Sexual Reproductive Health of Young People (10-24 Years)

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Foreword

Sexuality has a deep and significant role throughout the human life, irrespective of the age, gender, sexual disposition, economic status, health status, nationality and religion. In traditional societies of India, people find it difficult to talk openly about sexuality, especially to adolescents. They are denied access to scientific information on sex and sexuality and hence more likely to imbibe blemished knowledge regarding it. Because of the effervescent and energetic nature, they often explore and experiment the so-called 'thrill' in sexuality and may end up in teenage pregnancy and Sexually Transmitted Infections. Sexuality education is the most human and significant contribution that can be made to the society and should be targeted at individuals and groups, especially adolescents and young adults. It helps them to accept their own sexuality. If they are given honest answers to queries, it not only creates a positive attitude towards human sexuality but also reduces the risk of sexual abuse and STI/HIV infection.

Young people and adults experience a great deal of anxiety emerging out of a lack of knowledge of sex and from myths and misconceptions about sexuality. Later when they become adults and begin family life, all these may get in the way of their healthy sexuality and create lot of problems in family life. Here comes the importance of imparting 'Pre-marital Counseling' to the young people with a view to create awareness on all aspects of family life and thus developing a positive attitude towards sexuality. The same could be augmented through 'Counseling for Newly Married Couples' providing an avenue for the couple to understand each other better.

I am so glad to note that Dr MKC Nair has used his 25 years of counseling experience in presenting these difficult issues in a simple language understood by one and all. Dividing the book into three sections—Adolescent Sexual and Reproductive Health (10-19 Years), Pre-marital Counseling for Youth (15-24 Years) and Sexual Reproductive Health of Newly Married Couples is quite appropriate, as the same topic is presented differently and appropriate for the age. I am sure this book would be of immense help for all of us involved in RCH II and National Rural Health Mission.

Dr NK Arora
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Preface

Maslow's hierarchy of needs emphasizes "Sex as one of the basic needs, the satisfaction of which is fundamental for proceeding higher in the hierarchy like safety needs, belonging needs, self-esteem and ultimately self-actualization". Sigmund Freud had based some of his own theories on different experiences of sexuality—normal, suppressed and repressed and had delineated clearly sex and sexuality as two different yet related entities. Children grow-up learning everything through formal teaching and learning except sexuality, which is left to all those who are not qualified to teach it. We are afraid to talk about it and hence take cover under teenage pregnancy, HIV threat or child abuse problem. Of course all are important reasons for talking about sex and sexuality but the most important of all is that it is the greatest boon given by God to mankind, created in his own image.

Once we accept that sexuality is essential part of human life and stop feeling "guilty" about it, we would have the confidence to talk to youngsters as doctors, teachers, elders and most importantly as concerned parents. This is exactly what the young people want from us "to know about responsible sexual behavior". During adolescence they are curious about it and hence want to learn about it—age appropriate messages. Adolescents want to know how boys and girls feel about each other, what their "needs" are, how they respond to each other, etc. Our youth need to be responsible partners and good parents—not transmitting HIV to the unsuspecting spouse and the innocent child. They want to be loving couples "giving" more than "taking" – naturally would like to know about foreplay and after play. They need to be reassured that the first night experience need not be a night mare for the girl, for you have the whole life in front of you—there is no hurry. Family life education for below 18 years is a must; pre-marital counseling to one and all above 18 years is the need of the day. But even more important is the counseling for "Newly Married Couples", the best chance to involve the male partner in responsible reproductive decisions.

All of us professionals have the capacity and willingness to do them all, yet we are scared what others would think of us, if we talk sexual matters openly. Once a young girl asked me in private, Sir, you must be really experienced to know so much intricacies about sex and sexuality—Yes I said—I have experience of over 30,000. I could see an expression of shock on the face of the girl—Yes I repeated—I had the opportunity, of counseling over 30,000 families in the last 25 years of my child guidance experience.

MKC Nair

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SECTION 1

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1 Introducing Reproductive and Sexual Health

INTRODUCTION

The term 'adolescence' was popularized 100 years ago when G Stanley Hall used it to describe the second decade of life. Since then adolescence has been considered a very turbulent period. They run after excitement, thrills, stirring action and great exploits. Extremism seems to be on the air. Even the mannerisms and gestures of film stars and cricket players enthuse them.

CHARACTERISTICS

It is well recognized that childhood and adolescence are periods of intense psychological growth and development and often involve many crises, much instability, inner turbulence and behavioral deviance. These can adversely affect the development of an individual into a healthy adult (Table 1.1).

Table 1.1: Characteristics of adolescence

- A transitional stage
- Peek intelligence and stamina
- Confused about identity
- Never accepts without interrogation
- Loves liberty
- Tries to seek attention by any means
- Emotional instability
- Lack of self control

Change in Physical Stature

1. Emotional changes
2. Changes in thinking and behavior
3. Secondary sexual changes.

Early Adolescence

- Self concern and consciousness increase and morally they may think, right and wrong, as absolute and unquestionable.
- Self-awareness centers around external characteristics, and may feel that others are staring at them.
- Self-esteem increase in boys but may decrease in girls due to assigned gender roles in society involving inequalities in power and prestige.
- Separation from family and increasing involvement with peers occur during this period.
- Changes occur in the cognitive development, from the concrete operational thinking (believing only what he/she can see, hear or touch) to formal logical operations (can understand concepts better)
- Secondary sex characters appear along with rapid physical growth.
- Ejaculation usually occurs at this time first during self-stimulation and later in sleep.
- They tend to socialize among the same sex group and role models usually are from out side home.

Middle Adolescence

- Growth spurt in girls is by 11.5 years and in boys' 13.5 years and growth stops at 16 years for girls and 18 years for boys.
- With menarche, sexual maturation is dramatic (age of menarche is decreasing due to good nutrition and less physical activity).
- Before menarche clear vaginal discharge can occur.
- In boys spermarche occurs.
- Biologic maturation and social pressures combine to determine sexual activity in this stage.
- They gain knowledge about various aspects of sexuality like risk of pregnancy; STD's, AIDS from, peers and from newspapers, television and radio, parents and teachers.

- In the cognitive aspect may question and analyze extensively.
- The peer group exerts less influence over dress activities and behavior.
- They become distant from parents, redirecting emotional and sexual concept energies towards peer relationships and the need to belong to same sex group decreases.

Late Adolescence

- In late adolescence somatic changes are modest, even though changes in breast, penis and pubic hair can occur.
- Sexual experimentation tends to decrease.
- Cognition tends to be less self-centered with increasing thoughts about concepts of justice and history.
- They are often idealistic but may be absolutists and intolerant of opposing views.
- Intimate relationships are also an important component of identity for many older adolescents. They involve love and commitment than superficial relations (Table 1.2).

Ego, Fads, Anxiety
Mob Mentality, Mood Changes
Hostility to parents, Idealistic/Moralistic
Can't accept rejection, Interest in opposite sex
Dependence on friends

Table 1.2: Stages of adolescence

Change	*Early*	*Middle*	*Late*
Growth	Secondary sexual characteristics appear, growth accelerates and reaches a peak	Secondary sexual characteristics advanced, growth slows down, approximately 95% of adult stature attained	Physically mature

ADOLESCENT GROWTH PATTERNS

Velocity of growth is different in different periods of life. It is high during the first years of life, then slows down and again reaches its peak during the adolescent years. With the onset of puberty there is adolescent growth spurt. Increase in general growth rate with growth of skeleton, muscles and viscera.

This is the most rapid period of growth with gains of 19 gm/day in boys and 16 gm/day in girls. The gain in height is about 27-29 cm in boys and 18-23 in girls and stops with epiphyseal closure. Weight gain is 25 to 30 kg in both sexes. The skeletal growth is completed in adolescence—50 percent of adult bone mass and 20 percent of the body stature is acquired during this period. Each one cm gain in height needs 20 gm of calcium. The bone growth is mainly cortical growth.

At the cessation of growth boys are taller than girls, although in the early adolescents the girls are taller.

Body segments grow at different rates at different stages of puberty.

- Legs begin to grow earlier than the trunk
- Hands and feet grow at a faster rate
- The shoulders widen in boys
- The hips widen in girls.

Weight and Height

It is the growth hormone, which play a major role in growth spurt.

Pubertal height spurt begins at an average age of 12 years for girls and 14 years for boys

About 25 percent of adult weight is gained during this period.

Usually the more distal parts of the limbs (feet and hands) grow faster first. This accounts for the awkward appearance of adolescents;

E.g: Foot accelerates first followed by calf and thigh

E.g: Hands, forearms, followed by upper arms.

Target Height Gain of Adolescents

Mid parental height (MPH) is approximately the average final height expected in a child. It is calculated as follows. The target height of the child can be calculated roughly from the mid parental height.

$$\text{Girls} = \frac{\text{Mother's height} + \text{Father's height}}{2} - 6.5\text{cm}$$

OR

$$\frac{(\text{Father's height in cm} - 13) + \text{Mother's height in cm}}{2}$$

OR

$$\text{Boys} = \frac{\text{Mother's height} + \text{Father's height}}{2} + 6.5\text{cm}$$

OR

$$\frac{(\text{Mother's height in cm} + 13) + \text{Father's height in cm}}{2}$$

There are two important processes that contribute to the physical manifestations during this period; adrenarche and gonadarche. Adrenarche normally occurs between 8-10 years of age with increased androgen secretion from the hypothalamus and pituitary glands. Gonadarche is initiated by the hypothalamus that secretes gonadotrophine releasing hormone. The exact age of adrenarche and gonodarche depends on factors such as heredity and nutrition and whether the baby is a boy or girl.

ADOLESCENT GROWTH FAILURE

Never noted in time because after early childhood nobody bothers to monitor growth.

Causes for Growth Failure

Normal variation—need only reassurance
Pathologic—due to genetic, chronic illness, nutritional problems and endocrine problems need to be detected early and given proper management. Growth failure resulting from reduced nutritional intake is also a major community health problem.

The adolescence is the second and perhaps the last chance for nutritional rehabilitation and prevention of future risks like growth failure, psychological problems, birth of low birth weight babies and so on.

2 Reproductive and Sexual Growth

PUBERTY

Puberty, from the Latin word 'pubarche' meaning "the age of manhood" is a period in the development of the individual that is characterized by the beginning of the functioning of sexual organs. Puberty signifies sexual maturity; pubescence refers to the change that result in sexual maturity.

In determining the age of puberty, the widely accepted procedure is to divide the age into three subdivisions:

1. The prepubescent, or immature stage, when body changes are taking place but the reproductive function is not yet developed.
2. The pubescent, or maturing stage, when bodily changes have reached the point where sex cells are produced in the sex organs, though the body changes are not complete.
3. The post-pubescent or mature stage, in which the sex organs are functioning in mature way and the secondary sex characteristics or physical features, which distinguish the two sexes, are well developed.

The generally accepted average age for sexual maturity is 12 for girls and 14 for boys, immediately following the period of most rapid growth (growth spurt). Consequently, the age of puberty may be established by determining the period during which the person grew most rapidly.

GROWTH SPURT

The term refers to the accelerated rate of increase in height and weight that occurs with the onset of puberty. In boys the growth spurt may begin as early as 10½ years or as late as 16 years. For average boy, rapid acceleration of growth begins at about 8, reaches a peak rate of growth at about 14, and then declines. In girls, the adolescent growth spurt may begin as early as 7½ years or as late as 12. Variations are likely to happen (Boxes 2.1 and 2.2; Fig. 2.1).

Sex Characteristics

Primary Sex Characteristics

- For girls, the marker event is the beginning of menstruation.
- For boys, the marker events are genital growth and first ejaculation.

Secondary Sex Characteristics

- Breast development and addition of body fat are secondary sex characteristics for girls. These developments change the contour and shape of the body. Boys' voices deepen and their shoulders broaden. Both boys and girls develop body hair - pubic hair.
- The major events of puberty in females include the beginning of breast development, the appearance of pubic hair and menarche (first period).

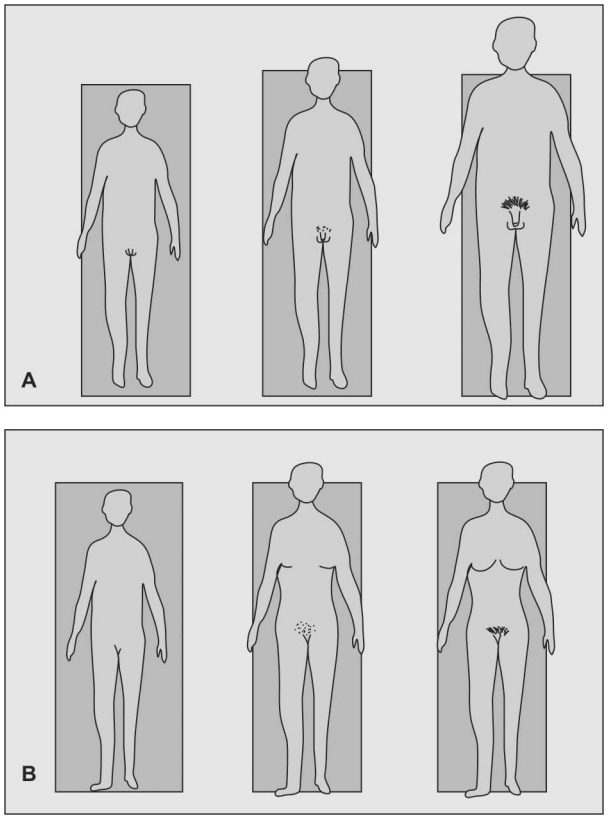
Box 2.1: The girl

In girls growth spurt is in the following order:

- Selective fat deposition resulting in a feminine contour.
- Breast development—Enlargement of breasts, areola and nipples.
- Development of the pubic hair—Growth of hair in the armpits and around external genital organs.
- Peak growth velocity—Increase in height, weight, widening of the hips.
- Sweat glands become more active and acne may appear.
- Menarche—Onset of menstruation.
- Clear or whitish vaginal secretions.

Box 2.2: The boy

In boys growth spurt is in the following order:
- Body more muscular.
- Increase in amount of bodily and facial hair.
- Moustache begins to appear.
- Voice becomes deep.
- Grow hair in the axilla, chest and around sex organs.
- Onset of nocturnal emission.



Figs 2.1A and B: Growth spurt of adolescent boy and girl

THE MALE

Puberty

Sequence of pubertal maturation is predictable, but the rate at which the events occur is highly variable. Generally, the onset of puberty begins between the ages of 10 or 11.

Onset of puberty is consistently 2 years later in boys than in girls.

Onset of puberty ranges from age 10 to 14.

Sequence of Changes

Growth of Testes and Scrotum

- Onset of puberty is marked by the initial enlargement of the testes.
- Growth of testes and scrotum usually begins between the ages of 10 and 13½ years.
- Development remains in progress through most of puberty and it is completed sometime between the ages of 14½ to 18 years.
- Along with increasing growth of the testicles, reddening and wrinkling of scrotal skin occurs.
- Testes are the male reproductive glands that produce sperm and the male hormones.
- Unlike ovaries, the testes do not contain all the sperms that will be produced.
- From puberty on, the testes continuously produce sperm generating billions in the course of an adult lifetime.
- Unlike ovaries decline in testicular function is far more gradual than ovaries in terms of both sperm and hormone production.

Pubic Hair

- Usually an early event of puberty, this occurs between the ages of 10 and 15.
- Pubic hair becomes darker, coarser and curlier as it spreads over the scrotum and higher up the abdomen (Fig. 2.2).

First Ejaculation

- As the penis enlarges, the adolescent male may begin to experience erections. When the body fantasizes about sexual things, the penis becomes

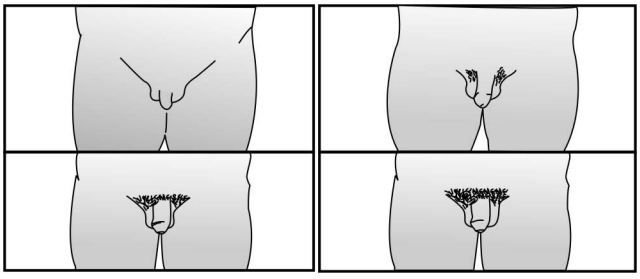


Fig. 2.2: Growth of pubic hair in males

hard and erect as it gets filled with blood, which occurs as a result of hormonal change.
- This usually occurs about a year after testicular growth.
- The average age of first ejaculation is 14.6 years of age.

