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On Literacy and Population Education

ADOLESCENT IN INDIA

AN ABSTRACT BIBLIOGRAPHY

Indian Adult Education Association
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An Abstract Bibliography

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on Literacy and Population Education
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Bibliographic Database Series
- Adolescent Reproductive Health
- Adolescent Pregnancy

Adolescent in India
An Abstract Bibliography

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FOREWORD

In every sphere of the life lots of information is being generated which needs to be shared and sharing of information is very important task. It needs some sort of specialized activities. The National Documentation Centre on Literacy and Population Education, was established in IAEA with the financial assistance from UNFPA through Directorate of Adult Education, Govt. of India in 1995. Since its inception the Documentation centre has engaged itself in reaching to its clients with right information at right time, and has tried to become a gateway of information on various aspects of literacy and population education issues.

It is a matter of great satisfaction that over the years Documentation centre has been regularly collecting resource materials, generating bibliographies, publishing journal and newsletter on population education which are highly appreciated. Through information repackaging service it has kept its programme partners abreast of the developments on various issues concerning population education.

I am happy to learn that the Documentation centre has prepared three sets of Bibliographies on issues covering Adolescents. Information on as many as around 150, 120 and 115 researches on the subjects namely **Adolescents in India, Adolescent Reproductive Health and Adolescent Pregnancy** respectively, conducted in the last decade and reported in different books/journals/newsletters/web sites, have been documented in the present bibliographic database series.

I congratulate Shri SC Dua and his team for bringing out these timely relevant bibliographic databases which would be of immense use to research scholars and practitioners of Population Education.

I wish the Documentation Centre to truly become a gateway of information and clearing house on Literacy. Population and Development Education issues as envisaged in its programme objectives.

K C Choudhary
President
Indian Adult Education Association

December 2002
New Delhi

PREFACE

Adolescence is a distinct and dynamic phase of development in the life of an individual. It is a period of transition from childhood to adulthood and is characterized by spurts of physical, mental, emotional and social development.

According to recent statistics, more then 50 per cent of the world's population is below the age of 25 and about, one - fifth of the world population is of adolescents. As this is a large percentage of the population, any change in the pattern of education, behaviour, age at marriage and life style of adolescents would have a significant impact on the societies in which they live.

Keeping in view the above mentioned facts the study of adolescent has gained importance. The Documentation Centre has compiled three different sets of bibliographies around the issues of Adolescents i.e. **i). Adolescent in India ii). Adolescent Reproductive health, and iii). Adolescent Pregnancy**. The bibliographic database, we hope, will be helpful in undertaking research work/programmes concerned with adolescents.

The National Documentation Centre has compiled this bibliographic database by scanning material from various sources. The Popline Search of John Hopkins University, USA and Reproductive Health Website of UNESCO, Bangkok, were of immense use in locating desired topics. The material has been compiled in chronological order and an abstract for each document has also been provided. Key words have also been enumerated which will provide a good insight into the nature of the documents.

I am thankful to **Shri KC Choudhary**, President, Indian Adult Education Association for his unconditional support and sustained encouragement to accomplish the task.

I am also thankful to Shri SC Dua, Documentation Officer for scanning several sources to collect the material and editing the bibliographies. Shri Vivek Nagpal, research scholar, Department of Adult and Continuing Education and Extension, University of Delhi, also deserves appreciation for assisting in search of the material and helping in preparation of abstracts. At last but not the least, I am also thankful to Shri Vikas Khanna, Ms. Neha Arora for preparing, layout design of the manuscript.

RN MAHLAWAT
Hony. General Secretary
Indian Adult Education Association

December 2002
New Delhi

Adolescent in India

An Abstract

Bibliography

Title: Embodying identity through heterosexual sexuality—newly married adolescent women in India.
Author: George A
Source: Culture, Health and Sexuality. 2002 Apr-Jun;4(2):207-22.
Year: 2002

Abstract: This paper explores the ways in which newly married working-class adolescent women of Mumbai, India deal with their marital sexual experiences to transform their bodies from a body-for-others to become also a body-for-self. Using qualitative data gathered through repeated focus group discussions and in-depth interviews with 100 women, the author examined the ways women used their bodies in culturally expected ways through participation in sexual activity and reproduction to acquire personal honor. Through the daily disciplining of sexual relations, women characterized their sexual bodily experiences to move from reluctance, shyness, and fear to one of pragmatism. Older married women invoked discourses of ideal femininity to normalize what newly married adolescents perceived as unpleasant events. In retrospect, these women, who had experienced gains of status as mothers and honor as married women, transformed the disciplining of their bodies into a force for personal transformation, raising the possibility that their actions can be read as both submission and resistance to existing patriarchal norms. (author's)

Keywords: India; Research Report; Heterosexuals; Adolescents, Female; Newlyweds; Sex Behavior; Sexual Intercourse; Women's Status; Perception; Reproduction; Patriarchy; Southern Asia; Asia; Developing Countries; Behavior; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Marital Status; Nuptiality; Socioeconomic Factors; Economic Factors; Psychological Factors; Family Characteristics; Family and Household

Title: Empowerment of adolescent girls through reproductive health education and livelihoods training.
Author: Sebastian MP; Huntington D
Source: [Unpublished] 2002. Presented at the 25th Annual Conference of the Indian Association for the Study of Population, International Institute for Population Sciences, Mumbai, India, February 11-13, 2002.[12] p.
Year: 2002

Abstract: In India, over one-quarter of girls are married by age 15 and over one-half by age 18. Thus, in adolescence itself they are pushed to the assumption of adult roles and responsibilities. Hence, empowerment of adolescent girls foresees creating a better future for them and the coming generation. Reproductive health (RH) is still a taboo topic, though more than one-half of all new HIV infections are among young people aged 15 to 24 years. It is also known that women get many of the sexually transmitted infections including AIDS from their husbands. Many international, regional, and national conferences have emphasized the importance of women's empowerment and that RH is an indispensable part of women's empowerment. This presentation examines the observations from the ongoing research project at Allahabad for adolescent girls. Vocational training and savings in post offices were introduced to adolescent girls who participated in RH education. RH education in adolescent groups not only gives RH knowledge but acts as a safe meeting place for girls, sharing each other's experiences, asking for and gaining new knowledge. Introduction of vocational training and savings is expected to add to their ability to look for economic livelihood, better bargaining power, group support and thus more control over their own lives and personal and social relationships. The experiences from this intervention are examined in the context of empowerment in the paper. (author's)

Keywords: India; Research Report; Adolescents, Female; Slums; Women's Empowerment; Reproductive Health; Education; Training Programs; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Urbanization; Urban Spatial Distribution; Population Distribution; Geographic Factors; Women's Status; Socioeconomic Factors; Economic Factors; Health

Title: Adolescent girls in India choose a better future: an impact assessment.
Author: Anonymous
Corporate Name: Centre for Development and Population Activities [CEDPA]
Source: [Washington, D.C.], CEDPA, 2001 Sep.21 p.USAID Cooperative Agreement No. HRN-A-00-98-00009-00 **Year:** 2001

Abstract: Since 1989, the Centre for Development and Population Activities has been implementing the pioneering 'Better Life Options Program' (BLP) for adolescents in India through its partner organizations. The program uses an empowerment model that offers adolescent girls a combination of life skills: literacy and vocational training, support to enter and stay in formal school, family life education, and leadership training. This cross-sectional comparative impact study assessed the effect of the program on the behavior and practices of the girls and young women and how there had been a change.

BLP alumnae who completed the program between 1996 and 1999 were compared with a similar control group of young women (15-26 years old) who had not been exposed to the program. Overall, results show significant differences between the controls and BLP alumnae in terms of education, vocational skills, economic empowerment, autonomy and mobility, self-confidence, reproductive health and child survival behavior, and health seeking. The BLP empowerment model has resulted in significant impact on participants' economic empowerment, self-esteem and confidence, autonomous decision-making, reproductive health, and child survival practices.

Keywords: India; Evaluation Report; Cross Sectional Analysis; Comparative Studies; Control Groups; Adolescents, Female; Education; Economic Factors; Women's Empowerment; Reproductive Health; Utilization of Health Care; Programs; Southern Asia; Asia; Developing Countries; Evaluation; Research Methodology; Studies; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Women's Status; Socioeconomic Factors; Health; Health Services; Delivery of Health Care; Organization and Administration

Title: Physical growth assessment in adolescence.
Author: Agarwal KN; Saxena A; Bansal AK; Agarwal DK
Source: Indian Pediatrics. 2001 Nov;38:1217-35. **Year:** 2001

Abstract: This cross-sectional study aims to describe ponderosity indices body mass index (BMI) and ponderal index (PI) and skin fold thickness (SFT) (triceps, biceps, subscapular and suprailiac) for affluent Indian school going adolescents. Measurements were recorded in healthy affluent school going adolescents in public schools of 12 cities in India (boys = 11,863 and girls 7694). Means and percentiles of ponderosity indices and skinfold thickness at yearly intervals were derived for each sex and related to sexual maturity. BMI, PI and SFT were higher in girls. There was lower variability of these parameters with sexual maturity rating (breast/genital development stages) as compared to age, suggesting use of these indices in relation to sexual maturity for assessment of adolescent growth. Pediatricians and endocrinologists can use these indices for assessment of thinness and obesity, in adolescent Indian children, in relation to sexual maturity for the age. (author's)

Keywords: India; Research Report; Adolescents; Students; Anthropometry; Child Development; Growth; Nutrition Indexes; Health Status Indexes; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Measurement; Research Methodology; Biology; Nutrition; Health

Title: A day in the life of Sabeeha Anjum. India.
Author: Anjum S
Source: Real Lives. 2001 Feb;(6):7. **Year:** 2001

Abstract: Sabeeha Anjum, a 23-year-old college dropout in Madhya Pradesh, India, runs a vocational skill and counseling center for adolescent girls in the area. Having been persuaded to volunteer with the Family Planning Association of India, Sabeeha counsels people and distributes pills, condoms and other family planning devices to older women. Focusing on adolescents, Sabeeha holds morning classes daily and teaches them about their bodies and reproductive health, along with tailoring and other income generating

activities. She also teaches them how to handle boys and how to deal with emotional problems. Sabeeha has taught 60 students so far, and some of them are already earning money.

Keywords: India; Adolescents, Female; Reproductive Heaith [Women]; Women; Family Planning; Counseling; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Clinic Activities; Program Activities; Programs; Organization and Administration

Title: India: WBVHA adopts school-based approach to adolescence health education.
Author: Anonymous
Source: Adolescence Education Newsletter. 2001 Jun;4(1):9. **Year:** 2001

Abstract: The West Bengal Voluntary Health Association (WBVHA) adopts a school-based approach to adolescence health education by introducing the Adolescence Health Education project to 120 schools, 80 teachers, and 7200 students in the districts of Calcutta, Bankura, Darjeeling, and Dakshin Dinajpur in India. It is noted that popular demands from parents, teachers, students, and nongovernmental organizations have prompted WBVHA to expand its experience in school-based health promotion. As such, the project aims to add knowledge and skills on adolescent problems and management through an effective and sustainable intervention. The students in these districts were surveyed as to their knowledge, attitude and practice and the results are yet to be published. Chosen as the model school for adolescence health education promotion, the Tollygunge Girls' High School has done many activities under the project. The progress of the project is noted in the four districts and a series of training programs and workshops are being held to improve project implementation in their districts.

Keywords: India; Adolescents; Health Education; School-Based Services; Program Activities; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Programs; Organization and Administration

Title: Hepatitis B immunization in adolescent girls.
Author: Bapat S; Joshi D; Naik SS; Bavdekar A; Bhave S
Source: Indian Pediatrics. 2001 Oct;38:1160-2. **Year:** 2001

Abstract: Hepatitis B virus (HBV) is an important cause of acute and chronic morbidity and mortality in the world. In India, an estimated 27.4% of HBV exposures takes place in children below 5 years of age, with the chief sources of infection through vertical transmission and child-to-child transmission. Although vaccination programs have been very effective in reducing vertical transmission of HBV, there is a need for urgent protection among the vulnerable population of young adolescent girls who will soon be mothers. To this effect, this study aimed to determine the efficacy of two recombinant deoxyribonucleic acid (DNA) vaccines in 112 adolescent schoolgirls aged 10-14 years. Overall, both the vaccines produced 100% sero-protection, with pain at injection site as the only side effect reported. Thus, it is demonstrated that recombinant DNA vaccines are safe and efficacious for prophylaxis against Hepatitis B in adolescent girls.

Keywords: India; Research Report; Clinical Research; Adolescents, Female; Hepatitis; Vertical Transmission; Vaccination; Southern Asia; Asia; Developing Countries; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Viral Diseases; Diseases; Immunization; Primary Health Care; Health Services; Delivery of Health Care; Health

Title: Reproductive health-seeking by married adolescent girls in Maharashtra, India.
Author: Barua A; Kurz K
Source: Reproductive Health Matters. 2001 May;9(17):53-62. **Year:** 2001

Abstract: In India, most adolescent girls 15-19 years old are married. A study was conducted in 1995-97 in Ahmednagar district of Maharashtra, India, to gain insight into whether and how their reproductive health needs are met, especially for gynecological problems, family planning and perceived fertility problems. It included a survey among 302 married girls of this age, and in-depth interviews with 74 girls, 37 husbands, and 53 mothers-in-law. Girls were treated quickly for illnesses interfering with domestic work and were expected to conceive in the first year of marriage. Menstrual disorders and symptoms of reproductive tract infection often went untreated. There was an emerging need for delaying and spacing pregnancies; limiting the number of children was well established. Household work, protection of fertility and silence arising from embarrassment related to sexual health problems were the strongest factors influencing care-seeking. Husbands made the decision whether their wives could seek care and mothers-in-law sometimes influenced these decisions; girls had neither decision-making power nor influence. This study provides valuable input for the new reproductive and child health program in Maharashtra. (author's)

Keywords: India; Research Report; Surveys; Adolescents, Female; Reproductive Health [Women]; Women; Marriage;

Title: Urbanisation and the adolescent: the need for professional counselling services.
Author: Bose VS; Pramila VS :214-28.
Source: Visakhapatnam, India, Andhra University, Department of Sociology, 2001. In: Urbanisation at the new millennium: the Indian perspective, edited by K. Radhakrishna Murty. **Year:** 2001

Abstract: This paper outlines the problems and predicaments of adolescents in urban Indian families and stresses the need for professional counseling services to cater to the needs of the adolescent suffering from marginality. With the development of modern urban societies, control by adults over their adolescent children has decreased. As a result of the lack of guidelines to go by and anchor points by which to make their decisions, the adolescent undergoes a lot of turmoil not only within him/herself but also within the family and sometimes in the society. Several cases are examined of adolescents who are in such turmoil, and the contexts in which the adolescent's problems become significant (families, peers, school, and their own cultural milieu). Urbanization has affected the adolescent most severely. This finding indicates the need for training programs that are aimed at helping adolescents to alleviate their stress.

Keywords: India; Technical Report; Case Studies; Adolescents; Urbanization; Social Problems; Stress [Prevention and Control]; Counseling; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Urban Population Distribution; Population Distribution; Geographic Factors; Psychological Factors; Behavior; Clinic Activities; Program Activities; Programs; Organization and Administration

Title: Reproductive and child health (RCH) care and its implementation by IMA.
Author: Dawn CS
Source: Journal of the Indian Medical Association. 2001 Mar;99(3):146-7. **Year:** 2001

Abstract: Reproductive and Child Health (RCH) is an extended maternal/child health of family welfare or safe motherhood or child survival and safe motherhood program. Its package covers the pre-reproductive years, reproductive years, and post-reproductive years. Since the Indian Medical Association (IMA) is the forerunner of providing health care to people in India, it should take up implementation of the RCH program to achieve the goal of population stabilization in the country. In 1998, IMA declared that the population stabilization program should be the nation's top priority program. Its plan of action, for IMA members to implement, includes: 1) providing preventive health care via home resources to adolescent girls; and 2) ensuring availability of contraceptives, education on RCH, advice on safe medical termination of pregnancy, and downstaging of cervical carcinoma during the adolescent girl's reproductive years. Family physicians, IMA members in particular, can implement such activities in the RCH program.

Keywords: India; Adolescents, Female; Reproductive Health; Child Health; Maternal Health; Programs; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Organization and Administration

Title: Puberty rituals, reproductive knowledge and health of adolescent schoolgirls in south India.
Author: Narayan KA; Srinivasa DK; Pelto PJ; Veerammal S
Source: Asia-Pacific Population Journal. 2001 Jun;16(2):225-38.
Year: 2001

Abstract: This research paper provides insights on the public celebration of puberty rituals, reproductive knowledge, and health of adolescent schoolgirls in South India. It is noted that the events and experiences surrounding menstruation burdens young girls' view of themselves, as well as their understanding of reproductive health issues, and on appropriate behavior for hygienic management of menstruation. Thus, a study of the social dimensions of menarche and menstruation was carried out in the rural and urban field practice areas of the Jawaharlal Institute of Postgraduate Medical Education and Research in Pondicherry. Overall, this study shows that despite the prominence of the ceremonial attention to "coming of age," very little attention is paid to informing adolescent girls about the actual facts of life of menstruation. Much of the information about menstruation imparted to a young girl is in the form of restrictions on her movements and behavior, along

with some other superstitions. Thus, the teaching of hygienic practices related to menstruation should be linked to an expanded health education. This is important for the girls so they can gain knowledge on the physiology of the reproductive system, information on reproductive tract infections, sexually transmitted infections, and other useful knowledge.

Keywords: India; Technical Report; Interviews; Adolescents, Female; Puberty; Traditional Ceremonies; Menarche; Menstruation; Reproductive Health; Health Education; Knowledge; Southern Asia; Asia; Developing Countries; Data Collection; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproduction; Health; Education

Title: Prevalence of anaemia among adolescent girls in rural area of district Meerut, U.P.
Author: Rawat CM; Garg SK; Singh JV; Bhatnagar M; Chopra H
Source: Indian Journal of Public Health. 2001 Jan-Mar;45(1):24-6.
Year: 2001

Abstract: The prevalence of anemia in 504 adolescent girls (10-18 years) representing 24 subcenter villages of Daurala block of Meerut was 34.5%. The prevalence of mild, moderate and severe anemia among adolescent girls was 19.0%, 14.0%, and 1.4%, respectively. Majority (55.2%) were having mild anemia and only 4.0% had severe anemia. Anemia was found to be significantly associated with educational status ($P < 0.05$), birth order ($P < 0.05$), awareness regarding anemia ($P < 0.05$) and marital and obstetric status ($P < 0.05$) with no association with age, anthropometry and menarchial age ($P > 0.05$). (author's)

Keywords: India; Research Report; Rural Population [Women]; Women; Adolescents, Female; Anemia [Women]; Prevalence; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Diseases; Measurement; Research Methodology

Title: Assessing potential risk factors for child malnutrition in rural Kerala, India.
Author: Sanghvi U; Thankappan KR; Sarma PS; Sali N
Source: Journal of Tropical Pediatrics. 2001 Dec;47:350-5. **Year:** 2001

Abstract: Studies indicate that 42-57% of all child deaths in developing countries are due to the potentiating effects of malnutrition on infectious disease, of which over three-quarters can be attributed to mild-to-moderate malnutrition. Risk factors for underweight status in children under 3 years of age were assessed in Kerala, India. Mothers of 34 children weighing below -1 standard deviation (SD) for their age and 59 children weighing more than 1 SD for their age, were interviewed for information about maternal health, child feeding patterns, and sibling gender and age data. Statistical analysis showed that current maternal weight (odds ratio (OR) = 8.25, p = 0.0009), current maternal body mass index (OR = 4.55, p = 0.03), infant birth weight (OR = 4.87, p = 0.01) and excessive maternal vomiting in pregnancy (OR = 4.48, p = 0.04) were significant risk factors for current child underweight status. Based on this observed relationship of maternal nutritional factors with child weight-for-age status, further studies on interventions to address the health problems of adolescent girls and all women of reproductive age in Kerala are suggested,

in addition to continuing the emphasis in current rural health and nutrition programs for pregnant and lactating mothers. (author's)

Keywords: India; Research Report; Interviews; Rural Population; Child; Malnutrition; Risk Factors; Southern Asia; Asia; Developing Countries; Data Collection; Research Methodology; Population Characteristics; Demographic Factors; Population; Youth; Age Factors; Nutrition Disorders; Diseases; Biology

Title: Nutritional status of adolescent girls of a slum community of Varanasi.
Author: Singh N; Mishra CP
Source: Indian Journal of Public Health. 2001 Oct-Dec;45(4):128-34.
Year: 2001

Abstract: In order to assess the nutritional status of adolescent girls of a slum community of Varanasi and factors influencing them, this study was carried out on 70 girls belonging to the age group 13-18 years. The study subjects were selected from Sunderpur, an urban community of Varanasi, by adopting appropriate sampling methodology. The approach adopted for the study was a cross-sectional one. The tools in the study were pre-designed and pre-tested schedule, weighing scale, steel anthropometric rod and measuring tape. The techniques of the study included interview method, clinical examination and anthropometry. In all, 70.0% adolescent girls had body mass index <20%; 51.43% study subjects were suffering from chronic energy deficiency. Stunting (height for age, alpha90%) was present in 10% of adolescent girls. Their average weight, height, mid-arm circumference were 83.45%, 93.08% and 82.05% of the corresponding estimated reference values. Significant association of common parameters (viz., age, caste, income, type of family, working and literacy status) with nutritional status of study subjects was not observed in this study. However, lesser undernutrition in large families (>6) indicated the role of familial support in prevention of undernutrition in adolescent girls. (author's)

Keywords: India; Research Report; Cross Sectional Analysis; Sampling Studies; Anthropometry; Adolescents, Female; Slums; Nutrition Indexes; Body Height; Body Weight; Southern Asia; Asia; Developing Countries; Research Methodology; Studies; Measurement; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Urbanization; Urban Spatial Distribution; Population Distribution; Geographic Factors; Nutrition; Health; Physiology; Biology

Title: Typecast early. How teenagers see gender roles.
Author: Sundar R
Source: Manushi. 2001 Nov-Dec;(127):18-21. **Year:** 2001

Abstract: This article attempts to show how some adolescent boys and girls living in the rural areas of Tamil Nadu perceive gender roles and gender relations. It is based on the information gathered during the Lifeskills Education Program conducted for middle-school students by the Rural Women's Education Centre. The participants included 586 adolescents who underwent six sessions, including an introductory session. Each session covered a number of topics: creating self- awareness; the body; status of women in present day society; relationship with the opposite sex, norms according to elders, and codes of behavior. Overall, the opinion poll indicates that most of adolescent boys and girls have

several typecast ideas about who should perform everyday chores. The majority of these adolescents seem to have stereotypical ideas about what is feminine and what is masculine. However, a significant number have questioned these traditional roles, and the majority is in favor of equal sharing of household chores.

Keywords: India; Summary Report; Adolescents; Rural Population; Gender Issues; Female Role; Male Role; Housework; Women's Status; Social Behavior; Perception; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Behavior; Microeconomic Factors; Economic Factors; Socioeconomic Factors; Psychological Factors

Title: Educational and social status of adolescent girls in Mahabubnagar district, Andhra Pradesh. Need for IEC intervention — a study. (A brief note). **Author:** Swamy SS **Source:** [Unpublished] [2001]. World Wide Web address: http://unescobkk. org.2 p. **Year:** 2001

Abstract: This brief article announces a research project that aims to find out the educational, social, health, and psychological conditions and needs of girls aged 10-19 years in Andhra Pradesh, India. It is noted that the study's district, which has a literacy rate of 45.3%, is well-known for its peculiar socio-economic problems. Various methods will be used to measure awareness and knowledge, develop information, education and communication (IEC) modules, arrange training programs, measure the impact of IEC intervention, and arrange for counseling and interviews.

Keywords: India; Adolescents, Female; Educational Status; Socioeconomic Status; IEC; Needs; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Socioeconomic Factors; Economic Factors; Program Activities; Programs; Organization and Administration

Title: Towards meaningfulness. Annual report 1999-2000, Mahila Samakhya, Uttar Pradesh.
Author: Anonymous
Corporate Name: Mahila Samakhya, Uttar Pradesh
Source: [Lucknow], India, Mahila Samakhya, Uttar Pradesh, 2000.[16], 120 p. **Year:** 2000

Abstract: The Mahila Samakhya, Uttar Pradesh (UP) is a registered society set up by the Department of Education, Ministry of Health Resource Development in India. Its primary aim is empowering women by assisting them to strive for equality by becoming conscious of the need for information, awareness and selfhood. This document presents the annual report of the society for the year 1999-2000. The word "sangh" is defined as a group of women coming together, helping and working together. The achievements created by sanghs for the year 1999-2000 include: movement of the sanghs towards collective strength; increase in the number of sanghs constituted by adolescent girls; assistance to improve literacy; creation of mobile and permanent libraries for rural and neo-literate; organization of trainings for capacity building; ventures on cooperative farming, tent house, and other occupations to increase their income; awareness on women's health; increase access to government hospital and services; resolution of cases brought

before the Nari Adalat; documentation and publication of books to develop a positive gender perspective; research and study on women's issues and needs; expansion of the program; increase efficiency for dissemination of information; and convergence with various organizations.

Keywords: India; Annual Report; Women's Empowerment; Education; IEC; Gender Issues; Southern Asia; Asia; Developing Countries; Women's Status; Socioeconomic Factors; Economic Factors; Program Activities; Programs; Organization and Administration

Title: Demographic characteristics of adolescents. Case study: India.
Author: Anonymous
Corporate Name: UNESCO
Source: [Unpublished] [2000]. World Wide Web address: http://www.unescobkk.org.[6] p. **Year:** 2000

Abstract: This paper presents a snapshot of the demographic characteristics of adolescents in India. Over 190 million adolescents account for nearly one-fifth of India's total population. However, unlike other developing countries, the adolescent population has been decreasing. Also, the sex ratio among adolescents is the same as that of India's total population, with males outnumbering females. Despite the late onset of adolescence, marriage and consequently the onset of sexual activity and fertility occur earlier on girls. Literacy rates are 63% for males but a little less than 40% for females. Furthermore, this paper provides information on the health and nutrition, labor, fertility, teen pregnancy and abortion, sexually transmitted diseases/HIV/AIDS, and knowledge, attitude and behavior on sexuality and reproductive health.

Keywords: India; Adolescents; Demographic Factors; Population Characteristics; Marriage Age; Educational Status; **Adolescent** Pregnancy; Abortion, Induced; Sexually Transmitted Diseases; HIV Infections; Family Planning; Reproductive Health; KAP Surveys; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population; Marriage Patterns; Marriage; Nuptiality; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Reproductive Behavior; Fertility; Population Dynamics; Fertility Control, Postconception; Reproductive Tract Infections; Infections; Diseases; Viral Diseases; Health; Surveys; Sampling Studies; Studies; Research Methodology

Title: Cultural settings affect adolescent needs.
Author: Anonymous
Source: Adolescence Education Newsletter. 2000 Dec;3(2):6.
Year: 2000

Abstract: Adolescent needs differ and require responses that are tailored to specific cultural settings. 1054 students from 90 schools in 6 urban and rural districts of Madhya Pradesh, India, were surveyed to determine their awareness of and attitude towards a variety of topics in adolescent health and development. Overall, results indicated that 90% of the participants were unaware of the various changes taking place during adolescence. Some 50% expressed misconceptions about wet dreams, masturbation, virginity, and other aspects of adolescent development. It is noted that awareness levels are higher among the urban students than among tribal students and among males over females. The survey also notes that parents' education and type of occupation contribute to the respondents' level

of awareness. Books, television, friends, and peers were ranked as major sources of information.

Keywords: India; Summary Report; Surveys; Adolescents; Students; Cultural Background; Needs; Knowledge; Reproductive Health; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Economic Factors; Health

Title: Programs for adolescent girls documented in India.
Author: Anonymous
Source: POPULATION BRIEFS. 2000 Jun;6(2):3. **Year:** 2000

Abstract: This paper documents the innovative strategies from seven governmental and nongovernmental organization programs addressing a range of adolescent issues. The collaborative effort of the Population Council and the local counterparts highlight the diversity of adolescent experience and emphasizes the need to look beyond reproductive health in order to ensure girls' safe transition to adulthood. The review suggests that programs need to focus on developing skills that can be applied to all aspects of the lives of adolescent girls, including self-esteem and confidence enhancement and improving their access to information. Moreover, the assessment also showed that the health needs of adolescent girls, especially the married ones, are often unmet. Considering the importance of an integrated approach, some of the programs evaluated were able to provide a strategy by collaborating with existing local services. It is documented that the strong links with the community were invaluable for the success of these integrated programs. Addressing the needs of other family members, particularly the boys are also emphasized. Experience of the program has shown that targeting boys prior to adolescence is a prudent strategy. Similarly, the training program for staff members is crucial in shaping a girl-friendly environment. Finally, the paper emphasizes the importance of crafting new programs that respond to the needs of specific communities and populations.

Keywords: India; Progress Report; Adolescents, Female; Programs; Program Activities; Program Evaluation; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Organization and Administration

Title: Workshop on NGOs' role in reproductive and child health programmes.
Author: Anonymous
Source: FOCUS: POPULATION, ENVIRONMENT, DEVELOPMENT. 2000 Jul-Sep;14(3):3-4. **Year:** 2000

Abstract: During the 2-day workshop on "Reproductive and Child Health (RCH) Programs in Urban Slums: Role of Nongovernment Organizations (NGOs)" held in India, papers on RCH were presented by experts, government functionaries, and representatives from a large number of NGOs. Some of the participants included Mrs. Krishna Singh, member secretary of the National Commission on Population, Dr. K. Srinivasan, executive director of the Population Foundation of India (PFI), and Mr. Hari Shankar Singhania, vice-chairman

of PFI. The program of the workshop was divided into six sessions: 1) problems perceived by NGOs in implementing the RCH program; 2) approach and methodology in implementing the program; 3) new initiatives in implementing RCH services by NGOs under a new population policy; 4) major issues and approaches in adolescent health and sexuality; 5) focus on sexual health; and 6) new initiatives required under the New Population Policy 2000. Some of the most important topics discussed during the workshop include: the need for networking among NGOs, improving quality of services extended by the government health facilities, emphasis on medical research in the area of contraceptives, misuse of ultrasound, and improving the reach, access, and utilization of services.

Keywords: India; Workshops; Slums; Program Development; Family Planning Programs; Reproductive Health; Child Health Services; Nongovernmental Organizations; Southern Asia; Asia; Developing Countries; Education; Urbanization; Urban Population Distribution; Population Distribution; Geographic Factors; Population; Programs; Organization and Administration; Family Planning; Health; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Organizations

Title: Sexual behaviour of commercial sex-workers and risk for AIDS epidemics.
Author: Mahadevan K; Sumangala M; Rajasekhar K; Nair VB; Ramalingam SP :313-30.
Source: Delhi, India, B.R. Publishing Corporation, 2000. In: Reproductive health of humankind in Asia and Africa: a global perspective. Vol. 1, edited by Kuttan Mahadevan, Gao Ersheng, Yu Jing Yuan, R. Jayasree, A.K.M. Nurun Nabi. **Year:** 2000

Abstract: This paper focuses on the sexual behavior of the rural indigenous population of Tamil Nadu, India. The sexual behavior described relates to extra-marital sex by men and women, adolescent and adult pre-marital sex, homosexual behavior and sexual intercourse of sex-workers. The paper also presents case studies of sex workers living in the study area. In addition, the responses to sexual behavior were elicited. This information has been proven important for initiating suitable education among clients, their partners and sex workers. 7 types of sexual activities are noted to be common in the rural areas of Aundipatti and Periyakulam: conventional or normal sex among couples, sex with animals, masturbation, anal, homo- and hetero-sex, and oral sex. Considerable differences are reported in the views of men and women on the patterns of sexual behavior.

