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# The Journal of Family Welfare

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Volume 59, No.2, December 2013

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FAMILY PLANNING ASSOCIATION OF INDIA

# THE JOURNAL OF FAMILY WELFARE

Founded in 1954

Published biannually  
by the

## FAMILY PLANNING ASSOCIATION OF INDIA

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# SPOUSAL VIOLENCE AGAINST WOMEN AND VULNERABILITY OF SEXUALLY TRANSMITTED INFECTIONS AMONG COUPLES IN INDIA

SASWATA GHOSH

## INTRODUCTION

Spousal violence is all-pervasive and it disproportionately affects women across societies. It is widely recognized as a global public health concern, with consequences of physical injury, psychological distress and undesirable reproductive and sexual health outcomes among women.<sup>1-6</sup> Consistent evidence demonstrating an elevated risk of HIV/AIDS and other sexually transmitted infections (STIs) among women experiencing spousal violence is of notable concern, in the recent past.<sup>3,7-9</sup> However, evidence of premarital, extramarital and multiple sex partners, inconsistent condom use, and unprotected sex among male perpetrators<sup>10-12</sup> of spousal violence suggest the need to explore the association between spousal violence and risk of STIs among both partners.

The third round of the National Family Health Survey (NFHS) conducted during 2005-06 in India revealed that more than one-third of women of reproductive ages experienced spousal violence.<sup>13</sup> A number of studies conducted in different parts of India using cross-sectional and longitudinal data have found a strong association between different types of spousal violence such as physical, psychological and sexual violence and increased risk of adverse reproductive and sexual health outcomes among women.<sup>1,2,14-18</sup> Consolidated findings for the six states of the Youth Study showed that those who had experienced any form of violence were significantly more likely than others to have experienced symptoms of reproductive tract infections (RTIs) or STIs in the three months prior to the interview.<sup>19</sup> Studies conducted in a district in Pune and in three districts in Andhra

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*Paper presented at the International Conference on Urban Health, Belo Horizonte, Brazil, October 31, 2011.*

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# INFLUENCE OF FAMILY LIFE EDUCATION ON UNDERSTANDING OF REPRODUCTIVE HEALTH ISSUES AMONG UNMARRIED YOUNG GIRLS IN TAMILNADU: FINDINGS FROM DISTRICT LEVEL HOUSEHOLD SURVEY

A. K. RAVISHANKAR

All adolescents experience profound physical changes, rapid growth and development, and sexual maturation - often about the same time as they begin developing new relationships and intimacy. In addition, young people experience psychological and social changes as they develop attitudes; abstract and critical thinking skills; a heightened sense of self-awareness; responsibility and emotional independence; communication patterns; and behaviours related to interpersonal relationships.<sup>1,2</sup>

Adolescents, hence, should know what is happening to their bodies. A survey of more than 600 young people in 54 countries revealed that almost all of the respondents said they needed more information on all aspects of their sexual and reproductive health.<sup>3</sup> Many girls may have questions about how to manage their period or concerns about losing their virginity.<sup>4</sup> Similarly, boys may be concerned

about consequences of masturbation, body image and size of their genitals, sexually transmitted infections, and sexual orientation.<sup>5</sup> Data from various countries in Latin America, Asia, and sub-Saharan Africa indicate that in none of the surveyed countries could at least half of 15–19 year olds identify the time of the menstrual cycle when ovulation is most likely to occur and pregnancy risk is highest.<sup>4</sup> Numerous myths persist among young people about how to avoid conception, e.g., one cannot get pregnant at first intercourse or if standing up during intercourse, if a girl has not started menses, or if a boy is younger than the girl. Adolescents may believe that abstinence will cause infertility, poor sexual performance, or painful childbirth at a later date.<sup>6</sup> Such myths can lead adolescents to engage in behaviours that put their health and development at risk. A national survey on the sexual health of 2388 10 and 12 year old Australian secondary school students

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# IS EARLY CHILDBEARING AMONG INDIAN GIRLS A CONTINUING CHALLENGE?

