, son preference-socio economic, cultural, economic determinants, sex selective foeticide, discrimination of female infants and children are the determinants for declining child sex ration. Child sex ratio is directly proportional to birth rate and infant/child mortality.
- The speaker also talked about the difference in sex ratio is due to adverse mortality differentials and 36% is due to lower proportion of female birth than found universally. Also the discrepancy in child sex ratio majorly exists in states like Haryana, Punjab, Maharashtra, rajasthan, Gujarat whereas in states like uttar Pradesh and Madhya Pradesh it is seen quite high.

SYMPOSIUM 2: GENDER AND POPULATION CHANGE**Dr. Shireen Jejeebhoy: “Towards adulthood: How gendered are the challenges facing young people in India?”**

- Dr. Shireen Jejeebhoy spoke about challenges facing young people's successful transition to adulthood and How gendered they are. The speaker discussed about adolescent fertility rate, challenges facing young people, educational attainment, and achievement. She also talked about the childbearing practices leading to maternal deaths, STI symptoms and HIV prevalence, maternal health which is caused by high burden of disease among young people.



Dr. Shireen Jejeebhoy

Also how substance use in the form of tobacco products and alcohol consumption etc have an effect on the reproductive health of the youth. She ended the speech with the statement that India will continue to score poorly on the growth index if gender difference in youth assets and outcomes are not addressed.

Dr. Alaka Basu: “How Can Women Eat Their Cake And Have It Too? Gender, Culture and Reproductive Health”

- The speaker talked about women's status and reproductive health, “gender equality for its sake”. Speaker stressed that uncomfortable trade-offs needs to acknowledge more freely, because only when they are acknowledged. She also



Dr. Alaka Basu

- talked about some real conflict situation between social goals of gender equality and medical goals, goals of improved reproductive health.
- **Dr. K.R. Nayar: “Inclusion and Empowerment in RCH Services in India: An Analysis of New Initiatives**
- Social exclusion/inclusion- inability of any society- to keep all groups and individuals from realizing their potential. Prevalence of anemia many flagship programmes introduced. It is suggested an integrated package which involves NRHM- maternal and child health programs like janani suraksha yojna (JSY) may evolve better solution. In kerela there are 100 % institutional deliveries whereas in jharkhand a negative trend could be seen in case of institutional deliveries. Hences it is necessary to frame policy according to state needs.

SYMPOSIUM 3: LINKAGES BETWEEN HEALTH, POVERTY AND GENDER INEQUALITIES

Sanghamitra S Acharya: “Typology of Discrimination in Access to Health Care Among Dalit Children”

Dr.Sanghamitra spoke about Health care among dalit children and explains as:

- The cause of social discrimination, conceptualising social discrimination in health one has to examine the issue in the typologies angle - forms, spheres, indicators and consequences. Stressed on points like how forced inclusion can be detrimental for physical and mental growth. Measurement of social discrimination. Examining the indicators in a study as visit/counselling, dispersing of medicine, pathological test, seeking referral, she explains that discrimination exists. Suggests policy decisions.

Satvika Chalasani: “Understanding Socioeconomic Inequalities in Child Health in India – A Decomposition Approach”

Satvika Chalasani talked about inequalities in child health explaining trends in child mortality and malnutrition and inequality. She explain that inequality using a regression-based decomposition approach with rural economic inequality and Differential success of programs impacting child mortality (CSSM and RCH) and child malnutrition (ICDS, TPDS). The method used were Health inequality measured by concentration index (CI) - measure of how concentrated ill-health is. The measures included inequality calculated based on relative wealth index. Wealth as an absolute measure included as determinant (needed for trend analysis). Other independent variables

- urban/rural residence, parental education, religion
- sex of child, birth order, birth interval, maternal age
- source of drinking water, sanitation facility, type of cooking fuel

- The results of the study included the facts like Neonatal mortality inequality declined in urban areas, remained unchanged in rural areas, Child mortality inequality declined in urban areas but increased in rural areas. The reason may be “Rising tide lifts all boats” phenomenon, and effects of economic inequality possibly also offset by programmatic factors.

Dr. S. Peppin: “Maternal Health: Leveraging Good Practices in South East Asia for Achieving MDGs in India”

- The speaker laid more focus on health as right citing examples from the definition of WHO and Bhore committee report. The gaps between inter-states in India and he also talked about the good practices in south east Asia in countries like Bangladesh, Nepal, Thailand, Indonesia, Malaysia, Myanmar, Maldives, Bhutan etc.

Dr. Sibnath Deb: “Child Protection: Scenario in India”

The speaker started with the background of the study with scenario of child protection in India. Starting with the objectives which was to outline the current scenario related to child protection in India. The speaker spoke about the definition of ‘child abuse and neglect’ (CAN) used in different legal measures in India and describes the strategies and approaches for combating the problem and their advantages and disadvantages. He also laid stress on lot of socio legal aspects of the topic including various acts and laws and mentioned that over population resulting in poor service delivery, poverty, illiteracy, abandonment of children, poor reporting, cultural beliefs and practices pertaining to parenting style and child development are the biggest challenges in addressing the issue of child abuse and neglect in India. However apart from laws, it is expected that close monitoring of the programs will change the situation over a period of time.

Technical Session-T1: Health and Inclusive Development”

“Safe Motherhood Practices: An Intervention Program for Pregnant Women” By Shruti Tak

The speaker talked about the importance of maternal health in the communities, family and nation and how it has a profound effect on the nation, the social determinants of maternal mortality, public infrastructure, and access to care with special stress on the gaps and delay in Government program execution.

- The speaker also laid stress on the impact of neonatal and infant survival and health, its impact on child nutrition, its development and the benefits of women.