Keywords: India; Literature Review; Case Studies; Sex Workers; Rural Population; Indigenous Population; Sex Behavior [Women]; Women; Sex Behavior [Men]; Men; Risk Factors; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Behavior; Population Characteristics; Demographic Factors; Population; Biology

Title: Fighting anemia for a better tomorrow.
Author: Puri A
Source: SAMPARK. 2000 Apr-Jun;:7-8. **Year:** 2000

Abstract: This paper comments on the pilot project being undertaken by Parivar Seva

Sanstha (PSS) to fight anemia in certain pockets of Delhi, India. PSS is implementing a pilot project on "Social Marketing of Iron and Folic Acid Tablets" as part of its holistic approach to reproductive health. Focusing mainly on adolescent girls, pregnant women and lactating mothers, the project aims to reduce the incidence of nutritional anemia in the project areas by 30%. The approach involves the implementation of a qualitative and quantitative study, initiation of a systematic approach to develop a comprehensive marketing strategy, and the formulation of a monitoring and evaluation strategy. Implemented by using the social marketing approach, the Iron plus product is sold through sales promotions aimed at chemists and doctors in the community. A major challenge faced in the project implementation is in educating the society about anemia and the necessary steps they should take to combat this disease. This is addressed through focused community interventions where interpersonal communication approach is adopted. Overall, the program has in many ways succeeded in achieving its objectives.

Keywords: India; Adolescents, Female; Pregnant Women; Anemia [Prevention and Control]; Social Marketing; Programs; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Diseases; Organization and Administration

Title: Prevalence of anemia among adolescent girls of rural Tamilnadu.
Author: Rajaratnam J; Abel R; Asokan JS; Jonathan P
Source: Indian Pediatrics. 2000 May;37:532-6. **Year:** 2000

Abstract: In rural Tamil Nadu, India, a baseline survey on the prevalence of anemia among adolescent girls was conducted by the Christian Medical College and Hospital. The respondents include 155 young girls aged 13-19 years old from the K.V. Kuppam block and 161 from the Gudiyatham block. Their blood was extracted to assess hemoglobin (Hb) concentration. The other data obtained include demographic variables, socioeconomic and nutritional status. Results indicated that prevalence of anemia among girls was 44%. Of these, 2.1% was severe, 6.3% moderate, and 36.5% mild anemia. Prevalence of anemia exists in 40.7% of pre- and 45.2% in post-menarchial girls. It is noted that the education levels of respondents and their mothers had significant association with the concentration of Hb. However, other indicators of nutritional and socioeconomic status are of significant predictors. Overall, the study illustrates that young girls should be included in the anemia risk group, and that intervention programs are needed to increase the hemoglobin levels among adolescent girls.

Keywords: India; Research Report; Prevalence; Adolescents, Female; Rural Population [Women]; Women; Anemia; Deficiency Diseases; Health; Nutrition; Southern Asia; Asia; Developing Countries; Measurement; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Diseases; Nutrition Disorders

Title: Adolescents and their need for sex-education.
Author: Saha S
Source: HEALTH FOR THE MILLIONS. 2000 Sep-Oct;26(5):10-2.
Year: 2000

Abstract: Young individuals aged 10-19 years comprise over one-fifth of India's population.

Studies show that many of these rural and urban adolescents indulge in sexual activity, consequently increasing the prevalence of sexually transmitted diseases (STDs) and HIV infections. In addition, trends in high fertility rates, early marriage and early pregnancy, and a huge proportion of unwanted teenage pregnancies have been noted. Studies further show that adolescents are inadequately informed about their own sexuality, physical well-being, and health. They need the opportunity to express positive relationships and constructive behaviors and to learn skills and acq ire knowledge. Moreover, they need access to information, counseling and services that will help them establish healthy relationships and protect them from unwanted pregnancy and STDs. Although several orientation and training initiatives are being carried out by a number of institutions, the demand for sustainable sex education is still high. Specific recommendations for the adoption of sexuality education are cited.

Keywords: India; Adolescents; Sex Education; Health Education; **Adolescent** Pregnancy [Prevention and Control]; HIV Infections [Prevention and Control]; Sexually Transmitted Diseases [Prevention and Control] Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Reproductive Behavior; Fertility; Population Dynamics; Viral Diseases; Diseases; Reproductive Tract Infections; Infections

Title: Identification of an appropriate strategy to control anemia in adolescent girls of poor communities.
Author: Sharma A; Prasad K; Rao KV
Source: Indian Pediatrics. 2000 Mar;37:261-7. **Year:** 2000

Abstract: The aim of this randomized experimental study was to obtain baseline data on hemoglobin (Hb) levels of adolescent girls belonging to the low-socioeconomic groups; investigate the comparative efficacy of once 'weekly' and 'daily' administration of iron-folate tablets with respect to impact on the Hb levels; and find out the effect of added ascorbic acid supplementation on the efficacy of iron-folate administration with respect to increment in Hb levels. The target population was adolescent girls of poor communities in urban areas of Delhi and rural parts of Bharatpur (Rajasthan). The baseline investigations included measurements of height, weight, and Hb levels. The Hb levels of the participating subjects were measured again after 3 months and 6 months of supplementation. 61.9% of the subjects in the urban and 85.4% in the rural area were anemic. The response of Hb levels to daily iron/folate supplementation was better in comparison to once-weekly supplementation. The increment in Hb levels of subjects due to addition of vitamin C to iron/folate supplementation was more than that with supplementation of iron/folate alone. Considering compliance, feasibility and cost-factors, a public health approach consisting of once-weekly distribution of iron/folate supplementation through schools and welfare centers is better and can be recommended as an appropriate strategy for combating anemia in adolescent girls of poor communities in developing countries like India. (author's)

Keywords: India; Research Report; Measurement; Adolescents, Female; Low Income Population; Food Supplementation; Anemia [Prevention and Control]; Hemoglobin Level; Ascorbic Acid; Socioeconomic Status; Southern Asia; Asia; Developing Countries; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Social Class; Socioeconomic Factors; Economic Factors; Nutrition Programs; Primary Health Care; Health Services; Delivery of Health Care; Health; Diseases; Hemic System; Physiology; Biology; Vitamins and Minerals

Title: Adolescent attitudes toward family size in India.
Author: Stycos JM
Source: DEMOGRAPHY INDIA. 2000 Jan-Jun;29(1):85-97.
Year: 2000

Abstract: This study assesses adolescents' attitudes toward desired family size. The data consist of about 15,000 questionnaires self-administered in a sample of secondary schools in Uttar Pradesh, Haryana, and Rajasthan, India, where 5-15% of the population 15-19 years old is enrolled in school. Based on responses to a standard question on desired family size, it is evident that as youth increase in grades from 9th to 11th, disapproval of the large family also increases. The most notable feature among the three states is the similarity of the signs and levels of correlations, indicating that the relationship of the background variables to family size attitudes is strikingly similar and is according to expectation. In each state, the large family is more disapproved of by girls, by students in the higher grades, by those from better educated families, and by those who live in more urban areas. Conclusively, liberal values about male-female dominance relations, religiosity, and sexual conservatism provided the most powerful explanations of small family preferences in all three States studied.

Keywords: India; Research Report; Correlation Studies; Adolescents; Youth; Attitude; Family Size; Socioeconomic Factors; Age Factors; Developing Countries; Statistical Studies; Population Characteristics; Factors; Population; Psychological Factors; Family Size; Family and Household; Economic Factors

Title: Teenage pregnancy outcome: a record based study.
Author: Ambadekar NN; Khandait DW; Zodpey SP; Kasturwar NB; Vasudeo ND
Source: Indian Journal of Medical Sciences. 1999 Jan;53(1):14-7.
Year: 1999

Abstract: Cases of teenage pregnancy (pregnant women younger than 19 years of age) in a government medical college in Nagpur, India, were recorded and analyzed over a period of 5 years to assess age as a risk factor for pregnancy complications, pregnancy outcomes, and operative assisted delivery. For each case a subsequent parity matched control (>20-29 years old) was taken. A total of 46,443 pregnancies were recorded during the study period, of which 1830 (3.94%) were teenage pregnancies. Results showed the proportion of low birth weight babies to be significantly greater in teenagers ($p < 0.001$). Operative interference was significantly greater in adult pregnancies ($p < 0.001$). Though there were more stillbirths and preterm deliveries with teenagers, the differences were not statistically significant. Similarly, adults had greater frequency of toxemia, premature rupture of membrane, placenta previa, and accidental hemorrhage, but the differences were not statistically significant. There were no differences between cases and controls in congenital anomaly and twins. But breech deliveries were significantly ($p < 0.001$) more frequent in adults.

Keywords: India; Research Report; Correlation Studies; Adolescents, Female; Adolescent Pregnancy; Age Factors; Pregnancy Outcomes; Pregnancy Complications; Low Birth Weight; Asia; Developing Countries; Adolescents; Youth; Population Characteristics; Demographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Pregnancy; Reproduction; Diseases; Birth Weight; Body Weight; Biology

Title: Innovative ways to reach out to women and children: SIDA-supported Integrated Child Development Services (ICDS): Tamil Nadu, India.
Author: Anonymous
Source: SCN NEWS. 1999 Jul;(18):94-5. **Year:** 1999

Abstract: The Integrated Child Development Services (ICDS), which began in India in 1975, has expanded to become the largest welfare project in the world. It pursues an approach that seems to be a prescription for bureaucratic constraints and has maintained a spirit of innovation, as well as continues to evolve at both state and national levels. SIDA has supported ICDS in Tamil Nadu since 1989, focusing only on developing and testing approaches so that they could be replicated by other states at low cost and low risk of failure. Some of the approaches are focused on ways to reach out to women and children, these include: growth monitoring, nutritional gardens, workshops on issues related to adolescent girls' health and rights, and appropriate outreach methods. Overall, the SIDA approach of encouraging and funding innovation in a compatible manner with existing government approaches appears to have succeeded. Some of the programs have been replicated in part or completely by other donors and both the state and national governments.

Keywords: India; Summary Report; Child Health Services; Maternal Health Services; Southern Asia; Asia; Developing Countries; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Health

Title: NCERT organized a training programme in population and development education for state project personnel.
Author: Anonymous
Source: POPULATION EDUCATION BULLETIN. 1999 Jan;8(1):6-7.
Year: 1999

Abstract: In India, the National Council of Research and Training organized a Training Program in Population and Development Education in Schools for the State Project Personnel from October 25 to November 5, 1998. The training program was addressed to the special needs and requirements of the current phase of project implementation. The main objectives were to strengthen the knowledge base of the project personnel in reconceptualized population education, including adolescent education, and to develop in them a better understanding and essential skills in respect of innovative strategies and modalities to be employed in the process of project implementation. Using a participatory approach, trainees were oriented on the various components of reconceptualized population education and the roles of the project personnel in project management. The last 3 days of the training devoted exclusively to adolescence education, touching on such issues as the process of growing up, HIV/AIDS and drug-abuse.

Keywords: India; Summary Report; Training Programs; population Education; Program Development; Training Activities; Southern Asia; Asia; Developing Countries; Education; Programs; Organization and Administration

Title: Needs assessment study on adolescent reproductive health and behaviours. Bihar.
Author: Anonymous
Source: POPULATION EDUCATION BULLETIN. 1999 Jan;8(1):19.
Year: 1999

Abstract: A study conducted in five districts of Bihar, India, assessed the awareness and attitude of students and teachers belonging to different cultural settings with respect to adolescent reproductive health issues. An attempt was made to identify needs and problems of adolescents. The needs assessment revealed that nearly 50% of students in secondary schools have a very poor level of awareness regarding the process of growing up during the adolescent period. Both students and teachers were inquisitive about physical and emotional growth and development during adolescence. The primary sources of knowledge were the peers, as well as books and magazines. The study also documents the lack of confidence among teachers in imparting adolescent education to students, particularly those of the opposite sex. However, over 98% of respondents, both students and teachers, favored the introduction of adolescence education in schools. They also liked organization of various co-curricular activities focused on reproductive health issues.

Keywords: India; Adolescents; Reproductive Health; Knowledge; Attitude; Behavior; Needs; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Psychological Factors; Economic Factors

Title: Reaching adolescents: a role for radio.
Author: Anonymous
Source: ADOLESCENCE EDUCATION NEWSLETTER. 1999 Dec;2(2):8. **Year:** 1999

Abstract: The radio is a powerful means to reach adolescents and to address their concerns, particularly those that are not being addressed by their families or by the school curriculum. Proving this point is a radio program, "Sandhikhan" (Bengali for adolescence), which aired on national radio covering adolescent health issues, particularly reproductive health. The program's impact was the subject of a WBVHA survey among adolescent radio listeners in West Bengal. About 79% (369 individual listeners) of the respondents rated the radio program very good, with only a negligible 1% describing it as unnecessary. Only 21% of respondents listened to the program alone, with the majority listening in the company of friends, mothers, sisters, brothers, fathers, and other relatives. This suggested a wider group of listeners in addition to the program's primary target audience. Clearly, findings pointed to the effectiveness of teaching adolescent health on the air and the role that was played by WBVHA in developing healthy attitudes and habits among its young audience. The findings of the survey will provide the basis for producing educational materials on reproductive health for students as well as teachers.

Keywords: India; Summary Report; Adolescents; Mass Media; Radio; Health; Reproductive Health; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Communication; Broadcast Media

Title: Shankar: reproductive health teaching aids kit for adolescent boys.
Author: Anonymous
Source: ADOLESCENCE EDUCATION NEWSLETTER. 1999 Dec;2(2):7.
Year: 1999

Abstract: Currently being developed by the Thoughtshop Foundation in collaboration with the Child In Need Institute in West Bengal, this kit is intended to help peer educators in generating awareness about reproductive health issues among rural adolescent boys and men through discussions and other activities. The central theme is men's responsibility for their sexual behavior and the reproductive and sexual health of their partners. In five modules, the kit tells the story of Shankar, a boy 13 years old. Each module consists of a flip chart and accompanying visual aids/activities. The modules are as follows: 1) Puberty, self-esteem, responsibility; 2) Knowledge of changes which girls experience during puberty; 3) Childbirth; 4) Contraception—why/how; 5) Safer sex, hygiene, STD/HIV/AIDS.

Keywords: India; Summary Report; Teaching Materials; Adolescents, Male; Reproductive Health; Sex Education; Sex Behavior; Sexual Partners; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Education; Behavior

Title: Living on the edge: easing the pressures of adolescence through counselling and discussion. Trivandrum, Kerala.
Author: Josson S
Source: Real Lives. 1999 Dec;(4):17-9. **Year:** 1999

Abstract: In Kerala, India, the Family Planning Association of India and the Child Development Centre in Trivandrum have joined efforts to address adolescent's concerns. The Teenage Care Clinic provides a platform where girls can confide their problems and offers counseling and regular medical check-ups. Since its inception in 1998, it has helped in providing knowledge on sex as well as corrected misconceptions about it. Some of the topics discussed during sessions include menstrual irregularities, physiological development, curiosity about sex and the opposite sex, masturbation, and sexual abuse. Emotional problems are also addressed, including inferiority complexes, the fear and/or reality of failing to meet parental expectations, the fear of marriage or broken love affairs. Moreover, a serious attempt is being made to study and address the issues affecting the youth. Through communication and discussion, as well as counseling and services, the Clinic is improving the sexual and reproductive health and the general well-being of young men and women.

Keywords: India; Adolescents; Clinic Activities; Counseling; Sex Education; Programs; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Program Activities; Organization and Administration; Education

Title: Rape victims: networking for a supportive infrastructure.
Author: Nanda N; Ghatate S
Source: Delhi, India, Delhi Commission for Women, [1999].22 p.
Year: 1999

Abstract: During the period of 1997-98, the Delhi Commission for Women has undertaken efforts to collect details of rape victims from the police department, district-wise and thana-wise. The report presented in this paper is based on the figures and data supplied by the Deputy Commissioners of Police of the nine districts and by Shri Sewa Dass, Additional Commissioner of Police, Crime Against Women Cell. Analysis of the data clearly emphasizes that target groups for supportive strategies should include the JJ Colonies, Slum clusters and within them to the lower economic strata and within that strata again to the most vulnerable section, the girl child and adolescent females. A list of recommendations has been drawn up by the Commission in terms of: facilitating police investigation; facilitating speedy trial and conviction; facilitating prevention and rehabilitation; and establishing Day Care Centers and Non-formal Education Center for minor and adolescent girls in these slum areas/JJ Colonies.

Keywords: India; Technical Report; Recommendations; Adolescents, Female; Child, Female; Rape [Prevention and Control] Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Child; Crime; Social Problems

Title: Awareness and health seeking behaviour of rural adolescent school girls on menstrual and reproductive health problems.
Author: Singh MM; Devi R; Gupta SS
Source: Indian Journal of Medical Sciences. 1999 Sep;53(9):439-43.
Year: 1999

Abstract: A study was conducted of 130 rural adolescent schoolgirls, 13-17 years old, in Haryana, India, to assess their awareness and health-seeking behavior regarding menstrual and reproductive health. Mean age at menarche of the girls was 13.6, + or - 0.83 years. Results revealed that awareness about the process of menstruation was poor. Dysmenorrhea and irregular menses were the commonest reported menstrual problem, of which only 5.3% consulted a doctor and 22.4% took over-the-counter medications. In addition, knowledge about normal duration of pregnancy and the need for extra food during pregnancy was poor. The majority of the respondents knew about the importance of and best duration of child spacing, and the need for three medical examinations during pregnancy. The major sources of information were television (73.1%), radio (37.1%), and parents (36.1%). The girls preferred to consult parents (49.2%) and doctors (44.6%) for help when they had reproductive problems. This study highlights the need for educating schoolgirls about adolescent health, pregnancy, and reproductive health problems through schools and parents by the health professionals.

Keywords: India; Research Report; KAP Surveys; Adolescents, Female; Rural Population [Women]; Women; Menstruation; Menstruation Disorders; Reproductive Health; Knowledge; Utilization of Health Care; Knowledge Sources; Southern Asia; Asia; Developing Countries; Surveys; Sampling Studies; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproduction; Diseases; Health; Health Services; Delivery of Health Care; Communication

Title: The Swasthya Community Health Partnership: gender-based health care in rural south India.
Author: Vedanthan R; Krishnan S
Source: DEVELOPMENT. 1999 Mar;42(1):95-6. **Year:** 1999

Abstract: The Indian social context is marked by gender bias, which has resulted in differentials in health status that disadvantage women at all stages of their lives, and by a prohibition against open discussion of sexual health or sexuality. Thus, there is an urgent necessity to devise gender-based interventions to combat the spread of HIV/ AIDS. One such program is the Swasthya Community Health Partnership, which is the joint effort of an international student group, the Sharanda Dhanvantari Charitable Hospital, and local women. The Partnership relied on local participation during the planning and implementation stages to ensure that its goals met community health priorities. The Partnership team is composed of five specially trained public health nurses who 1) organize small group sessions on health-related issues for women, adolescent girls, and entire villages; 2) provide basic medical care and counseling; and 3) conduct research on local health issues. Each nurse has established a village-based outreach center that will eventually become a resource center for health information and supplies. Each week, a team from the hospital, including a physician, visits each center. The Partnership intends to continue its efforts to provide rural communities with the resources needed to affect their lives. Goals include developing male-specific modules, implementing prenatal counseling, and expanding the adolescent health education program.

Keywords: India; Critique; Program Activities; Community Health Services; Gender Issues; Delivery of Health Care; Southern Asia; Asia; Developing Countries; Programs; Organization and Administration; Primary Health Care; Health Services; Health

Title: India country paper.
Author: Anonymous
Corporate Name: India. Department of Family Welfare
Source: [Unpublished] 1998. Presented at UNFPA South Asia Conference on Adolescents, New Delhi, India, July 21-23, 1998.[3], 31 p.
Year: 1998

Abstract: This paper presents pertinent information about the adolescents in India. The demographic trends of the country are considered. The adolescent fertility-related concerns are explored including trends in fertility rates, sexual behavior and knowledge among adolescents, abortion among adolescents, contraception, and sexually transmitted diseases and reproductive tract infections among adolescents. Moreover, socioeconomic issues are discussed in the context of literacy and schooling, work force participation, and nutrition. This article also examines the vulnerability of adolescents to drug abuse, violence and prostitution. Special needs of adolescents in India are addressed in its youth and state programs and policies, which are directed towards health and family welfare, women and child development and education. The involvement of the society and community, particularly the youth, in program formulation, implementation and monitoring has always been meaningful and beneficial.

Keywords: India; Summary Report; Adolescents; Fertility; Fertility Rate; Sexuality; Contraception; Sexually Transmitted Diseases; Reproductive Tract Infections; Socioeconomic Factors; Education; Nutrition; Drug Use and Abuse; Violence; Sex Behavior; Policy; Programs; Government Programs; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Demographic Factors; Population; Population Dynamics; Birth Rate; Fertility Measurements; Personality; Psychological Factors; Behavior; Family Planning; Infections; Diseases; Economic Factors; Health; Substance Addiction; Social Problems; Organization and Administration

Title: Report of the workshop on men as supportive partners in reproductive and sexual health, June 23-26, 1998, Kathmandu, Nepal.
Author: Anonymous
Corporate Name: Population Council. South and East Asia Regional Office
Source: New Delhi, India, Population Council, South and East Asia Regional Office, 1998.36 p. **Year:** 1998

Abstract: A workshop on men as supportive partners in reproductive and sexual health was organized by the Population Council and held in June 1998 in Kathmandu, Nepal. Over 80 participants represented nongovernmental organizations (NGOs), donor agencies, research institutions, and policy-makers. The aims of the workshop were to discuss key concepts of male involvement as understood by various constituencies, clarify the processes by which the different organizations address men, share experiences in involving men, and examine implications for future programs. 23 papers documenting experiences of researchers and NGOs working with men were broadly grouped under the themes of providing a context, men as supportive partners, understanding men's sexual and reproductive health needs, adolescent sexuality and sexual health, and services for men. A commissioned paper on published and unpublished sources of information and data in India on male involvement identified advances and gaps in knowledge and identified obstacles to research and interventions. The workshop discussions revealed that including men as partners means different things at different times. Men should be included in reproductive health in addition to, rather than instead of, women. Women as well as men may seek services for men. Services for men can be organized within existing structures or separately, depending on specific requirements. There is little existing guidance for operationalizing the concept of male involvement. The workshop placed male involvement in reproductive and sexual health in the broader framework of gender equity.

Keywords: India; Workshops; Male Role; Family Planning Programs [Men]; Reproductive Health [Men]; Program Design; Gender Issues; Gender Relations; Men; Southern Asia; Asia; Developing Countries; Education; Social Behavior; Behavior; Family Planning; Health; Programs; Organization and Administration

Title: Enhancing roles and responsibilities of men in women's health.
Author: Anonymous
Corporate Name: Society for Education, Welfare, and Action [SEWA]. Rural Research Team :27 p.
Source: [New Delhi, India], Population Council, South and East Asia Regional Office, 1998. In: Men as supportive partners in reproductive and sexual health. Narrating experiences. Workshop, Kathmandu, Nepal, June 23-26, 1998, [compiled by] Population Council. South and East Asia Regional Office. **Year:** 1998

Abstract: This paper documents experiences gathered in the effort to enhance the roles and responsibilities of men in women's health in the SEWA Rural (SR) area of Gujarat. SEWA Rural Research Team (SEWARRT) has adopted specific interventions and strategies to reach out to men and other family members. Specific measures have been taken in the

areas of safe motherhood, newlywed couples, family planning, adolescent health and awareness, medical termination of pregnancy, and infertility. The team of male and female health workers play an important role in motivating couples and family members through their teaching of communication/counseling and gender sensitivity techniques that can be used to achieve a high level of responsible reproductive life. The health workers also helped improve the self-assurance and confidence of the community. SEWARRT learned an important lesson—that health and well-being should be approached in a holistic manner, according to which the family is seen as a unit and the potential beneficiary of a comprehensive package of health services. The most important lesson learned, though, was that the man should always be there in the family. It was in the overall interest of society that men s presence should not be bypassed and that they should build true partnerships with their female counterparts.

Keywords: India; Summary Report; Reproductive Health [Men]; Men; Reproductive Health [Women]; Women; Health [Women]; Male Role; Health Services; Culture; Southern Asia; Asia; Developing Countries; Social Behavior; Behavior; Delivery of Health Care

Title: Prevention and control of anemia in pregnant women and adolescent girls in rural areas of Haryana, India. Final report.
Author: Anonymous
Corporate Name: Survival for Women and Children Foundation
Source: Arlington, Virginia, John Snow [JSI], MotherCare, [1998].USAID Contract No. IIRN-C-00-93-00038-00 **Year:** 1998

Abstract: This report evaluates the effectiveness of a national anemia control program in reducing anemia among pregnant women and adolescent girls in India. The implementing procedure of the program is to distribute iron and folic acid tablets during pregnancy. In this report, the program activities were outlined including the studies conducted. The evaluation of the Indian iron supplementation program indicated that a substantial proportion of pregnant women do not receive iron-folate pills. Women who received the pills often discontinued the therapy due to problems with refilling of supplies, side effects, and other reasons. The evaluation also showed that medical officers had insufficient knowledge of the iron supplementation program. Thus, despite the existence of this program, the problem of anemia among pregnant women has not been controlled. It can be concluded that knowledge on anemia prevention is not enough to gain a successful program implementation. It requires experience in implementing programs at an affordable cost.

Keywords: India; Evaluation Report; Adolescents, Female; Rural Population [Women]; Women; Anemia [Prevention and Control]; Pregnant Women; Nutrition [Women]; Developing Countries; Evaluation; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Diseases; Health

Title: Action oriented research for primary health care and the use of PHC - MAP modules.
Author: Anand D
Source: New Delhi, India, SAKSHI - Centre for Information, Education and Communication, 1998.[8], 112 p. **Year:** 1998

Abstract: This monograph on action oriente . research (AOR) for primary health care presents the recommendation outcomes of the 2 workshops aimed at planning AOR with the aid of Primary Health Care-Management Advancement Programme (PHC-MAP) modules. The program is a result of the combined efforts of 30 participants and resource persons who attended the two workshops. A wide range of health conditions can be subjected to AOR for cost-effective program implementation. This includes reproductive and adolescent health programs, malaria and tuberculosis prevention programs, and home care for the elderly and AIDS/HIV control. This monograph is divided into three parts. Part 1 covers the reports of the first and the second workshops conducted at Dehradun (1996) and Agra (1997), respectively. The first workshop introduced the PHC-MAP modules among professors of preventive and social medicine, obstetrics, gynecology, pediatrics, statistics, and behavioral sciences. The second workshop, on the other hand, focused on the use of the PHC-MAP modules in AOR related to primary health care. Part 2 outlines the historical evolution of AOR, carried out in India, and the use of a conceptual framework for AOR on issues like AIDS and reproductive health. Part 3 suggests the use of PHC-MAP modules in research design for specific problems like malarial control, care of the elderly, adolescent health, and other primary health care issues.

Keywords: India; Evaluation Report; Action Research; Research and Development; Workshops; Primary Health Care; Reproductive Health; Program Evaluation; Southern Asia; Asia; Developing Countries; Evaluation; Research Methodology; Technology; Economic Factors; Education; Health Services; Delivery of Health Care; Health; Programs; Organization and Administration

Title: India: nationwide reproductive and child health programme.
Author: Anonymous
Source: ADOLESCENCE EDUCATION NEWSLETTER. 1998 Dec;1(2):9. **Year:** 1998

Abstract: This article presents an outline of India's Reproductive and Child Health (RCH) Programme. This program provides special interventions for the country's adolescent population. One of its main objectives is to help stabilize population numbers, including adolescents, at a level consistent with the needs and goals of national development. A committee of experts constituted in the Department of Family Welfare developed an appropriate package for adolescents, focusing on counseling and the provision of reproductive health services through the existing health care delivery system. In addition, special projects for people living in urban slums and tribal areas have been incorporated in the RCH Programme. Its view has been to improve the delivery of family health care services. The success of the Programme has depended on the development of a strong partnership between the Government and non-Governmental organizations, and in overcoming age-old values and prejudice against adolescent girls. Moreover, India's reconceptualized population education, which brings the education of adolescents into focus, includes elements of adolescent reproductive health.

Keywords: India; Summary Report; Adolescents; Reproductive Health; Health Education; Programs; Government; Organizations; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Education; Organization and Administration; Political Factors

Title: Sexual behavior patterns and knowledge of sexually transmitted diseases in adolescent boys in urban slums of Lucknow, north India.
Author: Awasthi S; Pande VK
Source: INDIAN PEDIATRICS.1998 Nov;35(11):1105-9. **Year:** 1998

Abstract: A cross-sectional survey was conducted in the Integrated Child Development Scheme (ICDS) to assess the sexual behavior patterns and knowledge of sexually transmitted diseases (STDs) among 15-21 year old boys with a goal of developing a community-based reproductive educational health program in India. About 221 boys from 35 Anganwadi centers were interviewed twice; on the first interview the educational, socioeconomic and marital status was determined, while questions about their health, substance abuse, sexual activity, condom use, number of sexual partners, and STD symptoms were asked during the second interview. Findings revealed that premarital sex was practiced by 7.9% and 7.6% of boys aged 18 or younger and over 18, respectively, living in the urban slum areas of Lucknow, North India. The boys engaged in high-risk sexual behavior and had a poor knowledge of STD symptoms and prevention. Furthermore, substance use has been associated with irregular condom use and also with STDs. These findings reveal that there is an urgent need for initiating reproductive health counseling programs targeted at these high-risk adolescents.

Keywords: India; Field Report; Cross Sectional Analysis; Surveys; Adolescents, Male; Slums; Sex Behavior; Knowledge; Sexually Transmitted Diseases; Risk Behavior; Southern Asia; Asia; Developing Countries; Research Methodology; Sampling Studies; Studies; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Urbanization; Urban Population Distribution; Population Distribution; Geographic Factors; Behavior; Reproductive Tract Infections; Infections; Diseases

Title: Young husbands' involvement in reproductive health in rural Maharashtra.
Author: Barua A :28 p.
Source: [New Delhi, India], Population Council, South and East Asia Regional Office, 1998. In: Men as supportive partners in reproductive and sexual health. Narrating experiences. Workshop, Kathmandu, Nepal, June 23-26, 1998, [compiled by] Population Council. South and East Asia Regional Office. **Year:** 1998

Abstract: This document presents research conducted by the Foundation for Research in Health Systems (FRHS) to understand the family dynamics and perceptions of the family members of married adolescent girls and their impact on the utilization of reproductive health services in Maharashtra. In-depth interviews of 37 young husbands and excerpts from interviews of girls and their mothers-in-law and health staff are presented. The variables included were the profile of the young husband, perceptions about the couple's life since marriage, the husband's role in general illness, the husband s role in antenatal, delivery and postnatal care, the husband s perception of women's special illnesses, role in family planning decisions, and views on government services. The results revealed that husbands and the girls themselves considered their health mainly a "women's affair". The husband's role was limited to escorting them to the doctors in the event of complications or when access was difficult. Such attitudes could be changed by starting to get husbands

to participate actively and not merely passively make decisions. FRHS decided recently to add a new feature, Involvement of Men, on the existing system of service delivery. Simultaneously, the reproductive health problems of men should also be addressed. An operational model of the intervention has been conceived in order to demonstrate the critical steps planned.

