

# INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH

20<sup>th</sup> Annual Conference

# 2025

March 5- 7, 2025

At Sambalpur University, Odisha

**Theme:** *Health and Wellbeing in India:  
Socio-economic and Gender Implications*

Souvenir &  
**Abstracts**

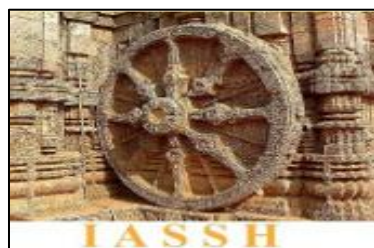
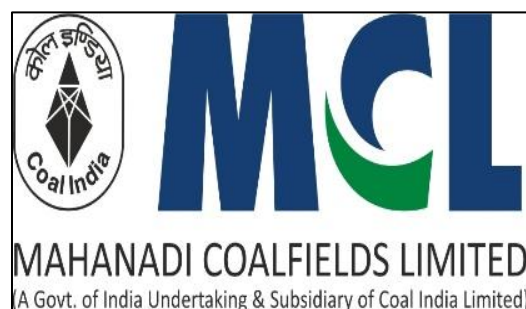


In collaboration with:  
Department of Anthropology  
**Sambalpur University**

Email: [iassh2025conference@gmail.com](mailto:iassh2025conference@gmail.com)

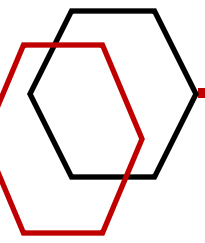
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**Conference Supported by**



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## 20<sup>th</sup> IASSH National Conference jointly with Sambalpur University

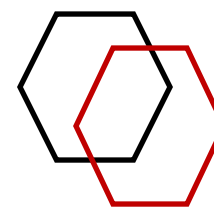
THEME:

**“Health and Wellbeing in India: Socio-economic and Gender Implications”**

**5<sup>th</sup> – 7<sup>th</sup> March 2025**

### Programme Schedule

<b>Wednesday 5<sup>th</sup> March 2025</b>	<b>Day I</b>
09:00-10:00 hrs	<b>Registration:</b> Outside Biju Patnaik Auditorium
10:00-11:30 hrs	<b>Inaugural Session</b>  <b>Welcome Address:</b> Dr. Bharathi Karri, Sambalpur University <b>President’s Address:</b> Prof. T V Sekher, President, IASSH <b>Address by Chief Guest:</b> Prof. Bidhu Bhusan Mishra, Vice-Chancellor, Sambalpur University <b>Inaugural Address by Chief Speaker:</b> Dr. Bijay Kumar Sahu, Senior Regional Manager & Head, National Research Development Corporation, Department of Science and Technology, Government of India <b>Address by Guest of Honour:</b> Prof. Tushar Kanti Das, P.G. Council Chairman, Sambalpur University <b>Address by Guest of Honour:</b> Dr. Nruparaj Sahu, Registrar, Sambalpur University <b>Presentation of Best Publication Awards by Chief Guest</b> <b>Vote of Thanks:</b> Prof. P.M. Sandhya Rani, General Secretary, IASSH
	<b>Venue:</b> Biju Patnaik Auditorium



11:30-11:45 hrs	<b>High Tea</b> <b>Venue:</b> Biju Patnaik Auditorium	
11:45-13:00 hrs	<b><i>Eight Prof. John Caldwell Memorial Lecture</i></b> <i>Welcome: Prof. T V Sekher</i> <i>Chair/Co-Chair: Prof. C. P. Prakasam (former President, IASSH) /Prof. KNM Raju</i> <i>Speaker: Prof. P.M. Kulkarni (Former Professor, JNU, New Delhi)</i> <i>Topic: Fertility Decline in India: From an Alarmingly High Level to a Worryingly Low Level</i> <i>Vote of Thanks: Prof. Arun Kumar Acharya (Sambalpur University)</i> <b>Venue:</b> Biju Patnaik Auditorium	
13:00-14:15 hrs	<b>Lunch. Venue:</b> Biju Patnaik Auditorium	
13:00-14:30 hrs	<b>POSTER PRESENTATIONS (A)</b> <b>Venue:</b> Outside Biju Patnaik Auditorium <b>Evaluators:</b> <i>Prof. R Nagarajan, Prof. T B Singh, Prof. Debendra Biswal, Dr. Bibhu Kalyan Mohanty</i>	
	Intersectional Approaches to Women's Empowerment in Tribal Regions: Political and Social Dimensions	Omprakash Sahu
	Son Preference and Birth Spacing: Examining Socioeconomic Inequalities and Fertility Dynamics in India	Soumen Barik, Dr. Dewaram A. Nagdeve
	Enhancing School Health Care: Supporting Children with Emotional-Behavioural Disorders in Primary Educational Institutions	Jogy George, N R Suresh Babu
	Emergence of Census Towns (CTs) and Economic Diversification in West Bengal: A Comparison of Selected CTs in the districts of Purulia and Bankura	Bidita Dhar
	Differences in Health-related Quality of Life among Older Migrants and Non-migrants in India: The Role of Migration-Related Factors	Dr. Vasim Ahamad
	Predictors of NSSI among NEET and JEE aspirants in India.	Susmita Biswas, Piyasa Maity, Dr. Sucharita Maji
	Traditional food practices during pregnancy, postpartum recovery, and child care among the Chakhesang tribe in Northeast, India	Vekutulu Chiero, Prof. H Lhungdim
	Gendered Experiences of Young Adults Living with Diabetes: A Descriptive Qualitative Study	Padma Sri Lekha P, Dr. Abdul Azeed E P
	Health is Wealth: Does the Converse is Also Stand Valid in India Context, does a nation's economic prosperity inevitably translate	Tapas Kumar Sahu

	into improved health and well-being for its citizens?	
	Understanding the Impact of Migration on Children's Health and Education: A systematic review	Sagar Pagare
	Major Sexual Reproductive Health Issues of Lodha Married Adolescent Girls in India: An Exploratory and Empirical Study	Gita Naik
	Intersectionality of Caste and Queer Identities on Campus: A Qualitative Study in India	Kumari Sarika
	Mental Health Situation among Multidimensional poor and non-poor among older adults in India	Jyoti Sankar Hota
	Understanding the Gap in Modern Contraceptive Use Among Married Adolescent and Adult Women: Insights from National representative sample data	Dinabandhu Patra, Dr. Jagannath Behera
	The Weight of Care: Challenges Involved in Labour and Remuneration among Community Health Workers in Pondicherry	Karuna Kurien
	Perceived delay in health seeking behaviour of tribal population in Gajapati district of Odisha.	Gitanjali Kar, Prof Sanjukta das
	From Language Discrimination to Mental Health: The Mediating Role of Shame	Devu Rajeev, Sucharita Maji
	The Family Planning Policy of India: An Analysis of Target Setting to Target Free Approach	Sasmita Sahoo
	Gender, Health care and Religious Perceptions: A Sociological Dimension of Muslim Women's Health in India	Alia Jabeen Mustafa
	Knowledge of Ovulatory Cycle Among Tribal Women in India: Evidence from the nationally representative survey (NFHS-5)	Sucharita Ghoshal, Dr. Sameer Kumar Jena, Mriganka Dolui, Dr. Sanjit Sarkar
14:30-16:00 hrs	<b>Technical Session 1: Ageing and Health</b> <b>Venue:</b> Conference Hall A, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. S. Siva Raju/ Dr. Nibedita Nath <b>Rapporteurs:</b> Research Scholar	
	Estimation of Adjusted risk of confounding factors determining Heart disease among Elderly: LASI Data	Prof. C. P. Prakasam
	Effect of Physical Activities on Elderly Health: Comparative Analysis between the states of Odisha & Kerala	Prof. Pushpanjali Swain
	Widowhood and Cognitive Function among elderly Indian women: Exploring the role of mediating factors	Manish Lekhwani
	Bedridden, Hospitalization and Elder Abuse in India: Results from the Longitudinal Ageing Study in India (LASI)-Wave 1, 2017-18	Dr. Sathya T
	Health and wellbeing status of the Aged: A Study in Urban fringe village of Birkona Bilaspur, Chhattisgarh.	Reena Singh

14:30-16:00 hrs	<b>Technical Session 2: Ageing and Wellbeing</b> <b>Venue:</b> Conference Hall B, Department of Anthropology <b>Chair/Co-Chair:</b> <i>Prof. KNM Raju/Prof. T. Paltasingh</i> <b>Rapporteurs:</b> <i>Research Scholar</i>	
	Factors Influencing Sleep Quality among Rural Elderly Persons of Kurnool District, Andhra Pradesh	Prof. N. Audinarayana
	Self-Care Ability among the Rural Elderly Widows	Prof. R. Maruthakutti
	An Analysis of Wellbeing of Adults and old aged population in North East of India	Dr. Pragya Tiwari Gupta
	Quality of life and Psychological well being among non organic and organic farmer: a comparative study:-	Siba Karmi
	Psychological Well-being of Older Women: Challenges and Policy Implications	Shreeya Nayak
14:30-16:00 hrs	<b>Technical Session 3: Maternal and Child Health</b> <b>Venue:</b> Conference Hall C, Department of Anthropology <b>Chair/Co-Chair:</b> <i>Prof. Sibabrata Das / Dr. Sandhya Mahapatro</i> <b>Rapporteurs:</b> <i>Research Scholar</i>	
	Caesarean Birth Experiences: A Qualitative Study from Keonjhar, Odisha	Sameer Kumar Jena
	Impact of Gestational Weight Gain on Birth Outcomes among Pregnant Women in a Rural Setting of Odisha, India	Rakesh Ranjan Nanda
	Community based Health-Care Solutions for improving Maternal and Child Health & Well-Being: A longitudinal study in West Bengal	Pintu Kabiraj
	Delayed Motherhood and Maternal Health Risks in India: Findings from a Generalized Linear Model Analysis	Dr. Priyanka Patel
	Social, Economic, and Political Disparities in Perceived Health Status: A Case Study of Healthcare Practices among Major Social Groups in Kerala	Dr. Nandu Kannothu Thazha Kuni
16:00-16:15 hrs	<b>Tea Break: Department of Anthropology</b>	
16:15 - 18:00 hrs	<b>Technical Session 4: Gender Issues</b> <b>Venue:</b> Conference Hall A, Department of Anthropology <b>Chair/Co-Chair:</b> <i>Prof. P M Sandhyarani/ Prof. Malika B Mistry</i> <b>Rapporteur:</b> <i>Research Scholar</i>	
	Narrating the Vulnerabilities and Adaptative Capacity of Artisanal Fisherwomen in Rameswaram	Indumathi Balakrishnan
	Physical Care Seeking Behaviour of Elderly widows in Puducherry District	Dr Nirmalasaravanan N, Prof. N Audinarayana
	Women Involvement in Credit Cooperative an Empowerment in Tamil Nadu, India	Dr. Pazhani Murugesan
	Sustainable Development Goals and Women Empowerment: A Study of Gram Panchayat Development Plan of some Gram	Dr. Sabari Bandyopadhyay



	Panchayats in South 24 Parganas District of West Bengal	
	Examining the Implementation and Impact of PCPNDT Act: A Review on Combating Sex-Selective Practices in India.	Pankaj Kumar Patel
16:15 - 18:00 hrs	<b>Technical Session 5: Morbidity and Disability</b> <b>Venue:</b> Conference Hall B, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. R Nagarajan / Dr. Monali Goswami <b>Rapporteurs:</b> Research Scholar	
	Prevalence And Predictor of Multimorbidity: A Population Based Comparative Study.	Dr. Samarpita Koley
	The Nexus Between Population Dynamics and Health Outcomes in South Asia: A Post-Pandemic Perspective	Dr. Rajesh Bhoite
	Social Determinants and Challenges Faced by Parents of Intellectually Disabled Children in Ahmedabad, Gujarat: A Cross-Sectional Study	Dr. Shukkoor T
	Quality of Life of Visually Challenged Women in Rural Districts of Tamil Nadu	Dr. Pitchaimani Govindharaj
	Cascade Care and Age at Onset of Hypertension by Stages among Older Adults in India	Umakanta Sahoo
	Changing patterns of diabetes and modifiable risk factors behaviour across genders in India	Tarsem Kasnia
16:15 - 18:00 hrs	<b>Technical Session 6: Reproductive Health</b> <b>Venue:</b> Conference Hall C, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. Pushpanjali Swain / Dr. Pragya Gupta Tiwari <b>Rapporteur:</b> Research Scholar	
	A mystery client survey of pharmacies in Mumbai, India to explore the availability and accessibility to medication abortion without a prescription	Dipesh Suvarna
	Mid-level Healthcare Providers (MLHPs) in Assam: Opportunities and Challenges	Dr. Daksha Parmar
	Analysing the Changing Patterns of High-Risk Fertility Behaviours Among Married Women in India: A Decomposition Study from 1992 to 2021	Dr. Mayank Singh
	Multiple Vulnerabilities and Utilization of Reproductive health care services in selective states in India	Sarajit Ankura
	Public Health and Sanitation in Odia Literature.	Amruta Anindita
18:30-20:00 hrs	<b>Cultural Programme:</b> <b>Venue:</b> Biju Pattnaik Auditorium	
20:00-21:00 hrs	<b>Gala Dinner:</b> <b>Venue:</b> Biju Pattnaik Auditorium	
<b>Thursday 6<sup>th</sup> March 2025</b>	<b>Day II</b>	



10:00-11:00 hrs	<p><b><i>Tenth Dr. K. E. Vaidyanathan Memorial Lecture</i></b>  <i>Welcome: Prof. T V Sekher</i>  <i>Chair/Co-Chair: Prof. S. Siva Raju (Former President, IASSH)/ Prof. U S Mishra (IIPS Mumbai)</i>  <i>Speaker: Prof. Achin Chakraborty (Former Director, Institute of Development Studies Kolkata)</i>  <i>Topic: Normative Approaches to Measurement of Inequality in Health and Nutrition</i>  <i>Vote of Thanks: Prof. R Nagarajan</i></p> <p><i>Venue: Biju Pattnaik Auditorium</i></p>												
11:00-11:15 hrs	<p><b>Tea Break:</b> Biju Pattnaik Auditorium</p>												
11:15 - 12:15 hrs	<p><b>Plenary Session I: By CINI “Newborn Survival in Tribal Areas of India”</b></p> <table border="0"> <tr> <td>Introduction: Context setting and speaker Introduction</td><td>Prof. Jalandhar Pradhan (<i>NIT Rourkela</i>) <b>Chair and Moderator</b></td></tr> <tr> <td>Integrating Indigenous Knowledge with Modern Neonatal Health Practices</td><td>Ms. Mitali Mohanty</td></tr> <tr> <td>Strengthening Community-Based Neonatal Care: Lessons from Tribal Fields of Jharkhand</td><td>Mr. Rayhan Siddik</td></tr> <tr> <td>Kangaroo Mother Care as a Community-Driven Solution for Preterm and Low Birth Weight Babies</td><td>Ms. Sweta Halder</td></tr> <tr> <td>Policy Interventions for Neonatal Health in Tribal Areas: A Public Health Perspective</td><td>Dr Priyamadhaba Behera</td></tr> <tr> <td>Synthesis of Learnings &amp; Closing Remarks</td><td>Prof. Jalandhar Pradhan (<i>NIT Rourkela</i>)</td></tr> </table> <p><b>Venue:</b> Biju Pattnaik Auditorium</p>	Introduction: Context setting and speaker Introduction	Prof. Jalandhar Pradhan ( <i>NIT Rourkela</i> ) <b>Chair and Moderator</b>	Integrating Indigenous Knowledge with Modern Neonatal Health Practices	Ms. Mitali Mohanty	Strengthening Community-Based Neonatal Care: Lessons from Tribal Fields of Jharkhand	Mr. Rayhan Siddik	Kangaroo Mother Care as a Community-Driven Solution for Preterm and Low Birth Weight Babies	Ms. Sweta Halder	Policy Interventions for Neonatal Health in Tribal Areas: A Public Health Perspective	Dr Priyamadhaba Behera	Synthesis of Learnings & Closing Remarks	Prof. Jalandhar Pradhan ( <i>NIT Rourkela</i> )
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Synthesis of Learnings & Closing Remarks	Prof. Jalandhar Pradhan ( <i>NIT Rourkela</i> )												
12:15 - 12:45 hrs	<p><b>Plenary Session II: By NSO “Data for Development”</b>  <i>Chair/ Co-Chair: Prof. R Nagarajan/Prof. Pradeep Kumar Panda (AIPH-University, Bhubaneswar)</i>  <i>Speaker: Rahul Kumar Patel (Deputy Director, NSO)</i>  <i>Venue: Biju Pattnaik Auditorium</i></p>												

12:45-13:15 hrs	<b>Plenary Session III: By MCL</b> <b>“Barriers to Breakthroughs: Overcoming Gender Based Obstacles”</b> <i>Chair: Prof. N Audinarayana</i> <i>Speaker: Dr. Sushmita Sahai (MCL)</i> <i>Venue: Biju Patnaik Auditorium</i>	
13:15-14:15 hrs	<b>Lunch Break</b>	
13:00-14:30 hrs	<b>POSTER PRESENTATIONS (B)</b> <i>Venue: Outside Biju Pattnaik Auditorium</i> <i>Evaluators: Prof. Audinarayana, Dr. Manas R Pradhan, Prof. Diptendu Chatterjee, Dr. Suresh Murmu</i>	
	Impact of Coal Mining on Livelihood and Health: The Case of Chero Tribe in Jharkhand	Nirmal Singh, Dr. Sunil Sarode
	Impact of Beauty standard on the mental health of Gen Zs in India	Susmita Dash
	Navigating Women and Consanguinity In India: A Look At Women’s Empowerment And Agency In A Consanguineous Marriage	Anwesha Sharma, Manish Lekhwani
	Geospatial Insights into Women’s Health: A Multimorbidity Study Across Indian Districts	Ananya Kundu
	Uncovering Substance Use and Its Drivers Among Youth in Delhi's Slums – A Cross-Sectional Insight	Bhawna, Prof. R. Nagarajan
	"Situating the Joint Effects of Intersectional Social Axes in Exploring the Association between Availability of Primary Kins and Quality of Life among Elderly; Insights from LASI, 2017-18."	Shreyantika Nandi, Dr. Harihar Sahoo
	An Indigenous Healing Practices Among The Paudi Bhuiyan Community of Odisha	Joyeeta Singha
	Rural and Remote Healthcare Electrification through Decentralized Renewable Energy (DRE): Perspectives from field implementations - A qualitative study from North Karnataka Districts, India	Veeresh Tadahal, Rinshu Dwivedi
	Perceived contraceptive access and media exposure: A study on adolescent sexual health using UDAYA data	Prinitha S, Tony P Jose, Annmary Devassykutty
	Morbidity pattern of elderly people: A cross-sectional study of Belpada block, Bolangir district	Somarani Dehta
	Exploitation and Trafficking of women and girls for Forced marriage in India	Sushree Subhalaxmi Behera, Prof. Arun Kumar Acharya

	Abuses and Violence Against Widows in India and its Implications on Health	Sarojinee Sahoo, Prof. Arun Kumar Acharya
	Transgender Women in India: Neocolonialism, Stigmatization and Discrimination	Bandana Meher, Prof. Arun Kumar Acharya, Dr. Maria Pallotta-Chiarolli
	Culturally Embodied, Medically Marginalized: Odiya Women's Access to Maternal Healthcare in Destination	Sowmiya S
	Bio-Cultural Approach to Study Menstrual Hygiene and Practices of Kutia Kondh Tribal Women of Kalahandi District, Odisha	Sanghamitra Bhoi, Dr. Madhulika Sahoo
	Transition in Morbidity Patterns Among the Aging Population of India and Its States: Insights from SAGE Data	Manish Lekhwani
	Exploring the association between indoor air pollution (IAP) and anaemia among pregnant women in India: A geospatial analysis	Jenica Barnwal
	Unveiling Inequality, Disadvantage, and Discrimination: Intersectional Dynamics of Caste and Gender in Maternal Healthcare Utilization in India – Insights from NFHS-3, NFHS-4, and NFHS-5	Amit Kumar Raja, Abhijeet Kumar
	This Is A Family Matter; I Have No Choice, Only To Suffer Silently: Experience Of Marital Violence Among Paudi Bhuiyan Tribal Women In India	Namita Seth, Prof. Arun Kumar Acharya
14:30-16:00 hrs	<b>Technical Session 7: Mental Health</b> <b>Venue:</b> Conference Hall A, Department of Anthropology <b>Chair/Co-Chair:</b> Dr. P. Thiagrajan / Dr. Suman Chakrabarty <b>Rapporteur:</b> Research Scholar	
	Disparities in Mental Health Services Utilisation in Elderly: Evidences from Central Institute of Psychiatry, Ranchi	Dr. Hariom Pachori
	Childhood exposure to domestic violence and mental health outcomes among men in India	Dr. Manas Ranjan Pradhan
	Unveiling the Nexus of Health and Sanitation: A Multidimensional Systematic Approach to Sustainable Well-Being	Dr. Dipti Mayee Sahoo
	Access to Sanitation and Its Association with Mental Health among Older Adults in India	Dr. Y Selvamani
	Exploring the Impact of Internet and Social Media on the Mental Wellbeing of College Students in Kanpur (UP)	Anandi Shukla
14:30-16:00 hrs	<b>Technical Session 8: Nutrition</b> <b>Venue:</b> Conference Hall B, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. C. P. Prakasam/ Dr. Kalyani Rath <b>Rapporteur:</b> Research Scholar	
	Impact of nutrition on Rampant caries	Dr. Satyabrata Kar
	Nutritional Status of Children in EAG States of India: Evidence from National Family Health Survey	Dr. Anjali Dash
	Understanding Anemia and Tribes in Odisha: Evidence from	Dr. Manoranjan

	NFHSs	Mohapatra
	Maternal bargaining power and Intra-household Inequalities in the Nutritional Status of Children aged 0-59 Months in India	Dr. Itishree Pradhan
	Factors associated with adverse birth outcomes among anaemic pregnant women: can there be any blueprint for averting the incidents?	Md Rayhan Siddik
14:30-16:00 hrs	<b>Technical Session 9: Health Infrastructure</b> <b>Venue:</b> Conference Hall C, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. D P Singh/ Prof. R Maruthakutti <b>Rapporteur:</b> Research Scholar	
	Healing Pattern of Chronic Wound; from a Tertiary Care Hospital of Eastern UP	Prof. Tej Bali Singh
	An Assessment of the Empowerment of Accredited Social Health Activist in Rural Healthcare Delivery System: A Case Study of Khargram Block of Murshidabad District in West Bengal	Dr. Shatarupa Dey
	Disparities in Health Service Accessibility: A Comparative Analysis of Bihar and Kerala, India	Dr. Prabakar S
	New Trends in Healthcare Practices and Sustainable Development: Unfolding Multinationals Engagement through Corporate Social Responsibility.	Dr. Manosmita Mahapatra
	Social Barriers and Healthcare Utilization Among Older Adults in India: Evidence from LASI Survey	Jitender Prasad
16:00-16:15 hrs	<b>Tea Break: Department of Anthropology</b>	
16:15-18:00 hrs	<b>Technical Session 10: Adolescent and Youth</b> <b>Venue:</b> Conference Hall A, Department of Anthropology <b>Chair/Co-Chair:</b> Prof. T B Singh / Prof. Nanda Kumar Mahakud <b>Rapporteur:</b> Research Scholar	
	Fighting Neonatal Mortality through Community-Based Kangaroo Mother Care	Sweta Halder
	Breastfeeding Practices Among Adolescent Women in India: A cross-sectional analysis using NFHS 5 data	Dr. Nivedita Paul
	Cyberculture and cyberbullying its impact on the mental health of the youths in India	Dr. Madhulika Sahoo
	Political Economy of Health Expenditure and Economic Growth in Pre-UPA, UPA and NDA Period	Diptimayee Samal
	Impact of Counselling-integrated Modular Life Skills Program on Social Anxiety and Changes in the Interpersonal Relationship Patterns of Adolescents.	Aarti Bardhan
16:15-18:00	<b>Technical Session 11: Tribal Health</b>	

hrs	<b>Venue:</b> Conference Hall B, Department of Anthropology <b>Chair/Co-Chair:</b> <i>Prof. Pradeep K Panda / Prof. Kaushi Bose</i> <b>Rapporteur:</b> <i>Research Scholar</i>	
	Bridging the Gap: Advancing Health and Wellbeing Among Tribal Communities Through Eklavya Model Residential Schools	Dr. Ankit Kumar Jha
	Adolescent Health Conditions of Tribal Children Inhabiting In Urban Slums	Dr. Deepak Kumar Ojha
	The Shadows of Stigma and Structural Violence: Navigating Life after Naxalism and Incarceration of Tribal Women in India	Dr. Bikram Kumar Jena
	Access to Health Care Facilities Among Scheduled castes and scheduled tribes in Odisha: Challenges and Policy Implication	Umesh Bag
	From Forests to Fragility: The Unseen Aftermaths of Displacement on the Health of Tribal Women in Odisha	Meenakshi Nayak
16:15-18:00 hrs	<b>Technical Session 12: Migration and Urbanization</b> <b>Venue:</b> Conference Hall B, Department of Anthropology <b>Chair/Co-Chair:</b> <i>Prof. R Maruthakutti /Dr. Biswanth Malakar</i> <b>Rapporteurs:</b> <i>Research Scholar</i>	
	Covid 19 and Social Group Migration in India: What we know?	Prof. D. P. Singh
	Seasonal Migration as Livelihood Strategy among Tribes: A Case Study of Sundargarh, Odisha	Dr. Grace Bahalen Mundu
	A study on Health Issues in the Context of Circular Migration	Dr. Saida Banoo
	Health Care Access Among Migrating Families: A Thematic Analysis of Qualitative Interviews	Tushar Dakua
18:30-19:30 hrs	<b>General Body Meeting (Members only)</b>  <b>Venue:</b> Conference Hall A, Department of Anthropology	
20:00-21:00 hrs	<b>Dinner:</b> Biju Patnaik Auditorium	
<b>Friday, 7<sup>th</sup> March 2025</b>	<b>Day III</b>	
09.30-11.45 hrs	<b>Technical Session 13: Competition for Youth Best Paper Award Presentations - (A)</b> <b>Venue:</b> Conference Hall A, Department of Anthropology  <b>Evaluators:</b> <i>Prof. C. P. Prakasam, Prof. Sandhya Rani, Prof. R Nagarajan</i> <b>Rapporteurs:</b> <i>Faculty</i>	
	Exploring the nexus between Air pollution and hypertension women in India: A national level cross-sectional study	Mriganka Dolui
	Why do Employers Hesitate to Employ Transgender Individuals? A Study Among Business Owners in Chennai City	Koushik Gopinathan
	Food Insecurity and Its Association with Functional Limitations and Mental Health Among Older Adults in India: Insights from LASI Wave-1	Sarika Rai

	Nested Determinants of Neglect: A Qualitative Investigation on the Maternal Overload and Caregiving Myths among Autistic Children	Swethashri M
	Assessing the Impact of Gender-Based Violence on Depression in Adolescent Girls: Insights from the UDAYA Survey	Sazia Khanam
	Cultural Semiotics of Care: Health, Dependency, and the Aged in Indian Fiction	Sanskriti Pujari
	Health of Institutionalized older people in Odisha: A gendered analysis of morbidity prevalence	Basabadatta Jena
	Sigma and Beta Convergence Analysis for the Health Expenditures of the BRICS Nations	Sangeetha S
	Impact of Indoor Air Pollution from Cooking on Blood Pressure and Stroke among the Elderly in Bankura District of West Bengal	Ujjwal Das
09.30-11.45 hrs	<b>Technical Session 14: Competition for Youth Best Paper Award Presentations – (B) Venue:</b> Conference Hall B, Department of Anthropology	
	<b>Evaluators:</b> Prof. S Siva Raju, Prof. U S Mishra, Prof. N Audinarayana <b>Rapporteurs:</b> Faculty	
	Current status of Jaunsari Tribe in India	Tavishi Sinha
	Disentangling Fieldworker and Respondent's biases in reporting Sensitive Questions in India	Saurabh Singh
	A Qualitative Study on the Experiences and Perceptions of Female Adolescents Who Have Experienced Child Sexual Abuse	Silvia SV
	Queering the Clinic: Understanding Conversion Therapy as Iatrogenic Violence	Silpa G Nair
	Diabetes care cascade among older adults in India: A nationally representative cross-sectional study, 2019-2021	Sumit Ram
	Gender Inequality in Human Capital Formation, Accumulation and Labour Market Outcome: An Analysis Using Periodic Labour Force Survey	Sefali
	Unveiling the Interplay of Socioeconomic Factors and Self-Management in Diabetes Care: A Structure Equation Modelling Approach	Sadhana Mishra
	Navigating the Nutritional Poly-crisis: Examining the Nexus of Climate, Food, and Marginalisation for Particularly Vulnerable Tribal Groups in Nilgiris	R Tharun
	Life After Migration: A Comparative Study on Successful Aging in India	Bittu Mandal
11:45-12:00 hr	<b>Tea Break:</b> Biju Pattnaik Auditorium	

12:00-13.15 hr	<b>Valedictory Session</b> <b>Welcome Address: Prof. Arun Kumar Acharya, Sambalpur University</b> <b>Brief review of the conference: Dr. Bharathi Karri, Sambalpur University</b> <b>President's Remarks: Prof. T V Sekher, President, IASSH</b> <b>Chief Guest's Address: Prof. Bidhu Bhusan Mishra, Vice-Chancellor, Sambalpur University</b> <b>Chief Speaker's Address: Prof. Satya Narayana Ratha</b> <b>Presentation of Best Youth Paper and Poster Awards: by Chief Guest</b> <b>Vote of Thanks: Dr. Bharathi Karri, Sambalpur University</b>
13.15-14.15 hr	<b>Lunch:</b> Biju Patnaik Auditorium
13:15- 15:00 hr	<b>Distribution of Certificates and Travel Grants</b>
	<b>End of Day III</b>



## Message from the Vice Chancellor, Sambalpur University



It gives me pleasure to extend a warm welcome to all distinguished scholars, researchers and professionals attending the 20th Annual Conference of the Indian Association for Social Sciences and Health (IASSH) in collaboration with the Department of Anthropology at our Sambalpur University. The theme, "Health and Wellbeing in India: Socio-economic and Gender Implications," is both timely and critical, addressing key challenges in public health, gender equity, and sustainable development. This conference provides an excellent forum for meaningful dialogue fostering research to build a healthier and more inclusive society.

At Sambalpur University, we are deeply committed to advancing knowledge that has direct societal impact. Our academic and research endeavours align with the broader objectives of equity, sustainability and social well-being making this conference a natural extension of our institutional vision. We believe that interdisciplinary engagement and critical inquiry are essential in addressing contemporary health challenges, particularly in regions that require targeted interventions. This gathering of experts from diverse disciplines will undoubtedly contribute to shaping innovative solutions that benefit both academia and society at large.

I extend my sincere appreciation to IASSH, the local conveners of the conference Dr. Bharathi Karri & Prof. Arun Kumar Acharya, of the Department of Anthropology, Sambalpur University and the entire organizing committee for their dedication in bringing this academic platform to fruition. I encourage all participants to actively engage in discussions, forge new collaborations and contribute to the collective pursuit of knowledge and societal well-being. I wish the conference great success and look forward to the enriching insights it will generate. With best wishes and warm greetings,

**Prof. Bidhu Bhusan Mishra**

Vice Chancellor, Sambalpur University

Jyoti Vihar, Burla, Sambalpur, Odisha – 768019.