Growth Spurt—Arms, Legs

- Age for completion of this growth spurt ranges from 12.5 to 16.5 years.
- A late developer may begin to wonder whether he will ever develop his body properly or be as well endowed sexually as others.
- Height spurt occurs relatively later in boys than in girls between ages of 11 and 13 years.
- Average age for increase in height is age 14.
- A short adolescent male whose genitalia are beginning to develop can be reassured that acceleration in height is soon to take place.
- In the year in which a boy grows the fastest, he normally add from about 3 to 5 inches to his height.
- The legs as a rule reaches its peak growth first.
- The spurt in trunk length follows almost a year later.
- Leg growth itself is not uniform. The foot accelerates first followed by the calf and thigh (more distal parts of the limbs grow faster first).

Voice Change—Growth of Larynx

Deepening of the voice result from the enlargement of the larynx. This occurs relatively late in adolescence and often as a gradual process. Voice change undergoes two stages. Some early voice changes occur prior to the first ejaculation. Transition into a deep tonal voice comes after the appearance of axillary hair and the period of maximum growth.

Underarm and Coarser Body Hair

These generally appear a couple of years after the growth of pubic hair. Increased body and facial hair accompany this change.

Oil and Sweat Glands Activated

Appearance of acne and development of body odour, which are common concerns for many adolescents, is a result of this change. Increased production of androgen hormones accompanying puberty in both sexes leads to an increase in skin thickness and stimulates the growth of sebaceous glands (small glands in the skin which produce oil). Often these small glands grow more rapidly than the ducts that lead to the surface of the skin resulting in clogged pores, inflammation, and infection with the appearance of blackheads and pimples.

Facial Hair—Beard

This is an important event because of its social implications as a symbol or badge of manhood. Facial hair begins to grow at about the time the axillary hair appears. There is a definite order in which the hair (moustache and beard) appear: The first facial hair to grow is that at the corners of the upper lip spreading later to form a moustache over the entire upper lip. This is followed by the appearance on the upper part of the cheeks and the area under the lower lip. It eventually spreads to the sides and lower border of the chin and the rest of the lower face.

THE FEMALE

Puberty

Begins between ages of 8 to 12 and ends around age 16 or so
- It takes approximately 3-5 years to complete this stage of growth.
- Onset of puberty is consistently 2 years earlier in girls than in boys. Girls reach full height about 2 years earlier than boys.
- Females are born with slightly more mature skeletons and nervous systems and gradually increase this development lead throughout childhood.
- Biological changes vary in time of onset and duration, yet these changes fall into definite and predictable patterns.

Earlier sexual maturation of females is one reason why males are about 10% taller as adults; by virtue of maturing later, males have more time to continue growing.

Sequence of Changes

- Breast budding
- Lobule development takes place between the ages of 10 and 25. Each breast contains fifteen to twenty subdivided lobes of glandular tissue.

Glandular development occurs between the ages of 13 and 45. The glandular lobes are surrounded by fatty and fibrous tissue, giving a soft constituency to the breast. Each of the clusters of glands has a separate duct that opens to the nipple. The nipple is located at the tip of the breast and mostly consists of smooth muscle fibers and a network of nerve endings (Fig. 2.3). The dark wrinkled skin of the nipple extends onto the surface of the breast to form areola, a circular area of dark skin with many nerve fibers and with much muscle fibers that causes the nipple to stiffen and become erect (Fig. 2.4).

It is not unusual for one breast to develop faster than the other. An adolescent girl may worry about the asymmetry that results, especially if she does not know that the difference is usually corrected by the time development is completed. A certain amount of preoccupation and self-consciousness is quite common.

Growth of Bony Pelvis

- Girls at birth already have a wider pelvic outlet so that the natural adaptation for child-bearing is present from a very early age.

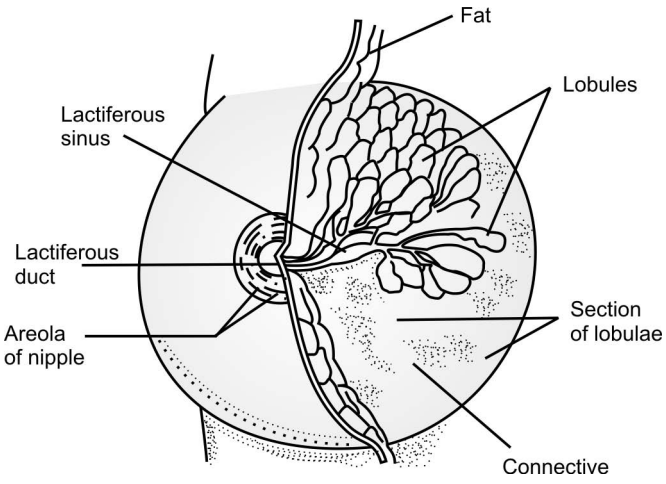


Fig. 2.3: Breast anatomy

- This change primarily involves the widening of the pelvic inlet and broadening the much more noticeable hips.

Growth Spurt

This usually starts at about age 10½ (may begin as early as 9.5 years) and peaks at age 12. Growth spurt usually ends at around age 14. Any further noticeable growth in stature stops at age 18 and at the end of the growth spurt, the average girl of 14 has already reached 98% of her adult height.

The first menstrual period invariably occurs after peak height velocity is passed (usually 1 year), so that a girl can be reassured about future growth if her periods have begun.

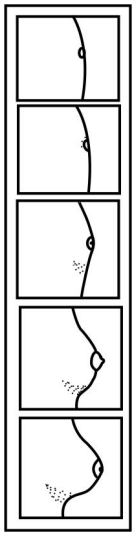


Fig. 2.4: Breast development

Pubic Hair (Fourth Change)

Pubic hair begins to grow between the ages of 11 and 12 (11.6-14.4) on the average.

The growth is completed by age 14. Kinky pubic hair appears after the period of maximum growth in height (Fig. 2.5).

This development is a sign that first menstruation is approximately 6 months to 1 year away. Axillary hair appears on the average some 2 years after beginning of pubic hair growth.

First Menstrual Period or Menarche

- One lingering misconception - many people think menstruation marks the beginning of puberty when actually it is one of the later events to characterize this stage of life.
- Generally age range for menarche may vary from 9-16 years.
- This usually begins 2 years after the start of breast development (occurs after peak of growth spurt in height).
- First menstrual cycles may be more irregular than later ones.

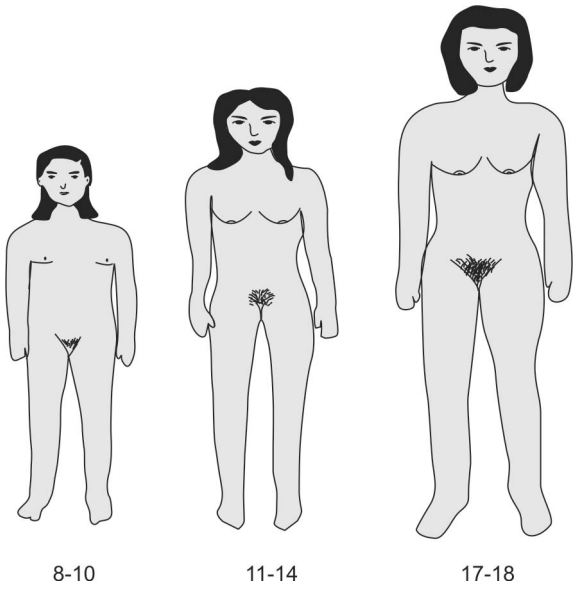


Fig. 2.5: Growth of pubic hair in females

- There may be a lag in time of 1 year to 18 months before ovulation becomes well established (however, this cannot be relied upon in the individual case).

The present trends shows that:

Successive generations have been generally getting taller and attaining puberty at progressively earlier ages; While in 1900, the average age for first menstrual period was 14 years, today the average age is 12.8 years—a development which is attributed to factors such as better nutrition and health.

Underarm Hair and Coarser Body Hair

While this development is expected, the ultimate amount of body hair an individual develops seems to depend largely on heredity.

Oil and Sweat Producing Glands

The activation of glands cause the following:

- Appearance of Acne
- Body odour.

Completion of the Growth of Uterus and Vagina

Although these starts developing early, their growth is the last to be completed.

The musculature wall of the uterus becomes larger and elaborate.This is designed to accommodate fetus during pregnancy as well as to expel it during child birth. Cyclical changes occur in its lining (endometrium). The vagina becomes larger and its lining grows thicker. Vaginal contents, which are alkaline at the beginning of puberty, become acidic at this stage. At birth, the ovaries are a fairly complete organ. It contains about half a million immature ova—each one capable of becoming a mature egg. These follicles remain immature until puberty when ovulation begins. At puberty, the follicles start maturing into eggs in monthly cycles.

3 Male and Female Reproductive System

MALE REPRODUCTIVE SYSTEM

A male child is born with the external sex organs, that is, the testes (singular-testis) and the penis; and the internal sex organs, that is the vas deferens, seminal vesicles, and prostate. These comprise the primary sex characteristics of the male.

The male reproductive organs thus include the testes or male gonads (located in a bag called the scrotum), the epididymis, (singular: epididymides) the vasa deferentia (singular: vas deferens) or the sperm ducts, the seminal vesicles, the prostate gland, and Cowper's gland (bulbourethral gland) (Fig. 3.1).

During adolescence (12 to 18 yrs) the hormones of the pituitary gland and the testes are responsible for the development and the maintenance of the secondary sex characteristics of the male.

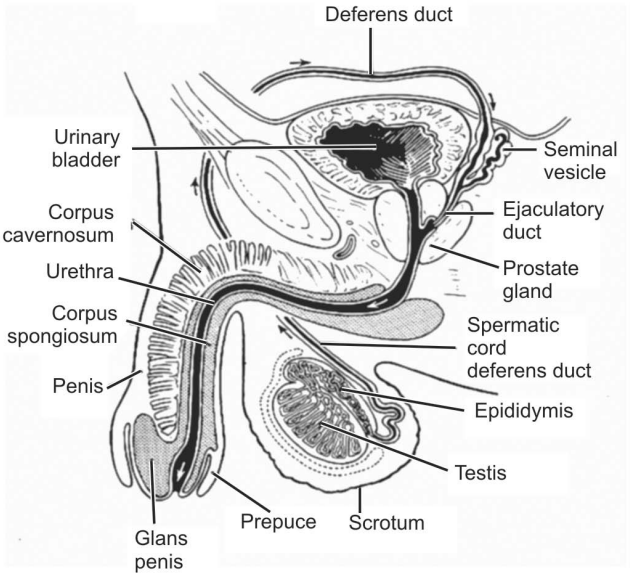


Fig. 3.1: Structure of male reproductive system

The Testes

- These are two in number and are approximately equal in size.
- They are oval shaped and slightly larger than a golf ball. Usually, the left testis hangs somewhat lower than the right. The weight of the testes decreases with old age.

The Orchidometer—to Assess the Size of Testes

The orchidometer is a device used by doctors to measure boys' and adult males' testicles. It is a series of egg shaped plastic balls on a string, which the doctor compares to the testicle size while he has a feel around.

The numbers inside the testicles represent the equivalent volume in milliliters of the testicle of the length and width shown in the Figure 3.2. Generally an adult male would have testicles of size 16 - 25 milliliters in volume (about an inch and a half in length).

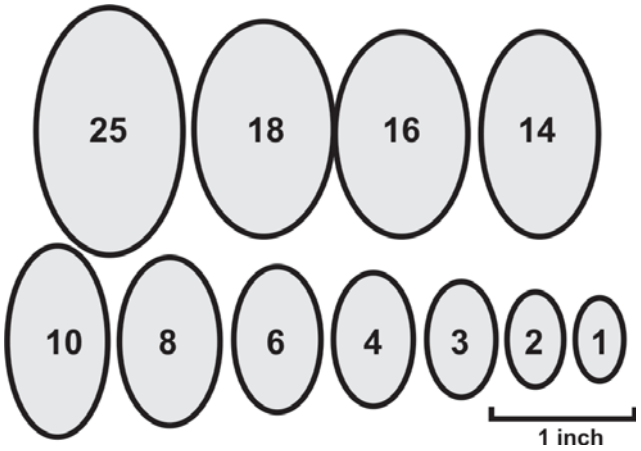


Fig. 3.2: Orchidometer

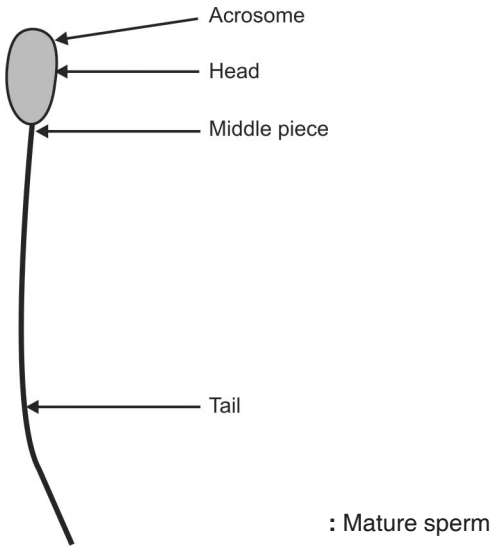
Functions of the Testes

The testes thus has two main functions:

Sperm production A sperm cell or male gamete unites with an egg cell or ovum to form the beginning of a baby.

Sperm cells are produced in the seminiferous tubules of the testes. The sperm cells take about 74 days to be formed. Sperm production usually begins at about the age of 12 years, but the ejaculation of mature sperm(seminal emission) usually occurs after the age of 13 years (Fig. 3.3).

The man's testes continue to produce sperm cells until the end of his life, if he is healthy. Sperm production may temporarily drop on account of stress or tension—physical or mental, living at very high altitudes, exposure to radiation, or due to high fever.



: Mature sperm

Scrotum

The testes are located in a loose bag of skin called the scrotum which hangs outside the trunk of the body between the thighs- The temperature in the scrotum is 1.5 to 2°C below body temperature, which is ideal for sperm production. This is because sperm cannot be effectively produced at body temperature. Thus, in case of high fever the sperm production drops temporarily.

The scrotum regulates its temperature by sweating freely as it contains many sweat glands. It also contains muscles (cremasteric muscles) that contract when it is cold, bringing the testes closer to the body and consequently increasing their temperature. The muscles relax during hot weather, lowering the testes away from the body and consequently reducing their temperature.

Epididymis

The seminiferous tubules in the testes join together to form the epididymis. These are two comma-shaped tubes, each found at the upper end of the testes. A small quantity of sperms is stored in them.

Vas Deferens

The epididymis leads into the vas deferens (also referred to as the sperm tube). The sperm tube (one from each testes) is about 45 cm long. From the scrotum, it enters the abdomen and then the ejaculatory duct in the penis. Most of the sperm produced are stored here.

Surgical sterilization of the male, i.e. vasectomy, is performed on the vas deferens. It is a simple surgical procedure in which the two vasa deferentia are cut and tied at the region before they enter the abdomen. This prevents the passage of sperms up the vas deferens and out of the ejaculatory duct. Except for this prevention of the passage of sperms, a vasectomy does not interfere with ejaculation or other functions of the reproductive organs. Note that the man is still able to produce semen though it contains no sperms.

Seminal Vesicles

These are two glands whose ducts or tubes join the vas deferens, one on each side. During ejaculation the seminal vesicles add fluid secretions which constitute the semen. The fluid is made of fructose, a simple sugar that provides nutrition for sperms.

Ejaculatory Duct

The vas deferens along with the duct from the seminal vesicle forms the ejaculatory duct. It is a short straight tube that passes into the prostate gland to open into the urethra.

Prostate Gland

The prostate gland is pyramidal in shape and is made up of glandular tissue. It lies just beneath the bladder. The prostatic fluid neutralizes the high acidity exhibited by the vagina and makes it conducive to sperm movement.

