

INTERNATIONAL JOURNAL OF RESEARCH IN COMPUTER APPLICATION & MANAGEMENT

I
J
R
C
M



A Monthly Double-Blind Peer Reviewed (Refereed/Juried) Open Access International e-Journal - Included in the International Serial Directories

Indexed & Listed at:

Ulrich's Periodicals Directory ©, ProQuest, U.S.A., EBSCO Publishing, U.S.A., Cabell's Directories of Publishing Opportunities, U.S.A.

Open J-Gate, India [link of the same is duly available at Inlibnet of University Grants Commission (U.G.C.)].

Index Copernicus Publishers Panel, Poland with IC Value of 5.09 & number of libraries all around the world.

Circulated all over the world & Google has verified that scholars of more than 3130 Cities in 166 countries/territories are visiting our journal on regular basis.

Ground Floor, Building No. 1041-C-1, Devi Bhawan Bazar, JAGADHRI – 135 003, Yamunanagar, Haryana, INDIA

<http://ijrcm.org.in/>

CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	SOCIAL POWER OF WOMEN THROUGH SELF HELP GROUPS IN THE SOCIETY: A STUDY THROUGH NGO'S IN KARNATAKA <i>DR. MUNIVENKATAPPA, DR. LAKHSMIPATHI. C.G & T. NARASIMHAIAH</i>	1
2.	THE INCIDENCE OF FRAUD POST SARBANES OXLEY ACT: A REALITY CHECK <i>DR. P. N. SAKSENA</i>	6
3.	THE IMPACT OF EMOTIONALLY INTELLIGENT INDIVIDUALS, WORK TEAMS AND MANAGERS ON ORGANISATIONAL EFFECTIVENESS <i>DR. SANJAY PANDEY & ARCHANA AGRAWAL</i>	10
4.	STUDY OF CHALLENGES INVOLVED IN CLOUD COMPUTING FOR LIBRARIES <i>DR. SHUBHANGI BHATAMBREKAR & PALLAVI BULAKH</i>	18
5.	IMPACT OF INSTITUTIONAL FINANCE ON MSME <i>DR. J. MARY SUGANTHI BAI</i>	20
6.	HEALTH AND NUTRITIONAL STATUS OF CHILDREN AMONG EMIGRANT HOUSEHOLDS IN KERALA <i>DR. SHYLAJA L.</i>	25
7.	A STUDY ON ORGANIZATIONAL CULTURE AND CLIMATE WITH SPECIAL REFERENCE TO HVF, AVADI <i>K. RAVISHANKAR</i>	31
8.	A STUDY OF TREND ANALYSIS OF SPOT AND FUTURE PRICES OF AGRICULTURAL COMMODITY GUARGUM <i>RAKHI ARORA & DR. BHUPENDRA SINGH HADA</i>	38
9.	CSR AND EMPLOYEE'S ORGANIZATIONAL COMMITMENT: A STUDY OF INDIAN FINANCIAL INDUSTRY <i>AMOGH TALAN</i>	42
10.	EFFECTIVENESS OF THE FINANCIAL INCLUSION INITIATIVES IN INDIA <i>SEEMA</i>	45
11.	FOREIGN DIRECT INVESTMENT IN INDIA <i>ARUNA SHARMA & CHANDNI DUGGAL</i>	48
12.	AN EMPIRICAL STUDY ON CONSTRUCTION OF OPTIMUM PORTFOLIO USING HARRY MARKOWITZ MODEL: A CASE STUDY WITH SPECIAL REFERENCE TO S&P CNX NIFTY COMPANIES <i>DR. JEELAN BASHA.V & KHADRIYA BEGUM.N</i>	57
13.	ASSESSING THE IMPLEMENTATION PRACTICES OF URBAN LAND LEASE POLICY ON URBAN TOWNS OF TIGRAI NATIONAL REGIONAL STATE, ETHIOPIA <i>YIBRAH HAGOS GEBRESILASSIE</i>	67
14.	AN ANALYSIS ON THE BOTTLENECKS AFFECTING TRANSPORT SECTOR ESPECIALLY WEIGHBRIDGES IN KENYA <i>JACQUELINE SHEILA OMayio & DR. OTIENO MOSES</i>	71
15.	SUPPLY CHAIN MANAGEMENT FOR AGRICULTURAL PRODUCTS <i>S.YAZHINI</i>	76
	REQUEST FOR FEEDBACK & DISCLAIMER	79

CHIEF PATRON

PROF. K. K. AGGARWAL

Chairman, Malaviya National Institute of Technology, Jaipur
(An institute of National Importance & fully funded by Ministry of Human Resource Development, Government of India)
Chancellor, K. R. Mangalam University, Gurgaon
Chancellor, Lingaya's University, Faridabad
Founder Vice-Chancellor (1998-2008), Guru Gobind Singh Indraprastha University, Delhi
Ex. Pro Vice-Chancellor, Guru Jambheshwar University, Hisar

FOUNDER PATRON

LATE SH. RAM BHAJAN AGGARWAL

Former State Minister for Home & Tourism, Government of Haryana
Former Vice-President, Dadri Education Society, Charkhi Dadri
Former President, Chinar Syntex Ltd. (Textile Mills), Bhiwani

CO-ORDINATOR

DR. SAMBHAV GARG

Faculty, Shree Ram Institute of Business & Management, Urjani

ADVISORS

DR. PRIYA RANJAN TRIVEDI

Chancellor, The Global Open University, Nagaland

PROF. M. S. SENAM RAJU

Director A. C. D., School of Management Studies, I.G.N.O.U., New Delhi

PROF. S. L. MAHANDRU

Principal (Retd.), Maharaja Agrasen College, Jagadhri

EDITOR

PROF. R. K. SHARMA

Professor, Bharti Vidyapeeth University Institute of Management & Research, New Delhi

EDITORIAL ADVISORY BOARD

DR. RAJESH MODI

Faculty, Yanbul Industrial College, Kingdom of Saudi Arabia

PROF. PARVEEN KUMAR

Director, M.C.A., Meerut Institute of Engineering & Technology, Meerut, U. P.

PROF. H. R. SHARMA

Director, Chhatrapati Shivaji Institute of Technology, Durg, C.G.