## Message from the President, IASSH



The Indian Association for Social Sciences and Health (IASSH) is a dynamic professional body with over 1,300 life members, bringing together social scientists engaged in health and development research. Over the years, IASSH has played a crucial role in fostering dialogue among researchers, policymakers, and practitioners through its annual conferences, workshops, and publications. These initiatives have significantly contributed to advancing knowledge and strengthening the research-policy-practice nexus.

As social scientists, it is imperative for us to engage in discussions and debates that explore innovative mechanisms to bridge research, practice, and policy. This conference serves as a vital platform for researchers to exchange ideas and insights, thereby deepening our understanding of the intricate relationships between health, gender, well-being, and socio-economic development.

One of IASSH's key objectives is to encourage youth participation in knowledge generation and dissemination in the field of social sciences and health research. We are delighted to witness a strong representation of young researchers and PhD scholars at this conference, reflecting the growing engagement of the next generation in shaping the future of social science research. For the last three years, we have introduced the best publication awards for young researchers.

We express our sincere gratitude to Sambalpur University for hosting this year's conference and for their generous support in making this event a success. I extend my warmest greetings to all IASSH members and conference participants and wish you fruitful discussions and meaningful collaborations.

**Prof. T.V. Sekher**

President, Indian Association for Social Sciences and Health (IASSH)

Professor & Head, Department of Family & Generations

International Institute for Population Sciences (IIPS), Mumbai, India – 400088

✉ [tvsekher@iipsindia.ac.in](mailto:tvsekher@iipsindia.ac.in)

## Message from the Chairman, PG Council, Sambalpur University



It is a privilege to welcome all esteemed scholars, researchers, and professionals to the 20th Annual Conference of the Indian Association for Social Sciences and Health (IASSH), hosted jointly by Sambalpur University. This year's theme, "Health and Wellbeing in India: Socio-economic and Gender Implications," is of immense relevance, offering a vital platform to examine the intersections of health, society, and policy. The deliberations and research shared in this conference will not only enhance academic discourse but also contribute meaningfully to real-world applications in public health and social sciences.

At Sambalpur University, we firmly believe that such academic gatherings serve a dual purpose—while they generate new knowledge, they also play a crucial role in the holistic training of students. Conferences of this stature expose young scholars to cutting-edge research, critical debates, and diverse methodologies, shaping their intellectual and professional growth. Engaging with seasoned academicians and practitioners allows students to develop analytical thinking, research aptitude, and a deeper understanding of contemporary social issues. The interactive nature of this conference—through presentations, discussions, and networking—will undoubtedly enrich their academic journey and prepare them for meaningful contributions to society.

I appreciate the efforts of IASSH, the Department of Anthropology, and the entire organizing committee for their meticulous planning and commitment to making this event successful. I urge participants, particularly students, to immerse themselves in the discussions, challenge ideas, and explore new research avenues. May this conference inspire meaningful collaborations and contribute to a deeper understanding of health and well-being in contemporary society.

**Prof. (Dr.) Tushar Kanti Das**

Chairman, PG Council, Sambalpur

Jyoti Vihar, Burla, Sambalpur, Odisha – 768019

## Message from the Registrar, Sambalpur University



On behalf of the university administration, I take great pleasure in extending my greetings to all the distinguished participants gathered for the 20th Annual Conference of the Indian Association for Social Sciences and Health (IASSH) at Sambalpur University. The discussions at this conference will be instrumental in fostering academic engagement on some of the most pressing socio-economic and health-related challenges of our time. The dynamic exchange of ideas in the coming days will undoubtedly contribute to impactful scholarship and informed policy recommendations.

The successful coordination of a conference of this scale requires rigorous planning and dedicated teamwork. I acknowledge the relentless efforts of IASSH, the Department of Anthropology, and the Organizing Committee in ensuring that all academic, logistical, and infrastructural arrangements are in place for a seamless and enriching experience for all participants. Our university remains committed to facilitating academic excellence by providing the necessary infrastructure and administrative support to foster meaningful scholarly exchange.

I also extend my gratitude to all the participants for their contributions and active engagement. May this conference inspire new research collaborations, insightful discussions, and lasting academic partnerships. Wishing you all a productive and enriching experience at Sambalpur University.

**Dr. Nruparaj Sahu (OAS)**

Registrar, Sambalpur University

Jyoti Vihar, Burla, Sambalpur, Odisha – 768019

## Message from Convenors, Organizing Committee



**Dr Bharathi Karri**  
Associate Professor  
& Head,  
Department of  
Anthropology

**Dr Arun Kumar  
Acharya**  
Professor,  
Department of  
Anthropology



It is our pleasure to welcome you to Sambalpur University, established in 1966. The institution boasts an expansive campus encompassing 670 acres near Hirakud Dam. Greenery adorns the site, creating an ambient environment conducive to tranquil work. Some of the districts in western Odisha are Bargarh, Bolangir, Boudh, Deogarh, Jharsuguda, Kalahandi, Nuapada, Sambalpur, Sonapur, and Sundergarh. These districts have unique health problems because of their location, culture, and economic situation.

This National Conference is hosted by the Department of Anthropology, Sambalpur University, in collaboration with the Indian Association for Social Sciences and Health (IASSH) on the theme, 'Health and Well-being in India: Socio-economic and Gender Implications.'. This conference is a significant milestone in our efforts to address the complex and interconnected issues affecting the health and well-being of individuals and communities in India. As we gather here today, we are reminded of the stark realities of health disparities in India. The socio-economic and gender inequalities that pervade our society have far-reaching consequences for the health and well-being of marginalized communities. Women, children, and individuals from lower socio-economic backgrounds continue to bear the brunt of inadequate access to healthcare, sanitation, and nutrition. This conference aims to provide a platform for experts, policymakers, and practitioners to come together and share their knowledge, experiences, and insights on the socio-economic and gender implications of health and well-being in India. We hope to stimulate a nuanced discussion on the complex interplay between social, economic, and cultural factors that influence health outcomes. In this National Conference, we will be discussing many different health-related topics, including ageing and health, ageing and well-being, maternal and child health, gender issues, morbidity and disability, reproductive health, mental health, nutrition, health infrastructure, adolescent and youth health, tribal health, migration, and urbanization.

The poster presentations will paralleled by the lively discussions in the technical sessions. This collaborative approach to addressing issues will ensure the raising of awareness about health and wellness, as well as the engagement of communities in healthcare decision-making. This can help address cultural and social barriers to healthcare access. Accessibility to health is a matter of social justice, empowering marginalized communities to claim their right to health and well-being. Good health is essential for overall well-being, enabling individuals to lead productive lives and contribute to the region's economic growth.

We wholeheartedly express our gratitude to our collaborative partners and sponsors for their constant support and coordination.



## Conference Theme

### Health and Wellbeing in India: Socio-economic and Gender Implications

#### Background:

Given the issues concerning the health status, behaviour and health care system in India, there is a need to critically analyze various inter-connected issues pertaining to gender, health, wellbeing & sustainable development, with a view to develop useful perspectives and approaches. It is important for social scientists working in this field to debate and discuss the possibilities for evolving suitable mechanisms to interlink research, practice and policy. The conference provides much needed platform for researchers to present their views and ideas, thereby, making significant contributions towards a better understanding of the inter-relationship between health, gender, wellbeing and socio-economic development. A healthy population is an important foundation of sustainable development, contributing to inclusive growth in the country. Despite some progress in last few decades, the human development index of the country highlights the need to take actions for health promotion and disease prevention among different demographic segments of the population, especially among the disadvantaged groups such as tribal communities. The investments and interventions in healthcare and health infrastructure are critical to accelerate progress towards the SDG goals and to break the inter-generational cycle of poverty. The IASSH conference is a leading forum for exchanging insights and experiences on different emerging issues in health and social sciences to address the challenges of achieving adequate and affordable health care in India. Professionals from diverse backgrounds are coming together to advance knowledge and understanding by debating on health and wellbeing aspects with regional and gender perspectives.

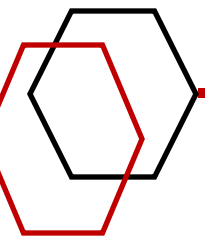
#### Sub-Themes:

**S1: Health and Wellbeing**

**S2: Health, Gender, and Environment**

**S3: Health and Sustainability: Policy and Practice**

**S4: Health and Development: Multidisciplinary Perspectives**



## **Technical Sessions:**

### **S1: Health and Wellbeing**

- T1: Public Health and Sanitation
- T2: Health and Nutrition
- T3: Maternal and Child Health Care
- T4: Health and Ageing
- T5: Morbidity and Mortality

### **S2: Health, Gender, and Environment**

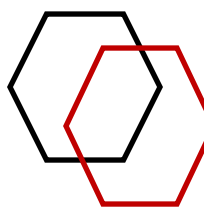
- T6: Women Empowerment and Development
- T7: Gender dimensions of Health care
- T8: Gender Equality and Identity
- T9: Health and Climate Change
- T10: Health, Migration and Urban Challenges

### **S3: Health and Sustainability: Policy and Practice**

- T11: Evidence-based policies to achieve SDGs
- T12: Innovation and Infrastructure
- T13: Health care and role of Corporate Social Responsibility
- T14: Health, poverty and reforms
- T15: Healthcare and Technology

### **S4: Health and Development: Multidisciplinary Perspectives**

- T16: Social and Economic Determinants of Health
- T17: Emerging Health Issues
- T18: Health Management and Information Systems
- T19: Tribal Health and Knowledge Systems
- T20: Health Policies and Programs
- T24: Health and Corporate Social Responsibility (CSR)





## Conference Organizing Committee

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International Institute for Population Sciences, Mumbai

**General Secretary**

**Prof. P. M. Sandhya Rani**

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Health Economist, New Delhi

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**Prof. C. P. Prakasam**

International Institute for Population  
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International Institute for Population Sciences, Mumbai-400088

Web: <http://iassh.org> Email: [iassh2004@gmail.com](mailto:iassh2004@gmail.com)

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Registrar

Sambalpur University, Odisha

**Dr. Bharathi Karri**

Conference Convener &

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Sambalpur University, Odisha

**Dr. Arun Kumar Acharya**

Conference Convener & Professor, Dept  
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Odisha

**Dr. Rashmi Pramanik**

Co-Convener, Department of  
Anthropology, Sambalpur University,  
Odisha

**Contact Details**

Department of Anthropology, Sambalpur University

Jyoti Vihar, Burla, Sambalpur, Odisha- 768019

Email: [anthro.iassh@gmail.com](mailto:anthro.iassh@gmail.com) Web: <https://www.suniv.ac.in/>

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## **1. About IASSH**

Indian Association for Social Sciences and Health (IASSH) is a vibrant professional association with more than 1300 life members. It has played an important role in bringing together social scientists working in the field of health and development. Through annual conferences, workshops and publications, IASSH reaches out to a large number of scholars, researchers, NGOs and health practitioners in India and abroad. One of the goals of IASSH is to encourage youth participation in knowledge transfer in social sciences and health research. IASSH is an independent professional association that meets the need for an exclusive forum for social scientists from various disciplines who are working on health and related issues to meet periodically and share the research findings. By highlighting the implications of the study findings among different stakeholders, it is hoped to bring about concerted action to address the emerging issues in the health and development sectors. The association tries to enable scholars in health and social sciences to enlarge their career opportunities and fulfil their professional commitments.

### ***Vision***

- To position IASSH as a knowledge transformation organisation in Social Science and Health Research

*Goal*

- To encourage YOUTH participation and develop knowledge transformation in Social Science and Health Research
- To attain Sustainable Development in capacity building of Youth in Social Science and Health Research leading to the growth of the IASSH family

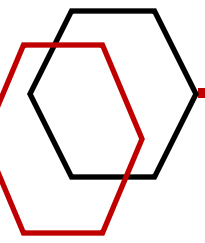
For more details, please visit the IASSH website: <http://iassh.org>

## **2. Sambalpur University**

Sambalpur University occupies an important position in the academic scenario of the state of Odisha and India. The University started functioning from 1st January, 1967. It is located in a valley down the world's longest earthen dam (Hirakud Dam), which spreads across a green hillock. The University's 671 acres wide area of land and natural environment create a peaceful and studious atmosphere. The territorial jurisdiction of the University covers six districts of the state of Odisha, namely Sambalpur, Sundargarh, Jharsuguda, Deogarh, Bargarh, Boudh and Athamallik Sub-Division of Angul District. Sambalpur University ranks 'A' Grade in the third cycle of academic evaluation by the National Assessment and Accreditation Council (NAAC).

The University has expanded its academic profile over the years to comprise 26 post-graduate departments in 42 subjects, and it is running self-financing programmes in 12 subjects. This institution has continuously expanded its curricular range in keeping with the emergent academic needs of the region. Along with this, the university also provides Doctoral and Post-doctoral degree courses in various subjects of Science, Arts and Humanities. The University has produced many outstanding scholars spread across the globe. The university has many prominent alumni who have occupied key positions in India and abroad. The university campus exhibits a diverse cultural background to share, interact and learn from each other.

Web: <https://www.suniv.ac.in/>



## **IASSH Office Bearers (2023-25)**

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**Dr. V. Selvaraju** (Vice President)

**Prof. P.M. Sandhya Rani** (General Secretary)

**Dr. Malika B. Mistry** (Joint Secretary)

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Dr. Dipti Govil

Dr. Ranjan Prusty

Prof. S. Siva Raju (former President, IASSH) ex-officio

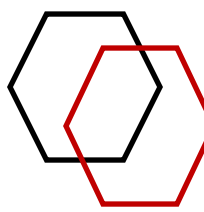
### **Members of the Board of Trustees:**

Prof. C.P. Prakasam

Prof. A. K. Sharma

Prof. K.N.M. Raju

Prof. N. Audinarayana



## 8<sup>th</sup> Prof. John Caldwell Memorial Lecture

By

**Prof. Purushottam M. Kulkarni**

5<sup>th</sup> March 2025 at 11.45 am

Auditorium, Sambalpur University, Odisha

on

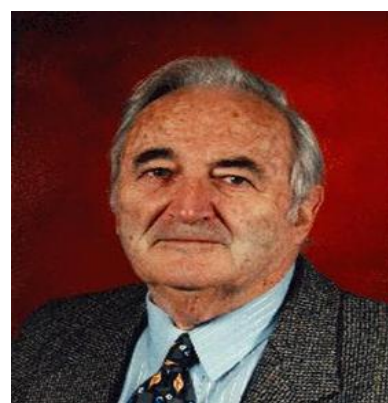
**“Fertility Decline in India: From an Alarming High Level to A Worryingly Low Level.”**



**Dr. Purushottam M. Kulkarni** is a Retd. Professor, Jawaharlal Nehru University, New Delhi. Born in 1950, he obtained a PhD degree in Statistics from Colorado State University in 1974 and was a Post-Doctoral Fellow at Brown University during 1974-75. He has been engaged in teaching and research in India since 1976. He was also a Professor at the Department of Population Studies, Bharathiar University, Coimbatore; Associate Professor at the Institute for Social and Economic Change, Bangalore; Deputy Director of the Population Research Centre, Dharwad; and Research Officer at the Population Centre, Bangalore. His research interests include

mathematical demography, fertility, family planning, population policy, health, social disparities, and sex ratio. He has published in leading journals like *Population Studies*, *Demography*, *EPW*, and *IJME*, as well as in other journals. He has served on advisory committees of the Census of India, various universities, research institutes, government departments, and international organizations and on the Editorial Boards of journals in the field of population. He has served as the chairperson of TAC of important national surveys like NFHS and LASI.

**Professor John Caldwell's** seminal work includes documentation of the role of mother's education in fertility limitation and child mortality decline and the role of circumcision in inhibiting the spread of HIV/AIDS in Africa. He is known for his “wealth flows” theory, which relates demographic transition theory to changes in intergenerational transfers within the family. A 2009 survey of nearly 1000 demographers worldwide named John Caldwell the most influential researcher of all time in the field of demography. In 1985, the Population Association of America (PAA) presented him with its highest prize, the Irene B. Taeuber Award for excellence in demographic research. In 1994, he began an elected four-year term as President of the International Union for the Scientific Study of Population (IUSSP). In 2004, he was presented with the prestigious United Nations Population Award. Dr. Caldwell's anthropological demographic work on South India, particularly on marriage and fertility, received a lot of research attention. He encouraged and mentored many scholars from India, and a good number of them received their Ph.D. from the Department of Demography at the Australian National University (ANU) under his able guidance. He passed away on 12th March 2016 in Canberra at the age of 87. Upon request from his students, colleagues and friends, the Indian Association for Social Sciences and Health (IASSH) instituted an annual memorial lecture in honour of Dr. Caldwell in 2016.



## 10<sup>th</sup> Dr. K. E. Vaidyanathan Memorial Lecture

By  
**Prof. Achin Chakraborty**

6<sup>th</sup> March, 2025 at 10:00 AM  
Auditorium, Sambalpur University

on

### **“Normative Approaches to Measurement of Inequality in Health Nutrition”**



**Dr. Achin Chakraborty** is a Professor of Economics and former Director at the Institute of Development Studies Kolkata (IDSK). He holds a Ph.D. in Economics from the University of California, Riverside. His research spans welfare economics, human development, health economics, and environmental economics. His work combines theoretical insights with policy relevance, making significant contributions to debates on development and social equity. With extensive teaching and research experience, he has authored numerous publications in leading journals, including *Economic and Political Weekly*. He has also supervised doctoral research and contributed to policy-oriented studies.

Previously, he was an Associate Professor at the Centre for Development Studies (CDS), Trivandrum, Kerala. His work reflects a strong commitment to interdisciplinary research on development and inequality.

**Dr. K. E. Vaidyanathan**, a distinguished demographer and former President of IASSH, served the United Nations in various capacities. He was a faculty member at the International Institute for Population Sciences, Mumbai, from 1968 to 1971. In 1971, he joined the Institute of Rural Health and Family Planning, Gandhigram, as Head of the Department of Population Studies and also served as its acting Director for some time. Later, he joined the UN system as a Demographer at the Cairo Demographic Centre, which is the regional centre for Africa and the Middle East. In 1976, he moved to Syria as a UN Adviser to help establish the Centre for Population Studies and Research and to advise the Planning Commission of Syria. This was followed by a posting in Kampala, Uganda, to serve as a faculty in the Institute of Statistics and Applied Economics at Makerere University, Kampala. In 1979, he became the UNESCO Regional Adviser for Population Education in the Arab region, and in 1982, he moved to ILO as the Regional Expert for Household Surveys under the National Household Survey Capability Program (NHSCP) in the Arab region. He later served during 1992-96 as the Chief Technical Adviser for the Sudan Population Census of 1993, which was acclaimed as the most successful census ever held in that vast and complex country. In 2001, he helped plan and implement the Living Standards Measurement Survey (LSMS) in Bosnia-Herzegovina. Dr. Vaidyanathan passed away in 2014 in Bangalore.





## Plenary Session by CINI

### About CINI

Child in Need Institute (CINI) is a national and international award-winning Indian humanitarian organization with five decades of experience in facilitating local solutions to improve the lives of women, children, and adolescents, particularly for those who are marginalized and vulnerable. Founded in 1974 by Dr. Samir Chaudhuri, a paediatrician committed to combating child malnutrition, CINI has evolved from a clinic for malnourished children in the villages around Kolkata to a comprehensive development organization incorporating a multidisciplinary approach, encompassing and advocating for better health, nutrition, education, and protection outcomes for children in eastern and northeastern India. It currently operates in 8 states of India including West Bengal.

More about CINI at <https://cini-india.org/>

### Background: Newborn Survival in Tribal Areas

Neonatal care remains largely unavailable for most newborns in developing countries, which account for 96% of global neonatal deaths<sup>1</sup>. India's tribal communities constitute approximately 8.6% of the population, according to Census -2011. The plenary session on *Newborn Survival in Tribal Areas of India* will explore the challenges affecting newborn health in these underserved regions and discuss evidence-based interventions that can improve neonatal outcomes.

Newborn survival in tribal areas is influenced by several determinants, including poor maternal health, inadequate access to skilled birth attendants, high rates of home deliveries, malnutrition, and limited healthcare infrastructure. Many tribal populations reside in geographically remote and hard-to-reach areas, which creates delays in seeking and receiving care. Traditional beliefs and cultural practices further shape neonatal health behaviours, sometimes restricting early breastfeeding, delaying medical care, and increasing the risk of infections.

Tribal communities have distinct cultural practices that impact neonatal health. In many tribal groups, childbirth is often considered a natural process requiring minimal external intervention, leading to high rates of home deliveries attended by traditional birth attendants or family members rather than skilled health professionals.



Additionally, postnatal care practices, such as massaging newborns with mustard oil and delaying the first bath, are believed to strengthen the baby but may inadvertently contribute to infections if hygiene practices are inadequate. Prelacteal feeding with honey, goat's milk, or herbal preparations is common, delaying the introduction of colostrum and denying exclusive breastfeeding, which is crucial for neonatal immunity. These practices, though deeply rooted in tradition, highlight the need for culturally sensitive health interventions that respect indigenous customs while promoting evidence-based neonatal care.

Government programmes like Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) have aimed to enhance institutional deliveries and antenatal care. However, challenges persist in service delivery, including the shortage of trained healthcare workers and difficulties in last-mile service provision. Community-based interventions like Home-Based Newborn Care (HBNC) show promise in reducing neonatal mortality<sup>5</sup>. Expanding such interventions with culturally sensitive strategies is crucial for improving outcomes.

This session will bring together policymakers, public health experts, and grassroots workers to discuss successful models, innovative strategies, and policy recommendations. By focusing on the tribal context, the discussion will contribute to advancing neonatal survival strategies that are equity-focused and contextually relevant.

## Plenary Session by NSO

### 75th Anniversary of the National Sample Survey (NSS)

The 75th Anniversary of the National Sample Survey (NSS) marks a significant milestone in India's data-driven development, highlighting its pivotal role in shaping evidence-based policymaking. Conducted by the National Statistics Office (NSO) under the Ministry of Statistics and Programme Implementation (MoSPI), the NSS collects vital socio-economic data through scientifically designed sampling techniques. The survey relies on trained officers using modern digital tools to gather information from households across urban and rural areas while maintaining strict confidentiality. Public cooperation is crucial to ensuring accurate and reliable data, which in turn supports informed decision-making by the government. This initiative underscores the NSS's continued commitment to providing high-quality data for national progress.

obtaining timely and reliable estimates of crop yield. It also undertakes supervision over the primary field work of the State Governments in respect of area enumeration and Crop Cutting Experiments.

**Collection of information**

Well-qualified and trained officers of NSO collect information using hand-held devices (tablets) equipped with e-Sigma software. These officers visit villages and urban blocks selected on the basis of a scientifically designed sampling technique. Listing of households is carried out and a specified number of households are selected for collecting detailed information of all the household members by interviewing the head of the household or a responsible and knowledgeable person of the household.

**Confidentiality**

Information collected from each household in the survey is kept confidential. Identity of the households participating in the survey is kept confidential in all reports/microdata of MoSPI.

**Appeal to Public for Cooperation**

The success of this survey depends to a great extent on the quality of response from households in providing correct information. Officers of the NSO may be approaching you for necessary information. Without your cooperation and necessary help, it will not be possible to get required reliable data.

The Government, therefore, appeals to you to extend your kind cooperation to our officers approaching you for this survey and to spare some of your valuable time to provide them with correct and complete information.



**A Milestone in Data-Driven Development**

# 75<sup>th</sup>

## Anniversary of the National Sample Survey



This year marks the **75th anniversary** of the **NSS**, commemorating its transformative role in shaping India's evidence-based policymaking.

**Join us in celebrating 75 years of Data for Development!**

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Government of India  
Ministry of Statistics and Programme Implementation  
National Statistics Office  
Khurshid Lal Bhawan, Janpath Road, New Delhi-110001  
Website: <https://www.mospi.gov.in/>

## Best Publication Awards for Young Researchers - 2024

To encourage academic scholarship and quality scientific publications in social sciences and health studies, IASSH invited applications from young researchers to submit their recent journal publications for the consideration of Best Publication Awards. Based on our announcement in Aug. 2024 for the best publication awards, we received 30 applications. A screening committee first scrutinised the applications for the eligibility criteria like age (below 35 years), year of publication (2023), single/first author of the paper, etc. and shortlisted 22 applications/papers for the assessment of the Selection Committee. The Selection Committee, consisting of five experts, reviewed the shortlisted papers and recommended two young researchers for the award. However, it was a difficult choice to select two from many high-quality publications in reputed journals. The winners will receive a Certificate and cash prize of Rs. 25,000 each at the next annual conference of IASSH.

### The winners are:

1. **Dr. Sucharita Maji**, Indian Institute of Technology, Dhanbad, Jharkhand, for the paper- "Mental health cost of internet": A mixed-method study of cyberbullying among Indian sexual minorities". Telematics and Informatics Reports (2023).  
<https://doi.org/10.1016/j.teler.2023.100064>
2. **Dr. Mayank Singh**, International Institute for Population Sciences, Mumbai, for the paper- "Patterns in age at first marriage and its determinants in India: A historical perspective of last 30 years (1992–2021)". SSM - Population Health (2023).  
<https://doi.org/10.1016/j.ssmph.2023.101363>

The winners will receive the award at the conference on 5<sup>th</sup> March 2025.

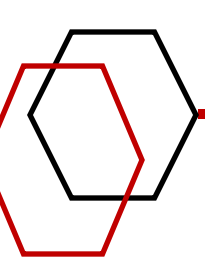
## Prof. K. Mahadevan Award for Best Publications - 2024

To encourage field-based research, academic scholarship, and scientific publications in social sciences and health studies, IASSH invited young researchers to submit their published journal articles for the consideration of award. Following the June 2024 announcement for the Prof. K. Mahadevan Award for Best Publications, we received 33 applications. A screening committee first scrutinized the applications for eligibility criteria such as; age (below 35 years), year of publication (2023), focus on field-based research, and single / first author of the paper. 16 applications were shortlisted for final evaluation by a Selection Committee. The Selection Committee, comprising of four experts reviewed the shortlisted papers and recommended two papers for the award. Each winner will receive a certificate and a cash prize of Rs. 25,000 at the next annual conference of IASSH.

### The winners are:

1. **Ms. Sampurna Das**, Delhi School of Economics (DSE), University of Delhi, for her paper- "Odor, Deodorization, and Reodorization: Reflections of Olfactory Discrimination in the Chars of Assam, India". Peace and Conflict: Journal of Peace Psychology (2023). <https://doi.org/10.1037/pac0000670>
2. **Mr. Prajwal Nagesh**, Institute for Social and Economic Change (ISEC), Bengaluru, for the paper- "(Im)mobile ageing: risks of exclusion in later life in liminal urban peripheries". Aging & Society (2023). <https://doi.org/10.1017/S0144686X22001398>

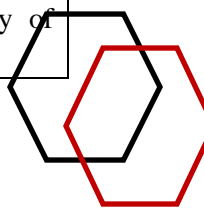
The winners will receive the award at the conference on 5<sup>th</sup> March 2025.