N. KAVITHA

## INTRODUCTION

The high proportion of adolescent pregnancies is a serious concern because of its far reaching consequences. In western societies, the main reason for adolescent pregnancy is premarital sex whereas in eastern societies, it is due to early marriage and cultural norm of having childbirth soon after marriage. In many societies the traditional belief is that the onset of menarche signals reproductive maturity. But medical research claims that a significant percent of growth takes place after menarche. Therefore, starting sexual relationship and childbearing before reaching physical maturity would result in serious health complications to women as well as to children. Young women as a new comer in the family lack negotiating skills and generally mothers-in-law and husbands are the main decision-makers for young women in important events such as pregnancy and childbirth. Use of

contraception has been found to be lower among young women than older women due to lack of awareness and pressure from the family for early childbearing. In short, early age at marriage pressurises girls to follow the cultural norm of having childbirth soon after marriage and low contraceptive use are the main reasons for early motherhood in India.

According to the Population Reference Bureau, population in the age group 10-24 in less developed countries is 29 percent and for India it is 30 percent. Ever married women in the age group 15-19 is 17 percent in less developed countries, while it is 15 percent in Asia and as high as 34 percent in India. As compared to less developed countries (22%) the percent of women married by age 18 was observed to be high for India (28%). Married women in the age group 15-19 using contraception is surprisingly low

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# UNDERSTANDING FERTILITY DECLINE IN VIETNAM: THE ROLE OF PROXIMATE DETERMINANTS

**K.C. DAS, CHANDER SHEKHER, NGUYEN THI NGOC LAN AND  
KUMUDINI DAS**

## INTRODUCTION

Every country has a desire to balance its population growth according to its socio-economic conditions. Three major components affecting population growth are fertility, mortality and migration, and among these components, fertility plays the most important role. A number of factors such as social, cultural, economic, health and other environmental factors directly determine fertility. Davis and Blake<sup>1</sup> first introduced the term intermediate variables of fertility to describe the biological and behavioral mechanisms through which social, economic and cultural conditions can affect fertility. Bongaarts<sup>2</sup> later developed a model that quantified the effects of intermediate variables on fertility. Bongaarts and Potter<sup>3</sup> identified four key variables or principal proximate determinants that account for most cross-country variations

in fertility levels which are marriage, contraceptive use, induced abortion, and postpartum infecundability. Bulatao<sup>4</sup> studied the determinants of fertility and attempted to reach conclusions that are relevant for fertility reduction policies in developing countries. They suggest that socio-economic development has a decisive effect in lowering fertility in the long run but for short term, and for specific households, the effect is not conclusive. The study concludes that education, especially of women, fairly and reliably reduces fertility, though its effect may take years to appear. Improved health and lower mortality also contribute to lower fertility, through both biological and behavioral channels. The effect of female employment, in contrast, is uncertain and undependable. The other determinants, i.e., fertility behaviors such as late marriage,

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# EXAMINING THE ROLE OF INFERTILITY IN THE REDUCTION OF FERTILITY IN INDIA

ANNIE GEORGE

## INTRODUCTION

The reduction in fertility levels especially in the developing countries remains at the core of contemporary demographic discussions. Factors such as economic status, age at marriage, urbanization, modernization, higher literacy, contraceptive usage and nuclear families play a significant role in lowering fertility levels. Several studies look at the decline in fertility levels in the Indian context from different perspectives. A good number of studies analyze the relationship between infant mortality and fertility, for instance Jain<sup>1</sup> finds that a higher incidence of infant and child mortality leads to higher levels of fertility. While exploring the relationship between infant mortality rates and fertility levels, Srinivasan<sup>2</sup> observes a reduction in infant mortality below the level of 60 as a pre-requisite for achieving a sustained and substantial reduction in the number of higher order births and fertility levels.