Keywords: India; Research Report; Surveys; Rural Population; Reproductive Health [Men]; Men; Male Role; Attitude [Men]; Rural Health Services; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Population Characteristics; Demographic Factors; Population; Health; Social Behavior; Behavior; Psychological Factors; Health Services; Delivery of Health Care

Title: Low birth weight and associated maternal factors in an urban area.
Author: Deshmukh JS; Motghare DD; Zodpey SP; Wadhva SK
Source: INDIAN PEDIATRICS. 1998 Jan;35(1):33-6. **Year:** 1998

Abstract: The prevalence of low birth weight and its association with maternal factors was assessed in a 1994 study of 201 pregnant women from an urban area in Nagpur, India. 61 women (30.3%) delivered a low-birth-weight infant. Multivariate analysis identified the following maternal risk factors for a low-birth-weight delivery: anemia (odds ratio [OR], 4.81), low socioeconomic status (OR, 3.96), short birth interval (OR, 3.84), tobacco exposure (OR, 3.14), height (OR, 2.78), maternal age (OR, 2.68), body mass index (OR, 2.02), and primiparity (OR, 1.58). These findings suggest that a greater emphasis should be placed on encouraging adequate birth intervals, weight gain during pregnancy, avoidance of tobacco chewing and exposure to passive smoke, and prevention of adolescent pregnancy.

Keywords: India; Research Report; Comparative Studies; Urban Population [Women]; Women; Pregnant Women; Low Birth Weight; Prevalence; Risk Factors; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Population Characteristics; Demographic Factors; Population; Birth Weight; Body Weight; Physiology; Biology; Measurement

Title: The missing millions.
Author: Fathalla M
Source: PEOPLE AND THE PLANET. 1998;7(3):10-1. **Year:** 1998

Abstract: A deep-seated preference exists in many cultures for bearing sons rather than daughters. This preference for sons results in the abuse and neglect of girl children, which often leads to their death and country-level sex ratios skewed in the favor of boys and men. Many women, with the assistance and cooperation of their physicians, use ultrasound, amniocentesis, and chorionic villus sampling to determine the sex of their fetus. Many female fetuses are subsequently selectively aborted, especially in China. The selective abortion of female fetuses was so widely practiced in India that the government eventually implemented legislation against it, while the practice grew during the 1980s in South Korea. Once born, baby girls are sometimes murdered outright. Otherwise, baby girls are killed passively through neglect and discrimination. The practice of female genital mutilation is one example of the current failure to protect the girl child's right to health. The problems of teen pregnancy are briefly considered.

Keywords: China; India; Korea, Republic of; Child, Female; Infanticide; Sex Determination; Sex Preference; Sex Preselection; Sex Ratio; Sons; Female Genital Mutilation; Adolescent Pregnancy; Eastern Asia; Asia; Developing Countries; Southern Asia; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Crime; Social Problems; Genetic Technics; Laboratory Examinations and Diagnoses; Examinations and Diagnoses; Value Orientation; Behavior; Reproductive Technologies; Reproduction; Sex Distribution; Family Relationships; Family and Household; Reproductive Behavior; Fertility; Population Dynamics

Title: Unsafe motherhood: a review of reproductive health.
Author: Jejeebhoy SJ; Rao SR :122-52.
Source: New Delhi, India, Oxford India Paperbacks, 1998. In: Women's health in India: risk and vulnerability, edited by Monica Das Gupta, Lincoln C. Chen, T.N. Krishnan. **Year:** 1998

Abstract: This book chapter reviews women's reproductive health (RH) in India. The focus is on the impact of childhood malnutrition, adolescent childbearing, poor prenatal care coverage, poor diets and heavy workload during pregnancy, and unhygienic deliveries on women's health. Health complications are a result of sterilization and IUD insertion, induced abortion, poor service delivery, and childbearing. Poor RH and poor prenatal, natal, and postnatal care lead to higher rates of maternal mortality (MM), miscarriage, and stillbirth. In India, most MM during the 1980s was due to preventable conditions: sepsis, abortions, hemorrhage, toxemia, and anemia. Three underlying conditions place women at risk: poor health care, poor nutrition, and high and closely spaced fertility from adolescence to menopause. Local level studies confirm that perinatal and neonatal mortality (NM) are due to maternal factors. Prematurity and low birth weight are responsible directly for about 25% of all NM, and indirectly for about 50% of all NM. Studies repeatedly link maternal education, age, and parity, with early NM. Poor maternal nutritional status is due to growth patterns during fetal, newborn, child, and adolescent periods. Adolescent mothers are more likely to die or suffer from morbidity, and their children experience greater health risks. High risk referrals can not be identified without adequate prenatal care. Neonatal tetanus persists due to poor prenatal immunization. Most MM and NM occurs in the immediate postnatal period. Well implemented and targeted interventions can make a difference.

Keywords: India; Literature Review; Reproductive Health [Women]; Maternal Health; Maternal Mortality; Life Cycle [Women]; Child Nutrition; Prenatal Care; Housework [Women] Southern Asia; Asia; Developing Countries; Health; Mortality; Population Dynamics; Demographic Factors; Population; Family Research; Family and Household; Nutrition; Maternal Health Services; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Microeconomic Factors; Economic Factors

Title: Sexual behaviour: older husbands, younger wives.
Author: Joseph A; Srikanth; Archana R; Abraham S; Prasad J; John R :23 p.
Source: [New Delhi, India], Population Council, South and East Asia Regional Office, 1998. In: Men as supportive partners in reproductive and sexual health. Narrating experiences. Workshop, Kathmandu, Nepal, June 23-26, 1998, [compiled by] Population Council. South and East Asia Regional Office. **Year:** 1998

Abstract: This document presents a study of the Community Health Department of the Christian Medical College, Vellore, to determine the factors influencing sexual behavior among spouses of adolescent women in Kanniambadi, India. Data were gathered through interviews of the key informants, focus group discussions, and in-depth interviews with the spouses themselves. Key informants consisted of health care workers, traditional birth attendants, housewives, students, and teachers. Focus group discussions involved adolescents and elderly males and females. The in-depth interviews were conducted with a group of 12 individuals. Of these, a total of 100 men ranging in age from 20 to 45 years (mean age, 30 years) were interviewed. The ages of their spouses ranged from 16 to 22 years (mean age, 20.9 years). The variables of the study included sexual behavior; suspicion of wives, health problems and health seeking behavior, and contraception. The following data were disclosed. The high level of sexual activity among the adolescents before marriage indicated the need to educate them on the dangers of multiple sexual partners and use of condoms. Sex education, which would replace present unreliable sources of information, needed to be introduced through schools and youth clubs. There was a high level of knowledge about AIDS and the use of condoms as a preventive measure. However, the actual level of condom use was low.

Keywords: India; Research Report; Surveys; Adolescents, Female; Spouse [Men]; Men; Reproductive Health; Sex Behavior; Contraception; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Family Relationships; Family Characteristics; Family and Household; Health; Behavior; Family Planning

Title: The impact of iron supplementation on appetite and growth of adolescent girls of Vadodara.
Author: Kanani S; Poojara R; Zararia V; Mistry M
Source: Vadodara, India, Baroda Citizens Council, 1998 Aug.[8], 92 p.USAID Contract No. HRN-5966-C-00-3038-00 **Year:** 1998

Abstract: This article discusses the impact of iron supplementation on the appetite and growth among Vadodara adolescent girls in India. Two separate studies were conducted to compare the weekly and daily supplementation. In the first study, supplementation was given daily. Subjects were divided into experimental and control groups. The experimental group was supplemented with one iron supplement daily for three months; the same regimen was given to the control group, using dicalcium phosphate placebo tablets. The nutritional status and hemoglobin levels of the subjects before and after supplementation were then compared. Significant increases in the hemoglobin level, appetite and growth of the experimental group were observed. In the second study, the iron supplements were given weekly and subjects were also divided into experimental and control groups. Higher dosages were given, which led to decreased anemia in all groups, but had no effect on appetite and growth. Findings indicate that daily supplementation is more effective in meeting iron needs and reducing anemia. Supplementation also helps improve appetite and growth among adolescent girls.

Keywords: India; Research Report; Adolescents, Female; Appetite Alterations [Women]; Women; Growth [Women]; Anemia [Women]; Nutrition [Women] Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Population; Signs and Symptoms; Diseases; Child Development; Nutrition Programs; Primary Health Care; Health Services; Delivery of Health Care; Health

Title: Health and nutritional status and quality of life.
Author: Reddy PR; Chandralekha K :649-94.
Source: Delhi, India, B.R. Publishing Corporation, 1998. In: Women in development: perspectives from selected states of India, Vol. 2, edited by P.R. Reddy, P. Sumangala. **Year:** 1998

Abstract: This book chapter reviews women's health and nutritional status (HNS) in India. Concepts are defined. The authors describe the determinants of health and healthy behavior and women's role in determining nutrition. A profile is given of the health status of Indian adolescent girls and women. The relationship between the quality of life and nutrition in India, is explored. The final discussion focuses on programs for improving the HNS of women. Health depends on a complex set of factors that impact on the life style of the individual. Major determinants of health include heredity/genetics, the environment, health care and services, and lifestyle and personal health behavior. Nutrition, as a determinant of health, involves proper choices, preparation, intake, and use of foods for optimizing nutritional status. Food behavior is a repetitive social process. The process includes food availability; social, cultural, psychological, and economic acceptability; personal behavior; food selection and preparation; food consumption; and nutritional status. Food habits are part of a socialization process that can be a routine or involve decision-making. 1991 India census reports indicate that 48% of total population were women, and 42% were aged 15-44 years. 25% of population were adolescents, who get about 1000-1600 Kcal of energy. An adolescent diet is deficient in protein, minerals, and vitamins. Many adolescents enter motherhood anemic. In 1987, 13.2% of total rural female deaths were due to pregnancy causes. The process of empowering women is important for nutrition, health and family planning.

Keywords: India; Literature Review; Women In Development; Women's Status; Nutrition; Quality of Life; Southern Asia; Asia; Developing Countries; Economic Development; Economic Factors; Socioeconomic Factors; Health; Social Welfare

Title: GPs, schoolgirls and sex. A cross cultural background comparison of general practitioner attitudes towards contraceptive service provision for young adolescent females in Scotland.
Author: Sengupta S; Van Teijlingen ER; Smith BH
Source: BRITISH JOURNAL OF FAMILY PLANNING. 1998 Jul;24(2):39-42. **Year:** 1998

Abstract: In the UK, women must be at least 16 years old to give their legal consent to have sexual intercourse with a man. However, despite the legal proscriptions against women under age 16 legally having sex with men, women in that age group in England and Wales had 24,844 conceptions during 1989-91, a rate of 9.6/1000 females aged 13-15 years, and the highest level since statistics began being recorded in 1969. Approximately half of these pregnancies to young teenage women ended in abortion. The pregnancy rate in 1993 among under-16-year-olds in Scotland was 8.7/1000. 206 male and 24 female unrestricted principal general practitioners (GPs) across Scotland were sent a self-completion postal survey in a study to identify the differences between general practitioners trained in the UK and those trained on the Indian subcontinent in relation to the provision

of contraceptive services to women under age 16 years. Half of the sample was comprised of GPs working in Scotland who had been trained in India, while the other GPs had been trained in the UK. 131 of the GPs responded, 29% of those trained in India and 85% of those trained in the UK. While 128 were willing to provide contraceptive advice, only 104 would provide contraceptive treatment. GPs trained in India were significantly less likely to provide contraceptive services to women under age 16 years. A larger study should be conducted to obtain more conclusive evidence.

Keywords: Scotland; United Kingdom; **India**; Research Report; Cultural Background; Origin; Physicians; Attitude; Family Planning Training; Contraception; Reproductive Health; Delivery of Health Care [Determinants]; **Adolescent** Pregnancy; Minors [Women]; Counseling; Developed Countries; Northern Europe; Europe; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Migration; Population Dynamics; Health Personnel; Health; Psychological Factors; Behavior; Training Programs; Education; Family Planning; Reproductive Behavior; Fertility; Age Factors; Clinic Activities; Program Activities; Programs; Organization and Administration

Title: Encouraging the involvement of males in the family. **Author:** Sharma V; Sharma A :37 p.
Source: [New Delhi, India], Population Council, South and East Asia Regional Office, 1998. In: Men as supportive partners in reproductive and sexual health. Narrating experiences. Workshop, Kathmandu, Nepal, June 23-26, 1998, [compiled by] Population Council. South and East Asia Regional Office. **Year:** 1998

Abstract: The process of encouraging male involvement in the family is documented here. Included are reports on two projects, each one having its own set of ideologies, objectives, methodologies and approaches. The first is the Family Welfare Education & Services Project advocating the active involvement of males in promoting contraceptive use in Kheda district, Gujarat. The second project is a reproductive health education program for male adolescents that aimed to change their perception and attitudes. In order to identify the weaknesses of these projects community-based surveys were conducted to study the sexual knowledge and behavior of adolescents from the district. Social resistance and reluctance of parents and teachers to discuss sexual issues were overcome by the Letter-Box Approach, which involved dropping letters reporting the respondents health concerns into letter boxes. A task analysis followed. Numerous adolescent health programs have realized the essential components of a model comprehensive reproductive health service comprising research, education, and counseling. The evolution and development of services have been founded on community-based research through the identification of needs and the prioritization of the main issues of adolescent health concern. Education and training have dispelled myths and misconceptions about reproduction and disseminated correct, scientific knowledge to the community. Counseling services and clinics have provided privacy for dealing with personal issues. The problems encountered in the project survey, implementation and evaluation were recorded.

Keywords: **India**; Summary Report; Adolescents, Male; Reproductive Health [Men]; Men; Male Role; Sex Behavior; Contraceptive Usage; Health Education [Men]; Attitude [Men]; Perception [Men] Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Cnaracteristics; Demographic Factors; Population; Health; Social Behavior; Behavior; Contraception; Family Planning; Education; Psychological Factors

Title: Gender differences in attitudes toward family size: a survey of Indian adolescents.
Author: Stycos JM :17 p.
Source: Liege, Belgium, IUSSP, 1998. In: Men, Family Formation and Reproduction. Based on the seminar organized by the Committee on Gender and Population of the International Union for the Scientific Study of Population (IUSSP) and the Centro de Estudios de Poblacion (CENEP), Buenos Aires, 13-15 May 1998. Papers. **Year:** 1998

Abstract: This study examined adolescent attitudes toward family size in the poor, populous state of Uttar Pradesh, India. Data were obtained from a sample of 2800 boys and 3000 girls in grades 9-11 from 99 schools. Findings indicate that 69% preferred an arranged marriage. About 45% disagreed that a person can be truly happy without getting married and that a big family is a blessing. 50% of the sample watched television at least 4 times/week. 59% were exposed to family planning topics in school, but 49% reported that the television was the source of information about methods for avoiding pregnancy. Only 14% said that contraception would never be used to prevent pregnancy. Males were older, had less educated parents, and were more rural, but were better informed about birth control methods. Males were more likely to prefer male children and conservative male-female and husband-wife relations. 9 out of 10 preferred 2 or fewer children. 72% chose 2 children. 25% said 4 or more children was ideal for rich families. Males preferred more children than females. More girls preferred 1 or no children for themselves or a poor family. 50% had never thought about family size before questioning. 79% agreed that children provided economic security in old age. 61% agreed that children secured a marriage. 40% agreed that a big family was a sign of God's blessings. In the first model, the strongest predictors of small family preference were city origins and better educated parents. In the full model, explaining 37% of the variance in family values, the best predictors were gender equity, followed by religiosity and sexuality.

Keywords: India; Research Report; Adolescents; Gender Issues; Attitude; Family Size, Desired; Students; Value Orientation; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Psychological Factors; Behavior; Family Size; Family Characteristics; Family and Household; Education

Title: Effectiveness of a health educational package for AIDS prevention among adolescent school children.
Author: Tilak VW; Bhalwar R
Source: MEDICAL JOURNAL OF THE ARMED FORCES, INDIA. 1998;54(4):305-8. **Year:** 1998

Abstract: A randomized, controlled, community-based intervention trial was undertaken to assess the effectiveness of a Health Education Programme (HEP) for HIV infection and AIDS among school children at Pune. Sample size was calculated on the basis of conventional Type I and Type II errors. School children studying in classes 9th to 12th in 6 different schools (n = 1102) were the study subjects. Baseline assessment for knowledge for AIDS/HIV was undertaken and used for formulating the HEP Package. Randomization was done so as to allocate 5 schools into trial group (n = 803) and 1 school into control group (n = 299). Blinding was also ensured to reduce bias. The study revealed that the

HEP was very effective in improving the knowledge, the difference being highly significant as compared to control group. The effect was especially well marked for girls in school level (odds ratio [OR] = 4.76) followed by boys intermediate level (OR = 3.11); there was clear evidence of statistical effect modification as regards this 'sex and educational class' differential (Woolfs' Chi square = 11.82, $p < 0.0001$). The study also revealed that the maximum acceptability of program was among girls studying in girls school (Stratum OR = 2.25) followed by boys in boys school (OR = 1.50) compared to students in co-educational system (linear trend Chi square = 9.35), $p < 0.01$). Certain recommendations for health education for HIV/AIDS among school children have been submitted.

Keywords: India; Research Report; Adolescents; Students; Health Education; HIV Infections [Prevention and Control]; AIDS [Prevention and Control]; School-Based Services; Secondary Schools; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Viral Diseases; Diseases; Programs; Organization and Administration; Schools

Title: Basic guide to reproductive and child health programme for use by NGOs, training institutions and health functionaries.
Author: Anonymous
Corporate Name: India. Department of Family Welfare
Source: [New Delhi], India, Dept. of Family Welfare, [1997].[2], 118 p. **Year:** 1997

Abstract: This manual developed by the Indian Department of Family Welfare presents a reproductive and child health program for nongovernmental organizations, training institutions, and health functionaries. The first section of the manual discusses the policy and institutional framework of the program with emphasis on the assessment of community needs in the approach to family welfare, development of an integrated reproductive and child health program, and the institutional set up for delivery of rural health services. The second section highlights issues on maternal health particularly safe motherhood, nutritional anemia, adolescent reproductive health, abortion, reproductive tract infection and sexually transmitted diseases, and gender issues. The third section focuses on child health, which includes infant and child mortality rate, breast-feeding and nutrition, newborn care, control of acute respiratory infection, diarrhea, control of vitamin A deficiency, the implementation of the national immunization and polio immunization programs. The last chapter presents the benefits and side effects of the different methods of contraception, specifically condoms, oral pill, IUD and sterilization.

Keywords: India; Manual; Reproductive Health; Child Health; Policy Development; Maternal Health; Contraception; Programs; Southern Asia; Asia; Developing Countries; Health; Planning; Organization and Administration; Family Planning

Title: Adolescent sexuality and fertility in India — preliminary findings.
Author: Anonymous
Corporate Name: International Center for Research on Women [ICRW]
Source: ICRW INFORMATION BULLETIN. 1997 Jan;:1-6. **Year:** 1997

Abstract: Four research institutions undertook 2-year studies on adolescent sexuality and fertility in India. This article presents the preliminary findings of the four studies. The Tata Institute of Social Sciences study revealed the types of male-female relationships, reports of sexual activity with sex workers, low level of knowledge on anatomy, reproduction, menstruation, conception and sexually transmitted diseases, successfully arranged marriages, and virginal status as an important criterion for marriage. Findings of the KEM Hospital Research Center study include incomplete reproductive health knowledge, wives inability to reject sexual demands from their husbands, more leisure and freedom of boys. Results of the Foundation for Research in Health Systems study include a preference of delayed marriage, unwanted first pregnancy, promotion of a more varied diet among postnatal women, use of family planning after a second son, and the speaking up of a daughter-in-law when the pain is unbearable. The Christian Medical College study reveals that menarche marks the imposition of restriction, surreptitious meetings between an unmarried boy and girl, extramarital affairs caused by gender differences, and the use of abortion in a variety of circumstances.

Keywords: India; Summary Report; Adolescents; Sex Behavior; Fertility; Sexuality; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Behavior; Population Dynamics; Personality; Psychological Factors

Title: Dysmenorrhea in adolescent girls in a rural area of Delhi: a community based survey.
Author: Aggarwal K; Kannan AT; Puri A; Sharma S
Source: INDIAN JOURNAL OF PUBLIC HEALTH. 1997 Jul-Sep;41(3):84-5. **Year:** 1997

Abstract: Dysmenorrhea, a common gynecological complaint, refers to painful menstruation. Approximately 52% of postpubertal females suffer dysmenorrhea, and about 10% of them are incapacitated for 1-3 days per episode. The authors assessed the prevalence of this condition and its level based upon working ability in a house-to-house survey of 300 young women aged 11-18 years living in a rural area of south Delhi. 97 of the subjects had reached menarche, of whom 70.8% experienced dysmenorrhea. 29.9% of the girls with dysmenorrhea did not require an analgesic during menstruation and their condition did not affect their ability to work, 52.6% had menstruation with mild pain, 11.3% required an analgesic and their ability to work was moderately affected, and 6.2% were unable to work even after taking analgesics. The mean age of menarche was 12.8 years among girls with dysmenorrhea compared to 13.3 years among girls without the condition. Dysmenorrhea was significantly correlated with mean duration of menstrual flow with reportedly high use of sanitary pads.

Keywords: India; Research Report; Rural Population; Adolescents, Female; Dysmenorrhea; Prevalence; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Menstruation Disorders; Diseases; Measurement; Research Methodology

Title: Fertility awareness benefits couples.
Author: Anonymous

Source: PLANNED PARENTHOOD BULLETIN. 1997 Sep;44(9):4.
Year: 1997

Abstract: Fertility awareness involves education about the menstrual cycle and its relationship to reproductive health. In a broader context it also includes an understanding of attitudes and cultural beliefs as they relate to reproductive functions. This knowledge is an important element of quality care in family planning programs. Learning about male and female fertility can benefit users of all types of contraceptives. Couples are better able to understand when pregnancy is most likely to occur and when it is least likely to occur; how contraceptives affect women's menstrual cycles and ovulation; how some contraceptives affect men's fertility; the effects of contraception on other aspects of health; indications of potential reproductive health problems, such as STDs. In addition, fertility awareness can help women and men understand the process of menopause and the physical and emotional changes that occur when women's reproductive capabilities end. Education about all phases of the menstrual cycle should be a key component of fertility awareness programs, say health experts. A study in India found that about half of 65 rural adolescent girls surveyed were restricted from taking part in religious activities, attending marriages, and playing. A smaller percentage were restricted from attending school. Family planning and women's health programs typically offer fertility awareness education to improve client's knowledge about family planning choices, prevention and treatment of STDs, and other reproductive health issues.

Keywords: India; Couples; Reproductive Health; Knowledge; Family Planning Education; Family Planning Programs; Health Education; Southern Asia; Asia; Developing Countries; Family Characteristics; Family and Household; Health; Education; Family Planning

Title: Policymakers pledge "fundamental change" in India.
Author: Anonymous
Source: CEDPA NETWORK. 1997 Jan;:2-3. **Year:** 1997

Abstract: This brief article highlights a recent conference held in October 1996 in India: "Expanding Partnerships for Adolescent Girls." The conference was conducted by CEDPA, Prerana-Associate CEDPA, and UNFPA. The conference focused on the need for a major fundamental change in the lives and living conditions of adolescent girls in India. Participants included over 300 representatives of government agencies and multilateral organizations. The conference began with presentations by girls who had participated in development programs for young women. Representatives from UNFPA and the UN Development Program indicated that their agencies would increase support of programs for girls and urged others to do the same. There were some innovative program recommendations for improving girls' nutrition, health needs, educational status, and sex and family life education. Many Indian girls suffer from sex discrimination. 3 million of the 15 million girls born every year die before the age of 15 years. 33% of these deaths occur in infancy. 3 million of the 4.5 million marriages every year involve girls aged 15-19 years. 17% of all births are to girls aged 15-18 years. It was argued at the conference that legislation that protects girls' well-being must be enforced. A number of CEDPA organizational representatives discussed their successful adolescent programs. The conference concluded with assurances from the Department of Women and Child Development that government would fund projects for adolescent girls and incorporate conference recommendations into policies.

Keywords: India; Conferences and Congresses; Government Officials; Adolescents, Female; Social Welfare; Social Development; Women's Status; Southern Asia; Asia; Developing Countries; Administrative Personnel; Organization and Administration; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Economic Factors; Socioeconomic Factors

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Title: Addressing women's reproductive health needs: priorities for the family welfare programme.
Author: Jejeebhoy SJ
Source: ECONOMIC AND POLITICAL WEEKLY. 1997 Mar 1-14;32(9-10):475-84. **Year:** 1997

Abstract: The improvement of women's status as well as improvement in the delivery of health care will be necessary to increase the reproductive health status of women in India. India's family welfare program is marked by significant gaps because of its focus on achieving demographic targets rather than addressing the needs of individuals and families. Thus, Indian women continue to suffer from an unacceptably high maternal mortality rate, widespread reproductive morbidity, lack of care during pregnancy and delivery, and lack of access to safe abortion. Data are needed on reproductive health risk factors, the levels and patterns of infertility, and prevalence of sexually transmitted diseases (STDs) in the

general population. Risk factors affecting reproductive health include malnutrition, adolescent marriage and childbearing, a lack of sex education, an overreliance on female sterilization for contraception, barriers to contraceptive usage, poor quality reproductive health care services, poor service delivery, women's inability to seek health care, and a need for health information. There is an urgent need to develop a more woman-centered focus on reproductive health in India. The focus of services must expand beyond family planning (female sterilization) to embrace safe motherhood, abortion, gynecological and obstetric morbidity, infertility, sex behavior and STDs, prevention and control of HIV/AIDS, and temporary contraception. In addition to these changes, more accountability for poor quality services must be built into India's family welfare program.

Keywords: India; Critique; Literature Review; Reproductive Health [Women]; Family Planning Programs; Government Programs; Quality of Life; Women's Status; Gender Issues; Quality of Health Care; Risk Factors; Sexually Transmitted Diseases; Infertility; Malnutrition; Adolescents, Female; Delivery of Health Care; Needs; Contraception; Sex Education; Southern Asia; Asia; Developing Countries; Health; Family Planning; Programs; Organization and Administration; Social Welfare; Economic Factors; Socioeconomic Factors; Health Services Evaluation; Program Evaluation; Biology; Reproductive Tract Infections;

Title: General and reproductive health of adolescent girls in rural south India.
Author: Joseph GA; Bhattacharji S; Joseph A; Rao PS
Source: INDIAN PEDIATRICS. 1997 Mar;34(3):242-5. **Year:** 1997

Abstract: Both quantitative and qualitative methods were used to assess the general and reproductive health of female adolescents in a rural district in Tamil Nadu, India. In focus group discussions, adolescents spoke of having headaches, body pains, and fatigue. There was a reluctance to discuss sexual health problems, but many reported concerns about menstrual irregularities. Girls participating in groups stated they would feel more comfortable attending a separate adolescent clinic run by female physicians. In interviews with 190 girls, the most frequently cited health complaints were fatigue, palpitations, frequent headaches, backache, and abdominal pain. Over 20% suffered from joint pains, weight loss, poor appetite, and recurrent respiratory problems. Those with higher educational status had fewer health complaints. 30% were anemic, and heights, weights, and body mass indexes were typical of those found in chronically undernourished populations. Adequate knowledge levels of topics such as menstruation, contraception, nutrition, and AIDS were extremely low. Overall, these findings indicate a need for both health education and special treatment services for girls from India who have suffered the health consequences of low socioeconomic status, unhygienic practices, and poor nutrition.

Keywords: India; Research Report; Surveys; Focus Groups; Adolescents, Female; Reproductive Health [Women]; Health [Women]; Knowledge; Signs and Symptoms; Rural Population [Women] Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Data Collection; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Diseases

Title: Adolescent sexuality and fertility in India.
Author: Kurz KM
Source: [Unpublished] 1997. Presented at the Annual Meeting of the Population Association of America, Washington, D.C., March 27-29, 1997.10 p. **Year:** 1997

Abstract: This paper provides preliminary results from studies on adolescent reproductive health, sexuality, and fertility in India. The Christian Medical College Study (CMC) examines the determinants of reproductive tract infections (RTIs) among married adolescent girls 16-22 years old and their husbands. KEM Hospital Center examines married and unmarried male and female adolescents, 14-22 years old, and their knowledge, attitudes, and practices about sex, fertility, contraception, and RTIs in rural Maharashtra. The Tata Institute of Social Sciences (TISS) study examines, among unmarried male and female adolescent students 15-22 years old from 2 Bombay colleges, their knowledge and perception of reproductive physiology, sex, contraception, and sexually transmitted diseases. The Foundation for Research in Health Systems (FRHS) examines health-seeking behavior among adolescent married females 15-19 years old by interviewing the girls, their husbands, their mothers-in-law, and health personnel. The CMC team found adolescent girls to be restricted after the onset of menstruation. The KEM study found that 83% of married adolescent females were required to sit apart from others during menstruation. However, 76% of never married adolescent females were not thus restricted. The CMC team found that unmarried adolescents found secret places to meet. The TISS team found that students were uncomfortable in a coeducational environment. Three types of relationships were formed: the brother-sister type, the time-pass type that includes casual sexual relations, and the true love type that leads to marriage and not premarital sex behavior. Other findings are presented for marriage, extra-marital relations, pregnancy and delivery, illness and abortion, contraceptive use, and knowledge of reproductive health. Findings suggests the need for education about reproductive health among adolescents.

Keywords: India; Research Report; KAP Surveys; Youth; Adolescents; Currently Married; Reproductive Health; Sex Behavior; Sexuality; Gender Issues; Female Role; Culture; Psychosocial Factors; Southern Asia; Asia; Developing Countries; Surveys; Sampling Studies; Studies; Research Methodology; Age Factors; Population Characteristics; Demographic Factors; Population; Marital Status; Nuptiality; Health; Behavior; Personality; Psychological Factors; Social Behavior

Title: Making sense, talking sexuality: India reaches out to its youth.
Author: Nayak J; Bose R
Source: SIECUS REPORT. 1997 Jan;25(2):19-21. **Year:** 1997

Abstract: To reduce the incidence of adolescent pregnancy, unsafe abortion, and sexually transmitted diseases (STDs) in India, Parivar Seva Senstha (PSS) Family Planning Programs has launched a program to provide family life education to young people. A preliminary survey administered to 236 South Delhi youths 12-20 years of age revealed widespread lack of knowledge about reproduction and STDs and a lack of comfort discussing sexuality. Based on the survey results, PSS designed curricula for ages 12-14, 15-17, and 18-20 years to be disseminated through schools and colleges, the National Service Scheme, Bharat Scouts and Guides, nongovernmental organizations, teacher training institutes, and a distance learning program. As the program evolved, a reproductive health hot line, face-to-face counseling sessions, workshops for engaged couples, and a radio question-and-answer program were added. Although teachers are supportive of the program, they remain inhibited about discussing sexuality with their students and prefer that PSS conduct the classes. At present, PSS is training trainers to teach the curriculum.