“Factors Influencing Antenatal Care Service Utilization in Rural Areas” By K.Rajendra

The speaker used structured questionnaire for his cross sectional study to identify the factors affecting the utilisation of antenatal care in the rural areas. The speaker explains that majority of women were between 21-25 years out of which 35% of them were illiterate, and all were married. The speaker focussed about the inaccessibility of medical and health care services by the women. The contributory factors are: the services are not approachable, non permission by husband, and other commutation problem in the rural areas. The study also revealed that the religion and occupation of husband affected the antenatal care services for the women. Cultural beliefs and ideas about pregnancy also have an influence on the antenatal care use. It is suggested that adequate utilisation of antenatal care cannot be achieved merely by establishing health centres; women’s overall status needs to be considered.

“Determinants of Utilisation of Health Services for In-Patients for All India Based On 52nd NSS Data” By S. Sandhya

The speaker basically tried to analyse data from 52nd NSS round at the household level. The objectives of the study being to examine the determinants of utilisation of health care for in-patients in rural and urban areas and to also the expenditure of health care by different types of health care providers. The study found significant negative relationship between duration of stay and choice of private provider in rural and urban areas. From the study it was found that in the rural areas a large amount of money out of their per capita income was spent on medical care, and also on non-medical expenditure and loss of income to the household due to hospitalisation.

Issues and Recommendations

• Gender Discrimination in Access to Health Care

Health care providers at higher hierarchy of health services are less discriminating as compare the grassroots level providers, both in public as well as private sector. Access to care among dalit children is better if the care provider is sensitive to caste-based discrimination.

It also tried to help the girls to nurture their confidence levels through leadership, communication and team work activities that may allow them to realize their potential and address the challenges that they will have face as young women

Muslims, in general, practice family planning in spite of Orthodox and conventional wisdom influence family planning behaviour. There fore family planning services should be given to all independent of religion.

Programs should be formulated to make women more empowered by providing equal opportunities along with counter part. This means that we must be willing to fight for some forms of gender equality for their own sake, instead of justifying them with the assertion that other good things will follow too.

It is suggested that education, occupation and exposure to mass media are important factors at individual level, however women education has significant influence than the men education and men exposure to mass media has more impact on male involvement. It is suggested that there should be some more efforts to reach the men through mass media, and educate the women.

Although the government laws related to construction industry suggests availability of health care facility in the construction sites but the reality is completely otherwise.

The various committees, commissions, and the five year plans have emphasised covertly or overtly on the health development of women. Despite this women undergo vulnerable health conditions in India. A holistic, gender-sensitive definition of governance needs to acknowledge governance processes at all levels and the diversity of citizens through their gender, sexuality and ethnicity. It needs to recognize that existing policies, processes and traditions are imbued with inequalities, which need to be addressed for gender-sensitive reform.



• **Women-Nutrition**

Woman's nutrition and consequently her health have not improved and the Malnutrition is a growing problem among Women more so with women as well as educated urban women. Women are behind the men in all spheres of life. Hence, steps should be taken to target women on priority basis to empower.

It is difficult to attribute poverty as the only factor affecting women's health; there are other factors like social and cultural factors, lack of health facilities, inadequate water supply and poor sanitation etc, which contribute to ill health of women. Factors like education and employment do have confounding effects on the relationship between poverty and women's health. Hence to improve women's health empowerment of women through adult education programs and implementation of self employment schemes is required.

• **Maternal Health: Achieving MDG 5 in India**

Reducing maternal mortality in the developing countries has occupied a significant place in the debate on health and to underscore the need to position maternal

health. Improving maternal health has been identified as one of the eight Millennium Development Goals (MDGs). Programs should orient towards Access to benefits from inclusive development programmes, maternal child health care services and contraceptive use, improving the efficiency and effectiveness of services and programmes; meeting clients need from “one-stop” service; and accelerating the pace of health to be formulated.

Inclusive development is imperative in societies like India where there are pockets of affluence amidst sea of poverty. India could reach an MMR of 135 by 2015 falling short by 26 points. Finally, an estimated third of Indian population has limited or no access to even essential medicines. While the number of poor and who fall sick are growing, Government expenditure on health is dwindling. Health Proper



mobilization of funds to health sector focusing on Maternal health expenditure and effective management of delivery health services to women and child is required. Public Private Partnership (PPP) model should be adopted in rural areas for safe deliveries, reducing Maternal Mortality.

Public-Private partnerships (PPP) can bring about a sea-change in public health services meeting the organizational goals of the health providers and also the individual health seekers. The outcome reveals the need for policy strategies for equal participation of public and private sector health services for better quality at an affordable cost.

• **Child Protection**

In India, over population resulting in poor service delivery, poverty, illiteracy, abandonment of children, poor reporting, cultural beliefs and practices pertaining to parenting style and child development are the biggest challenges in addressing the issue of child abuse and neglect. Hence for ‘Child abuse and neglect’ different legal measures should be adopted to and strategies and approaches for combating the problem by examining their advantages and disadvantages. A comprehensive health strategy involving hospital personnel, changes in hospitals rules and free healthcare would be required to ensure improved access to hospital services; especially in public health facilities, for the street children and homeless women.

• **Declining Sex Ratio of the Child Population**

Child sex ratio- favourable for male children, it’s lower for south central Asia, in recent rounds, United Nations has changed the sex composition, compared to the world or south East Asia and the sex ratio of children age 0-6 years in India is as lower. Magnitude of missing girls, son preference will affect the sex ratio at birth and female child population. Hence programs should implement to change the socio economic conditions of family more so with girl child families. Proper incentive programs should be implemented to stop sex selective foeticide, discrimination of female infants and

children.

• **Gender and Inclusive Development of Elderly:**

Macro and micro-level studies reveal a large number of elderly suffer with various morbid conditions as well as perceived health status across their gender. Place of residence (rural-urban settings), and differentials in the utilisation of health care services, in addition to their socio-economic characteristics and life styles followed appear to be the major deciding factors for such an observation. Policies and programs should focus on female elderly in providing health services and develop care centres to cater the needs of Female elderly to minimise the Gender disparity in health status.