# IASSH 20<sup>th</sup> Annual Conference

## Selected Papers for **ORAL** Presentations

S No.	Name	Title of Research Paper
1	<b>Dr. Hariom Pachori, Prof. Avinash Sharma</b>	Disparities in Mental Health Services Utilisation in Elderly: Evidences from Central Institute of Psychiatry, Ranchi
2	<b>Prof. Kailash Chandra Das, Tushar Dakua</b>	Health Care Access Among Migrating Families: A Thematic Analysis of Qualitative Interviews
3	<b>Dr. Ankit Kumar Jha</b>	Bridging the Gap: Advancing Health and Wellbeing Among Tribal Communities Through Eklavya Model Residential Schools
4	<b>Dr. Sameer Kumar Jena, Dr. Moatula Ao</b>	Caesarean Birth Experiences: A Qualitative Study from Keonjhar, Odisha
5	<b>Dr. Tamilselvi, Nirmala</b>	Issues of UGD in Perambalur Municipality, Tamil Nadu
6	<b>Dr. Shubham Ranjan, Dr. Ramna Thakur, Tarsem Kasnia, Prateek Singh</b>	Changing patterns of diabetes and modifiable risk factors behaviour across genders in India
7	<b>Reena Singh</b>	Health and wellbeing status of the Aged: A Study in Urban Fringe Village of Birkona Bilaspur, Chhattisgarh.
8	<b>Dr. Daksha Parmar, Dr. Rajshree Bedamatta</b>	Midlevel Healthcare Providers (MLHPs) in Assam: Opportunities and Challenges
9	<b>Prof. N. Audinarayana, Dr. D. Sai Sujatha</b>	Factors Influencing Sleep Quality among Rural Elderly Persons of Kurnool District, Andhra Pradesh
10	<b>Umakanta Sahoo, Prof. Sanjay K Mohanty, Suraj Maiti</b>	Cascade Care and Age at Onset of Hypertension by Stages among Older Adults in India
11	<b>Nished Rijal, Sita Sherpa Rai, Heena Shrestha, Prof. Angel M. Foster</b>	“You can do this at home and people won’t find out”: A qualitative exploration of women’s experiences with the use of medication abortion drugs received directly from pharmacies in Nepal
12	<b>Dr. Manas Ranjan Pradhan, Pratik Dora</b>	Childhood exposure to domestic violence and mental health outcomes among men in India
13	<b>Dipesh Suvarna, Dr. Anvita Dixit, Prof. Angel M. Foster</b>	A mystery client survey of pharmacies in Mumbai, India to explore the availability and accessibility to medication abortion without a prescription
14	<b>Prof. Sudhakar Patra, Diptimayee Samal</b>	Political Economy of Health Expenditure and Economic Growth in Pre-UPA, UPA and NDA Period
15	<b>Meenakshi Nayak</b>	From Forests to Fragility: The Unseen Aftermaths of Displacement on the Health of Tribal Women in Odisha
16	<b>Shreeya Nayak</b>	Psychological Well-being of Older Women: Challenges and Policy Implications
17	<b>Amruta Anindita</b>	Public Health and Sanitation in Odia Literature.
18	<b>Dr. Shatarupa Dey</b>	An Assessment of the Empowerment of Accredited Social Health Activists in Rural Healthcare Delivery System: A Case Study of Khargram Block of Murshidabad District in West Bengal





S No.	Name	Title of Research Paper
19	<b>Prof. Tej Bali Singh</b>	Healing Pattern of Chronic Wound; from a Tertiary Care Hospital of Eastern UP
20	<b>Dr. Manosmita Mahapatra</b>	New Trends in Healthcare Practices and Sustainable Development: Unfolding Multinationals Engagement through Corporate Social Responsibility.
21	<b>Dr. Satyabrata Kar, Dr. Saumyasree Pradhan</b>	Impact of nutrition on Rampant caries
22	<b>Prof. C. P. Prakasam</b>	Estimation of Adjusted risk of confounding factors determining Heart disease among Elderly: LASI Data
23	<b>Rakesh Ranjan Nanda, Shishir Kumar Biswas, Kamalakanta Patra, Suchi Sucharita Mohanty</b>	Impact of Gestational Weight Gain on Birth Outcomes among Pregnant Women in a Rural Setting of Odisha, India
24	<b>Siba Karmi, Sudam Padhan, Nanda Kishore Mahakud</b>	Quality of life and Psychological well-being among non-organic and organic farmer: a comparative study: -
25	<b>Jitender Prasad</b>	Social Barriers and Healthcare Utilization Among Older Adults in India: Evidence from LASI Survey
26	<b>Dr. Sangeeta Singh, Prof. Harapriya Samantaraya</b>	Menopausal Knowledge and Attitude Among Middle-Aged Women: An Empirical Study in Sundargarh, Odisha.
27	<b>Prof. Pushpanjali Swain</b>	Effect of Physical Activities on Elderly Health: Comparative Analysis between the states of Odisha & Kerala
28	<b>Indumathi Balakrishnan</b>	Narrating the Vulnerabilities and Adaptive Capacity of Artisanal Fisherwomen in Rameswaram
29	<b>Dr Nirmalasaravanan.N, Prof. Audinarayanan</b>	Physical Care Seeking Behaviour of Elderly Widows in Puducherry District
30	<b>Dr. Mayank Singh, Dr. Priyanka Patel</b>	Analysing the Changing Patterns of High-Risk Fertility Behaviours Among Married Women in India: A Decomposition Study from 1992 to 2021
31	<b>Dr. Deepak Kumar Ojha</b>	Adolescent Health Conditions of Tribal Children Inhabiting In Urban Slums
32	<b>Pintu Kabiraj, Chitra Chandra, Shirsha Sengupta</b>	Community-based Health-Care Solutions for improving Maternal and Child Health & Well-Being: A longitudinal study in West Bengal
33	<b>Dr. Shukkoor T, Pranav Shah</b>	Social Determinants and Challenges Faced by Parents of Intellectually Disabled Children in Ahmedabad, Gujarat: A Cross-Sectional Study
34	<b>Dr. Pazhani Murugesan</b>	Women Involvement in Credit Cooperative an Empowerment in Tamil Nadu, India
35	<b>Sarajit Ankura, Dr. Uttam Kumar Sikder</b>	Multiple Vulnerabilities and Utilization of Reproductive health care services in selective states in India
36	<b>Dr. Priyanka Patel</b>	Delayed Motherhood and Maternal Health Risks in India: Findings from a Generalized Linear Model Analysis
37	<b>Dr. Saida Banoo</b>	A study on Health Issues in the Context of Circular Migration
38	<b>Dr. Nandu Kannothu Thazha Kuni</b>	Social, Economic, and Political Disparities in Perceived Health Status: A Case Study of Healthcare Practices among Major Social Groups in Kerala

S No.	Name	Title of Research Paper
39	<b>Dr. Sabari Bandyopadhyay, Dr. M. N. Roy</b>	Sustainable Development Goals and Women Empowerment: A Study of Gram Panchayat Development Plan of some Gram Panchayats in South 24 Parganas District of West Bengal
40	<b>Dr. Prabakar S, Suhani Sharma, Saket Dwaraka Bhamidipaati</b>	Disparities in Health Service Accessibility: A Comparative Analysis of Bihar and Kerala, India
41	<b>Prof. D. P. Singh</b>	COVID-19 and Social Group Migration in India: What We Know?
42	<b>Dr. Dipti Govil, Manish Lekhwani</b>	Widowhood and Cognitive Function among elderly Indian women: Exploring the role of mediating factors
43	<b>Prof. R. Maruthakutti, R. Hemalakshmi, K. Myclin Mary</b>	Self-Care Ability among the Rural Elderly Widows
44	<b>Dr. Y Selvamani, Dr. T Sathya</b>	Access to Sanitation and Its Association with Mental Health among Older Adults in India
45	<b>Dr. Grace Bahalen Mundu, Dr. Moatula Ao, Bangshi Raj Mahata</b>	Seasonal Migration as Livelihood Strategy among Tribes: A Case Study of Sundargarh, Odisha
46	<b>Dr. Anjali Dash, Prakash Padhan, Gitanjali Behera, Renuka Deep</b>	Nutritional Status of Children in EAG States of India: Evidence from National Family Health Survey
47	<b>Dr. Nivedita Paul, Shanu Priya</b>	Breastfeeding Practices Among Adolescent Women in India: A cross-sectional analysis using NFHS 5 data
48	<b>Dr. Manoranjan Mohapatra</b>	Understanding Anemia and Tribes in Odisha: Evidence from NFHSs
49	<b>Dr. Dipti Mayee Sahoo, Dr. Bibhabari Bal</b>	Unveiling the Nexus of Health and Sanitation: A Multidimensional Systematic Approach to Sustainable Well-Being
50	<b>Pankaj Kumar Patel, Prof. T.V. Sekher</b>	Examining the Implementation and Impact of PCPNDT Act: A Review on Combating Sex-Selective Practices in India.
51	<b>Prof. Sampath Kumar Srinivasan, Dr. Prabu Gopal, Dr. Pitchaimani Govindharaj</b>	Quality of Life of Visually Challenged Women in Rural Districts of Tamil Nadu
52	<b>Dr. Sathya T</b>	Bedridden, Hospitalization and Elder Abuse in India: Results from the Longitudinal Ageing Study in India (LASI)-Wave 1, 2017-18
53	<b>Dr. Itishree Pradhan</b>	Maternal bargaining power and Intra-household Inequalities in the Nutritional Status of Children aged 0-59 Months in India
54	<b>Dr. Ofeibea Asare, Dr. Kristina Holtrop, Dr. Ra Khin La, Prof. Angel M. Foster</b>	Safe abortion care for Burmese women living in Chiang Mai, Thailand during COVID-19 pandemic
55	<b>Dr. Madhulika Sahoo</b>	Cyberculture and cyberbullying its impact on the mental health of the youths in India
56	<b>Dr. Rajesh Bhoite, Mr. Bikash Kumar Behera, Mr. Umakanta Sahoo</b>	The Nexus Between Population Dynamics and Health Outcomes in South Asia: A Post-Pandemic Perspective
57	<b>Aarti Bardhan, Dr A Radhakrishnan Nair</b>	Impact of Counseling-integrated Modular Life Skills Program on Social Anxiety and Changes in the Interpersonal Relationship Patterns



S No.	Name	Title of Research Paper
		of Adolescents.
58	<b>Dr. Pragya Tiwari Gupta, Navin Roy, Kaushlendra P. Singh, Tame Ramjuk</b>	An Analysis of Wellbeing of Adults and old aged population in North East India
59	<b>Bikram Kumar Jena, Prof. Arun Kumar Acharya</b>	The Shadows of Stigma and Structural Violence: Navigating Life after Naxalism and Incarceration of Tribal Women in India
60	<b>Sweta Halder, Sreeparna Ghosh Mukherjee</b>	Fighting Neonatal Mortality through Community-Based Kangaroo Mother Care
61	<b>Shishir Kr Biswas, Md. Rayhan Siddik, Sreeparna Ghosh Mukherjee, Tanvi Jha</b>	Factors Associated with Adverse Birth Outcomes among Anaemic Pregnant Women: Can There be any Blueprint for Averting the Incidents?

### Selected Papers for POSTER Presentations

S No.	Name	Title of Research Paper
1	<b>Omprakash Sahu</b>	Intersectional Approaches to Women's Empowerment in Tribal Regions: Political and Social Dimensions
2	<b>Soumen Barik, Dr. Dewaram A. Nagdeve</b>	Son Preference and Birth Spacing: Examining Socioeconomic Inequalities and Fertility Dynamics in India
3	<b>Jogy George, N R Suresh Babu</b>	Enhancing School Health Care: Supporting Children with Emotional-Behavioural Disorders in Primary Educational Institutions
4	<b>Bidita Dhar</b>	Emergence of Census Towns (CTs) and Economic Diversification in West Bengal: A Comparison of Selected CTs in the Districts of Purulia and Bankura
5	<b>Susmita Biswas, Piyasa Maity, Dr. Sucharita Maji</b>	Predictors of NSSI among NEET and JEE aspirants in India.
6	<b>Padma Sri Lekha P, Dr. Abdul Azeez E P</b>	Gendered Experiences of Young Adults Living with Diabetes: A Descriptive Qualitative Study
7	<b>Sagar Pagare</b>	Understanding the Impact of Migration on Children's Health and Education: A systematic review
8	<b>Gita Naik</b>	Major Sexual Reproductive Health Issues of Lodha Married Adolescent Girls in India: An Exploratory and Empirical Study
9	<b>Kumari Sarika</b>	Intersectionality of Caste and Queer Identities on Campus: A Qualitative Study in India
10	<b>Jyoti Sankar Hota</b>	Mental Health Situation among Multidimensional poor and non-poor among older adults in India
11	<b>Dinabandhu Patra, Dr. Jagannath Behera</b>	Understanding the Gap in Modern Contraceptive Use Among Married Adolescent and Adult Women: Insights from National representative sample data
12	<b>Prinitha S, Tony P Jose,</b>	Perceived contraceptive access and media exposure: A study on

S No.	Name	Title of Research Paper
	<b>Annmary Devassykutty</b>	adolescent sexual health using UDAYA data
13	<b>Karuna Kurien</b>	The Weight of Care: Challenges Involved in Labour and Remuneration among Community Health Workers in Pondicherry
14	<b>Sowmiya S</b>	Culturally Embodied, Medically Marginalized: Odiya Women's Access to Maternal Healthcare in Destination
15	<b>Manish Lekhwani</b>	Transition in Morbidity Patterns Among the Aging Population of India and Its States: Insights from SAGE Data
16	<b>Devu Rajeev, Sucharita Maji</b>	From Language Discrimination to Mental Health: The Mediating Role of Shame
17	<b>Sasmita Sahoo</b>	The Family Planning Policy of India: An Analysis of Target Setting to Target Free Approach
18	<b>Alia Jabeen Mustafa</b>	Gender, Health Care and Religious Perceptions: A Sociological Dimension of Muslim Women's Health in India
19	<b>Sucharita Ghoshal, Dr. Sameer Kumar Jena, Mriganka Dolui, Dr. Sanjit Sarkar</b>	Knowledge of Ovulatory Cycle Among Tribal Women in India: Evidence from the nationally representative survey (NFHS-5)
20	<b>Gitanjali Kar, Prof Sanjukta das</b>	Perceived delay in health-seeking behaviour of tribal population in Gajapati district of Odisha.
21	<b>Nirmal Singh, Dr. Sunil Sarode</b>	Impact of Coal Mining on Livelihood and Health: The Case of Chero Tribe in Jharkhand
22	<b>Veeresh Tadahal, Rinshu Dwivedi</b>	Rural and Remote Healthcare Electrification through Decentralized Renewable Energy (DRE): Perspectives from field implementations - A qualitative study from North Karnataka Districts, India
23	<b>Anwesha Sharma, Manish Lekhwani</b>	Navigating Women and Consanguinity in India: A Look at Women's Empowerment and Agency in A Consanguineous Marriage
24	<b>Ananya Kundu</b>	Geospatial Insights into Women's Health: A Multimorbidity Study Across Indian Districts
25	<b>Bhawna, Prof. R. Nagarajan</b>	Uncovering Substance Use and Its Drivers Among Youth in Delhi's Slums – A Cross-Sectional Insight
26	<b>Shreyantika Nandi, Dr. Harihar Sahoo</b>	"Situating the Joint Effects of Intersectional Social Axes in Exploring the Association between Availability of Primary Kins and Quality of Life among Elderly; Insights from LASI, 2017-18."
27	<b>Anandi Shukla</b>	Exploring the Impact of Internet and Social Media on the Mental Wellbeing of College Students in Kanpur (UP)
28	<b>Joyeeta Singha</b>	An Indigenous Healing Practice among the Paudi Bhuiyan Community of Odisha
29	<b>Susmita Dash</b>	Impact of Beauty standard on the mental health of Gen Zs in India
30	<b>Tapas Kumar Sahu</b>	Health is Wealth: Does the Converse Also Stand Valid in India's Context? Does a nation's economic prosperity inevitably translate into improved health and well-being for its citizens?
31	<b>Somarani Debta</b>	Morbidity pattern of elderly people: A cross-sectional study of Belpada block, Bolangir district

S No.	Name	Title of Research Paper
32	Sushree Subhalaxmi Behera, Prof. Arun Kumar Acharya	Exploitation and Trafficking of women and girls for Forced marriage in India
33	Sarojinee Sahoo, Prof. Arun Kumar Acharya	Abuses and Violence Against Widows in India and its Implications on Health
34	Bandana Meher, Prof. Arun Kumar Acharya, Dr. Maria Pallotta-Chiarolli	Transgender Women in India: Neocolonialism, Stigmatization and Discrimination
35	Namita Seth, Prof. Arun Kumar Acharya	This Is A Family Matter; I Have No Choice, Only to Suffer Silently: Experience of Marital Violence Among Paudi Bhuiyan Tribal Women In India
36	Dr. Vasim Ahamad	Differences in Health-related Quality of Life among Older Migrants and Non-migrants in India: The Role of Migration-Related Factors
37	Jenica Barnwal	Exploring the association between indoor air pollution (IAP) and anaemia among pregnant women in India: A geospatial analysis
38	Amit Kumar Raja, Abhijeet Kumar	Unveiling Inequality, Disadvantage, and Discrimination: Intersectional Dynamics of Caste and Gender in Maternal Healthcare Utilization in India – Insights from NFHS-3, NFHS-4, and NFHS-5
39	Vekutulu Chiero	Traditional food practices during pregnancy, postpartum recovery, and child care among the Chakhesang tribe in Northeast, India

## Papers Selected for YOUTH BEST PAPER AWARD Competition

S No.	Name	Title of Research Paper
1	Mriganka Dolui	Exploring the nexus between Air pollution and hypertension women in India: A national level cross-sectional study
2	Koushik Gopinathan	Why do Employers Hesitate to Employ Transgender Individuals? A Study Among Business Owners in Chennai City
3	Sarika Rai	Food Insecurity and Its Association with Functional Limitations and Mental Health Among Older Adults in India: Insights from LASI Wave-1
4	Swethashri M	Nested Determinants of Neglect: A Qualitative Investigation on the Maternal Overload and Caregiving Myths among Autistic Children
5	Sazia Khanam	Assessing the Impact of Gender-Based Violence on Depression in Adolescent Girls: Insights from the UDAYA Survey
6	Sanskriti Pujari	Cultural Semiotics of Care: Health, Dependency, and the Aged in Indian Fiction
7	Basabadatta Jena	Health of Institutionalized older people in Odisha: A gendered analysis of morbidity prevalence
8	Bittu Mandal	Life After Migration: A Comparative Study on Successful Aging in India
9	Ujjwal Das	Impact of Indoor Air Pollution from Cooking on Blood Pressure

S No.	Name	Title of Research Paper
		and Stroke among the Elderly in Bankura District of West Bengal
10	Tavishi Sinha	Current status of Jaunsari Tribe in India
11	Saurabh Singh	Disentangling Fieldworker and Respondent's biases in reporting Sensitive Questions in India
12	Silvia SV	A Qualitative Study on the Experiences and Perceptions of Female Adolescents Who Have Experienced Child Sexual Abuse
13	Silpa G Nair	Queering the Clinic: Understanding Conversion Therapy as Iatrogenic Violence
14	Sumit Ram	Diabetes care cascade among older adults in India: A nationally representative cross-sectional study, 2019-2021
15	Sefali	Gender Inequality in Human Capital Formation, Accumulation and Labour Market Outcome: An Analysis Using Periodic Labour Force Survey
16	Sadhana Mishra	Unveiling the Interplay of Socioeconomic Factors and Self-Management in Diabetes Care: A Structure Equation Modelling Approach
17	R Tharun	Navigating the Nutritional Poly-crisis: Examining the Nexus of Climate, Food, and Marginalisation for Particularly Vulnerable Tribal Groups in Nilgiris
18	Sangeetha S	Sigma and Beta Convergence Analysis for the Health Expenditures of the BRICS Nations

## Abstracts

### Papers for ORAL Presentation

#### **Disparities in Mental Health Services Utilisation in Elderly: Evidences from Central Institute of Psychiatry, Ranchi**

**Dr. Hariom Pachori, Prof. Avinash Sharma**

Central Institute of Psychiatry, Ranchi

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**Background:** The Central Institute of Psychiatry (CIP), Ranchi is an apex mental health care institute situated in the Jharkhand state of the Republic of India. This institute functions under the aegis of the Directorate General of Health Services (DGHS) and the Ministry of Health & Family Welfare, Government of India. In India mental health service utilisation is still not symmetrical to all sections of the people. Despite significant progress in the field of public health as well as mental health still many people tend to refrain from availing scientific mental health service and treatment modes. There are observable differences in using of tertiary mental health services in elderly among people of different castes, gender and socio-economic backgrounds. **Aim:** To see the differences in mental health services utilisation in elderly. **Method:** This study is retrospective in nature. This study is based on a retrospective analysis of routinely recorded patients related clinical data collected during 2015 and 2023. **Conclusion:** In the present study, it was noted that, within the span of 09 years, there is continuing increase in patients' registration at OPD level. In the present study, it was noted that, in case of new as well as follow-up cases males have always constituted an overwhelming majority than females. In the context of elderly, numbers are very low, which shows a lack of geriatric mental health care awareness.

#### **Health Care Access Among Migrating Families: A Thematic Analysis of Qualitative Interviews**

**Prof. Kailash Chandra Das, Tushar Dakua**

International Institute for Population Sciences, Mumbai

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Migration, particularly in the context of labor migration from India to Nepal, introduces significant challenges to healthcare access for both mothers and children. This study explores the maternal healthcare utilization and child immunization barriers faced by Indian migrants through qualitative interviews with migrant parents in Nepal. Thematic analysis from primary data

collected through in-depth interviews during December 2022 – March 2023, reveals a complex interplay of financial, social, and systemic barriers that affect health outcomes. Migrating mothers often skip antenatal care (ANC) visits due to financial constraints, lack of awareness about available healthcare services, and disruptions in their healthcare routines. Many migrant women, having migrated for seasonal work, are unaware of the healthcare resources in Nepal, which often require payment. Additionally, some face pressure from contractors or family to continue working despite pregnancy, resulting in missed ANC visits. Cultural and language barriers further complicate their access to necessary healthcare services. These factors are compounded by the absence of coordinated support, particularly for women migrating alone without family or spousal assistance. For children, immunization presents an even greater challenge. Indian migrant families often face difficulty accessing vaccinations in Nepal due to the non-recognition of Indian medical records and the lack of local support from employers or contractors. This results in delayed or incomplete vaccinations, leading to serious health consequences for children. Some families are forced to travel back to India for medical treatment, incurring additional financial strain and exposing children to health risks due to the lack of timely care. This study emphasizes the need for policies that promote cross-border healthcare access, awareness programs for migrants, and improved healthcare services in urban migration hubs. Addressing these challenges is essential to ensuring the health and well-being of migrant families.

### **Bridging the Gap: Advancing Health and Wellbeing Among Tribal Communities Through Eklavya Model Residential Schools**

**Dr. Ankit Kumar Jha**

ICMR, National Institute of Research in Tribal Health, Jabalpur

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India's diverse demographic landscape necessitates a focus on improving health and well-being, particularly among tribal communities, who often face systemic barriers to equitable healthcare and education. The Eklavya Model Residential Schools (EMRS) initiative, launched in 1997-98, represents a transformative approach to empowering marginalized tribal populations by integrating education with health and social development. This field study, conducted in Ongole, Andhra Pradesh, explores the socio-economic and health implications of EMRS in fostering sustainable development among tribal youth. Observations and interactions with students, educators, and healthcare personnel reveal the potential of EMRS to address tribal health disparities, promote cultural exchange, and instill a sense of discipline and self-reliance. However, the study also highlights challenges, including hygiene and resource constraints, alongside the cultural and logistical barriers in delivering healthcare in remote settings.

Key findings underscore the interplay between education, health awareness, and community development. EMRS facilitates exposure to new ideas and practices, preparing tribal students to transcend socio-economic constraints and contribute to nation-building. The initiative's focus on

deploying staff from diverse regions enhances cultural understanding while providing a unique platform for knowledge exchange. Yet, to maximize its impact, the program requires better coordination between health and education policies, as well as targeted interventions addressing gender disparities and systemic inequities. This study advocates for a multidisciplinary approach to tribal health and education, emphasizing the need for inclusive policies that align with India's sustainable development goals. By investing in such innovative models, India can bridge the gap between tribal and mainstream communities, ensuring "Health for All" extends to its most vulnerable populations.

### **Caesarean Birth Experiences: A Qualitative Study from Keonjhar, Odisha**

**Dr. Sameer Kumar Jena, Dr. Moatula Ao**

Fakir Mohan University, Balasore

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**Background:** Caesarean section is a critical lifesaving surgical procedure for women and their newborns. However, its overutilization has become a significant public health concern. In Keonjhar, the overall caesarean rate is around 15%, with rates exceeding 70% in private healthcare facilities. Understanding mothers' perspectives on caesarean births is crucial for developing targeted interventions to address the rising trend of caesarean deliveries.

**Methods:** In August 2024, semi-structured interviews were conducted with 30 women from diverse age groups, geographical areas of Keonjhar, educational backgrounds, and parity levels. The data from these interviews were analyzed using systematic text condensation to identify key themes and insights. **Result:** The qualitative findings reveal that women in this rural community strongly preferred normal vaginal births, viewing them as the natural and ideal method of delivery. However, they demonstrated a willingness to comply with healthcare providers' recommendations for caesarean sections, reflecting a high level of trust in medical authority. Antenatal care sessions were found to lack sufficient information regarding the medical indications for caesarean sections. Moreover, awareness about the likelihood of future caesarean deliveries following an initial caesarean birth was limited among the participants. The decision-making process regarding the choice of birth facilities was heavily influenced by primary healthcare providers and clinic agents. These intermediaries played a pivotal role in directing women to specific facilities, often to obstetricians who exhibited a preference for caesarean sections. This dynamic may partially explain the elevated rates of non-medically indicated caesarean deliveries in private hospitals in Keonjhar. Many also expressed regret, perceiving vaginal birth as a better and more desirable option.

**Conclusion:** There is a need to educate women about the advantages and disadvantages of different birthing modes to ensure their active participation in the decision-making process. Strong policy regulations are needed to ensure legitimate decision-making regarding the mode of birthing.



## Issues of UGD in Perambalur Municipality, Tamil Nadu

**Dr. Tamilselvi, Nirmala**

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Data collected through FGD. In the Corporation, domestic sewage pipes are connected to all the houses. Not only toilet waste but also kitchen waste, bathroom and laundry waste are mixed with that waste water. Respondent said that there is also a potable water pipe in the pit leading to the underground sewer. Due to this, the pipes were damaged and sometimes or rainy time waste water mixed with the drinking water pipe. The waste water collected here is collected in a treatment plant set up in a village called Neduvasal at a distance of 6-km, where it is treated in a 3-layer system and then the water is discharged into the nearby Marudai River. It has been mentioned that the people of Neduvasal village are experiencing various health hazards due to the mixing of this waste water with the river water. That is, small ponds and wells and bore wells on the banks of the river has become polluted, the mosquitoes were biting and tormenting to such an extent that could not come out at 6 o'clock in the street. Goats, cows, and many other domestic animals were dying after drinking the river's water, and sudden deaths occur mysteriously. In this regard, the people complained to the District Collector several times but no action was taken and they mentioned that they were suffering from diseases. The treatment plant workers were mentioned that the water is discharged only after safe treatment and this water is used for agriculture. But the respondents also mentioned that this water is not used for agriculture. Through this study it has been seen that the villagers are facing various health problems due to municipal waste.

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The global population is ageing rapidly. One of the main goal has been to combat physical and mental health needs of its population especially focusing on children and older adults. India is also undergoing fast demographic transition. Ageing issues are continuing with little changes particularly in rural areas where access to healthcare resources is limited. The present study investigates the common health issues like BP, Diabetes, joint problem, eye sight and hearing issues of the elderly of Birkona, urban fringe village of Bilaspur city of Chhattisgarh, India. The Primary data collected through semi structured interviews targeting individuals aged 60+. The sample size is 150. The findings reveal a high incidence of hypertension, with significant portion of the elderly population being affected by high blood pressure. Diabetes is also prevalent with many participants. Joint problems, such as arthritis and osteoarthritis are also reported leading cause of mobility issues, while eye sight and hearing impairment is also common issues affecting their quality of life. The study reveals that high blood pressure and diabetes are the most prevalent chronic conditions affecting sizeable portion of the elderly population. These conditions are often interconnected, exacerbating the overall health burden. Joint problems like

arthritis is common cause leading to mobility issues among elderly and decrease the quality of life. Eye sight issues and hearing impairment impacts their daily activities and independence. The findings underscore the need to strengthen the targeted healthcare interventions and community support system popularly known as social capital to address these health issues effectively, by improving their access to medical care promoting healthy lifestyles and providing necessary and affordable resources. The focus which could be the vital steps toward enhancing the well-being of the elderly.

### **Changing Patterns of Diabetes and Modifiable Risk Factors Behaviour Across Genders in India**

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Background: Diabetes significantly contributes to morbidity and mortality in India. With cases projected to rise from 75 million in 2021 to 134 million by 2045, India is called the ‘diabetes capital of the world’. Research shows gender as a social determinant of diabetes, highlighting the importance of gender-specific studies for effective prevention. The study utilised repeated cross-sectional data from different rounds of the National Family Health Survey (NFHS): (NFHS-3 (2006), NFHS-4 (2016), and NFHS-5 (2021)). Multivariate logistic and negative binomial regression examined gender-wise associations between diabetes and modifiable risk factors (MRFs) across diverse socio-economic and demographic groups. Results: Between 2006 and 2016, diabetes was more prevalent in women, but from 2016 to 2021, men saw a higher increase. The exposure to most MRFs, such as non-normal body mass index and alcohol and tobacco consumption, decreased, except for a notable rise in less diet diversity among women between 2016 and 2021. The results indicate that older age, lower education, and poorer wealth were significantly associated with diabetes and MRFs among both genders. Compared to non-diabetic patients, higher MRFs exposure was found for diabetes women in 2016 and 2021 and diabetes men in 2021. Men patients consistently showed higher average MRFs exposure than women across all rounds. Socio-economic factors such as education and wealth influenced MRFs exposure among diabetes patients, with higher education and wealth generally associated with lower risk. Conclusion: The study highlights shifting diabetes trends between genders in India, underscoring the need for tailored interventions. Decreases in some MRFs are positive, but rising diet homogeneity among women warrants attention. Socio-economic factors influence MRFs, with education and wealth showing protective effects. Targeted strategies are essential as India addresses its diabetes burden, emphasizing gender-specific health approaches for effective prevention and management.

## Midlevel Healthcare Providers (MLHPs) in Assam: Opportunities and Challenges

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In recent years, there has been renewed emphasis on providing comprehensive health care to communities enabling them to meet their health needs at the primary level. This is largely due to the epidemiological transition that has changed the disease burden with an increasing prevalence of chronic diseases in rural and urban areas. Given this problem and the focus to achieve the health-related Sustainable Development Goal-3 as well as to ensure Universal Health Coverage for communities, Government of India introduced a policy reform in 2018 to upgrade the Sub Centres into Health and Wellness Centres (HWCs) with an aim to provide comprehensive primary healthcare (CPHC) to the population. In order to deliver the CPHC, the Midlevel Healthcare Provider (MLHP), a newly introduced cadre of health workers are deployed at the HWCs. MLHPs are trained in community health to ensure that communities receive care for communicable, non-communicable and reproductive and child health care services at the peripheral health institutions. It is in this context, the present paper attempts to understand contributions of the MLHPs in the state of Assam. Based on the interviews of the MLHPs, frontline health workers and health officials in different districts of Assam, this paper attempts to highlight the indispensable roles of the MLHPs in provisioning of comprehensive healthcare in remote villages and hard to reach areas. Further, the paper also discusses the challenges and difficulties faced by the MLHPs while striving to ensure increased access to healthcare for the population in the state of Assam.

## Factors Influencing Sleep Quality among Rural Elderly Persons of Kurnool District, Andhra Pradesh

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Sleep disturbances are common among older persons and thereby, they are likely to experience poor sleep quality to a large extent. In Indian context, only some studies have examined the sleep quality among older adults and also attempted to identify the principal factors influencing the same. Hence, the researchers made an attempt to collect primary data (with structured interview schedule) from 380 elderly persons (aged 60+ years) residing in 20 villages located in five Mandals of Kurnool district, Andhra Pradesh. The data has been analysed making use of frequency tables, cross-tabulations (percentages, frequencies and Chi-square test) and multiple logistic regression analysis. Overall, it is observed that 66% of the sample elderly persons reported to be experienced 'poor' sleep quality (based on the cut-off cumulative score of  $\geq 5$  on Pittsburgh Sleep Quality Index). Bivariate analysis results have exhibited that differentials in the magnitudes of 'poor' and 'good' sleep quality among the elderly persons across their selected background characteristics are mostly on the anticipated lines. Findings from logistic regression

analysis established that the odds of experiencing 'poor' sleep quality in the elderly persons are noted as higher for females, aged 75 & above years, widowed, who are part of joint families, suffering from 3 or more chronic morbidities, have the habit of smoking regularly and expressed the need of assistance for physical functioning ( $p<0.05$ ,  $p<0.01$  or  $p<0.001$  levels) than their respective counterparts. In contrast, the chances of encountering 'poor' sleep quality are significantly lower among those who have studied middle school level and beyond ( $p<0.001$ ) and belonged to families that have higher monthly incomes (Rs. 70,000+;  $p<0.001$ ) as against their matching parts. Based on these findings, details discussion and policy implications are put forwarded.

### **Cascade Care and Age at Onset of Hypertension by Stages among Older Adults in India**

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**Introduction:** Hypertension is a disease of common and the single largest risk factor of premature mortality. Though studies on prevalence, awareness, treatment of hypertension are growing in India, there is no attempt on estimating cascade care by stage of hypertension. We estimated the prevalence, awareness and treatment and age at onset of hypertension by stages among older adults in India. **Data and Methods:** We have used a sample of 73,396 individuals successfully interviewed in LASI. The age-sex adjusted estimates of hypertension by stages were estimated. Further, multinomial logistic regression was used to understand the potential predictors of hypertension by stages.

**Results:** We estimated that 39.9% older adults were pre-hypertensive, 22.1% were in grade I, 7.8% in grade II and 1.1% in grade III. The average age of hypertension onset among older adults with grade I and grade III at 56, but grade II at 57. Age, urban residence, BMI were the significant predictors with higher risk for grade III hypertension. **Conclusion:** A large proportion of grade II and grade III hypertensive patients are undiagnosed and untreated and carried a higher risk of premature mortality. The awareness and treatment of stage III hypertension were even lower among poorer and socially disadvantageous population.

### **Childhood Exposure to Domestic Violence and Mental Health Outcomes in Adulthood**

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**Background:** In Nepal, over two-thirds of abortion seekers use medication abortion drugs to terminate their pregnancies. However, fewer than half of all abortions occur in government-approved facilities. Although the government of Nepal discourages pharmacy sales of medication abortion drugs without a prescription, pharmacies account for one-fifth of all

abortion services in the country. We conducted a qualitative study to gain insight into why women obtain medication abortion care through pharmacies and document their experiences. Methods: Using a multi-modal recruitment strategy, we interviewed 25 women from three populous districts of Nepal's Koshi Province who had used medication abortion drugs purchased from pharmacies within the previous two years. We used ATLAS.ti 24 to manage our data and analyzed interviews for content and themes using inductive and deductive techniques.