PROF. MANOHAR LAL

Director & Chairman, School of Information & Computer Sciences, I.G.N.O.U., New Delhi

PROF. ANIL K. SAINI

Chairperson (CRC), Guru Gobind Singh I. P. University, Delhi

PROF. R. K. CHOUDHARY

Director, Asia Pacific Institute of Information Technology, Panipat

DR. ASHWANI KUSH

Head, Computer Science, University College, Kurukshetra University, Kurukshetra

DR. BHARAT BHUSHAN

Head, Department of Computer Science & Applications, Guru Nanak Khalsa College, Yamunanagar

DR. VIJAYPAL SINGH DHAKA

Dean (Academics), Rajasthan Institute of Engineering & Technology, Jaipur

DR. SAMBHAVNA

Faculty, I.I.T.M., Delhi

DR. MOHINDER CHAND

Associate Professor, Kurukshetra University, Kurukshetra

DR. MOHENDER KUMAR GUPTA

Associate Professor, P.J.L.N. Government College, Faridabad

DR. SAMBHAV GARG

Faculty, Shree Ram Institute of Business & Management, Urjani

DR. SHIVAKUMAR DEENE

Asst. Professor, Dept. of Commerce, School of Business Studies, Central University of Karnataka, Gulbarga

DR. BHAVET

Faculty, Shree Ram Institute of Business & Management, Urjani

ASSOCIATE EDITORS

PROF. ABHAY BANSAL

Head, Department of Information Technology, Amity School of Engineering & Technology, Amity University, Noida

PROF. NAWAB ALI KHAN

Department of Commerce, Aligarh Muslim University, Aligarh, U.P.

ASHISH CHOPRA

Sr. Lecturer, Doon Valley Institute of Engineering & Technology, Karnal

TECHNICAL ADVISOR

AMITA

Faculty, Government M. S., Mohali

FINANCIAL ADVISORS

DICKIN GOYAL

Advocate & Tax Adviser, Panchkula

NEENA

Investment Consultant, Chambaghat, Solan, Himachal Pradesh

LEGAL ADVISORS

JITENDER S. CHAHAL

Advocate, Punjab & Haryana High Court, Chandigarh U.T.

CHANDER BHUSHAN SHARMA

Advocate & Consultant, District Courts, Yamunanagar at Jagadhri

SUPERINTENDENT

SURENDER KUMAR POONIA

CALL FOR MANUSCRIPTS

We invite unpublished novel, original, empirical and high quality research work pertaining to recent developments & practices in the areas of Computer Science & Applications; Commerce; Business; Finance; Marketing; Human Resource Management; General Management; Banking; Economics; Tourism Administration & Management; Education; Law; Library & Information Science; Defence & Strategic Studies; Electronic Science; Corporate Governance; Industrial Relations; and emerging paradigms in allied subjects like Accounting; Accounting Information Systems; Accounting Theory & Practice; Auditing; Behavioral Accounting; Behavioral Economics; Corporate Finance; Cost Accounting; Econometrics; Economic Development; Economic History; Financial Institutions & Markets; Financial Services; Fiscal Policy; Government & Non Profit Accounting; Industrial Organization; International Economics & Trade; International Finance; Macro Economics; Micro Economics; Rural Economics; Co-operation; Demography; Development Planning; Development Studies; Applied Economics; Development Economics; Business Economics; Monetary Policy; Public Policy Economics; Real Estate; Regional Economics; Political Science; Continuing Education; Labour Welfare; Philosophy; Psychology; Sociology; Tax Accounting; Advertising & Promotion Management; Management Information Systems (MIS); Business Law; Public Responsibility & Ethics; Communication; Direct Marketing; E-Commerce; Global Business; Health Care Administration; Labour Relations & Human Resource Management; Marketing Research; Marketing Theory & Applications; Non-Profit Organizations; Office Administration/Management; Operations Research/Statistics; Organizational Behavior & Theory; Organizational Development; Production/Operations; International Relations; Human Rights & Duties; Public Administration; Population Studies; Purchasing/Materials Management; Retailing; Sales/Selling; Services; Small Business Entrepreneurship; Strategic Management Policy; Technology/Innovation; Tourism & Hospitality; Transportation Distribution; Algorithms; Artificial Intelligence; Compilers & Translation; Computer Aided Design (CAD); Computer Aided Manufacturing; Computer Graphics; Computer Organization & Architecture; Database Structures & Systems; Discrete Structures; Internet; Management Information Systems; Modeling & Simulation; Neural Systems/Neural Networks; Numerical Analysis/Scientific Computing; Object Oriented Programming; Operating Systems; Programming Languages; Robotics; Symbolic & Formal Logic; Web Design and emerging paradigms in allied subjects.

Anybody can submit the **soft copy** of unpublished novel; original; empirical and high quality **research work/manuscript anytime** in **M.S. Word format** after preparing the same as per our **GUIDELINES FOR SUBMISSION**; at our email address i.e. infoijrcm@gmail.com or online by clicking the link **online submission** as given on our website ([FOR ONLINE SUBMISSION, CLICK HERE](#)).

GUIDELINES FOR SUBMISSION OF MANUSCRIPT

1. **COVERING LETTER FOR SUBMISSION:**

DATED: _____

THE EDITOR
IJRCM

Subject: SUBMISSION OF MANUSCRIPT IN THE AREA OF

(e.g. Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)

DEAR SIR/MADAM

Please find my submission of manuscript entitled '_____ ' for possible publication in your journals.

I hereby affirm that the contents of this manuscript are original. Furthermore, it has neither been published elsewhere in any language fully or partly, nor is it under review for publication elsewhere.

I affirm that all the author (s) have seen and agreed to the submitted version of the manuscript and their inclusion of name (s) as co-author (s).

Also, if my/our manuscript is accepted, I/We agree to comply with the formalities as given on the website of the journal & you are free to publish our contribution in any of your journals.

NAME OF CORRESPONDING AUTHOR:

Designation:
Affiliation with full address, contact numbers & Pin Code:
Residential address with Pin Code:
Mobile Number (s):
Landline Number (s):
E-mail Address:
Alternate E-mail Address:

NOTES:

- a) The whole manuscript is required to be in **ONE MS WORD FILE** only (pdf. version is liable to be rejected without any consideration), which will start from the covering letter, inside the manuscript.
- b) The sender is required to mention the following in the **SUBJECT COLUMN** of the mail:
New Manuscript for Review in the area of (Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)
- c) There is no need to give any text in the body of mail, except the cases where the author wishes to give any specific message w.r.t. to the manuscript.
- d) The total size of the file containing the manuscript is required to be below **500 KB**.
- e) Abstract alone will not be considered for review, and the author is required to submit the complete manuscript in the first instance.
- f) The journal gives acknowledgement w.r.t. the receipt of every email and in case of non-receipt of acknowledgment from the journal, w.r.t. the submission of manuscript, within two days of submission, the corresponding author is required to demand for the same by sending separate mail to the journal.

2. **MANUSCRIPT TITLE:** The title of the paper should be in a 12 point Calibri Font. It should be bold typed, centered and fully capitalised.

