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1. **CHILD HEALTH/CHILD HEALTH CARE**


Overcoming formidable biological and sociocultural barriers, India eliminated wild polioviruses from its territory in January 2011. Looking back, it is obvious that the best policy would have been to introduce the inactivated poliovirus vaccine to prevent polio in every vaccinated child, and to use oral poliovirus vaccine by pulse campaigns to eliminate WPVs rapidly. This would have eliminated polio decades ago. Now that WPVs have been eliminated, IPV must be introduced as a prelude to withdrawing OPV. The road ahead is bumpy, but with the important lessons learnt so far, India can no longer pretend that it is too difficult to design a permanent public health infrastructure to control other communicable and non-communicable diseases.

*Keywords*: Immunization; Polio elimination; India


Essential nutrition interventions are found to be strongly associated with lower under-nutrition levels in India. This is shown by constructing and comparing a child undernutrition index and child nutrition score, both of which use data from India’s latest National Family Health Survey (NFHS-3). The CUI indicates that 16 of the 28 states have high or very high levels of child under-nutrition. The CNS indicates that 24 states have poor or very poor performance in delivering essential nutrition interventions for children. The strongest association between the CUI and the CNS is that states with higher CNS tend to have lower CUI. Effective state governance systems need to prioritise programmes to scale up the coverage and equity of proven interventions in the fight against child under-nutrition in India.

*Keywords*: Child nutrition; India

What are the relationships between wealth and children's health in India's states that are as populous as many other countries? Presenting a state-level analysis of the association between state net domestic product per capita and three children's health indicators, this paper describes how these relationships differ in the last two rounds of the National Family Health Survey. It finds evidence that the cross-sectional relationships between aggregate wealth and children's health indicators are positive, yet the association was less steep in the mid-2000s than in the late 1990s. It also finds a negative relationship between growth in SNDP per capita and improvement in state-level children’s health indicators. These findings are consistent with the hypothesis that the kinds of investments which improve health may lead to economic growth, rather than vice versa.

*Keywords: Children health; India*


With recent outbreaks in Syria and Horn of Africa, silent circulation of wild poliovirus type 1 (WPV1) in Israel, West Bank, and Gaza, and fresh spate of violence against vaccinators and their security personnel in Pakistan, the world is facing a turbulent final ascent to the summit of polio eradication. On the positive side, we may also be witnessing the end of wild poliovirus type 3 (WPV3) and defused programmatic crisis caused by funding gaps, while India registers third consecutive polio-free year. Having a cogent endgame plan 2013-2018, informed by some cardinal lessons learned from an eventful decade in India, is also a very significant development. Now, there is a parallel pursuit against WPV and vaccine-derived poliovirus (VDPV).

Endgame would also involve integration of at least one dose of affordable inactivated polio vaccine (IPV) to up-scaled routine immunization (RI), switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in 144 countries before 2018, stockpiling of mOPV, and simultaneous global cessation of bOPV before 2020. Role of antivirals in post-eradication era is still unclear. Some specific threats emerging at this stage are as follows: Global buildup of new birth cohorts in non-endemic countries with weak RI and downscaled supplementary immunization activities (SIAs), tremendous pressure on peripheral health workers, and fatigued systems. Cultural resistance to transnational programs is taking a violent shape in some areas. Differential interpretations of 'right to say no', on both sides of the divide, are damaging a global cause. Amidst all these
concerns, let us not forget to underline the sacrifice made by frontline vaccinators working in some of the most challenging circumstances.

**Keywords**: Polio eradication; India

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To study the prevalence of hypertension and variation in blood pressure (BP) level among school children in rural India. A cross-sectional study was conducted during the period from April 2010 to March 2012. Setting: Participants comprised of 958 school children (in the age group of 6-16 years) from 83 schools covered by three randomly selected primary health centers. After obtaining informed consent from the school principal, a pretested questionnaire was administered and anthropometric measurements were taken. Hypertension was defined as systolic blood pressure (SBP) and/or diastolic blood pressure (DBP) ≥95 th percentile for age, gender, and height measured on three distinct occasions. Overall, prevalence of hypertension and was found to be 29 (3.0%). The proportion of hypertension among males was 13 (2.8%) against 16 (3.2%) in females. Overall mean SBP level was 97.2 mmHg and DBP level was 62.1 mmHg. SBP and DBP found to be correlated with the body mass index, waist circumference, which identifies the need of proper dietary changes at individual and family level. Constructed nomogram for study participants show lesser SBP and DBP values for 90 th and 95 th percentiles among Indian children when compared to NHLBP guidelines. This suggests lesser BP cut-off needed to identify maximum hypertensive population among Indian children.

**Keywords**: Hypertension; Blood pressure; School child health ; India

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A cross-sectional study was conducted to estimate and to compare immunization coverage and to understand reasons of partial/non-immunization among children of seasonal migrant sugarcane harvesting laborers and nonmigrating children. Caretakers of a total of 420 children between 12 and 23 months age were interviewed in 30 clusters consisting 14 children from each cluster (seven from each group) by expanded program on immunization cluster survey method. Statistical analysis was performed with proportions, their 95% confidence intervals (CI), Chi-square test, and binary logistic regression. Full immunization coverage rate was 89.5% (95% CI: 86.5-92.5) for children in nonmigrating group and 70.5% (95% CI: 66.0-74.9) for migrant group. Reasons cited for unimmunized/partially immunized were, place or time of vaccination not known, unavailability of immunization services at site, inconvenient time of sessions, unaware of need for vaccination etc. Thus full immunization coverage rate was significantly lower among children of seasonal migrant sugarcane harvesting laborers.

Keywords: Immunization; Maharashtra


The World Health Organization states that: ‘A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins. The agent stimulates the body’s immune system to recognize the agent as foreign, destroy it, and ‘remember’ it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters’. This statement is in conformity with the usual scientific and lay perceptions that vaccines have only specific disease-protective effects. However, historically it has been suspected that Vaccinia and BCG vaccination confer protection against non-targeted infectious diseases. Emerging evidence suggests that vaccines can positively or negatively affect the resistance to other infectious diseases—the so-called non-specific effects of vaccines or non-specific immunomodulation by vaccines. The bulk of this evidence has been generated from Guinea-Bissau by researchers led by Peter Aaby. The current status of global evidence has been summarized by them in this issue of IJE and elsewhere. On this basis, they also suggest a new definition of vaccines: ‘A vaccine is a biological preparation that
improves immunity to a particular disease and at the same time, may alter the general level of resistance towards unrelated pathogens in the recipient'.

**Keywords:** *Childhood vaccines*: Child health care

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*Janani Suraksha Yojana* (JSY) is more often than not recognized only as a cash transfer scheme for institutional deliveries. Since its pan India introduction in 2005, the scheme has passed through various stages which affected its implementation in multiple ways. The scheme, however, could not earn the reputation of an intervention which affected maternal health in any phenomenal way other than increasing institutional deliveries. After five years of its implementation, the present paper attempts to highlight the areas where JSY has positively contributed; if not directly, indirectly in affecting maternal health and the psyche of the community. The article provides evidence from primary data collected from 424 women who delivered during April 2010–March 2011 in selected villages of four districts of Rajasthan, India. Findings from other population-based studies conducted in the state of Rajasthan since the launch of JSY have also been considered to support the findings of the current study presented in the paper. It attempts to show that though JSY incentives were contingent on institutional delivery alone; it led to improvement of other services which have positively affected maternal and child health in terms of health seeking behaviour of the community. Chi square test was employed and it shows health behaviour of those who availed JSY benefits to be significantly associated with registration of pregnancy (p < 0.01), antenatal checkups (p < 0.05), duration of stay at the institution post-delivery (p < 0.01), initiation of breastfeeding (p < 0.5) and postnatal checkup (p < 0.01).

**Keywords:** *Janani Suraksha Yojana; Rajasthan (India); Maternal health*

This paper provides an overview of trends in mortality in children aged under 5 and adults between the ages of 15 and 60 in sub-Saharan Africa, using data on the survival of the children and siblings collected in Demographic and Health Surveys. If conspicuous stalls in the 1990s are disregarded, child mortality levels have generally declined and converged over the last 30–40 years. In contrast, adult mortality in many East and Southern African countries has increased markedly, echoing earlier increases in the incidence of HIV. In recent years, adult mortality levels have begun to decline once again in East Africa, in some instances before the large-scale expansion of antiretroviral therapy programmes. More surprising is the lack of sustained improvements in adult survival in some countries that have not experienced severe HIV epidemics. Because trends in child and adult mortality do not always evolve in tandem, we argue that model-based estimates, inferred by matching indices of child survival onto standard mortality schedules, can be very misleading.