Results: We found that confidentiality, convenience, cost, and connection led women to obtain medication abortion care from pharmacies. Many of our participants were unaware of the free services offered by government health centers or reported that they avoided these facilities due to privacy concerns and/or the perceived need for accompaniment. Most participants received the mifepristone/misoprostol regimen but were charged more than the mandated maximum retail price. Although pharmacy workers informed women on how to administer the medications, they provided little or no counselling on side effects, complications or post-abortion contraception etc. Despite confidence in their decision to terminate their pregnancies, some of our participants found the abortion process challenging due to insufficient counselling, variable costs, and the lack of pain medications. Conclusion: Women seek pharmacy-based medication abortion services for various reasons, including barriers within the health system that limit access to designated abortion sites. Strengthening the role of pharmacies as medication abortion providers is crucial as they can enhance women's agency by providing accurate information, medically sound services, and appropriate referrals.

### **A Mystery Client Survey of Pharmacies in Mumbai: Access to Over-the-Counter Medications and Ethical Concerns**

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Background: Even though a prescription from a clinician is needed to obtain medication abortion (mifepristone/misoprostol) in India, many clients seek the regimen directly from pharmacies without a prescription due to convenience and affordability. Medication abortion remains widely available through pharmacies. However, in states such as Maharashtra the regimen has limited availability in pharmacies due to overregulation by drug authorities. We conducted a mystery client survey in Mumbai, Maharashtra to assess the availability, accessibility and dispensing practices in pharmacies. Methods: We developed two mystery client profiles- an unmarried woman and her male partner who visited the same pharmacy separately to purchase medication abortion without a prescription in October 2023. These clients asked for medications that could “bring back menstruation” after a positive urine pregnancy test. We documented details including the medication availability and information provided by the pharmacy worker. We analyzed our interactions using descriptive statistics and for themes.

Results: We visited 112 pharmacies with a total of 224 contacts. Medication abortion was available in 6% of the visits (n=13) and the clients were able to purchase the regimen without a prescription during only two visits (0.9%). In 79% (n=178) of the visits, the pharmacy workers asked the clients to see a clinician and in 23% (n=51) of the visits, they said stocking or selling these medications was illegal or banned. Some pharmacy workers highlighted several overregulation practices including requiring multiple copies of prescriptions from clients and disrespectful behaviour from authorities during inspections. Conclusion: Medication abortion was available in very few pharmacies in Mumbai. Although the regimen can be dispensed with a prescription in a pharmacy, several pharmacy workers mentioned that it was illegal to stock medication abortion and expressed concerns about overregulation. Implementing strategies that engage with stakeholders to eliminate overregulation of the regimen is warranted.

### **From Forests to Fragility: The Unseen Aftermaths of Displacement on the Health of Tribal Women in Odisha**

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In the heart of India, Odisha's forests have housed numerous indigenous communities for many generations who have lived in symbiosis with nature. These communities depend on forest resources for their cultural and social identity in addition to their everyday sustenance. However, an enormous portion of these forests have been declared as protected areas (PAs) in the name of conservation, often leading to the displacement of tribal communities. The human cost of these displacements, especially for tribal women, is frequently overlooked. Considering that women spend most of their time in forests and other natural environments, changes in their habitat and surroundings after relocation can have an impact on their health. Based on empirical evidence, the paper seeks to explore the health effects of displacement on tribal women brought on by conservation in and around the Similipal Tiger and Biodiversity Reserve (STBR) of Odisha. The paper highlights the long-term vulnerabilities that arise when tribal women are forced to leave their ancestral homes. The analysis and findings are based on both primary and secondary sources of information. There is a dearth of research on how displacement affects tribal women's health, particularly with regard to relation to STBR, Odisha. Most publications tend to concentrate on the effects of displacement on the livelihood of tribal communities. The findings of the study reflect that tribal women were unable to cope with the new environment which lowered their health status such as physical, mental, and social-cultural health.

### **Political Economy of Health Expenditure and Economic Growth in South Asia**

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The objective of this paper is to analyse political economy of health expenditure from 1991 to 2022 dividing into three distinct political periods- 1991-2004 (pre-UPA), 2004-2014 (UPA) and 2014-2021 (NDA), emphasizing the critical importance of government expenditure in the healthcare sector. The paper highlights the impact of health expenditure (at Constant Price) on health outcome like, IMR, MMR, LEB, DR, LFR. The study is based on secondary data from RBI database and World development indicators. The compound annual growth rate, Vector Auto regression, Granger causality test, ARDL model, Co-integration test are used to analyse the results. The mean of revenue expenditure as a percentage of health expenditure decreased under UPA and NDA period but the mean capital expenditure as a percentage of health expenditure increased. The mean of health expenditure as a percentage of GDP was highest under the NDA period. Despite revenue health expenditure declined across all periods. Capital expenditure has increased significantly after the pre-UPA period. CAGR shows consistent negative growth for revenue expenditure and growth for capital expenditure and health expenditure as a percentage of GDP in recent periods. LEB indicates a Positive trend, suggesting a moderate correlation. It implies substantial improvements in maternal health care. Death Rate indicating the same. A slight reduction in the overall death rate is observed. LFR shows a Positive trend indicating a strong correlation. the relationship between infant mortality rate and health expenditure the relationship between Maternal Mortality Rate and health expenditure with dummy variables in three political Periods. The relationship between life expectancy at birth and health expenditure with dummy variables in three political Periods. there is strongest impact and statistical significance. The regression analysis shows that while political periods significantly influence Labour Force Participation Rate, health expenditure's direct impact on LFR is minimal or statistically insignificant.

### **Psychological Well-being of Older Women: Challenges and Policy Implications**

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India's ageing population is growing rapidly with a disproportionate increase of older women. This disparity is largely attributed to women's higher life expectancy. Ageing encompasses multiple dimensions, including social, cultural, physiological, psychological and financial. While physical ageing is inevitable, mental ageing is a personal choice that can be influenced by lifestyle and attitude. The psychological dimensions of ageing, despite being equally important as physical changes are frequently overlooked, underdiagnosed and mistakenly assumed to be an inherent part of ageing rather than a significant issue warranting attention. The psychological deterioration of old people involves mental anguish, reflections on the past decisions, regrets, overthinking, isolation and realization of having a limited time period. Societal expectations, shaped by socialization, position women as primary caregivers, leading to poverty of time and finances. Therefore, emotional and cognitive trajectories of ageing are shaped by gender, resulting in distinct experiences and challenges for men and women. Older women experience nervousness, anxiety, guilt and suppression more as compared to their male counterparts which



makes them prone to mental disorders such as depression and anxiety. The changes in physical appearance, functional disabilities, bereavement, new roles, lower quality of sexual life, pre and post menopause effects, lack of autonomy and financial factors increase the vulnerabilities of older women. Therefore, gender profoundly impacts the pattern, severity and outcomes of mental health. This paper highlights the interplay between ageing, gender and health underscoring the need for tailored approaches that account for diverse needs, experiences and preferences. It stresses the urgency of developing gender-specific policies and strategies to address medical assistance for psychological issues in order to focus on targeted interventions, adequate support and comprehensive care for older women.

### **Public Health and Sanitation in Odia Literature**

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With its strong ties to Odisha's sociocultural fabric, Odia literature has long examined issues related to cleanliness, public health, and epidemics. Odia literature frequently highlights the shortcomings in public health and sanitation systems while also reflecting the junction of dread, loss, and resilience in the face of epidemics. Along with documenting the psychological and social effects of illness, authors such as Fakir Mohan Senapati and Kanhu Charana Mohanty have also brought attention to how inadequate public facilities, such as sanitary facilities, are at halting the spread of epidemics. One issue that keeps coming up is the importance of sanitation in both the outbreak and the final settlement of these health emergencies. These writers stress the value of waste management, clean water, and cleanliness in preserving the community's health through metaphors, storytelling, and narrative approaches. This paper will demonstrate how Odisha literature serves as both historical documentation and ethical commentary on the necessity of efficient public health measures by highlighting the twin focus of Odisha literature on epidemics and sanitation. These writings offer invaluable insights into the cultural and societal responses to disease outbreaks and sanitation challenges, providing a rich understanding of the region's struggles with public health and the vital importance of sanitation in mitigating the effects of epidemics.

### **An Assessment of the Empowerment of Accredited Social Health Activists (ASHAs) in India**

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Community participation in Primary Healthcare in rural areas was missioned to be accomplished by implementation of Accredited Social Health Activist (ASHA) Programme under National Rural Health Mission in 2005. Primary Healthcare system expected ASHA to be an optimal vehicle for extending primary healthcare in rural areas by promoting immunization, referral and

escort services for reproductive and child health and other health delivery programmes. In this context, the present paper aims to identify and suggest ways in short and long term to improve performance of ASHA's. To fulfil this aim, the paper examines the whole arena of current and potential provisions of the assignments, roles and responsibilities, recruitments, training, and remuneration of ASHA's in Khargram Block of Murshidabad District in West Bengal. The analysis is based on primary survey through questionnaires of 200 ASHA's in Khargram Block (100 % enumeration). Factor analysis, Performance Index and Gap Index is used to summarize the existing gap between the goals and actual performance of ASHA's. Results show that excessive focus on curative care, priorities of work as an extended arm of the Primary Healthcare system, lack of induction training and demotivation due to performance-based incentives instead of fixed income have hindered ASHA from being "an interface between the rural community and rural healthcare delivery system.

### **Healing Pattern of Chronic Wound: From a Tertiary Care Hospital of Eastern UP**

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**Abstract:** Chronic wounds are those that do not reduce in size by 20-40% after 2-4 weeks of appropriate treatment. They are classified into four categories: pressure ulcer, diabetic ulcer, venous ulcer, and arterial ulcer. The prevalence of chronic and overall wounds was 4.5 and 15 per 1000 populations in developing countries, respectively. Treatment of chronic wounds has a significant economic and social impact on patients, families, society, and government. **Objective:** To assess the healing pattern of chronic wounds during follow-up period of three months. **Methodology:** The chronic wound patients attending the wound clinic/general surgery OPD of SSH BHU and providing written consent from July 2023 to December 2023 were registered. They were followed for 3 months at the interval of 1 month. The grading of chronic wounds was recorded at baseline with other variables and the grading of wounds and economic burden were recorded for 3 times at one-month intervals. **Result:** The find is based on 240 chronic wound patients. Initially, 9.2%, 75%, and 15.8% were in grades II, III, and IV respectively. After receiving one month of treatment, 17.8% of patients improved from grade III to II and 34.2% from grade IV to III. After 2 months of treatment 9.1% from grade II to I, 81% Grade III to II, 2.6% Grade IV to I, and 92% grade IV to III. Receiving the 3-month treatment only 2.2% of patients with the same grade III and rest responded the treatment. **Conclusion:** The finding indicates the social and economic contribution of patients and their caregivers. The problem of disease burden is increasing as the burden of non-communicable diseases (diabetes, obesity, etc) is increasing. **Implication:** The result of this study will be useful for policy and planning purposes at the local area level as well as district, state, and national levels.

## **New Trends in Healthcare Practices and Sustainable Development: Unfolding Multinationals Engagement through Corporate Social Responsibility**

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Multinationals in Indian context through its corporate social responsibility (CSR) create a positive impact on society. Moving beyond the economic dimension, profit making and philanthropy, the companies are found to express their concern on the social dimension by making an “explicit CSR” of community as stakeholders. CSR on health care practices adds new trends to community development for corporations by prioritizing reproductive health facilities and hygiene. The paper aims to assess the initiatives of CSR of few multinationals located in Odisha and towards their utilization of the company’s CSR. The paper has two objectives which divides the paper into two sections. The first objectives expressed in the first section of the paper deals with the secondary sources of data collection from the reported information of the few Multinational companies located in Odisha on their CSR initiatives on health care practices. The second objective expressed in the second section of the paper is to examine the accessibility, affordability and utilization of healthcare services facilitated by the CSR initiatives on health-related care, hygiene and wellbeing of two companies’ i.e (Dalmia Bharat Foundation and IMFA) located in Odisha. The study utilizes primary data collection located in the peripheral region of the plant in Odisha with a sample size of 60 respondents under simple random sampling strategy from the adopted villages under CSR by adopting a descriptive and explanatory research design. The organization and functioning of healthcare systems have a direct impact on society towards sustainable development. Thus, CSR has an important role to play in the community growth and sustainability.

### **Impact of Nutrition on Rampant Caries**

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**Abstract:** Rampant caries, a rapidly progressing form of tooth decay, remains a significant global threat to oral health, particularly among children from socioeconomically disadvantaged communities. Despite being preventable, early childhood caries continues to be one of the most prevalent childhood diseases worldwide. Nutrition is a critical factor influencing the development and progression of rampant caries. Diets rich in fermentable carbohydrates, especially sucrose, significantly increase the risk by creating an acidic oral environment conducive to tooth demineralisation and decay. Frequent consumption of sugary snacks and beverages further exacerbates this risk.

Conversely, a balanced diet incorporating fruits, vegetables, and dairy products helps neutralize acids and supports overall oral health. Nutritional deficiencies, such as inadequate calcium and

vitamin D intake, further heighten susceptibility to rampant caries. This study evaluates the association between nutrition and rampant caries, focusing on cases in and around the Jajpur district of Odisha, India. Secondary data from public and private hospitals were analyzed using JAMOV, revealing that children under five years of age, particularly those from lower socioeconomic backgrounds, were most affected. The findings underscore the importance of comprehensive strategies to address rampant caries, emphasizing the role of nutrition, proper oral hygiene, and routine dental check-ups. Promoting dietary modifications alongside public health initiatives can help mitigate the burden of rampant caries, especially in vulnerable populations.

### **Estimation of Adjusted Risk of Confounding Factors Determining Heart Disease among Elderly: LASI Data**

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The cause-and-effect relation is measured through Odds ratio in epidemiological studies. When the risk of outcome is low odds ratio statistics to be adjusted. Further, it is necessary to calculate cured and adjusted risk ratio to estimate the influence of confounding factors to determine the influence of cause factor on effect. Cochran (1954), Mantel and Haenszel (MH) (1959) suggested extension of chi square test to estimate stratum specific crude and adjusted risk ratio for categorical variables. The MH statistics results generate “residual confounder” when the continuous data set is grouped in to categories. To overcome this error, generalize linear regression model or multinomial regression models have been suggested. Present paper aims to estimate adjusted risk ratio of confounding factors determining Heart disease among elderly by using generalized linear regression model. To achieve the objective, data were collected from Longitudinal Ageing study of India (LASI). Age of elderly (>45), sex, Hypertension, ever diagnosed diabetes, ever diagnosed heart disease are the variables collected to estimate crude, adjusted risk ratio of the confounding factors on effect of heart disease. Age of elderly has been considered as continuous to overcome “residual of confounder. The results revealed that elder person who had hypertension is 4.69 times at higher risk than who did not had hypertension. When hypertension considered as confounding variable influencing heart disease through diabetes the adjusted risk ratio declined to 1.996. The adjusted risk ratio increased to 3.069 when Sex, hypertension as confounding factors on heart disease through diabetics. Further when age factor is added as confounder to sex, hypertension the adjusted risk ratio declined to 0.660. These variations were discussed in the results.

### **Impact of Gestational Weight Gain on Birth Outcomes among Pregnant Women in a Rural Setting of Odisha, India**

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**Introduction:** Gestational weight gain (GWG) is crucial for maternal and fetal health, impacting short-term and long-term outcomes. Inadequate or excessive GWG is linked to adverse pregnancy outcomes like preterm birth, low birth weight, macrosomia, gestational diabetes, and pre-eclampsia. Pre-pregnancy body mass index (BMI) influences recommended GWG ranges. This study investigates the relationship between GWG, pre-pregnancy BMI, and birth outcomes in a cohort of pregnant women in Boipariguda Block, Koraput District, Odisha. The study aims to provide preliminary data on GWG patterns and their association with birth outcomes in this specific context. **Methodology and Result:** This descriptive observational study analyzed GWG in relation to birth outcomes in a cohort of 523 PW, with 173 recorded deliveries resulting in 167 live births and 6 stillbirths. The overall average GWG for live births was 5.57 kg compared to 4.3 kg for stillbirths. Among severely thin women (n=33), all pregnancies resulted in live births with an average GWG of 7.1 kg. In the thin BMI category (n=63), live births had an average GWG of 6.03 kg, while stillbirths had a significantly lower average GWG of 1.26 kg. Women with normal BMI (n=75) had an average GWG of 4.58 kg for live births.

**Conclusion:** This preliminary analysis suggests an interplay between pre-pregnancy BMI, GWG, and birth outcomes. Severely thin women showed higher average GWG and positive birth outcomes. In the thin BMI category, lower GWG was associated with stillbirths. **Policy Implication:** The limited sample size restricts generalizability. Further research with a larger, more diverse cohort, including detailed data on maternal health, lifestyle, and pregnancy complications, is needed to validate these findings. Further just like growth monitoring in children, similar tracking mechanism can be developed to understand the GWG among Pregnant Women, inclusion of BMI in Govt Data system and quantify THR according to the BMI of Pregnant Women.

### **Quality of Life and Psychological Well-being among Non-Organic and Organic Farmers: A Comparative Study**

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**Abstract:** Farmers are considered the backbone of society, providing food and clothing to people worldwide. Agriculture, however, involves various socio-economic, physical, and mental health challenges due to the hard work and financial pressures, especially under difficult conditions. There is increasing concern about the socio-economic and psychological hazards associated with farming, leading to higher levels of stress, depression, anxiety, and suicide. In addition to common health issues, extensive exposure to chemicals, fertilizers, insecticides, and mechanization hazards results in specific health problems, reducing soil fertility and causing environmental pollution (soil, air, and water). Despite its importance, agriculture is one of the

most stressful occupations, heavily reliant on costly chemicals and pesticides. Organic farming, by contrast, reduces dependency on such chemicals and uses affordable natural manures like cow dung. This has led to a rise in organic farming. However, there is limited research on the quality of life and psychological well-being of organic versus non-organic farmers.

**Objectives:** 1-To compare the quality of life and psychological well-being between organic and non-organic farmers. 2. To promote organic farming for pesticide-free practices. 3-To encourage sustainable development and ecosystem preservation. **Methodology:** A cross-sectional survey was conducted among 20 organic and 20 non-organic farmers in western Odisha. The following tools were used for assessment: A-World Health Organization Quality of Life-BREF for quality of life. B-General Health Questionnaire-12 for psychological well-being. C-Kuppuswamy Scale (2024) for socio-economic assessment. **Result-** Organic farmers demonstrated significantly better quality of life and psychological well-being compared to non-organic farmers. They reported higher levels of physical health, psychological health, socioeconomic well-being, and environmental quality of life. Organic farmers also experienced lower levels of stress, anxiety, and depression. **Conclusion:** This study highlights the importance of promoting organic farming to improve the quality of life, psychological well-being, and economic outcomes for farmers. Policymakers and agricultural extension services should provide support to encourage organic farming practices.

## **Social Barriers and Healthcare Utilization Among Older Adults in India: Evidence from LASI Survey**

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**Background:** Older adults in India face significant challenges in accessing healthcare services due to social barriers and discrimination. These obstacles, often tied to socio-economic and cultural factors, lead to disparities in healthcare utilization. Thus, this study investigates how social barriers and discrimination based on gender, caste, and economic status influence healthcare utilization among older adults in India. **Methods:** The study utilizes data from LASI Wave 1, which includes responses from over 73,000 individuals aged 45 and above. Key outcomes include healthcare access, frequency of healthcare visits, and unmet healthcare needs. Independent variables include indicators of social barriers such as caste-based and gender-based discrimination, economic deprivation, and social exclusion. Descriptive and multivariate logistic regression models are used to assess the association between these barriers and healthcare utilization patterns.

**Results:** The findings show significant disparities in healthcare utilization among older adults. Individuals from marginalized caste groups, such as Scheduled Castes (SC) and Scheduled Tribes (ST), as well as those from lower incomes, are less likely to have access to healthcare services. Older women report lower healthcare utilization than men due to cultural norms and



financial constraints. Nearly 25% of older adults were treated disrespectfully during their treatment at healthcare facilities. Rural residents faced multiple challenges, including inadequate infrastructure and a lack of healthcare facilities. Additionally, 35% of the older population reported unmet healthcare needs, with a higher prevalence among women, marginalized castes, and rural residents. Conclusion: Older adults in India face significant challenges accessing healthcare due to social inequalities. These disadvantages make it harder for marginalized groups to get needed care. Addressing this requires better infrastructure, reduced barriers, and efforts to eliminate discrimination. LASI data highlights the urgency of policies that empower vulnerable communities, promote gender equality, and improve rural healthcare, ensuring older adults receive better healthcare.

### **Menopausal Knowledge and Attitude Among Middle-Aged Women: An Empirical Study in Sundargarh, Odisha**

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Menopause is the clinical marker of declining ovarian function. When women experience a change in their normal menstrual cycle due to reduced estrogen and progesterone hormone secretion it is called menopause. This period of transit women from reproductive to non-reproductive stage when they face many physical, physiological and psychological challenges. Keeping this in view the researcher decided to conduct a study on “Menopausal Knowledge and Attitude Among Middle Aged Women: An Empirical Study in Sundargarh, Odisha.” Exploratory cum descriptive research design was selected for the study. Around 110 samples were selected by random sampling method from Sundargarh district i.e. 65 samples from urban area (Municipality area) and 40 samples from rural area (Karamdihi village). The data was collected by using a predesigned questionnaire cum interview schedule by face-to-face interview method. The data was collected, tabulated and analysed by using different statistical tools such as frequency & percentage. It was found that around 40% respondents thought that menopause is complete closer of menstrual cycle and 26% who think irregularities in menstrual cycle is known as menopause. Only 22% knows that menopause occurs due to hormonal changes. Family members, friends or relative were the first source of information about menopause (52%) followed by health professionals (18%), TV or radio (16%) & internet (12%). Approximately 42% opine menopause as a natural process and 32% consider menopause as a health problem while 12% of respondents considered it as a life-threatening condition. Around 20% respondents felt sever mind disturbance due to hormonal changes during Menopause while 40% of respondents felt calm and quiet and 16% felt well balanced in their behaviour. It can be concluded that knowledge of respondents about menopause was very low which was affecting their attitude and behaviour as well as health status.



## **Effect of Physical Activities on Elderly Health: Comparative Analysis between the States of Odisha & Kerala**

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**Introduction:** The increase in life expectancy is due to better health facilities and innovation in medicine, improved economy etc. The number of older people (60 year and above) of India are increasing rapidly. Due to technology innovations and lifestyle changes, the comfort level of population has increased. Hence, elderly physical activities reduced immensely. As age increases, due to lack of physical activities, the chance of getting non-communicable diseases like hypertension, Diabetes, CVDs etc. is higher. The objective is to compare elderly health status of two states Kerala and Odisha and find out the effect of physical activities on health of elderly in both the states. **Methods:** The data of two states of Kerala and Odisha are culled out from LASI unit level data for analysis. Data has been weighed, and bivariate tables are prepared. And also using logistic regression, the important variables responsible for good health are highlighted.

**Findings:** Burden of diseases in the state of Kerala is high, only 21.4% of 60+ elderly have no morbidity whereas 57% of same age category have no morbidity in Odisha. More than one third (35.6%) elderly 60+ are overweight or obese in Kerala as compared to 18.4% in the state of Odisha. Physical activities are the determinant factor for reducing the overweight and obesity by considering all relevant demographic and health variables. In Odisha, about 70% males and females are physically active as compared to the state of Kerala (40%). It was evident that where BMI is high and physical activities are low, the elderly is susceptible for non-communicable disease and joint diseases. **Conclusion:** Policy needs to gear toward to increase awareness about physical activities and controlled diet through various electronic media, print media, drama and through grassroot level health care providers to reduce non-communicable diseases in future

## **Narrating the Vulnerabilities and Adaptive Capacity of Artisanal Fisherwomen in Rameswaram**

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If women are excluded from data collection and decision-making process, leading to significant biases and inequalities (Perez, 2019), what about the status of fisherwomen and that of artisanal (traditional) fisherwomen? This significant question led me to Rameswaram as a part of my master's thesis to delve into or investigate the socio-economic status of artisanal fisherwomen. The paper I would present would narrate their shift from invisibility to visibility in the context of development. Bringing in the theoretical framework of social exclusion and social inclusion, my paper will aim to shed light on the unique experiences, vulnerabilities and adaptive

capacity of this particular community- artisanal fisherwomen in Rameswaram. I will be exploring the demographic characteristics, economic profile, and social and cultural factors of the fisherwomen and the fishermen of this community. How, in particular, these fisherwomen are socially excluded from society, the challenges they face and how they can be socially included- will be my key focus. Challenges like bottom trawling, shrimp farm cultivation, maritime conflict, community negligence, economic marginalisation, social discrimination, nil political representation and climate change- have not shattered them, and still, around 90% of the fisher community are traditional fishers in Rameswaram. I would bring in data through surveys, interviews and case studies to substantiate my study.

## **Physical Care Seeking Behaviour of Elderly Widows in Puducherry District**

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Elderly widows substantially seek physical care/assistance for various day-to-day activities as most of them live longer, and a large number of them live alone. Relating to this, efforts must be made to understand the extent of seeking physical care/assistance for elderly widows, besides exploring factors influencing the same. Primary data has been collected from 390 elderly widows (30 PSUs comprising 20 rural villages and 10 urban wards) in the Puducherry district. The extent of seeking physical care/assistance for three, day-to-day activities, viz., cooking food, visiting temples/shopping, and visiting post office/bank, are treated as the dependent variable, and selected background characteristics of respondents are independent (explanatory) variables. Nearly 64% of elderly widows reported they sought physical care/assistance for one or the other day-to-day activities. Results based on cross-tabular analysis with a Chi-square test of significance showed differentials in the magnitude of seeking physical care/assistance by elderly widows are largely on the expected lines (significant at different levels) across their background characteristics under study, except for place of residence. Findings from multivariate logistic regression analysis highlighted that elderly widows who are in their advanced age (76+ years), belonged to medium and large-size families (2-4 & 5+ members), have 1-2 & 3+ daughters and experiencing one or more physical disabilities are seeking physical care/assistance significantly ( $p < 0.001$ ,  $p < 0.01$  or  $p < 0.05$ ) to a greater extent than their respective counterparts. Conversely, the elderly whose functioning ability (IADL) is moderate & higher level and owning a house have exhibited a lesser tendency to seek such physical care/support. Theoretical explanations and policy implications are discussed.

## **Analysing the Changing Patterns of High-Risk Fertility Behaviours Among Married Women in India: A Decomposition Study from 1992 to 2021**

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This study aimed to analyse the changing patterns and factors associated with high-risk fertility behaviours among married women in India from 1992 to 2021, utilizing nationally representative data. Study Design: The study employs a cross-sectional design, utilizing all five rounds of the National Family Health Survey conducted between 1992 and 2021. These rounds were conducted at irregular intervals over the study period. Methods: The analysis includes Univariate and Bivariate methods to observe trends and the association of HRFB with background characteristics, while multivariate decomposition analysis is used to identify key socio-demographic and economic factors that have contributed to changes in HRFB over the past three decades.

Results: The findings revealed a significant decline in HRFB over the study period, with notable improvements in maternal health indicators. Factors such as increased educational attainment, improved access to healthcare services, greater contraceptive use, and enhanced mass media exposure have contributed to these positive trends. However, disparities persist based on socioeconomic status, caste, and region, highlighting the need for targeted interventions. Conclusion: The findings indicate the importance of continued efforts to improve women's education, healthcare access, and reproductive health services to sustain and further accelerate the decline in high-risk fertility behaviours in India. These insights provide valuable guidance for policymakers and healthcare professionals aiming to improve maternal and child health outcomes in the country.

## **Adolescent Health Conditions of Tribal Children Inhabiting in Urban Slums**

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Adolescence is a phase of rapid growth and it comes as a transition period between childhood and adulthood. This phase normally belongs to the children or individuals who are aged between 10 to 19 years and this stage is considered as a transformative stage of biological, mental and emotional development from puberty to legal adulthood. Kishorabasthaa is the Hindi or Indian synonymous term that is used for adolescents in India, and it is also moulded by several sociocultural, religious and environmental conditions of the region. The experiences of adolescents during teen years would vary considerably according to the cultural and social values they grow in. The adolescent stage includes the emotional, social and spiritual development of everyone's life. Most of the youths at this stage assert their identities and display a tendency to be independent but this period also brings lots of turbulence, trance and tension among them.

During this stage, adolescents are usually found to be affected by sexual and reproductive health-related infections, diseases and problems. In view of this background, the present research work attempts to understand the sexual and reproductive health status of the adolescents living in different urban slums of Bhubaneswar. The study focuses on finding the health-related problems or challenges encountered by the adolescents as well as assessing their awareness level towards their health and development. In the urban slums of Bhubaneswar, where health, hygiene, sanitation and cleanliness are found to be major health-related challenges, the adolescents inhabiting in these regions pass through many difficulties.

### **Community-Based Health-Care Solutions for Improving Maternal and Child Health & Well-Being: A Longitudinal Study in West Bengal**

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In India, maternal mortality is a significant concern, with an MMR of 103 per 100,000 live births, resulting in over 25,220 deaths annually (UN MMEIG 2020). Maternal and child health are crucial indicators of societal development, reflecting healthcare system efficiency and public service equity. This study examines the impact of community-based interventions and strengthened healthcare systems on safe pregnancy and birth outcomes. This study leverages the experience of an ongoing health and nutrition intervention in three underdeveloped blocks of West Bengal: Khoyrasole and MD Bazar in Birbhum District, and Suti II in Murshidabad District. The intervention engaged over 4,139 high-risk and nutrition-risk pregnant women, utilizing strategies from the Health Belief Model and the Social Ecological Model. Key activities included monthly home visits, monitoring of gestational weight gain, nutritional counselling, ensuring timely uptake of ANC services, and community engagement with active participation from local panchayats. The initiative also aimed to strengthen healthcare systems and build capacity among stakeholders for long-term sustainability.

To evaluate the impact of the intervention, data from the intervention cohort of 4139 pregnant women were compared with baseline data collected. The baseline data encompassed 16,126 pregnancies, including 3,725 classified as high-risk. This comparison aimed to determine whether the intervention led to significant changes in service uptake, care-seeking behaviours, and maternal and neonatal health outcomes compared to the pre-intervention period. The intervention targeted both demand-side barriers, such as inadequate health-seeking behaviours, and supply-side challenges, including limited service accessibility and quality. Quantitative analyses demonstrated its effectiveness in improving service utilization, promoting positive behavioural changes, and enhancing maternal and neonatal health outcomes. Key achievements included an 8.65 % increase in timely ANC registration, a 7.61% rise in the percentage of women receiving at least four ANC visits, and reductions in low birth weight (4.17%) and preterm deliveries (3.23%) compared to baseline findings.