Elderly persons other than those who are sick or bed ridden have several years of active life, and they should be encouraged to contribute to the society by their participation in social activities. Policies should aim at giving elderly men and women a feeling of self worth and dignity and making them acceptable to the family. This could be achieved, *interalia*, by lessening the financial burden to the family on their account (Economic Security) and minimizing the burden of their health-care by appropriate health service intervention (Health Security).

The range of diseases that the elderly in the region suffering from were mostly silent in nature and not the expressive ones, because of which they had a false sense of perception of a perceived health status which was contrary to their actual health status. Such a situation if not realized by the elderly and the health care giver can result in serious health related consequences

It is recommended to improve the quality of life of the elderly. Social services for the community will have to be substantially re-oriented to serve this expanding age group. Planning for the elderly requires an inclusive approach for **men and women** as well as for all socio-economic groups. Generate new thinking in the care of the elderly.

Awards

With a view to encourage Young scholars, youth best paper presentations session was organised in this conference as well.

Youth Best Paper Award:

- Barsharani Maharana: Gender Disparity in Health and Food Expenditure in India among Elderly, barsha.iips@gmail.com
- Diwakar Yadav: Synergies through Linkages: availability of inclusive development programme, maternal child health services and contraceptive use in Uttar Pradesh, India, yadavdiwakar7@gmail.com

Best Poster award:

- Prashant Kumar Singh: How far older sibling composition affects child Immunization: Evidence from South Asia, prashants.geo@gmail.com

- Ruby Jain: An Application of the supply–demand framework for determinant of fertility in India, ruby.jain30@gmail.com

The conference came to and ends with the valedictory session on November 26, 2011. The valedictory address was given by Dr Ramanamma, Retired Head of the Department of Sociology of Pune University, Pune. The IASSH thanked Tata Institute of Social Sciencs, Mumbai and all the funding agencies, participants, chair persons, rapporteurs, and paper and poster presenters.



Mr. Anders Thomsan, Deputy Representative (UNFPA) wit Dr.S.Parasuraman Director, TISS releasing Souvenir and Abstract book of Ninth Conference of IASSH



(From L to R) Dr.K.E.Vaidyanathan, Dr.K.R.Nayar and. Dr. Shireen Jejeebhoy – Symposium -II

	<p style="text-align: center;">Ninth Conference of INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH (IASSH) organized by TATA INSTITUTE OF SOCIAL SCIENCES DEONAR, MUMBAI-400088</p> <p style="text-align: center;">Dates: Pre Conference Workshop : 21-23, November, 2011 Conference: 24-26, November 2011 iassh2004@gmail.com website: http://www.iassh.org/ninthconf.htm</p>	
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THEME:**HEALTH, GENDER AND INCLUSIVE DEVELOPMENT****SUB THEMES:**

- S1. Health Transition and Inclusive Development
- S2. Linkages between Health, Poverty and Gender Inequalities
- S3. Concept and Measurement of Health Inequalities, Inclusive Development
- S4. Strategies, Policies and Programmes for Inclusive Development

TECHNICAL SESSIONS:**T1. Health and Inclusive Development:**

- T1.1 Health in South Asia: Leveraging Good Practices in MCH
- T1.2 Child Protection, Child Health and Inclusive Development
- T1.3 Food Security, Nutrition and Inclusive Development
- T1.4 Technological Change, Innovation and Inclusive Development

T2. Gender Dimensions:

- T2.1 Gender Dimensions of Health and Longevity
- T2.2 Empowerment of Elderly Women and disparities
- T2.3 Gender, Health, Human Rights and MDGs
- T2.4 Poverty, Gender Inequality and Maternal Health

T3. Social Dimensions:

- T3.1 Social Disparities in Health and Gender-Dalits, Tribals, Muslims
- T3.2 Spatial Disparities in Health and Gender-rural/urban, intra-urban, regions
- T3.3 Social Protection of Women and Inclusive Development
- T3.4 Social barriers for Gender, Inclusive Development

**Ninth Conference of
Indian Association for Social Sciences and Health
Venue: Centre for Development Studies,
Tata Institute of Social Sciences, Deonar, Mumbai**



**Pre-conference workshop: 21-23, Conference 24-26 November, 2011
on
'Health, Gender and Inclusive Development'**

Programme Schedule

November 24, 2011

- 9.30-10.30 Innaugural Session
Welcome: Prof S.Parasuraman (TISS)
Greetings: Mr. Anders Thomsan, Deputy Representative (UNFPA),
About IASSH: Dr.K.E.Vaidyanathan
TISS-IASSH Collaboration: Dr. S. Siva Raju
About Ninth IASSH Conference: Dr. C.P. Prakasam
Vote of Thanks: Dr. U.V.Somayajulu
- 10.30-10.45 Tea break
- 10.45 -12.00 **Symposium 1 (Convention hall)**
Health Transition and Inclusive Development
Chair Person: Mr.Anders Thomsan, Deputy Representative (UNFPA)
Speakers:
K.S.James: “Convergence of Health Indicators in India: A measure of Inclusive Development” james@isec.ac.in
Dr. Sulabha Parasuraman: “Understanding the Decline in the Sex Raio of the Child Population in India” sulabhap@rediffmail.com
Prof P.K.B.Nayar: “Empowerment of the Elderly women and Inclusive Development” pkbnayar@yahoo.co.in
S.Siva Raju: “Ageing and Development: A Case Study of Parsi Elderly in India” raju_prof@rediffmail.com
- 12.00-01.15 **Symposium 2 (Convention hall)**
Gender and Population Change
Chair Person: Prof.Surinder Jaswal
Speakers:
Dr. Shereen Jejeebhoy: “Youth and Gender”
Dr.Alaka M.Basu:“Some New Approaches to and Frameworks for understanding the woman are perceptive in family planning”.
Dr.K.R Nayar: “Inclusion and Empowerment in RCH services in India: An analysis of New Initiatives”