Keywords: Child mortality; Adult mortality; Africa


The first Millennium Development Goal to “eradicate extreme poverty and hunger” implied reducing by 50% the prevalence of underweight status among children younger than five years between 1990 and 2015. This study investigates the prevalence and determining factors of anemia and malnutrition among children of Albasra village, one of the Egyptian villages, to produce directives for a management program. All inhabitants aged between six months and 15 years (397 children) were subjected to a structured interview, clinical assessment, anthropometric assessment, and laboratory examination. A complete blood picture analysis and a hemoglobin percentage assessment were done. The main prevailing symptom in the two weeks preceding the survey was diarrhea (55%). Complete weaning before the age of 18 months occurred in 20.5% of the below-six children. The children more likely to be anemic were those under the age of two years, children having the first or more than the fourth order among their siblings, and those who suffered a diarrheal attack, vomiting, grunting, or chest indrawing within two weeks preceding the survey, among
children completely weaned after the age of 24 months and those from a low socioeconomic level. Stunting was highest among younger children from extended families. Children who suffered a chronic disease were more likely to be wasted (13.2%). An understanding of the risk factors for anemia and malnutrition among a population is fundamental to provide efficient preventive and control measures.

**Keywords:** Anemia; Malnutrition


Hypertension is one of the most common diseases worldwide and the prevalence in school children appears to be increasing perhaps as a result of increased prevalence of obesity. Thus the present study was planned to establish an association between BMI with hypertension amongst school children in the age group of 5-15 years. A total of 100 children, who were overweight and obese were included in the study. Anthropometric measurements of weight, height and blood pressure measurements were taken by the standard methodology. The statistical significant correlation observed between BMI and systolic and diastolic blood pressure (r=0.473, p<0.001); (r=0.411, p<0.001). It can be inferred that the children with high BMI are more likely to have hypertension.

**Key words:** Body mass index; Children and adolescents; Hypertension; Overweight and obesity; School children


The study was a cross sectional study. The study was conducted to find out the reproductive health profile of ever married muslim women of reproductive age (18-45years) and to find out their health seeking behavior. The study was
conducted among ever-muslim married women of reproductive age group of urban slum area of Raichur. Data were collected by face-to-face interview using a structured questionnaire. Data was entered in a excel spreadsheet and analyzed by using SPSS software. A total of 82 Muslim ever-married women were interviewed. Majority of the women were literate, 63(76.8%). Most of them 58 (70.7%) were house wives and majority 55 (67.1%) of women belonged to a nuclear family and 51 (62.2%) women had a per capita income per month of Rs. 200 to 1100.50(61.0%) of women had family size less than or equal to 5.44 (53.7%) were married at 16-19 years of age and 8 (9.8%) women married between 12-15 years of age which is below legal age of marriage. In this study, maximum total numbers of births were 3-4 and majority of women 34(41.5%) had a birth interval of 1 year and 19.5% women had no birth interval. Most of the women didn’t use any spacing method till they completed family. Nearly 57(69.5%) of women reported having some kind of gynecological symptoms. Among all symptomatic women, 43.9% women did not seek care for their reproductive health problems as they considered their problems were not serious enough to seek care. Delaying marriage and delaying first pregnancy in adolescents will reduce the pregnancy and child bearing related complications and will help in improving their educational status and thereby improving scope for their empowerment. Reproductive health profile was worse among the women. Emphasis has to be laid on education on planning, spacing children, contraceptive options, safe abortions, RTI/STI. There is a preference for male child in the community. It is essential to promote a positive image of the girl child.

**Key words:** Health seeking behavior; Muslim women; RAichur; Reproductive health; Urban slum.


Epilepsy is not a contraindication to pregnancy. Women with epilepsy can be reassured that having epilepsy should not prevent them from having children. However close medical care is essential and a multidisciplinary approach is recommended. It is very important that all women with pregnancies have a preconception evaluation done by a neurologist, when the need to continue AEDs or possibility of reducing AED load could be assessed. This present study was a prospective study undertaken to evaluate the effect of epilepsy on pregnancy regarding the maternal outcome in 75 cases. Out of 75 epileptic women with pregnancy were assessed for a good maternal outcome.77% had epilepsy for more than 10 years.98.7% of patients had generalized tonic clonic seizures and 1.3% had partial
seizures. 72% of patients were on monotherapy and 6.7% of patients were on polytherapy. 85.3% had term deliveries and 14.7% had preterm deliveries. 66.7% had normal delivery and 28% underwent caesarean sections for various obstetric indication. Effective preconceptional counselling and medical care is essential for the treatment of the pregnant women with epilepsy.

Key words: AED- antiepileptic drugs; Epilepsy; Maternal outcome; Pregnancy; Seziures


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Under-nutrition contributes to more than one-third of all deaths in children. It does this by diminishing children's immunity and making illness more dangerous. The primary aim of the study is to assess the nutritional status of children aged from 0 to 14 years in a slum area of Kolkata and secondary aim is to determine the prevalence of under-nutrition and its association with various risk factors among the study population. Community-based cross-sectional analytical study was carried out in urban slum of Chetla, Kolkata involving children of age group (0-14 years) from February to May 2012. All children (120) were examined clinically; their anthropometric measurements such as weight, height, mid upper arm circumference (MUAC) were taken using the standard operating procedures, after obtaining verbal consent from their parents with the help of a predesigned and pre-tested schedule. The anthropometric data was analyzed using World Health Organization Anthro and Anthro Plus Softwares. The overall prevalence of under-nutrition among the study population was found to be 54 (45%). Among infants 9 (25%) were underweight, 3 (8.3%) were stunted, 22 (61.1%) were wasted and 23 (63.9%) showed thinness. Among 1-5 years aged children, 18 (30.5%) were underweight, 17 (28.8%) were stunted, 17 (28.8%) were wasted, 12 (20.3%) had MUAC 12.5-13.5 cm and 17 (28.8%) showed thinness. Among 5-14 years aged children, 11 (44%) were underweight, 10 (40%) were stunted and 12 (48%) showed thinness. The nutritional status of children in Chetla slum is not satisfactory in spite of proper immunization coverage and institutional deliveries. Special emphasis should be given for promotion of nutritional education to the mothers.

Keywords: Nutrition status; Malnutrition; child nutrition
2. **DISEASES**


With 33 million people living with human immunodeficiency virus (HIV) worldwide and 2.7 million new infections occurring annually, additional HIV prevention and treatment efforts are urgently needed. However, available resources for HIV control are limited and must be used efficiently to minimize the future spread of the epidemic. We develop a model to determine the appropriate resource allocation between expanded HIV prevention and treatment services. We create an epidemic model that incorporates multiple key populations with different transmission modes, as well as production functions that relate investment in prevention and treatment programs to changes in transmission and treatment rates. The goal is to allocate resources to minimize \( R_0 \), the reproductive rate of infection.

We first develop a single-population model and determine the optimal resource allocation between HIV prevention and treatment. We extend the analysis to multiple independent populations, with resource allocation among interventions and populations. We then include the effects of HIV transmission between key populations. We apply our model to examine HIV epidemic control in two different settings, Uganda and Russia. As part of these applications, we develop a novel approach for estimating empirical HIV program production functions. Our study provides insights into the important question of resource allocation for a country’s optimal response to its HIV epidemic and provides a practical approach for decision makers. Better decisions about allocating limited HIV resources can improve response to the epidemic and increase access to HIV prevention and treatment services for millions of people worldwide.

**Keywords**: HIV; Diseases; Prevention & Treatment

What could be anything ‘Rosy’ about Leprosy? For many centuries, humanity suffered from this dreaded disease leading to stigma, discrimination, suffering, disability, poverty, and eventually alienated individuals from society to die a slow death. However, on the parallel front many developments took place especially during the last century that created a favorable and sustainable environment in lowering the burden of leprosy and afflicted consequences across the world. With the successful introduction of multidrug treatment (MDT) in 1980s, World Health Organization (WHO) in 1991 gave a global call for eliminating leprosy as a major public health problem by the year 2000. People were skeptical as the progress was slow but well awaited. This was backed up by sound epidemiological knowledge and practices, apparent lack of extra-human disease reservoir, availability of free MDT, no evidence of drug resistance, simplified information system (SIS) through integrated health service approach, interagency coordination, and a high affirmation.