Keywords: India; Surveys; Sex Education; Adolescents; Program Development; Southern Asia; Asia;

Developing Countries; Sampling Studies; Studies; Research Methodology; Education; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Programs; Organization and Administration

Title: Adolescent pregnancy: a high risk group.
Author: Pal A; Gupta KB; Randhawa I
Source: JOURNAL OF THE INDIAN MEDICAL ASSOCIATION. 1997 May;95(5):127-8. **Year:** 1997

Abstract: In a retrospective case-control study conducted at Indira Gandhi Medical College in Shimla, India, in 1992-93, obstetric outcomes were compared in 80 pregnant adolescents 19 years of age and younger and 80 pregnant controls 20-30 years old matched for parity. 87.5% of women in both groups were primiparas. The adolescent pregnancy rate at the study site during the 1-year study period was 3.2%. Complications such as anemia (27.5%), pregnancy-induced hypertension (15.0%), and intrauterine growth retardation (27.5%) were significantly higher among pregnant adolescents than among their older counterparts (11.2%, 8.7%, and 8.7%, respectively). Forceps delivery was more frequent among adolescents (17.4%) than controls (6.2%). The only stillbirth was to an adolescent mother. There were no maternal deaths.

Keywords: India; Research Report; Case Control Studies; Adolescents, Female; **Adolescent** Pregnancy; Risk Factors; Pregnancy Complications; Maternal Age; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Biology; Diseases; Parental Age

Title: A cross-sectional study of growth parameters of rural adolescent girls of Punjab.
Author: Sachar RK; Singh H; Soni RK; Singh WP; Bhatia RC; Raizada N; Singh B
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1997 Jan-Mar;8(1):21-5. **Year:** 1997

Abstract: To assess the adequacy of growth among female adolescents in rural Punjab, India, anthropometric data were collected on 386 females 9-14 years old and 312 females 15-19 years of age. Although most of the values increased with socioeconomic status, the difference was statistically significant only for head circumference. Compared to their urban counterparts, rural girls weighed less and reached their growth spurt a year later (at age 12 years). Nonetheless, comparison with large studies conducted previously by the Indian Council of Medical Research and the National Nutrition Monitoring Bureau documented significant advances in the past decade. At age 18 years, only 8% of girls in the present survey weighed less than 39 kg and just 9.6% had heights under 145 cm—measures considered to indicate obstetric risk. Overall, these findings indicate adequate growth among adolescent females in rural Punjab, despite high rates of malnutrition among girls under 5 years of age.

Keywords: India; Research Report; Cross Sectional Analysis; Adolescents, Female; Growth; Anthropometry; Nutrition Indexes; Rural Population; Southern Asia; Asia; Developing Countries; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Child Development; Biology; Measurement; Nutrition; Health

Title: Prevalence of anaemia and hookworm infestation among adolescent girls in one rural block of TamilNadu.
Author: Sampathkumar V; Rajaratnam A
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1997 Jul-Dec;8(3-4):73-5. **Year:** 1997

Abstract: Adolescent girls are at particular risk of developing iron deficiency anemia as a result of the growth spurt that accompanies puberty. This risk is further increased in developing countries by hookworm infestation and the attendant intestinal blood loss. This study investigated the prevalence of both anemia and hookworm infestation among 197 female adolescents, 13-17 years of age, attending 10 schools in a rural block of India's Tamil Nadu State. 19% of subjects belonged to a scheduled caste, 72% to a backward caste, and 9% to a forward caste. The prevalence of anemia was 76.6%. Of the 130 girls who provided stool samples, 63% had hookworm. When questioned about personal hygiene practices, 48.5% of girls reported they did not wear slippers when they went outside. Only 65% were bathing daily. Since anemia during adolescence can have an adverse impact on future pregnancies, measures such as iron and folic acid supplementation, as well as improved hygienic practices, are recommended.

Keywords: India; Research Report; Cross Sectional Analysis; Anemia; Parasitic Diseases; Prevalence; Adolescents, Female; Rural Population; Hygiene; Southern Asia; Asia; Developing Countries; Research Methodology; Diseases; Measurement; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Public Health; Health

Title: Adolescent boys in Gujarat, India: their sexual behavior and their knowledge of acquired immunodeficiency syndrome and other sexually transmitted diseases.
Author: Sharma V; Sharma A
Source: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. 1997 Dec;18(6):399-404. **Year:** 1997

Abstract: The authors assessed the sexual behavior patterns of 368 unmarried, sexually active adolescent boys (294 rural, 74 urban) and their knowledge of sexually transmitted diseases (STDs) and correct use of condoms. The mean knowledge score for STDs was low and significantly associated with educational level ($p < .0001$). The mean awareness score for correct use of condoms was 0.42 on a scale of 10 and significantly associated with employment status and age at first coitus ($p < .001$). There was a negative correlation (-0.17) between literacy and knowledge of correct use of condoms. Selection of the first sexual partner, usually a prostitute, was influenced by employment status, age at first coitus, and literacy level. These data suggest that sexually active adolescent boys in Gujarat, India, are inadequately prepared to protect themselves against STDs and, therefore, that it is imperative to impart to them some knowledge of safe sex. (author's)

Keywords: India; Research Report; Surveys; Rural Population [Men]; Adolescents, Male; Knowledge; Sexually Transmitted Diseases; Sex Behavior [Men]; Sex Workers [Women]; Condom; Socioeconomic Status [Men]; Educational Status [Men] Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Reproductive Tract Infections; Infections; Family Planning; Socioeconomic Factors; Economic Factors

Title: Maternal and child health services in India with special focus on perinatal services.
Author: Singh M; Paul VK
Source: JOURNAL OF PERINATOLOGY. 1997 Jan-Feb;17(1):65-9.
Year: 1997

Abstract: The infant mortality rate (IMR) in India dropped from about 140/1000 live births in the early 1970s to 73/1000 in 1994. The IMR is highest in Orissa state (103/1000) and lowest in Kerala state (16/1000). Neonatal/perinatal data collection in the country is carried out by means of the Sample Registration System generating vital statistics; the Survey of Causes of Death by lay reporting; and the Data on Causes of Death from the Urban Hospitals. The health infrastructure comprises subcenters for a population of 5000, primary health centers (PHCs) for a population of 30,000, and a community health center for every 3-4 PHCs. There is a district hospital in each district capital. The most comprehensive among maternal and child health programs is the Child Survival and Safe Motherhood Program, under which maternal-child health services have been integrated since 1992 in order to achieve substantial improvements by the year 2000. The child survival component consists of newborn care, immunization, management of acute diarrhea and respiratory infections, prevention of hypothermia and infections, promotion of exclusive breast feeding, and referral of sick newborns. In mid-1997 the maternal-child health services will become part of the Reproductive and Child Health (RCH) Package of the National Family Welfare Program. The RCH Package consists of prevention and management of unwanted pregnancy; antenatal, delivery, and postpartum services; child survival services for newborns and infants; and management of reproductive tract infections and sexually transmitted diseases. The Integrated Child Development Services program was launched in 1975 and covers 70% of the country's community development blocks and 260 urban slum pockets. Its beneficiaries are children under 6 years of age, expectant and lactating mothers, and adolescent girls. The All India Hospitals Postpartum Program, with every hospital including an outreach program for 50,000 people, seeks to provide family planning during the post-delivery period. The National Neonatology Forum was created in 1980 and has trained over 15,000 specialists.

Keywords: India; Historical Survey; Records; Infant Mortality [Changes]; Maternal-Child Health Services; Child Survival; Primary Health Care; Integrated Programs; Hospitals; Southern Asia; Asia; Developing Countries; Information Processing; Information; Mortality; Population Dynamics; Demographic Factors; Population; Health Services; Delivery of Health Care; Health; Survivorship; Length of Life; Programs; Organization and Administration; Health Facilities

Title: Teenage primigravidae: a comparative study.
Author: Verma V; Das KB **Source:** Indian Journal of Public Health. 1997 Apr-Jun;41(2):52-5. **Year:** 1997

Abstract: This retrospective hospital-based study seeks to determine the important risk factors and outcomes of teenage pregnancies. A review of history sheets of obstetric cases recorded in a district hospital of South 24-Parganas, West Bengal, in 1992 was done to compare the obstetric outcome in 200 primigravidae with singleton pregnancies (study group) with that of the control group (age 20-29 years). The incidence of maternal complications documented in the history sheets with laboratory investigations was noted.

The findings revealed that the incidence of pregnancy complications like anemia, pregnancy-induced hypertension, and preterm labor was significantly higher among teenage mothers. The normal mode of delivery was more common in teenagers (82.5%) in comparison with the control group (76.5%), probably because of the higher number of low-birth-weight babies. The fetal outcome was significantly worse in teenage mothers, with high incidence of perinatal mortality (8%) and low-birth-weight babies (35%). The study also showed that there was not a single newborn with birth weight >3500 g in the teenage group, whereas the control group had 5 babies (2.5%) in the category.

Keywords: India; Research Report; Comparative Studies; Adolescent Pregnancy; Risk Factors; Low Birth Weight; Pregnancy Outcomes; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Biology; Birth Weight; Body Weight; Physiology; Pregnancy; Reproduction

Title: Challenges in India and Bhutan.
Author: Zaman W
Source: JOICFP NEWS. 1997 Dec;(282):4. **Year:** 1997

Abstract: While India is making overall progress in maternal and child health and reproductive health (MCH/RH), all states are not moving ahead. In fact, it is the states with the larger populations which are lagging behind. Primary education, women's status, and literacy remain problematic. UNFPA has worked in India for a long time, helping to realize the decline in total fertility rate from 6 to 3.5 over the past 20-30 years. India's population, however, is still growing at the annual rate of 1.8%. UNFPA's program in India for the period 1997-2001 will stress women's health as a matter of overall reproductive health, a new approach in India which has long relied upon sterilization. Attention must be given to meeting the needs of the poor in India as the country continues to grow in size and wealth. While Bhutan's estimated population is just over 1 million, the annual population growth rate of 3.1% threatens development over the long term. With a mountainous terrain and a low resource base, Bhutan cannot sustain a high population growth rate. Significant improvements have been made and women's status is good, the infant mortality rate has been reduced, and the health infrastructure is not bad. UNFPA's 5-year program beginning in 1998 will mainly address RH, especially adolescent RH.

Keywords: India; Bhutan; UNFPA; Reproductive Health [Women]; Women's Status; Obstacles; Poverty; Resources; Family Planning Programs; Southern Asia; Asia; Developing Countries; UN; International Agencies; Organizations; Health; Socioeconomic Factors; Economic Factors; Organization and Administration; Family Planning

Title: Let's talk reproductive health — young people's voices.
Author: Anonymous
Source: SAFE MOTHERHOOD. 1996;(22):9. **Year:** 1996

Abstract: This article presents extracts from comments made by young people in various parts of the world about the meaning of the term "safe motherhood." A Ghanian woman noted that young girls, who often bear a heavier workload than boys but receive less food, need to be given the same diet as boys. A young Senegalese mother relayed that she found out she was pregnant when she went to a hospital with stomach pains shortly

before her 14th birthday. Until then she had no idea that sexual intercourse led to pregnancy. A Mexican youth cited the problems that accompany adolescent pregnancy and motherhood, and a young woman in India called for delivery of proper medical care to all young mothers and presentation of health education about safe motherhood in schools. An Egyptian youth extolled the benefits of a project that involved young people from rural youth organizations in safe motherhood IEC (information, education, and communication) activities. Previously, adolescents had not received any special attention. Finally, a youth working in a family planning educational booth in Botswana stated that many youth who engage in sexual intercourse at an early age have no idea of the consequences of their actions.

Keywords: Ghana; Senegal; Mexico; India; Egypt; Botswana; Critique; Surveys; Reproductive Health [Women]; Maternal Health; Youth; Western Africa; Africa South of The Sahara; Africa; English Speaking Africa; Developing Countries; French Speaking Africa; North America; Americas; Latin America; Southern Asia; Asia; Northern Africa; Arab Countries; Mediterranean Countries; Southern Africa; Sampling Studies; Studies; Research Methodology; Health; Age Factors; Population Characteristics; Demographic Factors; Population

Title: Sexual behaviour and safer sex practices in adolescents and youths with reference to HIV / AIDS: implications for further research in Indian settings.

Author: Anonymous :39-77.

Source: Almora, India, Shree Almora Book Depot, 1996. In: Horns of a dilemma: AIDS. Volume-II, edited by S.D. Bhatt, N.C. Dhoundiyal.

Year: 1996

Abstract: The design of acquired immunodeficiency syndrome (AIDS) prevention programs for India's youth requires enhanced understanding of the sexual beliefs and behaviors that place adolescents at risk of infection. A review of the available research literature from India indicates that modernization and increased exposure to Western life-styles have weakened the influence of traditional norms of premarital celibacy and monogamy within marriage. In several surveys, 20-25% of Indian youth have expressed support for premarital sex; this rate is substantially higher among males, urban youth, and the more highly educated. Since sex education is not provided, there is widespread misinformation about topics such as human immunodeficiency virus (HIV). The main sources of information are the mass media and friends. Resistance to condom use, multiple sex partners, and experimentation with anal and homosexual sex further intensify adolescents' HIV risk. Needed is culture-specific research aimed at developing a comprehensive profile of adolescent sexuality, including when sex is initiated, how often and under what circumstances coitus occurs, and the sources of information about and perceptions of sexuality. Useful would be a flexible but standardized set of interview schedules/survey questionnaires for use by different agencies in organizing focus group discussions and data collection. Although knowledge is a prerequisite to HIV prevention, it may not be sufficient given the finding that risk reduction behavior tends to be more a function of perceived susceptibility to disease than of knowledge.

Keywords: India; Literature Review; Youth; HIV Infections; AIDS; Premarital Sex Behavior; Risk Behavior; Research Activities; Southern Asia; Asia; Developing Countries; Age Factors; Population Characteristics; Demographic Factors; Population; Viral Diseases; Diseases; Sex Behavior; Behavior; Research Methodology

Title: Lymphatic filariasis and the women of India.
Author: Bandyopadhyay L
Source: SOCIAL SCIENCE AND MEDICINE. 1996.May;42(10):1401-10.
Year: 1996

Abstract: Research on the gender-related dimensions of lymphatic filariasis is an essential component of women's health and development programs in filarial-endemic areas. To increase understanding of the impact of this disease on women's lives and health care-seeking behavior, a qualitative evaluation of 88 women and 39 female children with acute or chronic filariasis was conducted in endemic areas in 6 states in India in 1987. 92% of respondents were not aware the disease is transmitted by mosquitos. During acute attacks (characterized by fever, lymphangitis, recurring edema, and inflammatory nodules), women were unable to work in the fields, perform housework, or care for their children. Women with chronic filariasis (especially those with persistent edema and elephantiasis) also were unable to work or perform basic tasks related to the care of self and others. In India's rural areas, where a woman's worth is tied to her capability to be a productive, income-generating agent, filariasis-induced disability leads to shame (especially if clinical manifestations involve the breasts and genitals), low self-esteem, and a lack of respect in the family. Infected adolescent females consider themselves unmarriageable. 7 out of 8 women with nodules in their breasts or affected genitalia had never visited a health center because of embarrassment and fear of being examined by a male health worker. Health education, filariasis screening, and integrated vector control should be introduced through rural health care centers, and microfilaricidal-medicated salt should be available in shops and bazaars. However, special gender-sensitive measures (e.g., female health workers at rural clinics, recruitment of female community workers to encourage women to seek treatment in the early stage of the disease, and support groups for women suffering with this disease) are essential to ensure women benefit from these services.

Keywords: India; Research Report; Rural Population [Women]; Filariasis [Women]; Signs and Symptoms; Treatment; Psychosocial Factors; Rural Health Services; Gender Issues; Southern Asia; Asia; Developing Countries; Population Characteristics; Diseases; Behavior; Health Services; Delivery of Health Care; Health

Title: Country watch: India.
Author: Bhende AA
Source: AIDS / STD HEALTH PROMOTION EXCHANGE. 1996;(3):6-7.
Year: 1996

Abstract: An acquired immunodeficiency syndrome (AIDS) education program sponsored by World Vision of India was effective in reaching low-income adolescent girls in Bombay. During the preparatory phase, household surveys, interviews, and focus group discussions were conducted to gain insight into the daily lives, interests, sexual activities, and health problems of female adolescents. These activities identified a need for support and cooperation of the parents of these girls and the broader community, services such as child care for younger siblings to facilitate attendance, promotion of self-confidence and self-expression, and discussion of AIDS within the broader context of women's status and rights. The curriculum covered topics such as being a woman, puberty, sexuality, sexual exploitation and harassment, the human immune system, and protection against AIDS

and other sexually transmitted diseases. These messages were communicated through lectures, videos, plays, puppet shows, quizzes, story telling, role plays, and group discussions. The course was supplemented by a community awareness program involving community leaders, mothers of adolescent females, young men, and adolescent boys. A total of 76 girls (average age, 14 years) attended the 7-session course. A follow-up survey indicated that knowledge about AIDS, menstruation, and reproduction increased significantly over baseline; 62% of participants reported they had talked to others about AIDS since the course. World Vision has since expanded its Women and AIDS project to male and female adolescents and adults in 21 slums and two industrial complexes in Bombay.

Keywords: India; Adolescents, Female; Action Research; Women's Status; HIV Infections [Prevention and Control]; AIDS [Prevention and Control]; Sexually Transmitted Diseases [Prevention and Control]; Health Education; Community Participation; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Research Methodology; Socioeconomic Factors; Economic Factors; Viral Diseases; Diseases; Reproductive Tract Infections; Infections; Education; Organization and Administration

Title: Women's employment and their familial role in India. **Author:** Desai N :98-112. **Source:** New Delhi, India, Sage Publicatins, 1996. In: Social structure and change. Volume 2: Women in Indian society, edited by A.M. Shah, B.S. Baviskar, E.A. Ramaswamy. **Year:** 1996

Abstract: In India, women's work outside the family may not ensure a better status within the family or society. However, at all levels of society, even among the poorest, parents realize the importance of the links between education, training, and employment. Women tend to withdraw from the work force when family income is sufficient or improves. Older women engage in economic activity outside the household, while younger daughters-in-law and adolescent girls remain the property of men and work at home on domestic chores. The work role of women is determined by ideological and gender considerations. The view of women as dependents and as obligated to the family first serves the interests of employers for cheap labor and low-cost production. Social change is not easy when either men or women workers are in scattered site unorganized sectors. The author argues that fundamental structural change is necessary in order to eradicate social oppression, as exemplified in wife beating, rape, and dowry, and to change value orientations of the primacy of the wife role. Social reformers during the 1960s thought that women's access to salaried employment would raise the status of middle and upper classes. Education should have liberated women from some traditional values and customs and helped to initiate and support social change. Studies of low-class women during the 1980s reveal that working conditions were poor, and only women who worked in large-scale mills or small-scale power loom sectors gained some autonomy. Many times women gave their earnings to their husbands or mothers-in-law. When the formerly female-dominated food processing industry was mechanized, men replaced women. Women accepted meager earnings and inhuman working conditions in order to meet family needs. Common sense revealed that women had a lower status than men.

Keywords: India; Literature Review; Employment [Women]; Female Role; Women's Status; Social Change; Southern Asia; Asia; Developing Countries; Macroeconomic Factors; Economic Factors; Social Behavior; Behavior; Socioeconomic Factors

Title: Early nutrition and later physical work capacity.
Author: Haas JD; Murdoch S; Rivera J; Martorell R
Source: NUTRITION REVIEWS. 1996 Feb;54(2 Pt 2):S41-8. **Year:** 1996

Abstract: Several important studies within the past 20 years have examined the impact of acute nutrient deficiencies upon physical work capacity. Spurr et al. and Satyanarayana et al. extended that line of research to explore the apparent effects of chronic or lifelong undernutrition upon the work capacity of adolescent males. These studies conducted in Colombia and India, as well as others in Tanzania and Guatemala, are discussed. The authors believe that there is enough evidence to conclude that poor early childhood nutritional status, as indicated by the low dietary energy intakes and subsequent stunted growth, leads to many undesirable functional consequences. The studies of physical work capacity, together with other measures such as cognitive functioning and reproductive performance, provide strong evidence in support of policies and programs designed to eliminate the causes of environmental stunting in poor populations.

Keywords: Colombia; India; Tanzania; Guatemala; Literature Review; Growth; Infant; Adolescents; Child Nutrition; Infant Nutrition; Muscular Effects; Pulmonary Effects; Skeletal Effects; Longterm Effects; South America; Americas; Developing Countries; Latin America; Southern Asia; Asia; Eastern Africa; Africa South of The Sahara; Africa; English Speaking Africa; Central America; North America; Child Development; Biology; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Nutrition; Health; Physiology; Time Factors; Population Dynamics

Title: Adolescent sexual and reproductive behavior. A review of the evidence from India.
Author: Jejeebhoy SJ
Source: Washington, D.C., International Center for Research on Women [ICRW], 1996 Dec.[5], 35 p.ICRW Working Paper No. 3 **Year:** 1996

Abstract: This report profiles sexual, reproductive, and health behavior, knowledge, and attitudes among adolescents in India. The evidence reviewed pertains to both quantitative and qualitative data since the 1980s, both published and unpublished sources. About 20% of India's total population are adolescents 10-19 years old. Indian adolescent girls experience a late age of menarche and early age of marriage and sexual activity. Over 50% of adolescent girls 15-19 years old have experienced a pregnancy or birth. The evidence suggests that 20-30% of adolescent males and up to 10% of adolescent females are sexually active before marriage. About 30% of all adolescents are illiterate. While over 50% of males 15-24 years old complete a middle school education, only 33% of females do so. In 1981, about 51% of boys 15-19 years old and 18% of girls 15-19 years old were reported to be working. Girls were more likely not to be engaged in wage work and to work for longer durations. Adolescent girls had a higher mortality rate, especially in rural areas. The disparity in health care, food intake, and growth patterns led to underweight adolescent girls. Girls worked long hours performing housework that was undervalued. During the 1980s, the number of sexually transmitted diseases reported by adolescents 15-19 years old doubled. A magazine survey in 1993 revealed that 9% of girls younger than 19 and 39% of girls younger than 21 engaged in premarital sex. A rural tribal study in Maharashtra state found that almost 50% of unmarried girls were sexually active. Another study of low income and poorly educated adolescents from slums in Bombay found that very few adolescent girls reported engaging in premarital sex, although indirect evidence (from key

informants and medical practitioners) suggests more sexual activity than was reported through direct interviews. Evidence suggests that many girls are subject to rape and forced prostitution. There is great need for research on female sexuality and reproductive health needs in India.

Keywords: India; Technical Report; Literature Review; Adolescents; Reproductive Health; Sex Behavior; Marriage Patterns; Fertility; Abortion, Induced; Attitude; Knowledge; Decision Making; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Health; Behavior; Marriage; Nuptiality; Population Dynamics; Fertility Control, Postconception; Family Planning; Psychological Factors

Title: Reproductive health information needs in India: has NFHS filled the data gaps?
Author: Jejeebhoy SJ
Source: JOURNAL OF FAMILY WELFARE. 1996 Mar;42(1):7-23.
Year: 1996

Abstract: The current focus upon reproductive health in India marks a global recognition that reproductive health needs have been largely neglected and that the consequences of that neglect have been profound, especially for women. It also marks the recognition of the need to reorient India's traditional population program to go beyond demographic targets, contraceptive prevalence, and female sterilization, to a more comprehensive focus upon reproductive health needs and services, especially those which respond to reproductive health needs in ways which are sensitive to the sociocultural constraints woman and adolescent females encounter in obtaining services and expressing health needs. The author defines the main components of reproductive health, describes what is known about the reproductive health situation in India, and highlights critical data needs. There are considerable reproductive health data needs in India. Although National Family Health Survey (NFHS) data provide insight into many aspects of the reproductive health situation in the country and deserve more thorough analysis, major gaps still exist. The absence of both qualitative and quantitative data on all aspects of the reproductive health situation in India remains an important obstacle in convincing policymakers of the need to more broadly orient current family welfare programs.

Keywords: India; Reproductive Health; Needs; Information; Southern Asia; Asia; Developing Countries; Health; Economic Factors

Title: Rapid assessment procedures for the health and nutritional profile of adolescent girls: an exploratory study.
Author: Mathur P; Sharma S; Wadhwa A
Source: FOOD AND NUTRITION BULLETIN. 1996 Sep;17(3):235-40.
Year: 1996

Abstract: The use potential of rapid assessment procedures (RAP) to study the health and nutrition of female adolescents was investigated in the periurban village of Ladosarai in Mehrauli, Delhi (India) in 1992-93. Enrolled were 80 girls 11-14 years of age, their mothers (n = 61) or married older sisters (n = 3), 6 village-level workers, their assistants,

and 4 doctors. The adolescents carried out RAP exercises for mapping food intake and disease occurrence according to season and ranked their families on the basis of relative wealth. In addition, focus group discussions were held to gather in-depth information about health problems. Data collection was repeated with conventional methodology so that the two procedures could be compared in terms of the quality of the data and time required for data collection. There were no significant differences between the mean nutrient intakes obtained through conventional and modified rapid assessment 24-hour recall. Consumption of all nutrients except vitamin C was below the recommended daily allowance. The health problems cited by adolescents tended to be minor: colds, cough, fever, diarrhea, conjunctivitis, and skin problems. Unexpectedly, there was a high rate of locomotor disability. Seasonal variations in disease frequency identified by the girls were confirmed by the doctors. The group activities enabled the girls to open up and present their views about difficult issues such as gender bias and menstruation. The entire RAP exercise per anganwadi center (6-8 girls) took 8 hours compared with the 15 hours required to complete the conventional interview schedule. The RAP family ranking was able to evoke more reliable information about family income than the invasive conventional method. These findings confirm the capability of RAP to elicit in-depth information that enhances understanding of community health and nutrition problems.

Keywords: India; Research Report; Surveys; Survey Methodology; Adolescents, Female; Health; Nutrition; Income; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population;

Title: UNICEF co-operation in women's development.
Author: Nathan V :57-65.
Source: New Delhi, India, APH Publishing Corporation, 1996. In: Women's development: problems and prospects, edited by Shamim Aleem.
Year: 1996

Abstract: Women receive only a small share of developmental opportunities. They are often excluded from education, the better jobs, political systems, and adequate health care. National goals and policies to ensure the economic and social security of women for their active participation in development are described, followed by an overview of UNICEF cooperation during 1985-90 and organizational goals and objectives during 1991-95. Specific goals for 1991-95 are to improve the situation and status of women, reduce the proportion of girls who marry below age 18 years, and reduce disparities in health, nutrition, and educational status between boys and girls. Women's participation in development will be promoted and rural women's programs and innovative projects for adolescent girls will be launched. These approaches and program linkages are discussed.

Keywords: India; Women In Development; Women's Status; Programs; UNICEF; Southern Asia; Asia; Developing Countries; Economic Development; Economic Factors; Socioeconomic Factors; Organization and Administration; UN; International Agencies; Organizations

Title: NGO efforts to prevent maternal and infant mortality in India.
Author: Pachauri S
Source: SOCIAL CHANGE. 1996 Sep-Dec;26(3-4):30-44. **Year:** 1996

Abstract: In recent years, there has been a growth of nongovernmental organizations (NGOs) in India. NGOs have been successful in reaching the poor and reducing mortality and fertility. As innovators and experimenters, NGOs have the potential to help operationalize the reproductive amid Child Health Programme. The author discusses strategies for reducing material and infant mortality drawing from past NGO experience. Issues related to the safe motherhood program are raised. Attention is drawn to the problem of stagnating maternal mortality. Issues related to adolescent sexuality and fertility and sexually transmitted diseases in women and children are discussed. The author urges the government to form new partnerships with NGOs. NGOs should also develop new coalitions and allies to address emerging challenges. (author's)

Keywords: India; Literature Review; Maternal Mortality [Prevention and Control]; Infant Mortality [Prevention and Control]; Programs; Maternal-Child Health Services; Nongovernmental Organizations; Sexually Transmitted Diseases [Prevention and Control] Southern Asia; Asia; Developing Countries; Mortality; Population Dynamics; Demographic Factors; Population; Organization and Administration; Primary Health Care; Health Services; Delivery of Health Care; Health; Organizations; Reproductive Tract Infections; Infections; Diseases

Title: Sexual behaviour of adolescent boys — a cause for concern.
Author: Sharma V; Sharma A; Dave S; Chauhan P
Source: SEXUAL AND MARITAL THERAPY. 1996;11(2):147-51.
Year: 1996

Abstract: A study examines the sexual behavior and level of knowledge about sexually transmitted diseases (STDs) of unmarried adolescent boys from 8 randomly selected villages of the Anand taluka in Gujarat, India. A house to house survey was conducted on all unmarried and sexually active males who were interviewed with the help of structured and pretested questionnaires. These questionnaires consisted of questions on their sexual practices; awareness of STDs and AIDS; and knowledge of proper condom use. Results revealed that from a total sample of 178 adolescent boys the mean age at first coitus was 18.01 years, and in over 87% of the cases a prostitute was the first sexual contact. About 82 of the sample population (46%) had not heard of AIDS and 34% had no knowledge of other sexually transmitted diseases. About 67 boys (37.6%) had never seen a condom and only 9 (5.05%) had ever used one. The mean knowledge score about correct condom use was only 1.44 on a 10-point scale and was found to be associated with the economic status of the subject population, the type of sexual partner, and the educational status of the parents.

Keywords: India; Research Report; KAP Surveys [Men]; Men; Adolescents, Male; Sexually Transmitted Diseases; AIDS; Condom; Attitude [Men]; Knowledge [Men] Southern Asia; Asia; Developing Countries; Surveys; Sampling Studies; Studies; Research Methodology; Adolescents; Age Factors; Population Characteristics; Demographic Factors; Population;Infections; Diseases; HIV Infections; Barrier Methods; Behavior

Title: Against the odds: the changing impact of schooling on female autonomy and fertility in an Indian village.
Author: Vlassoff C :218-34.
Source: New Delhi, India, Sage Publications, 1996. In: Girls' schooling, women's autonomy and fertility change in South Asia, edited by Roger effery and Alaka M. Basu. **Year:** 1996

Abstract: This study of the changing impact of female schooling on female autonomy and fertility was based on focus groups and surveys conducted at two time periods in Indian villages. The first time period was a 9-month period during 1975-76. The second time period was in 1987. Data pertained to a sample of unmarried girls aged 13-18 and a sample of married women aged 15-26 years. The analysis of married women focused on the relationship between traditional attitudes, fertility, and contraception. The analysis of adolescents favored the role of schooling and changes in knowledge over the 12 intervening years. Autonomy is measured as girls' participation in choice of a marriage partner, approval of dowry, the role of women in the purchase of a sari, and exposure to the outside world. Findings indicate that levels of schooling increased over time. Adolescent girls had higher average schooling in both time periods. The numbers attending and staying increased over time. Married girls showed an increase in schooling which was not as great as for adolescent girls. Adolescent girls scored higher on all measures of autonomy in 1987. One striking difference in an autonomy measure was the greater propensity in 1987 of adolescent girls to disapprove of dowry than young married females. Adolescents perceived that their mothers were more involved in domestic decisions in 1987. There were few differences in the frequency of travel to the district capital in both time periods, regardless of the improved bus service. Fertility goals were low and similar in both time periods and among both groups of women. The relationships between schooling and autonomy were weak in both time periods for adolescents. By 1987 there was no relationship between schooling and desired fertility among adolescents. Findings do not support a causal relationship between female schooling, greater female autonomy, and lower fertility. Schooling was equated with prestige and not autonomy.