01.15-02.15 Lunch

02.15-05.15 **Poster Session I**

2.15.-03.30

Symposium 3 (Convention hall)

Linkages between Health, Poverty and Gender Inequalities

Chair Person: Shereen Jejeebhoy

Speakers:

Dr.Sanghmitra S Acharya: “Typology of discrimination in Access to Health Care among Dalit women and children”,
sanghmitraa@hotmail.com

Dr.S.Peppin: “Maternal Health: Leveraging Good Practices in South East Asia for Achieving MDGs in India” peppin@ximb.ac.in

Dr.S. Chalasani: “Understanding Socioeconomic Inequalities in Child Health in India” schalasani@popcouncil.org

Dr. Sibnath Deb: “Child Protection: Scenario in India”
sibnath23@gmail.com

03.30-03.45 Tea break

03.45-05.00 Parallel Sessions: T1.1, T2.1, T3.1

05.00-06.15 Parallel Sessions T1.2, T2.2, T3.2

06.15-07.15 General Body Meeting

07.30-08.30 Cultural Programmes

8.30 Onwards Dinner (sponsored)

November 25, 2011

09.30-12.45 **Poster Session II**

9.30-10.45

Symposium 4

(J.J.Bhabha Hall)

Strategies, Policies and Programmes for Inclusive Development

Chair Person: Dr. PKB Nayar

Speakers:

Dr.K.Satyanarayana: “Nutrition, maternal and child health (MDG goals): IP and other policies to promote inclusive development”
kanikaram_s@yahoo.com

Dr.K.E.Vaidyanathan: “Poverty Alleviation programmes in India: their implications for women’s health” vaidyake@hotmail.com

Dr. Rama Pal: “Inequalities in Child Health in India: Implications for Inclusive Educational Development” ramajoglekar128@gmail.com

Prof. J. George: “Food and Nutrition Security and Inclusive Growth”
jgsemig@gmail.com

9.30-10.45: Parallel Session: Youth Session 1A, 2A,

10.45-11.00 Tea break

11.00-12.15 Parallel Sessions: T1.3, T2.3, T3.3

12.15-01.30 Parallel Sessions T1.4, T2.4, T3.4

01.30-02.30 Lunch:

02.15-05.15 Poster Sessions III

02.30-03.45 **Symposium-5 (J.J.Bhabha Hall)**

Linkages of Gender with HIV and Health Issues

Chair Person: Prof.K.James

Speakers:

Dr.Shubadha Maitra, Mr.Rajendra Singh & Dr.Kalpita Jadhav: "The Implementation of Multilevel intervention of Prevention of HIV/STI transmission in a low income community in Mumbai"

Dr.P.Sandhya Rani: "Health Issues of Women Living in High Altitudes: A Study in Ladakh"

Dr.Arni Srinivasa Rao: "Gender inequalities in Health in India: A Mathematical Models explaining" arni@isical.ac.in

Dr.Sadhana Srivastava: "Towards a Strategy for an Inclusive Approach in Benefit Sharing Systems: Gender and Intellectual Property Rights in Traditional Knowledge" sadhana_s@smail.com

03.45-04.00 Tea Break

04.00-05.15 Parallel Sessions T1.5, T2.5, T3.5

05.15-06.30 Youth Session 1B, 2B, 3B (Continued)

06.30-07.30 TISS Programme

07.30 Onwards Dinner

November 26, 2011

09.30-10.45 **Symposium-6 (J.J.Bhabha Hall)**

Chair Person: Dr.K.Satyanarayana (ICMR)

Speakers:

K.Vijayanthimala: "Women of Present and Gender Discrimination" kvjmala@yahoo.co.in

M S R Murthy: "Determinants of reproductive spans among Muslims: A Study of NFHS data"

N.Audinaryana "Gender Inequalities in Health Status of the Elderly: Findings from Recent Studies" audinarayana.bu@gmail.com

Dr. A.Varadarajan: "Gender Dimensions in the Prevalence and Determinants of HIV/AIDS in Tamil Nadu" a_v_rajana@yahoo.co.in

Mite Pathak: "Population Control agenda in the name of Reproductive health"

10.45-11.00 Tea break

11.00-12.15 Parallel Sessions T2.6, T2.7, T3.6

12.15-01.30 Parallel Sessions T2.8, T2.9A, T3.7

01.30-02.30 Lunch

02.30-03.45 Parallel Sessions T2.9B, T2.10

03.45-04.00 Tea Break

04.00-05.00 Valedictory Function

LIST OF PARTICIPANTS for Pre Conference Workshop:

- Ms. Amrita Gupta
- Ms. Mousumi Gogoi
- Ms. Shilpa Mathapathi
- Ms. D. S. Padmini
- Dr. Manas Pratim Roy
- Ms. Bornali Dutta
- Ms. Karishma Shah
- Mrs. Neelu Singh
- Ms. Sangeeta Kumari
- Ms.Niharika Tripathi
- Ms.K.Shipra Jain
- Ms. Pallavi Gupta
- Ms. Rohini Fadte
- Ms. Ranjana Kesarwani
- Ms. Rakhi Ghoshal
- Dr. Abhijit Nandi
- Ms. Shashi Punam
- Ms. Ambika Dutta
- Ms. Kirti Gaur
- Ms.Madhulika Tygi
- Ms. Aishwarya
- Ms. Barsharani Maharana
- Ms. Rachana Patel
- Mrs. R. Kavitha
- Ms. B. Nalina
- Ms. Manjari Sinha
- Ms. Ruby Jain
- Mr. Bhuron Mohan Das
- Mr. Baidyanath Pal
- Mr. J. Bala Murugan
- Mr. Chandrashekhar
- Mr. T. Murugesan
- Mr. Ashwani Kumar
- Mr. Diwakar Yadav
- Mr. Awdhesh Yadav
- Mr. Satish Kumar Chavhan
- Mr. Rajan Kumar Gupt
- Dr. Atul Jaiswal
- Mr.Abhimnyu Singh Chawhan
- Dr. Vijay M. Sarode
- Dr. Ravindra P. Singh ,Mr. T. Kalaichelvan, Mr. Prakash R. Kengnal,Mr. P. R. Rejoice,Mr. Akash Kumar,Mr. Jeetendra Yadav