**Keywords:** Leprosy; Leprosy elimination; WHO; Diseases


A descriptive study was designed based on secondary data of Kolkata Municipal Corporation (KMC). To estimate present status and trend of Malaria in KMC area; to determine time, place, person distribution of Malaria; to identify high-risk areas to mitigate future outbreak, and to recommend control strategies of Malaria. Three different sets of data were analyzed and the final estimate was obtained from the address confirmed database. All the wards were high risk in boroughs 4 and 5. The Annual Blood Examination Rate (ABER) of KMC area declined to 5.29%. The falciparum percentage (Pf%) of KMC area was 8.91% in 2011. The ABER of Borough 14 was 1 but the Pf% was 14.6. "Sen Factor" may be calculated to plan the activities among the wards when the resources are limited. The ABER of Kolkata needs to be improved and Insecticide Treated Nets/ Long Lasting Insecticidal Nets must be considered to control the situation in addition to other regular vector-control measures and Behavior Change Communication activities. Cumulated ABER can be calculated for urban area to get an estimate of fever cases.

**Keywords:** Malaria; Municipal corporation; West Bengal; Diseases

It is hypothesized that exposure to transportation noise is associated with an increased risk of cardiovascular disease among adult population. The present study further explores this association in the light of new findings. The objective of this study was to perform a meta-analysis of studies reported during the last 3 decades on the association of transportation noise exposure with cardiovascular disease endpoints among adult population in cross-sectional studies. Relative risks were pooled from 12 studies by using an inverse-variance weighted fixed-effects model. The cardiovascular health outcomes included ischemic heart disease, myocardial infarction, angina pectoris, electrocardiogram-ischemia and cardiovascular medication. The pooled risk estimate (95% confidence interval) of 1.04 (0.96-1.12), shows a positive but no significant association. The sensitivity analysis, conducted by excluding studies one by one, resulted in a positive and significant risk estimate. Contrary to the earlier meta-analysis, this study observed heterogeneity among subgroups and produced significant positive results to show that there exists an association between air traffic noise exposure and cardiovascular disease. It was also observed that the risk of cardiovascular disease due to exposure to transportation noise has increase to significant levels over the last 30 years. It can be concluded that though the association between transportation noise exposure and cardiovascular disease is evident, but not at a significant level. This study although provides evidence that air traffic noise is a serious cause of concern.

**Keywords:** cardiovascular disease; Transportation; Pollution; Heart disease


Coronary heart disease is multi-factorial in origin and its burden is expected to rise in developing countries, including India. Evidence suggests that the inflammation caused by infection is associated with the development of atherosclerosis and heart disease. An increasing number of clinical and experimental studies point to a contribution of
various infectious organisms to the development of atherosclerosis in humans. Acute myocardial infarction (AMI) is associated with atherosclerosis. The objective of the following study is to study the association between *Helicobacter pylori, Chlamydia pneumoniae* and C-reactive protein (CRP) with AMI. This group-matched case-control study was carried out in Government Medical College, Nagpur, Maharashtra, India. The study compared the risk of occurrence of AMI (outcome) if subjects were ever-infected with *H. pylori* or *C. pneumoniae*; and their CRP positivity (exposure). Incident cases of myocardial infarctions in a tertiary care hospital were included as cases. The study recruited 265 cases and 265 controls and detected an odds ratio (OR) of 2.50 (95% confidence interval [CI]: 1.69-3.70) and an OR of 2.50 (95% CI: 1.71-3.65) for *C. pneumoniae* and *H. pylori*, respectively. Raised CRP levels had an OR of 3.85 (95% CI: 2.54-5.87). Although our study indicates the role of infections in the etiology of AMI in study population, the relative public health impact of these agents in the overall prevalence of AMI needs urgent research attention.

**Keywords:** Acute myocardial infarction; Infection


National iodine deficiency disorders control program needs to be continuously monitored. Hence, a cross-sectional study was conducted during the period from April-May 2011 to assess the prevalence of goiter, status of urinary iodine excretion (UIE) level and to estimate iodine content of salts at the household level in Darjeeling district, West Bengal. Study subjects were 2400 school children, aged 8-10 years selected through "30 cluster" sampling methodology. Goiter was assessed by standard palpation technique, UIE was estimated by wet digestion method and salt samples were tested by spot iodine testing kit. Overall goiter prevalence rate was 8.7% (95% confidence intervals = 7.6-9.8) and goiter prevalence was significantly different with respect to gender. Median UIE level was 15.6 mcg/dL (normal range: 10-20 mcg/dL). About 92.6% of the salt samples tested had adequate iodine content of ≥15 ppm. Findings of the present study indicate that the district is in a transition phase from iodine-deficiency to iodine sufficiency.

**Keywords:** Goiter prevalence; salt iodization

In this study, we aimed to investigate the construction of identity representations by primary health care patients with type 2 diabetes mellitus and their relationship to the required self-care actions. A free word association technique required clients from a basic health unit (*N* = 34) to suggest a word or expression and justify it in response to the question, “When talking about being a diabetic, what comes to your mind?” We performed, transcribed, and categorized the recordings, then interpreted them according to thematic content analysis, social representation, and social identity theories. Intentions mediated by identity processes—social comparison, social attribution, and categorization within the studied group—and also by objectification and anchoring, provided the following social constructions: normal, accepting of the disease, feeling unaccepting, and experiencing difficulties. The disease might alter patients’ identity representation within a context permeated by individuals’ subjective sense.

**Keywords:** Diabetes; Public health


Onychomycosis (fungal nail infection) is caused by three groups of fungal pathogens namely dermatophyte molds (DM), non-DM (NDM) and yeasts. It is primarily a cosmetic problem but may induce impact on quality of life. Clinically it is characterized by five morphologically distinctive types; distal lateral subungual onychomycosis (DLSO), superficial white onychomycosis (SWO), proximal subungual onychomycosis (PSO), and endothrix onychomycosis. It is difficult to detect the fungal agent responsible for a particular type of onychomycosis by clinical features alone. Mycological methods like direct demonstration of fungal agents by potassium hydroxide mount or nail plate histopathology with Periodic acid Schiff (PAS) staining are sensitive methods for the detection of pathogens. Fungal culture alone is commonly used as a standard for the detection of etiological agent. Molecular biological techniques are currently used only in research laboratories or epidemiological purposes. Therapy is generally not satisfactory. Both topical and systemic agents are used in the therapy. Topical Ciclopirix and Amorolfine are found to be effective but only in early
and limited disease. Terbinafine and Itraconazole seems to be the best drugs for the systemic therapy. Clinical cure rates are generally lower than the mycological cure rates.

**Keywords:** Fungal nail disease; Onychomycosis

[http://www.amhsjournal.org/article.asp?issn=2321-4848;year=2014;volume=2;issue=1;spage=48;epage=53;aulast=Shenoy]


The desire to be tan is a phenomenon that public health researchers have investigated, as exposure to UV radiation increases the chances of developing skin cancer. Media messages in women’s magazines have been shown to contribute to this problem. Much less is known about the prevalence of skin cancer prevention messages in these magazines. This study's aim was to identify the number and type of articles and advertised products devoted to skin health (sun protection and skin cancer prevention in particular) within five popular U.S. greater than women's health and fitness magazines. We analyzed articles and advertisements over seven months of issues of the following popular women’s health and fitness magazines: *Fitness, Health, Self, Shape, and Women's Health*, March 2013 through September 2013. Overall, 31 issues of the five magazines with a total of 780 articles and 1,986 advertisements were analyzed. Of the 780 articles, a mere 2.9% (n=23) were devoted to skin. Of the 258 skin product advertisements, less than 20% of the products contained sun protection factor (SPF). These findings suggest that women’s health and fitness magazines can improve their efforts in informing women of skin cancer risks and preventive measures to minimize these risks. The role of these magazines in building health literacy among their readers is also discussed.