## **Social Determinants and Challenges Faced by Parents of Intellectually Disabled Children in Ahmedabad, Gujarat: A Cross-Sectional Study**

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Intellectually disabled (ID) children face numerous issues influenced by various social determinants, including family support, financial barriers, stigma, and cultural beliefs. Understanding parents' perspectives is crucial for developing interventions that enhance their children's quality of life. This study aims to investigate parental perceptions of social determinants affecting children with ID, focusing on demographic characteristics, cultural beliefs, financial constraints, and social stigma. A cross-sectional study was conducted among 417 parents of ID children, employing a structured questionnaire covering five key areas: demographics, social stigma, family support, cultural beliefs, and financial challenges. Statistical analyses, including multivariate regression and chi-square tests, were performed to identify significant associations and predictors. The study found that 62% of participating parents resided in urban areas, and 48% held a graduate-level education. Emotional support was available to only 35% of the parents, while 42% strongly agreed that stigma hindered their ability to seek support. Cultural misconceptions were acknowledged by 89% of respondents, and 67% reported frequent financial constraints. Statistical analysis revealed a significant association between urban residency and decreased levels of stigma ( $\chi^2 = 12.68$ ,  $p < 0.001$ ). Higher education levels were correlated with improved awareness of available resources ( $p < 0.001$ , confidence interval of 1.4-2.6). Rural families were disproportionately affected by financial constraints, with notable discrepancies in access to government support programs ( $\chi^2 = 15.48$ ,  $p < 0.01$ ). The paper concludes that social determinants significantly impact families of ID children. Interventions aimed at addressing these challenges, raising awareness, and providing financial support are crucial for improving outcomes and fostering inclusivity.

## **Women's Involvement in Credit Cooperative and Empowerment in Tamil Nadu, India**

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The question of women empowerment consists of numerous nuances. Though the primary perspective continues to be the empowerment of the self, yet the process of self-actualization is largely dependent on a number of other factors including the complex interplay of societal forces and factors. Empowerment of women is a multi-dimensional process, which should enable the individuals or a group of individuals to realize their full identity and powers in all spheres of life. The cooperative society that sought to provide increased income to its members through number of works, the study provides a fascinating glimpse to the subsequent changes in the inter personal

relationship and self-esteem among the women members. The women members of Self-Help Groups (SHG) seem to have embarked on the non-traditional tasks like marketing and non-traditional enterprises. Women's access to and control over their savings, credit and income have improved. Women have improved freedom to move and interact with the officials and other women after joining the SHGs. On the whole, it is clear that women are able to improve control over their labour, resources, freedom to move and interact, leadership, and reproductive choices, to some extent. This is evident from the absence of the collective initiatives of women members to negotiate their gender, caste, class and other interest's vis-a-vis institutions of the market, the state, the community and family. The women are able to handle some of the issues relating to their lives independently. This indicates that 'power within' dimension of empowerment is impacted due to participation in SHGs to some extent. It also empowers women community through self-employment through micro finance. Overcoming some barriers in this scheme will be helpful to empower and uplift women community further.

### **Multiple Vulnerabilities and Utilization of Reproductive health care services in selective states in India**

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Reproductive health care in developing countries is not universally utilized despite the combined efforts of national and local governments, non-profit groups, and international organizations. Income inequality in accessing maternal healthcare is increasing globally and within nations, resulting in disadvantaged women receiving fewer services compared to wealthier individuals. Having antenatal check-ups offers several advantages such as identifying pregnancy difficulties, anaemia, and related health issues early on. It also increases the likelihood of receiving further healthcare services and using contraceptives. Delivering at a health facility considerably lowers the risk of mother and infant mortality. Universal access to sexual and reproductive health was included as an important aim in both the MDGs and SDGs. India has made significant strides in attaining the Sustainable Development Goals (SDGs). However, it has not yet reached the desired levels of success in certain indicators related to maternal and child health (MCH). Examining the connections between various vulnerabilities and the use of reproductive health care is crucial. The 2017-18 National Sample Survey data were utilized to analyse the utilization of antenatal care, medical help during birth, and postnatal care services among ever-married women. The analysis focused on four characteristics of vulnerability: education, wealth, social backward class, and religious minority status. The study utilized bivariate analysis and binomial logistic regression analysis to investigate the various vulnerabilities associated with the utilization of reproductive health care services. Variations in the use of delivery care are evident among states, and when vulnerabilities increase, the utilization of delivery care declines in all major states. The article establishes significant connections between various vulnerabilities and the utilization of reproductive health care services. Women who had various vulnerabilities were



less inclined to get crucial healthcare services. The utilization of health care services decreases as vulnerabilities increase.

## **Delayed Motherhood and Maternal Health Risks in India: Findings from a Generalized Linear Model Analysis**

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Maternal age significantly influences maternal and child health outcomes, with delayed motherhood becoming increasingly prevalent due to societal shifts in family planning and reproductive behavior. This study aims to explore the association between delayed motherhood and maternal health indicators in India using data from the fifth National Family Health Survey (NFHS-5) conducted from 2019 to 2021. A representative sample of 148,655 ever or currently-married women aged 40-49 years was selected for analysis. Various maternal health indicators, including nutritional status, healthcare utilization, and pregnancy-related outcomes, were examined in relation to delayed motherhood using bivariate analysis and a generalized linear model. The results reveal that delayed motherhood is significantly associated with adverse maternal health outcomes, including higher rates of underweight (AOR: 1.15, 95% CI:1.09-1.22) anemia, unmet need for contraception (AOR: 1.98, 95% CI:1.89-2.09), pregnancy termination (AOR: 1.43, 95% CI:1.36-1.50), and contraceptive use before the first childbirth (AOR:1.23, 95% CI:1.36-1.50). Even after adjusting for demographic and socioeconomic factors, delayed motherhood continued to be a significant risk factor for poor maternal health outcomes in India. These findings underscore the need for specialized care for women opting for delayed motherhood, emphasizing the importance of targeted healthcare interventions and comprehensive prenatal and postnatal care. Improving access to reproductive health services and promoting healthy lifestyle choices can empower women to make well-informed reproductive decisions and mitigate the risks associated with delayed motherhood.

## **A study on Health Issues in the Context of Circular Migration**

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Circular migration, which refers to the repeated movement of people between underdeveloped and developed regions, arises mostly from economic hardships. It has emerged as a significant phenomenon in global mobility patterns. This type of migration is characterized by its non-permanent nature, where migrants maintain strong ties to both their places of origin and destination. Although circular migration substantially contributes to economic growth, its impact on health outcomes for migrants and the communities they engage with remains

underexplored and multifaceted. In this paper, an attempt has been made to analyse the health issues of circular migrants and to understand how the adverse effect of this migration is translated to premature mortality. For this, a household survey of 355 households was conducted in Western Odisha, India, infamous for circular migration. The study found that health challenges associated with circular migration occur due to the nomadic and precarious working and living conditions of migrants, socio-economic vulnerabilities, and limited access to healthcare facilities in both the origin and destination areas because of financial, cultural, and legal barriers. These conditions worsen susceptibilities to occupational health hazards, infectious diseases, and mental health issues. The health implications of circular migration go beyond the individual to affect the broader public health landscape. Migrants can act as vectors for the spread of infectious diseases such as tuberculosis. Conversely, the return of migrants to their home communities can introduce new health challenges such as changes in healthcare demand. Thus, the government should frame holistic policies such as cross-regions/states' access to care, and regulation of work environments to address health issues of circular migration. Furthermore, the government should take the initiative to research migration trends and patterns, to help anticipate health challenges and design targeted interventions.

### **Social, Economic, and Political Disparities in Perceived Health Status: A Case Study of Healthcare Practices among Major Social Groups in Kerala**

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**Background:** The changes in a wider set of social forces and systems shaping daily life and the condition in which people are born, grow, work, and age can change the epidemiological history of diseases, and through collective attempts, people can shape a social environment in which everyone has the capability to thrive their health. In Kerala, despite progress in such social determinants of health, social group wise disparities exist in perceived health status and consequent healthcare management. What social, economic, and political factors contribute to disparities in perceived health status among social groups in Kerala, and how do these factors influence healthcare practices? are the research questions to be addressed. **Methodology:** The case study method is used for in-depth analysis to uncover hidden patterns of social, economic, and political disparities in perceived health status among social groups. Detailed data collection was conducted among 15 households from each of the five social groups using a semi-structured interview schedule developed from initial survey findings. The data collected were analyzed thematically using an inductive method and a phenomenological approach by allowing themes to emerge from data and identifying patterns, similarities and differences. The study was part of PhD thesis submitted to Jawaharlal Nehru University, New Delhi.

**Results:** The study finds that there are differences in the experiences, perceptions, and worldviews of various social groups on how they make sense of their context, and attempt to improve their health and well-being. The development of health resources among different social

groups in the context of diverse social histories reflected social gradient in health perception and health care management. Conclusion: The study concludes that the disparity in perceived health status and consequent healthcare is shaped by the dynamics and differences across different 'structural locations' and the 'agency' each social group is able to garner.

### **Sustainable Development Goals and Women Empowerment: A Study of Gram Panchayat Development Plan of some Gram Panchayats in South 24 Parganas District of West Bengal**

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Ministry of Panchayati Raj, GOI has prescribed for localization of the Sustainable Development Goals (SDGs). Gram Panchayats, the lowest tier of Local Government, are formulating Gram Panchayat Development Plan (GPDP), for attaining the localized SDG targets as possible through local interventions. GPDP should have 9 thematic components and a GP should take Sankalp to focus on certain themes every year. One of the themes is 'Women Friendly Villages'. The objective of the present paper is to study the GPDP for the year 2023-24 to find the planned interventions, the GPs are considering to make their villages women friendly. The methodology followed is to analyse the planned activities which will improve the wellbeing of women under GPDP -2023-24 by all the 32 GPs of the blocks of Baruipur and Basanti of South 24 Parganas district of West Bengal, as uploaded by the GPs in e-gram swaraj portal of Government of India, <https://egramswaraj.gov.in/approveActionPlan.do>.

South 24 Parganas district is sharing the border with Kolkata, the capital of West Bengal and also the famous Sundarbans is at the southern part of it. So, the district has been purposively selected for its special position. Also, it has witnessed severe situation due to natural disaster like cyclone particularly near Sundarbans that make the villagers vulnerable particularly the women. Two blocks of the district namely Baruipur and Basanti have been purposively selected for the study. Basanti block is in Sundarbans and Baruipur is adjacent to Kolkata. The study has observed that the "women friendly village" as a Sankalp has taken a back-seat. The GPs have, however, planned some women friendly activities. Hardly any intervention has been planned to empower the women like training for skill development. GPs are to be capacitated for better thematic planning for women empowerment.

### **Disparities in Health Service Accessibility: A Comparative Analysis of Bihar and Kerala, India**

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This paper presents a comparative analysis of health service accessibility in two distinct Indian states: Bihar, one of the country's least developed states with limited healthcare infrastructure, and Kerala, a more prosperous state recognized for its high-quality healthcare services and successful public health initiatives. Through an examination of key indicators—availability, affordability, and quality of care—this study explores the profound disparities in health access between these states. Using secondary data from government reports, health surveys, and Demographic studies, namely NFHS-5 (National family health survey) and AHS (Annual health survey) data we analyze factors influencing accessibility, such as healthcare infrastructure, Work force distribution, government expenditure on health, and social determinants like education and income levels. Kerala's high life expectancy, low infant mortality, and robust primary health care network stand in contrast to Bihar's health care challenges, which are compounded by limited resources, inadequate infrastructure, and socio-economic barriers. The findings underscore the impact of policy decisions, government commitment, and community involvement in shaping health outcomes. This study provides evidence-based policy recommendations aimed at addressing healthcare inequities in underdeveloped regions and suggests targeted strategies to strengthen Bihar's healthcare framework, drawing insights from Kerala's model of healthcare delivery. By addressing these disparities, the research aims to inform future policy-making and promote equitable healthcare access across diverse socio-economic landscapes in India.

### **COVID-19 and Social Group Migration in India: What We Know?**

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The data released from Periodic Labour and force Survey (PLFS) collected during 2019-20 provides information on migration and covid-19. Country experienced most difficult time due to complete closer of transportation, shops and manufacturing establishments, educational institutions. This gave a panic situation in the country people especially migrants started walking on foot to their destinations. A number of households surveyed was 1,00,344, providing information about 4,10,818 persons. Women mostly dominate migration in India due to the customary practice of marriage and employment-related reasons among males. PLFS data shows 28.9% as migrants (10.7% and 47.9% female). Among social groups, the rate varies from 25.3% for ST, 27.2% Sc, 29% OBC to 31.7% for others. Two-thirds of migrants reported to move within the state. Males reported 31.6 percent from other states as compared to 7.2 percent of females. Nearly 6.7 per cent male and 0.4 per cent female reported loss of job/closure of unit/lack of employment opportunities as their reason for migrating to place of enumeration.

Nearly 45 per cent male migrant do not want to go back, 41.6 per cent agree to go same last place of work and 12.5 per cent to any place for work or employment. Female migrant answers are extremely worst as 74.5 per cent women do not want to go back, 19.2 per cent sam place and 6 per cent any place. Migration is way of survival and search for livelihood at better place. Nearly 37.4 per cent rural and 43.8 per cent urban migrant wish to go back. Among social

groups- SC, ST or OBC, More than 90 per cent of migrants across four social groups do not want to go back, ST 91%, SC 93.6%, OBC 92.3% and others 91.2%.

## **Widowhood and Cognitive Function Among Elderly Indian Women: Exploring the Role of Mediating Factors**

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Mental health issues, particularly depression and cognition, are prevalent among the aging female population. Widowhood and living arrangements, along with health-related disabilities, are additional critical factors influencing their well-being. Widowhood often leads to profound emotional distress due to the loss of companionship and social roles, while living alone can heighten feelings of isolation and loneliness. These circumstances are further exacerbated by age-related challenges such as declining physical health, financial insecurity, and limited access to social support networks. In this backdrop, this paper aims to investigate the cognitive impairment among widowed elderly. It further studies the pathways of different critical factors such as depression, health parameters, social connectedness and living arrangements on the association between widowhood and cognition among Indian female elderly.

The Longitudinal Ageing Study of India on 2017-18 was utilised to assess the cognitive function, depression level, impairment, multi-morbidity status and social connectedness among elderly widowed specifically who live alone using CIDI, ADL/IADL/mobility parameters, depression scale. The mediating role of depression, impairment, morbidity and living arrangement between widowhood and cognition has been analysed using path analysis. Other analytical tools used in the study are correlation matrix, and logistic regression. In order to achieve to achieve successful and healthy ageing. A total of 16,562 elderly women aged 60 years and above were included in the analysis with nearly 50% being widowed. Widowhood was identified as one of the significant factor of cognitive impairment in the elderly female population. Further results indicate that factors like depression, physical impairment, and living alone independently mediated the relationship along with chain mediation. A greater attention needs to be paid to this population to enhance their mental and physical wellbeing hence enhancing their cognitive function.

## **Self-Care Ability among the Rural Elderly Widows**

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The World Health Organization (WHO) classifies widowed older adults as a vulnerable population. The widowhood experience, particularly among older adults, entails a loss of economic and emotional support, which lead to a decline in their quality of life. That is, they lose their self-care activities in their later life. Children's attitude, frequency of contact and visit

directly influence the emotional well-being of the elderly widows. The main objective of this paper is to aims at identifying the selfcare activities/ practices of the rural elderly widows, whether they are financially dependent or independent and also analyze their health care and support in their later life. A study was conducted in Sekkarakudi village, Thoothukudi District, Tamilnadu. The total population of this village is 10,761, of which the elderly population is 933. A census study was conducted, 209 of them were elderly widows.

The data collected through interview schedule among the elderly widows. Self-care ability is measured in terms of their activities in daily life, practice of technology assisted life, health care and financial security. The findings suggest that most of the elderly widows have practice of self-care activities including grooming, cooking, washing, cleaning and their daily household activities in their routine life. Majority of them engage themselves in some kind of agricultural related activities, Mahatma Gandhi National Rural Employment Guarantee Scheme (100days work), collecting and separating cotton seeds and neem seeds. More than half of the elderly widows got family pension but they also earn some money for their satisfaction. Further, this paper highlights their routine health checkups, health insurance and dietary food habits. As a part of financial security, the elderly widows save money for their funeral expenses/emergency funds.

### **Access to Sanitation and Its Association with Mental Health among Older Adults in India**

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**Background:** Previous literature show that access to sanitation facility and toileting disability and other health problems among adults. In this study, we assess the life course socioeconomic status (SES) and height with access to sanitation and its association with mental health of older adults (60+) in India using a nationally representative data. **Methods:** Cross-sectional data from the first wave of the Longitudinal Ageing Study in India (LASI) survey has been analysed. Logistic regression analyses were conducted to understand the association of childhood SES and adult height with access to sanitation among older adults and its association with depression.

**Results:** Overall, 29 percent of older adults aged 60 and above reported open defecation with significant rural-urban and gender differences. The results from regression analysis suggest that higher socioeconomic position in childhood as well as present had a negative association with access to sanitation. Particularly, the association was stronger with the educational attainment of the study population as well as the mother. Further, the elderly in the highest height quintile were 19 per cent less likely to practice open defecation. We also observed a significant association between no access to sanitation facility and depression among older adults in India. Older adults without access to sanitation facility in the household are 53 per cent more likely to be diagnosed with depression (OR=1.53, 95% CI 1.27, 1.84). **Conclusion:** The results of the study strongly suggest the cumulative disadvantage in socioeconomic status and height in determining access to



toilet facilities of households in India. The association between access to sanitation and mental health highlights the importance of toilet facility among older adults in India. Government interventions focusing on poor socioeconomic households, particularly rural populations and providing support to build toilet facilities will be useful for better health and wellbeing.

### **Seasonal Migration as Livelihood Strategy among Tribes: A Case Study of Sundargarh, Odisha**

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**Introduction:** In developing countries, seasonal migration is a common livelihood strategy among the rural poor. Seasonal or cyclical migration has been a part of the normal livelihood strategy among poor people across India. In the past few decades, Odisha has emerged as one of India's high out-migration states, especially from the tribal-dominating districts such as Sundargarh. **Objectives:** To study seasonal migration as a livelihood adaptation strategy among tribals. **Methods:** Primary data have been collected from seasonal migrants aged 15-45 years, during March to October, 2024 using a semi-structured interview schedule, and in-depth interviews. The total Sample size for the present study is 540 tribal seasonal migrants.

**Results:** Most of the seasonal migrants were from tribes such as Oraon (35%), Kondh (25%), and Munda (40%). Their mean age was 32.7 years. The majority of them migrated to Goa (25%), Tamil Nadu (21%), Mangalore (16%), and Mumbai (11%) with an average income of Rs.7000. In the present study 8 in-depth interviews were conducted. Most of these seasonal workers migrated with the help of unauthorized agencies, relatives or friends or neighbors. These unauthorized agencies/ dealers often arrange transportation and advance money to lure migrants. Most of the seasonal migrants worked in fish processing units, wage labours in construction sites, factory/farm workers. Often, they work in hazardous working sites/places, and most migrants do not have proper documents, health and life insurance, and lack of medical facilities which makes them vulnerable. **Conclusion:** Seasonal migration is a vital livelihood adaptation strategy for tribal communities in Odisha enabling them to cope with economic hardships. However, it is essential to address the challenges and vulnerabilities associated with tribal seasonal migrants to ensure their well-being and adopt sustainable livelihood strategies.

### **Nutritional Status of Children in EAG States of India: Evidence from National Family Health Survey**

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Aim of this paper is to examine changes in socioeconomic inequality in nutritional status among children in Empowered Action Group (EAG) states using two wave's cross-sectional data of the

National Family Health Survey (NFHS) conducted in 1998-1999 (NFHS-2) and 2015–2016 (NFHS-4). The study used three parameters to measure nutrition: stunting, wasting, and underweight of the children under 5 age group. This study found that children from poor wealth quantile are severely affected by malnutrition in EAG states compare to non-EAG state. The socio-economic inequality in stunting remained unchanged in all EAG states. At the same time, the inequality in underweight decreased during 1998–2016. On decomposing, the factors contributing to socio-economic inequality revealed that household wealth index, mother's education and mother's nutritional status were the largest contributors to stunting (47 %, 24 % and 8 %) and underweight (51 %, 21 % and 16 %), respectively, in 2015–2016. The study concluded the socio-economic inequality in underweight among children under 5 years of age increased over the years in EAG states in India. Altogether, household wealth index, mother's education and mother's nutritional status contributed to nearly 80 % to inequality in stunting and 90 % to inequality in underweight in 2015–2016. Hence, efforts should be made to minimize the socio-economic inequality in the nutritional status of children, particularly in EAG states in India.

### **Understanding Anemia and Tribes in Odisha: Evidence from NFHS**

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**Background:** Anemia is one of the public health concerns not only in Odisha rather at national level. According to fifth round of national family health survey (NFHS-5), the proportion of anemia among children, women and men are 64%, 64% and 29% respectively in Odisha. To address anemia, various national and state level programmes have been implemented in Odisha but after many programmatic efforts, including the latest AMLAN programme, still the percentage of anemia is very high in Odisha, even more than India. **Objectives:** In this context, it is necessary to understand various vulnerable groups, like a continuous high concentration of anaemia groups of different levels across the five rounds of NFHS data sets for proper policy and programme level decisions in anaemia elimination of Odisha, an eastern state of India. The specific objective of the study is to examine the continuous concentration of anemia of different level among various socio-economic and demographic groups of men, women and children of Odisha from first round NFHS to fifth round of NFHS. **Methodology:** To understand this objective, quantitative technique like bi-variate analysis is used using National Family Health Survey (NFHS) data sets of last five rounds of Odisha.

**Results:** It is found that tribal women and working women have continuously more mild anemia. Children and women belong to tribes, children and women residing in rural areas, mothers and women with no education, mothers and women with no exposure to mass media, mothers and women with low economic status, mothers belong to 35 years and above and women belong to 40 years and above age group have continuously more moderate anemia. Besides, working women also have continuously more moderate anemia. Mothers and women with no education, mothers and women with low economic status have continuously severe anemia. Besides, not-

working mothers and mothers belong to 35 years and above age group and tribal women and women with no exposure to mass media have also continuously severe anemia. Lastly, only tribal women have continuously more mild, moderate and severe anemia. Conclusions: The analysis clearly indicates either cultural practice like life styles, say; food practices of groups or less attention from programme side or both have the reason for continuous more anemia concentration of these groups in Odisha. So focus should be on both awareness of food practices like proper iron-rich nutritional intakes and also implementation of AMLAN programme."

### **Unveiling the Nexus of Health and Sanitation: A Multidimensional Systematic Approach to Sustainable Well-Being**

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Sustainable well-being of health and sanitation in a climate-vulnerable region like coastal districts of Odisha is critically challenging. This study adopts a systematic approach to explores multidimensional indicators that affect health and sanitation such as water quality, waste management, hygiene practices, and accessibility to healthcare and health services. Coastal districts like Puri, Kendrapara and, Jagatsinghpur face intensified challenges due to climate change causing cyclones, flood, and rising sea levels, which exacerbate life- conditions and life risks. Early research findings highlight significant gaps in infrastructure, waste management and access to clean water which have been addressed in isolation rather than integration. There is an urgent need for a holistic framework that integrates public health policies, community-based sanitation initiatives, and climate adaptation strategies to foster resilience in those vulnerable regions. This study aims to bridge this gap by focusing on the assessment of existing infrastructure, analysing the equation between socio-economic and climatic conditions, and proposing a holistic framework to enhance climate resilience. The objective of the study also includes evaluating health and sanitation systems, identifying systemic gaps, and engaging communities in adaptive strategies for sustainable development. By addressing these challenges through a systemic approach, the study suggests in creating advanced climate-resilient communities while responding towards SDG 3 (Good Health and Well-Being) and SDG 6 (Clean Water and Sanitation). The study also aims to offer actionable insights to policymakers and stakeholders, ensuring a sustainable future for Odisha's coastal population.

## **Examining the Implementation and Impact of PCPNDT Act: A Review on Combating Sex-Selective Practices in India.**

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The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, enacted in 1994, was introduced to curb sex-selective abortions and promote gender equity in India. Over three decades, the Act has served as a critical tool in combating gender-based discrimination and improving the country's skewed sex ratio. However, it remains challenged by cultural norms favouring male children, economic pressures, and technological advancements. This systematic review synthesises evidence from 48 studies across regions and methodologies to evaluate the Act's implementation, outcomes, awareness and persistent challenges. Findings reveal that enforcement is inconsistent, with rural areas showing better compliance due to limited access to technologies, while urban centres face greater violations. Inadequate monitoring, resource constraints, and lack of awareness further hinder the Act's effectiveness. Comprehensive strategies that combine strict enforcement, community-based education, and grassroots interventions are essential to address these challenges. Linking the PCPNDT Act with initiatives like Beti Bachao Beti Padhao and leveraging technological solutions can help achieve meaningful gender equity in India.

### **Quality of Life of Visually Challenged Women in Rural Districts of Tamil Nadu**

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Vision is an important sign for quality of life (QoL). Visual impairment may be caused by a loss of visual acuity, where the eye does not see objects as clearly as usual. Globally, at least 2.2 billion people have a blindness. Women with any form of disability are more vulnerable and marginalized members of society. Women who are visually challenged bear a double burden of discrimination and it may lead to social exclusion and abuse, which can impact their QoL. Therefore, this study aimed to assess the QoL and examine the factors associated with QoL among women with visually challenged. A community based cross-sectional study was conducted with 333 women with visually challenged aged between 18 to 44 and who were residing in two districts of Coimbatore and Tiruchirappalli in the Tamil Nadu, India. A validated WHOQOL-BREF (Tamil version) was used to measure the QoL. Totally, 333 women with visual challenged women were recruited for this study. Of these, 161 were housewives and nearly 244 were attended the formal education and the mean age were  $36.1 \pm 5.9$  years. The results showed that there was a highly significant difference seen in social relationships domain and environment domain in education, occupation, type of house, religion and community.

Highly significant differences seen in the number of children in all the four QoL domains. The physical health, social relationships and environment domains showed a significant difference in income. Psychological health, social relationships and environment domains showed significant difference in spouse disability. The study concluded that the occupation, family income, type of house, community and religion are important factors for the QoL. Especially the domains of social relationships and environment. Socioeconomic rehabilitation will enhance the QoL.

### **Bedridden, Hospitalization and Elder Abuse in India: Results from the Longitudinal Ageing Study in India (LASI)-Wave 1, 2017-18**

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**Introduction:** Previous studies conducted in India suggest a close association between chronic diseases, multimorbidity, disability and elder adults in India. However, it is less clear on the role of bedridden, hospitalization with elder abuse among older adults in India. In this study, we examine the association between bedridden, hospitalization and abuse among older adults in India. **Methods:** Nationally representative data from the first wave of the Longitudinal Ageing Study in India (LASI) was analysed. Bivariate and multivariate analyses were used to study the association of bedridden, hospitalisation and elder abuse. **Results:** The overall prevalence of elder abuse in the study population was 4.2% and the experience of abuse was higher among older adults who were bedridden (9.0%,  $p < 0.001$ ) and hospitalised (5.3%,  $p < 0.003$ ). The regression results suggest a significant association between bedridden and hospitalisation on elder abuse. Older adults who have been bedridden for more than 2 weeks are two times more likely to experience abuse. Similarly, older adults hospitalised in the last year are 40 per cent more likely to experience abuse. Other factors associated with abuse include multimorbidity and educational attainment. **Conclusions:** The study's results highlight the importance of health and associated factors in determining elder abuse among older adults in India. Public policy targeting older adults and household members and creating awareness about the implications of abuse will be important.

### **Maternal Bargaining Power and Intra-household Inequalities in the Nutritional Status of Children aged 0-59 Months in India**

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In many societies, siblings exhibit differences in nutritional status due to parental preferences related to gender and birth order, as well as unequal allocation of resources within households. This study examines the role of maternal bargaining power in mediating intra-household inequalities in the nutritional status of children aged 0-59 months in India. In a context where

child malnutrition remains a persistent challenge, understanding the intra- household allocation of resources is critical. Maternal bargaining power, determined by factors such as education, employment status, access to financial resources, and decision- making autonomy, is hypothesized to influence how household resources are distributed among children. Using national family health survey (NFHS), 2019-21 data, this study explores whether children of mothers with higher bargaining power experience better nutritional outcomes and whether gender and birth order mediate these effects.

The analysis employs econometric models to identify associations between maternal bargaining indicators and child nutritional outcomes, including stunting, wasting and underweight. Findings suggest that greater maternal bargaining power is associated with improved child nutrition, but the benefits are not evenly distributed across gender and sibling hierarchies. Boys had a better nutritional status than girls and earlier born children had a better nutritional status than later born children, both in terms of height-for-age and weight-for-age. More educated mothers buffered sibling inequalities in nutritional status according to birth order, but not according to gender. The study highlights the importance of empowering mothers through education, economic opportunities, and social interventions as a strategy to address child malnutrition and reduce intra-household nutritional inequalities in India. The findings have significant policy implications for designing gender-sensitive and child-focused nutritional interventions.

### **Safe Abortion Care for Burmese Women Living in Chiang Mai, Thailand during COVID-19 Pandemic**

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**Introduction:** COVID-19 pandemic affected access to healthcare services including sexual and reproductive health (SRH). The aim of our study was to evaluate the abortion referral and services system of a Community-Based Organization (CBO), the Adolescent Reproductive Health Zone (ARHZ) in Chaing Mai and document the experiences of the women who received services for abortion care during COVID-19. **Method:** We collected data from October – November 2022. We undertook a desk review of ARHZ referral logbooks and conducted seven (7) in-depth interviews with Burmese women in the Chiang Mai who accessed safe abortion care during the pandemic. We used a semi- structured interview guide, took extensive field notes and memoed interviews. The research team with deductive and inductive techniques analyzed the interviews for contents and themes and managed the data with ATLAS.ti.

**Results:** We deduced from the desk review that forty-one (41) Burmese women accessed safe abortion care services during the COVID–19 pandemic (2020 -2021). Twenty-three (23) and eighteen (18) women received abortion care in 2020 and 2021 respectively. Eight–five point eight per cent (85.8%) obtained medication abortions, and 14.2% underwent surgical abortions. Most of the women indicated that they opted for abortion due to economic hardships brought on



by the pandemic. They emphasized jobs loss, staff downsizing and closure of businesses. Additionally, closure and irregular operations of health care outlets led to inaccessibility of contraceptive methods and discontinuation resulting in unintended pregnancies. Although, there were some need gaps in the abortion services, especially at the health care facilities during the pandemic, however, respondents were satisfied with the service delivery at the ARHZ and clinics. Conclusion: The ARHZ provided essential SRH services for Burmese women in Chiang Mai during the COVID-19 pandemic. All the respondents stated they would recommend ARHZ to other Burmese women seeking SRH and abortion care services.

## **Cyberculture and Cyberbullying its Impact on the Mental Health of the Youths in India**

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The word cyberculture is used in various ways, often referring to certain cultural products and practices born of computer and internet technologies, but also to specific subcultures that champion computer-related hobbies, art, and language. In the mid-1990s the World Wide Web cyberculture took on a new direction. Information technologies took the dynamics of culture and social relations in a dramatically new era of social media. Today the internet, cell phones, and social media have become key actors in the lives of youths across the globe. Technology in relationships is not just limited to coordination and logistics, it is now encompassing even the more intimate moments. Sexting or sending sexual messages, photos, or videos via cell phones is very commonly practiced among couples and singles. This is further making people prone to cyberbullying in the form of cyberstalking, doxing, harassment, trolling, flaming, and Fraping. The present research explores the growing cyberculture among Indian youths, the use of social media and cyberbullying, and its impact on mental health. The study also intends to understand cyberbullying from the student's perspectives. The data was collected using an online google survey among various university students in India.

This is an ongoing research project funded by the Department of Science and Technology, Government of India working in collaboration with Maa Manikeshwari University and VIT- AP University. The project has two aspects, first is understanding the types of cyberbullying and its impact on the mental health of the youths. The second part of the project is to examine the severity of cyberbullying from big data and develop an application to curb cyberbullying using a deep learning model. The study has identified reasons for cyberbullying and mental health problems among university students.