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
Symposia & Special Session		
1.	SY1	Poverty Alleviation Programmes in India: Their Implications for Women's Health – <i>K. E. Vaidyanathan</i>
2.	SY2	Gender Dimension of SRH Matters among Unmarried Adolescents in Jharkahnd – <i>C. P. Prakasam</i>
3.	SY3	Gender Inequalities in Health Status of the Elderly: A Critical Review of Findings from Recent Studies – <i>N. Audinarayana</i>
4.	SY4	Empowerment of the Elderly Women and Inclusive Development – <i>P. K. B. Nayar</i>
5.	SY5	Women of the Present Millennium and Gender Discrimination – <i>Kodali Vijayanthimala</i>
6.	SY6	Ageing and Development: A Case Study of Parsi Elderly in India – <i>S. Siva Raju</i>
7.	SY7	Determinants of Reproductive Spans among Muslims: A Study of National Family Health Survey Data – <i>M. S. R. Murthy</i>
8.	SY8	Palliative Care: A Neglected Aspect of Health in India – <i>A. K. Sharma</i>
9.	SY9	Health Dimension of Inclusive Development: The Case of Elderly Women in India – <i>Vighnesh N. Bhat</i>
10.	SY10	Declining Sex Ratio of the Child Population in India: A Decomposition Analysis – <i>Sulabha Parasuraman and Prashant Kumar Singh</i>
11.	SY11	Child Protection: Scenario in India – <i>Sibnath Deb</i>
12.	SY12	Prevalence and Determinants of HIV/AIDS in Tamil Nadu State: A Case Study – <i>A. Varadarajan and S. K. Zareena</i>
13.	SY13	Maternal Health: Leveraging Good Practices in South East Asia for Achieving MDG 5 in India – <i>S. Peppin</i>
14.	SY14	Gender Inequalities in Health in India: A Mathematical Models Explaining – <i>Arni Srinivasa Rao</i>
15.	SY15	Nutrition, Maternal and Child Health (MDGs): IP and Other Policies to Promote Inclusive Developme – <i>K. Satyanarayana and Sadhana Srivastava</i>
16.	SY16	Food and Nutrition Security in Real Inclusive Growth – <i>J. George</i>
17.	SY17	Inclusion and Empowerment in RCH Services in India: An Analysis of New Initiatives – <i>K. R. Nayar</i>
18.	SY18	P3s and Global Health “Innovations”?: Marketing the Dementia Epidemic in India – <i>Robin Oakley</i>
19.	SY19	Typology of Discrimination in Access to Health Care among Dalit Children – <i>Sanghmitra S Acharya</i>
20.	SY20	Convergence of Health Indicators in India: A Measure of Inclusive Development – <i>K. S. James</i>
21.	SY21	HOW CAN WOMEN EAT THEIR CAKE AND HAVE IT TOO? Gender, Culture and Reproductive Health – <i>Alaka Malawade Basu</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
Technical Session-T1: Health and Inclusive Development		
Technical Session - T1.1		
22.	4	Safe Motherhood Practices: An Intervention Program for Pregnant Women – <i>Shruti Tak</i>
23.	7	Factors Influencing Antenatal Care Service Utilization in Rural Areas – <i>Anitha C Rao and K. Rajendra</i>
24.	9	Status and Practices Regarding Maternal and Child Health in South Asian Countries – <i>Shweta Tomer and Shyam Joshi</i>
25.	12	General Health and Alienation Status of Divorced Women in Bangladesh – <i>Neaz Ahmed</i>
26.	13	Women’s Gynecological Problems and Treatment by AYUSH Providers in a Poor Urban Community in Mumbai – <i>Surendra Singh, Rajendra Singh, Ravi Verma and Stephen Schensul</i>
27.	14	Janani Suraksha Yojana (J.S.Y): The Cash Benefit Scheme, its Impact Evaluation, Challenges Faced & it’s Evolution into the Janani Shishu – Suraksha Karyakram (J.S.S.K) – <i>Ravish Manchanda, Narender Goswami and Faneesh Kohli</i>
28.	19	Infrastructure of Alternative Medicine in India: The State of States – <i>Manash Pratim Kashyap</i>
29.	346	Determinants of Utilization of Health Services for Inpatients for all India based on 52 nd NSS Data – <i>S. Sandhya</i>
Technical Session - T1.2		
30.	21	CHCMI (Community Health Care Management Initiative) in West Bengal – a Methodology of Strengthening Primary Health Care through Multicausal and Contextual Approach with a Community Perspective – <i>Abhijit Nandi</i>
31.	315	Dimensions in the Utilization of Health Infrastructure Facilities in Mumbai: An Economic Perspective – <i>Usha Sukumar Iyer</i>
32.	25	Maternal Child Health (MCH) Challenges for India – <i>S. Prabakar and V. Vijayalakshmi</i>
33.	32	Epilepsy and Mental Health: Role of Gender Inequality – <i>Aishwarya Upadhyay</i>
34.	35	Creating Empowerment Opportunities in Schools for Adolescent Girl Children from Low and Middle Income Communities in Hyderabad: A Holistic Approach for Inclusive Development through Summer Camp Model – <i>I. Immaculate Mary, Saroj Bangaru and Ekta Singla</i>
35.	37	Understanding the Association between High-Risk Fertility and Childhood Mortality in India – <i>Rajan Kumar Gupt and Abhishek Kumar</i>
36.	39	Factors Affecting Access and Utilisation of Health Services: A Study among Street Children and Homeless Women in Mumbai City – <i>Denny John and Arokia Mary</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)	.
37	43	Gender Differences in Terms of Utilization of Child Immunization in Uttar Pradesh – <i>Gunjan Singh, K. K. Singh, Sonam Maheshwari and Brijesh P. Singh</i>	
38.	345	Public Health System on Maternal and Child Care in India – A Policy of Indifference or Stewardship? – <i>P. J. Thushara</i>	
Technical Session - T1.3			
39.	45	Correlates of Paternal Participation in Maternal and Child Health Care in India – <i>A. G. Khan and M. Sateesh Gouda</i>	
40.	49	The Health of Children of Migrant Construction Workers – <i>Thounaojam Sunitibala Devi</i>	
41.	50	Understanding Socioeconomic Inequalities in Child Health in India: A Decomposition Approach – <i>Satvika Chhalasan</i>	
42.	30	Child Health Inequality in India: Implications for Inequality in Education – <i>Rama Pal</i>	
43.	315	Dimensions in the Utilization of Health Infrastructure Facilities in Mumbai: An Economic Perspective – <i>Usha Sukumar Iyer</i>	
44.	53	A Study on Child Rearing among the Deoris of Mahadevpur Village of Lohit District, Arunachal Pradesh – <i>Junumai Deori</i>	
45.	295	National Rural Health Mission an Impetus to Reproductive Healthcare Utilization in India: A Trend Analysis – <i>Nidhi Gupta</i>	
Technical Session - T1.4			
46.	54	Sulfur Amino Acids (SAA) in Nutrition – Assurance to Good Health: Female Adventitious – <i>R. C. Gupta</i>	
47.	56	Prevention and Control of Anaemia in Rural Adolescent Girls through School System in Medak District of Andhra Pradesh – <i>Kalpna Toran and K. Ravikiran Sharma</i>	
48.	58	Estimating Antioxidant Activity of Plant based Foods and Blending Traditional Recipes with such Foodstuffs to Improve Food Products of Healthier Versions – <i>Sheel Sharma, Komal Chauhan & Nidhi Agarwal</i>	
49.	62	Measures, Levels and Determinants of Household Food Insecurity and Nutritional Status in Urban India: A Study of Disparity and Vulnerability – <i>Protap Mukherjee and Muralidhar Vemuri</i>	
50.	63	Micronutrient Malnutrition – An Assessment of Functional and Economic Consequences on India's Current and Future Productivity – <i>Shah Karishma, Ramesh Athe, M. Vishnu Vardhan Rao and G.M. Subba Rao</i>	
51.	66	A Study on National Food Security and Sustainable Economic Development in India – <i>K. Govindarajalu</i>	
52.	277	Effect of Junk foods on health and Nutritional Status of School Children – <i>M. Aruna and Vandana Vashisht</i>	
Technical Session - T1.5			
53.	69	Application of Yogic Techniques in the Psychological Well-being of the Individuals – <i>Navin Kumar</i>	