**Keywords:** Cancer- skin; Women’s health; USA

The elderly are one of the most vulnerable and high risk groups in terms of health status in any society. Nutrition is an important determinant of health in persons over the age of 60 years. Malnutrition in the elderly is often under diagnosed and neglected. Careful nutritional assessment is necessary for both the successful diagnosis and development of comprehensive treatment plans for malnutrition in this population. “You do not heal old age. You protect it; you promote it; you extend it” Evaluation of nutritional status and chronic morbidity status are important for any health action plan. To estimate the nutritional status and prevalence of non communicable diseases among the rural elderly. A community based Cross sectional study conducted during the period of December 2011 to June 2012. Persons aged 60 and above years and willing to participate into the study. Random sampling design was used; twenty three elderly were selected randomly from each of the selected villages. In final analysis a total of 571 individuals included for this study. Data was analysed by Chi squire and Z tests, at 95% confidence interval; p value less than 0.05(p<0.05) was consider for significant. Out of the 571 elderly persons 297 (52.1%) were males and 274(47.9%) were females. Mean age for the entire study population was 69.8 +7.8 years. The mean weight of the studied elderly persons was 46.2+10.1 Kgs. Nearly half of the elderly 236 (41.3%) were undernourished (BMI<18.5), 297 (52.0%) were in normal nutrition or overweight 38 (6.6%). Majority of the elderly people were suffered with one or more chronic diseases. Mainly visual defects 400 (70.0%) followed by musculoskeletal system disorders 197 (34.5%), anaemia 122 (21.3%) and hearing defects 118 (20.8%). This study will be important tool to plan the health actions. Geriatric nutritional centres as to be establish in the rural areas like that of ICDS to provide the adequate nutrition to the elderly. Old age pension scheme has to implement in all the states especially in the rural area for the elderly people to make them financially independent and it should be revised frequently based on consumer price index.

Key words: Elderly, Nutritional status, Chronic diseases, Geriatric population, Tamilnadu

Tuberculosis is a barrier to socio-economic development. One third of the global population is estimated to be infected with TB bacillus. RNTCP was started in Chhattisgarh in selected districts in 15/08/2002 and extended to entire state by 15/08/2004. The DOT providers are the link person between TB Health Visitor/Health worker and patients. Their performance determines the outcome of TB cases. Proper implementation of RNTCP programme at operational level and successful treatment of TB patients mainly depends upon the updated knowledge level of the DOT provider. With this background, this study was planned to assess the updated knowledge level of DOT providers about TB and RNTCP. A cross sectional observational community based study was conducted using simple random sampling in all 33 Designated Microscopic Centres (DMC’s) of Raipur district from November 2011 to October 2012. During the study, 136 DOT providers were included and predesigned and pretested proforma was used as a study tool. The obtained data were analyzed using appropriate statistical test. In the present study, majority (83.8%) of the DOT providers were female and 50% were aged between 30-40 years. The modular training was received by only 9.6% of DOT providers. Majority (55.15%) of DOT providers had average knowledge score. Knowledge score of DOT Providers was significantly associated with age, sex and job duration of DOT Providers. Majority of the DOT providers were having average knowledge regarding TB and RNTCP in the current study. There is a need to ensure the 100% coverage of modular training and time to time refresher training. Supportive supervision should be carried out at regular interval to keep the knowledge of DOT providers updated. Hence knowledge can be mobilized as appropriate practices.

**Key words:** DOT provider; Knowledge; Raipur; RNTCP; TB


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Diabetes mellitus, caused by the malfunction of insulin – dependent glucose and lipid metabolism, presents with the classic triad of symptoms: Polydipsia, polyuria, and polyphagia. Complications include retinopathy, nephropathy, neuropathy, and cardiovascular disease. Periodontal diseases are infections affecting the periodontium and resulting in the loss of tooth support. There exists a bidirectional relationship between diabetes and periodontal disease as well as its complications. This article reviews the pathophysiology, the possible mechanisms that increase the severity of periodontal disease in diabetes and the periodontal management of diabetic patients.

**Key Words:** Advanced glycation end products, diabetes mellitus, periodontitis

http://www.ijournalhs.org/temp/indianjhealthsci716-3887944_010447.pdf

**3. DRUGS AND DRUGS ABUSE**

**27. The Influences of Health Beliefs and Identity on Adolescent Marijuana and Tobacco Co-Use.** Rebecca J. Haines-Saah, Barbara Moffat, Emily K. Jenkins, Joy L. Johnson. *Qual Health Res. vol. 24 no. 7, July 2014; 946-956.*

Among youth, the co-use of marijuana and tobacco is highly prevalent, yet a considerable gap remains in the drug-prevention literature pertaining to such co-use. In particular, the prevention field lacks research exploring how adolescents understand the health implications of smoking these two substances in combination. In this article, we draw on qualitative interviews with adolescents from three communities in British Columbia, Canada, and describe the health beliefs and social identities that they associated with smoking marijuana and tobacco. We argue that smoking prevention and cessation initiatives targeting adolescents must address both marijuana and tobacco. Such initiatives must also be designed to identify and address how adolescents frame the potential health harms associated with smoking these substances.

**Keywords:** Tobacco; Drugs; Adolescent
The Right of Children to Free and Compulsory Education Act, 2009 promises free and compulsory education to all children in the age group of 6-14 years. But the way this critical entitlement is being implemented leaves much to be desired. Apart from there being glaring gaps in the provisions of the Act, its implementation challenges have plagued the Sarva Shiksha Abhiyan, the programme that is aimed at ushering in quality elementary education for all. The problems are many, and this paper observes that most of them can be connected to inadequate funds. It concludes that the best way of ensuring that the Act's aims are fulfilled is to bring in a common school system based on neighborhood schools that replaces the bewildering variety of indifferent institutions we now have.

**Keywords:** Education-elementary; India

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Scholarly debates on the right to education in India have primarily focused on examining the content of the right while paying little attention to the institutions enforcing it. A study of the rules under the Right to Education Act in Karnataka shows that there are a multitude of authorities which perform grievance redress functions with overlapping jurisdictions. The rules create a parallel, informal grievance redress system that primarily comprises officials against whom grievances may arise.

**Keywords:** Right to Education; RTE; Karnataka

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Discussions on the challenges that face the Indian higher education scenario inevitably focus on the issues of access, equity, and excellence within the constraints posed by our demography (see, for example, the compilation in UGC 2011). The large and very heterogeneous numbers of potential students that need to be addressed, and the range of skills that need to be imparted are practically and logistically overwhelming, given the state of the infrastructure available, the funding that is given to the higher education sector at this time, and the linguistic and social diversity of our population. However, the reality is that a way forward needs to be found, and a recent book by William Bowen (2013) highlights some of the more important points that need to be considered in charting a future course of action.

**Keywords:** Education-higher; India: ICT

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Though the importance of psychological factors in maintenance of health, as well as etiology and prognosis of diseases have been recognized in ancient medicine by discerning and thoughtful clinicians in all ages, for the large majority of the practitioners such a perception has not been there. A cross-sectional, organ-based, and symptom-centered clinical approach was largely prevalent in day-to-day medicine. Medical training also followed more or less the same path. The positive psychological and behavioral qualities needed in the physician are left to the individual student to develop on his own during studies or to the physician afterwards. Some do, many do not. The importance of communication, doctor-patient relationship, empathy and psychological sensitivity in the making of a physician started getting identified in advanced medical universities in western countries by the middle of the last century. Since then behavioral science and medical humanities have been incorporated as important modules in the graduate medical training curriculum not only in advanced western medical universities, but also in good universities elsewhere. The situation in India, till now has been quite unsatisfactory. The undergraduate medical students had only 2 weeks of clinical posting and few hours of lectures, allotted for psychiatry: Even these were not actually carried out in many institutions properly. Responding to repeated representations from mental health experts in the country and abroad, medical
universities and educationists, the Medical Council of India in 2012 has made 2 weeks of Residential Internship in Psychiatry (CRRI) mandatory, and also recommended incorporation of medical humanities in the MBBS curriculum. The paper presents a brief outline of how a Clinical Behavioral Sciences Training Program incorporating medical humanities can be developed and carried out as a mainstream component for the undergraduate medical training in the country. The author points out that, if medical administrators and medical teachers take it up in right earnest, it would be the most significant contribution to humanize medical education in the country—which is precisely the need of the hour in the field.

**Keywords:** Medical education; Humanization

http://www.amhsjournal.org/article.asp?issn=2321-4848;year=2014;volume=2;issue=1;spage=96;epage=99;aulast=Kumar

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In today’s dynamic health systems, technology plays an important role in education and nursing work. So it seems necessary to study the role of nurses and highlight the need for appropriate information technology educational programs to integrate with the ever-increasing pace of technology. A review accompanied by an extensive literature search in databases and a library search focused on the keywords were used. The criteria used for selecting studies primarily focused on nursing informatics and the importance of expertise in the effective use of information technology in all aspects of the nursing profession. In a critical assessment of emerging technologies, the key elements of nursing informatics implementation were considered as healthcare promotion, advanced systems, internet and network. In view of the nature and the development of the information age, it is required to receive necessary IT training for all categories of nurses. Due to the fast development of technology, in order to effectively take advantage of information technology in nursing outcome and quality of health care and to empower nurses; educational arrangement is recommended to set short-term and long-term specialized courses focusing on four target groups: studying, working, graduate,
senior undergraduate, and graduate doctoral. The result of this study is expected to assist educational providers with program development.