Bulbourethral or Cowper's Gland

The bulbourethral glands are two small glands that open by ducts into the urethra. Their function is to produce a fluid that lubricates the urethra.

- Urination acidifies the urethra.
- The secretion of Cowper's gland is alkaline in nature and neutralizes the urethra before sperms pass through it.
- The secretions of the bulbourethral glands are often referred to as precoital fluid. Although these secretions usually precede ejaculation, they may contain sperms and thus result in pregnancy.

Penis

The penis is composed of three cylinders, each containing erectile tissue (sponge like tissue that fills up with blood when the male is excited, to cause erection). These three cylinders are bound together by connecting tissue giving the outward appearance of one cylinder. This cylinder ends in a cone- like expansion called the glans penis. A circular fold of skin called the foreskin (prepuce) covers the glans. A number of small preputial glands located here discharge their secretions into the glans penis. These secretions accumulate on the glans as a smelly cheese-like substance called smegma. If the glans is not cleaned regularly, the smegma can trap germs leading to infection.

Urethra

This is a tube from the urinary bladder which passes through the prostate gland where it is joined by the ejaculatory duct. The urethra then passes through the penis to the outside.

The urethra is a common passage or outlet for:

- Urine
- Alkaline liquid from Cowper's glands
- Semen (sperms + seminal fluid).

During ejaculation the opening from the urinary bladder is normally closed by a reflex action of the nervous system. Prior to the passage of sperms, the acidic effect left by urination in the urethra is neutralized by fluid from Cowper's glands.

Semen

This is the male ejaculation fluid, which consists of:

- Sperms
- Secretions from the seminal vesicles
- Secretions from the prostate gland.

The sperms constitute only a small portion of the semen.

Ejaculation is the process in which the penis throws the semen out of the body. During early adolescence ejaculation will occur in sleep, stimulated by a sexual dream. Hence, it is referred to as a night emission, noctural emission, or a wet dream.

Sperms

These are the male reproductive cells or gametes. Each sperm is very small and microscopic.

Sperms use their tail to move vigorously in a liquid alkaline medium. Acidity destroys sperms. They have a life span of about 48 hours after being deposited in the female genital tract (Fig. 3.4).

Male Reproductive Role

This is two-fold, namely

- To produce sperms
- To transfer sperms to the female reproductive system.

Sperms can be introduced into the female reproductive system by an erect penis. During sexual excitement, the arteries of the penis enlarge allowing

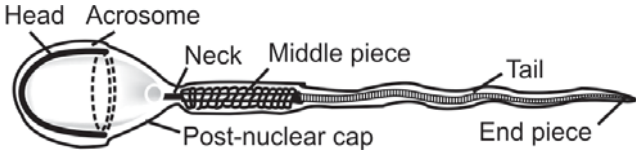


Fig. 3.4: Anatomic structure of sperm

blood to rush into its sponge-like tissue. Simultaneously, the veins get constricted (become narrow) preventing the blood from the penis from escaping. Thus the penis becomes erect for entering the vagina. Following insertion of the penis into the vagina, the stimulation caused by rhythmic movements of the penis results in the ejaculation of sperms.

Castration

The process of removing the testes is called castration. It is practiced in many societies. If the testes are removed before puberty the male will not achieve all the secondary sexual characteristics of a normal male with the testes intact. If the male is castrated after puberty, the adult sexual characteristics already acquired will tend to become less prominent and diminish.

Castration may also involve removal of the penis. Castration is used as a punishment for sexual offences in some countries.

EXTERNAL FEMALE GENITAL STRUCTURES

The external female genital structures also known collectively as the vulva, consist of:

- Mons veneris (mount of venus)
- Labia majora (outer lips)
- Labia minora (inner lips)
- Clitoris
- Vestibule of the vagina
- Greater vestibular glands or Bartholin's glands

FEMALE REPRODUCTIVE SYSTEM

A female child is born with internal and external reproductive organs. The internal organs are situated in the pelvic region, i.e. the lower part of the abdomen. These internal reproductive organs include the ovaries or female gonads, oviduct or fallopian tube, uterus, and vagina, while the external genitals include the vulva (Fig. 3.5). These organs with which the girl is born comprise the primary sex characteristics of the female. At birth it is the absence of the penis and the presence of labia that distinguish a girl child from a boy child.

During adolescence (between 10 and 15 yr) the hormones of the pituitary gland and the ovaries are

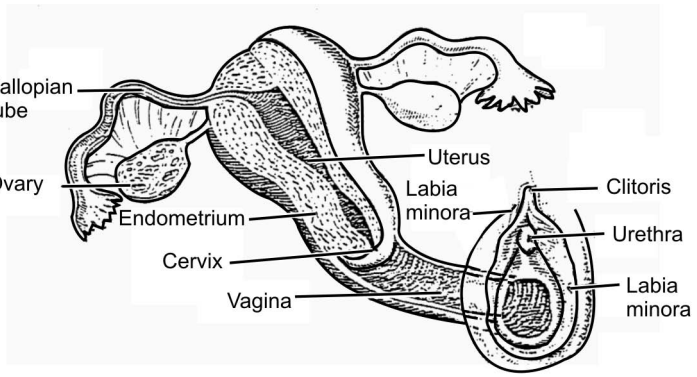


Fig. 3.5: Structure of female reproductive system

responsible for the development and the maintenance of the secondary sex characteristics of the female.

Ovaries

These are two in number, approximately the size and shape of an almond. They are situated in the pelvic region, one on either side of the uterus and below the fallopian tube.

Functions of the Ovary

- To produce ova
- To secrete the female sex hormones.

Ova production: The maturation and release of the ovum from the Graffian follicle usually starts a year or two after the beginning of menstruation and continues until the end of the woman's childbearing years. The first menstrual cycle is known as the menarche and the cessation of menstruation is called menopause.

One ovum usually matures every month in the ovaries, alternately. However, sometimes two or more ova may mature and be released simultaneously (Fig. 3.6). If a girl begins ovulating at the age of 10, reaches her menopause and stops ovulating at the age of about 50, she will produce ova for 40 years except during pregnancy.

Fallopian Tubes

These two tubes begin as trumpet-shaped structures lying close to their respective ovaries. These tubes open on each side into the upper end of the uterus. They are also known as uterine tubes or oviducts.

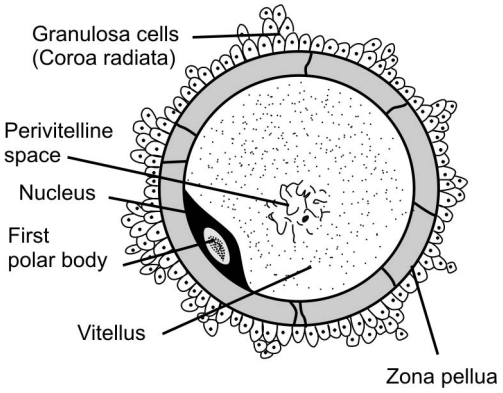


Fig. 3.6: Maturation of ova

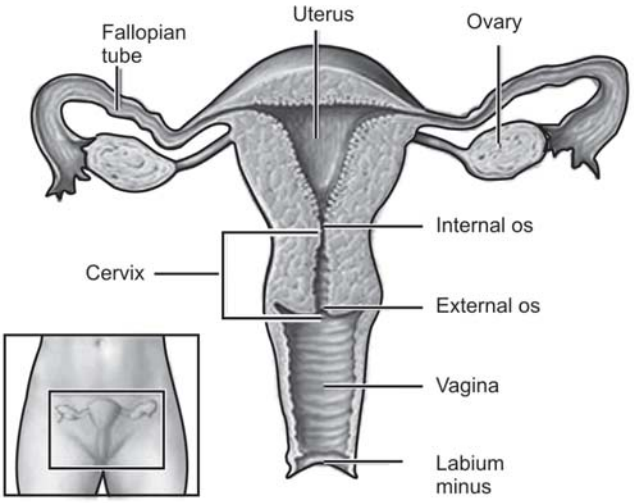


Fig. 3.7: Structure of uterus

When ovulation occurs, the outer end of the fallopian tube picks up the ovum and draws it into the tube. The ciliary movement of the inner lining of the fallopian tube pushes the ovum towards the inner end of the tube and into the uterus. An ovum cannot move on its own unlike the sperm. It takes 3 to 7 days for the ovum to reach the uterus.

Uterus

This is also called the womb. It is a hollow, muscular, pear-shaped pouch located in the pelvic cavity between the bladder and the rectum. During pregnancy, the uterus expands and reaches its largest dimensions to accommodate the full-grown fetus.

The uterus narrows into a neck called the cervix. The cervix opens into the upper end of the vagina or the birth canal (Fig. 3.7).

Vagina

This is a muscular tube extending from the cervix to the external genital structures. It is situated behind the urinary bladder and in front of the rectum. The vaginal wall is made up of:

- An inner mucous lining with numerous blood vessels
- A muscular layer
- An outer elastic fibrous layer.

The soft collapsed walls of the vagina can accommodate a penis of any size during intercourse. The numerous folds in the vagina tend to smoothen out as the woman bears children and later during old age.

The vagina serves as:

- A passage way for the menstrual flow
- An organ of intercourse for females
- A passage for the arriving male sperms
- A canal through which a baby is born.

Hymen

This is also called the 'maidenhead' because it is assumed by many that all maidens should have a hymen. It is a membrane that stretches across the opening of the vagina. This membrane varies in thickness and extent and is sometimes even absent. In the center of the hymen is a circular opening (Fig. 3.8).

It is through this opening that the menstrual flow leaves the vagina and that a tampon or internal protection is inserted. In rare cases, there is no opening in the hymen and the menstrual flow is blocked. Medical assistance is needed in such a situation. If the hymen is present, it will usually rupture and tear at several points during the first intercourse, this is accompanied by slight bleeding and discomfort. The hymen can also be ruptured during strenuous exercise and activities such as riding or cycling. Hence absence of a hymen does not mean lack of virginity.

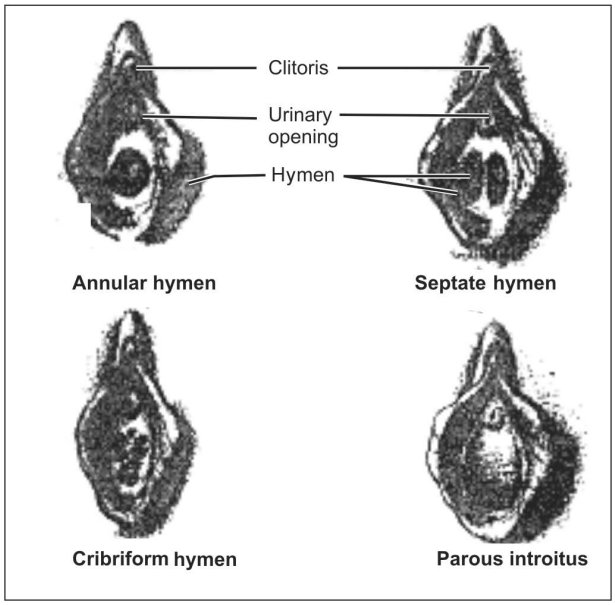


Fig. 3.8: Types of hymenal membranes

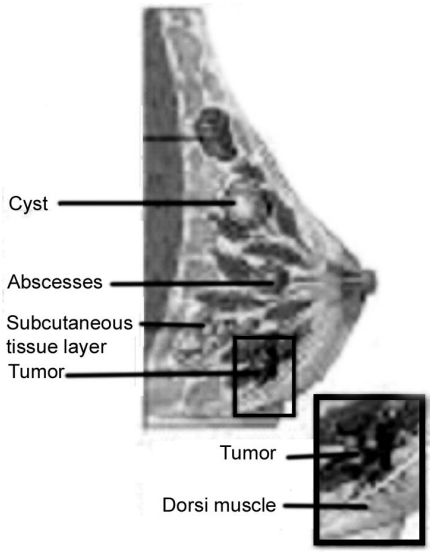


Fig. 3.9: Anatomic structure of breast

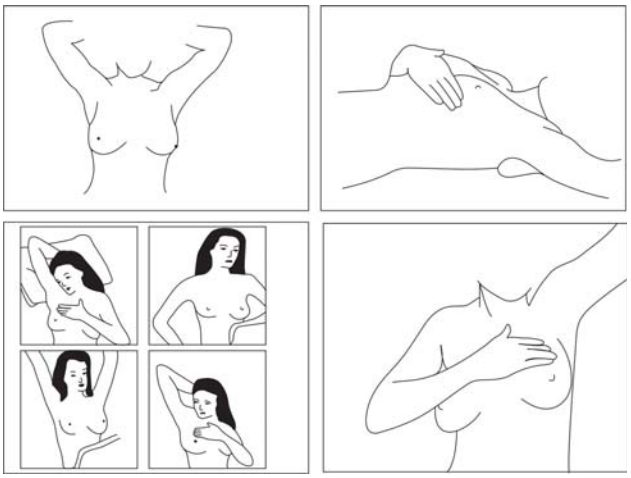


Fig. 3.10: Self examination of breast

Female Reproductive Role

- To produce ova
- To receive the male sperms in the vagina
- To be ready each month of her fertile life (between menarche and menopause) for her uterus to receive an egg if it is fertilized
- To conceive and carry the fetus to its full term
- For the sperm and ovum to meet naturally, peno-vaginal intercourse has to occur.

Breasts

Breasts are also called mammary glands. They are present in both males and females. The female breast, however, differs from that of the male in two ways. The female breasts:

- Have milk glands and milk tubes which open into the nipple.
- Enlarge with deposits of fat during the adolescence stage. They become soft and rounded with a prominent dark area surrounding each nipple (Fig. 3.9).

The weight of the breasts needs an external support. This can be provided by a firm bodice or a brassiere to avoid sagging. During menopause the breasts lose their elasticity and sag.

Functions of the Breast

Basically breasts serve as feeding bottles for infants. After childbirth the milk produced by the breasts provides nourishment for the baby. During breastfeeding the baby sucks on the nipples and gets its nutrition. Remember the breast do not sag because of feeding.

The breasts are sensitive to sexual stimulation. The sensitive nipples give a pleasurable response by becoming firm and erect

Care of the Breasts

Breasts have to be self-checked for any irregularity that may require medical attention. Breast examination should be done (Fig. 3.10).

- Regularly and systematically every month
- Especially after the periods on the same day of the cycle each month, when the breasts are at minimum fullness.

4

Menstruation

INTRODUCTION

Menstruation occurs when the lining of the uterus (the endometrium) begins to slough off the walls and slowly pass out of the body through the vagina.

The first menstruation may begin before ovulation takes place (and ovulation may take place before the first menstruation).

The menstrual flow is quite slow and gradual. The first sign of menstruation will be a small spot of discharge, not a "gushing" (as mentioned earlier, the teacher should make a special effort to alleviate the common fear that a large amount of blood will gush out).

The first periods are often very irregular. It is not uncommon to skip a month or to have periods close together.

Length of periods varies from two days to a week. Gradually, a regular cycle will be established: but it is still quite normal and common during the teen years to have irregular periods.

PHYSIOLOGY OF MENSTRUATION

The menstrual cycle recurs regularly from puberty to menopause except when pregnancy intervenes. There are three main phases and they affect the tissue structure of the endometrium, controlled by the ovarian hormones (Fig. 4.1).

1. *The menstrual phase*: Characterized by vaginal bleeding lasts for 3 to 5 days.
2. *The proliferate phase*: Follows menstruation and continues until ovulation. This phase is under the control of estrogen and consists of the regrowth and thickening of the endometrium.
3. *Secretory phase*: Follows ovulation and is under the influence of progesterone and estrogen from the corpus luteum.

The accepted standard cycle length is 28 days (23-35 days). The follicular phase of the menstrual cycle is usually more variable than the luteal phase, which is usually 14 days long, plus or minus 2 days. Most menstrual cycle lengths vary slightly in the same woman.

Irregular menstrual cycle length associated with anovulatory cycles is common in the first year after menarche and last years of reproductive life. However, it is not unusual for otherwise normal women to occasionally have an anovulatory cycle of a different length than her usual cycles. Such a cycle may be associated with illness, stress, travel, exercise or weight loss.

OVULATION

One of the things that happen during puberty is the production of hormones by the ovaries.