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
54.	70	Understanding the Organizations of Innovative Drug Delivery Systems: An Empirical Typology – <i>P. Sigamani</i>
55.	71	Effect of Technology on Students' Health Awareness, Gender and Inclusive Development – <i>Ananas Kumar</i>
56.	75	Need of Technology Application in Tropical Tasar-culture for the Comprehensive Development of Tasar Based Tribes – <i>R. Manohar Reddy, Rupesh Charan and V. Sivaprasad</i>
57.	304	A Study on Nutritional Status, Nutritional Behaviour and Lifestyle of Women – <i>D. Saradha, V. Bindu and A. Aswini</i>
58.	333	Effect of Women's Migration on Urban Children's Health in India – <i>K. Anil Kumar, R.S. Reshmi and N. Hemalatha</i>
59.	344	Evaluation of the RHANI Wives Intervention- A Sexual Risk Reduction Program for Wives At Risk for HIV from Husbands – <i>Anita Raj, Niranjan Saggurti, Saritha Nair, Madhusudhana Battala, D. D. Naik, Anindita Dasgupta, Jay Silverman, Donta Balaiah and the RHANI Wives Field Research Team</i>
Technical Session - T2: Gender Dimensions		
Technical Session - T2.1		
60.	80	Gender and Water Safety – <i>Soorya Vennila</i>
61.	81	Male Participation in Birth Control Programme in Trivandrum District, Kerala – <i>P. Khuraisha Beevi and R. Jayasree</i>
62.	332	Male Involvement in Reproductive Health Matters: An Intervention Strategies – <i>Balaiah Donta, D. D. Naik, Saritha Nair, Umesh Iddya and Anil Bandiwadekar</i>
63.	83	Pre-marital Sexual Behaviour and Abortion in the Context of Globalisation: A Threat to Women's Health and Society– <i>Ambika Dutta</i>
64.	84	Mental Health, Pessimism and Quality of Life in Elderly Women in Slums – A Study – <i>V. Sethuramalingam</i>
65.	87	Sexual Behaviour among Youth in India- Sex Differentials – <i>Ram Kishore Gupta and Arvind Pandey</i>
66.	88	Aging & Its Morbid Consequences: A Health Perspective – <i>Meenu Kalia, Amrit Virk, B. P. Gupta and A. S. Sekhon</i>
Technical Session - T2.2		
67.	91	Understanding Health and Longevity: A Case of Elderly in Kerala – <i>V. Sudha Raj</i>
68.	96	Living Environment in Slums and Sex Differentials in Prevalence of Acute Respiratory Infection among Children in Eight Selected Cities of India – <i>Chandrashekhar and R. B. Bhagat</i>
69.	316	Does Social Cohesion Influence the Health and Well-being of Elderly Women in India? – <i>Niharika Tripathi and T. V. Sekher</i>
70.	101	A Statistical Exposition of the State of Empowerment at Older Ages in India – <i>Sanjeev Bakshi and Prasanta Pathak</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
71.	102	Women Empowerment among the Pati-Rabhas of Khara Halgiripara Village of Goalpara District, Assam – <i>A. F. Gulenur Islam Barbhuiya</i>
72.	104	Socio-Economic Problem and Physical Health of Elderly: A Study among the Rural Male and Female of Sambalpur District, Odisha – <i>Debasmita Barik, Puspanjali Sahu and Bharati Panda</i>
73.	105	Managing Diabetes: Voices of Rural Elderly Women– <i>Md. Abul Hossen</i>
74.	108	Health Disparities Experience by the Elderly Women – <i>Prashant Vishnu Sonwane</i>
Technical Session - T2.3		
75.	109	The Role of Women's Agency on the Comprehensive Knowledge of HIV/AIDS among Married and Unmarried Women in India – <i>Rajan Kumar Gupt and S. K. Mohanty</i>
76.	111	Empowerment of Elderly Women in India: Challenges and Prospects – <i>J. M. Arul Kamaraj and J. Arul Suresh</i>
77.	112	Women Health Care and Empowerment: A Sociological Study – <i>T. Murugesan and I. Singaram</i>
78.	115	Palliative Health Care in India: A Comparative Study of Clinic based and Community Based Models in Kerala – <i>T. Shukkoor and Arun Kumar Sharma</i>
79.	282	Policies and Programmes for Health Care and Well-being of the Senior Citizens of India – <i>Harish C. Srivastava</i>
80.	290	Empowerment of Elderly Women and Disparities: A Case-Study of Nivara, a Hundred-Year Old Age Home in Pune City – <i>Malika Mistry</i>
Technical Session - T2.4		
81.	306	Empowerment of Elderly Women: A Survey in Gulbarga City – <i>Chandrakumar B. Sedamkar and Hanamanthappa. B. Sedamkar</i>
82.	322	Physical and Mental Health of Elderly Widows: A Study in Jharkhand – <i>Sangeeta Kumari and T. V. Sekher</i>
83.	329	Empowerment of Elderly Women and Its Associated Factors in an Urban Setting of Tamil Nadu – <i>Neelu Singh and N. Audinarayana</i>
84.	310	Empowerment of Aged Widows in Rural Tamil Nadu: A Study with Demographic, Socio-economic, and Health Perspectives – <i>R. Hariharan, N. Malathi and M. V. Vaithilingam</i>
85.	117	Impact of Macronutrients Intake on Weight Loss Among Obese Adolescent College Girls in Erode Taluk – <i>S. Anuradha and V. Raji</i>
86.	119	Social Determinants of Health in Rural India – <i>Vijayalakshmi and S. Prabakar</i>
87.	120	Dynamics of Individual-Community 'Interaction' and Stigmatization Among Persons Actually and Virtually Living with HIV/AIDS – <i>Satyajeet Nanda and Madhumita Tripathy</i>