**Keywords:** Health care; Nursing; Health care quality


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**6. FOOD AND NUTRITION**


The concern for vitamin D estimation has increased tremendously in India despite the fact that it is located between 8.4° and 37.6° north latitude with the majority of its population living in regions experiencing ample sunlight throughout the year. This trend is proportionate to the published data in the last 8 years regarding prevalence of vitamin D deficiency (VDD) status in the Indian subcontinent. As per the report of International Osteoporosis Foundation, in North India, 96% of neonates, 91% of healthy school girls, 78% of healthy hospital staff, and 84% of pregnant women were found to have hypovitaminosis D. On the other hand, prevalence of vitamin D deficiency in southern India was estimated to be 40% among males and 70% among females. There was also a significant rural urban variation in the vitamin D deficiency status that was attributed to the diversity of occupation which the people were involved in.

http://www.ijhas.in/article.asp?issn=2278-344X;year=2014;volume=3;issue=2;spage=77;epage=78;aulast=Vishwanath

**Keywords:** Vitamin D; Vitamin Deficiency; India

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**7. HEALTH ECONOMICS**

Sustainability of public social welfare programmes has long been of concern in development circles. An important aspect of sustainability is the ability to sustain the recurrent financial costs of programmes. A free maternal care programme (FMCP) was launched under the Ghana National Health Insurance Scheme (NHIS) in 2008 with a start-up grant from the British Government. This article examines claims expenditure under the programme and the implications for the financial sustainability of the programme, and the lessons for donor and public financing of social welfare programmes. Records of reimbursement claims for services and medicines by women benefitting from the policy in participating facilities in one sub-metropolis in Ghana were analysed to gain an understanding of the expenditure on this programme at facility level. National level financial inflow and outflow (expenditure) data of the NHIS, related to implementation of this policy for 2008 and 2009, were reviewed to put the facility-based data in the national perspective. A total of US$936 450.94 was spent in 2009 by the scheme on FMCP in the sub-metropolis. The NHIS expenditure on the programme for the entire country in 2009 was US$49.25 million, exceeding the British grant of US$10.00 million given for that year. Subsequently, the programme has been entirely financed by the National Health Insurance Fund. The rapidly increasing, recurrent demands on this fund from the maternal delivery exemption programme—without a commensurate growth on the amounts generated annually—is an increasing threat to the sustainability of the fund. Provision of donor start-up funding for programmes with high recurrent expenditures, under the expectation that government will take over and sustain the programme, must be accompanied by clear long-term analysis and planning as to how government will sustain the programme.

**Key words**: Maternal health care; National Health Insurance; exemptions; financial sustainability; Ghana

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In Chile, workers are mandated to choose either public or private health insurance coverage. Although private insurance premiums depend on health risk, public insurance premiums are solely linked to income. This structure implies that individuals with higher health risks may tend to avoid private insurance, leaving the public insurance system responsible for their care. This article attempts to explore the determinants of health insurance selection (private vs public) by individuals in Chile and to test empirically whether adverse selection indeed exists. We use
panel data from Chile’s ‘Encuesta de Proteccion Social’ survey, which allows us to control for a rich set of individual observed and unobserved characteristics using both a cross-sectional analysis and fixed-effect methods. Results suggest that age, sex, job type, income quintile and self-reported health are the most important factors in explaining the type of insurance selected by individuals. Asymmetry in insurance mobility caused by restrictions on pre-existing conditions may explain why specific illnesses have an unambiguous relationship with insurance selection. Empirical evidence tends to indicate that some sorting by health risk and income levels takes place in Chile. In addition, by covering a less healthy population with higher utilization of general health consultations, the public insurance system may be incurring disproportionate expenses. Results suggest that if decreasing segmentation and unequal access to health services are important policy objectives, special emphasis should be placed on asymmetries in the premium structure and inter-system mobility within the health care system. Preliminary analysis of the impact of the ‘Garantias Explicitas de Salud’ plan (explicit guarantees on health care plan) on insurance selection is also considered.

**Keywords:** Health insurance ;adverse selection; public/private

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Yemen is a low-middle-income country where more than half of the population live in rural areas and lack access to the most basic health care. At US$40 per capita, Yemen's annual total health expenditure (THE) is among the lowest worldwide. This study analyses the preconditions and options for implementing basic social health protection in Yemen. It reveals a four-tiered healthcare system characterised by high geographic and financial access barriers mainly for the poor. Out-of-pocket payments constitute 55% of THE, and cost-sharing exemption schemes are not well organised. Resource-allocation practices are inequitable because about 30% of THE gets spent on treatment abroad for a small number of patients, mainly from better-off families. Against the background of a lack of social health protection, a series of small-scale and often informal solidarity schemes have developed, and a number of public and private companies have set up health benefit schemes for their employees. Employment-based schemes usually provide reasonable health care at an average annual cost of YR44 000 (US$200) per employee. In contrast, civil servants contribute to a mandatory health-insurance scheme without receiving any additional health benefits in return. A number of options for initiating a pathway towards a universal health-insurance system are discussed.

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The study evaluates the performance of the scheme—Rashtriya Swasthaya Bima Yojana—in different districts of Uttar Pradesh using Data Envelopment Analysis. Additionally, the slack-based forecasting was used to find out how much excess of amount of inputs they are consuming and how much they are lagging behind to use outputs. The study will be helpful for the policymakers (in this case Ministry of Labour and Employment and GIZ) to further improve the scheme. The study and the findings if adopted may help in improving the scheme and which will definitely help the masses, mainly Below Poverty Line (BPL) people for whom the scheme was framed.

**Keywords:** Rashtriya Swasthya Bima Yojana; Health policy;

8. HOSPITAL ADMINISTRATION/MANAGEMENT

38. Assessment of Effect of Leadership Behaviour Perceptions and Organizational Commitment of Hospital Employees on Job Satisfaction with Structural Equation Modelling. İsmet Şahin, Cagdas Erkan Akyürek, Şenol Yavuz. *Journal of Health Management* vol. 16 no. 2, June 2014; 161-182

The purpose of this study was to establish a comprehensive causal model for leadership behaviour, organizational commitment and job satisfaction and to examine it with empirical data in the hospital employees. Structural equation model (SEM) was used to test the validity of constructs of leadership behaviour, organizational commitment and job satisfaction as well as to examine the causal relationship among them. The model was evaluated using data obtained from randomly selected 343 employees from Hacettepe University Adult Hospital in Ankara. The results showed that the measurement model for job satisfaction was a valid reliable model. In testing structural relationships, the results
showed that leadership practices directly affect (r = 0.76) job satisfaction and indirectly affect (r = 0.095) it through organizational commitment. The results also showed that organizational commitment directly affects (r = 0.223) job satisfaction.

**Keywords:** Leadership; Job satisfaction;

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This review paper aims to identify and discuss the dominant themes surrounding the governance initiatives in the context of medical markets relying on the two most common search strategies, namely the keyword search technique and the ancestry approach. In an in-depth examination of the recently published research in the field we uncover an emergent decoupling between the governance initiatives formulated at the macro- and micro-levels in today's institutions of healthcare provision. The macro-level initiatives are associated with clinical governance infrastructures directed towards the attainment of medical performance targets, whereas the micro-level endeavors refer to relational governance mechanisms for overseeing the relationship between the patient and the physician. Acknowledging the importance of monitoring micro-level interactions that may contribute to the achievement of macro-level objectives, a more comprehensive integration of relational governance devices under the broader system of clinical governance is advocated in this paper with the purpose of enhancing the effectiveness of healthcare organizations.

**Keywords:** Health care organizations; Clinical Governance

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40. The Influence of Organizational Culture on Job Satisfaction of Administrative Employees at a Public Hospital. The Case of General Hospital of Larissa. Bourntenas Dimitrios, Catherine Kastanioti, Tsouri Maria, Niakas Dimitris. *Journal of Health Management vol. 16 no. 2, June 2014; 217-231*

The case study aims in outlining the organizational culture that exists at a General Hospital of Larissa in Greece, measuring the satisfaction which the administrative employees of the hospital acquire through their job and correlating these two variables. The total population of the survey was the 100 administrative employees that work in General Hospital of Larissa. The survey was conducted during May and June 2013. The research tools used were the
questionnaires developed by Cameron and Quinn (1999) and Spector (1994). Regarding the organizational culture, the survey revealed that the dominant culture in a General Hospital of Larisa is the culture of Hierarchy, while the desired culture differs from the derailing one. On the other hand, the participants appear to have low levels of job satisfaction, mainly regarding their satisfaction by their rewards. Finally, the study proved statistically that the organizational culture of General Hospital of Larissa does not seriously influences the job satisfaction of the administrative employees of the hospital.