3. **AUTHOR NAME (S) & AFFILIATIONS:** The author (s) **full name, designation, affiliation (s), address, mobile/landline numbers, and email/alternate email address** should be in italic & 11-point Calibri Font. It must be centered underneath the title.

4. **ABSTRACT:** Abstract should be in fully italicized text, not exceeding 250 words. The abstract must be informative and explain the background, aims, methods, results & conclusion in a single para. Abbreviations must be mentioned in full.

5. **KEYWORDS:** Abstract must be followed by a list of keywords, subject to the maximum of five. These should be arranged in alphabetic order separated by commas and full stops at the end.
6. **MANUSCRIPT:** Manuscript must be in **BRITISH ENGLISH** prepared on a standard A4 size **PORTRAIT SETTING PAPER**. It must be prepared on a single space and single column with 1" margin set for top, bottom, left and right. It should be typed in 8 point Calibri Font with page numbers at the bottom and centre of every page. It should be free from grammatical, spelling and punctuation errors and must be thoroughly edited.
7. **HEADINGS:** All the headings should be in a 10 point Calibri Font. These must be bold-faced, aligned left and fully capitalised. Leave a blank line before each heading.
8. **SUB-HEADINGS:** All the sub-headings should be in a 8 point Calibri Font. These must be bold-faced, aligned left and fully capitalised.
9. **MAIN TEXT:** The main text should follow the following sequence:

INTRODUCTION**REVIEW OF LITERATURE****NEED/IMPORTANCE OF THE STUDY****STATEMENT OF THE PROBLEM****OBJECTIVES****HYPOTHESES****RESEARCH METHODOLOGY****RESULTS & DISCUSSION****FINDINGS****RECOMMENDATIONS/SUGGESTIONS****CONCLUSIONS****SCOPE FOR FURTHER RESEARCH****ACKNOWLEDGMENTS****REFERENCES****APPENDIX/ANNEXURE**

It should be in a 8 point Calibri Font, single spaced and justified. The manuscript should preferably not exceed **5000 WORDS**.

10. **FIGURES & TABLES:** These should be simple, crystal clear, centered, separately numbered & self explained, and **titles must be above the table/figure. Sources of data should be mentioned below the table/figure.** It should be ensured that the tables/figures are referred to from the main text.
11. **EQUATIONS:** These should be consecutively numbered in parentheses, horizontally centered with equation number placed at the right.
12. **REFERENCES:** The list of all references should be alphabetically arranged. The author (s) should mention only the actually utilised references in the preparation of manuscript and they are supposed to follow **Harvard Style of Referencing**. The author (s) are supposed to follow the references as per the following:
 - All works cited in the text (including sources for tables and figures) should be listed alphabetically.
 - Use (ed.) for one editor, and (ed.s) for multiple editors.
 - When listing two or more works by one author, use --- (20xx), such as after Kohl (1997), use --- (2001), etc, in chronologically ascending order.
 - Indicate (opening and closing) page numbers for articles in journals and for chapters in books.
 - The title of books and journals should be in italics. Double quotation marks are used for titles of journal articles, book chapters, dissertations, reports, working papers, unpublished material, etc.
 - For titles in a language other than English, provide an English translation in parentheses.
 - The location of endnotes within the text should be indicated by superscript numbers.

PLEASE USE THE FOLLOWING FOR STYLE AND PUNCTUATION IN REFERENCES:**BOOKS**

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19-22 June.

UNPUBLISHED DISSERTATIONS AND THESES

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

WEBSITES

- Garg, Bhavet (2011): Towards a New Natural Gas Policy, Political Weekly, Viewed on January 01, 2012 <http://epw.in/user/viewabstract.jsp>

HEALTH AND NUTRITIONAL STATUS OF CHILDREN AMONG EMIGRANT HOUSEHOLDS IN KERALA

DR. SHYLAJA L.
RESEARCH OFFICER
POPULATION RESEARCH CENTRE
UNIVERSITY OF KERALA
KARIAVATTOM CAMPUS
THIRUVANANTHAPURAM

ABSTRACT

Labour migration is a common phenomenon today, both within the Third World and between it and the industrialized countries. Among the south Asian emigrant workers, Indians constitute a higher proportion and among the Indian emigrant workers to the Middle East, more than half were from Kerala. The study assumes that labour emigration from villages significantly improves the socio-economic, demographic and health status of those left behind in the emigrants' households. The additional income earned in the destination may provide additional resources to be spent on health care or other health-improving consumption goods, such as more nutritious foods. In addition to a direct income effect on health, migration may influence child health through other non-monetary channels. One such channel is the transfer of health information (Donato et al., 2001). Migrants could gain information about health knowledge while abroad, and pass it on to the origin along with remittances and other social capital gained from abroad. Such information may include better understandings of contraceptive practices, the importance of sanitation or the beneficial impact of a proper diet, exercise or regular visits to the doctor. This health knowledge could alter health practices or lifestyle choices that could in turn improve health outcomes including child health (Durand, Goldring and Massey, 1994; Hildebrandt, 2004). Only a limited number of studies were carried out in India, in the field of international migration as compared to internal migration. As far as Kerala is concerned such studies are found to be very rare. The main objectives of the present study are to examine the socio-economic, demographic characteristics of children less than six years in emigrant and non-migrant households and to study the differentials in health and nutritional status of children under six years in the emigrant and non-migrant households. Data for the study were collected from both rural and urban areas of three districts viz, Thiruvananthapuram, Pathanamthitta and Malappuram in Kerala using a structured questionnaire. A total of 300 emigrant households were interviewed. Three hundred non-migrant households were also selected randomly from the sample areas, 210 from rural and 90 from urban areas respectively. Apart from univariate and bivariate statistical techniques including Chi-Square analysis have been used for the analysis of data. The overall findings of the study reveal that the status and health outcomes of women and children in the emigrant households are comparatively better than that of their non-migrant counterparts. Though Kerala has per capita income below national level, the different social and demographic indicators imply that Kerala has fared well in its demographic achievements compared to other states in India. Remittances from abroad as well as the changed perceptions of the emigrants have helped Kerala in achieving and maintaining high levels of development. Therefore the study concluded that emigration had some positive impact on women's status and health of children in Kerala.

KEYWORDS

emigrant households, health status, nutritional status.