## **The Nexus Between Population Dynamics and Health Outcomes in South Asia: A Post-Pandemic Perspective**

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**Abstract:** The study examines the interplay between population size, density, and health outcomes in SAARC countries, focusing on the post-pandemic period. Analysing health expenditures and related outcomes such as life expectancy and infant mortality identifies patterns that inform sustainable healthcare policy in densely populated regions. Using secondary data and comparative methods, it highlights how strategic health investments improved resilience during COVID-19 and underscores the challenges faced by nations with lower healthcare allocations. It is found that data allocated 6.8% of its GDP to COVID-19 response, achieving 60% complete vaccination with large-scale testing and oxygen supply measures. The Maldives spent 9.5% of GDP, leading to 85% complete vaccination through health infrastructure upgrades. In allocating 7.2% of GDP, Nepal achieved 55% vaccination with expanded testing and health worker training. With 5.8% of the GDP, Pakistan focused on PPE and testing centres but faced slower vaccine distribution. With digital health monitoring systems, Sri Lanka spent 8.3% of its GDP reaching 70% vaccination.

### **A Study on Morbidity Pattern among Elderly People in Slums**

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The number of elderly populations is increasing fast in most countries of the world. In India, the proportion of older people is expected to almost double to 19.5% in 2050 with 319 million people aged over 60. This means that every 1 in 5 Indians is likely to be a senior citizen (UNFPA (2017)). Objective - The objective of the study is to explore the morbidity pattern among the elderly people in slums of Sambalpur city. Methodology - The present study is quantitative in nature. Data was collected from 413 (above 60 years of age) samples in selected slums of Sambalpur city through random sampling method using a structured interview schedule. Data was entered in MS Excel and analyzed. Result - Out of a total of 413 surveyed respondents, 160 (38.74%) reported no morbidity. The most prevalent condition is blood pressure, diabetes is the second most common ailment and third one is gastric problems. The other health issues in term of severity are eye problems, asthma, leg pain, dental problems and heart attacks, piles, sleeplessness. Other conditions are lower reported, such as cough and cold/whooping cough, breast cancer, tumours, tuberculosis, and paralysis or hemiplegia. Rarely reported conditions include back pain, headache, kidney problems, skin diseases, polio, joint pain, and filariasis. Conclusion - As per the category of diseases, Cardiovascular Diseases (CVD) have the highest

prevalence, followed by Non-Communicable Diseases (NCDs) and then infectious diseases.

### **An Analysis of Wellbeing of Adults and Old Aged Population in North East India**

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India has been witnessing a demographic transition at various levels some states have already crossed stage two, and some states remain at stage one. Development factors such as education and health services have been the main attributes of demographic transition besides increased social awareness. Northeast states of India have thriving social infrastructure particularly education. This demographic transition has shifted disease burden to the older population which is known as epidemiological transition. Health remains a cause of concern in northeast states of India, primarily due to geographical difficulties and second availability of state sponsored infrastructure. In such case senior citizens especially face tremendous problem in managing health which impact health seeking behaviour also.

The current paper has objective to find the chronic health scenario and relationship of social support system of seniors and senior citizens in northeast states of India. The variables which are included for analysis are of chronic health conditions, mental health and social participation. Data base and methodology: The data base is taken from Longitudinal Ageing Study in India (LASI wave II). This longitudinal study was done under the aegis of Ministry of Health and Family welfare (MoHFW) and International Institute of Population Studies 2017-19. The paper concludes that the illness profile of all eight northeast states has variations in the communicable and non-communicable illnesses and cater to illnesses not by folk medicine but by treatment outside of the region. Social support system is robust and in case of chronic or acute illness family, neighbourhood help in restoring health of aging population in north east India.

### **The Shadows of Stigma and Structural Violence: Navigating Life after Naxalism and Incarceration of Tribal Women in India**

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The decline of the Naxalite movement in India has led to the societal reintegration of many former participants, particularly tribal women, who face significant challenges in rebuilding their lives. This study explores the mental health consequences of stigma and structural violence encountered by female ex-Naxalites post-incarceration. By focusing on their psychological well-being, the research examines how the intersection of gender, conflict, and social prejudice influences their mental health and reintegration experiences. Grounded in theories of stigma, structural violence, and trauma, the study provides a nuanced understanding of how systemic inequities perpetuate cycles of marginalization and mental distress.

Fieldwork conducted in the Sambalpur district of Odisha, a region once affected by Naxalism, utilized narrative interviews female ex-Naxalites. This exploratory study identifies patterns of psychological adaptation and resilience amidst exclusion. The findings reveal that these women experience profound mental health challenges, compounded by their dual stigmatization as “soft criminals” and as women, as well as the economic vulnerabilities they endure. Their reintegration is marred by social ostracism, feelings of inadequacy, and internalized stigma, which intensify conditions such as anxiety, depression, and post-traumatic stress. The also study underscores the inadequacy of state and non-governmental interventions in addressing the psychological dimensions of reintegration for female ex-combatants. By illuminating the mental health struggles of these women, this research contributes to broader discourses on post-conflict mental health, gendered trauma, and structural inequities in India.

### **Factors Influencing Health Status of Children under 5 Years from Bondo Tribe: Insights from Badbel Village of Malkangiri District, Odisha**

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The present study delves into the complex array of factors influencing the prevalence of stunting, wasting, and underweight conditions among children under the age of 5 within the Bondo tribe residing in the Babel village, located within the Khairput block of the Malkangiri district, India. Employing an extensive cross-sectional livelihoods survey, this study meticulously examines selected independent determinants in accordance with the renowned UNICEF Conceptual Framework of Determinants of Undernutrition. Multilevel logistic mixed regression models were applied application to explore the relationship between these variables and the prevalence of stunting, wasting, and underweight among Bondo children under 5 years of age. At the household level, children in households with substandard toilet facilities experienced significantly increased odds of stunting and underweight. A lack of access to clean drinking water also raised the odds of underweight among children. These findings underscore the critical role of water, sanitation, and hygiene (WaSH) in child nutrition and development, making them vulnerable to infectious diseases and growth faltering due lack of facilities and unhygienic practices.

Maternal characteristics are also found to be significant predictors of child stunting, with maternal height playing a crucial role. Notably, short maternal stature exhibited a significant association with child stunting, with odds escalating as maternal height diminished, highlighting the combined effects of genetic and environmental stressors. On an individual level, birth order was a factor linked to underweight, with second-born and third-born children showing higher odds of being underweight. Age also played a role, with children aged 6-23 months and 24-59 months presenting higher odds of being stunted and underweight compared to infants under 6 months. In conclusion, the research underscores the multifaceted determinants of undernutrition among the Bondo tribe's children under 5 in Malkangiri district, India, emphasizing the need for

interventions that target these factors according to the distinct life stages of both mothers and children to break the cycle of undernutrition and promote the healthy growth of children in this region.

## **Factors Associated with Adverse Birth Outcomes among Anaemic Pregnant Women: Can There Be Any Blueprint for Averting the Incidents?**

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**Background and Objectives:** Anaemia during pregnancy presents a significant public health issue, particularly in rural and tribal regions such as Jharkhand's Khunti district in India. This condition is frequently linked to insufficient nutrition, premature marriages, and inadequate healthcare services. The National Family Health Survey (NFHS-5) reveals that anaemia affects 65.3% of women aged 15-49 in Jharkhand, which escalates to 70% in Khunti. Moreover, the prevalent early marriages in Khunti, accounting for 21.7%, correlate with adverse maternal health outcomes, including a 4.3% incidence of anaemia, highlighting the critical need for focused interventions. This paper aims to explore the factors contributing to adverse birth outcomes, viz Low-birth weight among anaemic women during pregnancy, and understand if there can be any algorithm to prevent the incidents. **Data and Methods:** The study examines a longitudinal cohort of 505 anaemic women, in Khunti district. The data on haemoglobin levels were obtained from the Ante natal care records and were used to diagnose the Anaemia status ( $Hb < 11g/dl$ ). Data was also collected on Socio-Economic status, IFA tablet consumption, medical & obstetric history, diet consumption, Ante-natal service uptake from health care delivery systems from the subjects. The team interventions for the study involved consistent home visits to provide counselling on care practices during pregnancy, customized dietary counselling focusing on micronutrient consumption, ensuring family support, encouraging birth preparedness and facilitating access to Antenatal care checkups. To examine factors associated with low birth weight, a Logistic regression model was applied, assuming  $p$  value  $< 0.05$  to be significant.

**Findings:** A total of 505 anaemic pregnant women were followed up with 13.5% children having low birth weight. The outcomes of logistic regression analysis revealed that IFA consumption  $> 100$  tablets, dietary intake scores (Composite calculated by frequency of meal consumption, Diet diversity, & Supplementary nutrition consumption) ANC quality (as per WHO criteria) are modifiable risk factors that had a statistically significant association ( $p < 0.05$ ) with low birth weight. **Policy Implications:** The high incidence of anaemia among pregnant women in Khunti can result in adverse birth outcomes as also endanger the mother's health. Some strategies to address the modifiable risk factors that can help reduce the odds of low birth weight could be (1) Promoting dietary diversity counselling and consistent intake of Iron-Folic Acid (IFA) supplements. (2) Spot-feeding of IFA tablet consumption could be implemented at the ICDS centre. (3) Ensuring uptake of comprehensive Antenatal services, including all service components.

## Fighting Neonatal Mortality through Community-Based Kangaroo Mother Care

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With five million neonatal deaths occurring each year, neonatal mortality accounts for nearly half of the global child mortality. Low birth weight is a major risk factor for neonatal morbidity and mortality, particularly in low-resource settings. In India, LBW and preterm births contribute to significant neonatal mortality, with 15 early neonatal deaths and 20 neonatal deaths per 1000 live births in 2020 (SRS, 2020). LBW babies, especially those weighing under 2000 grams, are at higher risk of infections and poor growth. Studies have shown that Kangaroo Mother Care improves thermoregulation, reduces infections, and leads to higher weight gain, significantly reducing neonatal mortality (Suman Rao P N, 2007). While KMC is a proven, cost-effective intervention that promotes skin-to-skin contact and exclusive breastfeeding, in India it is primarily implemented in healthcare facilities, leaving gaps in its adoption at the community level. This study aimed to bridge this gap by implementing community-based KMC and evaluating its effectiveness in reducing neonatal mortality.

In collaboration with the Kolkata Municipal Corporation, a total of **636** LBW newborns (<2500 grams) from the urban slums of Kolkata were identified over a seven-month period from October 2023 to June 2024 born in different Medical Colleges of Kolkata, West Bengal. Out of them, **218** infants weighed  $\leq 2200$  grams who were selected for the study. The intervention focused on equipping mothers with knowledge and practical skills on KMC through training, followed by continuous handholding support from trained community mobilizers of CINI. To ensure sustainability, frontline workers in areas with a high prevalence of LBWs received training on KMC by technical experts from CINI. A continuum of care was maintained by visiting the households of LBWs on days 7, 14, and 28 after birth or hospital discharge, in line with the Home-Based Newborn Care (HBNC) guidelines. Mothers were provided with KMC kits, which included pouches, mittens, socks, caps, and IEC materials to facilitate the KMC process.

Data were collected on the duration of skin-to-skin contact, breastfeeding practices, weight gain, and neonatal health outcomes through regular follow-ups and weight measurement during the home visits. Additionally, qualitative data were gathered through in-depth interviews with mothers and focus group discussions with honorary health workers (Urban ASHAs) to assess their perspectives on KMC and identify facilitators and barriers to the community implementation of KMC. The study's findings revealed that **65%** of LBWs gained weight more than 2500 g by day 28, and over **94%** of the babies were reported with absence of any sickness or infection with high exclusive breastfeeding rates (**84%**). Importantly, there were no recorded cases of neonatal mortality among the participating infants, highlighting the potential of KMC to enhance infant survival rates. The intervention demonstrated a strong potential for reducing neonatal mortality and improving the well-being of preterm and LBW infants in community settings.



## Abstracts

### Papers for POSTER Presentation

#### **Impact of Counseling-Integrated Modular Life Skills Program on Social Anxiety and Changes in the Interpersonal Relationship Patterns of Adolescents.**

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Adolescence is the transitional phase of physical, psychological, and emotional development between childhood and adulthood. The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age. It is a period of turbulence and fast physical and emotional changes. Adolescent children face severe anxiety due to various reasons, leading to psycho-social problems. Life skills training integrated with counselling is one of the ways to address anxiety among adolescents and thereby improve their interpersonal relationship skills. The present study investigated the impact of a counseling-integrated modular life skills program (CIMLSP) on social anxiety and changes in the interpersonal relationship patterns of adolescents. The objective of the study is to evaluate the effectiveness of the CIMLSP in reducing social anxiety symptoms and improving interpersonal relationship patterns among adolescents. By examining the impact of this integrated intervention, we seek to contribute to the growing body of knowledge on evidence-based practices for promoting adolescent mental health and social well-being. In this study, the Social Anxiety Symptoms: The Social Anxiety Inventory (SPIN; Connor et al., 2000) is used to assess social anxiety symptoms. The SPIN is a 17-item report measure with good psychometric properties. Further, Interpersonal Relationship Patterns: The Inventory of Interpersonal Problems (IIP-32; Barkham et. al., 1996) is used to assess interpersonal difficulties. The IIP-32 is a 32-item self-report measure with eight subscales. A sample of 120 high school students aged 14-16 participated in a 12-week-long intervention program. The study employed a mixed-method approach, utilizing standardized measures and qualitative interviews. Results indicated significant reductions in social anxiety symptoms and enhanced interpersonal relationships among participants. This research contributes to the growing body of evidence-based knowledge supporting integrated interventions for adolescents' mental health and social development.

## **Intersectional Approaches to Women's Empowerment in Tribal Regions: Political and Social Dimensions**

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Tribal people are the main pillars of the protection of the environment. Nowadays, in the name of the development process, the environment is the path of degradation. Basically, because of this degradation, tribal people face many problems. At this juncture, Women in tribal areas face many obstacles resulting from the togetherness of gender, ethnicity, socio-economic status as well as geographical status. It limits their day-to-day life worsening access to resources, opportunities, and decision-making environment. This research may explore the intersectional approaches related to women's empowerment in tribal communities on the path of concentrating on the intersection of political and social moments. These studies elaborate that political engagement, representation, and the implementation of gender-sensitive legislation make the life of Tribal women more revolutionary strategies. Again, it gives importance to social elements such as education, healthcare, and cultural heritage to promote sustainable empowerment. Through different, case studies this paper may highlight, how intersectional frameworks can address systemic injustice while also amplifying tribal women's voices. Again, this research examines the role of tribal women as they are the main caretakers of natural resources and have traditional knowledge, that leads to sustainable development. As they are mother, therefore know the value of the environment. By combining all policies and community-led projects, the paper may close the gap between empowerment rhetoric and reality. The study may add to the discussion on gender equity and social justice by interpreting empowerment in tribal areas. In the last part, this study may pave the way for fair and sustainable development in Indigenous communities by focusing on their voices.

## **Son Preference and Birth Spacing: Examining Socioeconomic Inequalities and Fertility Dynamics in India**

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Background: Son preference significantly influences reproductive behaviors in India, impacting birth spacing and contributing to socioeconomic health disparities. This study explores the role of son preference and wealth-based inequality in shaping short birth intervals (SBI) and their implications for maternal and child health. Methods: We analyzed data from the NFHS-5 (2019–21) comprising 109,439 women aged 15–49 years. Wealth-based disparities in SBI were measured using the Erreygers Normalized Concentration Index (ECI), while multilevel logistic regression models identified associations between SBI and factors such as son preference, maternal characteristics, and socioeconomic status. Additionally, competing risk hazard models,

using NFHS data from 1992 to 2021, assessed birth spacing patterns under varying levels of son preference and sex-selective practices. Results: The prevalence of SBI in India was 47.8% (95% CI: 47.4–48.3), with marked wealth-based disparities (ECI: -0.13,  $p < 0.001$ ). Women from the poorest quintile exhibited significantly higher SBI rates than the richest (52.9% vs. 33.8%). Son preference strongly shaped birth intervals, especially among less-educated women, who had shorter intervals when lacking sons, heightening maternal and neonatal health risks. Conversely, well-educated women with no sons had prolonged birth intervals due to increased use of sex-selective practices, delaying subsequent pregnancies by 6–12 months. Regional variations revealed stark inequalities in northern and western states, with Gujarat and Punjab reporting the highest levels (ECI: -0.28,  $p < 0.001$ ). Conclusions: This study highlights the dual burden of son preference and wealth-based inequality in influencing reproductive behavior and health outcomes in India. Policies must focus on reducing SBI in disadvantaged populations and addressing the consequences of sex-selective practices to promote equitable maternal and child health.

### **Enhancing School Health Care: Supporting Children with Emotional-Behavioural Disorders in Primary Educational Institutions**

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Emotional- Behavioural Disorders (EBD) in children are a vital issue that can influence their mental and emotional wellbeing. EBD can also act as a significant barrier to social competence and academic progress. Thus, early identification and intervention of EBD is essential to prevent long term issues associated with wellbeing and socio-behavioural aspects. In this scenario, addressing the EBD among children becomes a critical aspect of child health care. Schools, as a key environment in which children develop, play a significant role in contributing to their overall wellbeing. In relation to this, the schools should be able to identify and manage children with EBD, ensuring healthy development for them. Motivated by this, the study explores health promotion strategies used in government lower primary schools in Central Kerala to identify and manage children with EBD. The objectives of the study were: to explore the methods through which school stakeholders identify children with EBD and to analyse the active initiatives employed in schools to manage children with EBD. With the guiding framework of the Socio-Ecological model of student wellbeing, the study utilised an exploratory qualitative design. Data was collected from in-depth interviews of 30 primary school teachers, six head persons, and four special needs educators across 11 schools. Thematic analysis of the collected data generated three themes: support pathways, enabling learning environments and support system barriers. The findings of the study highlight that policies such as ‘the requirement of a minimum of six special needs students in a school for allocation of special needs educators’, limit some children with EBD to access the necessary health care. The study also emphasises improved health promotion practices, as the current structure works with a primary focus on the physical wellbeing of children.

## **Emergence of Census Towns (CTs) and Economic Diversification in West Bengal: A Comparison of Selected CTs in the districts of Purulia and Bankura**

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This study explores the emergence of census towns (CTs) in Purulia and Bankura districts of West Bengal, driven by economic diversification in non-agricultural activities. Historically, West Bengal's urbanization was concentrated around Kolkata and other industrial hubs. However, the 2011 Census revealed a surge in new CTs, particularly in the state's western, less developed regions. Field surveys in six CTs—three from each district—reveal varied dynamics of urban transformation. In Purulia, labor-intensive cottage industries, such as beedi rolling and garment production, provide employment for women but suffer from inconsistent income and limited growth opportunities, making their long-term sustainability questionable. Conversely, Bankura demonstrates higher economic resilience through agro-based industries, handicrafts, and ventures like poultry and fish farming, which utilize local resources efficiently and blend traditional livelihoods with modern practices. These activities contribute to income generation and socio-economic stability, fostering sustainable growth. However, challenges persist in ensuring consistent, high-quality non-farm employment across all towns. The uneven quality of economic diversification poses risks, including the potential declassification of some towns back to villages, which would limit access to urban benefits such as infrastructure, education, and healthcare, and discourage migration, ultimately reducing population momentum. On the other hand, successful urbanization in some CTs could attract migrants, enhance livelihoods, and strengthen the socio-economic fabric of these areas. The study underscores the importance of targeted policy measures, such as promoting small-scale entrepreneurship, supporting women and youth in household industries, and integrating peri-urban agricultural development to balance traditional and non-traditional economic activities. By addressing these challenges, it is possible to achieve equitable and sustainable urban development in these emerging census towns, ensuring their long-term viability as part of a more spatially balanced urbanisation process in West Bengal.

## **Predictors of NSSI among NEET and JEE aspirants in India.**

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Non-suicidal self-injury (NSSI) is reported to be one of the serious mental health concerns among adolescents, with 17-18% being affected worldwide. Keeping in mind the rising concerns on NSSI, this study aimed to understand the effect of variables like academic stress, parental expectations, perceived invalidation of emotion, self-efficacy and mattering on non-suicidal self-injury among NEET and JEE aspirants in India. NEET and JEE aspirants undergo extreme

academic pressure for the highly competitive exams which in turn deteriorates their mental health. The sample consisted of 152 participants (33 females, 117 males and 2 preferred not to mention their gender) belonging to the age group of 13-28 years old. To analyze the data, Person's correlation was applied to examine the associations among these variables. Results indicated educational stress was a significant positive predictor of NSSI ( $r = 0.326$ ,  $p < .001$ ), highlighting the potential role of academic pressure in fostering behaviours associated with non-suicidal self-injury (NSSI). Perceived parental expectations, emotional invalidation and self-efficacy were positively correlated with educational stress ( $r = 0.480$ ,  $p < .001$ ;  $r = 0.204$ ,  $p = 0.012$ , and  $r = 0.205$ ,  $p = 0.011$ , respectively). Whereas mattering showed a weak negative relationship with NSSI ( $r = -0.162$ ,  $p = 0.047$ ), suggesting a potential protective role against NSSI. The results highlighted the complex nature of NSSI. It indicated that educational stress is a critical risk factor and understanding the factors like, parental expectations and emotional invalidation, may be used to develop targeted prevention strategies for NSSI and healthy coping mechanisms for students in high-pressure academic environments. Further research may explore underlying mechanisms related to NSSI and further refine prevention and intervention strategies in the context.

### **Gendered Experiences of Young Adults Living with Diabetes: A Descriptive Qualitative Study**

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India accounts for the second-highest number of individuals living with diabetes (77 million) and it is expected to increase further. It is observed that there is a significant increase in cases among young adults (14-25 years; 20% increase in type-2 diabetes; 26% of cases are below 40 years). Considering this, it becomes essential to get an insight into the experiences of individuals living with diabetes. In addition, the illness experiences are not just individualistic but also socio-culturally constructed creating a gendered experience among the individuals. Therefore, it becomes important to understand diabetes management from a gendered experience perspective. Moreover, there are very few qualitative studies in India that address young adults living with diabetes. In this context, the present study aims to explore the gendered experience of young adults living with type-2 diabetes and the barriers faced by them in the management of diabetes using descriptive qualitative methods. The results of this study would provide a deeper understanding of diabetes management experience among females and facilitate the development of a holistic gender-specific approach to managing the disease.

## **Understanding the Impact of Migration on Children's Health and Education: A Systematic Review**

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This review paper aims to comprehensively analyze the complex interplay of factors influencing the health and well-being of migrants in India. It explores the diverse dimensions of migrant health, encompassing pre-migration, migration, and post-migration factors. The study will delve into the challenges faced by migrants, including issues related to working conditions, vulnerabilities of migrant women, and the mental health trends among migrant children. Drawing from an extensive literature review, the paper will identify research gaps and underscore the need for comprehensive healthcare policies and interventions to address the unique health needs of migrants. The study will present a data and methodology section detailing the search strategy and objectives to better understand migration's impact on health. The results show that the literature underscores adverse living and working conditions contribute to migrant's poor mental and physical health, while discrimination and poverty significantly impact their well-being. Parental migration universally impacts children's health and education negatively, emphasizing the urgent need for support programs. Migrant children face heightened health risks, including mental health issues and disparities in healthcare access, highlighting the necessity for comprehensive policies and interventions.

## **Major Sexual Reproductive Health Issues of Lodha Married Adolescent Girls in India: An Exploratory and Empirical Study**

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**Introduction:** Tribes are indigenous native people who considered as the first origin of the earth. Lodha community bears poor health status and in-depth information of their health and demographic components are missing from recent research trend. This tribe is considered Particular Vulnerable Tribal Group in West Bengal and Odisha because their population is gradually declining. **Objective:** To explore major sexual reproductive health issues among adolescent married girls in Lodha community of West Bengal. **Data and Methods:** This study used primary data and the respondents mainly belongs from Paschim Medinipur district of West Bengal. Total 230 questionnaire survey has been conducted and 8 Key Informant Interview (KII) done. Target samples belong to 10-to-19-year age group and all were married during the survey. ASHA, ANM and Anwesha Didi selected for KII qualitative data collection.

**Result:** Early marriage is a major problem in this tribal community, especially girls got married immediate after their menarche. Menstrual health is poor among adolescent Lodha girls. Majority of the respondents used cloth to protect blood strain and discovered their less interest



for PHC supplied sanitary napkins which is known “Sathi” in Bengal. Here, also found less awareness among the sample about government facilitated sanitary napkins. Marriage is an institution which provides exposure in Indian orthodox society to sexual relation. At this point of time physical fitness, sexual reproductive health awareness becomes very important for couples but it is missing among Lodha adolescent couples. Contraceptive spacing method is highly neglected and few used natural methods like withdrawal which is not scientific and failure rate is high. Conclusion: Early marriage prohibition, reduction of school dropouts, sex education to married couples are the key solution to protect sexual reproductive health of Lodha married adolescent girls.

### **Intersectionality of Caste and Queer Identities on Campus: A Qualitative Study in India**

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Intersectionality provides a critical lens to understand how overlapping marginalized identities, such as caste and queerness, shape the lived experiences of individuals, namely in academic spaces. The present study explores the intersectional realities of lower caste queer students in India, focusing on how these dual marginalizations influence their social dynamics, mental health, and identity exploration within academic institutions. To address these research objectives, the present study adopts a qualitative approach. In-depth semi-structured interviews are conducted with fifteen individuals (age 19-30 years) holding both queer and lower caste identities. The qualitative data was analyzed through thematic analysis by Braun and Clarke (2006). The analysis led to the generation of the following themes: Class Divide, Biased Queer Spaces, Ruptured Friendships, Differences in Identity Exploration, and Mental Health Repercussions. Findings revealed that lower caste queer students often experienced exclusion in campus queer spaces, where economic disparities contributed to a sense of neglect and unequal representation. These socioeconomic divides also disrupted friendships and strained peer relationships. Additionally, differences in resources and opportunities led to distinct identity exploration journeys, with lower-caste queer individuals reporting greater struggles in expressing and navigating their identities. The study also highlighted significant mental health repercussions. The implications of the research are discussed.

### **Mental Health Situation among Multidimensional Poor and Non-Poor among Older Adults in India**

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Poverty and adverse mental health have a bidirectional relationship. Individuals living in poverty are at an increased risk of developing mental health disorders. Conversely, those with mental health ailments may face barriers to education and employment, limiting income and economic

opportunities. Despite this interplay, limited research examines the interaction of multidimensional poverty and depression. This study focused on estimating multidimensional poverty among older adults and assessing their associated risk of depression. Methodology: This study used the largescale nationally representative Longitudinal Ageing Study of India (LASI), 2017-18, which collected comprehensive demographic, economic and health-related information. The multidimensional poverty was estimated using eight indicators spanning three domains (health, social, and economic) using the Alkire-Foster methodology. The depression level of individuals 45 and above has been estimated using the CES-D scale. Logistic regression was employed to examine the association between multidimensional poverty and depression, with findings presented as the Average Marginal Effect (AME). The analytical sample comprised 66,606 individuals aged 45 years and older.

Results: The findings reveal 40% multidimensional poverty incidence among older adults with a Multidimensional Poverty Index (MPI) of 0.19. There was significant geographical variation, with the highest prevalence of poverty recorded in Bihar (45%) and the lowest in Delhi (13%). Multidimensionally poor older adults were 12 percentage points more likely to be depressed compared to their non-poor counterparts. Other significant correlates of depression included sex, residence, caste, religion, and marital status. Conclusion: This is the first study to examine depression in the context of multidimensional poverty. The high prevalence of depression among older adults in poverty underscores the need for targeted interventions to address multidimensional poverty and promote mental well-being, aligning with Sustainable Development Goals (SDG) 1 on poverty eradication and SDG 3 on health and well-being.

### **Understanding the Gap in Modern Contraceptive Use Among Married Adolescent and Adult Women: Insights from National Representative Sample Data**

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Background: Adolescent pregnancies among married adolescents are associated with adverse outcomes like neonatal mortality, low birth weight, and maternal complications, worsened by limited contraceptive knowledge and access. Socioeconomic factors such as early marriage, lack of empowerment, and inadequate privacy heighten their vulnerability to unintended pregnancies and unsafe abortions. This study examines factors influencing modern contraceptive use among married adolescent and adult women in India. Methods: The study analyzed data from the National Family Health Survey, including 13,760 married adolescents (15-19 years) and 529,070 married adult women (20-49 years). Descriptive statistics, bivariate cross-tabulation, and chi-square tests were used to examine baseline proportions and trends in mCPR. Multivariable binary logistic regression identified factors associated with mCPR, and districtlevel spatial maps highlighted spatial variations.

Results: mCPR prevalence was higher among adult married women in urban areas (58.09%), with primary education (61.75%), SC (57.50%) and OBC (57.09%) castes, Hindu religion (58.37%), and mass media exposure (58.25%). Logistic regression showed adolescent women with mass media exposure were 1.51 times more likely to use mCPR (AOR: 1.51, 95% CI: 1.340-1.710), and those in the richest wealth index had higher odds (AOR: 1.45, 95% CI: 1.110-1.890) than the poorest. For adult women, mCPR was significantly influenced by wealth index and mass media exposure. Women from general castes and Muslim communities were 6% (AOR: 0.94, 95% CI: 0.91-0.97) and 45% (AOR: 0.55, 95% CI: 0.54-0.57) less likely to use mCPR compared to ST and Hindu married adult. Conclusion: Evidence shows lower mCPR among married adolescents compared to women aged 20-49, exposing them to risks like early pregnancy, unwanted pregnancies, stillbirths, unsafe abortions, and maternal complications. This highlights the need to address adolescent marriage practices, promote contraceptive use, and implement family planning programs in rural India.

### **Perceived Contraceptive Access and Media Exposure: A Study on Adolescent Sexual Health using UDAYA Data**

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Background: Perceived contraceptive access is a critical determinant of reproductive health among adolescents. Media exposure, in particular, digital and social platforms, had transformed the arena of health communication. Media exposure plays an essential role in disseminating information related to health, thereby shaping an individual's health awareness, attitudes and behaviors. However, the association between perceived contraceptive access and media exposure is lesser explored. Objective: The study examines the relationship between perceived access to contraceptives and media exposure. The study examines the role of digital platforms in shaping attitudes and behaviors in accessing contraceptives. Methods: The data was obtained from Understanding the lives of adolescents and young adults (UDAYA) – Wave 2 (2018-19). The sample consisted of 13,141 adolescents (Boys = 2,716 & Girls = 10, 425) age 15-19 years. Multivariate logistic regression was employed in analysing the data, addition to the descriptive analysis.

Results: There is a significant association between perceived contraceptive access and media exposure (OR = 0.63, 95% CI: 0.49 – 0.80). Further evidence showed that there is a significant association between perceived contraceptive access and sociodemographic variables. Conclusion: Media plays a pivotal role in shaping the perception of adolescents towards contraceptive access. Media intervention can enhance sexual health, thereby promoting the wellbeing of adolescents. Healthcare providers should leverage media platforms to disseminate accurate, youth-friendly information about contraceptive methods.