**Keywords:** Public hospitals; job satisfaction; Hospital administration


The scope of this study is to evaluate the level of patient satisfaction and to propose the solutions on how to increase the levels of satisfaction by using multicriteria analysis. A multicriteria user satisfaction analysis was used in order to measure the satisfaction and to elucidate the weak and strong points of satisfaction. The results of the questionnaire revealed that the average level of complete satisfaction is low (73.4) indicating that the citizens are somehow satisfied regarding the emergency department. Furthermore, the patients attributed great importance to the criteria of ‘processes involved in patient services’ and ‘courtesy, friendliness and professional attitude of the nurses’ in order to feel satisfied. The improvement diagram depicts that the first priority for the management committee of the hospital in order to enhance the level of satisfaction is to improve the service processes. It is obvious that the added values of the methodology are the action and improvement diagrams. By using these diagrams the management committee of the hospital can draw the future plans for improving the services of the emergency department.

**Keywords:** Patients satisfaction; Emergency; Hospital management

42. A Study of Organizational Values in Government Run Primary Health Centres in India. Bhaskar Purohit, Dharmen Patel, Surabhi Purohit. *Journal of Health Management* vol. 16 no. 2, June 2014 ; 303-313

Organizational Culture (OC) (with focus on core organizational values) has been a much neglected area for research in Government Health sector in India. The present study aimed at assessing the OC with the sole focus on the organizational values at the Government run Primary Health Centres (PHCs) in India. The study participants included 124 healthcare providers and other health staff from 24 government run PHCs in India. Instrument called OCTAPACE
(Openness, Confrontation, Trust, Authenticity, Proactivity, Autonomy, Confrontation and Experimentation) was used for data collection. It consists of 40 items that measured eight different organizational values: Openness; Confrontation; Trust; Authenticity; Proactivity; Autonomy; Confrontation and Experimentation. The assessment of organizational values was based on ratings provided by respondents on the 40 items. The study results indicate that Openness was the most important perceived organizational value followed by Confrontation and Trust while Autonomy and Collaboration were the least appreciated and practiced values. The study found statistically significant higher mean scores for the values of Authenticity and Collaboration for the group having more work experience. In addition, the study results also show statistically significant higher mean scores for Openness, Confrontation, Trust, Authenticity, Proactivity and Experimentation values for paramedical and other staff in comparison to mean scores of Medical officers. More research is needed in the area of OC with focus on values. The overall culture in PHCs can be further improved by encouraging free sharing of ideas and expression of feelings and thoughts. More importantly, employees of health centres should be given more autonomy and freedom to take decisions in their work to improve the OC.

**Keywords:** Primary health centres; Govt. hospitals

9. **KAP Surveys**

43. **Awareness, practices, and prevalence of hypertension among rural Nigerian women.**


High blood pressure is on the rise globally, affecting more women than men in many developing countries. It is the leading cause of mortality worldwide, and hospitalization in sub-Saharan Africa. Many known risk factors to hypertension, though prevalent in Nigeria, are controllable. Prevention, however, is difficult where there is poor awareness, attitude, and practices. The study aims at determining the level of knowledge of hypertension and its associated factors, attitudes, practices, and prevalence among rural Nigerian women. Cross-sectional design was used to study 252 subjects in Sanga Local Government Area. Subject selection was by purposive and stratified sampling techniques. Data were collected using self-administered, semi-structured questionnaire after informed consents were obtained both verbally and in writing. Data were analyzed using SPSS statistical package. Level of significant was taken at 0.05. Prevalence of hypertension was 24.2%. Average level of risk factor awareness was 65.4% with excessive salt intake (77.4%) being the
most recognized. Asymptomatic nature of hypertension was recognized by 61.5% of the respondents, while 44.4% only knew the standard method for hypertension detection. While 17.5% strongly believed that hypertension can be managed effectively with drugs, it was only 9.1% that strongly disagreed that it could be caused by evil spirits. The average number of those with good preventive life style practices was 61.3%. Knowledge was associated with several factors and seems to affect practices ($P < 0.05$). Fair but inadequate level of knowledge and attitudes affected by several factors, as well as moderately high prevalence was recorded.

**Keywords:** Awareness, hypertension, practice, prevalence, women

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Clinical Governance (CG) program has been raised in Iran in order to improve the quality of clinical care. The purpose of this study is to investigate the awareness of clinical governance program among clinical staff working in selected teaching hospitals in Tehran, Iran. To investigate the CG awareness, a cross-sectional survey was conducted among 345 clinical staff working in 20 selected public hospitals in Tehran. Data were gathered using the standardized clinical governance awareness questionnaire. Descriptive statistics were used to analyze the data. The results showed that the level of staff awareness about the concept of CG was low. They perceived continuous quality improvement, responsibility, medical errors reduction and patient safety as the main concepts of the CG framework. Reaching agreement of standards concepts among staff and positive changes in attitudes were considered as two most observed changes. The main perceived barriers to the implementation of clinical governance included lack of proper management and leadership, lack of full support, inappropriate organizational culture, lack of knowledge, poor communication system and insufficient training. The concepts and goals of clinical governance have not been effectively conveyed to the staff and despite its implementation in the hospitals, there has been low clinical governance awareness among the staff. Clinical Governance must be implemented through comprehensive management support and participation of all staff and health professionals at both hospital and policy making level.

Cardiac arrest or respiratory arrest is the most common emergency which results in grave consequences and mortality and can be easily prevented by simple maneuvers and skills with the knowledge of basic life support (BLS), thus ensuring the survival of the patient. This study aims to assess the awareness of BLS and cardiopulmonary resuscitation (CPR) among the medical, dental, and nursing students. To assess the awareness of BLS among medical, dental, and nursing undergraduate students. The study was carried out on undergraduate students randomly chosen from medical college, dental college, and nursing institute using response to a structured questionnaire. A cross-sectional study was conducted in Mysore during April-May 2012 among medical, dental, and nursing student. A questionnaire was given interrogating them regarding various aspects of awareness and skills involved in BLS. The results were analyzed using an answer key employing appropriate statistical tools. The data was analyzed using software version Statistical Package for Social Sciences (SPSS) 12.0. Demographic data were analyzed using analysis of variance. Unpaired t-test and Chi-square tests were used where appropriate. Sample size of 500 was determined. Standard tests of significance were applied to determine the \( P < 0.05 \) was considered significant. More than half of the medical students had fair knowledge of the basics in BLS. Poorer number of students had a general idea about the skills and techniques used in BLS. Response during an emergency real life situation was disappointingly low among the respondents and it was found that the students considerably lagged behind in the knowledge of cognitive and practical skills of BLS. We conclude that awareness regarding BLS among the study groups was varied and was generally poor, which calls for standardizing training in BLS and making it a mandatory part of all medical and paramedical teaching program.

Emergency contraception is contraception administered after unprotected sexual intercourse. However, despite increased access to emergency contraception over the past several years, many barriers still exist in regard to allowing emergency contraception to be widely available to women wishing to prevent unplanned pregnancies. The aim of the present study is to determine the knowledge, ever use and attitudes towards emergency contraception among the medical students in Visakhapatnam and compare the same between first MBBS and final MBBS female students. To know the socio-demographic profile of study population. To know the knowledge and attitude towards emergency contraception among female medical students. A cross-sectional study conducted in 150 final MBBS and 100 first MBBS female students. The students were administered a pre-tested questionnaire and the results were analysed with the help of personal computer. A total of 250 female MBBS students [150 final year and 100 first year] have participated in the study. More than 50% of students belonged to upper middle class with parents having education Graduation and above. Among final MBBS students, 95.3% had good knowledge on contraception compared to 79% of first MBBS students. In final MBBS students, 98% heard about Emergency contraception and 68% had good knowledge whereas in first MBBS students only 37% were ever heard with 6% knowledge and is found to be statistically significant. None of the students had ever used emergency contraception. Awareness on emergency contraception among final MBBS students was good when compared to first MBBS students.

