



## SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

**Journal Name:** BMC Public Health

**IF:** 3.6

**Title:** Coverage of continuum of Maternal, Newborn and Child Health (MNCH) care in a nationally representative sample of 40,687 mother–child dyads of India: a report from NFHS-5

**Author:** Ghosal J.; Nanda A.; Behera P.; Som M.; Bal M.; Ranjit M.; Kanungo S.; Kadam S.M.; Pati S.; Dutta A.

**Details:** Volume 25, Issue 1, August 2025

**Abstract:** A package of Maternal, Newborn and Child Health (MNCH) services are administered sequentially to mother–child dyads as Continuum of Care (CoC), but often each intervention is reviewed in silo in low-middle-income countries like India. Therefore, we aimed to examine the coverage of the entire package by computing composite CoC score of Indian mother–child dyads. We also aimed to estimate the effect of Indian states on CoC after adjusting for variations in socio-economic determinants; and then rank the Indian states based on their adjusted effects. Methods: Women (15–49 years) with most recently-born child (in last 5 years) aged 12–23 months ( $n = 40,687$ ) from National Family Health Survey-5 (2019–21) of India were analysed. Nineteen CoC interventions (Y/N) were added (equally-weighted) to construct a composite CoC score. Multi-level models were used to study the state effect on CoC score after adjusting for individual-level wealth, education, caste, urban/rural residence and fertility. Indian states were ranked by their CoC performance using adjusted state residuals from the model. Results: Only 3% dyads received all the 19 interventions, however, 50% received 14/19. Sterile delivery kit usage (94.4%), newborn weighing (92.4%) and skilled birth attendance (89.4%) were services with higher coverage, whereas early initiation of breastfeeding (43.7%) and appropriate iron-folate consumption (56.8%) had low coverage. Conclusion: Odisha and a few other less-developed Indian states demonstrated that good CoC coverage can be achieved even with restricted resources, perhaps through strengthening of public health system. Other states should emulate and help India as a nation achieve full CoC coverage of all its mother–child dyads and attain MNCH-related sustainable development goals.



**URL:** <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-23697-x>





## SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

**Journal Name:** Tropical Medicine and Health

**IF:** 3.5

**Title:** Power imbalances in tropical medicine journals: an analysis of editorial board representation

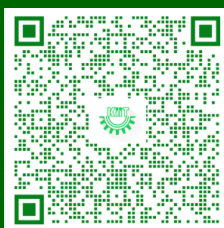
**Author:** Panda S.N.; Barik M.; Ratna P.; Das P.K.

**Details:** Vol. 53, Issue 1, December 2025, Article no. 92

**Abstract:** Background: Shaped by its colonial origins, tropical medicine sustains inequitable power dynamics in global health, sidelining low-middle-income countries (LMICs) in critical decision-making processes over research agendas and priorities. Editorial boards of tropical medicine journals, dominated by scholars from high-income countries (HICs), risk reinforcing power imbalances and excluding context-driven expertise from endemic regions. This study examines the diversity of editorial boards across gender, geographic, socioeconomic, and geopolitical dimensions to assess systemic inequities. Results: The editorial board comprised 2,226 members, 66% male, 31.2% female, and 2.8% undetermined, from 120 nations. The regional contributions included Europe and Central Asia (21.9%), North America (20.9%), East Asia and the Pacific (16.6%), and Latin America and the Caribbean (16.2%), whereas Sub-Saharan Africa (11.2%), South Asia (9.7%), and the Middle East and North Africa (3.4%) were underrepresented. Over half (52.8%) were affiliated with high-income countries. Geopolitically, 40.3% were from the G7, 67.1% were from the G20, and 24.2% were from the BRICS. Some journals showed skewing, with 85.2% North American representation and 90.3% East Asia–Pacific dominance. Conclusion: Tropical medicine editorial boards are steeped in systemic inequities that echo colonial legacies, with the overrepresentation of HICs and men limiting LMIC perspectives and local expertise. This imbalance undermines research relevance and ethical integrity by prioritizing Global North agendas over the needs of populations most affected by tropical diseases. To address these disparities, substantial reforms are essential. Strategies such as instituting DEI (Diversity, Equity and Inclusion), creating targeted mentorship programs for LMIC researchers, and enforcing transparent, bias-resistant recruitment practices are important. Such measures will create a more inclusive editorial landscape that aligns research priorities with global health needs, promoting equitable and contextually relevant solutions.