INTRODUCTION

Migration is an important component in the growth of the population and labour force of an area. Currently nearly 200 million people live outside the country of their birth and the number of international migrants is set to increase in the years to come. The ILO estimates that there are more than 42 million migrant workers world wide, not including the million's of illegal migrants. The need to manage the growing flows of international migrants for the benefits of sending, receiving and transit countries as well as for the benefits of the migrants themselves is one of the most important challenges of the 21st century. "Migrant workers are an asset to every country as they bring their labour, let us give them the dignity they deserve as workers" (ILO, 2008). Among the south Asian emigrant workers, Indians constitute a higher proportion and among the Indian emigrant workers to the Middle East, more than half were from Kerala (Govt Kerala, 2009; Nayyar, 1994, Prakash, 1998). Emigration of Kerala remains strong, with a latest study conducted by CDS in 2004 showing that the number of emigrants went up by 35 percent in last five years from 13.6 lakhs in 1999 to 18.4 lakhs in 2004 (Govt. Kerala, 2006). The country wise destinations of emigrants from Kerala show that about 90 percent of the emigrants were concentrated in the Gulf countries and the remaining 10 percent to USA, European countries and Africa (Govt. Kerala, 2006; Zachariah, 2004). The places of origin of emigrants in the state are unevenly distributed. Recent studies show that among the districts in Kerala, Malappuram ranks first with a total emigrant population and Wayanad the least. Thrissur ranks second, Thiruvananthapuram third followed by Kollam (Government of Kerala, 2000). Pathanamthitta district also shows a high rate of concentration of emigrants (Zachariah et al., 1999). Several villages in Kerala have experienced significant changes in their socio-economic status because of the enormous emigrant remittances (Government of Kerala, 2006; Sekhar, 1993; Prakash 1998).

A large part of the savings of NRIs (Non Resident Indians) credited in India in periodic remittances through banking channels. In 2003, India passed a milestone when Indian Diaspora top for worker remittances with \$23.0 billion in remittances, ahead of other major countries like Mexico and the Philippines (World Bank, 2005).

The health of the child and the mother are inseparable. Health of the child is directly or indirectly associated with different outcome variables such as age of mother at the time of delivery, type of delivery, antenatal problems and care, timing or type of birth (on-time or premature), birth weight of the child and nutritional status. A child born prematurely or with a low birth weight is likely to be exposed to the risks of infections and death during the first few months of life (Agarwal, 1982; Sachdev, Iyer and Bhargava, 1991; Dhar et al. 1992). Moreover, a premature child is more likely to be born with a low birth weight. The risks of malnutrition and infections are higher for children born prematurely or with a low birth weight (WHO, 1991; Miller, 1992, Sabu padmadas, 2000). Malnutrition among children age below five (35 per cent) which is close to 9.4 million children outside the immunization network is the biggest challenge that India needs to overcome to achieve the millennium development goals. Under birth weight births, sanitation and neonatal mortality are some issues that need to be addressed urgently, according to a Report "A World Fit for Children- Statistical Review" released by the UNICEF (2007). The report also reveals that about one-third of the under weight children under age five live in India also has the largest pool of never immunized (including DPT and Polio) children in the world- 9.4 million. Of the 19 million infants in the developing world with low birth weights, 8.3 million are in India it is estimated that 22 million women in 2005-06 were married below 18 years of age.

One may expect the child health to be positively affected by migration for a number of reasons. First, the additional income earned in the destination may provide additional resources to be spent on health care or other health-improving consumption goods, such as more nutritious foods. In addition to a direct income effect on health, migration may influence child health through other non-monetary channels. One such channel is the transfer of health information (Donato et al., 2001). Migrants could gain information about health knowledge while abroad, and pass it on to the origin along with remittances and other social capital gained from abroad. Such information may include better understanding of contraceptive practices, the importance of sanitation, or the beneficial impact of a proper diet, exercise, not smoking, or regular visits to the doctor. This health knowledge could alter health practices or lifestyle choices that could in turn improve health outcomes including child health (Durand, Goldring and Massey, 1994; Grossman, 1977; Hildebrandt, 2004). In this context, this study

examine whether health differences exist between the children of emigrant and non-migrant families in the study areas, and whether these differences are the direct consequence of household migration status.

Only a limited number of studies were carried out in India, in the field of International migration as compared to internal migration. As far as Kerala is concerned, such studies are found to be very rare. Majority of the studies conducted on international migration have concentrated mainly on the economic aspects, ignoring the social, demographic and health consequences. The present study is an attempt in this direction.

OBJECTIVES

The main objectives of the present study are:

- 1) To study the background characteristics of children in emigrant and non-migrant households.
- 2) To study the impact of emigration on health and nutritional status of children.

DATA AND METHODS

Data for the study were collected from both rural and urban areas of three districts viz, Thiruvananthapuram, Pathanamthitta and Malappuram in Kerala using a structured questionnaire during the period April to May, 2009. A total of 300 emigrant households (each household should have a women, having at least one birth during the last six years preceding the survey date) were interviewed. For a comparison, three hundred non migrant households were also selected randomly from the sample areas satisfying the above criteria. One fourth of the samples were selected from urban areas

The unit of analysis of this study is the "household". The study assumes that labour emigration from villages significantly improves the socio-economic, demographic and health status of those left behind in the emigrants' households. Univariate and Bivariate analysis including Chi-square analysis have been performed in the study.

BACKGROUND CHARACTERISTICS OF CHILDREN (less than Six years)

Children are assets of the future of every nation. This section deals with the information on maternal and background characteristics of children collected from the emigrant and non- migrant households for all births during the last six years preceding the survey date in the study areas. The total number of birth during six years period before the survey date comes to 713, out of which the women in emigrant households have 367 births and the corresponding number for women in non-migrant households was 346.

TABLE 1: PERCENTAGE DISTRIBUTION OF BACKGROUND CHARACTERISTICS OF CHILDREN UNDER SIX YEARS

Characteristics	Emigrants		Non-migrants		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Age of children in months						
<12	56	15.3	62	17.9	118	16.5
12-35	135	36.8	133	38.9	268	37.6
35-59	133	36.2	122	35.3	255	35.8
≥60	43	11.7	29	8.4	72	10.1
Sex of child						
Male	178	48.5	161	46.5	339	47.5
Female	189	51.5	185	53.5	374	52.5
Birth Order						
1	196	53.4	193	55.8	389	54.6
2	135	36.8	125	36.1	260	36.6
3+	36	9.8	28	8.1	64	9.0
Residence						
Urban	126	34.3	119	34.4	245	34.4
Rural	241	65.7	227	65.6	468	65.6
Religion***						
Hindu	178	48.5	209	59.4	387	54.3
Muslim	148	40.3	101	29.2	249	34.9
Christian	41	11.2	36	10.4	77	10.8
Standard of living Index						
Low	68	18.5	112	32.4	180	25.4
Medium	117	31.9	151	43.6	268	37.5
High	182	49.6	83	24.0	265	37.1
Mother's Education						
≤9	37	10.1	128	37.0	165	23.1
10-11	83	22.6	79	22.8	162	22.7
12-14	75	20.4	34	9.8	109	15.3
≥15	172	46.9	105	30.3	277	38.8
Place of delivery***						
Public health facility	132	36.0	229	66.2	361	50.6
Private health facility	235	64.0	117	33.8	352	49.4
Type of delivery**						
Normal	270	73.0	295	85.3	565	79.2
Caesarean	97	26.4	51	14.7	148	20.8
Preceding birth Interval in months***						
<12	48	13.1	41	11.8	89	12.5
12-23	38	10.4	116	33.5	154	21.6
24-35	61	16.6	81	23.4	142	19.9
36-59	158	43.1	81	23.4	239	33.5
≥60	62	19.9	27	7.8	89	12.5
Total	367	100.00	346	100.00	713	100