Technical Session - T2.5		
88.	122	Health Seeking Behaviour of Khasi Indigenous Older People of Bangladesh – <i>Md. Faisal Ahmmed</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
89.	123	Health of Female Migrant Construction Workers in Uttar Pradesh – <i>Mohammad Akram and Thounaojam Sunitibala Devi</i>
90.	125	Participation of Women in Wage Employment and Decision-making: A Study on Empowerment of Women among Afro-Indians of Gujarat, India – <i>Ankita Arya</i>
91.	132	Gender Differences in Prevalence of STI and Health Seeking Behaviour of Females in Uttar Pradesh – <i>Brijesh P. Singh, K. K. Singh and C. M. Suchindran</i>
92.	133	Women and Chronic Energy Deficiency: Dimensions and Implications – <i>Talwar Sabanna and Basavaraj Hedeginal</i>
93.	134	Women's Health and Inclusive Development in India – <i>L. N. Dash</i>
94.	136	Gender Sensitive Governance – <i>R. Kavitha and K. Muralidaran</i>
Technical Session - T2.6		
95.	140	Prevalence of Obesity and Hypertension among Newly Admitted Medical Students in T. D. Medical College, Alappuzha, Kerala – <i>P. S. Archana, Rekha Rachel Philip, Tom Wilson and Sobha</i>
96.	142	Reproductive Health Rights of Women in Rural Tamil Nadu – <i>N. Dhanabaghyam</i>
97.	144	Gender Inequality and its Impact on the Health of Women in India – <i>Mayank Srivastava</i>
98.	301	Health Problem of Elderly Women: A Status Based Narrative and the Legal Provisions – <i>Priti Saxena and Sudarshan Verma</i>
99.	309	Achievement of MDGs in the Areas of Health, Gender and Social Development: Malawi Experience – <i>McDonald Uledi</i>
100.	143	Is Menstrual Hygiene and Management an Issue for Rural Adolescent School Girls? – <i>K. Jothy and S. Kalaiselvi</i>
101.	145	Pre-Marital Sex in the Changing Life Style of Female College Students of Mumbai, India – <i>Jayanta Kumar Basu</i>
Technical Session - T2.7		
102.	300	Human Right to Health: Strategies, Policies and Programmes for Inclusive Development – <i>Preeti Misra and Alok Chantia</i>
103.	308	Risk Factors Among HIV Suspect Adults Attending Sir Sunder Lal Hospital, Banaras Hindu University – <i>T. B. Singh, Ajay Singh, A. Kumar and A. K. Gulati</i>
104.	147	Barriers to Access Dental Health Care Among Cerebral Palsy Persons: A Case Study – <i>T. C. Yashodha, Umashankar, N. S. N. Rao and Subhash Babu</i>
105.	337	Health and Human Rights Situations of Women Prisoners – <i>Leni Chaudhuri and Reena Mary George</i>
106.	339	Gender Equity and Women's Role in Decision-making at Household Level in Navi Mumbai – <i>R. D. Abbi</i>
107.	340	Gender and Mental Health – <i>Shikha Dixit</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
108.	150	Poverty, Gender Inequality and its Impact on Maternal Health with Special Reference to Assam – <i>Raju Tamang</i>
Technical Session - T2.8		
109.	151	Women's Nutritional Poverty: Consequences on Community Welfare – <i>Mrs. Vijayakhader</i>
110.	152	Women and Work in the Informal Sector: A Study of Women Vendors at Dimapur town of Nagaland State – <i>Ilika K. Jimo</i>
111.	153	Poverty Hunger and Maternal Health: An Anthropological Observation – <i>Somenath Bhattacharjee and Raka Bhattacharjee Roy</i>
112.	156	Role of Poverty in Gender Inequality Women Health in India – <i>S. D. Sharma and D. K. Sharma</i>
113.	158	Psychological Evaluation of Primiparous Women Attending the Antenatal and Postnatal Clinic in a Tertiary Health Care Center New Delhi, India – <i>Leema Maiti, Rohini Sehgal, Suneeta Mittal and Shobha</i>
114.	162	Intended Pregnancy Loss: Abortions Practices Among Married Women in Slum Area of Agra City – <i>Prarthi Sharma Kaushik and Nilika Mehrotra</i>
115.	163	Reproductive Health Problems: A Study of Illiterate Women – <i>Rajani Nallanagula and Karima Ferhana</i>
Technical Session - T2.9		
116.	165	Inclusive Approaches on Health Promotion in Andhra Pradesh – <i>Allu Gowri Sankar Rao and G. Samba Siva Rao</i>
117.	167	Women and Development with Special Reference to the Health and Economic Status of Women in Bihar – <i>G. Shankar</i>
118.	168	Discrimination against Female Children in Himachal Pradesh: A Case Study – <i>Shashi Punam and Piar Chand Ryhal</i>
119.	169	Multiple Deprivation and Maternal Care in India – <i>Sanjay K. Mohanty</i>
120.	173	Maternity Care Initiatives in India, 1990 – 2010: Inclusion and Exclusion – <i>Bijoya Roy</i>
121.	174	Determinants of Antenatal Care Utilization in a Rural Population of Punjab – <i>Amrit Virk, Meenu Kalia, B. P. Gupta and A. S. Sekhon</i>
122.	175	Consequences of Poverty and Gender Inequality on Maternal and Child Health: A Study in Koraput District of Odisha – <i>Meera Swain</i>
Technical Session - T2.10		
123.	177	Mother Mortality Rate and Millennium Development Goal: A Study on Health Status of Women of Lucknow, Uttar Pradesh – <i>Alok Chantia and Preeti Misra</i>
124.	179	Adolescence and Reproductive Behaviour: A Study of Meitei-pangal of Manipur – <i>Rajiya Shahani</i>