Further, female education has been found to be the single most important factor behind the drastic fall in fertility levels by other studies. For instance, Dreze and Murthi<sup>3</sup> while examining the fertility trends, based on census data across the districts of India for 1981 and 1991, find strong evidence to the effect that controlling for fixed effects and a time trend, female education is the most important factor underlying the differences in fertility levels across space and time. All the same, the role played by the Indian Family Welfare Programs (*particularly through the use of temporary contraceptive methods*) in the current state of fertility scenario is not to be ignored.

While a large body of literature exists on the role of socio-economic factors and the use of contraceptives in the substantial decline of fertility levels across major states, and India as a whole, no study seems to have addressed the issue of infertility with respect to fertility changes during

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# INTERARM ASYMMETRY IN SYSTOLIC AND DIASTOLIC BP MEASUREMENTS AMONG NORMOTENSIVE PRIMIGRAVIDAE

GANAPATHY THILAGAVATHY

## INTRODUCTION

The measurement of maternal blood pressure is a key part of antenatal care, a modifiable risk factor and the accurate assessment of blood pressure (BP) is vital for early detection, evaluation and treatment of hypertension<sup>1</sup> as hypertensive disorders in pregnancy has a major significance for the outcome of the pregnancy for both the mother and the fetus.<sup>2</sup> Unilateral measurement of blood pressure may mask the diagnosis or delay the effective treatment of hypertension.<sup>3</sup> Blood pressure measurement by the World Health Organization–International Society of Hypertension Guidelines recommend that BP should be measured in both arms at the initial patient assessment and that, in the event a difference is observed, the arm with the higher pressure should be used for all future measurements.<sup>2</sup> This is because significant interarm differences (IAD) in BP may indicate the presence

of congenital heart disease, peripheral vascular disease, unilateral neurological, musculoskeletal abnormalities, or aortic dissection.<sup>3</sup> However, even when the IAD has seemingly no pathological background, relevant IADs  $\geq 10$ mmHg are still important to know, as office measurements consequently performed at the arm with the lowest BP can lead to a wrong diagnosis and under treatment of hypertension.<sup>4</sup> In addition, to verify the effectiveness of antihypertensive therapy it is of clinical importance that BP is measured in the same arm with the higher pressure on all sequential occasions.<sup>5</sup>

Clinical studies have highlighted that failure to detect the presence of a difference in blood pressure between arm measurements has been implicated in a delayed diagnosis of hypertension and is associated with a higher prevalence of poor control in hypertension and a failure to standardize measurement to the arm

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# SOCIOECONOMIC INEQUALITY IN MALNUTRITION AMONG ADULTS IN INDIA

SAJINI B. NAIR AND AJITH KUMAR P.

## INTRODUCTION

Malnutrition is a major health problem due to the dual burden of under-nutrition and over-nutrition. Undernutrition arises due to insufficient calories and protein intake and overnutrition results from intake of food with too many calories. Malnutrition plays a role in the deaths of about 16,000 young children every day, virtually all of them in the developing world as reported by Population Reference Bureau.<sup>1</sup> India is currently facing the dual problem of undernutrition and obesity. While undernutrition is prevalent in almost all the states across the length and breadth of the country, the burden of obesity is steadily increasing in India.

Adolescents represent around 20 percent of the world's population and around 84 percent of them are found in developing countries. Adolescents constitute more than one-fifths of India's population.

The health of adolescents is a matter of great concern. Inadequate nutrition in adolescence can potentially retard growth and sexual maturation, although these are likely consequences of chronic malnutrition in infancy and childhood. Inadequate nutrition during adolescence can put them at high risk of chronic diseases particularly if combined with other adverse lifestyle behaviors. The mean BMI among adult women is 20.75 kg/m<sup>2</sup> and that for adult men is 20.59 kg/m<sup>2</sup> in India as revealed by the NFHS-3 data.<sup>2</sup> When 33.5 percent of the adult women and 30 percent of the adult men are totally thin, 14.2 percent and 10.8 percent of adult women and men, respectively, are overweight or obese in India.