* P <0.05, ** P<0.01, *** P<0.001

Age composition of children shows that nearly 18 percent of children in non-migrant households and 15 percent of emigrant's children are under the age of one year. The proportion of children between one year and three years among emigrant and non-migrant households are about 37 percent and 39 percent respectively. Mean age of children under six years is --- months. Findings show that 66 percent of children were residing in rural areas and the remaining 34 percent in urban, in both the emigrant and non-migrant households. In emigrant households, about 48 percent of the children less than six years are males and 52 percent are females. The corresponding proportions for male and female children less than six years are more or less the same for non-migrant households. Religious composition of children among emigrant households reveals that about 49 percent are Hindus, 40 percent Muslims and the remaining 11 percent are Christians, while the proportions of children constituting Hindus, Muslim and Christians among non-migrant are 59.4 percent, 29.2 percent and 10.4 percent respectively. The standard of living Index shows that children in emigrant households have a significantly high level of living compared to non- migrants. About two third of children in emigrant households have high living standard, while only one fourth of their counterparts have the same. A significant differential was observed in the level of mother's education among emigrant and non-migrant groups.

An important goal of reproductive and Child health programme is to encourage deliveries under proper hygienic conditions under the supervision of trained health professionals. In Kerala, almost all births in urban areas were institutional births, whereas in rural areas, a small percent of births were noninstitutional births (NFHS 3, 2005-06). The present study shows that all the births in the six years preceding the survey took place in health facilities. Findings reveal that about two third of births among emigrant women took place in private health facilities and the remaining 36 percent in public health facilities. A reverse result is found among non-migrants. More than two third (66 percent) of births among non-migrant women took place in public health facilities. With regard to the main reasons for the above differential concerning the availing of medical facilities, emigrant women reported that they prefer private hospitals because they got enough privacy, easy accessibility of services, availability of rooms, friendly behaviour of doctors and other health staff, better cleanliness and hygiene etc in private health facilities. Timing in private health facilities is also convenient for emigrant households.

Now, caesarean section deliveries have increased in Kerala compared to olden days. The present study reveals that about one-fourth (26 percent) of the children among women in emigrant households (born from the past six years to the survey period) were born by caesarean section and the corresponding proportion for non-migrant women was about 15 percent.

Studies so far show that children born to mothers who had a longer preceding birth interval are more likely to survive. Short birth intervals may also adversely affect mother's health (Panday et al., 1998; Padmadas, 2000). Table.1 shows that there exist a significant differential in the proportion of the preceding birth interval of children between emigrant and non- migrant households. About 45 percent of births occur within two years among non-migrants while the same proportion among emigrants is nearly 24 percent. Nearly two thirds of the births among emigrant women occur after an interval of three years but the corresponding figures among their counterparts is only one third. Study finding shows that emigration of husbands may have some positive effect on their fertility pattern. Our finding reveals that there was some difference in the birth spacing between emigrant and non-migrant women. This implies that emigration has been bringing some positive effect on spacing of birth among the couple of emigrant households.

The standard of living Index shows that children in emigrant households have a significantly high level of living compared to non- migrants. A significant differential was observed in the level of mother's education between emigrant and non-migrant groups. Finally, the results show that children in the emigrant households have better background than that of non-migrants.

IMPACT OF EMIGRATION ON NUTRITIONAL STATUS AND CHILD HEALTH

Maternal and child health is vital aspect of health care in any society. Childbearing imposes additional health needs and problems on women, physically, psychologically and socially. Improved reproductive health is closely related with women's status. The low status of females is reflected to their unequal access to food and medical care, which leads to malnutrition, deficit growth and development (Jejeebboy, 1991).

Ministry of Health and Family Welfare has sponsored many special schemes under MCH, RCH and NRHM programmes for the improvement of health of both mother and young children. Some of the programmes such as Universal immunization Programmes, Oral Dehydration Therapy, Maternal and Child Health Supplemental Programmes etc., provide facilities for mothers and children for prevention and treatment of several major diseases.

Children born to young mothers are more likely to be of low birth weight, which is an important factor contributing to their higher neonatal mortality rate and children born to women above age 30 are at a relatively high risk of experiencing congenital problems. Mother's age at the time of delivery was 20-29 years among 91 percent of children in emigrant households, as against 81 percent among non-migrant households. Mother's mean age at the time of delivery among emigrants and non- migrants are 25 years and 23 years respectively.

The survey gathered retrospective information on timing of births and birth weight for all children 12-71 months at the time of survey. The self-reported information showed that about 91 percent of births that occurred prior to six years of survey time were on- time. The above proportion is same for women among emigrant group and the control group. The birth weight of children less than 2500 grams are taken as low birth weight babies and children weighing \geq 2500 grams are said to be normal weigh babies. Findings show that the proportion of women with low birth weight children (<2500 grams) was slightly higher (18 percent) in non-migrant group than in emigrant group (9 percent). Infant feeding practices have significant effects on both mother and children.