Keywords: India; Research Report; Surveys; Anthropology, Cultural; Women's Status; Educational Status [Women]; Fertility Decline; Attitude; Contraceptive Usage; Adolescents, Female; Currently Married [Women] Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Anthropology; Social Sciences; Socioeconomic Factors; Economic Factors; Socioeconomic Status; Fertility; Population Dynamics; Demographic Factors; Population; Psychological Factors; Behavior; Contraception; Family Planning; Adolescents; Youth; Age Factors; Population Characteristics; Marital Status; Nuptiality

Title: Better life options for girls and young women. Better Life Options Program.
Author: Anonymous
Corporate Name: Centre for Development and Population Activities [CEDPA]
Source: [Unpublished] [1995].[6] p. **Year:** 1995

Abstract: This document provides an overview of the Better Life Option Program (BLOP) operating in India, Nepal, Pakistan, Mexico, and Guatemala and contains specific information about BLOP activities in Ghana, Nigeria, South Africa, and Kenya. The objectives of the BLOP are to promote opportunities for young women aged 12-20 which will enhance their choices in the areas of fertility, health, employment, education, and civic participation. The BLOP is a longterm commitment of the Washington, D.C.-based Centre for Development and Population Activities. Strategies include funding community-based integrated projects, generating advocacy, building institutions by establishing BLOP centers, collaborating with other international organizations, and developing a family life education manual. Achievements to date include supporting 31 community projects which have aided over 400,000 girls and young women, supporting 16

partner organizations, organizing four regional conferences to allow women leaders to make recommendations, achieving designation of 1990 as the "Year of the Girl Child" and the 1990s as the "Decade of the Girl Child," and soliciting support in the amount of approximately $700,000 per year for five years from 20 donors. In Ghana, the BLOP provided technical, financial, and institutional support to a family planning counseling and service program for young women organized by the YWCA. In Nigeria, support was provided to a nongovernmental organization's Adolescent Reproductive Health Project which sought to reduce the incidence of unwanted pregnancy. A training of trainers workshop in South Africa resulted in creation of a Youth Practitioners Advocacy Group and delineation of the goal of building the capacity of youth groups to become sustainable vehicles for youth development. Work with the YWCA in Nigeria has led to an integrated program to 1) implement a family life and sexuality education program, 2) train trainers, and 3) establish a network with other Kenyan associations.

Keywords: Ghana; Kenya; Nigeria; South Africa; **India**; Nepal; Pakistan; Mexico; Guatemala; Integrated Programs; Program Activities; Youth [Women]; Women's Status; Community Development [Women]; Reproductive Health [Women] Western Africa; Africa South of The Sahara; Africa; English Speaking Africa; Developing Countries; Eastern Africa; Southern Africa; Southern Asia; Asia; North America; Americas; Latin America; Central America; Programs; Organization and Administration; Age Factors; Population Characteristics; Demographic Factors; Population; Socioeconomic Factors; Economic Factors; Social Development; Health

Title: MotherCare II close out. Final report format. Programme to prevent and control anemia among pregnant women. **Author:** Anonymous **Corporate Name:** John Snow [JSI]. MotherCare **Source:** [Unpublished] [1995]58 p. **Year:** 1995

Abstract: An education program was conducted to reduce anemia among pregnant women in India by a massive effort aimed towards behavior change. This education program was backed up by a distribution of iron and folic acid (IFA) tablets, as well as reduction of hookworm infestation by routine deworming. The education program was carried out by interpersonal communication in a one-on-one basis or group education in homes and clinics. Informational materials on anemia prevention were also produced and distributed. For adolescent girls, educational input was provided both in schools and community; while the general community was sensitized using a campaign approach by video, handouts, and audiocassettes. In order to evaluate the effectiveness of the program, data (pre- and post-intervention) were collected pertaining to pregnant women knowledge, IFA consumption, deworming, blood samples for hemoglobin and serum ferritin. The program was able to change pregnant women's knowledge leading to changes in practice of early pregnancy registration and increase IFA consumption. The information on deworming was misleading as women confused the mebendazole tablets with other medications. The satisfying result was the drop in the prevalence of anemia among anemic pregnant women from 70.5% to 49.9% in the intervention area. The important lesson learned from the program is that information, education, and communication should be backed up by the delivery of health services.

Keywords: **India**; Evaluation Report; Program Evaluation; Pregnant Women; Anemia [Prevention and Control]; IEC; Maternal Health; Health Education; Programs; Southern Asia; Asia; Developing Countries; Evaluation; Organization and Administration; Population Characteristics; Demographic Factors; Population; Diseases; Program Activities; Health; Education

Title: PFI-commissioned study shows women in rural Faridabad are subject to early marriages and multiple pregnancies. **Author:** Anonymous **Source:** FOCUS ON POPULATION, ENVIRONMENT, DEVELOPMENT. 1995 Apr-Jun;9(2):7. **Year:** 1995

Abstract: A study commissioned by the Population Foundation of India of 2000 married women of reproductive age in rural Faridabad indicates that nearly 71% were married and 44% became pregnant before the age of 17; nearly 25% were married and pregnant before the age of 15. Pregnancy wastage (fetal and infant deaths) was high, equaling 4.3 per living child among couples in the 15-17 year age group (82% of all conceptions). There was a 54% loss of female progeny among all child deaths up to five years of age. The study further showed the poor protection achieved with family planning methods; 84% of acceptors had three or more living children, while only 10%, who used nonterminal methods of family planning, were in the younger age groups with fewer than three children. Despite large-scale industrialization, Faridabad remains predominantly agrarian with high fertility. Low education and low work participation by women has worsened their status. An educational campaign which emphasizes postponement of marriage and pregnancy for the sake of maternal health, with particular attention to the senior woman of the family who must give tacit approval for the neglect of female progeny to occur, is recommended. An intensive program of maternal and child health care, and family planning for protection of new mothers, pregnant women, and young children might create favorable conditions for fertility regulation.

Keywords: India; Rural Population [Women]; Marriage Age; Maternal Age; Multiparity; Adolescents, Female; Adolescent Pregnancy; Fetal Death; Infant Mortality; Child Mortality; Sex Factors; Contraception Failure; Women's Status; Women In Development; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Marriage Patterns; Marriage; Nuptiality; Parental Age; Age Factors; Parity; Fertility Measurements; Fertility; Population Dynamics; Adolescents; Youth; Reproductive Behavior; Mortality; Contraceptive Usage; Contraception; Family Planning; Socioeconomic Factors; Economic Factors; Economic Development

Title: Teenage pregnancies: present trends and future prospects. **Author:** Bhattacharya M; Joshi PL :33-6.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: This workshop presentation on teenage pregnancy in India indicates that hospital statistics on teenage childbearing show rising marriage and childbearing ages and changes in rural attitudes. 70% of teenagers delivering at a maternity hospital had at least a primary education. 75% of the Indian population is still rural, and teenage pregnancies reflect this majority. Although total fertility rates during 1981-91 declined by 43%, the total fertility rates among adolescents have remained much the same. Many adolescent births take place at home in rural and urban slums. Adolescent health care in rural areas is still limited. Adolescents are usually treated by female health workers during pregnancy. Early marriage was perpetuated in the past by tradition, beliefs about preservation of a girl's chastity, and family needs to reduce expenditures. Early marriage is still practiced in the northern states of India, where the educational level of girls is low. Survey findings from

four northern states indicates that only 25% of girls aged 10-14 years were enrolled in school compared to 84% in Kerala. Findings also indicate that 82% of rural and urban teenagers who delivered in hospitals were illiterate. A 1988 Indian survey found that only 8.6% of girls aged 15-19 years were using contraception. Most of the adolescent contraceptive use was among married girls and girls living in urban areas. Premarital sexual relations are becoming more common, due to a relaxation of social and cultural norms restricting sexual behavior. An Indian family planning survey found that 13% of girls and 28% of boys approved of premarital sexual relations. There appears to be an increase in adolescent abortion and postabortion complications. The authors suggest that teachers and parents need to speak more honestly about sexual matters and that sex and health education needs to be more effective.

Keywords: India; Workshops; Adolescent Pregnancy; Adolescents; Reproductive Health; Attitude; Culture; Southern Asia; Asia; Developing Countries; Education; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Youth; Age Factors; Population Characteristics; Health; Psychological Factors; Behavior

Title: Country watch: India.
Author: Bhattacharya RD
Source: AIDS / STD HEALTH PROMOTION EXCHANGE. 1995;(1):5-6.
Year: 1995

Abstract: At the first nongovernmental organization (NGO) networking meeting on HIV/AIDS in Gujarat State, India (July 1992), the 80 participants concluded that training for grassroots volunteers was urgently needed. The Gujarat AIDS Prevention Unit (GAP-SIRMCE) assumed responsibility for organizing this capacity-building activity. GAP facilitators formulated a training-of-trainers program and outlined a workshop manual. Feedback was obtained from NGOs and experts from training programs so that a manual could be finalized. 200 NGOs were invited to participate; 65 sent delegations for training during the 1-year project. They included NGOs working on health, rural and agricultural development, family welfare, slum development, cooperative movements, and women's groups. The workshops lasted 1-3 days, generally had 10-12 participants (2 trainees per NGO). Topics included basic information on HIV/AIDS, sexuality, and barriers to condom use. There were discussions on negotiating safer sex and identifying fulfilling alternatives to sex acts. Condom demonstrations were also done. GAP then presented important educational messages. Each workshop ended with an evaluation. One of the lessons learned during the project concerned funding of participants. Some NGOs said their participation depended on money received for travel and daily subsistence. It was decided that GAP should not offer such reimbursements because this encourages NGOs to see workshop participation merely as a means of earning money. The Gujarat NGOs in the Indian Network of NGOs on HIV/AIDS have identified 2 major areas for future collaboration. The first was adolescent sex education; more than 98% of NGOs wanted to offer such programs. The second area concerned training in counseling skills in relation to HIV/AIDS and also in family planning, drug addiction, and family and marriage counseling.

Keywords: India; Nongovernmental Organizations; Program Activities; Workshops; Training of Trainers; AIDS [Prevention and Control]; HIV Infections [Prevention and Control] Southern Asia; Asia; Developing Countries; Organizations; Programs; Organization and Administration; Education; Training Programs; Viral Diseases; Diseases

Title: Evolving a model for AIDS prevention education among under-privileged adolescent girls in urban India.
Author: Bhende AA
Source: Washington, D.C., International Center for Research on Women [ICRW], 1995 Mar.[5], viii, 51 p.Women and AIDS Research Program Research Report Series No. 5; USAID Cooperative Agreement No. DPE-5972-A-00-0036-00 **Year:** 1995

Abstract: A study was conducted in 3 phases to design and test a sex and family life education program with an AIDS prevention module for low income, adolescent girls in Bombay, India. The first phase involved a household survey of the 6 study settlements (1534 households); focus group discussions with mothers of adolescent girls, with adolescent girls, and with adolescent boys; and interviews with key informants to collect baseline data. The second phase was developing and testing the intervention. The intervention's components were community outreach and training project staff. The intervention adopted a participatory comprehensive approach to teach girls about AIDS prevention. Education and participation techniques used included lecture and discussion, storytelling, demonstrations, video films, question/answer sessions, songs, games, small group discussions, role play, quizzes, brainstorming, and sharing experiences. The final phase was a 1-day workshop to disseminate the findings of the study to national and state-level policy and program specialists in the fields of health and family planning. Education activities were held at a convenient time, allowing participation of girls in school, working girls, and school drop outs. The AIDS prevention and education intervention for adolescent girls was successfully integrated into a low-income community. In communities where AIDS has not yet made an impact and where women's low socioeconomic status greatly increases women's vulnerability to HIV, HIV/AIDS prevention education for girls must be set within a broader context of women's status and rights. The intervention must focus on improving self-confidence and communication skills while simultaneously providing basic family life and sex education. This education program also involved and targeted the broader community, resulting in assurance of girls' attendance and a wider climate for behavioral change. The study revealed the extent to which female adolescents are surrounded by a culture of silence.

Keywords: India; Summary Report; Urban Population; Adolescents, Female; Action Research; HIV Infections [Prevention and Control]; AIDS [Prevention and Control]; Communication Programs; Health Education; Sex Education; IEC; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Research Methodology; Surveys; Sampling Studies; Studies; Communication; Culture; Viral Diseases; Diseases; Education; Organization and Administration

Title: Talking about love and sex in adolescent health fairs in India.
Author: Capoor I; Mehta S **Source:** REPRODUCTIVE HEALTH MATERS. 1995 May;(5):22-7. **Year:** 1995

Abstract: The provision of sex education for adolescents is a taboo subject in India and essentially unavailable from any source. In India, sex is rarely discussed, even among married couples. Sex and marriage are viewed as synonymous, with strict segregation by sex among adolescents, especially in rural areas. Rural girls are usually not permitted to attend school after menarche. A majority of girls and boys marry by age 16 and 18,

respectively, however, after which they begin having sexual intercourse. CHETNA, a nongovernmental organization in Ahmedabad, India, began holding sex education workshops in 1990 as part of residential health fairs or camps for adolescents. 150-200 adolescents aged 11-18 convene in a residential camp at a school or other sufficiently large facility for 3-4 days during which role playing, games, reading materials, and small group discussions are used to talk about physical and emotional changes in adolescence, love, sex, sexuality, and gender issues. While positive changes have been observed in many participants, it is clear that parental involvement is essential to sustain the gains made and to provide support.

Keywords: India; Workshops; Sex Education; Health Education; Adolescents; Sexuality; Taboo; Southern Asia; Asia; Developing Countries; Education; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Personality; Psychological Factors; Behavior; Culture

Title: Integrated health of the girl child.
Author: Ghosh S
Source: SOCIAL CHANGE: ISSUES AND PERSPECTIVES. 1995 Jun-Sep;25(2-):44-54. **Year:** 1995

Abstract: This article discusses factors that affect the well-being and health of female children in India: sex ratio, literacy, food intake, morbidity, mortality, early marriage, maternal mortality, nutrition, prenatal care and delivery, family planning responsibilities, and access to health services. India has recognized within its Constitution and other government documents and programs equality for women, but practices lag behind principles. A National Action Plan was formulated for the period 1991-2000 for the girl child. Women themselves must change their attitudes about themselves and their female children. Several pilot programs have demonstrated the potential to empower girls to be outspoken, vocal, and enthusiastic. Girls in India are disadvantaged even before their birth. Patriarchal norms reinforce the view of girls as a bad investment. Women are blamed for not bearing a son, despite the evidence that males carry the deciding gender-specific chromosome. Tamil Nadu districts are known for their female infanticide. The declining sex ratio is attributed to the higher death rate among females younger than 35 years. Females until recently had a lower life expectancy than males. Sex ratios vary between states. The only state with a positive female sex ratio is Kerala. Males outnumber females by almost 10% in most of the northern and eastern states. Illiteracy among women is high in about 100 districts. Female school enrollment is 50% less than male enrollment. Females suffer from higher rates of malnutrition, morbidity, and death. Girls' adolescent growth spurt is delayed until 18 years. Maternal mortality accounts for the largest proportion of deaths among women of reproductive age. The most common reason for abortion is "too many children." Lower socioeconomic status is associated with lower nutrition. Women do not have control over their fertility. Women are limited in their access to reproductive health care.

Keywords: India; Critique; Child, Female; Sex Ratio; Educational Status [Women]; Nutrition [Women]; Infanticide [Women]; Morbidity; Differential Mortality; Marriage Age; Maternal Health Services; Sex Discrimination; Women's Status; Southern Asia; Asia; Developing Countries; Child; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Sex Distribution; Sex Factors; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Health; Crime; Social Problems; Diseases; Mortality; Population Dynamics; Marriage Patterns; Marriage; Nuptiality; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Social Discrimination

Title: Teenage fertility in U.P.: some results from baseline survey in Uttar Pradesh.
Author: Gupta RB; Khan ME :30-2.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi.
Year: 1995

Abstract: In Uttar Pradesh adolescent fertility among women aged 15-19 years is around 90-100 births/1000 women, with the total fertility rate being around 5. Almost half of the adolescents of Upper Pradesh get married and most lack information about the advantages of delayed childbearing and contraceptives. The purpose of the study was to examine the differentials in fertility among adolescents and currently married women in Uttar Pradesh and to ascertain whether any regional/district variations existed in such differentials. The data of a baseline survey undertaken in 15 districts of Uttar Pradesh during 1993-94 were utilized. A sample of 2500 HHs was drawn from each of the 15 districts and all the eligible ever married women aged 13-49 were interviewed. A total of 42,377 women from 37,226 households in the 15 districts spread over five regions of the state were interviewed. The results indicated that teenage mothers in Uttar Pradesh contributed about 15% to the total fertility rate. Literacy had a very high impact on both delay in marriage and childbearing for spacing between births among teenagers and an inverse relationship with the proportion of adolescent married couples. Marriage age and the proportion of married teenagers also influenced fertility. Educational and counseling efforts should increase the marriage age as well as contraceptive usage since there was a high unmet need for contraception among these adolescents. The educational aspect of media use in family planning was also high among the adolescents along with husband-wife communication immediately after marriage. These factors could be considered in the effort of convincing teenagers to postpone marriage and pregnancy. Major recommendations were related to premarital counseling for teenagers for delayed marriage and childbearing; media use for communicating this message; and the role of literacy in postponing marriage, spacing of births, family life education in the school curriculum, and access to contraceptives.

Keywords: India; Surveys; Administrative Districts; Adolescent Pregnancy; Marriage Age; Differential Fertility; Recommendations; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Geographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Marriage Patterns; Marriage; Nuptiality

Title: Workshop on Strategy Formulation to Reduce Teenage Fertility in the State of Uttar Pradesh, Nainital, 15-16 May 1995.
Author: Gupta RB; Joshi S :1-4.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: A 2-day workshop, sponsored by UNICEF, Lucknow and the Population Council, India, was held during May 15-16, 1995. The workshop was organized by the Uttar Pradesh Academy of Administration at Nainital and was attended by administrators, researchers, and representatives of nongovernmental (NGOs) and international agencies. The objectives were to understand the extent of teenage fertility and its regional variations in Uttar Pradesh, to assess the reasons for teenage fertility, and to suggest steps to reduce it and to use operations research in NGO action plans. A review was presented on the adverse effects of teenage pregnancy, which accounts for 15% of the total fertility in UP with 0.8 child/ woman. Contraceptive prevalence among teenagers in India amounts to about 12% vs. under 10% in Uttar Pradesh. The figures for Indonesia, the Philippines, Sri Lanka, and Thailand are much higher with 24%, 18%, 20%, and 43%, respectively. Teenage pregnancy poses risks both for the mother and the child. A study by Madras Medical College demonstrated that 27% of teenage mothers had low birth weight children and 24% had fetal losses, while the corresponding figures were 15% and 6%, respectively, for mothers in their 20s. High rates of teenage marriage and fertility are rooted in sociocultural reasons (early age at marriage, old age support, social security, dowry, and poverty); the economic need to get support in old age; and ignorance about fertility and birth control methods. Some of the recommendations for remedial measures included increasing the marriage age, increasing the practice of birth spacing, and counseling on sociocultural and economic changes. The summaries of several papers were also presented along with a number of recommendations to be implemented on an experimental basis.

Keywords: India; Administrative Districts; Workshops; Adolescent Pregnancy; Fertility; Contraceptive Prevalence; Marriage Age; Counseling; Socioeconomic Factors; Southern Asia; Asia; Developing Countries; Geographic Factors; Population; Education; Reproductive Behavior; Population Dynamics; Demographic Factors; Contraceptive Usage; Contraception; Family Planning; Marriage Patterns; Marriage; Nuptiality; Clinic Activities; Program Activities; Programs; Organization and Administration; Economic Factors

Title: Visualization in participatory planning (VIPP) group work session for prioritization of options to reduce teenage fertility.
Author: Joshi S :5-7.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi.
Year: 1995

Abstract: At a Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India, a brainstorming session was conducted using the Visualization in Participatory Planning (VIPP) technique. Participants were asked to write down five specific action plans for the reduction of teenage pregnancy in Uttar Pradesh. The result was 113 feasible options to attain that goal. The identified categories were: system support, policy and education, and operations research for the empowerment of women. Within system support three activities were stressed: 1) information, education, and communication (IEC) on raising marriage age and avoiding high-risk teenage pregnancy and counseling for adolescents in the community; 2) training for health workers concerning the importance of girls' education, work orientation, contraceptive methods, interpersonal communication,

and male responsibility in the promotion of family planning; and 3) supply logistics concerning the availability of abortion at the health center and primary health care level, awareness about spacing methods, availability of contraceptives by community-based distribution, condom vending machines in railway and bus stations, and separate depot holders for contraceptives for adolescents. Policy and education encompassed policy advocacy (raising the marriage age, incentives to delay first birth, and responsible parenthood) and social mobilization and education (increased funding for female education with compulsory education up to the middle school level, reproductive health education for female college students, teaching about conception and contraception and reproductive health in high schools, and parental education about changing sexual behavior). Operations research on female empowerment concerned reproductive intentions, income generation for teenagers, vocational training, and gainful employment. Action plans were requested from three groups that could be suggested for donor agencies for eventual experimental implementation in Uttar Pradesh.

Keywords: India; Administrative Districts; Action Research; **Adolescent** Pregnancy; IEC; Counseling; Southern Asia; Asia; Developing Countries; Geographic Factors; Population; Research Methodology; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Program Activities; Programs; Organization and Administration; Clinic Activities

Title: Adolescent health: issues and concerns in India.
Author: Kannan AT
Source: HEALTH FOR THE MILLIONS. 1995 May-Jun;21(3):29-30.
Year: 1995

Abstract: Adolescence is a sensitive and important phase in an individual's life during which a multidisciplinary approach must be taken to both understanding and solving his/her problems. An estimated 25% of India's population of 138 million is aged 15-25 years. Girls aged 10-19 years comprise about 22% of the female population. A wide range of issues and concerns face adolescents in India, including nutritional deficiencies, reproductive health problems, sexually transmitted diseases, and mental and physical stress-related problems. Stress often results in the abuse of tobacco and other habit-forming drugs. The author discusses nutrition, reproductive health, pregnancy, sexuality, and mental and social concerns as they are related to adolescents.

Keywords: India; Adolescents; Health; Nutrition; Reproductive Health; **Adolescent** Pregnancy; Sexuality; Psychosocial Factors; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Personality; Psychological Factors; Behavior

Title: Gender discrimination, maternal health, and pregnancy outcomes in north India.
Author: Khanna SK
Source: Ann Arbor, Michigan, UMI Dissertation Services, 1995.[3], xi, 303 p.UMI No. 9619044 **Year:** 1995

Abstract: Daughter neglect in terms of the biased allocation of food and health care is,

arguably, one of the most common forms of discrimination in North India. This study adopts a biocultural perspective to the patterns and long-term consequences of neglect of daughter in North India. The research was undertaken in two villages: Shahargaon, an urbanizing village in New Delhi, and Karimpur, a rural village in Uttar Pradesh. The survey included married women (age 15-45 years) from the Jat community in Shahargaon and from the Kachi and the Dhanuk communities in Karimpur. Community-specific ethnographic information, maternal narratives concerning discrimination during childhood and adolescent years, and maternal anthropometric and reproductive information were collected during August 1993 to May 1994. The ethnographic and maternal anthropometric data illustrate that a high proportion of women in Shahargaon and Karimpur have poor adult health status and have experienced a considerably higher incidence of negative pregnancy outcomes. Undernutrition in childhood and adolescent years in addition to a poor state of nutrition and health care in adult life have contributed towards poor adult health, and a high incidence of negative pregnancy outcomes emerges as a combined final consequence of the long-term as well as the current poor health status of the mother. (author's)

Keywords: India; Research Report; Rural Population [Women]; Urban Population [Women]; Currently Married [Women]; Ethnic Groups; Longterm Effects; Sex Discrimination; Maternal Health; Pregnancy Outcomes; Malnutrition [Women]; Anthropometry [Women]; Age Factors; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Marital Status; Nuptiality; Cultural Background; Time Factors; Population Dynamics; Social Discrimination; Social Problems; Health; Pregnancy; Reproduction; Nutrition Disorders; Diseases; Measurement; Research Methodology

Title: Girl child and sexual victimisation.
Author: Krishna KP
Source: SOCIAL CHANGE: ISSUES AND PERSPECTIVES. 1995 Jun-Sep;25(2-3):124-32. **Year:** 1995

Abstract: This article offers 12 suggestions for improving the protection of sexually victimized children and discusses the extent, form, causes, and consequences of sexual victimization of female children in India. Female victimization includes child marriage, polygamy, rape, incest, and kidnapping for immoral purposes. A female child is victimized from birth to maturity. Girls are born into a secondary status and married off. If her dowry is meager, a girl is subjected to ridicule, criticism, or denigration. The number of prosecuted sex offenses against girls and the number of reported sex offenses increased during 1980-89. However, most sex offenses are unreported. About 63% of rape cases pertain to girls 16-30 years old. Only 18% of rape cases occur among women over age 30. During 1971-89, kidnapping increased by over 79%. Most kidnapping involves girls 3-16 years old and is connected with prostitution, begging, sexual gratification, unemployment, extreme poverty, broken homes, and antisocial surroundings. One study in 1991 found that 48% of adolescent school girls had been molested. Another study in 1985 found that 54.29% of rape victims were 7-16 years old, and 3.27% were under 7 years old. 53.88% were unmarried, and 45.32% were married. Most of the victims were unemployed, dependents, or students. Most rapists are known by the victims. The rapist and the victims tend to come from middle or lower socioeconomic classes. Brother-sister incest is about 5 times more common than father-daughter incest. The literature suggests that children are sexually abused for pleasure or material gain. A current city study found that 15% of prostitutes were under 15 years old; 24.5% were 16-18 years old. Girls enter prostitution through a temple devdasi

life, abduction, regular employment, and initiation by parents and brothel keepers. Marriage victimizes girls who marry at an early age or with a poor dowry.

Keywords: India; Critique; Recommendations; Child, Female; Sex Workers [Women]; Legislation; Social Protection; Gender Issues; Sexual Abuse [Women]; Crime; Rape; Southern Asia; Asia; Developing Countries; Child; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Sex Behavior; Behavior; Social Problems

Title: Mate selection preference of rural unmarried adolescent girls: determinants and implications.
Author: Murthy MS; Dhanalakshmi N; Sujatha DS **Source:** Indian Journal of Social Work. 1995 Jul;56(3):319-29. **Year:** 1995

Abstract: Tribal populations and also certain other populations encourage meetings of eligible boys and girls at special places and occasions. In the present study, mate selection preferences of rural girls based on certain variables are grouped together into expected desirable qualities among future husbands; expected adjustment/cooperation and expected socioeconomic status showed a moderate to higher levels of aspiration among rural girls. However, the index of socioeconomic status in terms of education, favorable social status and economic status is highly favored among prospective husbands succeeded by index on cooperative/adjustable nature and index of desirable characteristics among future husbands. (author's)

Keywords: India; Research Report; Sampling Studies; Rural Population; Adolescents, Female; Mate Selection; Socioeconomic Factors; Attitude; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Marriage; Nuptiality; Economic Factors; Psychological Factors; Behavior

Title: A waiting time distribution for the first conception and its application to a non-contracepting traditional society.
Author: Nath DC; Land KC; Singh KK **Source:** GENUS. 1995 Jan-Jun;51(1-2):95-103. **Year:** 1995

Abstract: This paper provides a description of a probability model for determining the time to first birth for a finite marital or cohabitation duration in a traditional society with early marriage and in an advanced society with delayed childbearing due to contraception. The model generates estimates for fertility parameters, such as the risk of conception, the risk of ovulation or withdrawal from using contraception, and the proportion of adolescent sterile females or couples using contraception. The model assumes homogeneity of risk of conception and a one-to-one correlation between conception and live birth. The model has the potential for further adjustment by incorporating a Pearsonian type III distribution and/or abortion as another possible outcome of a conception that may follow a geometric distribution pattern. The model is applied to data from 3931 rural households in Eastern Uttar Pradesh in India in 1987. None of the couples used contraception before the birth of

the first child. The minimum chi square method is used to estimate the expected frequencies of important parameters in the model (the adolescent sterile group, the time spent by a woman in the adolescent sterility state in an exponential distribution, and the time spent in the ovulating state before conception in an exponential distribution). Findings indicate that the proposed model provides a good fit to the distribution of waiting time to first conception for marriage cohorts I and II. Findings indicate that it took 1.65 years and 1.54 years for women in the respective cohorts to reach the state of ovulation after marriage and 2.38 years and 1.72 years to reach first conception after ovulation. A comparison of this study's estimates with Talwar's estimates of nonfecund females shows, respectively, 74% and 78% of females aged 12-14 years being nonfecund in cohort I. 56% of study participants aged 15 in cohort II were estimated to be nonfecund compared to only 40% in Talwar's estimates.

Keywords: Developing Countries; **India**; Models, Theoretical; Natural Fertility; First Birth Intervals; Maternal Age; Southern Asia; Asia; Research Methodology; Fertility; Population Dynamics; Demographic Factors; Population; Birth Intervals; Fertility Measurements; Parental Age; Age Factors; Population Characteristics

Title: Status of married adolescent girls: a case of three districts of Madhya Pradesh.
Author: Rajagopal S; Phillip G :27-9.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: Adolescent motherhood adversely affects physical growth as well as the educational and socioeconomic development of women. The marriage age of women is the principal factor in determining the level of fertility, while the educational and employment status before marriage determine the female age at marriage. The data for this study were collected from the baseline survey conducted in three districts of Madhya Pradesh (Bhopal, Sagar, and Vidisha). The Center of Operations Research and Training (CORT) Baroda carried out the study under the Small Family by Choice program of the Family Planning Association of India. 15% of the female population in the district were adolescents (aged 13-19), and 62% of households had nuclear families. A quarter of the adolescent girls were married and the proportion of ever married teenage girls was significantly higher in rural areas than in urban areas. The mean age at marriage was 15 years. 92% of the adolescents knew at least one modern contraceptive method and 83% knew at least one modern method of birth spacing. They were most familiar with female sterilization, oral contraceptives, male sterilization, the condom, and the IUD. Almost 19% of the married teenagers had ever used a contraceptive method (13% modern method and 6% traditional method). Only 10% were currently using family planning. Spacing was more extensively used in urban than rural areas. Total unmet need for contraception was estimated at 43% among married adolescents: 37% for spacing and 6% for family size limitation. 25% of the adolescents did not approve of family planning, while 8% of husbands or other family members opposed family planning. Husband-wife communication regarding the number of children desired was 50% among those aged 20-44 years compared with 38% among teenagers. 6% of the adolescents reported at least one unwanted pregnancy. 50% of

these unwanted pregnancies resulted in live births, 7% in stillbirths, 21% were attempted to be aborted, and the remaining 19% continued with the unwanted pregnancy.