Estrogen is the female hormone that causes the changes during puberty; physical growth, development of the ovaries, breast development, body hair and body contours.

Each month an ovum (egg cell) matures and ripens. At the same time, the lining of the uterus (endometrium) builds up preparation for a fertilized egg. The ovum takes a four to six day trip down the fallopian tubes into the uterus. Occasionally, two or more ova are released at the same time. If the egg is not fertilized, the uterus will know that the endometrium is not needed (Fig. 4.2).

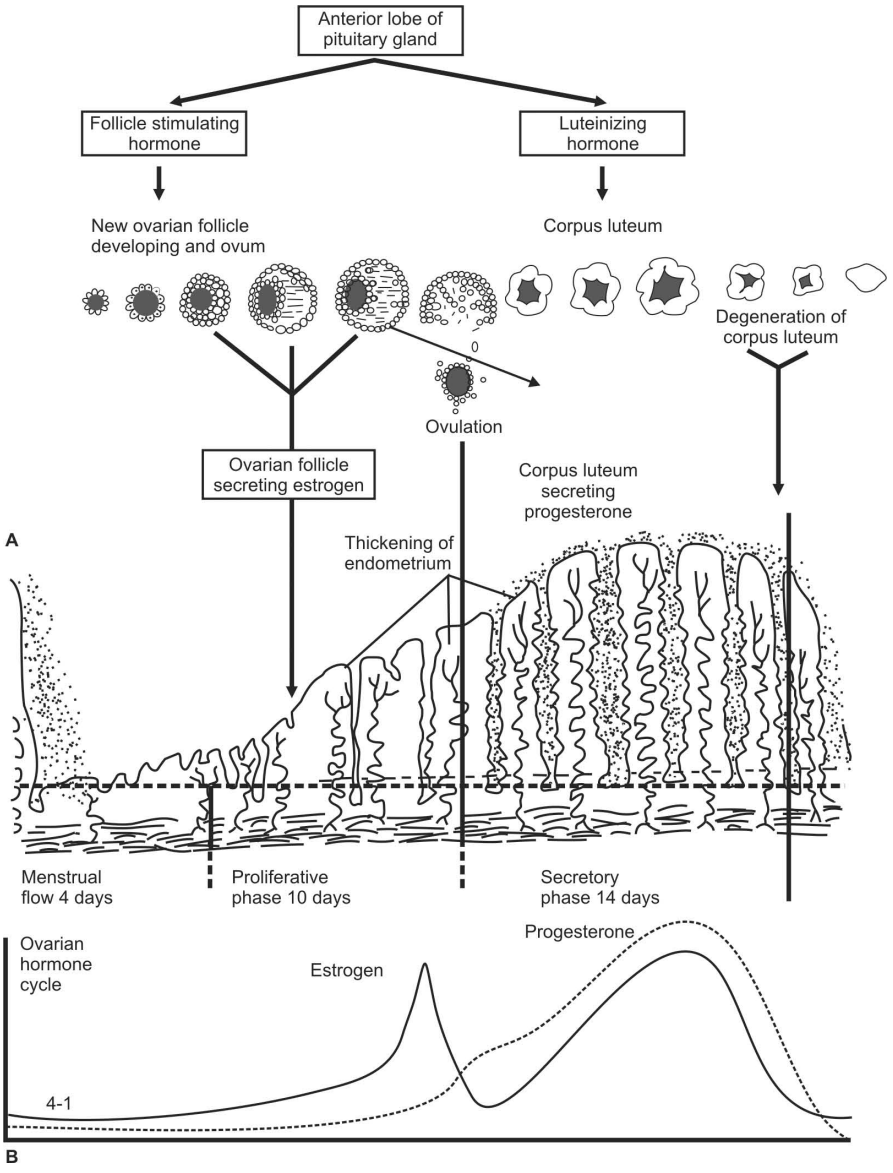


Fig. 4.1: Physiology of menstruation cycle

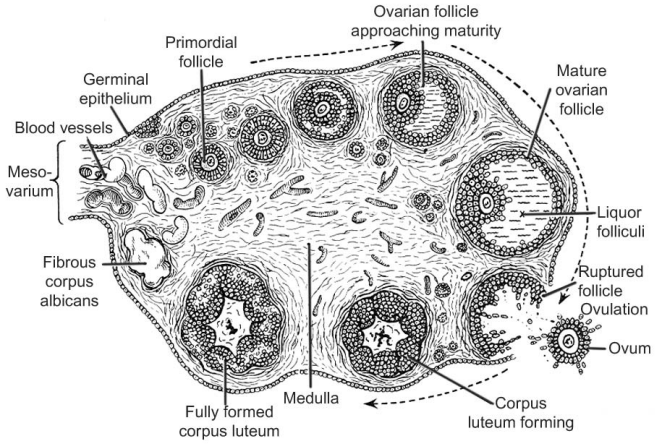


Fig. 4.2: Ova production and release

NORMAL PERIODS

- Normal duration of the cycle varies from 23 - 39 days, the mean being 29 days
- There are no clots in the menstrual blood
- Normal duration of flow varies from 2 to 7 days, mean being 5 days.
- Duration more than 8 days should be considered abnormal.
- On an average one will have to change pad thrice a day.
- Irregular periods, decreased or increased flow are all normal during the first few years of menstruation.

Getting your period is a totally healthy, normal part of your life cycle.

PRE-MENSTRUAL SYNDROME (PMS)

A combination of distressing, physical, psychological or behavioral changes which result in deterioration in relationships prior to the onset of menstruation is know as Pre-menstrual syndrome (PMS). The cause for this may be the increase in the extracellular water content throughout the body, probably due to excessive production/release of hormone. No medication is necessary. Awareness and reassurance can help solve the problem.

There are over 150 symptoms associated with PMS and the number and type of symptoms suffered varies from person to person. The commonly experienced ones are:

Headache, bloating, weight gain, skin problems, fatigue, breast tenderness, aggression, and poor concentration. Other symptoms include tension, anger, anxiety, mental confusion, acne, sinus problems, backache, and asthma. Only 5 to 10 percent of the women in a study had premenstrual distress serious enough to interfere with functioning.

What Can be Done to Avoid PMS

- Avoid salty foods, chocolate and sweets
- Regular exercise and
- Take a well balanced diet.

Table 4.1: Menstrual problems

Physical symptoms	*Behavioral symptoms*
Head ache	Anxiety
Malaise	Impulsivity
Fullness of abdomen	Labile mood
Fullness of breast	Irritability
Appetite changes	Depression
Frequency of urination	Hostility

Problems

During the early years of menstruation, when the menses are likely to be quite irregular, a number of girls experience disturbing symptoms in relation to their menstrual periods, although the extent to which these are organic or psychosomatic is often difficult to determine. Among the more common symptoms are headache, backache, cramps and severe abdominal pain. However, in most cases such initial disturbances disappear as puberty progresses and menstruation becomes more regular (Table 4.1).

The problems faced by adolescent girls a few days before or during the menstrual periods are abdominal pain, backache, tension and constipation. While some others may experience systemic symptoms including nausea and vomiting, bloating or fluid retention, head ache, diarrhea, fatigue, dizziness or fainting and nervousness.

Pain generally starts with onset of flow or just before and lasts 1-2 days. Usually occurs as a result of uterine contractions. The pain may be felt in the lower back and pelvic areas often radiating to the inner thighs.

Medication—Is it Harmful?

Simple home remedies can be tried first. However, there is no need to suffer the intense pain in silence. It is advisable to take medicines like prostaglandin inhibitors, which are of proven value and generally without side effects. Long-term usage is not advisable without consulting a doctor.

Remember

Contact local health personnel for any concern regarding menstruation. The family doctor is the best person from whom advice can be sought.

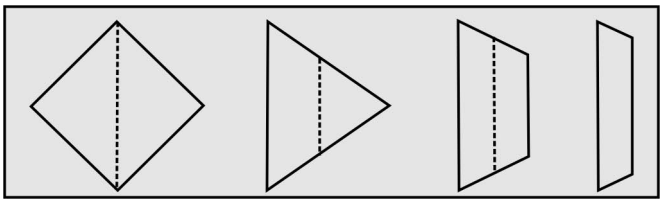


Fig. 4.3: Way to use cloth during menses

How to Use Cloth Properly

Take a clean cloth having half-meter length and breadth; fold the cloth diagonally through the center as shown below, so the central part gets thicker. It can be fitted with a cord tied around the waist (Fig. 4.3).

Menstrual Hygiene

Menstrual hygiene is very important to prevent reproductive tract infections, local itching and bad odour.

- Take bath twice daily and always wear neat sun dried cotton clothes and under garments
- After attending toilet wash with soap and water, the inner thighs and labial folds should be cleaned properly in squatting position
- Use of cloth or sanitary napkin is your personal choice, but make sure to change them frequently depending on the quantity of flow
- Used clothes should be washed well and sun dried before reuse and do not use them for more than three months
- Clothes used should not be too rough or too thick for it may cause irritation and itching
- While using sanitary napkins, always follow the instructions given in the packet
- Before onset of flow it is comfortable to trim the hair around the genitalia—shaving is not recommended.

Good personal hygiene will definitely boost self-confidence.

MENSTRUAL DISORDERS

Absent Menses (Amenorrhea)

Normal (Physiological)

Before puberty, during pregnancy and lactation, post-menopausal period.

Abnormal (Pathological)

Primary amenorrhea It is delay in menarche such that there is:

No menstrual period or secondary sex characteristics by 14 years of age

OR

No menses in presence of secondary sex characteristics by 16 years of age.

Secondary amenorrhea is defined as absence of menses for at least three cycles after regular cycles. The commonest reason for secondary amenorrhea is physiological as in pregnancy. Severe emotional stress, poor nutritional status, certain severe organic diseases and certain psychiatric abnormalities can result in secondary amenorrhoea.

Note:

- Every girl has a right to privacy - but not at the cost of her health - do not hesitate to consult a doctor.
- Reproductive health is most essential for the women to give birth to a healthy normal baby.
- Every woman should have the privilege and opportunity to ensure this.

Polycystic Ovarian Syndrome (PCOS)

Polycystic ovarian syndrome is one of the most common causes of anovulation in the females. It is a silent epidemic, a leading cause of menstrual dysfunction, infertility, recurrent pregnancy loss and is associated with hyperandrogenism, insulin resistance and abnormal hair growth (Fig. 4.4).

In addition to these endocrine dysfunction there are long-term health consequences like increased risk of developing coronary artery disease, type II diabetes and carcinoma endometrium. Menstrual dysfunction forms the commonest gynecological complaint (75-80%) among adolescents, yet are often overlooked. Different menstrual disturbance either in excess (menorrhagia) or defect (oligomenorrhea/Polymenorrhea) which are very common in adolescents, can have an immediate impact on her quality of life

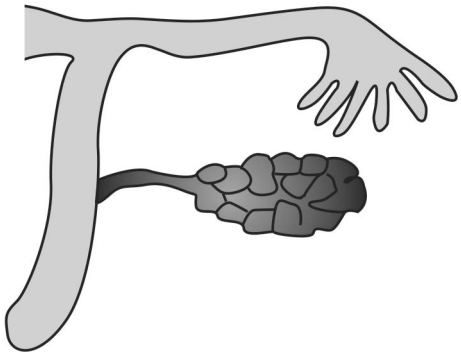


Fig. 4.4: Polycystic ovary

and have significant consequences on her reproductive and metabolic performance during her entire life. PCOS is emerging as an important cause of adolescent menstrual disturbance. As PCOS are associated with reproductive morbidity, early diagnosis is extremely important.

Failure to diagnose early genitourinary infections and inappropriate treatment can result in prolonged morbidity and complications resulting directly from persistent or recurrent infection. Recent reports suggest an association between hyperoesterogenism seen in PCOS and genital infections. Urinary symptoms in adolescents are common, particularly in females. Adolescent UTIs are markers for sexual activity, just as UTIs in younger children are often markers for anatomic defects, e.g. congenital abnormalities. However, this may not be true in the Indian Context

Clinical Features of PCOS

Clinical features include, menstrual dysfunction secondary to chronic anovulation or oligoovulation, hirsutism or acne due to hyperandrogenemia.

Symptoms

Acne, Excess body hair, weight gain/loss, infertility, irregular/No periods

Symptoms that not everyone may have Heat intolerance, Skin itchiness, Headaches, Bowel movement problems.

Table 4.2: The long-term consequences of PCOS

- Infertility
- Recurrent pregnancy loss
- Endometrial hyperplasia
- Endometrial carcinoma
- Increase cardiovascular risk
- Hypertension
- Type II diabetes

Diagnosis

Diagnosis is based on the presence of some or all of the common clinical features, confirmed by ultrasonologic findings and biochemical evidence of endocrine abnormality. Diagnostic tests include ultrasonogram and biochemical parameters. Elevated free testosterone activity, defined by the free androgen index, represents the most sensitive biochemical marker supporting the diagnosis. A raised luteinizing hormone concentration, although a useful marker of the syndrome, is now less favored as a diagnostic tool.

When cells of the body become resistant to insulin it begins to accumulate in the blood and the resultant hyperinsulinemia leads to various symptoms including obesity and disruption in the normal menstrual cycle. This disruption frequently results in anovulation, and in the long run to infertility. The hyperinsulinemia probably directly stimulates ovarian androgen production. In turn hyperandrogenism itself produces insulin—resistance. This positive feedback loops between insulin resistance and hyperandrogenism, propagates the disease and increases severity over time.

PCOS appears to have its origin during adolescence and is thought to be associated with increased weight gain during puberty. The clinical consequences of chronic anovulation are some form of menstrual irregularity ranging from oligomenorrhea (menses every 6 weeks to 6 months) amenorrhea or dysfunctional uterine bleeding depending on the population studied, 16-80% of PCOS are obese (Table 4.2).

There are no reliable data on the prevalence of PCOS among girls in Kerala. There is an increase in menstrual dysfunction among adolescent girls. A pilot study among adolescents who attended the gynecology department of SAT Hospital, Trivandrum has shown that menstrual dysfunction ranked first among

all adolescent gynecological problems and majority of girls were in the age group of 15-18 years. A community-based study conducted by Child Development Center, Trivandrum, among 13-19 year old girls in a rural area near Trivandrum has found 25% prevalence of menstrual dysfunction.

A study in rural Thiruvananthapuram showed that 36.5% of girls having unhygienic practices had urinary tract infection while 41.6% had reproductive tract infections. 45% of the girls reported lesser frequency of urination during menstruation days and 37.7 % of these girls had lower urinary tract infection. An explorative study on personal hygiene and self reported symptoms suggesting reproductive tract infection among 100 women in Pune clearly brought out the possibility of an association between genital hygiene and symptoms suggestive of RTI/UTI. Half the women who did not use water after voiding (48%) and one-third (29%) of those who used homemade pads had symptoms of UTI/RTI.

5

Body Image Concerns

INTRODUCTION

The changes in the growing adolescent's body and the inevitable comparisons among themselves may create anxiety and concerns regarding the appropriateness and attractiveness of the body. Many times adolescents suffer from low self-esteem due to their body image concerns. But many concerns differ for boys and girls. General over-all appearance, complexion, facial features, figure, hair, hands, height, weight, muscle, acne (pimples) may give rise to serious concerns about attractiveness.

A healthy body image occurs when a person's feelings about his/her body is positive, confident and self caring. This image is necessary to care for the body, find outlets for self-expression, and develop confidence in one's physical abilities and feel comfortable with who one is.

FACTORS IMPACTING BODY IMAGE

Research has pointed out that body image is a complex interaction of many variables:

1. Self image
2. Sociocultural norms
3. Peer perception and behavior
4. Peer norms
5. Media and advertising.

Body image thus is determined by internalization and complex interactions of past history of the tribe, society, nation, religion, literature, philosophy, prevailing cultural/social norms, cross cultural images and cultural invasions, medium influences and the self-esteem of the person. Self-esteem consists of two components: how a person believes he is perceived by significant others and how a person views her/his performance in areas of importance. A person with potentially problematic body morphism, but with higher self-esteem will still possess a positive body image.