TABLE 2: HEALTH PROFILE OF CHILDREN AGE 12-71 MONTHS BY MIGRATION STATUS OF THE HOUSEHOLDS

Characteristics	Emigrants		Non-migrants		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Mothers age at the time of delivery**						
< 20	10	3.2	15	5.3	15	2.5
20-29	281	90.4	231	81.3	522	87.7
≥ 30	20	6.4	38	13.4	58	9.7
Timing of Birth						
On - time	282	90.7	261	91.9	543	91.2
Premature	29	9.3	23	8.1	52	8.8
Birth weight **						
< 2500	29	9.3	52	18.2	81	13.6
≥ 2500	282	90.7	234	81.8	514	86.4
Timing of first breast feeding						
Immediately/within half an hour	235	75.6	224	78.9	459	77.1
Within one day	69	22.2	51	18.0	120	20.2
More than 24 hours	7	2.3	9	3.2	16	2.7
Duration of breast feeding***						
<12 months	15	48.8	51	18.0	66	11.1
12-23 months	179	57.6	147	51.8	326	54.8
≥ 24months	57	18.3	59	20.8	116	19.5
Still continuing	60	19.3	27	9.5	87	14.6
Immunization Status **						
Full	303	97.4	252	88.7	555	93.3
partial	8	2.6	32	11.3	40	6.7
Vitamin A supplement**						
Not received	23	7.4	48	16.9	71	11.9
Received	288	92.6	236	86.6	524	88.1
Suffered diarrhoea during last two weeks prior to the survey**						
Yes	273	87.8	228	80.3	501	84.2
No	38	12.2	56	19.7	94	15.8
Acute Respiratory Infection during last two weeks prior to the survey***						
Yes	269	86.5	213	75.0	482	81.0
No	42	13.5	71	25.0	113	19.0
Stunted(low height for age)**						
Yes	46	14.8	71	25.0	117	19.7
Not	265	85.2	213	75.0	478	80.3
Wasted (low weight for height)*						
Yes	37	11.9	50	17.6	87	14.6
No	274	88.1	234	82.4	508	85.4
Underweight (low weight for age)**						
Yes	40	12.9	60	21.1	100	16.8
No	271	87.1	224	78.9	495	83.2
Total	311	100	284	100	595	100

* P < 0.05, ** P < 0.01, *** P < 0.001

Proper infant feeding starting from the time of birth is important for the physical and mental development of the child. Breastfeeding improves the nutritional status and reduces the morbidity and mortality of young children. From Table 2, it can be seen that there is not much difference in the timing of first breastfeeding after the birth of children in emigrant and non-migrant households.

The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles) has been a cornerstone of the child health care system in India. The Universal Immunisation Programme was introduced in 1985-86. The main objectives of this programme were to cover at least 85 percent of all infants against the above six vaccine preventable diseases by 1990 and to achieve self-sufficiency in vaccine production and the manufacture of cold-chain equipment (MOHFW, 1991). The proportion of children (>12 months to < 72 months) fully vaccinated among emigrant households (97 percent) is somewhat higher than that of their counterparts (89 percent). The low immunisation coverage of measles was the major reason for partial immunisation of children. The respondents reported that their children had measles disease before attaining the time of measles vaccination (9 months old) after which no vaccination was taken. The immunisation coverage in the state has been coming down in recent years and the percentage of fully vaccinated children is between 75 percent (NFHS- 3) and 82 percent (UNICEF Coverage Evaluation Survey) in India.

Vitamin A deficiency is one of the most common nutritional deficiency disorders in the world, affecting millions of children worldwide. Information was sought on whether children ever received a dose of vitamin A supplementation. Mothers in the non-migrant households reported that about 17 percent of children have not received vitamin A supplementation but the corresponding proportion for children in emigrant households is 7 percent. Only 1.6 percent of children in emigrant households have not received any IFA tablets or syrups, but the same proportion for their counterpart children is 5.5 percent.

Mothers of children age 12-71 months were asked if their children suffered acute respiratory infection, fever, or diarrhoea during the two weeks preceding the survey, and if so, the type of treatment received. Acute respiratory infection is a major cause of illness among infants and children and the leading cause of childhood mortality. The prevalence of AIR is higher, at about 25 percent among non-migrant children and the same proportion among children in emigrant households is 14 percent. All the affected children in emigrant households sought medical treatment, while only 75 percent of their counterparts sought treatment for acute respiratory infection of their children.

Fever is less prevalent among children in emigrant households compared to the non-migrants. Diarrhoea is the second most killer of children, following acute pneumonia. Deaths from acute diarrhoea are most often caused by dehydration due to loss of water and electrolytes. Table 2 shows that two out of ten children under six years in non-migrant households suffered from diarrhoea during the two weeks preceding the survey. The same proportion among their counterparts is 12 percent. All children received treatment for diarrhoea.

The study reveals that the prolonged absence of men encourages women in the emigrant households to take major roles in managing the household, allows women to grow independently, and helps to develop new interests and the discovery of hidden potential. The overall findings of the study concluded that the overall health outcomes nutritional status of children in the emigrant households is comparatively better than that of their non-migrant counterparts.

CONCLUSION

Findings show that currently married women in emigrant families were better educated than that of women in non-migrant families. Mean actual family size among currently married women in the emigrant households was nearly two children and their mean desired family size was about three children. This shows that emigration of husbands may have some positive effect on their fertility pattern. Mean first and second birth intervals of currently married emigrant women are higher than that of non-migrant women. This implies that emigration has been bringing some positive effect on spacing of birth among the couple of emigrant households. Proportion of married women in the emigrant households never used any kind of family planning methods at the time of survey was comparatively higher than that for women in the non-migrant households. More than two-fifth of the emigrant households were Muslims. Mean age of children under six years is 34 months and this proportion is more or less same in both emigrants and non-migrants. The standard of living Index shows that children in emigrant households have a highly significant level of living compared to non-migrants. The present study shows that all the births in the six years preceding the survey took place in health facilities. About two third of births among emigrant women were took place in private health facilities. A reverse result is found among non-migrants. Main reasons for the above differential concerning the availing of medical facilities, emigrant women reported that they prefer private hospitals because they got enough privacy, easy accessibility of services, availability of rooms, friendly behaviour of doctors and other health staff, better cleanliness and hygiene etc in private health facilities. Timing in private health facilities is also convenient for emigrant households.

Status of women as assessed analysing the variables such as, freedom of movement of women, their economic autonomy, their role in reproductive decision making and their role in activities outside home women in emigrant households have significantly high freedom of movement than their counterparts. The economic autonomy among women in emigrant households is significantly higher than that of women in non-migrant households. A great proportion of women in emigrant households have high role in reproductive decision-making than their non-migrant counterparts. The study reveals that the prolonged absence of men encourages women in the emigrant households to take major roles in managing the household, allows women to grow independently, helps to develop new interests and the discovery of hidden potential. The study concludes that migration can play an important role in modifying the gender role of left behind women by enhancing their position in their families and modifying the cultural values in traditional communities.

Proportion of women who had complications during pregnancy among non-migrant households is higher than that of women in emigrant households. Proportion of women in non-migrant households who had faced any complication during delivery is significantly higher than that of their counterparts.