Keywords: India; Case Studies; Administrative Districts; Adolescent Pregnancy; Adolescents, Female; Marital Fertility; Women's Status; Recommendations; Marriage Age; Contraceptive Usage; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Geographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Adolescents; Youth; Age Factors; Population Characteristics; Socioeconomic Factors; Economic Factors; Marriage Patterns; Marriage; Nuptiality; Contraception; Family Planning

Title: Teenage fertility behaviour in Uttar Pradesh: an empirical investigation of levels, trends and differentials.
Author: Roy TK; Nangia P :15-7.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: Adolescent pregnancy in developing countries is an accepted traditional practice and, despite laws enacted against child marriage, the practice is still common in these countries. The data of the Indian National Family Health Survey (NFHS) were analyzed with respect to the age-specific fertility rate (ASFR) for adolescents, the total fertility rate (TFR) for ages 15-49, and the contribution the 15-19 age group to the TFR in Uttar Pradesh. In India the TFR for the age group 15-49 was 3.39. Uttar Pradesh registered the highest TFR (4.82) in the country, but revealed a much lower ASFR (0.004) than the national average (0.011) for ages 13-14 and an ASFR of 0.113 compared with a national ASFR of 0.116 for ages 15-19. Teenage fertility (ages 15-19) contributed 12% to the TFR in Uttar Pradesh compared with 28% in Andhra Pradesh, 25% in Maharashtra, 23% in Karnataka, and 20% in Madhya Pradesh. In Kerala, which reached below replacement fertility, adolescent fertility still contributed 10% to the TFR. Therefore, in comparison with other states adolescent fertility in Uttar Pradesh is not grave, although it is evident that the risks of adolescent pregnancy are higher than those of pregnancy in women aged 20 or over. A case study conducted in 1992 showed that half of the women were married by the age of 18 years in Uttar Pradesh. The knowledge of family planning methods was quite high among adolescents, but only one-third of them were familiar with modern methods. The majority of adolescents did not want to use any method of contraception because they were intent on having a child. The promotion of family planning methods is necessary with particular attention to spacing methods and greater accessibility to contraceptives.

Keywords: India; Administrative Districts; Health Surveys; Adolescent Pregnancy; Differential Fertility; Age Specific Fertility Rate; Total Fertility Rate; Contraceptive Usage; Southern Asia; Asia; Developing Countries; Geographic Factors; Population; Health; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Fertility Rate; Birth Rate; Fertility Measurements; Contraception; Family Planning

Title: Teenage reproductive behaviour in rural Uttar Pradesh: some observations and analysis.

Author: Sharma AK :18-20.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: Observations regarding socioeconomic and cognitive aspects of adolescent fertility, marriage, and contraceptive practices in central Uttar Pradesh are presented. 150 villagers were interviewed during November-January 1994 in Kalyanpur and Chaubepur Development Blocks to understand changes occurring in rural Uttar Pradesh, the cause of continuing high teenage fertility, and to develop a multicyclical mode of teenage fertility. The System Dynamics Model of Teenage Fertility provided some inferences for policymakers, to wit: tradition is very important in regard to sexual mores, family size norms, the status of women, and social pressure. Educating girls and empowering women in general is needed for changing the traditional female role and preventing their marginalization. Raising the marriage age and family planning program implementation require support from social institutions and nongovernmental organizations. In rural Uttar Pradesh the fear of premarital sex among girls is crucial because of the value of virginity which, however, is changing. Teenage marriage and fertility are also related to the issues of poverty and employment, which rural development schemes could alleviate by providing alternatives to reproduction. Family planning programs need to lessen the dependence on targets and sterilization. The complexity of social problems contains numerous variables and feedback cycles that are supposed to perform regulatory functions. Thus, problem solving entails the examination of the whole system. Adolescent fertility in Uttar Pradesh is a complex problem that requires education and structural change. The unmet socioeconomic and health needs of teenagers hinder the interventions in teenage reproductive behavior. Infrastructure building, improvement in educational facilities, and employment opportunities are needed most to tackle this problem. Success depends on the creation of a network of grassroots organizations and consciousness building.

Keywords: India; Research Report; Surveys; Administrative Districts; Rural Population; **Adolescent** Pregnancy; Reproductive Behavior; Recommendations; Marriage Age; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Geographic Factors; Population; Population Characteristics; Demographic Factors; Fertility; Population Dynamics; Marriage Patterns; Marriage; Nuptiality

Title: Teenage fertility and its determinants: situation in hill region of Uttar Pradesh.
Author: Srivastava AK; Srivastava NL :24-6.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: The National Family Health Survey of Uttar Pradesh (1992-93) revealed that 49.4% of females aged 13-19 had been pregnant and 41.3% were mothers at the time of

the survey. The main goals of the present study were to find out about the fertility rate in the hill region of Uttar Pradesh compared with the whole state, to search out the determinants of the existing teenage fertility rate in the hill region, and to suggest priorities for the reduction of teenage fertility. Mainly, decennial census data were used to identify key areas for the reduction of fertility: the legal minimum marriage age for girls should be raised from 18 years to 21 years and for boys from 21 years to 24 years; a law should mandate the registration of all marriages to restrict early marriages; the risks of morbidity and mortality attending early teenage pregnancy should be made clear to teenagers and they should be encouraged to use contraceptives; government incentives should promote the postponement of teenage childbearing particularly in villages; male child preference makes birth intervals less than 2 years if the first child is female because of old age security expected from sons, therefore a proper old age social security system is needed; the dowry system should be controlled because it leads to sex discrimination against girls and puts a high financial burden on parents; the educational level of girls should be raised along with a general raising of the educational level; the lack of accurate information about family planning should be remedied by providing them with proper information within the context of family welfare programs; and in every hospital for women a separate counseling center that would provide sex and population education as well as information on family planning and maternal and child health services should be established for teenage couples.

Keywords: India; Critique; Administrative Districts; Adolescent Pregnancy; Fertility Determinants; Rural Population; Recommendations; Southern Asia; Asia; Developing Countries; Geographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population Characteristics

Title: Improving women's quality of life: enhancing self-image and increasing decision-making power.
Author: Udipi SA; Varghese MA :151-60.
Source: Ottawa, Canada, International Development Research Centre [IDRC], 1995 Aug. In: Gender, health, and sustainable development: perspectives from Asia and the Caribbean. Proceedings of workshops held in Singapore, 23-26 January 1995 and in Bridgetown, Barbados, 6-9 December 1994, edited by Janet Hatcher Roberts, Jennifer Kitts, and Lori Jones Arsenault. **Year:** 1995

Abstract: This discussion of the health of women in India points out that women's health needs cannot be met by focusing on the health sector alone. Access to nutrition and education and empowerment of women are also needed for improving women's health. Some women are vulnerable due to abandonment by husbands and society or extreme poverty. Women need to be encouraged to break the culture of silence and to negotiate for greater status within the household. Women's groups can be useful in helping women with restrictions on mobility. Focus group discussions among community workers and among adolescent girls living in an Indian urban slum revealed that government hospital services were not trusted and that health was not affordable for the poor. There were an insufficient number of female doctors and health personnel. Community workers found that girls needed improved self-confidence and the external recognition by others as well as educational and employment opportunities. Community members thought that educators and administrators of government programs should consider constraints on women other

than education and income, such as family size and how a woman dresses. Sensitivity to women's constraints and the subtleties of home and family are necessary. Families are unique and approaches should be adapted to each individual situation. Small informal meetings or individual meetings with a woman in her home were recommended as key to educational efforts. Women's groups act as social supports and in a role to sensitize girls and women to their needs, duties, and responsibilities. Programs should be directed to populations most in need: girls aged 12-18 years. Gender-sensitive government policies and legislation and program personnel must recognize that women's social relationships offer different opportunities for action. Barriers to health services among rural women include urban-educated health personnel approaches that ignore culture and context.

Keywords: India; Critique; Women's Status; Educational Status; Recommendations; Health [Women]; Social Development; Decision Making [Women]; Malnutrition [Women] Southern Asia; Asia; Developing Countries; Socioeconomic Factors; Economic Factors; Socioeconomic Status; Behavior; Nutrition Disorders; Diseases

Title: Teenage fertility of rural females in eastern Uttar Pradesh.
Author: Yadav RC :21-3.
Source: Nainital, India, UP Academy of Administration, 1995. In: Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh, India. Final report. Organized by UP Academy of Administration, Nainital, 15-16 May 1995, [edited by] R.B. Gupta, Suresh Joshi. **Year:** 1995

Abstract: The existing levels of teenage marital fertility were described in different groups in rural eastern Uttar Pradesh. Data were collected in three large-scale demographic surveys conducted by the Center of Population Studies, Banaras Hindu University in rural areas of Varanasi and some neighboring districts of eastern Uttar Pradesh in 1969, 1978, and 1987. The first birth interval and the number of births for those aged 15-19 years were studied. The longitudinal data suggest that teenage marital fertility in rural eastern Uttar Pradesh was below the potential biological upper limit owing to prevailing sociocultural factors in the area. Marriage age was low accounting for the overall high rate of teenage fertility. A 1993 study analyzed the age of marriage pattern in the 1987 survey and found that the average age for the female cohort of 1960-64 was about 15 years, while that for the 1985-87 female cohort was around 17 years. The legal minimum marriage age is 18 years. This finding suggests that marriage age is not likely to increase significantly in the near future. A number of sociocultural constraints are at play that inhibit the increase in marriage age. Daughters are considered other people's wealth (paraya dhan) who have to be married off as early as possible to be rid of the burden of dowry. Illiteracy or low educational status and domestic work as the main occupation also promote lower marriage age. In family welfare programs, too much attention has been paid to terminal methods of contraception at the expense of appropriate contraceptive methods for adolescents that reduce teenage fertility in rural areas. In addition, rural people are largely ignorant about reproduction, e.g., they have misconceptions about the optimal time of conception in the menstrual cycle and do not practice regular abstinence. First paramedical staff has to be educated about these issues of reproductive health for eventual dissemination of information among people.

Keywords: India; Demographic Surveys; Administrative Districts; Rural Population [Women]; **Adolescent** Pregnancy; Adolescents, Female; Marital Fertility; Recommendations; Marriage Age; Family Planning Education; Southern Asia; Asia; Developing Countries; Population Dynamics; Demographic Factors; Population; Geographic Factors; Population Characteristics; Reproductive Behavior; Fertility; Adolescents; Youth; Age Factors; Marriage Patterns; Marriage; Nuptiality; Education

Title: Conflict and controversy give way to consensus at Cairo.
Author: Anonymous
Source: FOCUS ON POPULATION, ENVIRONMENT, DEVELOPMENT. 1994 Jul-Sep;8(3):1-2. **Year:** 1994

Abstract: The Programme of Action of the 1994 International Conference on Population and Development (ICPD) set population policy guidelines for the world's governments and provided a global framework for sustainable development for the next 2 decades. The document presents revolutionary notions on gender equality and the empowerment of women, the role of family reproductive rights, health and family planning, unsafe abortions, and adolescent sexuality. For the first time, the ICPD pointed to the empowerment of women as a cornerstone of development. The ICPD was a model of global inclusiveness; the only arguments were about details of implementation and how it can be best achieved. Abortion was a cause for debate and so was funding. However, consensus was reached on a funding level of $17 billion by the year 2000 to implement the Programme of Action. The proposal that 20% of all development assistance be committed to social spending and that developing countries devote a similar level of their budgets to these sectors was postponed until the World Summit for Social Development in 1995. The ICPD was further characterized by the involvement of nongovernmental organizations (NGOs), which lobbied for their points of view. Both governments and NGOs realized the enormity of the task ahead in the areas of population, sustainable development, and sustained economic growth.

Keywords: India; World Population Conferences; UN; Population Policy; International Cooperation; Women's Status; Funds; Nongovernmental Organizations; Southern Asia; Asia; Developing Countries; International Agencies; Organizations; Social Policy; Policy; Socioeconomic Factors; Economic Factors; Financial Activities

Title: Folk musical dramas portray population issues. Gurgaon.
Author: Anonymous
Source: POPULATION EDUCATION IN ASIA AND THE PACIFIC NEWSLETTER AND FORUM. 1994;(40):9-10. **Year:** 1994

Abstract: The State Population Education Cell of the State Council of Educational Research and Training (SCERT) is now testing the use of folk musical dramas in promoting population messages. Being the language of the hearts, it is expected that about 50,000 students, teachers and members of the community will be oriented about the problems arising from rapid population growth through folk musical dramas. These musical dramas are innovative vehicles adopted under the Village Adoption and Population Education Laboratory Schools by the SCERT. It follows three phases. The first phase required poet teachers to develop three folk musical dramas on the themes of status of women and gender disparity, importance of small family and population growth and its impact on environment. The

second phase saw the staging of these folk musical dramas in two adopted schools. The presentations were video taped and recorded into audio-video cassettes. For the last phase, another workshop will be organized to convene teacher poets to develop more folk musical dramas on the themes of adolescent problem, aging problem, mother and child care, delayed marriage, status of women and population growth and environment. The video cassettes produced previously will be used in the training of teachers, students and heads of schools on the development of folk musical dramas. After editing these dramas, they will be published in the form of booklets to promote wider dissemination to schools, which can stage these ready-made folk musical dramas during school celebrations and during the Population Education Week.

Keywords: India; Folk Media; Population Programs; Communication Programs; Southern Asia; Asia; Developing Countries; Mass Media; Communication; Population Control; Population Policy; Social Policy; Policy

Title: Insights into adolescent sexuality. "Dehleez" emerges a popular programme on Yuvavani.
Author: Anonymous
Source: FOCUS ON POPULATION, ENVIRONMENT, DEVELOPMENT. 1994 Apr-Jun;8(2):5. **Year:** 1994

Abstract: A study by the Population Foundation of India (PFI) involving adolescent focus groups has found that sexual activity among adolescents is occurring at earlier ages. The focus groups were formed in Shimia, Delhi, Hyderabad, and Bangalore. The study aim was to provide information relevant to DEHLEEZ, a radio drama serial which is part of a communication effort to provide population education and coverage of adolescent sexuality issues. The soap opera was aired in Hindi for youth aged 11-19 years. DEHLEEZ was produced after a PFI survey of 17,200 adolescents from rural and urban Uttar Pradesh, Rajasthan, and Haryana states and Delhi uncovered a need for a structured, systematic, yet entertaining, communication approach to sex education. DEHLEEZ was broadcast across the entire Hindi belt over Yuvavani Channel on 30 stations of AIR. About 11,000 listeners were enrolled, of which 4000 were sent a mail questionnaire after 26 episodes. Another program evaluation will be conducted among listeners after 52 episodes, sometime in October 1994. The findings of the first evaluation indicated that boys considered the ideal marriage age for girls to be 16 years and 20 years for boys. Girls thought marriage age should be 20 years for girls and 24 years for boys.

Keywords: India; Critique; Adolescents; Focus Groups; Sex Behavior; Communication Programs; Sex Education; Radio; Program Evaluation; Marriage Age; Attitude; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Data Collection; Research Methodology; Behavior; Communication; Education; Broadcast Media; Mass Media; Programs; Organization and Administration; Marriage Patterns; Marriage; Nuptiality; Psychological Factors

Title: A study of sexuality of adolescent girls and boys in underprivileged groups in Bombay.
Author: Bhende AA
Source: INDIAN JOURNAL OF SOCIAL WORK. 1994 Oct;55(4):557-71.
Year: 1994

Abstract: Qualitative and quantitative methods were used to study the sexuality of adolescent girls and boys in a Bombay slum as a preliminary step in the development of a family life educational program with an AIDS prevention module for low-income adolescent girls. The study involved the entire population in the six settlements of the Marol area of Andheri, a suburb of Bombay. The 1534 households were surveyed to gather background data on the communities, while focus groups, interviews, observation, and a baseline survey gained insight into the daily lives, friendships, interests, level of knowledge about reproductive physiology and sex, sexual activity, and health problems of adolescent girls and boys in the area. The households generally live in one-room tenements with a floor area of approximately 150 square feet. 7.2% of the boys and 16.5 of the girls were literate, and 10.4% of the boys and 8.4% of the girls were studying in the tenth standard. Findings are presented on adolescents' level of knowledge on puberty, sexual aspects of marriage, reproduction, STDs and AIDS, and family planning methods, as well as their values, opinions, and perceptions of love marriages, future life partners, the notion of bad girls and bad boys, and restrictions on girls. Direct evidence about actual sexual behavior could not be collected, but inferences are drawn from observations made in the field and interviews with key informants in the area. It seems from the focus groups that adolescent girls in the Marol area of Andheri are ill-informed about reproductive physiology, sexual aspects of marriage, AIDS, and STDs. The boys are better informed, but nonetheless somewhat misinformed. Of particular interest, medical practitioners reported STDs to be rampant in the area, with infected people tending to delay treatment. Only 13 of the 125 boys and 8 of the 85 girls surveyed, however, had heard of STDs. Men and boys of the area generally went far away to have sex with prostitutes. Implications for STD/AIDS prevention are discussed.

Keywords: India; Research Report; Slums; Sexuality; Sex Behavior; Knowledge; Value Orientation; Adolescents, Female; Adolescents, Male; Low Income Population; Southern Asia; Asia; Developing Countries; Urbanization; Urban Population Distribution; Population Distribution; Geographic Factors; Population; Personality; Psychological Factors; Behavior; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Social Class; Socioeconomic Status; Socioeconomic Factors; Economic Factors

Title: A study on menstrual hygiene among rural adolescent girls.
Author: Drakshayani Devi K; Venkata Ramaiah P
Source: INDIAN JOURNAL OF MEDICAL SCIENCES. 1994 Jun;48(6):139-43. **Year:** 1994

Abstract: In India, interviews were conducted with 65 females 14-15 years old attending a rural high school in Guntur District in Andhra Pradesh to learn their knowledge and practices about menstruation. All the students attained menarche at 12-13 years. The menstrual cycle was 26-28 days in length for 42 students. Menstrual bleeding lasted for 3-5 days for 52 students. Even though 43 knew that menstruation is a physiological process, 12, 4, and 5 thought it to be a curse from God, caused by a sin, and a disease, respectively. About 50% knew that hormones were responsible for menstruation. 18 believed weight gain caused it. Most students (51) knew that menstrual bleeding originated from the uterus. Other sites mentioned were abdomen, intestines, and kidneys. 48 received information about menstruation from their mothers. Other information sources included grandmothers, friends, and sisters. All but one used old cloth during menstruation. 25 reused the cloth. 16 disposed of the used cloth through Dhoby. 13 put it into a canal. 52 took special baths during menstruation. 27 students cleaned the external genitalia with

only water. Only three students used water and soap. More than 50% were restricted from household work, taking part in religious activities, attending marriages, and playing during menstruation. 13 were restricted from attending school during menstruation. 38 would rest more often during menstruation than at other times. Foods restricted during menstruation included milk and milk products (20), vegetables (14), and prasadam (7). Some ate more quantities of dry coconut (15), Dhal (11), and jaggery and sweets (8) to maintain good health. These findings show the need for education about menstruation through several channels (e.g., TV, school nurses, health personnel, compulsory sex education in school, and knowledgeable parents).

Keywords: India; KAP Surveys; Adolescents, Female; Menstruation; Hygiene; Knowledge; Knowledge Sources; Misinformation; Taboo; Southern Asia; Asia; Developing Countries; Surveys; Sampling Studies; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproduction; Public Health; Health; Communication; Culture

Title: Premarital counselling.
Author: Gandhi R
Source: POPULATION EDUCATION NEWS. 1994 Jan-Mar;21(1):i-iii.
Year: 1994

Abstract: In India, where the average age at marriage is 15 years, premarital counseling is urged to reduce adolescent pregnancy rates, increase awareness of sexually transmitted diseases, dispel misinformation about sexuality and reproduction, and teach partner communication skills. Parents, too, can benefit from counseling that encourages them to allow female children more independence. To be effective, counselors should be good listeners, have an extensive knowledge base about all aspects of family life, and avoid imposing their own point of view. Counseling facilities are increasingly available in India, yet their existence has not been adequately publicized and resistance to their utilization must be overcome. It is recommended that the mass media and community leaders play a more active role in encouraging young adults to take advantage of these services before entering into marriage.

Keywords: India; Couples; Marriage; Counseling; Counselors; Southern Asia; Asia; Developing Countries; Family Characteristics; Family and Household; Nuptiality; Clinic Activities; Program Activities; Programs

Title: Abortion acceptors in India. Observations from a prospective study.
Author: Khan ME; Patel BC; Chandrasekhar R :253-67.
Source: Liege, Belgium, IUSSP, 1993. In: International Population Conference / Congres International de la Population, Montreal 1993, 24 August - 1st September. Volume 1, [compiled by] International Union for the Scientific Study of Population [IUSSP]. **Year:** 1993

Abstract: Data were collected for a major study on choice of contraceptives conducted by the Operations Research Group, Baroda, India, with financial assistance from the Ford Foundation, New Delhi. The study was carried out in 3 urban centers: Patna in Bihar, Bhubaneswar in Orissa, and Baroda in Gujarat. 347 medical termination of pregnancy

(MTP) cases in Patna, 457 cases in Bhubaneswar, and 416 cases in Baroda were analyzed. Of all the 1220 women who were registered and interviewed at clinics, only 982 could be contacted at the 1st follow-up. 931 of these had undergone MTP, while 23 had accepted pregnancy. Only 844 of these accepted a contraceptive. 438 women underwent sterilization after MTP, while the rest used a spacing method, primarily the IUD. Only 341 of the remaining 406 women who had accepted a temporary method could be contacted and interviewed at the 2nd follow-up visit. 66% of the women belonged to high caste, and about 80% had formal schooling. The mean age at the time MTP was about 28 years. The reasons for not wanting another child were as follows: 67% of all MTP acceptors had achieved their desired family size; 27% felt that their last child was too young; 16% said that they wanted to delay the birth of their next child; and 7% felt that their health was not good enough. The knowledge of contraception was universal and only 1.5% of the women could not mention any modern method. About 19% women were using a contraceptive when they became pregnant. The contraceptive use pattern showed the condom (10.6%) and the pill (4%). 42% preferred sterilization and the IUD, 5% opted for pills, while 3.4% intended to use the condom after MTP. Follow-up surveys, 3 months and 1 year after the MTP, revealed that 91% had accepted family planning after undergoing MTP, and 87% had continued to do so 12 months after the MTP. Out of 278 IUD acceptors who were contacted, 91% were continuing with IUD and 95% were using some other family planning method.

Keywords: India; Prospective Studies; Follow-Up Studies; Abortion, Induced; Abortion Seekers; Socioeconomic Status; Contraceptive Methods Chosen; Contraceptive Usage; Condom; IUD; Birth Spacing; **Adolescent** Pregnancy; Marital Status [Women] Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Fertility Control, Postconception; Family Planning; Socioeconomic Factors; Economic Factors; Contraception; Barrier Methods; Contraceptive Methods; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Nuptiality

Title: Pregnancies in adolescents: fetal, neonatal and maternal outcome.
Author: Kushwaha KP; Rai AK; Rathi AK; Singh YD; Sirohi R
Source: INDIAN PEDIATRICS. 1993 Apr;30(4):501-5. **Year:** 1993

Abstract: The authors studied the perinatal morbidity and mortality among adolescent pregnancies in the semi-urban population of Gorakhpur. The number of eligible couples (females 15-44 years) was 24,000. Of 430 married adolescent girls, 242 (56.3%) became pregnant during the study period. 19 (7.8%) of adolescent pregnancies were in the maternal age group less than 15 years and 110 (45.5%) and 113 (46.7%) pregnancies were in the age group 15-17 years and 17-19 years, respectively. The incidence of low birth weight (LBW) babies was 67.3% of all live births. Infections during the neonatal period, congenital anomalies, and birth injuries were seen in 21.6, 8.6, and 13.1% of newborns, respectively. The neonatal mortality rate was 136.2/1000 live births. 3 adolescent mothers died during pregnancy or the puerperium due to pregnancy-related causes. The incidence of LBW, neonatal and maternal morbidity, and mortality associated with adolescent pregnancies were significantly higher. (author's)

Keywords: India; **Adolescent** Pregnancy; Adolescents, Female; Pregnancy Outcomes; Morbidity [Women]; Maternal Mortality; Low Birth Weight; Southern Asia; Asia; Developing Countries; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Population Characteristics; Pregnancy; Reproduction; Diseases; Mortality; Birth Weight; Body Weight; Physiology; Biology

Title: Sex awareness among rural girls.
Author: Murthy MS
Source: Delhi, India, B.R. Publishing Corporation, 1993.xxv, 124 p.
Year: 1993

Abstract: This book details a study that was conducted in Chitoor District in the State of Andhra Pradesh, India involving 600 unmarried rural adolescent girls aged 17-19 years who were selected through stratified random sampling. Survey, in-depth interviews, and multivariate regression analysis were carried out. The study focused on the levels of awareness of sex and reproduction of the girls belonging to the Harijans, Muslims, and the Caste Hindu. The results noted that the factors influencing the awareness of sex and reproduction include opinion on menstruation; awareness of family planning; importance given to chastity of future husbands; usefulness of sex issues discussed in magazines and their availability to unmarried girls; ideal age for learning sex and related topics; opportunity for meeting boys before arranging marriage; ideal expected of characteristics of future husbands; experiences on menarche, frequency of sex and sex-related discussion with friends; and expectation of adjustable nature of future husbands. Moreover, developed communities such as the Hindu castes were observed to be better informed on sex and reproduction compared to the less developed Harijans and the least developed Muslims communities. However, most of the respondents were ignorant about the physiology of reproduction and menstruation in general.

Keywords: India; Research Report; Surveys; Interviews; Multivariate Analysis; Statistical Regression; Rural Population; Adolescents, Female; Sexuality; Reproduction; Knowledge; Southern Asia; Asia; Developing Countries; Sampling Studies; Studies; Research Methodology; Data Collection; Data Analysis; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Personality; Psychological Factors; Behavior

Title: Adolescent motherhood: problems and consequences.
Author: Pathak KB; Ram F
Source: JOURNAL OF FAMILY WELFARE. 1993 Mar;39(1):17-23.
Year: 1993

Abstract: An estimated 13 million female adolescents under age 18 years in India are married, especially in the 4 larger northern states of the country. The widespread existence of the phenomenon of early marriage throughout much of India reflects the cultural norm encouraging married couples to bear and raise many sons to provide for the security and well-being of parents throughout their later years; parents can maximize the production of offspring by starting early. Not only are these young women subject to this traditional outlook on child wealth, they are also overwhelmingly ignorant about family planning methods. The authors recommend providing young women in India with educational and economic alternatives and incentives to bearing children early in the course of their reproductive lives. In so doing, fertility will decrease and with it, the rate of maternal mortality. Improvements in child survival will also result. Since early marriage is strongly related to the schooling of girls, especially those aged 10-14 years, it is further suggested that the education of girls be made compulsory up to the 10th standard.

Keywords: India; Adolescent Pregnancy; Cultural Background; Maternal Mortality; Child Survival; Marriage Age; Mothers; Educational Status [Women]; Needs; Family Planning; Adolescents, Female; Southern Asia; Asia; Developing Countries; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Population Characteristics; Mortality; Survivorship; Length of Life; Marriage Patterns; Marriage; Nuptiality; Parents; Family Relationships; Family Characteristics; Family and Household; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Adolescents; Youth; Age Factors

Title: Maternal and perinatal mortality due to eclampsia.
Author: Swain S; Ojha KN; Prakash A; Bhatia BD
Source: INDIAN PEDIATRICS. 1993 Jun;30(6):771-3. **Year:** 1993

Abstract: In 1988, in India, 44 cases of eclampsia were admitted to the University Hospital Institute of Medical Sciences of Banaras Hindu University in Varanasi. The eclampsia incidence was 22/1000 (44/2051 deliveries). This was much higher than that in developed countries (1/1150). This eclampsia rate had not changed in 10 years, suggesting that poor maternal and child health (MCH) services were operating. It decreased as the gestational age increased (<29 weeks, 10%; 30-33 weeks, 7.3%; 34-36 weeks, 5.5%, and >37 weeks, 1.5%; $p < 0.001$). 84% of eclampsia cases developed eclampsia after delivery. 84% were primigravidae. Eclampsia was more common in adolescent mothers than in older mothers (5.2% vs. 1.5-1.6%; $p < 0.001$). 43 eclampsia cases received no prenatal care. During 1988, there were a total of 45 maternal deaths. Eclampsia accounted for 13 deaths (28.9%). The case fatality rate for eclampsia stood at 29.5%. Maternal death was more common among cases who delivered vaginally than those who delivered via cesarean section (39.1% vs. 15%). One eclampsia case died undelivered. 23 newborns suffered severe birth anoxia (1-minute Apgar, <3). Six of these newborns died within one week. There were 11 fetal deaths, indicating delayed referral. Total perinatal mortality rate was 386/1000. Eclampsia-related deaths was much higher if the mother had more than 15 convulsions (63.6% vs. 26.1% for 6-15 convulsion and 0 for <5 convulsions; $p < 0.001$). These findings suggest that delayed referral and lack of prenatal care contributed to a high rate of eclampsia and of maternal and perinatal mortality. Thus, MCH services need to improve prenatal care, monitor blood pressure, refer eclamptic cases to a higher level to minimize the interval between first convulsion to delivery, and effectively control convulsions so as to increase maternal and perinatal survival.

Keywords: India; Research Report; Eclampsia; Maternal Mortality; Neonatal Mortality; Fetal Death; Prenatal Care; Cesarean Section; Incidence; Case Fatality Rate; Referral and Consultation; Southern Asia; Asia; Developing Countries; Pregnancy Complications; Diseases; Mortality; Population Dynamics; Demographic Factors; Population; Infant Mortality; Maternal Health Services; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Health; Obstetrical Surgery; Surgery; Treatment; Measurement; Research Methodology; Death Rate; Program Activities; Programs; Organization and Administration

Title: Unmet needs in family planning: youth (an Indian viewpoint).
Author: Watsa MC :651-9.
Source: Carnforth, England, Parthenon Publishing Group, 1993. In: Family planning. Meeting challenges: promoting choices. The proceedings of the IPPF Family Planning Congress, New Delhi, October 1992, edited by Pramilla Senanayake and Ronald L. Kleinman. **Year:** 1993

Abstract: Approximately 238 million young people in India lack the opportunities of life and the basic necessities. There has been an alarming increase in unstable marriages, unwanted pregnancies, adolescent parenting, unsafe abortion, sexually transmitted diseases (STDs), AIDS, alcoholism, and violence. The unmet need of young people in family planning (FP) first have to be recognized by policy makers and organizations, in particular because of the threatening AIDS epidemic. Agencies like the International Planned Parenthood Federation (IPPF), UNICEF and the UN Population Fund have understood the dimensions of the issues. The IPPF and the Family Planning Association of India (FPAI) have recognized the importance of the youth movement. In 1975 the FPAI initiated health awareness and sexuality programs to help young people. At the SSG Hospital STD Clinic, Baroda, the attendance of youth increased 3.6 times from 1971 to 1991. Information is vital in addressing the problems of youth. A 1982 research conducted among 500 rural and 500 urban schoolgirls 13-16 years old indicated that 75% had attained menarche but only 20% had some knowledge about menstruation, and only 30% had knowledge about conception. The FPAI has developed programs that incorporate education about sexuality as well as self-esteem, life options, family relations, and gender communication in order to delay marriage, practice responsible parenthood, and achieve a small and prosperous family. A range of communication strategies also need to be developed to tackle the issue of escalating violence, marital discord, and teacher-student and doctor-client relationships. Other concerns should also be addressed including nutrition, hygiene, physical and mental fitness, and social relationships. Promotion of health for young people encompasses healthy relationships with peers, the opposite sex, and adults; avoidance of early pregnancy; hygiene; and avoidance of the abuse of tobacco, alcohol, and drugs. Intervention requires the training of parents, teachers, and social workers; peer counseling and health services for youth; delivery and abortion services; and premarital advisory and counseling services.