Table 5.1: The main body image concerns of the growing adolescent girls

- Acne, blemishes, beauty (features)
- Weight, height
- Using optical aids like specs
- Body hair (excess), breast size
- Complexion
- Problems related to specific areas—legs, thighs, abdomen, buttocks, lips, hip, etc

ADOLESCENT BODY IMAGE CONCERNS

Not all the adolescents at this growing up years look alike. Some of them may be plump, some thin, some under weight, while some of them gain considerable height, some may remain short. Why is it so? Reasons are not purely genetic alone. You will only be like your parents!!!. While it is a fact that genetics determines who you are and who you will become, your childhood food habits and emotional balance do account for certain variations.

To be Slim or Plump

Beauty contests are here to stay, whether you like it or not so long as the present day Indian mothers are fascinated by the glamour they missed in their younger lives. You must have seen that towards the end of the contest, many of these slim beauties (or malnourished!!!) give winning answers to the questions and often teenagers are so much impressed by the whole show. But for the models male or female, these are only part of their career and have got nothing to do with the real personality within. Our girls are

giving undue importance to win such laurels by paying less attention to their health often ending up as malnourished ones.

Teenagers should understand that, to prove yourselves good, there are plenty of other opportunities also where you can use your brain and talents. You don't necessarily have to be a beauty queen to do good things in life. Instead the girl should be trained to be comfortable being herself, an adorable daughter, a sensible woman capable of making her contribution to society and a wonderful mother. These things may prove to be more satisfying in life, much more than the momentary fun of being crowned. You need not be the queen of the universe but you can be the queen of your own life.

Only one can be the queen of the whole world, but each one of you can become a queen of your own family.

Breast Size—too Small or too Big!!

The underlying muscles, fat mass, ligament structure and genetic constituition play a crucial role in deciding the size and shape of the breast. Regular exercises make the underlying muscles grow and firm up the breast. The breast grows in size under the effect of hormones. It undergoes changes in size and shape during puberty gradually becoming conical or hemispherical with the left breast usually slightly larger than the right. The nipple is located at the tip of the breasts and mostly consists of smooth muscle fibers and a network of nerve endings that make it highly sensitive to touch and temperature. Personal preferences, learned habit and biology all contribute to their responsiveness.

Despite the emphasis on female breasts in several cultures, there are no differences in function associated with shape or size. Small breasts produce as much milk as the large ones when infants are breast fed. The sexual sensitivity of the breast, areola and nipple do not depend upon breast size or shape. Also small breasts and large breasts do not seem to differ in their response to sexual stimulation. A women experiences sexual excitement regardless of the size of them.

It's the overall personality, grace, poise and self confidence which defines a person.

Concern About Acne

Acne or pimples trouble boys as well as girls during adolescence. The sites are face and sometimes back, chest and shoulders. Pimples are formed due to overproduction of oily secretion called sebum which is produced by the sebaceous glands in skin and which blocks the pores on the skin. The blocked pores develop blackheads, which when infected become pimples on the face. Teenagers who are troubled by acne can observe the following precautions.

- To avoid forming a permanent scar, do not squeeze pimples.
- Use of greasy oils and cosmetics should be avoided.
- The face should be washed several times a day with mild soap and warm water.
- A diet containing fresh fruits and vegetables and exposure to mild sunshine will help.
- If not improving consult a doctor, who may prescribe certain drugs and ointments. The effects are temporary. Nature itself cures pimples permanently after some years.

Body Odor

The sweat glands in the skin also grow very rapidly, during adolescence, particularly in the underarm and genital areas. Due to increased sweating, the body gives out an odor that others find unpleasant and the adolescent becomes conscious about. To control the odor, the adolescent may bathe 2 times a day, paying special attention to underarms and genitals. Try as much to use cloths, which suit the climatic conditions. Use of cosmetics such as deodorant and talcum powder also helps.

Excessive Hair Growth on Body

Excess hair growth over the face, chin, neck, chest, abdomen, back, inner aspects of thigh, etc. occur due to increased activity of the male hormone (androgens) secreted by the ovary or the adrenals. Body hair is

not your enemy, but if the excess growth embarrasses you too much, lowers your self-esteem, you deserve simple cosmetic procedures to remove the excess hair growth. Consult a doctor to rule out possible medical cause.

Dress Sense and Fashion

All of us have different physical attributes. While some are fortunate to have the so-called 'perfect body physique', a few are unduly teased due to their large or small build. It is quite natural for these girls and boys to feel embarrassed. To some extent it is a reaction of others but more so your own perception of what others must be thinking of you that is causing embarrassment. In fact you give more meaning to the attention that you are subjected to.

Any dress will suit a tall and medium built person but not necessarily a stout person. If you have more than average sized breasts, one can avoid others unnecessary gaze, by just wearing a loose dress with more frills or outer layer. So the best way is to select a dress that suits your figure and form, but at the same time it need not accentuate your physical attributes.

It is better be less fashionable than to be fashionable and ridiculous. You may lose the poise and peace of mind necessary for a successful life by projecting an undesirable appearance. Groom yourself well and wear well fitting attractive clothes. Beauty lies in a pleasant smile, the way you carry yourself, and in the way you interact with others. Simplicity is the basis of beautiful dressing. Always dress modestly.

It is nice to watch fashionable clothes but wear only those that suits your physique.

Breast Size and Shape Very Important

The sensitivity of the breast, areola and nipple do not depend upon breast size or shape. Personal preferences, learned habit and biology all contribute to their responsiveness. Despite the emphasis on female breasts in several cultures, there are no differences in function associated with shape or size. Small breasts can produce as much milk as the large ones when infants are breastfed.

Selection of Appropriate Braziers

The measurements should be taken while wearing a bra. The girl should be relaxed and do not pull the measuring tape too tight. Take the following measurements:

1. Across the bust: To determine the cup size, measure across the fullest part of the bust.
2. Ribcage: Measure the ribcage directly under the bust. Find your band size then follow the column down until you hit the measurement across your bust. Follow the row to the left to find out the cup size (Table 5.2).

Another easiest way for the selection:

i. Using tape measure under your breast
ii. Measure over your breasts the fullest part
iii. Calculate the difference between the under measurement and over measurement.

Table 5.2: Size chart for bras: Imperial system

Under bust measure	27	29	31/33	35	37	39	41	43	45	47
Band size	32	34	36	38	40	42	44	46	48	50
Measure over nipples										
AA cup	32	34	36	38	40	42	44	46	48	50
A cup	33	35	37	39	41	43	45	47	49	51
B cup	34	36	38	40	42	44	46	48	50	52
C cup	35	37	39	41	43	45	47	49	51	53
D cup	36	38	40	42	44	46	48	50	52	54
DD cup	37	39	41	43	45	47	49	51	53	55
DDD(E) cup	38	40	42	44	46	48	50	52	54	56
F cup	39	41	43	45	47	49	51	53	55	57
G cup	40	42	44	46	48	50	52	54	56	58
H cup	41	43	45	47	49	51	53	55	57	59
I cup	42	44	46	48	50	52	54	56	58	60

If the difference is:

2 inches	Cup size A
3 inches	Cup size B
4 inches	Cup size C
5 inches	Cup size D
6 inches	Cup size DD

Fitting a Bra

- Slip the straps over the shoulders and holding each side panel, lean forward to let your breasts fall naturally into the cups. The nipples should be in the fullest part of the cups.
- Pull down at the back until it is anchored under the shoulder blades and fasten the bra in the back or in the front depending on the style (i.e front closure).
- Adjust shoulder straps allowing one finger to run smoothly under the straps.
- The front and back of the bra should be straight or slightly lower in the back. If the back has a tendency to rise up, the contour is probably too large, therefore, the back hook closure could be tightened or a smaller size should be chosen.
- The center seam should be close to the breastbone, without any gaps.

Bra Size is not Correct If

- It cause pain and redness in the shoulder
- The straps bite into the shoulder and slip off easily
- If the back strap raises up
- The cup raises up while tightening the back strap
- Does not cover the whole breasts
- Feeling numb in the hands and fingers

Take care to ensure that the bra is:

- Well supportive
- Loosened during sleep
- Made of cotton stuff
- Replaced when found lax.

6 Adolescent Sexuality Development

INTRODUCTION

Youngsters today are exposed to a great deal of information on sex and sexuality from the media or from friends. But the truth is that there are many teenagers who do not know or understand significant facts about human sexuality, who have not been given an opportunity to link how sex will be a part of their lives, whose information is incorrect because it comes from unreliable sources, who are unhappy, confused, guilty and anxious about their sexual behavior or lack of it, and worried about how to lead a healthy and normal life.

Teenagers are still hungry for accurate, adequate information about sex and sexuality and yearn to hear about it openly and honestly.

DEVELOPMENT OF SEXUALITY

Young people are interested and anxious to know more about sex and sexuality. 'Sex' basically means the gender, i.e. Male or female, but beyond this difference in body structure that separates the sexes, it also means sex appeal- the attraction that draws male and female to each other. Thus sex has both gender design and copulative connotation. Sexual behavior is the action required to achieve this.

'Sexuality' is not physical sexual activity alone, but also sexual behavior and a deep pervasive aspect of the total personality, the sum total of one's feelings and behavior. It is an integral part of one's self. It does not act separately from the other functions of the body and is deeply influenced by the cultural heritage and social norms. Sexuality exists throughout the human life span, from the baby who suckles its mother to the old woman who holds hands with her husband.

Hence sexuality is more than sexual behavior and sexual intercourse. It includes social roles, personality, relationships, thoughts and feelings. How one person expresses his sexuality is influenced by various factors including social, ethical, economic, spiritual, cultural, and moral concerns.

Because they confuse it with physical sexual activity, in our culture people find it difficult to talk about sexuality openly and the adolescents are denied access to scientific information on sex and sexuality. But now the time has come for us to start imparting sexuality education to young people so as to help them, accept their own sexuality and communicate about it and thereby, reduce their risk of STI/HIV infection and sexual abuse.

Adolescent Sexuality

Dealing

Dealing with adolescents is easier and dealing with sexuality is also not that difficult but when both are taken together, i.e. adolescent sexuality - it becomes a difficult job.

In this context Health can be defined as:

H - Happy healthy mind, healthy body
E - Education
A - Avoid teenage pregnancy
L - Lactation
T - Test for pregnancy, RTI, STI
H - Health screening

- Sexual expression is a basic instinct and is a basic human need throughout life.

- Most important task of service provider is making transition from childhood to healthy sexual adulthood, a safe journey.
- Good health depends on life styles, social and sexual behavior.

Why Dealing with Adolescent Sexuality is Important?

1. One fifth of the world population is between the ages of 10-19 years (adolescence).
2. Age of onset of puberty has decreased.
3. On the other hand age of marriage has been increased.
4. Thus they face long gap between the two.
5. Young people indulge in sexual activity earlier in life.
6. They are not aware of the consequences of their behaviors.

FACTORS AFFECTING THE SEXUAL ACTIVITY OF ADOLESCENTS

- Gender and age
- Socioeconomic status
- Family atmosphere
- Sexual orientation
- Religious commitment
- Individual life experience.

Some Adolescents have Sex

- To increase self-esteem
- To compensate a sense of loneliness
- To meet societal expectations of masculine or feminine
- To express anger
- To escape from boredom
- To express and satisfy non-sexual needs.

Adolescents get messages about sex from:

- Friends, relatives and religious leaders
- Movies, magazines, VCD/DVD
- Television shows
- Internet.

Stages of Adolescence—Sexuality

Early	*Middle*	*Late*
Self exploration and Evaluation	Pre-occupation with romantic fantasy Testing ability to attract opposite sex	Forms stable relationship Mutually and reciprocally plans for future

SEX EDUCATION TO ADOLESCENTS

Sexuality education is important at all ages, indeed, but it is more important that it is imparted during childhood and adolescence. Many parents feel that knowing too much may lead to sexual mis- behavior on the part of the youngsters. But this is not true. Studies have shown that by offering sexuality education and correct scientific information, premature involvement in sex has been delayed as, discussing the subject satiates curiosity and removes the compulsive motive to experiment. On the other hand ignorant children are more prone to sexual abuse and sex related crimes.

Sexuality education is the most humane and significant contribution that can be made to the human society and should be targeted at individuals in the highest risk group, i.e. pubertal, pre-pubertal and young adults for the following reasons:

1. Men and woman do not live by their biological instincts alone. They have the capacity to differentiate between good and evil, beautiful and ugly, proper and improper, right and wrong. They are expected to take conscious decisions based on social norms. They form societies and not herds. Hence, the need for value building.
2. Sexuality has a deep and significant value throughout the human lifecycle no matter what the age, gender, sexual disposition, economic status, state of health, nationality or religion.
3. Men and women need to be educated in order to develop responsible sexual behavior.
4. Our society is conservative and has double standards on questions of sexuality. This can be confusing to children.

5. Children get information about sex from sources such as servants, friends, relatives, etc. This information may be incorrect and could have damaging effects.
6. Pornography unlike erotica, humiliates both men and women distorting the perception of human sexuality.
7. Young people and adults experience a great deal of anxiety because of the lack of knowledge of sexuality, and also from myths and misconceptions.
8. A teenage boy needs not only information but also an adult to guide him when he has his first seminal emission, when he has sexual fantasies, and to relieve his doubts about masturbation.
9. He needs an adult to help him understand the different facets of boy-girl relationship and sexual attraction, and to guide him to cope with his newly emerging sexual urges.
10. A teenage girl needs information and an adult to guide her when she gets her first menstrual period (first menses), and to deal with her body changes. She also needs an adult to help her alleviate her anxieties about her body image, to explain the different facets of boy-girl relationships and sexual attraction, and to guide her to cope with her newly emerging sexual urges.
11. Planned parenthood needs to be emphasized so that children will feel wanted and accepted in the family.
12. Education in human sexuality helps children to understand and appropriately deal with sexual abuse. It may also enable them to prevent such crimes.
13. Education in human sexuality helps youngsters to develop positive attitudes towards human sexuality, if they are given honest answers to queries at any age.
14. Youngsters who are comfortable with their own sexuality and have an understanding of their body and their feelings, would develop self-confidence and self-esteem.

PRIMARY GOALS FOR EDUCATION IN HUMAN SEXUALITY

1. *Information*: It should be accurate and updated
2. *Attitudes, values and insights*: Young people should have an opportunity to question, explore and assess their sexual attitudes and develop their own values.
3. *Relationships and interpersonal skills*: Young people should develop skills of communication, decision-making, assertiveness skills to withstand peer pressure. They should also develop the capacity for caring, supportive, non-coercive and mutually pleasurable sexual relationship.
4. *Responsibility*: Young people should develop responsibility regarding sexual relationships and sexual behaviors. Sexuality education should help reduce teenage pregnancies, STD, HIV infection and sexual abuse.

Framework for the Development of Sexuality Program

The main objective of the sexuality program is to provide learners with adequate and accurate knowledge about human sexuality in its biological, psychological, sociocultural and moral dimensions. Sexuality education focuses largely though not exclusively, on the individual, on self-awareness, personal relationships, human sexual development, reproduction and sexual behavior. Human sexuality is a function of the total personality, which includes reproductive system and processes, attitudes towards being a man or woman, and relationships among members of the same sex and the opposite sex. It embraces the biological, psychological, sociocultural and ethical aspects of human sexual behavior. It helps people to understand their sexuality, to learn to respect others as sexual beings, and to make responsible decisions about their behavior.

The main components of sexuality education are:

- *Human sexual development*
- *Inrpersonal relationship*
- *Interpersonal skills*
- *Sexual behavior.*

TEACHING AN ADOLESCENT ABOUT SEXUALITY

What do you say? When do you start? We live in a sexually open society where movies, songs, and conversations often include references to sex. Advertisements in print media and also radio and TV programs use sexual situations to catch our attention. Commercialized sex is misleading because it shows sex only as glamorous and trouble-free. It is important to help the adolescent to understand the special significance of sexuality, as well as help him/her to make positive sexual choices.

In sexuality education the young adult should have access to:

- Clear information about sexuality
- Self awareness
- Good survivor skills
- Empowerment—independent and confident person
- Informed choice of contraception, backed up by safe abortion services
- Counseling services for sexually active adolescents, suitable for that age group.