Studies on the prevalence of malnutrition and its associated factors so far point out that socioeconomic factors like occupation, educational background

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# THE JOURNAL OF FAMILY WELFARE

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- conforming to the reference style of the journal
- length of up to 6,000 words
- the paper must specify the study period

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The paper should be clearly and concisely written. The text, where appropriate should be styled under the usual headings of Introduction, Methodology, Results and Discussion. An original paper should include only sufficient references to indicate the purpose and relevance of investigation. The text, tables and figures should be internally consistent and

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Garg S., Sharma N., Sahay R. May 2001. Socio-cultural aspects of menstruation in an urban slum in Delhi, India. *Reproductive Health Matters*, 9(17):53-62.

Ramachandar L. and Pelto P. J. December 2009. Self-help groups in Bellary: Microfinance and women's empowerment. *The Journal of Family Welfare*, 55(2), 1-16.

3. A referenced article published in a book should contain the following details. Author's last name, initials, year of publication, name of the article, In: name of book, initials and last name of editors, Ed./s. in parentheses, title of the book, place of publication, name of the publisher and page numbers of the article. For example:

Bang, R. and A. Bang. 1994. Women's perception of white vaginal discharge: Ethnographic data from rural Maharashtra. In: J. Gittleson et al., (eds.), *Listening to Women Talk about Their Health:*

*Issues and Evidence from India*. New Delhi: Har-Anand Publications, 79-94.

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1995. *Evaluation of Family Welfare Programme in Chitradurga District of Karnataka State: Part II Report (Role of Peoples' Response)* Population Research Centre, Institute of Social and Economic Change, Bangalore.

9. References by the same author with the same publication year are arranged alphabetically by the title, and suffixes a, b, c and so on are added to the year. The same suffixes should be added in the text also. For example:

Jejeebhoy, Shireen. 1998a. *Wife-beating in rural India: A husband's right?* *Economic and Political Weekly*, 33(15):855-62.

1998b. *Association between wife-beating and fetal and infant death: Impressions from a survey in rural India*", *Studies in Family Planning*, 29(3):300-8.

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*Progress in reproductive health research*. 2001. HRP, No. 57 part 2, 1-9.

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# **FAMILY PLANNING ASSOCIATION OF INDIA**

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## **AIMS AND OBJECTS**

To create awareness, disseminate knowledge and education, provide counselling and services where appropriate on all aspects of reproductive, child and sexual health including family planning and HIV/AIDS, with free and informed choice, gender equality and equity, the empowerment of women, male involvement, child and adolescent health, and their inter-relationships with social development and environmental concerns in order to advance basic human rights, of all men, women and youth, family and community welfare, the achievement of a balance between population, resources and the environment and the attainment of a higher quality of life for all people.

To place its considered views before government and other agencies when appropriate and assist whenever possible in the formulation of the national programme of reproductive and child health including family planning.

To formulate policies, set priorities and devise programmes in pursuance of the above objectives and to undertake or promote studies and activities for information and education, training, services, and research covering the sociological, psycho-social, economic, medical and other relevant aspects of reproductive, child and sexual health including human fertility and its regulation, methods of contraception, infertility, family life education and counselling, stabilisation of population and environmental concerns, with special reference to the needs of adolescents and young people.

To organise conferences, seminars, training courses and other meetings and events whether local, national or international, in the furtherance of the Aims and Objects and allied subjects of the Association.

To establish Branches, Projects and other types of units to expand the coverage and activities of the Association.

To foster, develop contacts and collaborate or network with other organisations engaged in similar types of work in India and abroad.

To maintain its status as a Founding Member Association of the International Planned Parenthood Federation and to be affiliated to other international bodies as may be deemed fit from time to time.

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