**Key words:** Attitude; Emergency Contraception; Knowledge; Practices; Sociodemographic profile

47. **Knowledge of reproductive health among adolescent school girls of Jammu District.**


Adolescence is the period in which foundations can be laid for a long and healthy life. It is a prime time for health promotion and for establishment of healthy behavior that will influence health in later years. It has been seen that adolescents have negative attitude towards balanced diet and are not aware of nutritional requirement, personal
hygiene, menstrual hygiene, etc. These years have been recognized as a special period in the life cycle of adolescent girls as it requires specific and special attention. This transition phase makes them vulnerable to a number of problems, for example, psychosocial problems, general and reproductive health problems, and sexuality related problems. Hence the present study was conducted to assess the knowledge of adolescent girls regarding reproductive health. The study was conducted in government schools of Jammu city through predesigned multiple choice questionnaires. The knowledge test included questions relating to reproductive system, menstruation/menarche/pubertal changes, teenage pregnancy, unsafe abortion, RTIs, STDs and HIV/AIDS. The areas where they scored low were identification of reproductive health, knowledge about menstruation, RTIs, STDs and HIV/AIDS. The mean score revealed that the girls had just average knowledge about Reproductive Health. This is a matter of great concern. Thus Reproductive health problems should be discussed among adolescents, especially for girls through health clubs, seminars, lectures, counseling and intervention programmes at school level.

**Key words:** Knowledge, Adolescent Girls, Reproductive Health, Abortion, Pregnancy


Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood and crucial during adolescence adulthood, sets and stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. To know the extent of awareness of reproductive health among Kurmi adolescent girls aged 16-19 years from Raipur City, Chhattisgarh. A School based Study was conducted in various schools of Raipur city through predesigned multiple choice questionnaires. The study revealed that majority of the girls scored well in the knowledge of safe sexual relation, right age of child bearing, mode of pregnancy preventions. The areas where girls scored low were meaning of Reproductive health, prior knowledge of menstruation, fertile period, contraception, symptoms and transmission of
AIDS, RTIs and knowledge of STDs other than AIDS/HIV was poor. Attitude towards Sex education were positive and pre marital sexual relation were disagreed by majority of the girls. To conclude poor knowledge in girls about Reproductive Health was a serious concern as found in the present study. Therefore Health education should be incorporated in the curriculum which should be given through teaching, interpersonal communication, television, health camps and specialist.

**Key words:** Adolescent; Contraceptives; Pregnancy; Reproductive health; Sex education


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10. **Public health**


Migration is an integral part of population dynamics. According to the National Sample Survey 2007-08, the number of migrant households per 1000 households in India was 33 in urban areas. Two-thirds of the households migrated for employment-related reasons. Another 21% of the households migrated for study purposes. Other reasons for migration of households include forced migration (natural disaster, social/political problem, and displacement by development projects), acquisition of own flat/house, housing problems, health care, postretirement, marriage, and so on. Migrant population, being a non-native population, is vulnerable and is exposed to many health problems. Most of the health problems of migrants are ascribed to their migration to urban areas, decreased awareness about local health facility, inability to cope with psychological stress, unhealthy sexual practices, and frequent migration. Other factors are: food insecurity, climate, and other environmental hazards. Stress among migrants arises from displacement, insertion into new areas, and reinsertion into the former environment. Poor working condition, poor living condition, lack of job security, meagre salary, inability to fulfil their own needs, exploitation by contractors are the other factors which also contribute to stress. Many of them resort to drinking habits, further having negative impact on their health. Alcohol intake also leads to mental problems and domestic violence. Despite the fact that they are the ones
who need the health services most, they are unable to utilize the available health services. Most of them rely on unqualified medical practitioners and spend huge proportion of their earnings in seeking health care services. Migration is an integral part of population dynamics. According to the National Sample Survey 2007-08, the number of migrant households per 1000 households in India was 33 in urban areas. Two-thirds of the households migrated for employment-related reasons. Another 21% of the households migrated for study purposes. Other reasons for migration of households include forced migration (natural disaster, social/political problem, and displacement by development projects), acquisition of own flat/house, housing problems, health care, postretirement, marriage, and so on. Migrant population, being a non-native population, is vulnerable and is exposed to many health problems. Most of the health problems of migrants are ascribed to their migration to urban areas, decreased awareness about local health facility, inability to cope with psychological stress, unhealthy sexual practices, and frequent migration. Other factors are: food insecurity, climate, and other environmental hazards. Stress among migrants arises from displacement, insertion into new areas, and reinsertion into the former environment. Poor working condition, poor living condition, lack of job security, meagre salary, inability to fulfil their own needs, exploitation by contractors are the other factors which also contribute to stress. Many of them resort to drinking habits, further having negative impact on their health. Alcohol intake also leads to mental problems and domestic violence. Despite the fact that they are the ones who need the health services most, they are unable to utilize the available health services. Most of them rely on unqualified medical practitioners and spend huge proportion of their earnings in seeking health care services.

**Key words:** Public health; Migration; India-urban


Health impact assessment (HIA) involves"a combination of procedures, methods, and tools that systematically judges the potential, sometimes unintended, effects of a policy, plan, program, or project on the health of a population, including the distribution of those effects within the population, and identifies appropriate actions to manage those effects." This article has been written with the objectives to identify the principles and steps of conduction of HIA and also to emphasize the need and future scope of HIA in India. In today's world of
development, there are number of major projects being carried out that have a direct or indirect impact on health. Economic sectors such as agriculture, transport, and housing have a major impact on health. Agriculture being a major occupation in India, HIA can have an important role to play. Pesticides and fertilizers rampantly used to increase the crop yield may need to be used judiciously to protect farmers and consumers from their health hazards. Similarly, transport is a major factor in causing injuries, noise pollution, and air pollution. Rapid urbanization in the country, with the mushrooming of major construction projects, has major impact on health. Mining industry is yet another industry that affects the lives of thousands of individuals directly or indirectly; health impact due to this industry needs to be assessed for safeguarding the interests of numerous individuals. Hence, urgent attention of policy makers stakeholders, and the community is required to reduce this impact.

**Key words: Public health; Health assessment; India**

51. **Health resources in a 200,000 urban Indian population argues the need for a policy on private sector health services.** Kheya Melo Furtado, Anita Kar. *Indian Journal of Community Medicine.* Volume: 39, Issue: 2, 2014; Page: 98-102.

There are limited primary data on the number of urban health care providers in private practice in developing countries like India. These data are needed to construct and test models that measure the efficacy of public stewardship of private sector health services. This study reports the number and characteristics of health resources in a 200,000 urban population in Pune. On health providers were collected by walking through the 15.46 sq km study area. Enumerated data were compared with existing data sources. Mapping was carried out using a Global Positioning System device. Metrics and characteristics of health resources were analyzed using ArcGIS 10.0 and Statistical Package for the Social Sciences, Version 16.0 software. Private sector health facilities constituted the majority (424/426, 99.5%) of health care services. Official data sources were only 39% complete. Doctor to population ratios were 2.8 and 0.03 per 1000 persons respectively in the private and public sector, and the nurse to doctor ratio was 0.24 and 0.71, respectively. There was an uneven distribution of private sector health services across the area (2-118 clinics per square kilometre). Bed strength was forty-fold higher in the private sector. Mandatory registration of private sector health services needs to be implemented which will provide an opportunity for public health planners to utilize these health resources to achieve urban health goals.

**Key words: Health resources; Demography;Population; India-urban**

Medical school can be challenging and poses varied number of stressors to the students. Stress can affect well-being and hamper academic performance. Adaptive coping strategies can protect students against stress. Stress experience and coping may differ across genders. This study aimed to estimate the prevalence of stress, examine gender differences in stress experience and coping in a sample of 94 third year medical students. Consenting students were administered Professional Student Stress Survey and Carver’s Brief COPE. All students reported stress and majority experienced stress to a moderate degree (50.5 per cent). Academic performance and professional identity issues were of greatest concerns. Female students had more academic performance stress. Among coping strategies, support seeking was more in females as shown by the increased use of instrumental support seeking (problem-focused) and emotional support seeking (emotion-focused) in comparison to males. Humour, a positive emotion-focused strategy and self-blame, a maladaptive strategy, were used more by males. The findings point towards the crucial need for stress management programs and coping skills training to help medical students manage stress and enhance positive coping strategies.