Findings show that the proportion of women with low birth weight children (<2500 grams) was slightly higher in non-migrant group than in emigrant group. The proportion of children with a birth weight between 2500 – 2999 grams was higher among control group but the percentage of children has birth weight 3000 grams was higher among emigrant group. With regard to dose of vitamin A supplementation given to children, about 18 percent of children in non-migrant households and 10 percent of children in emigrant households have not received it. The prevalence of AIR is higher, among non-migrant children than children in emigrant households. All the affected children in emigrant households sought medical treatment, while only 75 percent of their counterparts sought treatment for acute respiratory infection of their children. Results show that two out of ten children under six years in non-migrant households suffered from diarrhoea during the two weeks preceding the survey. The same proportion among their counterparts is ten percent. All children received treatment for diarrhoea. The overall findings of the study reveal that the status and health outcomes of women and children in the emigrant households are comparatively better than that of their non-migrant counterparts. Though Kerala has per capita income below national level, the different social and demographic indicators imply that Kerala has fared well in its demographic achievements compared to other states in India. Remittances from abroad as well as the changed perceptions of the emigrants have helped Kerala in achieving and maintaining high levels of development. Therefore the study concluded that emigration had some positive impact on women's status and health of children in Kerala.

The study suggests that, for reducing the gap between emigrants and non-migrants

1. Steps should be taken by the Govt. at local level to introduce social welfare programmes such as ICDS programmes, counselling, IEC activities etc. among non-migrant families, especially among those who have low standard of living.
2. Implement income generating small-scale industrial activities for women in lower economic strata, with some subsidies.
3. Improve the Govt. health facilities quality of services, for the necessities of economically backward section, so that they can afford to avail these services.
4. Govt. should take measures or steps to promote emigrants and provide timely help by developing policies and programmes at the local level itself.

REFERENCES

1. Agro-Economic Research Center (AERC), (1981). *Impact of Foreign Remittances on the Economy of a Rural Area in Kerala*, Research Study No.72, Madras: University of Madras.
2. Anurag, Mishra(2000). Male Sexual Behaviour and Reproductive Health with Family and away from Family in Delhi. Unpublished Ph.D Thesis. IIPS, Mumbai.
3. Armstrong, S. (1995). "AIDS and Migrant Labourers", *Populi* 22 (12), December 1994-january 1995: 13.
4. Bose, Ashish (2000). "Demography of Himalayan villages: missing men and lonely women", *Economic and Political Weekly* 35(27): 2361-2381.
5. Carlier, Jean-Yves, (1999). The Free Movement of Person Living with HIV/AIDS Programme of the European Union.
6. countries." *Sociological Forum: Journal of the Eastern Sociological Society* 2 (4).
7. Cruz and Azarcon (2000). " Filipinos and AIDS: It could happen to you", *Conveying Concerns: Media Coverage of Women and HIV/AIDS*, Population Reference Bureau: 20-21.
8. Das Gupta, M. (1990). Deaths Clustering, Mothers education and the determinants of Child Mortality in Rural Punjab, India, *Population Studies* 44: 489-505.
9. Decosas, J., F. Kane, J.K. Anafri, K.G. Sodji, and H.U. Wagner (1995). "Migration and AIDS", *Lancet* 346 (8978): 826-828.
10. Government of Kerala (1994). *Statistics for Planning, 1993*, Thiruvananthapuram: Kerala.
11. Government of Kerala, (1988). Report of the Survey on the Utilization of Gulf Remittances in Kerala Department of Economics and Statistics, Trivandrum.
12. Government of Kerala, (2000). *Economic Review*, Trivandrum: State Planning Board.
13. Government of Kerala, (2006). *Economic Review*, Trivandrum: State Planning Board
14. Griffiths, Marcia (1988). "Maternal self- confidence and Child well- Being". Paper presented at the Annual Meeting of the Society for Applied Anthropology, Tampa, Florida, 20-24 April 1998. In Heise 1993.
15. Gulati S. (2006). Reproductive Tract Infection in India: A district level analysis, Paper Presented the International Conference on Emerging Population Issues in the Asia- Pacific Region : Challenges for 21st Century, Grand Hyatt, Mumbai, December 10-13, 2006, Mumbai.
16. Gulati, I.S. and Mody (1983). "Remittances of Indian Migrants to the Middle East: An assessment with special reference to migrants from Kerala State", Centre for Development Studies, Ullor, Trivandrum, Kerala.
17. Gulati, L. (1993). "In the Absence of Their Men: The Impact of Male Migration on Woman", New Delhi: Sage Publications.
18. Gunatilleke, Godfrey (1993) *The Impact of Labour Migration on Households: A comparative Study in Seven Asian Countries*. Tokyo: United Nations University Press.
19. Hadi, H. (1999). "Overseas Migration and the Well-Being of Those Left Behind in Rural Communities of Bangladesh", *Asia-Pacific Population Journal* 14(1):43-58.
20. Haour-Knipe, M. (2000) Migration and HIV/AIDS in Europe, Geneva: International Organization.
21. International Institute for Population Sciences (2000). "National Family Health Survey-2, 1998-1999, Report India", Govandi Station Road, Deonar, Mumbai.
22. International Institute for Population Sciences (2007). "National Family Health Survey-3, 2005-2006, Report India", Govandi Station Road, Deonar, Mumbai.
23. International Labour Organization, 2008
24. International Women's Health Coalition (IWHC). (1995). *Empowerment Women's Reality, Women's Power*, New York: International Women's Health Coalition.