Keywords: India; Recommendations; Family Planning Programs; Youth; Needs; AIDS [Prevention and Control]; IEC; Southern Asia; Asia; Developing Countries; Family Planning; Age Factors; Population Characteristics; Demographic Factors; Population; Economic Factors; HIV Infections; Viral Diseases; Diseases; Program Activities; Programs; Organization and Administration

Title: The world tomorrow..? Annual report 1991/92.
Author: Anonymous
Corporate Name: World Population Foundation
Source: Laren, Netherlands, World Population Foundation, 1992.20 p.
Year: 1992

Abstract: The World Population Fund is a non-profit organization created in 1987 to increase awareness of the nature, size, and complexity of rapid population growth and to support population projects in developing countries. The foundation hopes that its efforts will improve global standards of living. Projects emphasize the collection, analysis, and dissemination of population information; the formulation and implementation of population policies; maternal and child health care and family planning (FP); and improving the position of women. Collaborating regularly with the Dutch government, the UN, and other international organizations, the World Population Fund is the only organization in the netherlands which concerns itself specifically with problems of world population growth. This report outlines the consequences of world population growth; fund activities in 1991 in information,

education, and training; project fundraising; family planning efforts in Burkina Faso, India, and Tanzania; and collaboration with the Consultancy Group for maternal health and FP. Fund accounts are presented. Teenage pregnancy, population pressures and environmental degradation, urbanization, and economic development are discussed. If present population growth trends continue, world population will triple within the next century to 18 billion with 90% of the growth in developing countries. Widespread poverty, malnutrition, disease, and early mortality will be the consequences of such growth. While experience shows that FP programs can help lower population growth rates, demand for FP is greater than supply in most developing countries. In fact, 300 million couples, the majority of whom live in developing countries, are being denied the universal right to freely decide the number and spacing of their children. The persistence of social and political controversy over funding family planning in developing countries, funding shortages, and inadequate policies and programs continue to result in teenage and child pregnancies, abortions, unwanted births, malnourished mothers and children, and maternal mortality. Balanced population policies and programs integrated within development plans are called for. To that end, the World Population Fund in 1992 will emphasize interactions between population growth and environment while also focusing upon the needs of and services for youth.

Keywords: Netherlands; World; Burkina Faso; **India**; Tanzania; Developing Countries; Annual Report; UN; Foreign Aid; Funds; International Cooperation; Youth; Family Planning; Conservatism; Administrative Personnel; Contraceptive Availability; Family Planning Policy; Population Pressure; Information; **Adolescent** Pregnancy; Human Rights; International Agencies; Developed Countries; Western Europe; Europe; Western Africa; Africa South of The Sahara; Africa; Eastern Africa; English Speaking Africa; Organizations; Financial Activities; Economic Factors; Age Factors; Population Characteristics; Demographic Factors; Population; Political Factors; Carrying Capacity; Environment; Reproductive Behavior; Fertility; Population Dynamics

Title: Towards child health: through mother's health and education.
Author: Aras RY
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1992 Apr-Jun;3(2):52-3. **Year:** 1992

Abstract: In India, mothers and children constitute 62% of the population, but they are also a special risk group as regards their childbearing and survival, respectively. The States of Bihar, Rajasthan, Madhya Pradesh, and Uttar Pradesh account for about 50% of the girls who are married off before age 16. Low levels of female literacy (ranging from 11.4% in Rajasthan to 65.7% in Kerala, with an all India average of 39.4%) are associated with early marriages, which expose girls to pregnancy in their teen years. Many studies report higher rates of low birth weight, prematurity, and neonatal and infant mortality in children of young mothers than in children born to women 20-29 years old. In a study conducted in a slum area of Bombay, teenage pregnancy appeared to be a risk factor for low birth weight when compared with pregnancies of women 21-30 years old. The incidence of low birth weight babies in India ranges from 30% to 40%, and they account for over 80% of neonatal deaths. The incidence of premature labor in teenagers in various Indian studies ranges from 11% to 31%. Perinatal mortality rates for Indian teenager pregnancies vary between 6% and 11%. Poverty associated with adverse sociocultural practices and the low status of women aggravates malnutrition and anemia in pregnant women. Female literacy is particularly important both for utilization and for provision of medical, health, and social welfare services. A national survey has indicated that the number of children born to couples was 4.03 when the husband was illiterate, declining to 2.16 when the

husband had intermediate or higher level education. But the number was 3.8 when the wife was illiterate, dropping to 1.6 when the wife had intermediate or higher level education. If the mother is educated she will provide better child care, nutrition, and cleanliness, the factors which affect the health of her child.

Keywords: India; Child Health; Maternal Health; Literacy [Beneficial Effects]; Adolescent Pregnancy; Low Birth Weight; Southern Asia; Asia; Developing Countries; Health; Educational Status; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Birth Weight; Body Weight; Physiology; Biology

Title: Sexual behaviour and substance use patterns amongst adolescent truck cleaners and risk of HIV / AIDS.
Author: Bansal RK
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1992 Oct-Dec;3(4):108-10. **Year:** 1992

Abstract: This study was conducted at transport nagar in Indore, a major industrial and commercial center of Madhya Pradesh. Usually each truck has a staff of 3, comprising 1 senior driver, 1 junior driver, and a cleaner, usually a child or an adolescent. 210 such adolescent truck cleaners were surveyed by random sampling of the parked trucks present in the transport nagar. A semi-structured questionnaire was administered to these adolescents using the oral interview technique. The age distribution of the adolescents indicated that 17 were 15-16 years old, 63 were 16-17, 61 were 17-18, and 69 were 18-19. When the income was low, the owners or the senior drivers provided the meals and minor expenses. 80% of the adolescents were illiterate, 10.5% were literate, 6.2% had primary education, and 3.3% had middle school education. 88.1% of the cleaners were away from home for 24-28 days a month, 7.1% for less than 24 days, and 4.8% for over 28 days. 25.2% of the cleaners had a history of sexual activity, commonly with prostitutes. 88.6% of the senior drivers regularly visited prostitutes, and in many cases the adolescents' payment to the prostitute was financed by the senior driver. 94.3% of these adolescents had engaged in unprotected sexual intercourse, and the remaining 5.7% had used condoms infrequently. 98.5% of them had not heard of HIV and AIDS. 4.3% had a history of sexually transmitted diseases and had been treated by general practitioners. Substance abuse was fairly common among these young people (140 smoked, 9 chewed tobacco, 2 used opium, and 2 used alcohol more than twice per week), and the cost for those substances was primarily met by the senior truck driver or the owner. The trend was similar for sexual activity, as 25.2% had engaged in sex (12.9% once, 7.1% twice, and 5.2% several times). Special programs are required for these adolescents to educate them about the risks of unprotected sex and drugs in order to prevent them from contracting HIV/AIDS.

Keywords: India; Adolescents, Male; AIDS; HIV Infections; Transportation [Men]; Premarital Sex Behavior [Men]; Risk Behavior [Men]; Southern Asia; Developing Countries; Adolescents; Youth; Age Factors; Population; Viral Diseases; Diseases; Economic Factors; Sex Behavior; Behavior; Human Resources

Title: A step towards helping mothers with unwanted pregnancies.
Author: Chhabra S
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1992 Apr-Jun;3(2):41-2. **Year:** 1992

Abstract: Changing attitudes towards sex and reproduction are evidenced by the desire to understand their physiological, behavioral, and social aspects. Illicit relationships are condemned, at the same time adolescents get sexual messages from television, movies, and books. In India high moral codes consider adolescent sexuality and the resultant motherhood a disgrace. 100 unwed mainly rural girls who came for medical termination of pregnancy to the Mahatma Gandhi Institution of Medical Sciences Sevagram were interviewed. 88% of the girls did not know the consequences of having sexual relations; 90% did not know anything about contraception and 66% had come in the second trimester. A prospective study of school girls about their knowledge of menstruation, reproductive physiology, and birth control methods showed that 75.1% of girls lacked that knowledge (87.6% of rural girls, as compared to 62.6% of urban girls). The knowledge sources were mainly literature and movies (77.93%). Some girls seek pregnancy termination when it is no longer possible; in these instances, the infant is often abandoned or killed. Health education and sex education are needed, and various welfare programs should reach impoverished and rural areas. Premarital sexual intimacy among unwed adolescents is widespread, although, in a traditional society, out-of-wedlock pregnancy carries a social stigma. But in spite of the social stigma attached to illegitimate pregnancies, unwed motherhood continues to be a problem. In an attempt to help girls who seek abortion at a stage beyond eligibility for termination, a program funded by foreign assistance cares for these girls until they deliver.

Keywords: India; Adolescent Pregnancy; Pregnancy, Unwanted; Adolescents, Female; Unmarried Mothers; Abortion, Induced; Sexuality; Maternal Health Services; Southern Asia; Asia; Developing Countries; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Population Characteristics; Mothers; Parents; Family Relationships; Family Characteristics; Family and Household; Fertility Control, Postconception; Family Planning; Personality; Psychological Factors; Behavior; Maternal-Child Health Services; Primary Health Care; Health Services; Delivery of Health Care; Health

Title: On sexual interaction and HIV transmission.
Author: Dyson T :7-21.
Source: Liege, Belgium, Editions Derouaux-Ordina, [1992]. In: Sexual behaviour and networking: anthropological and socio-cultural studies on the transmission of HIV, edited by Tim Dyson. **Year:** 1992

Abstract: This paper introduces subsequent chapters in a collection of texts on sexual behavior and networking as they relate to the transmission of HIV. The 1st paper is oriented toward social researchers studying patterns of sexual behavior and argues that good quantitative data on sexual conduct and interaction must be collected in order for modeling to be successful. It also calls for greater cooperation between epidemiological modelers and social scientists. Next, 2 historical epidemics involving gonorrhea and syphilis in France, Europe, and North America are studied to see if lessons learned may be applied to the present HIV pandemic. This study is followed by 2 more studies which explore sexual behavior in Africa at the aggregate survey level. Other chapters explore the comparative geographical distributions within East and Central Africa of primary female prostitutes in Brazil who have sex with other males; male homosexual behavior in France; and gay and lesbian adolescent sexuality in Chicago. A situation report on India is then followed by studies of sex behavior in urban Guinea-Bissau, Ghana, Senegal, Nigeria, Sudan, Uganda, Kenya, and Zaire. The author concludes that there is a major need for

country situation assessment studies; quantitative and qualitative approaches need to be made together; the ability of communities and local organizations to influence sexual behavior needs to be recognized; and research needs to be closer linked to policy in the future. He also points out that especially over the past 40 years the trend has been toward the earlier onset of sexual intercourse, greater coital frequency, and more lifetime sex partners. This trend and society's approval of it in most countries over the world are bound to continue. Since traditional societies in which customary checks on sexual frequency helped moderate fertility are unlikely to return, strategies should be developed to thwart the sexual transmission of HIV which reflect this new reality.

Keywords: Africa; Europe; North America; France; Brazil; India; Research Methodology; Sex Behavior; HIV Infections [Transmission]; AIDS; Sexually Transmitted Diseases; Multiple Partners; Female Sterilization; Sex Workers [Men]; Homosexuals; Premarital Sex Behavior; Adolescents; Organizations; Social Policy; Cultural Background; Coital Frequency; Developing Countries; Developed Countries; Americas; Western Europe; Mediterranean Countries; South America; Latin America; Southern Asia; Asia; Behavior; Viral Diseases; Diseases; Reproductive Tract Infections; Infections; Sexual Partners; Sterilization, Sexual; Family Planning; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Policy

Title: Issues and problems in introducing family life education for boys and girls of secondary schools.
Author: Sathe AG
Source: JOURNAL OF FAMILY WELFARE. 1992 Mar;38(1):56-67.
Year: 1992

Abstract: The Family Planning Association of India (FPAI) convened the 1st residential workshop on sex, sexuality and marriage counselling in 1976-77, and 2 years later established Sex Education Counselling Research Training and Therapy (SECRT) Centers. The members of the team received special training in Adolescent Reproductive and Sexual Health, and since 1977 they have been conducting seminars and workshops on this subject for adolescents and young adults (16-25 years) in both urban and rural areas. In 1989-90 the FPAI Pune Branch carried out a study of the opinions of principals, teachers, students and parents on problems of introducing family life education courses in secondary schools. A sample of 1000 girls and 500 boys from 10 coeducational secondary schools were selected. Approximately 94% of the boys and 98% of the girls participated in the survey. The response rates among the sample of principals, teachers, and parents were 70%, 75%, and 62%, respectively. In the sample, 96.3% of the principals, 97.0% of the teachers, 89.3% of the parents, 99.9% of the boys, and 81.8% of the girls felt that there was a definite need for family life education in secondary schools. 89% of the principals and teachers and 99% of the boys were in favor of starting the family life education course before the boys experienced a nocturnal emission; while 4% of the principals, 7% of teachers, and 1% of boys, respectively, thought it appropriate to start such education after the event. 7% of the principals and 4% of the teachers did not answer the question. 96.3% of the principals, 95.9% of the teachers, and 98.4% of the girls expressed the opinion that family life education should be given before the start of menarche. 28.1% of the boys, compared to 78.1% of girls, said that they would feel comfortable discussing problems of reproductive and sexual health with their younger brother or sister after they have become sufficiently knowledgeable themselves.

Keywords: India; Adolescents; Teachers; Parents; Sex Education; Family Planning Education; Secondary Schools; Needs; Surveys; Students; School Age Population; School-Based Services; Southern Asia; Asia; Developing Countries; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Family Relationships; Family Characteristics; Family and Household; Schools; Economic Factors; Sampling Studies; Studies; Research Methodology; Programs; Organization and Administration

Title: Health profile of pregnant adolescents among selected tribal populations in Rajasthan, India.
Author: Sharma V; Sharma A
Source: JOURNAL OF ADOLESCENT HEALTH. 1992 Dec;13(8): 696-9. **Year:** 1992

Abstract: Among primitive tribal communities in India, girls are traditionally married immediately after attaining menarche. In the present study, all adolescent girls in the 2nd and 3rd trimesters of pregnancy from 15 randomly selected villages of 4 tribal development blocks of Udaipur district (South Rajasthan State, India) were studied. The data were analyzed with reference to parity, anthropometry, anemia, and other dietary deficiencies. A total of 54 adolescent girls (ages 13-19) were included in the present study. Of these, 59% (n = 32) were found to be primigravidas, 30% (n = 20) were pregnant for the 2nd time, and 2 girls were pregnant for the 3rd time. A majority were illiterate (n = 46), and almost all of them were found to be suffering from moderate-to-severe anemia (n = 51). Similarly, a large majority (n = 46) had a body mass index (BMI) less than normal and body weight less than 42 kg. 2 of the pregnant girls were also found to be suffering from pellagra, while approximately 1/3 of the girls had vitamin A deficiency. Only 2 had ever practiced family planning, consisting of some herbal preparations given to them by the folk doctor. Of the study participants, 19 girls (35.0%) were in the 3rd trimester of pregnancy; of these, 7 had evidence of malpresentation or cephalopelvic disproportion. This study highlights the health profile and needs of pregnant adolescents among tribal populations in a drought-affected area in India.

Keywords: India; Tribes; Adolescents, Female; Adolescent Pregnancy; Rural Population; Pregnancy, Second Trimester; Pregnancy, Third Trimester; Pregnancy Complications; Health Status Indexes; Contraceptive Usage; Malnutrition; Southern Asia; Asia; Developing Countries; Cultural Background; Population Characteristics; Demographic Factors; Population; Adolescents; Youth; Age Factors; Reproductive Behavior; Fertility; Population Dynamics; Pregnancy; Reproduction; Diseases; Health; Contraception; Family Planning; Nutrition Disorders

Title: Planned social change.
Author: Singhal A; Rogers EM
Source: [Unpublished] 1992 Oct 6.38 p. **Year:** 1992

Abstract: Mass media are used in organized communication campaigns to persuade individuals to change their attitudes and behaviors. Advertising agencies through the National Advertising Council selected topics for which public service announcements (PSAs) are to be created. Participating agencies then create free-of-charge PSAs on issues such as drug abuse, AIDS prevention, adult literacy classes, and smoking cessation. PSAs,

however, have only minimal persuasive effects on target audiences. Despite a traditional division in the US between entertainment and educational television, a combination of the 2 forms is more effective than PSAs alone in modifying behavior and knowledge. Moreover, entertainment-educational television programs may pay for themselves and even yield profits. Awareness of the potential for combined programming is both practically and theoretically significant. This essay reviews the history of this combined strategy which dates back thousands of years to the origins of oral storytelling. Entertainment-educational programs of rock music in Mexico, a television series in India, and others in the US are discussed. Sesame Street, Roots, the Great American Values Test, and the Harvard Alcohol Project for Designated Drivers are specifically discussed US examples. The ethics of actively using mass media to promote social change are discussed in closing sections.

Keywords: United States; **India**; Mexico; Social Change; Television; Mass Media; Promotion; Motivation; Social Problems; **Adolescent** Pregnancy; Drug Use and Abuse; Race Relations; Behavior; Attitude; Knowledge; Education; Northern America; North America; Americas; Developed Countries; Southern Asia; Asia; Developing Countries; Latin America; Broadcast Media; Communication; Marketing; Economic Factors; Psychological Factors; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Political Factors

Title: Selected UNFPA-funded projects executed by the WHO/South East Asian regional office (SEARO).
Author: Sobrevilla L; Deville W; Reddy N
Source: New York, New York, UNFPA, [1992].v, 69, [2] p.Evaluation Report **Year:** 1992

Abstract: In 1991, a mission in India, Bhutan and Nepal evaluated UNFPA/WHO South East Asian Regional Office (SEARO) maternal and child health/family planning (MCH/FP) projects. The Regional Advisory Team in MCH/FP Project (RT) placed more emphasis on the MCH component than the FP component. It included all priority areas identified in 1984, but did not include management until 1988. In fact, it delayed recruiting a technical officer and recruited someone who was unqualified and who performed poorly. SEARO improved cooperation between RT and community health units and named the team leader as regional adviser for family health. The RT team did not promote itself very well, however, Member countries and UNFPA did request technical assistance from RT for MCH/FP projects, especially operations research. RT also set up fruitful intercountry workshops. The team did not put much effort in training, adolescent health, and transfer of technology, though. Further RT project management was still weak. Overall SEARO had been able to follow the policies of governments, but often its advisors did not follow UNFPA guidelines when helping countries plan the design and strategy of country projects. Delays in approval were common in all the projects reviewed by the mission. Furthermore previous evaluations also identified this weakness. In addition, a project in Bhutan addressed mothers' concerns but ignored other women's roles such as managers of households and wage earners. Besides, little was done to include women's participation in health sector decision making at the basic health unit and at the central health ministry. In Nepal, institution building did not include advancement for women or encourage proactive role roles of qualified women medical professionals. In Bhutan, but not Nepal, fellowships and study tours helped increase the number of trained personnel attending intercountry activities.

Keywords: Bhutan; Nepal; India; Developing Countries; Evaluation Report; Maternal-Child Health Services; Family Planning Programs; Organization and Administration; Obstacles; Operations Research; Workshops; Manpower Needs; Women In Development; Female Role; Women's Status; Women's Groups; Volunteers and Voluntarism; International Cooperation; Coordination; UNFPA; WHO; Southern Asia; Asia; Evaluation; Primary Health Care; Health Services; Delivery of Health Care; Health; Family Planning; Education; Human Resources; Economic Factors; Economic Development; Social Behavior; Behavior; Socioeconomic Factors; Interest Groups; Political Factors; UN; International Agencies; Organizations

Title: Family planning: a health and development issue.
Author: Watanabe E **Source:** JOURNAL OF FAMILY WELFARE. 1992 Sep;38(3):74-7. **Year:** 1992

Abstract: The impact of family planning (FP) on the health and lives of women and children is being increasingly recognized in developing countries including India. The acceptance of FP grows when child survival rates improve, and the practice of FP can help avoid deaths of infants and mothers which occur when mothers are too young or too old or when births are spaced too closely. FP could reduce about 25% of the 125,000 maternal deaths which occur each year in India and could help women avoid dangerous illegal abortions. FP used for birth spacing improves infant survival as well as the quality of the mothers' lives. Education is one of the most crucial determinants of a woman's socioeconomic status and, therefore, of their children's health and survival. It is, thus, important for girls to have access to universal primary education. UNICEF supports FP within the context of child survival and development activities such as the Child Survival and Safe Motherhood programs which include promotion of accessible contraception. UNICEF also promotes increasing the marriage age to 18 years, a two-child family norm, and communication activities to create a demand for FP. UNICEF is working with the Indian government to provide uneducated adolescent girls with nonformal education and vocational training so they can seek employment rather than early marriage. Through such activities, UNICEF is demonstrating its belief in the far-reaching benefits of FP.

Keywords: India; Critique; Family Planning; Health; Social Development; Economic Developmeznt; Child Survival; Women's Status; Education [Women]; UNICEF; Maternal Health; IEC; Marriage Age; Adolescents, Female; Family Size; Communication; Southern Asia; Asia; Developing Countries; Economic Factors; Survivorship; Length of Life; Mortality; Population Dynamics; Demographic Factors; Population; Socioeconomic Factors; UN; International Agencies; Organizations; Program Activities; Programs; Organization and Administration; Marriage Patterns; Marriage; Nuptiality; Adolescents; Youth; Age Factors; Population Characteristics; Family Characteristics; Family and Household

Title: IAP-IPA-WHO-UNICEF Workshop on Strategies and Approaches for Women's Health, Child Health and Family Planning for the Decade of Nineties, 22nd-23rd January 1991, Hyderabad.
Author: Bhargava SK; Hallman N; Shah PM
Source: INDIAN PEDIATRICS. 1991 Dec;28(12):1481-2. **Year:** 1991

Abstract: In 1991, health professionals attended a workshop to develop strategies and approaches for women's health, child health, and family planning for the 1990s in Hyderabad, India. The Ministry of Health (MOH) of India should improve and strengthen existing health facilities, manpower, materials, and supplies. It should not continue vertical programs

dedicated to 1 disease or a few problems. Instead it should integrate programs. The government must stop allocating more funds to family planning services than to MCH services. It should equally appropriate funds to family planning, family welfare, and MCH. The MOH should implement task force recommendations on minimum prenatal care (1982) and maternal mortality (1987) to strengthen prenatal care, delivery services, and newborn care. Health workers must consider newborns as individuals and allot them their own bed in the hospital. All district and city hospitals should have an intermediate or Level II care nursery to improve neonatal survival. In addition, the country has the means to improve child health services. The most effective means to improve health services and community utilization is training all health workers, revision of basic curricula, and strengthen existing facilities. Family planning professionals should use couple protection time rather than couple protection rate. The should also target certain contraceptives to specific age groups. Mass media can disseminate information to bring about behavioral and social change such as increasing marriage age. Secondary school teachers should teach sex education. Health professionals must look at the total female instead of child, adolescent, pregnant woman, and reproductive health. Integrated Child Development Services should support MCH programs. Operations research should be used to evaluate the many parts of MCH programs. The government needs to promote community participation in MCH services.

Keywords: India; Recommendations; Conferences and Congresses; Reproductive Health; Maternal Health; Prenatal Care; Child Health; Family Planning Policy [Cost]; Maternal-Child Health Services; Family Planning Programs; Integrated Programs; Child Survival; Infant; Pregnancy; Goals; Planning; Sex Education; Child, Female; Community Participation; Workshops; WHO; UNICEF; Southern Asia; Asia; Developing Countries; Health; Maternal Health Services; Primary Health Care; Health Services; Delivery of Health Care; Population Policy; Social Policy; Policy; Family Planning; Programs; Organization and Administration; Survivorship; Length of Life; Mortality; Population Dynamics; Demographic Factors; Population; Youth; Age Factors; Population Characteristics; Reproduction; Education; Child; UN; International Agencies; Organizations

Title: Status of adolescent girls in a rural south Indian population.
Author: Jude PM; Chandrakala S; Jayalakshmi S; Vijayakumar; Parvathy D; Sampathkumar V; Abel R
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1991;2(2):60-3. **Year:** 1991

Abstract: The objectives were to assess the nutritional status of rural adolescent girls, to measure their knowledge about maternal and child nutritional needs, to measure their dietary intake, and to determine the sociocultural aspects of these girls. 47 adolescent girls aged 13-18 years attending a workshop on health and development organized by the Center of Maternal and Child Health, Vellore, India, participated. Their height and weight were measured; their hemoglobin concentration was determined; and other relevant data were collected about diet, knowledge, and nutrition by means of interviews and group discussions. 55% were agricultural laborers, while the remaining 45% worked occasionally. 14% had primary, 12% had secondary, and 10.2% had high school level education. In addition to attending school, 16.3% worked on the farm and 12% picked flowers. The mean height of all the age groups was below the expected standard for the age group. The growth of 34.7% of the subjects was very poor. The difference in height was much more significant in the younger age group (13-15 years) than in the older age group (16-18 years). Although all the subjects

were normal for weight for height, only 51.2% had normal weight for their age group. The overall mean hemoglobin value was 10.0 g/dl. 73.5% of the subjects had a hemoglobin value below 12 g/dl (WHO standard) and could be classified as anemic. The mean hemoglobin level increased with increasing age, the lowest being at the age of 13 (9.8 g/dl) and the highest at the age of 17 years (11.9 g/dl). The mean age of menarche was 14.3 years. The diet was predominantly rice. Consumption of vegetables, milk, and meat was very low, which might have been responsible for the high prevalence of anemia in the girls. 91% of them were not aware that anemia could result from menstrual blood loss. 75% of them were aware of nutritional blindness and 48% of protein energy malnutrition. The girls reported sex discrimination in school and in the family.

Keywords: India; Cross Sectional Analysis; Adolescents, Female; Rural Population [Women]; Body Height; Body Weight; Hemoglobin Level; Knowledge; Maternal Nutrition; Child Nutrition; Southern Asia; Asia; Developing Countries; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Physiology; Biology; Hemic System; Nutrition; Health

Title: Knowledge amongst adolescent girls about nutritive value of foods and diet during diseases, pregnancy and lactation.
Author: Kapil U; Bhasin S; Manocha S
Source: INDIAN PEDIATRICS. 1991 Oct;28(10):1135-9. **Year:** 1991

Abstract: 152 upper-class, female teenagers attending the Delhi, India, Public School were interviewed to find knowledge gaps of these potential mothers so that an appropriate nutrition education training program could be designed. 96% lived in an urban area. 69% did not limit their diet to fruits, vegetables, and nuts. The remaining girls ate either a vegetarian or a similar diet with eggs. 90.8% knew that low iron content and poor availability of iron from food contributes greatly to anemia. The same percentage was aware that intake of too many calories causes people to be overweight. The mass media may have contributed to this high knowledge level. Just 35.52% knew that an ill child needs more food than a healthy child. In fact, 35.53% said that children with an acute respiratory infection should eat less food. 59.9% knew, however, that diarrhea fosters severe malnutrition in a moderately malnourished child. Only 45.39% were aware that vegetarian foods provide less strength than nonvegetarian foods. Apparently incorrect dietary beliefs still exist in India. 63.82% mistakenly believed that almonds were more nutritious than groundnuts, fruits provide many calories and protein, and apples are more nutritious than rice. Since these girls were from the elite class and society considered these foods to be prestigious, this finding is not surprising. 86.18% knew that a woman during the end of her pregnancy should eat more food. 76.3% were aware of the importance of eating pulses (a major source of protein) during the 3rd trimester, but only 44.1% knew the importance of eating nonvegetarian foods (major sources of protein) also during the 3rd trimester. The health education campaign must address and discourage incorrect dietary beliefs and reinforce correct beliefs.

Keywords: India; Nutrition Surveys; Interviews; Diet; Knowledge; Adolescents, Female; Diseases; Pregnancy; Lactation; Taboo; Beliefs; Obesity; Hemoglobin Level; Iron; Health Education; Urban Population [Women]; Socioeconomic Status [Women] Southern Asia; Asia; Developing Countries; Nutrition; Health; Data Collection; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproduction; Maternal Physiology; Physiology; Biology; Culture; Body Weight; Hemic System; Metals; Inorganic Chemicals; Ingredients and Chemicals; Education;

Title: Awareness about sex and reproduction among unmarried rural adolescent girls.
Author: Murthy MS
Source: [Unpublished] 1991. Presented at 10th World Congress of Sexology, Amsterdam, Netherlands, June 18-22, 1991.12 p. **Year:** 1991

Abstract: This study, presented at the 10th World Congress of Sexology in Amsterdam in 1991, focused on the awareness of sex and reproduction among rural adolescent girls from Harijan, Muslim and Hindu communities in India. A randomly selected sample of 600 unmarried girls from Sri Venkateswara University in Tirupati, India were enrolled in the study. Detailed scheduling was used to cover socioeconomic, demographic and sex factors, while a multiple stepwise linear regression analysis was used to identify determinants of awareness of sex and reproduction. Among the 14 variables that have manifested certain influence on the dependent variable, 10 are significantly associated with sex awareness and reproduction at various levels. Such variables include opinion on menstruation, awareness of family planning, importance given to chastity of future husband, usefulness and availability of sex issues published in magazines, ideal age for learning about sex and related topics, provision of opportunities for meeting boys before arranging girls' marriage, ideal expected characteristics of future husbands, experience of facing menarche, frequency of discussions on sex and related topics with friends in different occasions, and expectation of adjustable nature of future husbands.

Keywords: India; Research Report; Sampling Studies; Adolescents, Female; Unmarried [Women]; Women; Rural Population; Sexuality; Knowledge; Reproduction; Socioeconomic Factors; Demographic Factors; Sex Factors; Southern Asia; Asia; Developing Countries; Studies; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Population; Marital Status; Nuptiality; Personality; Psychological Factors; Behavior; Economic Factors

Title: Perimarital counselling on family planning.
Author: Pratinidhi AK; Natu M; Joshi JK
Source: HEALTH AND POPULATION: PERSPECTIVES AND ISSUES. 1991 Jul-Dec;14(3-4):118-24. **Year:** 1991

Abstract: Results from a survey on contraceptive acceptance conducted among 269 adolescent couples married in Maharashtra, India, during 1989-1990 are discussed. Data are included on marriage age, educational status, knowledge of family planning, and family size attitudes. Recommendations are made for targeting adolescent couples with family planning counseling and education efforts.

Keywords: India; KAP Surveys; Adolescents; Couples; Family Planning Programs; Family Planning Acceptors; Contraception; Marriage Age; Educational Status; Knowledge; Attitude; Family Size; Counseling; Southern Asia; Asia; Developing Countries; Surveys; Sampling Studies; Studies; Research Methodology; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Family Characteristics; Family and Household; Family Planning; Marriage Patterns; Marriage; Nuptiality; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Psychological Factors; Behavior; Clinic Activities; Program Activities; Programs; Organization and Administration

Title: Vellore longitudinal studies: organization, background and methods.
Author: Rao PS
Source: [Unpublished] 1991. Presented at the International Union for the Scientific Study of Population [IUSSP] Committee on Anthropological Demography and ORSTOM Seminar on Socio-Cultural Determinants of Morbidity and Mortality in Developing Countries: the Role of Longitudinal Studies, Saly Portudal, Senegal, October 7-11, 1991.11 p.
Year: 1991

Abstract: The Vellore longitudinal studies were conducted between 1969-74 in Vellore, India. The objectives were to measure the relationship between gestational age and birth weight and infant mortality and/or congenital defects, and to study blood pressure pre- and post-pregnancy. Consanguineous marriages were also considered as an important factor in infant mortality and/or birth defects. Estimates were made of fetal loss, and neonatal, infant, and child mortality. The impact of family planning programs on fertility was also assessed. In 1975, data on cohorts of children born between 1970 and 1973 were selected for an analysis of sociodemographic effects on physical and mental health; another cohort in the same period was selected to examine the effect on adolescent growth and development of family, personal, and sociocultural factors. The stratified random sample of 100,000 was taken from Arcot District and Vellore town. The urban sample was 45,000 and the rural, 55,000. Field research personnel included auxiliary female nurse midwives as interviewers (1/4000 population in rural areas and 1/5000 in urban areas), supervisors for every 4 interviewers, and a coordinator. Training was provided. Visits were made every 5 weeks to each married woman in the reproductive ages to obtain menstrual data. Women who had missed periods were followed up. Live-born infants were visited within 48 hours of birth. Measurements were taken on weight, crown heel and crown rump lengths, head and chest dimensions, and visible congenital defects were identified. A balance beam with accuracy of 5 gm was used for weight measurement, and an indigenous infantometer was used to measure length. A cloth tape was used to measure circumference. Lengths were accurate to .5 cm. At older ages, a lever balance was used for weight and an anthropometer for height. Respondents were asked to evacuate their bladder and wear only minimum clothing and no shoes. Regular infant visits were made at 1, 2, 3, 6, 9, and 12 months to record growth and development, and thereafter every 6 months until 7 years of age. Supervisory personnel reinterviewed 5%. The prospective record was maintained both in 5 x 8 folders and on magnetic tape. Special screening studies were also conducted. The bibliography provides a listing of findings published.