## **The Weight of Care: Challenges Involved in Labour and Remuneration among Community Health Workers in Pondicherry**

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Community health workers act as an intermediary between the community and the public health system. This diverse group of healthcare workers include the cadre of Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs). As community health workers are members within the communities they serve; they carry out their duties in a socially loaded space. Their abilities to serve the needs of the community is reciprocated by the recognition and respect they receive from other community members. The aim of this study was to find out about the various barriers that ASHAs and ANMs face and how this affects their performance as health workers. In addition, we sought to understand whether their altruistic motivations reaped social benefits for these workers in terms of an improved status within the community.

Semi-structured interviews of approximately twenty-three community health workers (CHWs) were conducted with the objective of exploring the various challenges faced by these women. With the help of a thematic analysis, the in-depth interviews were studied to gain a deeper understanding on the various hardships faced by ASHAs and ANMs from the perspective of community health workers. This study also investigated the non-financial rewards of the job and how these offset obstacles such as inadequate financial compensation. The results of our study cast the spotlight not only on the pressures associated with being a community health worker in Pondicherry but also on certain areas within the primary healthcare delivery system that are in need of improvement.

## **Culturally Embodied, Medically Marginalized: Odiya Women's Access to Maternal Healthcare in Destination**

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**Background and Objective:** The intricate interplay between health and culture is a pivotal concern in the pursuit of equal access to healthcare. For Odiya women migrating to urban destination, embodied cultural capital serve as double edged sword, thus empowering them with traditional knowledge and creating a barrier in accessing maternal health care. Hence, this paper contributes the theoretical understanding of Bourdieu's embodied cultural capital and how does it constrain migrant women from accessing maternal health care in destination. **Methodology:** The qualitative in-depth inquiry was carried out in Tirupur District of Tamil Nadu. Fifteen in-depth interviews with migrant pregnant women were conducted till data saturation and two Focus Group Discussion with an average of eight mid wives working in urban Public Health Centres of Tirupur. The data collected was transcribed and analysed using thematic analysis.

Results: On analysing the data, major themes arrived as embodied cultural capital for accessing maternal health care are 1. Medical pluralism (traditional vs modern medicine practices) 2. Powerless Bodies (autonomy of women's body in the hands of elders and midwives) 3. Cultural Imperatives (embodied aspect of cultural capital). In addition to this, it was found that women are denied of embodied autonomy as an influence of embedded cultural capital. This denial of autonomy not only undermines women's reproductive rights but also exacerbate health vulnerability. Overall, this paper reveals the importance of considering migrant socio-cultural context of child birth, diversity of maternal care workforce, creating awareness on body autonomy and addressing the impacts of using multiple medicines and home deliveries. Therefore, culturally sensitive knowledge needs to be shared to both migrant and midwives so that embedded cultural factors can be transcended overtime.

### **Transition in Morbidity Patterns Among the Aging Population of India and Its States: Insights from SAGE Data**

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The interplay between ageing and morbidity is multifaceted, influenced by biological, environmental, and lifestyle factors. With advancing age, the prevalence of chronic conditions such as arthritis, angina, asthma, depression, and hypertension increases, affecting quality of life and straining healthcare systems. This study examines trends in symptom-based morbidities among the ageing population across Indian states and identifies factors contributing to their variation over time. Using data from three rounds (2007–2020) of the WHO Study on Global AGEing and Adult Health (SAGE) for individuals aged 50 and above, this study employs univariate and bivariate analyses with chi-square tests at the state level. Multinomial regression on pooled state-level data identifies determinants of morbidity, while multivariate decomposition highlights factors driving changes in morbidity prevalence. Variables analyzed include age, sex, education, caste, religion, wealth quintile, residence, living arrangement, alcohol consumption, and tobacco use. Statistical analyses were conducted using Stata 17.

Findings reveal divergent morbidity trends across states. Nationally, more than half of the symptom-based morbidities either declined or stagnated from 2007 to 2020. However, state-level patterns varied significantly. Assam experienced a rise in all symptom-based morbidities, whereas Rajasthan and Uttar Pradesh saw declines in specific conditions like angina, asthma, and depression. In Karnataka and West Bengal, hypertension increased while other conditions declined. Maharashtra reported a rise in depression and hypertension. These variations underscore the influence of state-specific socio-demographic and lifestyle factors on morbidity transitions. This study highlights the need for targeted, state-level health interventions to address the unique morbidity patterns among India's ageing population and calls for further research to understand the underlying mechanisms better.

## **From Language Discrimination to Mental Health: The Mediating Role of Shame**

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In India, English is associated with education, modernity, and prestige. Language-based hierarchy, with English at its apex, could make non-English speakers prone to discrimination. It can create feelings of inadequacy and inferiority and lower self-worth, resulting in shame, potentially affecting their mental health. The present study investigates whether shame mediates the relationship between language discrimination and mental health. A cross-sectional study was conducted with 250 participants (80% male, 20% female; Mean Age = 18 years; 50.4% with Hindi as their native language followed by 22.8% with Telugu as their native language; 87.6% of participants were educated in English-medium schools, followed by 8.8% in Hindi-medium schools). Mediation analysis revealed a significant indirect effect of language discrimination on mental health through shame ( $\beta = 0.276$ ,  $Z = 5.753$ ,  $p < 0.001$ ). The direct effect of language discrimination on mental health was non-significant ( $\beta = -0.021$ ,  $Z = -0.276$ ,  $p = 0.783$ ). The total effect of language discrimination on mental health was significant ( $\beta = 0.255$ ,  $Z = 3.369$ ,  $p < 0.001$ ). The relationship between language discrimination and mental health is fully mediated by shame. Thus, feelings of shame, possibly stemming from perceived inferiority or exclusion, is an important pathway through which language discrimination impacts mental health. Furthermore, it was also observed that participants with lower annual family income (especially those earning up to 1 lakh) experience significantly higher levels of language discrimination compared to higher-income groups. Discrimination based on language, thus, disproportionately affects lower-income groups.

## **The Family Planning Policy of India: An Analysis of Target Setting to Target Free Approach**

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India introduced its National Family Planning Programme (NFPP) in 1952 that has now witnessed shifts in policy approach and implementation. Though the change of target setting policy in this domain is well-known especially among the health specialists and population policy makers, factors involved in shaping the policy are less discussed in detail. With this backdrop, the current review paper aims to critically analyze the formulation and implementation process of the Indian Family Planning Programme (FPP) since independence to the present era by demonstrating on the demographic, social, economic and political contexts associated with. The review paper is based on secondary sources that include published research papers and various government documents and reports such as National Family Health Survey. The analysis



of the study reveals that India has experienced shift in its family planning approach from population control to prioritizing reproductive rights and choices of people. However, the programme implementation faces challenges relating to gender imbalances in terms of policy formulation and implementation, low awareness level among masses, rising burden of female sterilization and lack of male participation and involvement etc. Therefore, concern is raised to re-examine the status of the Indian family planning policy and practice.

### **Gender, Health Care and Religious Perceptions: A Sociological Dimension of Muslim Women's Health in India**

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One of the most important developmental targets is to achieve 'Health for All'. Even though multiple programmes, policies and actions are being formulated and taken at domestic, national and international level, health equality remains elusive. There exists a social gradient in mortality. In other words, healthcare is influenced by differences in gender, race, culture, their intersections, etc. that may either limit or enhance health opportunities both as a group and an individual. Talking specifically about gender, researches have shown how the mortality - morbidity paradox exists though showing a gradual convergence trend. This paper attempts to document the gender differences in health along with intra gender differences. The intra gender difference is analyzed with special focus on religion. Religion as a social determinant of health has been studied in terms of its influence mainly on choosing the ways illnesses are perceived and choosing the system of treatment to tackle them. Also, religion shapes the social, legal and economic position of women and affects their perceptions, attitudes and behavior. In fact, in many places, religion serves as culture. Further, not only discrepancies exist in the healthcare utilization by the people but also few researches cite discrimination by the healthcare system. Against this backdrop, this review paper aims towards understanding the health status of Muslim women in India and the reasons behind it. It highlights the importance of integrating their cultural sensitivities into health policies in order to make the latter holistic and effective and as such move closer to achieving the target of health for all. This study has been conducted using secondary data sourced from reviews of various books, research articles, conference reports and Govt. statistical data.

## **Knowledge of Ovulatory Cycle Among Tribal Women in India: Evidence from the Nationally Representative Survey (NFHS-5)**

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In the diverse landscape of India, tribal communities, rich in cultural heritage and tradition, house millions of individuals. However, within these communities, especially among tribal women, there is a significant lack of knowledge about reproductive health, including the ovulatory cycle, contraception, and pregnancy. This lack of understanding is a critical issue, as knowledge of the ovulatory cycle is fundamental to reproductive health and family planning, enabling informed decisions that shape women's lives. This study investigates the knowledge of the ovulatory cycle (KOC) among reproductive tribal women in India, aiming to address a significant gap in the existing literature. The study reveals several essential insights regarding the factors associated with KOC. Education significantly impacts KOC, with secondary education linked to higher odds of understanding the ovulatory cycle. Religion also plays a crucial role, with Christian women exhibiting higher KOC compared to Hindu women. Wealth index shows varying associations with KOC, while marital status has a significant influence, with married women demonstrating higher KOC. The number of living children does not strongly affect KOC. Additionally, the educational level of the husband or partner correlates with higher KOC. Knowledge of contraceptive methods and current contraceptive use are strongly associated with KOC. The study also highlights the geographical variations in awareness levels, with the Northeastern and Southern regions showing higher KOC. Rural residence negatively influences KOC, while exposure to mass media positively affects it. Digital literacy does not exhibit a strong association with KOC. The findings emphasize the complexity of factors influencing KOC among tribal women and the need for targeted educational campaigns and interventions. Improving awareness of the ovulatory cycle is essential for enhancing reproductive health and overall well-being among tribal women in India.

## **Perceived delay in health-seeking behaviour of tribal population in Gajapati district of Odisha.**

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**Abstract:** Because of unacceptably high morbidity and mortality, malnutrition, low standard of living conditions, short life expectancy, and poor utilization of health care systems, health remains a crucial factor in recent years, with a growing recognition that a country suffers as a result of an unacceptably high burden of illness, premature mortality, and public ignorance. Delays in receiving adequate care for sufferings can be life threatening and have been associated

with limited education and their difficulties in recognizing the severity of the illness. Long waits for healthcare have been found to reduce patient satisfaction and lead to an inefficient healthcare system by increasing the usage of emergency and urgent need. The present study explores delays in health seeking behaviour of the rural population of Gajapati district of Odisha in accessing proper care for sufferings, which result in delays in diagnosis and treatment, and these delays are hypothesised to have an adverse effect on individual health and impose a significant financial burden. Access to preventative treatment improves health outcomes; however, little research has been conducted in this subject to evaluate the empirical relationship between how long patients wait for outpatient care and their health outcomes. Estimates of how long people wait for healthcare are mostly based on self-reported data. Logistic regression model used to determine the factors associated with delayed patients. Here delay in health seeking behaviour is taken as dependent variable and sex of the patients, age group, income of the household, educational status, household type, financial problem, distant to health care centre knowledge regarding the disease are taken as independent variable.

### **Impact of Coal Mining on Livelihood and Health: The Case of Chero Tribe in Jharkhand**

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Mining has a profound impact on the health and livelihoods of local populations. This study examines the effects of the Kathautia open cast coal mine on the Chero tribe in Jharkhand. Using a cross-sectional survey of 360 households, the research employs multivariate regression models to analyze the effects of mining proximity on agricultural productivity, income stability, and health outcomes. Results indicate that proximity to mining significantly reduces agricultural productivity and household income, exacerbated by water contamination and loss of arable land. Health impacts are severe, with households near mining sites facing higher risks of respiratory diseases, worsened by poor air quality and unsafe drinking water. The study reveals that coal mining has significantly disrupted the Chero tribe's traditional way of life, necessitating policy interventions such as alternative livelihood programs, improved healthcare infrastructure, and stricter environmental regulations to mitigate adverse effects and ensure sustainable development for the affected community.

### **Rural and Remote Healthcare Electrification through Decentralized Renewable Energy (DRE): Perspectives from Field Implementations - A qualitative Study from North Karnataka Districts, India**

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Electrification of health facilities plays a very critical role in healthcare service delivery. There is an uneven distribution of energy infrastructure, with urban centres receiving priority over the

rural and remote health centres, which are accommodating larger share of population. This leads to inequality in providing healthcare services to the most needy and underserved areas making universal health coverage unattainable. Accessibility, reliability and adequacy of energy sources at the rural healthcare facilities will help in providing better healthcare services. Perspectives from the healthcare providers were documented in the form of qualitative insights through in-depth discussions and interviews from a pre and post solarization impact on the healthcare facility and its impact on the quality of services. From the qualitative insights of ASHA's, staff nurse, health-officer and doctor's, there has been positive change in pre and post solarization of primary healthcare centres with improved quality of service through effective and real-time treatment to reproductive women and child care, vaccine storage, emergency-obstetric care and health information management system. Through the insights, it clearly highlights the impact of solar energy on healthcare infrastructure and it has a very important role in policy influence and implications. The solar energy driven rural healthcare can become a mandate for improving healthcare infrastructure making the healthcare centres resilient. The lived realities of the healthcare workers depict the need and importance for integrating solar energy infrastructure to the rural and remotest healthcare centres making them resilient and self-sufficient. The SDG7 (Universal access to affordable reliable and sustainable energy) converges with SDG3 (health and wellbeing) and SDG13 (Climate action) as an overall climate change adoptive and mitigative measures, making it as one of the crucial aspects in achieving universal health coverage and at the same time energy management through renewable energy sources.

### **Health and Wellbeing Status of the Aged: A Study in Urban Fringe Village of Birkona Bilaspur, Chhattisgarh.**

### **Navigating Women and Consanguinity in India: A Look at Women's Empowerment and Agency in A Consanguineous Marriage**

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Marriage, a union between two individuals and families, is a significant event in an individual's life. Consanguineous marriages refer to the matrimonial alliances between individuals who share genetics and ancestors, often being first cousins, second cousins, or uncle-niece. Researchers usually study the effects of inbreeding in such marriages to understand whether they lead to positive or negative outcomes. Inbreeding because of consanguineous marriages is often related to childhood disability rate, reproductive mortality rate, and inherited disorders (Al-Kandari & Crews, 2010; Khoury et al.1987; Verma et al.1992). However, apart from the biological implications of consanguinity, there are various socio-cultural consequences of consanguineous marriages. Previous studies have shown that consanguineous marriage is associated with education, poverty, reproductive rights, etc. Women's lack of education, early marriage, etc.,

further influences their autonomy and decision-making powers, thus affecting their personal, social, and economic spheres. This paper aims to view consanguineous marriages from a different perspective by exploring the position of women or women empowerment in a consanguineous marriage while also exploring women's decision-making abilities and agencies. The study used the 5th round of the National Family Health Survey (NFHS), conducted in 2019-21, as a data source. This study found that southern states have the highest prevalence of consanguineous marriage compared to the country's northeastern states. Andhra Pradesh has the highest percentage of consanguineous marriages 22.75%, whereas Sikkim has the lowest prevalence of 0.7% in the same country. When associated with consanguineous union, around two-fifths of the married women had low empowerment in a consanguineous marriage. Also, apart from basic socio-economic and demographic factors, the effects of age at marriage and the husband's education have been found significant.

### **Geospatial Insights into Women's Health: A Multimorbidity Study Across Indian Districts**

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**Introduction:** Multimorbidity is the co-occurrence of two or more diseases in a single person and is often associated with mortality rates, quality of life and functional health. Multimorbidity among women of reproductive age (WRA) has remained unaddressed in India, and therefore, this study examines its spatial differences among WRA in India and pinpoint states and districts with high prevalence. **Data and methods:** Using data from the latest round of National Family Health Survey-5 (NFHS) (2019–21), the study analyzed a sample of 674,398 WRA aged 15-49 years across 707 districts in India. The study examined spatial patterns and associations of multimorbidity and its underlying factors using a variety of analytical techniques, such as Moran's I, univariate LISA (Local Indicators of Spatial Association), and spatial regression models like SLM (Spatial Lag Model) and SEM (Spatial Error Model).

**Results:** There is a significant degree of spatial autocorrelation in multimorbidity among Indian districts, as indicated by the univariate Moran's I value of 0.530 for multimorbidity. Three significant 'hotspots' of multimorbidity were found using cluster and outlier analysis in 116 districts. These were mostly located in the southern areas of Tamil Nadu, and parts of Telangana and Andhra Pradesh, eastern areas including West Bengal, parts of Odisha, and the northern region, comprising of Punjab, Haryana, and portions of Jammu and Kashmir. As per the SEM results, the district-level multimorbidity showed a positive correlation with a number of variables, including the age, wealth quintile, consumption of alcohol, fish and chicken and the ones belonging to the forward castes. **Conclusion:** To address the multimorbidity among WRA, there is a pressing need of targeted health interventions among the vulnerable sections especially in the high prevalence states and districts.

## **Uncovering Substance Use and Its Drivers Among Youth in Delhi's Slums- A Cross-Sectional Insight**

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India has the largest adolescent population in the world, 253 million, and every fifth person is between 10-19 years. The prevalence of substance use among teenagers living in slums has increased recently and is growing at an alarming rate in many developing nations. The study aims to estimate the prevalence of substance use and its determinants among youth in slum settings in Delhi, India; using WHO-ASSIST. The study used cross-sectional primary data, collected in 2021–2022 from the youth 15-24 years (male) living in different slums of Delhi. A total of 517 male youth were surveyed. Descriptive statistics, Chi-square test, ordered logistic regression, and the WHO ASSIST tool were used to assess the substance use. Respondents (18 years or less) seem to be more prone to high-risk substance use, especially for opioids, inhalants, and sedatives. Tobacco and alcohol remain consistent and most commonly used substances across age groups showing moderate risk use among all ages. The risk levels for different substances are influenced by a variety of background factors, with age, wealth, education, parents' behaviors, and housing type showing the strongest associations. These findings suggest a need for targeted interventions, especially focusing on older age groups, unemployed youth, and those from middle-income families. The absence of effective legislation on curbing the availability of substance use products and poor community awareness of their harmful effects creates a vicious cycle contributing to the rising burden of NCDs in India. A multi-pronged approach combining prevention, treatment, regulation, and community engagement is essential for addressing substance use among youth in Delhi slums. Collaborating with local stakeholders, government agencies, NGOs, and healthcare providers will be crucial for the intervention's success.

## **Situating the Joint Effects of Intersectional Social Axes in Exploring the Association between Availability of Primary Kins and Quality of Life among Elderly; Insights from LASI, 2017-18**

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The study explores association between living with primary kins and quality of life (QoL) using Longitudinal Ageing Study in India data of 29,332 elderly aged 60 & above employing intersectionality theory. QoL index constructed using seven domains i.e. physical, psychological, social relationships, environment, level of independence, life satisfaction, spirituality through principal component analysis using varimax rotation. Logistic regression shows the intersectional effect of elderly aged 80+, female, belonging to SC/ST community, poor-economic



class, currently not married, and residing in rural area decrease chances of living with primary kins [OR: -3.87, CI: -4.68, -3.06]. Multiple linear regression shows living with primary kins possess higher quality of life scores [0.047; 95% CI, 0.014-0.081] as compared to those living without them. The intersectional effect of age, female, belonging to a scheduled caste or tribe, poor class, living in rural areas produce statistically significant negative quality of life scores [-0.46; 95% CI, -0.60, -0.33].

### **Exploring the Impact of Internet and Social Media on the Mental Wellbeing of College Students in Kanpur (UP)**

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More than 560 million people in India are internet users. Increasing usage of social media is a concern that needs immediate attention. It is crucial to understand the main reason for internet and social media usage, its duration, and its impact on young people's lives, with a special focus on Mental Well-being. The need, motives, and impact of the Internet and social media vary across genders, age groups, and other socio-demographic factors. This study is exploratory and employs a mixed method of research. This study's population is students enrolled in the colleges and universities of Kanpur district aged 20-25. By incorporating various societal and cultural factors, this study adds value to existing work on impact. Unlike other research, it focuses both on the positive and negative impacts of it. Domains such as mental, emotional & physical well-being, lifestyle changes, social support, and body & self-image are explored concerning internet & social media use. The time spent online is not found to be the sole predictor of its impact; the content consumed plays a significant role. We have also explored how it influences the study population's personal and family dynamics and found it significant. This study also gives us insight into the coping mechanisms that people have and preventive measures taken by them for negative impacts.

### **An Indigenous Healing Practice among the Paudi Bhuiyan Community of Odisha**

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Indigenous knowledge is specific to a particular community or culture. One of the Odisha PVTGs, the Paudi Bhuiyan, borders the districts of Keonjhar, Sundergarh, and Deogarh. Studying traditional healthcare practices used by different ethnic groups and Indigenous peoples is known as ethnomedicine. Along with focusing on experts like shamans and folk healers, the indigenous medical system also emphasises knowledge of illnesses brought on by supernatural forces, witchcraft, and religious beliefs. Most indigenous knowledge is passed down through the generations within the community from their ancestors. It relates to a group of people's enduring customs, beliefs, and behaviours. This paper tries to highlight the knowledge of traditional

medicinal practices of the Bhuiyan community and focuses on their expertise and application of knowledge in health care practices. The methods of healing used by those specialists are based on their understanding of the condition of the individual and social and psychological context.

### **Impact of Beauty Standard on the mental health of Gen Zs in India**

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**Introduction:** Beauty standards significantly influence the mental health of young people in India, where societal norms, media, and cultural traditions perpetuate idealized appearances. This study examines the psychological consequences of conforming to these often unattainable standards, focusing on issues such as body image dissatisfaction, low self-esteem, and the rising prevalence of mental health disorders, including anxiety and depression. Social media platforms play a pivotal role, intensifying the pressure to present curated and “perfect” versions of oneself. The impact is particularly severe among adolescent girls, who face heightened expectations to conform to fair skin tones, slim bodies, and symmetrical features. However, young men are not exempt, as muscular physiques and fair skin have become benchmarks for male attractiveness.

This growing obsession with appearance contributes to harmful behaviors, such as disordered eating, excessive cosmetic use, and even plastic surgery. Furthermore, the stigma surrounding mental health in India prevents many from seeking help, exacerbating their struggles. While some recent initiatives promote body positivity and inclusivity, their reach is limited in a society deeply ingrained with conventional notions of beauty. This abstract highlights the urgent need for awareness campaigns, mental health support systems, and inclusive representation in media to counteract the detrimental effects of these standards. Addressing these challenges requires collective action involving educators, policymakers, parents, and media influencers to create a healthier environment for Indian youth, fostering self-acceptance and holistic well-being.

### **Health is Wealth: Does the Converse Also Stand Valid in India's Context? Does a Nation's Economic Prosperity Inevitably Translate into Improved Health and Well-Being for its Citizens?**

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The relationship between economic growth and public health has been a subject of extensive debate, particularly in the context of developing countries like India. While economic growth often correlates with improved living standards, its direct impact on health outcomes is neither straightforward nor guaranteed. This paper explores whether good economic growth necessarily

leads to better health for the population in India, analysing factors such as income distribution, public health policies, infrastructure, and social determinants of health. India has experienced significant economic growth in recent decades, yet the health metrics reveal a mixed picture. While there have been improvements in life expectancy from 63.2 in 2000 to 67.3 in the year 2021 (WHO data), infant mortality (from 71 in 2000 to 30 in 2020, and access to healthcare (about 622 million people have better health care facilities in 2024 as compare to 2018) but disparities persist across regions and socio-economic groups. Economic growth has facilitated increased healthcare spending and technological advancements, but unequal wealth distribution and gaps in public health infrastructure limit its benefits. Rural areas, where a majority (Approx 68.8% of the total population) of India's population resides, often lack access to basic healthcare facilities despite national economic progress. Furthermore, environmental degradation, urbanization, and lifestyle changes linked to economic development have contributed to the rise of non-communicable diseases, posing additional challenges. The Indian context highlights that economic growth alone cannot ensure good health outcomes. The quality of governance, investment in public health systems (the total percentage of GDP spent on the health sector in India is around 1.8-2.2%), education, and social equity play pivotal roles. Policies focused on universal healthcare, health insurance, nutrition, sanitation, and preventive care are critical for translating economic gains into tangible health improvements. This paper concludes that while economic growth is a necessary condition for better health, it is insufficient without deliberate and inclusive policy interventions to address systemic health inequities.

### **Morbidity Pattern of Elderly People: A Cross-Sectional Study of Belpada block, Bolangir District**

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**Abstract:** By growing age, the immune system of body will tend to become weak hence elderly people are more prone to health-related problems. India is an “aging nation” having 7.7% of its population being above 60 years of age. Morbidity is state of being ill or having disease. And these morbidities are more common in elderly people than other age groups. **Objectives-** This study was conducted to assess the socio-demographic characteristics as well as to list common type of morbidities among elderly. **Methods-** A cross-sectional study was carried out in four villages of two panchayats of Belpada block, Bolangir district. A total of 150 elderly ( $\geq 60$  years) were interviewed using a pre-tested schedule through household survey.

**Results-** The prevalence of morbidities was high in case of male (54.34%) than female (45.65%). The most common type of morbidities was Osteoarthritis (76%), Hypertension (65.33%), Eye problem (62.66%), Diabetes (59.93%), Hearing loss (55.33%), Acidity (34%), Dental problem (16%), Mental disorders (12.66%), Heart disease (9.33%), Constipation (7.33%), Paralysis (6%),

Liver disease (5.33%), and respiratory diseases (4.66%). **CONCLUSION** – Elderly people are an integral part of our society. As they grow old, there is gradual loss of immunity resulting in many health-related challenges. Majority of them were suffering from more than one morbidity. So, they need special care and attention.

### **Exploitation and Trafficking of Women and Girls for Forced Marriage in India**

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Trafficking of women and girls for forced marriage in India is a growing phenomenon. The acute poverty, dowry practices, and precarious family socioeconomic conditions after the COVID-19 pandemic in India have resulted in evidence that women and girls are being sold and lured through false promises of employment and a good quality of life for the purpose of exploitation. The principal objective of this study is to explore and analyze the dynamics of human trafficking for the purpose of marriage and to describe their experiences and health conditions (physical and mental) during the trafficking. This study describes the experiences of 34 Indian women and girls in post-trafficking services who were sold into marriage in different cities. Findings revealed that women and girls were forced to marry before reaching the legal marriage age (18 years), and afterwards they were subjected to multiple forms of violence, including verbal abuse, threats, physical and sexual violence, which co-occurred in diverse contexts at work and resulted in a wide range of physical health consequences, from head injuries to broken bones and mental health problems. The study concluded with the need for strong implementation of law enforcement in the region to stop the trafficking for forced marriage, including a highly needed intensive awareness program to eradicate patriarchal attitudes and practices on the commodification of women, dowry practices, and curb the trafficking network. Moreover, the study also suggests the formulation of post-trafficking policies and services, particularly given the health implications of violence for many survivors and the need to prevent the multiple victimisations of these women.

### **Abuses and Violence Against Widows in India and its Implications on Health**

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This work look over the practice of widowhood in Indian society, focusing on the challenges faced by widows in the study area who continue to suffer exploitation and mistreatment due to entrenched societal norms and harmful practices, even in modern times. The research highlights specific cases that illustrate the hardships endured by widows in this region. The study identifies key factors contributing to these practices, including male-dominated decision-making, women's low socio-economic status, illiteracy, poverty, religious beliefs, and traditional customs. This study conducted in India, the research focuses on 40 widows from the Jagatsinghpur district in

the state of Odisha. The findings reveal that widows are subjected to physical, sexual, and psychological abuse under rigid social rules and norms. These practices not only damage their mental health but also tarnish their family's perceived honor. As a result, widows are often viewed as burdens or curses, leading to harsh treatment by their families. The study emphasizes the profound psychological suffering these societal behaviours have on widows.

### **Transgender Women in India: Neocolonialism, Stigmatization and Discrimination**

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Stigmatisation is a widespread social process that is sustained via the use of social, cultural, economic, and political power, and it has negative outcomes such as discrimination and exclusion. In India, transgender people have historically been called Hijra, Aravanis, and Kothis, and they have struggled since British colonialism against cisgender and heteronormative conventions that label them as outsiders despite their deep pre-colonial cultural origins. This research uses Bronfenbrenner's socio-ecological model to explore the independence and vulnerability of 45 transgender women living in Sambalpur City, Western Odisha, India. Semi-structured interviews were used to gather information from the group through the snowball sampling method. The research findings show that transgender women in India confront multiple forms of prejudice and stigma that diminish their agency and leave them more susceptible to harm. By underscoring the significance of historical, social, and cultural aspects, the socio-ecological model provides a holistic lens through which to comprehend these difficulties. Despite progress in legal recognition, transgender women continue to face significant barriers, necessitating ongoing socio-cultural, legal, and political efforts to reduce stigma and discrimination and enhance the agency, social inclusion, and well-being of transgender women.

### **This is a Family Matter; I Have no Choice Only to Suffer Silently: Experience of Marital Violence among Paudi Bhuiyan Tribal Women in India**

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In patriarchal societies, including India, continue to face the persistent issues of marital violence, which disproportionately affects women's lives. Likewise, in our study highlights marital violence perpetuated through an intergenerational cycle and cultural mechanisms that uphold male authority while suppressing women's voices. Emphasizing the magnitude of marital violence, the research was conducted among the tribal women (Paudi Bhuiyan; a particularly vulnerable tribe) of India and explores the prevalence, forms, determinants, and consequences of marital violence among the tribe. For the present research 30 women who have marital violence

between the age group of 18- 35 were interviewed, and one focus group discussion was conducted to understand this phenomenon highlighting their interconnected nature and profound impact on women's health and well-being. Moreover, we utilize the Beauvoir's "The other", Hagan's Power control and Bandura's Social learning theories to framework our observation. The finding reveals that women experienced violence linked with alcohol abuse as a coping mechanism, early marriage due to societal norms, and the prevalent cultural acceptance of male dominance within the community. Violence often aggravated during pregnancy that results in severe maternal and infant health complication such as miscarriage, still birth, prolonged labor pain, delivery complications, and undernourished mothers and children. Moreover, restrictions on mobility, economic dependence and limited control over reproductive rights intensified women's vulnerability, constraining their ability to make independent choices and decisions. Furthermore, emotional distress-related challenges result in adverse outcomes for children including developmental delays and behavioral problems.

### **Differences in Health-related Quality of Life among Older Migrants and Non-migrants in India: The Role of Migration-Related Factors**

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**Background:** Increasing age with migration status might have a double risk of vulnerability to poor health outcomes. There is a lack of population-based studies on health-related quality of life (HRQoL) of older migrants in India. This study compares the HRQoL between older migrants and non-migrant populations in India and examines the role of migration-related factors. **Method:** The Longitudinal Ageing Study in India (LASI) Wave-I data was used, and older persons aged 60 and above were selected for the study, which included 30,158 final samples. The HRQoL was measured based on a EuroQol Five-Dimension (EQ-5D) measure. The study used univariate and bivariate analysis to examine HRQoL differences between migrants and non-migrants, and logistic regression analysis was used to examine the association between HRQoL and migration status and other correlates of older persons.

**Results:** Over half of the older persons (55.9%) were growing older at destination places in India. The migrants showed a higher prevalence of poor HRQoL (44.5%) than non-migrants (34.8%). Further, the adjusted logistic regression result shows that migrants were likelier to have poor HRQoL [AOR:1.15; CI: 1.09-1.22] than non-migrants. The migrants with 0-9 years of duration and migration at age 60 and above were significantly more likely to have poor HRQoL [AOR:1.20; CI: 1.03-1.39] and [AOR:1.20; CI: 1.04-1.39], respectively, than non-migrants. Moreover, the origin-destination place of migrants was also found to be significantly associated with poor HRQoL compared to non-migrants. **Conclusions:** The findings of our study reveal that persons with migration status had lower HRQoL than non-migrants. Some migration-related factors were significantly associated with HRQoL among migrants. However, this study predicts that migrants especially need separate health policies as they are in poorer health conditions than



non-migrants. Policymakers should focus on the determinants of migrant health to achieve the goal of healthy ageing for all in India.