**URL:** <https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-025-00752-2>





## SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

**Journal Name:** Frontiers in Public Health

**IF:** 3.4

**Title:** Vendor density mapping and compliance assessment with tobacco control laws around schools in Bhubaneswar City-a geo-spatial mapping and observational study

**Author:** Satpathy, N; Jena, P; Yadav, A; Epari, V; Mohanty, V; Ali, MI; Khare, R; Singh, YP; Pandey, AK

**Details:** Vol. 13, Article No. 1410114, 2025

**Abstract:** Background: Tobacco use among youth remains a significant public health challenge, particularly in India, where vendor accessibility plays a crucial role in initiation and consumption. This study examines tobacco vendor density around schools in Bhubaneswar City, Odisha, utilizing advanced geo-spatial mapping techniques to provide evidence for regulatory enforcement. Methods: A geo-spatial mapping approach was employed using ArcMap 10.8 and Google Maps to identify tobacco vendors within a 100-yard radius of 15 selected high schools. Data collection was conducted through a structured questionnaire with 53 closed-ended questions via the Epicollect5 platform. The study adopted a probability proportional-to-size sampling method to ensure representative vendor distribution. Results: The study identified 107 tobacco vendors surrounding the selected schools, with an average vendor density of approximately seven per school vicinity. Pan vendors and grocery/convenience stores were the most prevalent vendor types. Despite existing regulations, widespread tobacco advertising, brand displays, and promotional activities were observed. Additionally, violations related to smoking near schools and sales to minors indicated gaps in regulatory compliance. Conclusion: The high density of tobacco vendors near schools underscores the need for strengthened enforcement mechanisms and policy interventions. Enhancing regulatory compliance through stricter zoning laws, targeted monitoring, and community-driven initiatives is essential to reducing youth exposure to tobacco products and mitigating associated health risks.



**URL:** <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1410114/full>





## SCHOLARLY PUBLICATIONS School of Public Health KIIT Deemed to be University

**Journal Name:** Health Research Policy and Systems

**IF:** 3.2

**Title:** Policy to practice: insights from implementation of a school-based sanitary napkin distribution programme in Odisha, India

**Author:** Desaraju S.; Panda N.; Panigrahy R.P.; Panda B.

**Details:** Volume 23, Issue 1, July 2025

**Abstract:** Recognizing the importance of menstrual health and hygiene, governments worldwide, including India, are working towards improving awareness, infrastructure and access to essential products and services. Odisha's state-led "Khushi" programme, launched in 2018, is one such initiative providing free sanitary napkins to schoolgirls in government and government-aided schools to improve menstrual hygiene and reduce dropouts. Our study aims to explore the perspectives and barriers in the implementation of the Khushi programme in Odisha. Methodology: This paper emanates from a larger study on menstrual health in Odisha, conducted from September 2021 to December 2022, focussing on qualitative insights into the implementation challenges of the Khushi programme. Results: Our study findings related to the systemic bottlenecks in the implementation of the Khushi programme have been summarized under key thematic domains: (1) approach to micro-planning; (2) interdepartmental convergence; (3) indenting and supply chain; (4) capacity building; and (5) monitoring and supervision. This study underscores the importance of designing and implementing a comprehensive behaviour-change strategy that should capitalize on the existing collaboration between the health and education departments, while addressing identified weaknesses. Conclusions: The Khushi programme has the potential to bring about a paradigm shift in menstrual health behaviour among schoolgirls. To maximize its impact, the government may adopt a comprehensive strategy, including strengthening menstrual-hygiene-compliant school infrastructure, providing education and sensitization for both implementers and beneficiaries, and integrating environment-friendly menstrual hygiene products in the programme.



**URL:** <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01316-w>