Keywords: India; Longitudinal Studies; Study Design; Sampling Studies; Research Methodology; Infant Mortality; Consanguinity; Child Mortality; Family Planning Programs; Fertility Decline [Determinants] Southern Asia; Asia; Developing Countries; Studies; Mortality; Population Dynamics; Demographic Factors; Population; Genetics; Biology; Family Planning; Fertility

Title: A probability distribution for time of first conception.
Author: Singh KK; Srivastava U
Source: GENUS. 1991 Jul-Dec;47(3-4):159-69. **Year:** 1991

Abstract: The period between marriage and 1st conception has served for the estimation of fertility parameters, especially fecundability. The objective was to develop a truncated probability model for the time of the 1st conception since marriage assuming that all females were exposed to the risk of conception during a specified period of time after marriage. The observed distribution of time from return marriage (RM) to 1st live birth conception was taken from a survey conducted in 1978 by Banaras Hindu University, Varanasi, India on a stratified random sample of all 3514 households from 19 villages. Data relating to age at marriage and return marriage or the actual conjugal life of a female, intervals between RM and 1st birth and consecutive births, and age of female at different orders of births were collected from each married woman below 50 years of age. Nonattainment of menarche and presence of adolescent sterility during the early part of the reproductive period depend upon age at RM, and the effect of these factors on the married life of a female is more with a lower age at RM. Therefore, the data of the 1st birth interval with respect to low age at RM only were subject to the analysis. However, when several biological factors, social customs (the traditional intercourse taboos) were accounted for, the estimates of the 1983 1st birth interval data probability model developed by Mishra were the lower limits as opposed to the upper limits of this model. In India some factors reduce coital frequency and consequently the estimate of fecundability such as the traditional intercourse taboos; joint family system more observance of traditional taboos; occupancy of separate space by male and females at night; and the abstinence within marriage, i.e., temporary separation of husband and wife.

Keywords: India; Probability; Models, Experimental; Consummation of Marriage; Time Factors; Fecundability; Husband-Wife Communication; Socioeconomic Factors; First Birth; Southern Asia; Asia; Developing Countries; Statistical Studies; Studies; Research Methodology; Sex Behavior; Behavior; Population Dynamics; Demographic Factors; Population; Fecundity; Reproduction; Partner Communication; Interpersonal Relations; Economic Factors; Pregnancy History; Fertility Measurements; Fertility

Title: Action plan to reduce perinatal mortality.
Author: Bhakoo ON; Kumar R **Source:** ICCW NEWS BULLETIN. 1990 Apr-Jun;38(2):11-4. **Year:** 1990

Abstract: The government of India has set a goal of reducing perinatal mortality from its current rate of 48/1000 to 30-35/1000 by the year 2000. Perinatal deaths result from maternal malnutrition, inadequate prenatal care, complications of delivery, and infections in the postpartum period. Since reductions in perinatal mortality require attention to social, economic, and behavioral factors, as well as improvements in the health care delivery system, a comprehensive strategy is required. Social measures, such as raising the age at marriage to 18 years for females, improving the nutritional status of adolescent girls, reducing the strenuousness of work during pregnancy, improving female literacy, raising women's status in the society and thus in the family, and poverty alleviation programs, would all help eliminate the extent of complications of pregnancy. Measures required to enhance infant survival include improved prenatal care, prenatal tetanus toxoid immunization, use of sterile disposable cord care kits, the provision of mucus extractors and resuscitation materials to birth attendants, the creation of neonatal care units in health facilities, and more efficient referral of high-risk newborns and mothers. Since 90% of births in rural India take place at home priority must be given to training traditional birth attendants in the identification of high risk factors during pregnancy, delivery, and the newborn period.

Keywords: India; Goals; Maternal-Child Health Services; Fetal Death [Prevention and Control]; Infant Mortality [Prevention and Control]; Childbirth [Complications]; Pregnancy [Complications]; Women's Status; Target Population; Risk Factors; Mortality Determinants; Midwives and Midwifery; Southern Asia; Asia; Developing Countries; Planning; Organization and Administration; Primary Health Care; Health Services; Delivery of Health Care; Health; Mortality; Population Dynamics; Demographic Factors; Population; Pregnancy Outcomes; Reproduction; Socioeconomic Factors; Economic Factors; Program Design; Programs; Biology; Health Personnel

Title: Options for a better life for young women: The Prerana-CEDPA partnership.
Author: Chauhan SS
Source: Washington, D.C., Centre for Development and Population Activities [CEDPA], [1990].12 p. **Year:** 1990

Abstract: This pamphlet describes the joint effort of CEDPA and Prerana in addressing the concerns of adolescent females in India, which up to now have been neglected. A nonprofit organization based in Washington, D.C., CEDPA conducts management training programs in the developing world, focusing on the advancement of women. In 1987, it launched a global project called "Options for a Better Life for Young Women." Prerana, a private voluntary organization based in India, seeks to promote development through community initiative. Acknowledging the neglect of female adolescent concerns, both organizations have begun the Better Life program, which is designed to improve the lives of women age 12-20 by strengthening their skills and increasing their self-awareness. DEDPA provides the seed money for projects, and Prerana assists non-governmental organizations in carrying out projects. Prerana has implemented 4 projects so far, and has plans for additional projects in 1991. While varying from community to community, the Better Life program essentially deals with the following issues: 1) raising awareness of basic health, focusing on the special concerns of adolescent females; 2) raising awareness of reproduction and family planning, including physiological and psychological changes during puberty, contraception, and STDs; 3) providing skill training and education; and 4) providing basic life skills, which range from the use of public services to an understanding of women's legal rights. These projects address both the micro-level, the young women, and the macro-level, the community. These projects point to the need for creating a new environment where women can development themselves outside of marriage and motherhood.

Keywords: India; Progress Report; Population At Risk; Adolescents, Female; Health Education; Family Planning Education; Puberty; Quality of Life; Women's Status [Legal Aspects] Southern Asia; Asia; Developing Countries; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Education; Reproduction; Social Welfare; Economic Factors; Socioeconomic Factors

Title: "Population problem": need for a total view.
Author: Gopalan C
Source: ECONOMIC AND POLITICAL WEEKLY. 1990 Aug 18;25(33):1,827-30. **Year:** 1990

Abstract: In Europe, socioeconomic development triggered improvement in standards of living leading to a steady decline in death and birth rates. This demographic transition essentially occurred with limited assistance from health technologies. In India and other developing countries, however, health technologies have brought about a precipitous decline in death rates, but socioeconomic development did not occur. Therefore more people live longer albeit in poverty. The only means of attaining security for the poor is by having large families. Indian population policy is operating under the assumption that improvement in standards of living occur once population growth is curtailed. It is trying to reduce population growth by applying contraceptive technologies when underdevelopment and poverty reign. This strategy has proven to be limited and largely unsuccessful, however. In order to reduce population growth, family planning programs must be modified so as to bring about all around improvement in poor communities, such as employment generation and vocation training and promotion of health, nutrition, and literacy. In terms of curbing population growth, however, developmental and educational programs neglect the most critical segment of the population—adolescent females. Further, due to population pressure and concurrent depressed socioeconomic conditions, many people are migrating to urban areas, especially to slums, in India. This migration is expected to continue into the 21st century. Even though people in urban areas have access to health care services, crowding, poor sanitation, and pollution contribute to a poor health status. In addition, nations must consider the economic dependency shift from children to the aged when setting their population policies.

Keywords: India; Population Policy; Population Growth; Family Planning Programs; Nutrition; Adolescents, Female; Educational Status [Women]; Marriage Age [Women]; Rural Population; Urban Population; Demographic Aging; Demographic Transition; Urbanization; Motivation; Family Planning Policy; Incentives; Economic Development; Technology; Socioeconomic Factors; Poverty; Adolescent Pregnancy; Risk Factors; Community Participation; Coordination; Program Acceptability; Southern Asia; Asia; Developing Countries; Social Policy; Policy; Population Dynamics; Demographic Factors; Population; Family Planning; Health; Adolescents; Youth; Age Factors; Population Characteristics; Socioeconomic Status; Economic Factors; Marriage Patterns; Marriage; Nuptiality; Urban Population Distribution; Population Distribution; Geographic Factors; Psychological Factors; Behavior; Reproductive Behavior; Fertility; Biology; Organization and Administration; Program Evaluation; Programs

Title: Women and nutrition in developing countries: practical considerations.
Author: Gopalan C :252-63.
Source: Oakland, California, Third Party Publishing, 1990. In: Health care of women and children in developing countries, [edited by] Helen M. Wallace, Kanti Giri. **Year:** 1990

Abstract: Women in India have experienced impressive gains in terms of life expectancy and maternal mortality. Lacking, however, is evidence of significant improvements in the health and nutritional status of poor women. 24% of Indian women of reproductive age weigh under 39 kg and 16% are less than 145 cm in height—conditions that place them at high risk of obstetric complications and delivery of a low-birthweight infant. Even under conditions of extreme poverty, there are measures that can impact upon maternal nutritional status and infant birthweight. Among poor rural girls, age at menarche and the subsequent adolescent growth spurt is delayed 1 year compared to their affluent counterparts. The former gain 5 cm in height and 3.5 kg in body weight between the ages of 14-18 years—a process that is sabotaged by early pregnancy. To optimize pregnancy outcomes, an

effort should be made to encourage Indian women to delay marriage until age 18 years. Adolescents should be provided with iron and folate tablets to improve their nutritional status before pregnancy. More attention must be given to supplementation of the diets of lactating women. Even when motivated to breastfeed, poor women with a diet deficient in protein are unable to produce milk sufficient for infant growth and experience tissue depletion. To facilitate the postponement of pregnancy until an age when a woman has completed her own growth, adolescents must be provided with sex and family planning education through the schools and vocational training programs. To maximize infant health and development, women must be provided with iron to prevent anemia and iodine to avert endemic goitre. No such efforts will be successful, however, until the current bureaucratized health system is reoriented to the village level and operated by the people for their own betterment.

Keywords: India; Developing Countries; Maternal Health; Maternal Nutrition; Nutrition Disorders; Adolescents, Female; **Adolescent** Pregnancy [Prevention and Control]; Birth Weight; Poverty; Low Income Population [Women]; Breastfeeding; Marriage Postponement [Beneficial Effects]; Child Development; Southern Asia; Asia; Health; Nutrition; Diseases; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Reproductive Behavior; Fertility; Population Dynamics; Body Weight; Physiology; Biology; Socioeconomic Factors; Economic Factors; Social Class; Socioeconomic Status; Infant Nutrition; Marriage; Nuptiality

Title: Nutrition health profile and intervention strategies for underprivileged adolescent girls in India: a selected review.
Author: Kanani S; Consul P
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1990 Oct-Dec;1(4):129-33. **Year:** 1990

Abstract: Four studies conducted between 1979 and 1986 showed that girls 10-15 years old had growth deficiencies. About 50-66% of girls in the study samples were either wasted, stunted, or both wasted and stunted, based on Waterlow's classification. Girls also showed weight-for-height deficits. Greater deficits were apparent for weight-for-age measures than for height-for-age measures. Over 66% of girls had weights below 75% of the standards. Over 33% had heights below 90% of the standards. An Indian Council of Medical Research study published in 1972 indicated that girls from lower socioeconomic groups and 10-18 years old gained an average of 17.7 kg of weight compared to the NCHS standard of 25.4kg. Weight was lower than the standard for girls even in the high-income group. Height deficits were not as great. A National Nutrition Monitoring Bureau reported in 1981 that low-income group adolescents had height, weight, and growth rates about 70-80% those of high-income adolescents. Studies in 1985 by Tripathi and in 1976 by Chadha reported similar findings. These studies also reported that girls from low-income groups had delayed menarche and maturation of breast and genitalia. A Government of India report in 1988 indicated that a girl's growth spurt was arrested and full physical maturation was prevented due to repeated adolescent pregnancies. Rohde in 1986 reported that about 50% of first borns to adolescent girls were low birth weight infants. Some evidence has been presented by Gopalan and Srikantia that adolescent girls catch up on their growth, particularly rural girls. It was found that girls with severely stunted growth showed larger height increases at 18 years than girls with moderate or normal growth retardation. Studies have shown that short girls menstruate later than tall girls and low income girls have later ages of menarche. Studies have indicated that about 25-50% of

adolescent girls had ocular signs of vitamin A deficiency: conjunctival xerosis and Bitot spots. About 60% of adolescent girls were anemic. Caloric intake deficiencies were most prominent at ages 1-3 and 15-20 years. One suggestion was to compensate for deficiencies in pre-adolescence with 60 mg of iron for 60 days two times a year and with vitamin A.

Keywords: India; Critique; Literature Review; Adolescents, Female; Growth [Women]; Body Height [Women]; Body Weight [Women]; Malnutrition [Women]; Poverty; Socioeconomic Factors; Inequalities [Women] Southern Asia; Asia; Developing Countries; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Child Development; Biology; Physiology; Nutrition Disorders; Diseases; Economic Factors

Title: Knowledge and attitude amongst well-to-do adolescent school girls towards breast feeding.
Author: Kapil U; Bhasin S; Manocha S
Source: INDIAN PEDIATRICS. 1990 Dec;27(12):1281-5. **Year:** 1990

Abstract: A study was conducted to determine the knowledge of and attitude toward breast-feeding among adolescent schoolgirls (n=74) who were students in an urban public school in Delhi. A pretested semistructured questionnaire was administered. The majority of respondents had accurate knowledge about the age of initiation of breastfeeding (76%), introduction of semisolid foods (61%), feeding of colostrum (58%), and superiority of breast milk over commercial preparation of milk (81%). Most believed wrongly that consumption of dry fruits (89%) and high intake of milk and pure ghee (78%) would increase breast milk secretions. The % of girls wrongly believing that breastfeeding should be discontinued if mothers suffering from tuberculosis, malaria, and diarrhea were 96, 85, and 81, respectively. There is need for including adolescent girls in continuing education activities about maternal and child health. (author's)

Keywords: India; Knowledge; Attitude; Breastfeeding; Adolescents, Female; Socioeconomic Status; Urban Population; Beliefs; Weaning; Psychosocial Factors; Maternal Nutrition; Southern Asia; Asia; Developing Countries; Psychological Factors; Behavior; Infant Nutrition; Nutrition; Health; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Socioeconomic Factors; Economic Factors; Culture

Title: Knowledge and attitude towards breast feeding among adolescent girls.
Author: Kapil U; Manocha S
Source: INDIAN JOURNAL OF PEDIATRICS. 1990 May-Jun;57(3):401-4. **Year:** 1990

Abstract: Researchers in New Delhi, India studied the knowledge and attitude of breast feeding of 76 year science college students (average age: 17 years) in 1987. None of the adolescent females were married and most of them were from middle class families. 95% recognized that breast feeding is best for the child and should be begun shortly after childbirth. In addition, almost 98% know that breast milk provides antibodies which protect the child against infections. 100% reported that breast feeding promotes more intense love, affection, and bondage between mother and child than does little

bottle feeding. 92% knew that diarrhoea is often caused by unhygienic bottle feedings and 89% knew that infants who are only breast fed have less diarrhoeal episodes than those who are bottle fed and/or breast fed and receive supplements. Almost 36% reported that bottle feeding should never be done. 82% reported correctly that infants should begin eating semi solid foods at 4-5 months old. 92% incorrectly believed that the more a mother eats dry fruits and ghee the more breast milk she will produce. In addition, 55% erroneously thought that the mother should dilute the top milk to ease digestion. Further, 68% thought the more milk a mother drinks the more breast milk she will produce. 60% believed that prolonged breast feeding causes breast deformity. 29% thought breast feeding to be embarrassing outside the home. Erroneous responses concerning nutrition may have been due to inadequate emphasis on nutrition education messages in the media. This study emphasizes the need to readdress these messages so as to increase knowledge of breast feeding among female adolescents.

Keywords: India; Urban Population; Knowledge; Middle Income Population; Adolescents, Female; Diarrhea; Antibodies; Bottle Feeding; Breastfeeding; Supplementary Feeding; Human Milk; Misinformation; Attitude; Southern Asia; Asia; Developing Countries; Population Characteristics; Demographic Factors; Population; Social Class; Socioeconomic Status; Socioeconomic Factors; Economic Factors; Adolescents; Youth; Age Factors; Diseases; Immunologic Factors; Immunity; Physiology; Biology; Infant Nutrition; Nutrition; Health; Lactation; Maternal Physiology; Communication; Psychological Factors; Behavior

Title: India: sex education counselling research training therapy / family life and marriage counselling centres.
Author: Manorama HS
Source: PLANNED PARENTHOOD IN EUROPE. 1990 Dec;19(3):15.
Year: 1990

Abstract: The Family Planning Association of India opened its first Sex Education, Counseling, Research Training/Therapy Center (SECRT) in 1978, and now Bombay, Bangalore, Jabalpur, Lucknow, Madras, New Delhi, Pune, and Rajkot each have a center. The SECRT centers exist to create awareness among people, especially young people, about sexuality, healthy relationships, and family well-being, and to create a core of youth leaders who will enhance the level of reproductive health among their peers. The centers' main activities are sex education programs in schools and colleges; training and orientation in human sexuality, reproductive health, and counseling for sexually related issues; premarital counseling for young couples about to be married and marital counseling for married couples; counseling, therapy, and referral services for abnormal sexual behavior; marriage enrichment; telephone hotline services; youth leader training in adolescent reproductive health; training of personnel to help the handicapped overcome any related problems; and the preparation of audiovisual aids for counseling with regard to sexual health. The centers have panels of specialists and all services are provided both confidentially and free of charge. The centers also consult with policymakers on the implementation of programs on human sexuality. It is expected that research will be conducted on adolescent sexuality both at the headquarters and branch levels.

Keywords: India; Family Planning Centers; Youth; Reproductive Health; Peer Groups; Sex Education; Counseling; Southern Asia; Asia; Developing Countries; Health Facilities; Delivery of Health Care; Health; Age Factors; Population Characteristics; Demographic Factors; Population; Knowledge Sources; Communication; Education; Clinic Activities; Program Activities; Programs; Organization and Administration

Title: Distribution of closed birth intervals with some biosocial components: a stochastic model and its application.
Author: Pandey A; Dwivedi SN; Mishra RN
Source: JOURNAL OF MATHEMATICAL SOCIOLOGY. 1990;16(1):89-106. **Year:** 1990

Abstract: Data on birth intervals are said to detect current changes in underlying fertility behavior earlier than birth rates and are used especially in developing countries to evaluate family planning programs. Birth interval information comes mostly from retrospective inquiries into maternity histories. Accounting for adolescent sterility and temporary separation between partners, a stochastic model is developed and presented capable of describing the variation in the length of closed birth intervals by birth order for women of a given marriage duration. This model may be used to analyze data on birth intervals in any population where women are exposed to the risk of conception soon after marriage. It is applied to survey data from northern India, whereby the risk of conception and risk of assuming susceptibility to conception following adolescent sterility are estmated along with the maximum duration of adolescent sterility among women with varying ages at consummation of marriage.

Keywords: India; Birth Intervals; Models, Theoretical; Theoretical Studies; Mathematical Model; Infertility; Adolescents; Age Factors; Risk Factors; Consummation of Marriage; Southern Asia; Asia; Developing Countries; Fertility Measurements; Fertility; Population Dynamics; Demographic Factors; Population; Research Methodology; Reproduction; Youth; Population Characteristics; Biology; Sex Behavior; Behavior

Title: Risk of teen-age pregnancy in a rural community of India.
Author: Pratinidhi A; Shrotri A; Shah U
Source: INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1990 Oct-Dec;1(4):134-8. **Year:** 1990

Abstract: In India, there has been a declining trend in teenage pregnancy between 1977-79 and 1981-84. Teenage pregnancy tends to occur within marriages, often arranged by parents, and few pregnancies occur among unmarried teenagers. There are nevertheless concerns about the higher rates of nutritional and obstetric problems associated with adolescent pregnancy and the ignorance and immaturity which can result in higher morbidity and mortality among mothers and babies. The change to a minimum age of 18 years for marriage has been suggested as a means of reducing the number of adolescent pregnancies. The study sample included 5994 deliveries in the rural health district area of Sirur, Maharashtra state, India, between 1981 and 1984. Adolescent pregnancies (to women under 20 years old) amounted to 598 deliveries, or 10% of deliveries. The perinatal mortality rate among teenage first births to high-risk mothers (238) under 18 years old was 67.2 per 100 births; the neonatal mortality rate was 61.4. Risk factors such as prolonged labor, short stature, and anemia were associated more with women under 18 years old. Statistically significant differences were found in the rate of low birth weight infants, stillbirths, and late neonatal deaths among women aged under 18 years compared to other women. The perinatal mortality rate was 7-16 times greater when associated risk factors, except anemia, were present. The neonatal mortality rate was 2.5-18 times greater when associated risk factors, except anemia and edema, were present. Late neonatal mortality was 2.2 times higher among infants with mothers under 18 years old. Recommendations were to

provide general health education about risks of teenage pregnancy, strictly enforce the minimum age at marriage law, screen all pregnant mothers for risk factors, and provide at-risk mothers with education about child bearing and rearing and referral to a hospital for safe delivery. Referrals are particularly important among first pregnancies among women under 18 years old with multiple risk factors.

Keywords: India; Correlation Studies; **Adolescent** Pregnancy; Infant Mortality; Maternal Mortality; Morbidity; Southern Asia; Asia; Developing Countries; Statistical Studies; Studies; Reproductive Behavior; Fertility; Population Dynamics; Demographic Factors; Population; Mortality; Diseases

Title: A new strategy for family welfare in the corporate sector. **Author:** Puri N **Source:** JOURNAL OF FAMILY WELFARE. 1990 Dec;36(4):14-9. **Year:** 1990

Abstract: In countries where the rate of economic development is outpaced by the rate of population growth, the author outlines the need for integrated, comprehensive approaches to enhancing the quality of life of individuals, families, communities, and nations as a whole. Where industrialists and corporations have maintained a relatively narrow focus on sterilization as a method of contraception and population control, their assistance is called upon to revitalize family welfare programs. With 80% of the total labor force of reproductive age, the author critiques the viability and appropriateness of sterilization as a unique form of supported contraceptive practice, and encourages combining spacing methods with education and reformed socio-cultural traditions. As such, attitudinal change will develop. Were corporations to support multi-faceted approaches in providing services, information, suitable population policy, and clinical and social facilities for attaining desired family size, industry would gain better higher quality workers and products. Population pressure continues to strain resources and the environment, demanding immediate attention to malnutrition, urbanization, and the burdens placed upon educational systems, housing, and employment. At the heart of any effective strategy is good management, and effective, efficient program implementation. Corporations especially may assist in developing solid foundations, high quality work, and efficient management, training, monitoring, and evaluation to effect properly implemented operations.

Keywords: India; Conferences and Congresses; Family Planning Programs; Program Activities; Sterilization, Sexual; Quality of Life; Social Welfare; Family and Household; Maternal-Child Health Services; Aged; Nutrition; Development Planning; Population Pressure; Socioeconomic Factors; Integrated Programs; Hygiene; Child Survival; Administrative Personnel; Maternal Mortality; Morbidity; Infant Mortality; High Fertility Population; Women's Status; Power; Poverty; Sex Education [Men]; Sex Behavior [Men]; Decision Making; Marriage Age; **Adolescent** Pregnancy; Youth; Organizations; Private Sector; Malnutrition; Housing; Urbanization; Southern Asia; Asia; Developing Countries; Family Planning; Programs; Organization and Administration; Economic Factors; Primary Health Care; Health Services; Delivery of Health Care; Health; Adult; Age Factors; Population Characteristics; Demographic Factors; Population; Carrying Capacity; Natural Resources; Environment; Public Health; Survivorship; Marriage; Nuptiality; Reproductive Behavior; Nutrition Disorders; Residence Characteristics; Population Distribution; Geographic Factors; Urban Population Distribution

Title: Adolescent girls' anxieties — role of stressful life events. **Author:** Singh H; Sofat R; Gill PJ; Soni RK; Kaur L **Source:** INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH. 1990 Oct-Dec;1(4):142-3. **Year:** 1990

Abstract: The study aim was to examine stressful events among 300 adolescent girls 11-17 years old enrolled in schools in India. 50.33% had illiterate mothers. 22.33% had mothers who had a primary education and 25.34% who had a secondary education. 82.33% (247) were from nuclear families, and 17.67% (53) were from joint families. The largest proportions reported financial problems (38.67%) followed by household moves (30.33%) and a close relative's death (27.33%). Other concerns reported were parental frequent change or loss of job (12.33%), involvement in a court case (4.67%), death of one or both parents (4.33%), and frequent parental arguments (1.33%) and serious family accidents (1.33%). No stressful events were reported by 31.69% (95 girls); 68.34% reported stressful family events. A significant correlation was found between anxiety and life in a nuclear family ($p < 0.001$). Anxiety was also higher, but not so statistically significant so, among families with an illiterate mother and lower socioeconomic status. More anxieties were reported among girls with working mothers (68%) than non-working mothers (32%). A significant correlation was found between the score of life events and the number of girls reporting anxieties. Individual anxieties were reported for inadequate height (15.66%), fear of boys' teasing (12.33%), losing hair (11.60%), menstrual tensions (10.33%), weak eyesight (9.66%), pimples (9.33%), weakness (8.88%), lack of study time (5.67%), excessive weight (3.67%), dark complexion (2.66%), and bad teeth (2.00%); 55.34% reported these anxieties.

Keywords: India; Adolescents, Female; Stress [Determinants]; Emotions; Socioeconomic Factors; Psychosocial Factors; Southern Asia; Asia; Developing Countries; Adolescents; Youth; Population Characteristics; Demographic Factors; Population; Psychological Factors; Behavior; Economic Factors

Title: Strategies to reduce neonatal mortality.
Author: Singh M
Source: ICCW NEWS BULLETIN. 1990 Apr-Jun;38(2):15-20.
Year: 1990

Abstract: In India, 60% of deaths in infants under 1 year of age occur in the 1st 4 weeks after birth. The neo-natal mortality rate is currently 76/1000 live births in rural areas and 39/1000 in urban areas. The Government of India has launched a plan of action to address the cycle of poorly spaced pregnancies, inadequate maternal health care and nutrition, and high incidence of low birthweight babies that contributes to this high neonatal mortality phenomenon. Crucial to such a plan is the expansion, strengthening, and improved organization of maternal-child health services. At the level of maternal health services, efforts will be made to identify pregnant women early, arrange a minimum of 4 prenatal visits, provide dietary supplementation and immunization against tetanus toxoid, create more sterile conditions for home deliveries, identify and refer high-risk pregnancies and deliveries, and provide postnatal follow-up care. Child health service staff are motivating mothers to breastfeed and screening newborns for jaundice and bacterial infection. A risk approach, in which there is a minimum necessary level of care for all pregnant women but more intensive management and follow-up of those at high risk, is most cost-efficient given the lack of human and financial resources. Attention must also be given to the determinants of low birthweight which is a co-factor in neonatal mortality.

Keywords: India; Goals; Maternal-Child Health Services; Neonatal Mortality [Prevention and Control]; Low Birth Weight [Prevention and Control]; Child Survival; Target Population; Risk Factors; Infant; Mortality Determinants; Southern Asia; Asia; Organization and Administration; Primary Health Care; Health Services; Health; Infant Mortality; Mortality; Population Dynamics; Birth Weight; Body Weight; Physiology; Biology; Survivorship; Length of Life; Program Design; Programs; Youth; Age Factors; Population Characteristics

Title: Inter-district and inter-regional variations in incidence of child marriage among females and its inter-censal changes in Uttar Pradesh.
Author: Srivastava JN
Source: JOURNAL OF FAMILY WELFARE. 1990 Dec;36(4):20-31.
Year: 1990

Abstract: The Child Marriage Restraint Amendment Act in 1978 raised the minimum age of marriage for girls to 18 in India. The objective of this followup study is to study the intercensal changes 1971-81, and the acceleration in decline between 1961-71 and 1971-81, of the incidence of child marriage. It had already been shown that incidence varies inversely with level of development. 5 economic regions and districts were analyzed in Uttar Pradesh. Districts were grouped in 4 development levels with the assumption of and test for homogeneity. The % of girls married <15 years is interpolated from 1981 census data using Newton's method. The marital status distribution data came from the Social and Cultural Tables for Uttar Pradesh, 1981. The results at the district level for marriage incidence are provided in table form. Interdistrict variation showed that the percentage varied from 67.91% in Sultanpur 10.01 in Dehradun, with a state average of 38.8%. The variations remained the same as in 1971. The coefficient of variation for interdistrict changes was 44.43% for the state. The incidence of child marriage declined from 51.38% in 1971 to 38.30% in 1981, and the % declined by 25.46%. All districts registered a decline except Bahraich, and absolute declines varied widely. High incidence districts had the smallest % declines. The acceleration of the % decline was experienced in 42 districts and deceleration in 11 districts during 1971-81 compared to 1961-71. 1 district showed an increase. 5 regions were analyzed. The interdistrict coefficient of variation in each region was lower than that at the state level, which suggests greater homogeneity within regional districts. The Hill region had the lowest incidence of child marriage at 23.4%; the Western region, 27.28%; the Central Region 35.2%; and the Bundelkhand, 49.37%. The Eastern region had the highest child marriages at 54.56%. The % decline was the highest in the Hill region at 35.8% and lowest in the Eastern region at 54.6%. The % decline in child marriage incidence over 1971-81 varied inversely with the level of child marriage itself. The acceleration of decline was more hopeful. The Eastern region, and a similar pattern in Bundelkhand, with the highest incidence has a 64.4% acceleration in percentage decline, compared to the Western region with low incidence at 74.7%. The incidence of child marriages varied with level of development in all 3 time periods. % decidual declines were computed and showed both absolute decline in percentage points and % decline were the highest (13.18 and 39.10) in the highest development group and the lowest (12.01 and 22.14) in the lowest development group. The findings suggest that the social, economic, and infrastructural development is the only way of reducing the incidence of child marriage.

Keywords: **India**; Technical Report; Incidence; Adolescents, Female; Marriage Age; **Adolescent Pregnancy**; Delayed Childbearing; Birth Spacing; Socioeconomic Factors; Development Policy; Administrative Districts; Southern Asia; Asia; Developing Countries; Measurement; Research Methodology; Adolescents; Youth; Age Factors; Population Characteristics; Demographic Factors; Population; Marriage Patterns; Marriage; Nuptiality; Reproductive Behavior; Fertility; Population Dynamics; Family Planning; Economic Factors; Policy; Geographic Factors