### **Exploring the Association between Indoor Air Pollution (IAP) and Anaemia among Pregnant Women in India: A Geospatial Analysis**

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Anaemia among pregnant women remains a critical public health issue in India, worsened by indoor air pollution (IAP). This study examines the association between IAP and anaemia using data from the National Family Health Survey (NFHS-5, 2019–21), encompassing 25,579 pregnant women. IAP exposure was assessed using solid fuels and indoor cooking practices. Descriptive statistics, chi-square test, spatial autocorrelation, and Multivariate logistic regression models were used to explore the impact of IAP exposure alongside socio-demographic, health, and behavioural factors. Results indicate that pregnant women in households with IAP show a higher prevalence of anaemia, particularly in rural areas and socioeconomically disadvantaged groups. Multivariable logistic regression models revealed that IAP-exposed pregnant women had higher odds of being anaemic (adjusted odds ratio [AOR]: 1.43, 95% CI: 1.36–1.51). Spatial analyses identified hotspots of IAP and anaemia prevalence in eastern India, pointing at geographic disparities. Anaemia prevalence was higher among younger pregnant women, those with lower educational attainment, and those from socioeconomically disadvantaged households. Rural residence and belongingness to Scheduled Tribe communities were also associated with higher anaemia risk. Mass media exposure and wealth status emerged as protective factors. This study emphasizes the urgent need for targeted public health interventions. Enhanced access to clean cooking fuels under programs like the Pradhan Mantri Ujjwala Yojana and focused educational campaigns and economic support for vulnerable groups is essential. Addressing the issues of anaemia through integrated health and environmental policies will be critical for improving maternal and foetal health outcomes.

### **Unveiling Inequality, Disadvantage, and Discrimination: Intersectional Dynamics of Caste and Gender in Maternal Healthcare Utilization in India – Insights from NFHS-3, NFHS-4, and NFHS-5**

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This study delves into the intersection of caste and gender in maternal healthcare utilization in India, leveraging data from three rounds of the National Family Health Survey (NFHS-3, 2005–06; NFHS-4, 2015–16; NFHS-5, 2019–21). It scrutinizes disparities in antenatal care (ANC), institutional deliveries, and postnatal care (PNC) across caste groups, including Scheduled

Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), and higher castes, through the lens of intersectionality. The findings reveal persistent caste-based inequalities, with SC and ST women significantly disadvantaged compared to higher-caste women, despite overall improvements in healthcare access. Descriptive and multivariate regression analyses were employed to examine the evolution of healthcare utilization patterns, uncovering deep-seated socio-cultural barriers that marginalize lower-caste women. The study's insights emphasize the urgency of developing targeted interventions that integrate caste and gender perspectives to address structural inequities in maternal healthcare, ensuring equitable outcomes for all women. The research highlights the need for policymakers to acknowledge and address the intersectional dynamics of caste and gender in maternal healthcare, ultimately promoting a more inclusive and equitable healthcare system in India. By shedding light on these disparities, this study aims to inform policy decisions and interventions that prioritize the health and well-being of marginalized women in India.

### **Empowering Women: The Role of Dalkhai Dance in Social and Economic Development**

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Dalkhai dance, a prominent folk tradition of western Odisha, serves as a powerful medium for women's empowerment and contributes to both social and economic development. Women traditionally perform this dance form during various festivals like Nuakhai and Bhaijuntia (Durga puja). this dance symbolized unity, cultural identity's and women's strength. Dalkhai dance provides women with a platform to assert their identity, express emotions and participate actively in social celebrations, challenging traditional gender norm. In addition to its cultural significance, Dalkhai dance has emerged as a source of economic opportunity for women; with the growing recognition of folk arts, many female performers now earn livelihoods through stage performances. Cultural festivals and government sponsored initiatives. The promotion of Dalkhai dance in tourism and folk-art festivals has further created employment opportunities, empowering rural women financially. Additionally, the commercialization of folk costumes, accessories and handicrafts linked to the dance has contributed to local economic growth.

The study explores how Dalkhai dance promoting both social empowerment and economic sustainability for women in western Odisha. By analysing historical contexts community participation and visual documentation, the research aims to highlight the dance's transformative impact on gender dynamics in western Odisha. The study emphasizes the importance of preserving and promoting Dalkhai as a living heritage that continues to inspire and empower women through artistic expression.

### **Traditional Food Practices during Pregnancy, Postpartum Recovery, and Child Care among the Chakhesang Tribe in Northeast, India**

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**Introduction:** In the pre-Christian era, cultural taboos, prohibitions, and restrictions were cautiously adhered to due to the fear of supernatural consequences. However, even after adopting Christianity, these practices were not entirely eradicated, although they dwindled. The paper examines the extent to which socio-cultural beliefs on feeding practices persist in the face of changing societal dynamics. **Methods:** A quantitative study was conducted among 445 mothers/caregivers of children under 5 years old. In addition, a qualitative study with 9 key informants and 18 in-depth interviews was conducted with mothers from 9 villages in Phek district, Nagaland. The study results were presented using descriptive statistics, bivariate analysis, and qualitative analysis with an inductive approach. **Result:** The study reveals that although 98.8% of children aged 6-23 months are breastfed, only a quarter are exclusively breastfed. At 6 to 7 months old, infants are introduced to rice porridge which is organically grown, and rich in carbohydrates. 9.6% of mothers responded that food taboos exist during pregnancy and 92% of women have diet restrictions during pregnancy. Women follow a stern diet during pregnancy, certain foods like bananas, honey, crab, and fish are restricted to avoid complications during pregnancy and delivery. Post-delivery mothers are strictly advised to consume only non-vegetarian food to aid post-delivery recovery and boost breast milk production. Most mothers continued to adhere to cultural beliefs, leading them to neglect nutrient-rich foods. However good practices such as keeping the infant warm, consuming locally grown food, and strong community bonding during childbirth kept the mother and child healthy. **Conclusion:** Educational interventions are necessary to enhance awareness about the negative impact of certain socio-cultural practices on maternal and child health. Whereas, positive and negative dietary practices of mothers and children influenced by cultural factors should be considered for further nutrition programs.

## Abstracts

### Papers for Best YOUTH BEST PAPER AWARD Competition

#### Exploring the Nexus between Air Pollution and Hypertension Women in India: A National Level Cross-Sectional Study

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Air pollution, both ambient and indoor, is known to contribute to cardiovascular oxidative stress, inflammation and elevated blood pressure, leading to endothelial dysfunction, which is a key mechanism for the development of hypertension. Hypertension has emerged as a growing public health concern in low- and middle-income countries, including India. Previous studies have established a link between air pollution and hypertension among older adults. The remaining populations are also increasingly affected by hypertension due to prolonged exposure to environmental risks, especially young and middle-aged (YAMA) women (30-49 years) due to their greater exposure to cooking fuels and proximity to pollution sources. Therefore, this study investigates the association between ambient and household air pollution (HAP) with hypertension among YAMA women in India. In this study, we analysed data from 3,00,814 women aged 30-49 years from the most recent nationally representative NFHS data (NFHS-5, 2019–2021) combined with NASA's Global Annual PM<sub>2.5</sub> Grids database, covering various health and environmental indicators across India. Descriptive statistics along with bivariate and multivariable analyses were conducted to assess the prevalence, association and determinants of hypertension. The findings indicated that the mean PM<sub>2.5</sub> level across India was 64.34 µg/m<sup>3</sup>, with a 21.91% prevalence of hypertension among women. The logistic regression model showed that PM<sub>2.5</sub> and HAP were 1.036 times ( $p < 0.001$ ) and 1.025 ( $p < 0.001$ ) times more likely to be associated with reported chronic hypertension, respectively. Other determinant factors, including women's age, education, religion, caste, wealth index, self-smoking behaviour, BMI, and diabetes, were also significantly associated with hypertension. These findings underscore the importance of addressing social-environmental factors in mitigating the hypertension burden among women in India. Public health policies should prioritize cleaner energy sources for households and stricter regulations on ambient air quality, a crucial step in reducing the burden of hypertension and preventing cardiovascular diseases among women in India.

## **Why do Employers Hesitate to Employ Transgender Individuals? A Study Among Business Owners in Chennai City**

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This study aims to investigate the factors that contribute to the hesitation of business owners in Chennai city to employ transgender individuals. Through quantitative research methodologies, this study will explore the perceptions, attitudes, and concerns of business owners regarding transgender employment. Specifically, it will delve into factors such as perceived customer reactions, including anxieties about potential negative customer responses to the presence of transgender employees. Concerns about productivity and workplace dynamics will also be examined, investigating anxieties related to potential disruptions to workplace harmony and productivity. Furthermore, the study will assess the level of awareness and understanding of transgender issues among business owners, including relevant legal frameworks and best practices for inclusion. Additionally, perceived economic costs and risks will be explored, including concerns about potential legal liabilities, increased training costs, and the perceived economic impact of hiring transgender employees. Finally, the study will analyze the role of existing organizational culture and values in shaping attitudes towards transgender employment. The findings of this study will provide valuable insights into the challenges faced by transgender individuals in the Chennai job market. The research will contribute to a better understanding of the factors hindering their employment opportunities and inform the development of targeted interventions and policies to promote greater inclusivity and equity in the workplace.

## **Food Insecurity and Its Association with Functional Limitations and Mental Health Among Older Adults in India: Insights from LASI Wave-1**

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This study examines the impact of food security on Functional limitations (ADLs & IADLs) and Mental health outcomes, specifically depression, among older adults in India. The study uses data from LASI Wave-1, with a sample size of 31,902 individuals aged 60 years and above. The study employed multinomial logistics regression to explore the relationship between functional limitations, depression and food insecurity. Results indicated that food insecurity was a significant predictor of poor health outcomes. Rural residents and individuals living alone report the highest rates of meal reduction (14.7%), hunger (15.3%), and not eating for a whole day (11.2%). Food insecurity was highest among the poor, uneducated, and non-working groups. Urban, educated, and physically active individuals experience lower food insecurity. Wealth and education show protective effects, while living arrangements and work status emerge as critical

determinants. The multinomial logistic regression highlights significant associations between food insecurity and functional limitations (ADL, IADL) as well as depression among older adults. Compared to food-secure individuals, those with severe food insecurity are 4.3 times more likely to report severe ADL difficulty and 2.9 times more likely to experience severe IADL difficulty. Similarly, the likelihood of depression increases with food insecurity severity; individuals with mild food insecurity have 2.4 times higher odds of mild depression, while those with severe food insecurity have 7.3 times higher odds of major depression. In conclusion, these findings reveal a strong association between food insecurity, functional impairments, and mental health outcomes. There are several programs already initiated by the central and state governments to tackle food insecurity in the country. However, there is an urgent need to monitor these programs and ensure they are implemented effectively, especially for those who belong to more vulnerable groups.

### **Nested Determinants of Neglect: A Qualitative Investigation on the Maternal Overload and Caregiving Myths among Autistic Children**

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Child neglect is a critical yet unexplored dimension of child maltreatment, frequently studied together with abuse. It is a heterogenous phenomenon that occurs when a basic need of a child is not met, irrespective of the cause(s). Unlike abuse, it is an act of omission rather commission, that is often overlooked to identify or report, particularly in the context of Indian society. This hinders child's development and holistic well-being, and for children with disabilities, the impacts are twice as severe. In order to understand its primacy, this study delves to identify the major determinants of neglect among autistic children. This was a qualitative phenomenological exploration that examines neglect as a situational issue, composed of factors at different levels, rather than an intentional act of a parent. Hence, for the purpose of mapping the interactions of neglect at various levels, Belsky's developmental-ecological model of child maltreatment was used, which emphasizes that maltreatment is caused due to the interplay of factors at multiple levels. With this framework, the data were collected through in-depth interview on the basis of - micro (mother), meso (healthcare providers and educators), and macro (social protection system and culture) levels - transcribed and analyzed. By critical examination, three major themes were generated i.e. maternal overload, caregiving myths, and systemic barriers, through which neglect at various instances were identified as acts of ignorance. Ultimately, this study offers a nuanced understanding on how it is nested at three levels, underscoring the need to recognize it as distinctive social issue.



## **Assessing the Impact of Gender-Based Violence on Depression in Adolescent Girls: Insights from the UDAYA Survey**

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**Introduction:** Adolescence is a key stage of development, and experiencing gender-based violence (GBV) can greatly harm mental health, increasing the risk of depression (WHO, 2021; Patel et al., 2018). Support from family and friends can help lessen the negative effects of GBV on mental health (Klasen & Crombag, 2013). **Aim:** This study uses the Blinder-Oaxaca decomposition method to examine differences in depressive symptoms between adolescent girls who have experienced GBV and those who have not. It breaks down these differences into parts that can be explained by observable traits and parts that cannot be measured. **Methods:** The study analyses data from the UDAYA survey, focusing on girls aged 10–19 years, selected through a multi-stage stratified cluster sampling method. Depressive symptoms were assessed using established indicators, while GBV exposure included verbal, emotional, and physical violence. Important sociodemographic factors and social support measures were included as predictors in the analysis. The Blinder-Oaxaca method was used to identify how observable traits and different effects contribute to the differences in depressive symptoms.

**Results:** Initial findings indicate that differences in social support and socioeconomic status explain a significant part of the disparity in depressive symptoms. However, a considerable unexplained portion likely reflects structural inequalities and issues like stigma or limited access to mental health resources. It is expected that social support will help lessen the impact of GBV, thus reducing the unexplained differences. **Relevance:** This study provides important insights for mental health interventions targeting vulnerable adolescent groups by highlighting the need to strengthen social support systems and address structural inequalities to reduce the mental health effects of GBV.

## **Cultural Semiotics of Care: Health, Dependency, and the Aged in Indian Fiction**

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Old age, situated at the confluence of cultural narratives and socio-medical discourses, has emerged as a critical research locus that encourages dialogue on the constructs of dependency, health inequities, and care ethics. The representation of the elderly in fiction establishes a groundwork for critical engagements in Gerontology and Literature. Indian fiction offers a plethora of works that deal with the issues of health and dependency within the context of the aged. This research would investigate the intricate representation of ageing, dependency, and

health within the framework of contemporary Indian fiction by critically engaging with narratives that reflect the cultural semiotics of care—symbolic representations of ageing bodies and caregiving practices—contextualized within the socio-cultural ethos of Indian society. Short stories such as “Unseasonal Pineapple” by Bijay Prasad Mahapatra, “The Devoted Son” by Anita Desai, and “The Second Shock” by Abdul Bismillah, would offer valuable insights into themes of vulnerability, caregiving, and intergenerational dynamics, forming the textual corpus of this study. Drawing from semiotics, sociology, and literary theory, it would examine how symbolic markers such as socio-familial dependency, healthcare methods, and economic conditions shape perceptions of old age in Indian society and explore how Indian literature navigates the intersection of health and cultural identity. This paper aims to illuminate the role of fiction in reflecting and shaping societal attitudes toward ageing and care, fostering a richer, more inclusive dialogue about the complexities of later life in Indian cultural contexts. Through this interdisciplinary approach, the research would contribute to the global discourse on ageing, advocating for a culturally contextualized understanding of health, dependency, and elderhood in literature.

### **Health of Institutionalized Older People in Odisha: A Gendered Analysis of Morbidity Prevalence**

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The demographic shift and consequent rise in the older population have significant implications all over the world; India is of no exception. Modernization, migration of younger generations, and shifting lifestyles have all contributed to changes in the social landscape of India. As a result, nuclear families—which encourage individualistic culture, have become far more prevalent. Older adults are more likely to experience socio-economic marginalization within this trend. Insufficient care in the family leads many older people to opt for old age homes (OAH) in their later years. In these circumstances, the concept of institutional care is continually growing and becoming more prevalent. Literary evidence indicates that OAH care is essential in the current scenario, particularly for older adults who are alone and have been abandoned. The process of institutionalization includes not only the relocation of older people into specialized care facilities but also adapting to a system in which institutional caregivers oversee the majority of their daily activities, management of health, and social interactions. According to overall trends in India and Odisha as well, older women are more likely than older males to have higher rates of morbidity. However specific data on the prevalence of morbidity and gender disparities among older persons in old age homes in Odisha may be scarce. Using information from both primary and secondary sources, this study highlights the intersection of aging, gender, and health within the context of OAH; concentrating on variations in the health of older people in institutional setting in Odisha. The findings of this study highlight the significance of implementing a gender-sensitive approach in the planning and execution of health care in old age homes for healthy ageing.

## **Life After Migration: A Comparative Study on Successful Aging in India**

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Utilizing data from the first wave (2017-18) of the Longitudinal Aging Study in India, this study investigates disparities in successful ageing outcomes between migrant and non-migrant populations. The study analyses a cohort of 23,690 individuals aged 60 and above, focusing on the impact of migration status, regional variations, and early life socio-economic and health conditions on ageing. Logistic regression and propensity score matching are employed to investigate the relationship between migration and successful ageing, with additional validation through robustness and consistency checks across different matching methods and age groups. Results reveal significant disparities, with migrants less likely to achieve successful ageing, particularly those from lower socio-economic backgrounds. Considerable regional variations are observed, along with heterogeneous effects of childhood socio-economic conditions and health on ageing outcomes, indicating that early life conditions play a critical role in later life. The decomposition analysis suggests potential discrimination or systemic disadvantage against migrants in successful ageing outcomes. These findings provide detailed empirical insights into the complex interplay of migration status, socio-economic status, regional differences, and early life factors, shedding light on the nuanced dynamics of successful ageing disparities in India.

## **Impact of Indoor Air Pollution from Cooking on Blood Pressure and Stroke among the Elderly in Bankura District of West Bengal**

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**Background:** Stroke is a significant global burden of diseases in low and middle-income countries. The increasing air pollution is an emerging risk factor for stroke. The study aimed to elucidate the impact of indoor cooking fuel use on blood pressure and stroke among elderly in the Bankura district of West Bengal. **Methods:** The population-based cross-sectional was conducted among participants aged 45 years and above in the Bankura district of West Bengal. A total of 332 participants were included in this study. Binary logistic regression models forms of odd ratio were carried out to identify the risk factors associated with stroke with 95% confidence intervals. **Results:** The stroke risk was higher among individuals with SBPs  $\geq 140$  mmHg or DBPs  $\geq 90$  mmHg than among those with SBPs  $< 130$  mmHg or DBPs  $< 80$  mmHg due to the use of solid fuel for cooking. Those households use solid fuel had a higher prevalence of stroke as compared to those that use clean fuel (17.2 vs. 12.5). The stroke risk was higher among females than males (20.1 vs. 18.8%). People with obesity and underweight people were at higher risk than those who have normal weight. The main factors closely related to the occurrence of stroke complications were age 65-74 years (OR=3.69,  $p=0.004$ ), high body mass index (OR=3.05,

p=0.005), alcohol habit (OR=2.24, p=0.004) and daily smoking consumption (OR=1.96, p<0.001). Conclusion: High blood pressure was independently associated with the risk of stroke in people aged 65 years and above. Our findings highlight the importance of awareness of the role of high blood pressure and stroke prevalence among middle-aged people for clinicians and health promotion agencies.

### **Current status of the Jaunsari Tribe in India**

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The Jaunsari tribe, an indigenous community primarily residing in the Jaunsar-Bawar region of Uttarakhand, India, has maintained its distinct cultural identity for centuries. This paper examines the current status of the Jaunsari tribe, focusing on their socio-economic, cultural, and educational conditions in contemporary India. Despite their rich traditions and close-knit social structure, the Jaunsaris face challenges such as limited access to education, healthcare, and economic opportunities. The research also explores their agricultural-based livelihood, traditional practices, and evolving social dynamics due to increasing exposure to modernization. The paper highlights the impact of government policies and development initiatives on the tribe's way of life and assesses their integration into mainstream society while striving to preserve their cultural heritage. It concludes by recommending measures for sustainable development and empowerment of the Jaunsari tribe, with a focus on enhancing education, healthcare, and employment opportunities, while preserving their unique cultural practices and social identity.

### **Disentangling Fieldworker and Respondent's biases in reporting Sensitive Questions in India**

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This study investigates the Fieldworker-Induced Social Desirability Bias in justification of wife beating and impact of Fieldworker as well as third-person presence on women's responses regarding the justification of wife beating. The study utilized data from the individual file and the fieldworker characteristics file of the NFHS-5. Logistic regression, Propensity Score Matching (PSM) and Bayesian cross-classified multilevel modelling were performed. PSM results show if third person were present during the interview the justification of beating for going out without telling husband, refuses to have sex with husband and burns food become 4.3% (95% CI: 1.5-7.2), 6.1% (95% CI: 3.78.5) and 5.4% (95% CI: 2.7-8.1) higher. The intraclass correlation coefficient for wife beating justification at the fieldworker level ranged between 29%-33%. It was observed that variation due to fieldworker for non-sensitive outcomes was negligible. This study highlights the role of third-person presence and Interviewer-Induced Social Desirability Bias in influencing responses.

## **A Qualitative Study on the Experiences and Perceptions of Female Adolescents Who Have Experienced Child Sexual Abuse**

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Child sexual abuse (CSA) is a significant public health issue with alarming global prevalence rates, disproportionately affecting female children and impacting their development across multiple dimensions. This study addresses a critical research gap by exploring the experiences and perceptions of female adolescents who have experienced CSA. Using Interpretative Phenomenological Analysis (IPA), the study delves into the lived experiences of six female adolescents aged 16 to 17 through semi-structured interviews. The analysis conducted using Atlas.ti software, reveals five key themes: Ways of expressing CSA experiences, emotional and psychological reactions, patterns of disclosure to trusted individuals, perceptions of perpetrators, and knowledge of preventive measures. Participants provided nuanced insights into their trauma, highlighting barriers and facilitators in disclosure processes and their awareness of protective strategies. These findings emphasize the importance of survivor-centered research in addressing CSA and underscore the need for comprehensive education on prevention, improved support systems for disclosure, and targeted interventions addressing broader social and cultural factors. The study offers valuable recommendations for practitioners, policymakers, and researchers, advocating for trauma-informed approaches and policies that prioritize survivor well-being. Future research directions are suggested to further explore these themes and develop innovative solutions for addressing CSA at individual, family, and community levels.

## **Queering the Clinic: Understanding Conversion Therapy as Iatrogenic Violence**

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Conversion therapy is a discredited and harmful practice aimed at altering the sexual orientation or gender identity of LGBTIQ+ individuals. This approach not only poses significant risks of physical and psychological harm but also undermines the fundamental rights of these individuals, reflecting broader societal inequalities. Major international mental health organizations like the American Psychiatric Association, as well as the Indian Psychiatric Society have condemned conversion therapy for its detrimental effects, which include low self-esteem, anxiety, depression, and increased risk of suicidality. In spite of a 2022 ruling from the Madras High Court against this practice and The National Medical Commission (NMC) declaring it as professional misconduct, forced conversion therapy continues to pose serious challenges for queer individuals. This qualitative study, conducted in Kerala and Tamil Nadu, examines the medicalization of queer identities and the systemic mechanisms perpetuating

conversion therapy. Using a descriptive phenomenological approach, data were collected through in-depth interviews with 12 queer individuals, 2 medical practitioners, 2 community activists, and 2 allies, recruited via purposive sampling. Employing Braun and Clarke's thematic analysis, three core themes were identified: (1) Medicalization of queer identities, (2) Social control through pseudo-medicine, and (3) Institutional oppression and cis heteronormative violence. Findings indicate that systemic social control mechanisms pathologize queer identities, leading to severe psychological trauma among victims of conversion therapy. Experiences of humiliation and helplessness foster feelings of worthlessness and suicidal tendencies. Additionally, the study highlights a pervasive dehumanizing attitude towards queer individuals, exacerbated by abusive practices such as physical assault and electroshock therapy. The study underscores an urgent need for gender-affirmative care and comprehensive legal measures banning conversion therapy to protect the dignity and well-being of queer communities.

### **Diabetes Care Cascade among Older Adults in India: A Nationally Representative Cross-Sectional Study, 2019-2021**

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Diabetes has emerged as one of the leading causes of mortality in India, presenting a rapidly escalating public health concern. However, notably, there exists a scarcity of research highlighting the treatment and control of diabetes among the elderly in India. Therefore, this study attempted to estimate the prevalence of various stages of the diabetes treatment cascade, encompassing screening, awareness, treatment, and control (SATC) among older adults aged 60 years and above. Drawing data from the National Family Health Survey-5 (2019-21), this study analysed a sample of 323110 older men and women. Prevalence of SATC by socio-demographic characteristics was estimated by cross-tabulation and Chi-squared test. Further, binary logistic regression was employed to examine the determinants of SATC of diabetes. The prevalence of diabetes within the study population stood at 28.5%. Among those diagnosed with diabetes, 64.2% had undergone screening, 33.4% were aware, 28.9% were receiving medication, and only 11.5% reported having diabetes under control. Furthermore, individuals with no formal education, hailing from poor households, and belonging to Scheduled Castes and Tribes, as well as rural residents were less likely of receiving SATC for diabetes. Diabetes treatment prevalence ranged from 9.2% in Arunachal Pradesh to 57.4% in Kerala with control estimates spanning from 5.3% in Nagaland to 18% in Jammu and Kashmir. SATC among older adults in India was notably low, with significant geographic and socio-demographic variations. These findings underscore the need for targeted health interventions and monitoring of health system performance to ensure comprehensive diabetes care across the country.



## **Gender Inequality in Human Capital Formation, Accumulation and Labour Market Outcome: An Analysis Using Periodic Labour Force Survey**

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This study examines gender disparities in India's human capital formation, accumulation, and labor market outcomes, focusing on how societal expectations and cultural practices influence education, skill development, and labour force participation. Using data from the Periodic Labour Force Survey (2022-23), the present study documents the evidence for gender disparities in human capital accumulation and formation across Indian states. We employ descriptive analysis of gender gaps in educational attainment and skill development, followed by regression analysis to estimate the impact of human capital factors on labour market outcomes. Our findings show that at the national level males outnumber females at higher education levels, particularly in diploma (18.04% vs. 13.49%) and graduate (12.29% vs. 9.36%) categories which is essential to compete in job market. While 97 % females are never attended or not attending any education institute due to responsibility of domestic chores compared to only 3% of males.

Adding to it females are also less likely to receive vocational education compared to males. A significant gender gap in labor force participation persists in India: 80.76% of males are in the labour force compared to only 40.07% of females, resulting in a total participation rate of 60.56%. The analysis reveals profound gender disparities in education and labour market participation. Females are notably disadvantaged in educational attainment, with a higher illiteracy rate and lower representation in higher education and technical training compared to males. The study concludes that addressing gender inequality in human capital formation is crucial for improving labor market outcomes for women. It calls for robust policy interventions to promote gender-inclusive skill development, equal access to quality education, and structural reforms to eliminate barriers in the labor market. These interventions could help reduce gender inequality and enhance overall economic growth by better utilizing women's potential in the workforce.

## **Unveiling the Interplay of Socioeconomic Factors and Self-Management in Diabetes Care: A Structure Equation Modelling Approach**

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Background: Type 1 diabetes requires lifelong, intensive self-management, including blood glucose monitoring, medication adherence, and dietary adjustments. Effective self-management is crucial for achieving glycemic control, preventing long-term complications, and improving overall quality of life. Numerous factors can influence an individual's ability to effectively manage their diabetes, including personal beliefs, socio-economic circumstances, and access to

resources. However, the interplay of socioeconomic factors, cost of treatment, source of funding for treatment and perceived benefits to self-management remains underexplored. Objectives: 1. Examine the mediating role of perceived benefits of self-management on the relationship between self-management practices and quality of life. 2. Investigate the moderating role of socioeconomic and demographic factors (e.g. age, education, income) on this relationship.

Methods: A cross-sectional study was conducted with a sample of type 1 diabetic patients, focusing on socioeconomic and demographic characteristics, treatment costs, funding sources, their self-management practices, perceived benefits of self-management and quality of life. Validated scales were used to measure perceived benefits, self-management, and quality of life. Structural Equation Modeling (SEM) will be employed to examine the mediation effects of perceived benefits of self-management practices. At the same time, age, socio-economic status, treatment costs, funding sources will be tested as moderators. Data were analysed using Jamovi and AMOS software. Expected outcome: The findings of this study will provide valuable insights into the factors that will play as a mediator and moderators of diabetes self-management and its impact on quality of life. This information can be used to develop targeted interventions to improve self-management behaviours and enhance the well-being of individuals with type 1 diabetes.

### **Navigating the Nutritional Poly-Crisis: Examining the Nexus of Climate, Food, and Marginalisation for Particularly Vulnerable Tribal Groups in Nilgiris**

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The Particularly Vulnerable Tribal Groups (PVTGs) of the Nilgiris District in Tamil Nadu are caught up in a nutritional poly-crisis that is driven by the convergence of environmental degradation, socio-economic marginalization, and lack of comprehensive policies. Among its six PVTG communities—Toda, Kota, Kurumba, Irula, Paniya, and Kattunayakan—their traditional agricultural and foraging practices have been deeply impacted by variability in climate, deforestation, and invasive species. Such disruptions have reduced their access to forest-based resources and have replaced traditional dietary practices with market-based food systems that do not pay attention to their unique nutritional requirements. These crises have exacerbated the prevailing socio-economic inequalities driven by poverty, land dispossession, and systemic exclusions that limit their access to adequate nutrition and other essential services. Women, being the primary caregivers, bear the brunt of nutritional deficiency, which also perpetuates the cycle of intergenerational malnutrition. Despite welfare programs addressing food and nutritional insecurity, their implementation is frequently hindered by inefficiencies and a lack of cultural relevance for local communities. The findings underscore the critical need for a fundamental change in our prevailing policy and practice, emphasising the integration of indigenous knowledge, bringing in culturally sensitive interventions and climate-resilient agricultural practices. Taking a holistic approach has the potential to restore traditional food systems, enhance dietary diversity, and strengthen community resilience, which are all interconnected.

The study highlights the importance of reframing current development and conservation policies to prioritise equity, inclusivity, and ecological sustainability, which all can align with the broader global objectives of nutritional security, climate adaptation and social justice. The research emphasises the need to address the drivers of this multifaceted crisis to ensure the well-being of such historically marginalised communities.

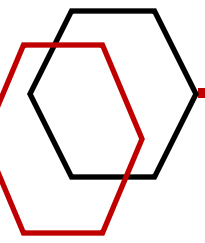
### **Sigma and Beta Convergence Analysis for the Health Expenditures of the BRICS Nations**

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Convergence analysis tests whether low-level countries catch up with high-level countries over time, reducing the disparities in terms of specific factors. Convergence analysis of health expenditure can help in understanding whether the difference in the level of health spending among the countries' peer groups is growing or declining. The study tries to investigate the convergence of health expenditure of the BRICS nations from 2000 to 2020. The key concepts of sigma and beta convergence were used to analyze the convergence. Results of the study revealed that no significant convergence was found in the health expenditures of the BRICS nations but significant divergence. The study recommends that lagging countries need to make as much health spending as their advancing peers so that equitable allocation of health expenditures can lead to the realisation of Universal Health Coverage all over the world.



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