Key words: Stress; Students-medical

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Organizational Culture (OC) (with focus on core organizational values) has been a much neglected area for research in Government Health sector in India. The present study aimed at assessing the OC with the sole focus on the organizational values at the Government run Primary Health Centres (PHCs) in India. The study participants included 124 healthcare providers and other health staff from 24 government run PHCs in India. Instrument called OCTAPACE (Openness, Confrontation, Trust, Authenticity, Praoaction, Autonomy, Confrontation and Experimentation) was used for data collection. It consists of 40 items that measured eight different organizational values: Openness; Confrontation; Trust; Authenticity; Praoaction; Autonomy; Confrontation and Experimentation. The assessment of organizational values was based on ratings provided
by respondents on the 40 items. The study results indicate that Openness was the most important perceived organizational value followed by Confrontation and Trust while Autonomy and Collaboration were the least appreciated and practiced values. The study found statistically significant higher mean scores for the values of Authenticity and Collaboration for the group having more work experience. In addition, the study results also show statistically significant higher mean scores for Openness, Confrontation, Trust, Authenticity, Proactiveness and Experimentation values for paramedical and other staff in comparison to mean scores of Medical officers. More research is needed in the area of OC with focus on values. The overall culture in PHCs can be further improved by encouraging free sharing of ideas and expression of feelings and thoughts. More importantly, employees of health centres should be given more autonomy and freedom to take decisions in their work to improve the OC.

**Key words:** Primary health centers; Public health ;India

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53. **Perceptions Among Women With Gestational Diabetes.** Judith Parsons, Khalida Ismail. *Qual Health Res* April 2014 vol. 24 no. 4; 575-585

Women with gestational diabetes are at high risk of developing type 2 diabetes, which could be prevented or delayed by lifestyle modification. Lifestyle interventions need to take into account the specific situation of women with gestational diabetes. We aimed to gain a deeper understanding of women’s experiences of gestational diabetes, their diabetes risk perceptions, and their views on type 2 diabetes prevention, to inform future lifestyle interventions. We conducted a metasynthesis that included 16 qualitative studies and identified 11 themes. Factors that require consideration when developing a type 2 diabetes prevention intervention in this population include addressing the emotional impact of gestational diabetes; providing women with clear and timely information about future diabetes risk; and offering an intervention that fits with women’s multiple roles as caregivers, workers, and patients, and focuses on the health of the whole family.

**Key words:** Gestational Diabetes ; Diabetes; Women; Women health

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54. **Enacting Fall Prevention in Community Outreach Care.** James A. Shaw, Denise M. Connelly, Carol L. McWilliam. *Qual Health Res.* vol. 24 no. 7, July 2014; 901-912.

Despite increased international concern about fall prevention throughout the past 20 years, only limited attention has been paid to the experiences and perspectives of health care providers who deliver fall prevention programs. The purpose of this interpretive phenomenological study was to explore the meaning of the experience of enacting fall prevention, through individual semistructured interviews, among 6 members of an interprofessional geriatric outreach team in Ontario, Canada. Findings suggest that enacting careful practice was essential to the experience of enacting fall prevention, represented by four interrelated phenomenological themes: caring fully for older clients, carefully seeing older clients in their life contexts, enacting therapeutic relationships, and experiential learning in interprofessional teams. We discuss findings in relation to literature on emotional labor, leading to suggestions for the policy and practice of fall prevention.

**Key words:** Fall prevention; Community health; Community care

55. **Muslim Self-exclusion and Public Health Services in Delhi.** Rosina Nasir. *South Asia Research,* Vol. 34 No. 1, February 2014; 65-86

This study is an account, largely based on field research, of how Muslims in Delhi experience the public healthcare sector. It identifies how negative memories of the Indian Emergency and sterilisation campaigns of that time may still get recalled today whenever any untoward incident happens concerning Indian Muslims in relation to public health services. The research seeks to identify to what extent this kind of historical memory translates into perceptions of disadvantage that then gradually initiate a process of self-exclusion, reinforcing a spiral of disadvantage.

**Key words:** Public health; Muslim; Health services

Background: The Indian elderly population is currently the second largest in the world. Mental disorders have got high prevalence and low priority among elderly in most of the countries around the world, of which depression being the most common treatable condition. In India, there is scarcity of research on prevalence and factors influencing depression among elderly from urban poor locality by adopting a geriatric depression scale-15 (GDS-15) scale. Objectives: (1) To find out the prevalence of geriatric depression, (2) to find out the factors associated with depression. Methodology: A cross-sectional study was conducted at urban poor locality of Bengaluru on 100 elderly people by applying GDS-15 Kannada version to assess the prevalence of depression and information regarding the sociodemographic characteristics, financial status, and comorbid conditions were collected. Results: The prevalence of depression assessed by using GDS-15 Kannada version was found to be 36%. Depression was more among 12 (70.6%) from medium standard of living index (SLI) group compared to 24 (28.9%) from high SLI group, which was shown to be statistically significant. Among the elderly with depression, 31 (86.1%) had some medical comorbidities when compared with 33 (51.6%) elderly without depression, which was found to be statistically significant. Conclusions: The current research has shown prevalence of depression according to GDS-15 (Kannada version) as 36% and influenced by SLI, hold on assets, insomnia and comorbidities, which needs to be confirmed by undertaking further studies.

**Key words:** Depression ; Elderly care: Ageing


Problems with the quality of medicines abound in countries where regulatory and legal oversight are weak, where medicines are unaffordable to most, and where the official supply often fails to reach patients. Quality is important to ensure effective treatment, to maintain patient and health-care worker confidence in treatment, and to prevent the development of resistance. In 2001, the WHO established the Prequalification of Medicines Programme in response to the need to select good-quality medicines for UN procurement. Member States of the WHO had requested its assistance in assessing the quality of low-cost generic medicines that were becoming increasingly available especially in treatments for HIV/AIDS. From a public
health perspective, WHO PQP’s greatest achievement is improved quality of life-saving medicines used today by millions of people in developing countries. Prequalification has made it possible to believe that everyone in the world will have access to safe, effective, and affordable medicines. Yet despite its track record and recognized importance to health, funding for the programme remains uncertain.

**Keywords:** Medicines quality; HIV; WHO Prequalification of medicines programme; access to medicines; patents


11. **SOCIAL STATUS OF WOMEN**


The Times of India: March 10, 2014: Man kills wife for not adding tomatoes to his dish: In Dehradun in a bizarre incident, a 32-year-old man killed his wife by repeatedly smashing her head against the wall for serving a potato dish without tomatoes. This is not a rare incident. For such trivial and minor reasons, violence against women (VAW) continues from time immemorial. VAW exists everywhere and there is no region of the world, no country, and no culture where freedom of women against violence has been secured. Overall 35% women worldwide had experienced either physical and/or sexual intimate partner violence or nonpartner sexual violence and 38% of all murders of women globally are committed by the intimate partners. In India, overall one-third of women aged 15-49 years had experienced physical violence and one in 10 women had experience of sexual violence as revealed by National Family Health Survey (NFHS-3). VAW affects all phases of lifecycle of a women, as rightly pointed out by Word Health Organization (WHO), starting from sex selective abortion in prebirth period; female infanticide, female genital mutilation (FMG), child marriage or prostitution in childhood; physical, sexual, psychological abuse, rape, sexual harassment, dowry murders, forced pregnancy in adolescence and adulthood period; ending in physical and psychological abuse in elderly. Emotional or psychological violence is gaining more recognition in recent times, although acceptable definition is yet to be developed. VAW is mostly unreported or under reported due to societal norms, stigma, taboos, and sensitive nature of the subject, so reliable authentic data are always lacking. Data
on sexual violence are mostly available from police, clinical settings, NGO or survey, so obviously it presents the tip of the iceberg.

**Key words:** Domestic violence; Women violence; public health

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12. **YOGA AND PHYSICAL FITNESS**


Yoga has been the subject of research in the past few decades for therapeutic purposes for modern epidemic diseases like mental stress, obesity, diabetes, hypertension, coronary heart disease, and chronic obstructive pulmonary disease. Individual studies report beneficial effect of yoga in these conditions, indicating that it can be used as nonpharmaceutical measure or complement to drug therapy for treatment of these conditions. However, these studies have used only yoga asana, pranayama, and/or short periods of meditation for therapeutic purposes. General perception about yoga is also the same, which is not correct. Yoga in fact means union of individual consciousness with the supreme consciousness. It involves eight rungs or limbs of yoga, which include yama, niyama, asana, pranayama, pratyahara, dharana, dhyana, and samadhi. Intense practice of these leads to self-realization, which is the primary goal of yoga. An analytical look at the rungs and the goal of yoga shows that it is a holistic way of life leading to a state of complete physical, social, mental, and spiritual well-being and harmony with nature. This is in contrast to purely economic and material developmental goal of modern civilization, which has brought social unrest and ecological devastation.

**Keywords:** Yoga; health

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