25. Jeffery, Roger and Alaka Basu (1996). *Girls' Schooling, Women's Autonomy and Fertility Change in South Asia*. New Delhi; Thousand Oaks: Sage Publications in association with the Book Review Literary Trust, New Delhi.
26. Jejeebbooy S.J.(1991). "Women's Status and Fertility:1970 – 1980". *Study of Family Planning Vol 22(4)* pp 217-230.
27. Jetly, S. (1987). "Impact of male migration on rural females", *Economic and Political Weekly 22(44)*: WS47-W53.
28. Kishor, S. and K. Neitzel (1996). *The Status of Women: Indicators for 25 Countries*, DHS Comparative Studies, N 21, Calverton, Maryland, Macro International.
29. Lori Heise, 1993, *The Health of Women: A Global Prospective* edited by Marge Kobilinsky, Judith Timyan, and JillGay, 1993, Boulder, Colorado:Westview Press.
30. Lurie, M.N. B.G. Williams, K. Zuma; D. Mkaya- Mwamburi; G.P. Garnett (2003). "The Impact of Migration on HIV-1 transmission in South Africa. A study of migrant and non migrant men and their partners", *Sexually Transmitted Diseases*. Feb; 30(2): 149-156.
31. Manju Nair (2006). "Overview of Women's Health Problems", Paper presented in the workshop "Women's Health in Kerala: Issues and challenges" organised on May 5th and 6th by Sakhi at Maria Rani Centre, Sreekariam, Thiruvananthapuram.
32. Mason, K.O. 1987. "The impact of women's social position on fertility in developing
33. Mason,K.O.(1986). "The Status of Women Conceptual and Methodological issues in Demographic Studies", *Sociological Forum 1(Spring)*: 284-300.
34. Mathew, E.T.,and Gopinath Nair, (1978). "Socio-Economic Characteristics of Emigrants and Emigrants' Households –A case of Two Villages in Kerala". *Economic and Political Weekly (Bombay) 13(28)*:1141-1153.
35. Nair, P.R.G. (1998). "Dynamics of Emigration from Kerala: Factors, Trends, Patterns and Policies". In *Emigration Dynamics in Developing Countries*, Vol. II: South Asia/ ed. by Appleyard, England: Ashgate publishing Ltd.
36. Nayyar, Deepak (ed.) (1994). *Migration, Remittances and Capital Flows: The Indian Experience*, New Delhi: Oxford University Press.
37. Parasuram, S. (1986). "Migration and its effect on family", *Indian Journal of Social Work 47(1)*: 1-14.
38. Population Reference Bureau (2001). *Conveying Concerns: Media Coverage of Women and HIV/AIDS*. Washington: Population Reference Bureau: 19.
39. Population Reports (1983). *Migration, Population Growth and Development*. 11(4)
40. Population Reports (2002). *Youth and HIV/AIDS Can We Avoid Catastrophe? 29 (3)*.
41. Prakash, B. A. (1978). "Impact of foreign remittances: A case study of Chavakkad village in Kerala", *Economic and Political Weekly*, 12(27).
42. Prakash, B.A. (1998). "Indian Migration To The Middle East: *Trends, Patterns and Socio-Economic Impacts*", Rohtak: Spellbound Publications Pvt Ltd.
43. Prema-Chandra Athukorala. (2006). *International Labour Migration in East Asia: Trends, Patterns and policy issues*, Journal compilation @ 2006 Asia Pacific School of Economics and Government, The Australian National University and Black Well Publishing Asia Pvt Ltd.
44. Radhakrishnan, C. and P. Ibrahim (1981). "Inward remittances and economic development", *The Manpower Journal*, 16(4).
45. Registrar General (2001). *Census of India, 2001*.
46. Sabu Sethu Padmadas (2000). *International Transmission of Health, Reproductive Health of Mother and Child Survival in Kerala, India*
47. Savithri, N. (1994). "An Analysis of Trend and Use of NRI Fund in Kerala", M.Phil Thesis, Department of Economics, University of Kerala, Kariavattom, Thiruvananthapuram.
48. Saxena, D.P. (1977). *Rural Migration and Cultural Change*, Bombay: Popular Prakashan Private LTD: 175-178.
49. Sekher T. V. (1993). "Migration selectivity from rural areas: Evidences from Kerala", *Demography India*, 22(2).
50. Shylaja, L. (2002). "Labour migration and its Socio- economic and demographic impact in Kerala", PhD thesis, Department of Demography, University of Kerala, Kariavattom, Thiruvananthapuram.
51. Sunit Gupta & Mukta Mittal (1995). "Status of Women and Children in India" Anmol Publications Pvt. Ltd, New Delhi-11002.
52. Suresh Kumar S. (2006). "A Demographic Analysis of HIV/AIDS in Kerala", PhD thesis, Department of Demography, University of Kerala, Kariavattom, Thiruvananthapuram.
53. The Hindu (2007). *The Hindu Daily*, Monday February 26, 2007
54. UNFPA (1995). *The State of World Population, Decisions for Development, Women Empowerment and Reproductive Health*.
55. Whyte,M.K.(1978), *The Status of Women in Preindustrial Societies*. Princeton, N J.: Princeton University Press.
56. Willekens, F.J. (1994). *Children in the third world: a demographic profile*, In G.C.N. Beets, J. C. Van den BOREKEL, R.L.CLIQUET, G. DOOGHE and J, de JONG GIEROELD (Eds). *Population and Family in the Low Countries 1993: Late fertility and other current issues* Swets and Zeitlinger, Lisse, The Netherlands: 167-208.
57. Zachariah K.C., E.T. Mathew, Irudaya Rajan (1999). *Kerala Migrants in India and abroad*, Working paper 1, CDS-IDPAD Research on "Emigration From Kerala State in India, Social, Economic, and Demographic Consequences", Centre for development Studies, Thiruvananthapuram
58. Zachariah K.C., E.T. Mathew, S. Irudaya Rajan (2000). "Migration in Kerala State, India: Dimensions, Determinants and Consequences", Working Paper 11, Centre for Development Studies, Thiruvananthapuram.
59. Zachariah K.C.and Irudaya Rajan (2004). *Gulf Revisited Economic Consequences of Emigration from Kerala, Emigration and Unemployment*, Working Paper363, CDS, Thiruvananthapuram

REQUEST FOR FEEDBACK

Dear Readers

At the very outset, International Journal of Research in Computer Application & Management (IJRCM) acknowledges & appreciates your efforts in showing interest in our present issue under your kind perusal.

I would like to request you to supply your critical comments and suggestions about the material published in this issue as well as on the journal as a whole, on our E-mail infoijrcm@gmail.com for further improvements in the interest of research.

If you have any queries please feel free to contact us on our E-mail infoijrcm@gmail.com.

I am sure that your feedback and deliberations would make future issues better – a result of our joint effort.

Looking forward an appropriate consideration.

With sincere regards

Thanking you profoundly

Academically yours

Sd/-

Co-ordinator

DISCLAIMER

The information and opinions presented in the Journal reflect the views of the authors and not of the Journal or its Editorial Board or the Publishers/Editors. Publication does not constitute endorsement by the journal. Neither the Journal nor its publishers/Editors/Editorial Board nor anyone else involved in creating, producing or delivering the journal or the materials contained therein, assumes any liability or responsibility for the accuracy, completeness, or usefulness of any information provided in the journal, nor shall they be liable for any direct, indirect, incidental, special, consequential or punitive damages arising out of the use of information/material contained in the journal. The journal, nor its publishers/Editors/Editorial Board, nor any other party involved in the preparation of material contained in the journal represents or warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such material. Readers are encouraged to confirm the information contained herein with other sources. The responsibility of the contents and the opinions expressed in this journal is exclusively of the author (s) concerned.

ABOUT THE JOURNAL

In this age of Commerce, Economics, Computer, I.T. & Management and cut throat competition, a group of intellectuals felt the need to have some platform, where young and budding managers and academicians could express their views and discuss the problems among their peers. This journal was conceived with this noble intention in view. This journal has been introduced to give an opportunity for expressing refined and innovative ideas in this field. It is our humble endeavour to provide a springboard to the upcoming specialists and give a chance to know about the latest in the sphere of research and knowledge. We have taken a small step and we hope that with the active co-operation of like-minded scholars, we shall be able to serve the society with our humble efforts.

Our Other Journals