The following may be used as a guide and *only age appropriate information* need to be given.

For Boys

Physical Changes

Boys need to understand that the changes they are feeling are normal and happen at different rates for different boys. The awkwardness will not last. They also need to know what to expect in terms of growth spurt, hair growth, genital growth, and "wet dreams." Those involved in these classes could discuss the following terms: ejaculation, erection, hormones, penis, prostate gland, scrotum, semen, sperm cell, testicle, and testosterone. In addition, boys need to know the physical changes that girls experience in puberty.

Sexual Intercourse

Boys wonder exactly what it is, how it feels, and when it is okay to have intercourse. They also need to know the role of sexual intercourse within a marital relationship. Explain that intercourse occurs when a man places his erect penis inside a woman's vagina, and that this can lead to pregnancy. Teens also need to understand that it is never okay to have intercourse unless both partners understand the consequences and there is no place for coercion.

Masturbation

They need to know that this is one way that most boys and some girls handle their sexual feelings and urges. Contrary to traditional beliefs, there is absolutely no evidence that it produces any harm.

Peer Pressure

Young men need to learn how to handle the pressures friends will put on them to become sexually active. Learning to handle sexual feelings and to make mature decisions is part of growing up. Many teens are very intolerant of differences among their friends, including narrow definitions of how "real men" behave. This pressure can be very troubling to boys who may not fit that stereotype.

Decision Making

Teen years are filled with lots of decisions about risky behavior including delaying intercourse. Coping with the consequences of good and poor decisions is an important step to maturity.

Values

No sexuality class is complete without discussing values. Many boys feel a tremendous pressure to "score" with girls as a way of proving their manhood. They fear being called "sissy" if they don't put sexual pressure on girls. Discussions about making responsible decisions as well as the difference between positive and negative popularity may be one way of dealing with this issue.

If a young person decides to delay having sex, this does not mean that the decision will stay always. Young people have to make this decision over and over again, which may become increasingly difficult. This makes it important to discuss birth control and the risks of and prevention of sexually transmitted

diseases, including HIV/AIDS. This is a desirable part of sexuality education but many unnecessarily fear that discussing contraception will create interest and encourage experimentation.

For Girls

Physical Changes

Girls need to understand that changes are normal and happen at different rates for different girls. The awkwardness will not last. They also need to know what to expect in terms of growth spurt, development of breast and menstruation. They need to be taught the following terms: fallopian tubes, ovaries, menstruation, uterus, urethra, clitoris, labia majora, labia minora, vulva, hymen, vagina, anus, rectum, and cervix.

Sexual Intercourse

Girls wonder exactly what it is, how it feels, and when it is okay to have intercourse. They also need to know the place of intercourse within a loving marital relationship. Explain that intercourse occurs when a man places his erect penis inside a woman's vagina, and that this can lead to pregnancy. Teens also need to understand that it is never okay to have intercourse unless both partners understand the consequences and that "you are the custodian of your mind, body and spirit".

Masturbation

Girls need to know that this is one way that some girls handle their sexual feelings and urges and it is not abnormal.

Peer Pressure

Girls need to learn how to handle their desires and perceive pressures put on them to become sexually active. Learning to handle sexual feelings and to make mature decisions is part of growing up.

Decision Making

The teen years are filled with lots of decisions about risky behaviors. Coping with the consequences of good and poor decisions is an important step to maturity.

Values

Girls sometimes feel tremendous pressure to participate in sexual acts by both friends and boyfriends. They fear being made fun of or rejected by peers. Talk about making responsible decisions as well as the difference between positive and negative popularity.

Adolescents should be Provided

1. Counseling on gender relation, sexual and reproductive health, responsible behaviors, information for the prevention of STD, HIV and AIDS, sexual violence and sexual abuse.
2. Confidential health services for both girls and boys.

SEX EDUCATION TO ADOLESCENTS—DO'S AND DON'TS

1. *Listen carefully for hidden feelings*: Adolescents sometimes have trouble saying exactly what they mean, especially when it comes to sex. Try to avoid judging.
2. *Let the adolescent express his feelings freely*: First, listen to what they have to say. If you agree, say so. If you disagree, clearly state your own viewpoint and why you feel that way. Don't cut off communication.
3. *Avoid over/under—answering questions*: Answer questions directly, in words that the adolescent understands. Don't assume that a simple question about sex needs an answer far beyond what was asked. Ask him to share back with you what he/she understood about what has been said.
4. *Help the adolescent develop strong self-esteem*: A healthy self-concept is important for teens to make good decisions about sexual issues.

SEXUAL BEHAVIOR AND VALUE SYSTEM

The values of people are influenced by their culture and religion. Young people are in a state of confusion on account of the conflicting messages received from

parents, elders and also through the mass media. Parents and elders often emphasize respect for authority, community spirit, and duty to family. In terms of sexuality, they often prescribe strict codes of how males and females should feel, dress and behave. They also influence the very concept that young people have regarding sexuality. On the other hand, the mass media portray the individual as having personal freedom, personal choices and the right to live his/her own life. They also dictate how women and men should feel, dress and behave.

But human beings have rationality and a capacity to differentiate between right and wrong, beautiful and ugly. Hence value building is essential for all humans. In any sexuality program, developing values is a must.

1. Sexuality is a natural and healthy part of living. Sexuality is part and parcel of the human personality, and being curious about sexual matters is normal.
2. All persons are sexual. This means that every human being has sex organs, sexual feelings, sexual urges, expressions of these sexual urges (verbal and non-verbal) and sexual behaviors.
3. Sexuality includes physical, social, psychological, emotional ethical and spiritual dimensions
4. Every person has dignity and self worth. Every human being has the right to expect and strive for happiness as well as to avoid experiencing pain. This applies to both their entire life as well as to their sexuality.
5. Individuals express their sexuality in varied ways. The variations may be due to the needs of the people or to the social structure of their community.
6. People should respect and accept the diversity of values and beliefs about sexuality that exist in a community.

Sexual Relationships

1. Should never be coercive or exploitative. Such relationships bring sexual pleasure to one person at the expense of the other. This degrades the latter's human dignity and self-worth.
2. Should be based on mutual trust, honesty, commitment and respect. It should be one of sharing, caring and loving on both sides.
3. Should be gender sensitive. To achieve this, all children should be loved and cared for. Male and female children should both be treated equally since they both grow up to take part in procreation. Men and women are an integral part of society and hence both should be treated alike right from their birth.
4. All sexual decisions have effects or consequences. These effects may be positive or negative, immediate or long-term.
5. All persons have the right and the obligation to make responsible sexual choices. Every individual has the right to make decisions, which bring him or her personal happiness. At the same time, each person has the responsibility to ensure that these choices do not deprive other people of their happiness.
6. Individuals and society benefit when children are able to discuss sexuality with their parents and / or other trusted adults.
7. Young people explore their sexuality as a natural process of achieving sexual maturity.
8. Premature involvement in sexual behavior poses risks.
9. Sexual behavior must be responsible and self disciplined.
10. For adolescents abstaining from sexual intercourse is the most effective method of avoiding pregnancy and preventing STD's and HIV/AIDS.
11. Young people who are involved in sexual relationships need access to information about health care services.

Myths and Misconceptions

Knowledge regarding sex and sexuality is acquired through various formal and informal means. Much of the information acquired through informal sources is unlikely to be accurate or correct. Sex being a topic that is not openly discussed many myths and misconceptions circulate in society. These myths can be wiped out only by providing accurate scientific

information through effective sexuality education programs. Some of the common myths and misconceptions in our society are listed below:

1. Education in human sexuality in schools and colleges will lead to sexual experimentation.
2. One drop of semen is equivalent to 40 drops of blood, which in its turn requires a lot of nourishing food.
3. Nocturnal emissions or wet dreams indicate a sexual disorder.
4. Presence of a hymen is the only test of a woman's virginity.
5. Larger breasts produce more milk than smaller ones.
6. A woman is impure during menstruation.
7. Menopause is the end of sex life.
8. Sexual intercourse should be avoided during menses.
9. Sterilization reduces sexual desire and capacity of men and women.
10. Masturbation is practiced exclusively by men and can lead to insanity, impotence, homosexuality, dark circles around the eyes, mental retardation, diminishing size of penis, and changes in the angle of the penis.
11. Homosexuals can be identified by their appearance.
12. If a man with a sexually transmitted infection has sex with a virgin girl, he will be cured of the sexually transmitted diseases.
13. HIV positive persons can be identified by their appearance.
14. A large penis is of greater importance to a woman's sexual gratification.

Sexual Health

Sexual health is something that depends on and is always related to human interactions and relationships. Sexual health is the integration of the romantic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love. It includes:

- A capacity to enjoy and control sexual and reproductive behavior in accordance with a social and personal ethic.
- Freedom from fear, shame, guilt, false belief, and other psychological factors inhibiting sexual response and impairing sexual relationships.
- Freedom from organic disorders, diseases and deficiencies, that interferes with sexual and reproductive functions.

A healthy sexuality is an intrinsic part of the total human personality. It includes one's feelings towards oneself, both as a person and as a male or female it also includes one's interactions with people of the opposite sex.

7 Child Abuse—A Threat to Society

INTRODUCTION

Every child has the right to a life of physical, mental, emotional and sexual health. A child may be too young to be educated about child abuse, but is vulnerable enough and with every right to be protected, from it. Children below 18 years constitute more than 20% of India's population today.

Child abuse is a broad concept ranging from emotional abuse, corporal punishment, child neglect, abandonment, denial of rights, trafficking, sale, sexual exploitation, forced beggary, forced labor, to foeticide and infanticide. It is a concern for voluntary organizations and government agencies alike and should in fact be of concern to every Indian citizen.

Children are the most violated of all the marginalized groups. Every child is vulnerable, irrespective of the socioeconomic status or gender. That children are regularly abused is a fact. However, most of us adults, neither want to accept nor acknowledge it. We would rather live in a fool's paradise we create for ourselves, where we believe that such things can never happen to 'our' children. It is this negation of truth that makes it easy for the culprits.

The United Nations Convention on Rights of Child (UNCRC), ratified by India in 1992, contains the fundamentals of child rights concerning survival, protection, development and participation. The Juvenile Justice Act was introduced in India in 1986, amended and re-enacted in 2000, which is the current law in operation in this context. The JJ Act provides for decision-making by multidisciplinary devices like the Juvenile Justice Boards and Child Welfare Committees.

Effective child protection will only be possible through multidisciplinary professionals. Kofi. A. Annan, Secretary General of the United Nations, wrote in his foreword to the UNICEF's State of the world's children report, 2003: "The United Nations had a historic General Assembly Special Session on Children, in May 2002. It was the first time it met to discuss exclusively, children's issues and to include large numbers of children as official members of delegations. Into the usually measured and diplomatic discussions, these children brought their passions, questions, fears, challenges, enthusiasm and optimism. And governments declared their commitment to changing the world for and with children- to build a world fit for children in the 21st century. We will achieve this only if Governments fulfil their promise that the voices of children and young people will be heard loud and clear; if we ensure the full participation of children in the work to build a better future. " The media, however, has proved to be an important factor in making child-related issues visible to our parliamentarians.

WHAT IS CHILD ABUSE?

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organization 1999).

Forms

The three different forms of child abuse include:

Physical Abuse

That which results in actual or potential physical harm from an interaction or lack of interaction, which is

reasonably within the control of a parent or person in a position of responsibility, power, or trust. There may be single or repeated incidents.

Child Sexual Abuse

The involvement of a child in sexual activity that s/he does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by any activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- The inducement or coercion of a child to engage in any unlawful sexual activity
- The exploitative use of a child in prostitution or other unlawful sexual practices
- The exploitative use of children in pornographic performances and materials.

Emotional Abuse

The failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with his/her personal potential, and in the context of the society in which the child dwells. There may also be acts toward the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing, or other non-physical forms of hostile or rejecting treatment, spurning, terrorizing, isolating, or denying emotional responsiveness.

What are the Physical Signs?

Bruises in different stages of healing, on the face, lips, mouth, back, bottom, thighs or genitals, bruises in the shape of a belt buckle, electrical cord or other item that can be used to hit a child, bruises after a child has been absent from school or daycare, black eyes, broken bones, cigarette burns, burns that look as though a child's hand, foot, etc. was held under hot water, burns in the shape of hot items, rope burns, other unexplained burns, child has difficulty walking or sitting, torn or bloody underwear, pain with urination, STDs, swollen, red, or itchy genital area, frozen stare, always has a stomach ache or vomiting, fails to gain weight, loses weight, dirty clothes, child does not get medical or dental care when needed and wetting pants even if toilet trained.

What are the Behavioral Signs?

Low self-esteem, sexually acting out, lack of trust in others, aggression, anger, disruptive, doing things that are illegal, self destructive, talking about suicide, withdrawn, fearful of new people and activities, trouble with school work, worry, anxiety, sadness, depression, nightmares, drug or alcohol abuse, avoiding going home after school, fearful of certain adults, often thinking that s/he deserves punishment, fear when other children cry, daydreams, infants who lie still while looking all around, knowledge about sex inappropriate for age, often rubs or scratches genitals, always looking for affection, trying to please, sleeping or eating problems, talking about having a secret, acting much younger than the age, self-injury, unusual habits like sucking, biting, rocking.

Who can be Abusive?

Child abuse is an aspect that is most universal in its incidence. It can be perpetrated by any man and woman who is entrusted with the care and control of a child. It is not restricted to any racial, cultural or socioeconomic group.

How does One know that a Child is being Abused?

- Child exhibits/manifests some of the signs and symptoms of abuse

- Disclosure by the child
- Disclosure by a third party
- Incongruence between various factors during a medical examination, school activity, social activity.

Some of the Recommendations by the World Medical Association on Child Abuse and Neglect

1. A team approach is essential which includes such professionals as physicians, social workers, child and adult psychiatrists, developmental specialists, psychologists, attorneys and law enforcement officers.
2. Physicians should obtain specialized training in identifying child abuse. Such training is available from many continuing programs in the field.
3. On detecting a child with child abuse, the immediate actions to be taken by the physicians include:
   - Reporting all suspected cases to child protective agencies viz. childline.
   - Hospitalizing any abused child needing protection during the initial evaluation period.
   - Informing the parents of the diagnosis and report of the child's injuries to protective services.
4. The medical evaluation of children who have been abused should consist of:
   - History of injury
   - A physical examination of the patient
   - A trauma X-ray survey
   - A bleeding disorders screen
   - Color photographs
   - Physical examination of siblings
   - An official written medical report
   - A behavioral screening
   - A developmental screening of infant and preschool age children.
5. The assessment and management of sexually abused children consists of:
   - The treatment of physical and psychological trauma
   - The collection and processing of evidence
   - The treatment and/or prevention of pregnancy and venereal disease.

CORPORAL PUNISHMENT (CP)

A punishment for some violation of conducts which involves the infliction of pain on, or harm to the body. Death penalty is the most drastic form of corporal punishment and is also called capital punishment.

It is time to end physical punishment of children because:

- Hitting children is a violation of their fundamental rights and a constant confirmation of their different status.
- It is a dangerous practice, sometimes causing serious accidental injuries or escalating into behavior recognized as child abuse.
- It encourages violent attitudes and behavior both in childhood and later life-'violence breeds violence'.
- And it teaches children nothing positive.

Escalation

Mild punishments in infancy are ineffective and tend to escalate, as the child grows older. Parents who are convicted and imprisoned for seriously assaulting their children often explain that the ill treatment of their child began as mild physical punishment.

Encouraging Violence

Even a little slap carries the message that violence is the appropriate response to conflict or unwanted behavior. Aggression breeds aggression. Children subjected to physical punishment have been shown to be more likely to be aggressive to others, to take part aggressively in anti-social behavior in adolescence, to be violent to their own spouses and children and to commit violent crimes. National commissions on violence in the USA, Australia, Germany, South Africa and the UK have recommended ending CP of children as an essential step towards reducing all violence in society.

Psychological Damage

CP can be emotionally harmful to children. There are many messages put forth by people, which confuse love with pain, anger with submission. "I punish you

for your own sake", "I hurt you because I love you", "and You must show remorse no matter how angry or humiliated you are". Less acknowledged are the links between CP and sexual development and CP and sexual abuse of children. This is reflected much in pornography, and in the common use of prostitutes for spanking and correction.