Sl. No.	Abstract No.	Title of the Abstract and Name(s) of the Author(s)
125.	184	Reducing Maternal Mortality Rate through Empowering Women: Experiences from Gujarat – <i>Priti Garg, Madhu Thawani and Renuka Garg</i>
126.	193	Gender Equality, Poverty and Peace Education: Towards 21st Century – <i>Subhash Chandra</i>
127.	195	How Patra Indigenous Women Seek Health Care during Pregnancy? – <i>M. D. Faisal Ahmmed, M. D. Abul Hossen, Neaz Ahmed and Abul Kashem</i>
Technical Session - T3: Social Dimensions		
Technical Session - T3.1		
128.	196	Social Disparities in Mental Health and Gender: Depressed Class Farmers – <i>Amardeep, B. and Shivakumar, S</i>
129.	197	Social Disparities in Health by Caste, Gender and Socio-economic Group: Some Evidences from NFHS-3 – <i>Sunil Kumar Mishra and Rekha Gupta</i>
130.	201	Feminization of Poverty and Child Mortality: An exploratory Analysis of Tribal Groups in Orissa – <i>Debendra Kumar Biswal</i>
131.	202	Educational Status of Selected Tribal Households in Coimbatore – <i>Malarvizhi. V</i>
132.	203	Ecology and Development: The Paradox of Indigenous and Modern Health Practices of Kondh Tribe of Orissa – <i>Bibekananda Nayak</i>
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114	Gender disparity in health and food expenditure in india among elderly	Barsharani maharana	barsha.iips@gmail.com
128	Linking gender health human rights and mdgs	Aishwarya	aishwaryar840@gmail.com
129	Health impacts of unsafe public drinking water supply at south chennai	A.jenitha	joshuanje.08@gmail.com
170	Factors affecting the utilisation of maternity care services among married adolescents in rural india	Lucky singh	lucky_5bhu@yahoo.com
182	Wealth being inequalities in maternal health care utilization: a study from eag states	Rachana patel	contact.rachi@gmail.com
190	Constructing health workers: understanding reproductive health problems and health seeking behaviour among migrant women construction workers in delhi	Achala gupta	achalatiss@gmail.com
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254	The economic social and health costs of alcohol consumption in india	Aparna mukherjee	mukherjee_aparna@hotmail.com
93	Gender disparities and mental health: a succumbed issue	Saulat fatima	saulat09@gmail.com
99	Sex differentials in treatment seeking for long term diseases among elderly indian	Debasis barik	debasisbarik25@gmail.com
124	Impact of gender on household health expenditures in yanam region of union territory of puducherry india	T subba lakshmi	tslakshmi1986@gmail.com
171	Povertygender inequality and maternal health	Nida siddiqui	nia.qazi@gmail.com
185	Reproductive health status of tribal adolescent girls in jharkhand: a developmental debate	Manjari sinha	manjari.sinha88@gmail.com
223	Polluting occupations and illness experiences: illustrations from dalit communities.	Ziyauddin k. M.	ziyakmjamia@gmail.com
224	Contextualising the educational backwardness among muslims in west bengal: an inferential analysis	Arijit das	arijit3333@gmail.com
255	Gender and social protection	Vijayalaxmi math	vkmath62@gmail.com
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