Hitting people is wrong-and children are people too.

Answering Common Defences of CP

1. **It is a necessary part of upbringing and discipline!**

Ans: Research has shown that CP is a very ineffective form of discipline; because it does not bring an understanding of what they ought to be doing nor does it offer any reward for being good. The fact that a parent/teacher often has to repeat CP for the same misbehavior by the same child testifies to its ineffectiveness.

2. **I was hit as a child and it didn't do me any harm!**

Ans: Children learn from and identify with their parents and teachers. It is pointless to blame the previous generation. Parents often hit out of anger and frustration but those parents who try alternative methods report success.

3. **Parents' right to bring up children as they see fit should only be challenged in extreme cases, like child abuse!**

Ans: As per UN convention on the rights of the child, there is a concept shift from parents' rights to parents' responsibilities. Children cannot be or should not be considered parents' possessions, rather be recognized as individuals who are entitled to the protection of human rights standards along with everyone else. Other forms of interpersonal violence within families—including wife beating—are already subject to social control and are unlawful in most societies.

4. **The little smacks that parents often give their children are not dangerous!**

Ans: Children are small and fragile. The little smack does cause a child pain. And 'minor' CP can cause unexpected injury. Much CP is targeted at babies and very young children. Ruptured eardrums, brain damage, injuries or death from falls are the recorded consequences of 'harmless smacks'.

5. **I only smack my child for his/her own safety!**

Ans: If a child is crawling towards a hot oven, or running into a dangerous road, of course, physical means must be employed to protect. But if you raise your hand to hit, you are wasting crucial seconds and more importantly, by hurting the child yourself you are confusing the message the child gets about the danger, and distracting their attention from the lesson you want them to learn.

6. **Parents and teachers are bringing up our children in desperate conditions and are under stress from overcrowding and lack of resource. Forbidding CP would add to their stress and should wait for improvement of these conditions!**

Ans: This argument is an admission of an obvious truth: CP is often an outlet for pent-up feelings of adults rather than an attempt to educate children. However real adults' problems may be, venting them on children cannot be justifiable. Children's protection should not wait on improvements in the adult world, any more than protection of women from violence should have had to wait for improvements in men's conditions. Moreover hitting a child is an ineffective stress-reliever. Adults who hit out in temper often feel guilty; and in turn find angry and resentful children to cope with.

7. **CP is a part of my culture and and child-rearing tradition!**

Ans: No culture can be said to "own" CP. On the other hand, the only cultures where children are rarely or never physically punished are small hunter-gatherer societies, now rapidly vanishing under the impact of urbanization. All cultures have a responsibility to disown it, as they have disowned other breaches of human rights, which formed a part of their traditions. The UN convention on the rights of the child upholds all children's right to protection, from all forms of physical or mental violence without discrimination on grounds of race, religion, culture or tradition. There are movements to end corporal punishment of

children now in all continents of the world. School and judicial beatings have been outlawed in some states in all continents.

8. If CP is outlawed or criminalized the children will be encouraged to act like police and spies at home!

Ans: These laws are about setting standards and changing attitudes, not prosecuting parents or dividing families. Research shows that parents seek help earlier when they recognize that hurting their children is socially and legally unacceptable. Welfare services recognize that children's needs are as a rule best met within their families, so provide parents with help and support rather than punitive interventions.

9. Banning CP may lead to other more horrible forms of emotional abuse, humiliation or locking up. How do you suggest children be punished!

Ans: The starting point is not to replace one form of punishment with another, but to see discipline as a positive not punitive process, part of a communicative relationship between parent and child. Effective control of children's behavior does not depend upon punishment for wrongdoing but on clear and consistent limits that prevent it. Thereafter, good discipline, which must ultimately be self-discipline, depends on adults' modeling and explaining the behavior they prefer, having high expectations of their developmental ability to achieve it and rewarding their efforts with praise, companionship and respect.

INDIAN PENAL CODE—REFERENCE TO CHILD ABUSE

The sections under IPC regarding child abuse are:

Physical abuse—319, 320, 323, 324, 325, 342, 352.

The offence: Hurt, grievous hurt, permanent privation of eye, ear, joint, disfiguration of face, fracture, dislocation of bone or tooth.

Punishment: Imprisonment upto 7 years and/or fine upto Rs.1000.

Kidnapping, abduction, slavery, forced labor: 361, 363, 363A, 366A, 367, 369, 370, 371, 372, 373, 374.

The offence: Kidnapping or enticing a child <16 years in a male or <18 years in a female from lawful guardianship, maiming a minor for begging, procuration of a minor girl <18 years, importation of a girl < 21 years from a foreign country with an intent to seduce with or without her knowledge, to have illicit sexual intercourse with another person, kidnapping any child to subject to hurt, slavery or any unnatural lust of another person; kidnapping a <10-year-old child with intent to steal; buying or disposing of any person as a slave; trafficking in slaves; unlawful compulsory labor.

Punishment: Imprisonment upto 10 years with or without a fine.

Sexual offences: 377.

- Definition of child rape: Sexual intercourse with or without consent, when <16 years of age. Exception: If she is his wife.
  Punishment is minimum of 7 years and maybe upto life.
- Sexual intercourse if victim is 12-15 years of age by the husband is liable for imprisonment upto 2 years with or without a fine. Sexual intercourse if victim is <12 years, gang rape or rape on a person who is under custody such as in an institution, orphanage, hospital.
  Punishment: Imprisonment upto 10 rigorous years which may extend upto life with or without a fine.

The Goa Children's Act 2003

It is a Gazetted Act which attempts to look at all children, to address the issues of trafficking of children and child labor and to set up Children's Courts In order to make law and justice child-friendly. It emerged from a ries of consultations by the Secretary for Women and Child Development along with NGOs and culminated in a state level consultation, basically to identify the problems of children in Goa. It resulted in a draft, which was subsequently passed by the Assembly.

Some of Salient Features in this Act

1. Definition of sexual assault, Grave sexual assault and incest.

2. The punishment prescribed was upto 7-10 years of imprisonment and a fine of upto Rs. 2 lakhs.
3. Registration of any child staying with an unrelated relative; ensuring of safety of children in hotels and other establishments.
4. Tourism related child sexual abuse is a non-bailable offence under this act.
5. Photo studios and developers of films are bound to report to a police officer not below the rank of Dy SP of any display of sexual or obscene depictions of children. Failure to report can result in imprisonment upto 1 year and a fine of Rs. 50,000.
6. Anyone facilitating the sale and abuse of children can be imprisoned upto a 3 years period with a fine of upto Rs. 50,000.
7. Children <14 years cannot enter a cyber café unaccompanied by an adult.

Some Pro-active Steps Recommended by the Act

1. Setting up of Victim Assistance Units.
2. Sensitization of police and others involved in assistance programs for children.
3. Better investigation techniques: Such as under cover agents.
4. Setting up of a children's court to try all offences against children.

This Act ultimately expects all the people in the state to keep their eyes open and fulfill their duties in relation to any child.

POST-TRAUMATIC STRESS DISORDER (PTSD)

A child or adolescent who experiences a catastrophic event may develop ongoing difficulties known as PTSD. A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

Symptoms of PTSD

- Worry about dying at an early age
- Iosing interest in activities
- Some physical symptoms like headache or stomachache
- Sudden or extreme emotional reactions
- Problems falling or staying asleep
- Irritable or angry outbursts
- Problems concentrating
- Acting younger than age
- Showing increased alertness to the environment
- Repeating behavior that reminds them of the trauma.

Duration of Symptoms

Several months to many years.

Management of PTSD

1. Prevention is the best approach.
2. Once the trauma has occurred, early intervention.
3. Support from parents, schools and peers are essential.
4. Behavior modification techniques.
5. Psychotherapy.
6. Medications where needed.

8 Adolescent Sexual and Reproductive Health Needs

INTRODUCTION

Adolescent (defined as 10-19 years) groups constitutes one-fifth of total population, none of the existing health policies or programs are specifically targeted for this group. They are benefited usually as a by-product of objectives of some other programs. The focus of health related policies and programs have been on child (under five) and mother for the last fifty years. Only in last three to four years, there has been a growing concern for this age group especially after ICPD at Cairo; and in the Government of India recent approach on Reproductive and Child Health (RCH) and Integrated Child Development Service Scheme (ICDS). Five out of 10 countries (Bangladesh, India, the Islamic Republic of Iran, Maldives and Sri Lanka) have undertaken policy initiatives to address the issue of adolescent fertility (such as increasing the age at marriage in Bangladesh and enacting the Child Marriage Restraint Act in India). These countries have also responded by adopting several programs, such as family life education in school, health and vocational training, nutritional education, family planning, maternal and child health care, youth programs and information-education-communication (IEC) activities. Only a few national non-governmental organizations (NGOs) offered reproductive health services appropriate to adolescents, owing to the sensitivity of sexual issues, especially with regard to this group. However, it has been apprehended that there is a significant scarcity of information relating to various efforts being put by Central and State Governments and Non-Government Organisations (NGOs).

The South Asia Conference on Adolescents was staged in New Delhi, India, in July, and the Technical Seminar on Adolescent Reproductive Health was held in Bangkok, Thailand, in October under the UNFPA program. The need to include young people in the design and implementation of adolescent health programs was underscored by initiatives that took place during the year. The advantage of mobilizing young people to advocate for appropriate information and services was illustrated, as was the effectiveness of utilizing media favored by youth.

Adult family members of both sexes have to be informed of the need and value of sexuality education for adolescents, and they need to be reassured that young people need their support. In addition, the religious community needs to know that the goals of sexuality education are not inimical to moral development. Rather, such education can help young people make responsible choices and decisions.

Also underlined was the importance of involving parents and the community and of fostering an "enabling" environment by equipping adults, through training and sensitization efforts, to help adolescents.

Although social policy interventions to reduce poverty are important in areas such as obesity, diabetes, cardiovascular risk, injury prevention, and mental health, other interventions in early life are likely to be more cost effective than at any other age. The successful prosecution of the case for children and adolescents demands effective advocacy. With an increasingly older population and the demands of services for the elderly, the needs of children, unless made specific, are increasingly likely to be overlooked.

Adolescence is an important period for laying foundation for adult sexual behavior development through socialization. The onset of puberty and

reaching responsible sexual behavior usually begins in this phase. Correct information is required to avoid diseases and risk taking behavior, which influence not only growth and development of adolescent groups but also has intergenerational effects.

In India, adolescents include a whole gamut of categories: They are affluent, poor, migrants, school-going, dropouts, sexually exploited, working adolescents- both paid and unpaid, group with special needs, also married males and females with experience of motherhood and fatherhood. The specific issues related to adolescent groups thus vary on the basis of sex, and age (10-13, 14-16 and 17-19) representing stages of growth and development, besides their background. In fact, biological factors of age and sex cut across all the background characteristics of this group.

ADOLESCENT HEALTH SERVICES

The adolescent health related issues comprise various issues related to health and non-health such as physical, mental, emotional, psychological, educational and skill development and other development related issues. These issues could be categorized into (i) health, (ii) education, (iii) socio-psychological adjustment, (iv) personality development, (v) occupation/ income generation, and (vi) groups of special needs, e.g. disability, street children, etc. The prevalence of gender discrimination in the society at every front has introduced still another dimension to the issues relevant for this group.

Previous studies have shown that majority of the adolescents had no sound knowledge in the areas of reproductive health. They had a number of misconceptions regarding marriage, menstrual cycles, pregnancy, child bearing, knowledge of contraceptives, reproductive morbidity, incidence of HIV/AIDS, etc. The knowledge level of the adolescents with respect to reproductive and sexual health was not at all satisfactory. Both the adolescents and other stakeholders were very keen on sex education for the adolescents to understand the reproductive and sexual health issues better and overcome their ignorance.

FRAMEWORK FOR THE DEVELOPMENT OF ADOLESCENT FRIENDLY SERVICES

Adolescent friendly health services represent an approach, which brings together the qualities that young people demand, with the high standards that have to be achieved in the best public services. Such services should be accessible, acceptable and appropriate for adolescents and should be delivered in the right place at the right time at the right price and delivered in the right style to be acceptable to young people. They will be more effective if they are delivered by trained and motivated health care providers who are technically competent and who know how to communicate with young people without being patronizing or judgmental.

The services should aim at improving the reproductive health status of the adolescents through proper intervening techniques.

While young people's knowledge and awareness about sexual and reproductive health is increasing, much of this knowledge remains superficial and ridden with myths, misperceptions and a sense of invulnerability. Gender power imbalances make risky behaviors acceptable, encourage secrecy and fear of disclosure, and inhibit negotiation among partners.

Sexuality education remains inadequate and irrelevant to young people's needs, and services remain inaccessible, unacceptable, unaffordable and of indifferent quality.

Adolescents want to know the following knowledge and skills

- Physical and psychological changes during puberty period
- Relationships between peers and with parents
- Sexual relationship and safe sex for preventing RSH related risks including unwanted pregnancy, STIs/HIV/AIDS and sexual abuse
- Male responsibilities and participation in prevention of RH related risks
- Where the information and services are located and how to access them.

Lack of communication with parents and other trusted adults, similarly, keeps young people ill informed and unlikely to receive parental support or counsel in relation to sexual matters.

MARGINALIZED ADOLESCENTS AND YOUNG ADULTS

As commonly known, adolescent groups are susceptible to unhealthy and risk taking behaviors like unsafe sex, substance abuse (smoking, drug and alcohol abuse), violence, juvenile delinquency, premarital sex adolescent pregnancy, eating disorders, depression, suicide and to reversible or irreversible health consequences. Vulnerability of this group is also increased by their lack of correct information and knowledge.

Especially adolescent girls are socially more vulnerable due to poor educational status, malnutrition besides STDs and HIV/AIDS infections. The socialization process and patriarchal system, gender inequality, early marriage, early pregnancy, all affect normal growth and development of adolescent groups.

The United Nations estimates that more than 300 million indigenous people live in more than 70 countries. Most indigenous groups share the demographic profile of developing countries where youth, defined as those aged 10 to 24 years, comprise the largest segment of the population. In addition, these groups tend to be poor, rural, and left out of the process of economic development. Indigenous youth face the same barriers to reproductive health services that other youth face; however, they encounter additional obstacles because of their indigenous roots. Many face social and institutional discrimination and may be reluctant to use available reproductive health services. Indigenous people often dwell in less accessible places, such as the mountainous regions. If they are poor and live in a rural area, access to services may be limited. If they live in urban areas, they may face problems with acculturation issues and discrimination. Many indigenous youth, especially girls, speak only their native language and find it difficult to operate in the mainstream culture. They may be more comfortable with their own health belief systems, traditional providers, and treatments than with Western medicine.

Together, these and other conditions make indigenous youth a group with a large unmet need for reproductive health services.

IMPORTANCE OF ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

It is only very recently that the sexual and reproductive health needs of this group of people have received attention in India.

Early Marriage and Pregnancy

In India, the legal age at marriage is 18 for females and 21 for males. Nonetheless, early marriage continues to be the norm. By the age of 15, as many as 26 percent of females are married. By the age of 18, this figure rises to 54 percent. Despite the rising age at marriage and laws prohibiting early marriage (Child Marriage Restraint Act of 1929 and its amendment in 1978), half of all women aged 20-24 were married by 18 years and a quarter by 15 years.

Among females aged 15-19 at the time of the survey, one-third were already married. In contrast, boys rarely marry in adolescence—only 6 percent of those aged 15-19 were married at the time of the survey.

Majority of the adolescents had no sound knowledge in the areas of reproductive health. They had a number of misconceptions regarding marriage, menstrual cycles, pregnancy and child bearing, knowledge of contraceptives, reproductive morbidity, incidence of HIV/AIDS, etc. The knowledge level of the adolescents with respect to reproductive and sexual health was not at all satisfactory. Both the adolescents and other stakeholders were very keen on sex education for the adolescents to understand the reproductive and sexual health issues better and overcome their ignorance.

Approximately 15 million young females aged 15-19 give birth each year, accounting for more than 10 percent of all babies born worldwide. Only about 17

percent of them use contraception. Young mothers, especially those under 16, have increased likelihood of serious health risks.

The risk of death in childbirth is five times higher among 10-14 years old than among 15-19 years old and, in turn, twice as high among 15-19 years old as among 20-24 years old.

Teenagers are over represented among those obtaining abortion and even more so among those needing medical care for complications of unsafe abortion. When adolescents bear children, their offspring also suffer higher levels of morbidity and mortality. Statistics on rape suggest that between one-third and two-thirds of rape victims worldwide are 15 years old or younger.

Reproductive health facilities in the developing world serve fewer adolescents than people in their 20's and older. While there are usually health services in place to provide married women under 20 with the prenatal and maternity care they need, consideration is rarely given to their age-related, physical, or emotional needs. Also, contraceptive services are often discouraged until after a young married woman has had a first or even a second birth.

Health providers are especially reluctant to serve young unmarried people. This reluctance often reflects social attitudes and cultural perceptions that adolescents sexual activity is inappropriate.

Yet, as more unmarried young women become pregnant, some new efforts to meet their special need for prenatal and maternity care are being tested and evaluated.

According to a recent study by the United Nations, of the 125 Governments worldwide whose views regarding adolescent fertility were known, 96 (79%) expressed concern over the high rates. Nineteen countries in Asia were in this group, although eight Asian countries (four of which were in Western Asia) did not view adolescent fertility as a matter of concern. It seems perverse that so much resource is currently being targeted to the palliation of adult disease, with so little focus on addressing the antecedents of adult health in childhood and adolescence.

Premarital Sexual Activity

Premarital sexual activity is clearly more common among men than women, although some difference may reflect over-reporting among males and under-reporting among females. Typically, fewer than 10 percent of young women reported premarital sexual experience, while a higher range (15-30%) was observed among young males.

There is some evidence to suggest that several more anticipate sexual activity and sexual debut in the foreseeable future: for example, while 15-17 percent of young males in a Lucknow slum reported sexual activity, some 38 percent reported anticipating a sexual encounter in the next six months.

A study of low-income college students in Mumbai shows that while 26 percent of young men and 3 percent of young women reported penetrative sex, many more - 49 percent and 13 percent, respectively - reported other forms of physical intimacy such as kissing and touching.

The suggestion that penetrative sexual activity may be preceded by periods of non-penetrative experience offers a window of opportunity for counseling and safe sex messages.

The majority of sexually experienced unmarried women report having sex with a steady partner with marriage in mind. In contrast, sexually active young males in several qualitative and quantitative studies have reported engaging in sex with multiple partners, casual partners and commercial sex workers. While there is wide variation in reported casual relations, between 20 percent and 40 percent of sexually active boys report a causal sexual experience.

Furthermore, age appears to be associated with increased casual sex experiences, particularly among young males; for females, there is no corresponding variation. For example, among urban males, the percentage reporting casual sex in a one-year recall increased from 8 percent among those aged 15-19 to

13 percent among those aged 20-24; rural males correspondingly reported an increase from 10 to 15 percent. States with particularly high proportions of adolescent males (15% or more) reporting casual experiences include Andhra Pradesh in the south, Bihar and Madhya Pradesh in the north, Gujarat in the west, and Arunachal Pradesh, Mizoram and Sikkim in the north-east. Those with particularly high proportions of young females (5% or more) reporting a casual experience include Andhra Pradesh and Kerala in the south, Bihar in the north, Maharashtra in the west, and Arunachal Pradesh and Nagaland in the north-east.

Sexual Abuse

The potentially traumatic impact of child sexual abuse is well documented, notably as a contributory factor in poor school performance, substance abuse, delinquency, prostitution, sexual dysfunction, mental illness, suicide, and transmission of abusive behavior to subsequent generations. Over the past two decades epidemiological studies have yielded prevalence estimates of child sexual abuse ranging between 6 percent and 62 percent for women and 3 percent and 31 percent for men. The risk of adolescent boys who have been victims of sexual abuse engaging in sexually abusive behavior towards other children is increased by life circumstances, which may be, unrelated directly to the original abusive experience, in particular exposure to a climate of intrafamilial violence.

The incidence of adolescent rape (10-16 years) increased by 26 percent between 1991 and 1995 (in India). Alcohol abuse, in both domestic and non-domestic settings, appears to be the main cause of adolescent rape. Dowry killing is a particular form of violence reported to be more common in India than elsewhere in the region (South Asia).

Involvement of Males

Male adolescents, for their part, often lack a sense of shared responsibility for sexual and reproductive matters and respect for reproductive choices. This helps perpetuate traditions in many developing countries that encourage early marriage followed quickly by a first and subsequent birth. Even where these influences are waning, lack of sexual and contraceptive knowledge, along with difficulty in obtaining contraceptives, results in continued early childbearing among adolescents.

HIV/AIDS and Other STDs

In the developing world, complications of pregnancy, childbirth and unsafe abortion are major causes of death for women aged 15 to 19. Contraceptive use remains low for single, sexually active teenagers and adolescents aged 15 to 24 have the highest rates of infection, HIV and other sexually transmitted infections.

According to the recent report on knowledge, attitudes and practice of youth drawn from the National AIDS Control Organization (NACO) National Behavioral Surveillance Survey, some 10 percent and 8 percent of rural and urban young men aged 15-19, respectively, reported a casual sex encounter in the 12 months preceding the survey compared to 2 percent of sexually active young rural and urban females.

Even after being exposed to valid information via mass media, adolescents are not keen on changing their risk behavior. The incidence of sexually transmitted diseases (STDs) is also disproportionately high among young people: 1 in 20 adolescents contracts a sexually transmitted disease each year, and half of all cases of HIV infection take place among people under age 25 to 33. 85 percent adols understood use of contraceptives while 2.9 percent knew nothing about HIV/AIDS prevention. Though most knew the availability of condoms at the health centers 10.5 percent did not know this. 50 percent asked for more information on adolescent reproductive health issues and interest differed in males and females.

Health Education

Health promotion should aim to help young people to develop relationship and negotiation skills. Sexual health education focusing on such skills can increase control. Moreover, anticipated regret is associated with subsequent contraceptive use.

Therefore, making young people aware of the potential emotional and relationship consequences of early sexual intercourse may delay first intercourse.

Abstinence Education

Abstinence education generally focuses on delaying the initiation of adolescent sexual activity until adulthood. Many schools have adopted abstinence-dominant or abstinence-only education programs for school sexuality curricula. To date, the evidence regarding the efficacy of such interventions in the reduction of sexual behaviors remains controversial. There is some consensus that abstinence-based education and intervention is most effective when targeted toward younger adolescents and before their becoming sexually active.

The risks and negative consequences of adolescent sexual intercourse are of national concern, and promoting sexual abstinence is an important goal of the American Academy of Pediatrics.

Pediatricians have an active role in reducing the risk of unintended pregnancies and STDs in their adolescent patients.

Delaying Sexual Initiation

Interventions aimed at delaying the onset of sexual initiation need to focus on cohort norms as well as on an individual's perceptions and behaviors.

School Interventions

Nonclinical models can be located in school and community settings close to where teenagers meet for recreational or other activities. Because these models involve both counseling and behavioral interventions, they can meet the needs of both sexually experienced and inexperienced youth. They can offer abstinence-based messages with strategies for young people who want to delay sexual initiation and who want to know how to handle the pressure in a relationship that might lead to greater intimacy.

The Family Planning Council administered the Health Resource Center program in selected public high schools in Philadelphia, where students in these schools can drop in for counseling and education offered by a health care professional from a Title X clinic where confidentiality is maintained. Students are informed that abstinence is the only sure way to prevent pregnancy and infections, yet those who choose to be sexually involved can receive free condoms or tests for STDs and pregnancy during regular school hours. The program's experience to date suggests that interventions like this can be just as successful in nonschool settings and are well positioned to form linkages with clinical services to ensure that adolescents who need medical care and want more effective contraceptives have an easy transition to that level of care. In this model, young people are informed of the benefits of medical care, are assured of the confidentiality and affordability of that care, and become familiar with service providers in preparation for accessing health services.

To date, the most promising counseling and education interventions have utilized theory-based skill-building strategies, and have integrated pregnancy and STD prevention messages.

Therefore, the integration of consistent, reinforcing behavioral messages and strategies for youth and parents is critical to the success of a tiered system.

Counseling

Adolescents should receive counseling that discusses the high failure rate of withdrawal for pregnancy prevention. In addition, counseling should stress that this method provides little or no protection against STDs.

The promotion of healthy and responsible sexual decision-making is one of the goals of counseling adolescents about contraception.

Pediatricians should be able to encourage abstinence and provide appropriate counseling about sexual behaviors. Counseling should include discussion about the prevention of STDs, education on contraceptive methods, and family planning services for the sexually active patient. When these services

are provided in the pediatrician's office, policies and procedures for the provision of such services should be developed.

ADOLESCENT REPRODUCTIVE SEXUAL HEALTH SERVICES

A coordinated sexual health service in both family planning and genitourinary medicine is urgently needed—especially as those at most risk of genital infection and unintended pregnancy are aged under 25. Provision of quality medical care tailored to the needs of adolescents will improve their health. As such, although the staff members are experienced in working with adolescents, additional training on sexuality was provided. Even in well-resourced countries, advances in health care have not always been accompanied by commensurate attention to the child's wider well-being and sufficient concerns about their anxieties, fears, and suffering. In accordance with the United Nations Convention on the Rights of the Child the aim is to develop a system of care that will focus on the physical, psychological, and emotional well-being of children attending health care facilities, particularly as inpatients. Child Advocacy International will liase closely with the Department of Child and Adolescent Health and Development of the WHO and the UNICEF in the implementation of the pilot scheme in 6 countries.

Involving Men

Reaching out to men is a key component of the PRIME II Project's strategy to increase the number of pregnant women and families who take steps to prepare for births and possible complications in Uttar Pradesh, India. Men stated that they now felt responsible not only for such pragmatic tasks as arranging transportation and financing in the event of an emergency but also for taking action as a member of their home birth team. The males have to be encouraged to take an active participation in all the adolescent programs for its success. After undergoing Comprehensive Health and Gender Education (CHGE), many boys appeared to view themselves differently after realizing the crucial role played by husbands during pregnancy and the importance of making preparations for delivery. Majority of the boys felt that the husband should help their pregnant wives by sharing housework, taking her for regular medical checkup and ensuring that she takes proper diet.

Optimal Services by Practitioners

There is a need for resident training and for continuing education for practitioners. Public policy changes should be made that would support families and promote good child outcomes, including diagnostic and procedure coding, which could enable pediatricians to practice family pediatrics. After a 9 percent rise from 1985 to 1990, teen pregnancy rates reached a turning point in 1991 and are now declining. Physicians should counsel their adolescent patients about responsible sexual behavior, including abstinence and proper use of regular and emergency contraception.

Teenagers receive suboptimal care in general practice and that general practitioners frequently fail to make the most of the opportunities afforded by routine consultations.

Coordinated Effort of All Stakeholders

Young people need to be involved in planning the curriculum and identifying their needs for information and skill development. A program that takes young people's views into account is likely to be more effective. Recent studies have demonstrated the importance of youth, parent, physician, and education partnerships in the prevention of health risk behaviors such as early initiation of sexual intercourse. Teenage couples who choose to abstain from sexual intercourse should be encouraged and supported by their parents, peers, and society (including the media) and especially by their pediatrician.

Contraceptive Services

Improving access to health education and contraceptive services is seen as the principal way to reduce teenage pregnancy. Contraception remains an

important part of national efforts to reduce adolescent pregnancy in the United States. The use of condoms and vaginal spermicides continues to be recommended for all sexually active adolescents to reduce (not eliminate) the risk for acquiring sexually transmitted diseases.

There is no evidence that refusal to provide contraception to an adolescent results in abstinence or postponement of sexual activity. In addition, no evidence exists that provision of information to adolescents about contraception results in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners.

In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to have negative outcomes to sexual activity. Two school-based controlled studies that demonstrated a delay of onset of sexual intercourse in the intervention group used a comprehensive approach that included a discussion of contraception.

Adolescents must understand that the use of a condom is not optional and that a new condom must be used each time they have sexual intercourse. They must also be instructed in the correct use of a condom. Adolescents need to understand that no other contraception method provides the same protection from STDs. The combination of spermicide and condoms is a very effective means of contraception for adolescents because it provides effective prevention of pregnancy and STDs, is available without a prescription, and is inexpensive. Oral contraceptives are reliable and effective for the prevention of pregnancy, are available by prescription, and are the most popular method of contraception among adolescents. Adolescent compliance with oral contraceptive use may be enhanced by appropriate patient education and problem-solving techniques. This includes careful instruction regarding the use of oral contraceptives, anticipatory guidance about side effects and their management, a discussion of correct pill usage (including when the first pill should be taken during the menstrual cycle or what to do if a pill is missed), and frequent follow-up and monitoring.

The Youth Clinic of the Association for Reproductive and Family Health (ARFH) of calls ECPs "lifesaving," in support of the project's aim to increase access to ECPs, especially among youth aged 15-24. Improved knowledge of, and access to, emergency contraception is often advocated as a means of reducing teenage pregnancy. Frequent follow-up is important to maximize compliance for all methods of contraception, to promote and reinforce healthy decision-making, and to screen periodically for risk-taking behaviors and STDs. Each adolescent should receive ongoing support, personal guidance, and reinforcement to enhance effective and consistent contraceptive use; parental support (if possible); and couples counseling or the opportunity for couples interaction with the health care professional.

While teenagers generally understand that using condoms helps to prevent pregnancy and STDs, it will be important to incorporate consistent, reinforcing messages regarding consistent condom use at each level of a tiered system.

Ideally, a tiered service delivery system should be designed to reflect a community's culture and values, and should offer confidential counseling and education along with over-the-counter methods, including condoms, in non-clinical settings. The system should also offer STD and pregnancy urine screening tests in these locations for sexually active youth.

Use of Traditional Practitioners

There is evidence that trained traditional medical practitioners could be effectively engaged to increase contraceptive knowledge about reversible and non-reversible methods among rural women.

9 Introducing Reproductive and Sexual Health Education in High Schools

ACTIVITIES

1. Role plays
2. Discussion
3. Expression
4. Narration
5. Debate
6. Skit Presentation
7. Frequently Asked Questions
8. Fact or a myth!!!

ROLE PLAY–1

Introducing Nocturnal Emission

It is difficult to bring up the subject of nocturnal emission to a group of young boys. Our experience shows that the best way would be to equate it with menarche - something so natural.

Roshan's mother one day said to his father that Roshan has started looking after himself. She even saw him washing his bed sheet. Previously she had to look after him just like a kid.

Then the father gives a smile and says, "So he has learned to keep secrets away from you". Then the mother feels anxious and asks what it is all about.

Father says positively, "Nothing to worry it is all part of growing up. Our daughter is now getting her monthly periods, likewise he is also in the path of growing up. It is quite natural that unknowingly they can have some emissions in the night. Boys usually call them 'wet dreams', they may not even wake up, and when they wake up, the pyjamas or sheet may be sticky wet with a thick white liquid. It is perfectly OK. There is no harm in it.

There is no need for any fear or anxiety or frequent visit to quacks promising magical cure as this normal phenomenon does not need any treatment at all.

DISCUSSION—1

Given below are some of the facts on adolescence:

- Risk taking behaviors are common.
- Demands privacy and tries for autonomy.
- Avoidance from family duties is common.
- Once they are grown up don't feel free to walk around like small children and all of a sudden start preferring to dress and bathe in privacy.
- They spend hours in front of the mirror and still do not feel satisfied with the appearance, hairstyle, etc.
- The change in school uniform as they go form primary to high school.
- Doubts on body changes can occur.
- Girls generally are shy due to the sudden growth spurt.
- Early maturing boys enjoy greater social success and higher esteem than late ones and the reverse is true for the girls.
- Once girls are grown up they are not allowed to freely mix up with boys.
- The growth rate varies between individuals.
- Only excessive sex related thoughts could cause night emissions.

You can create discussion on similar issues.

DISCUSSION—2

Puberty is a time for changes in your body to set you up to enjoy adulthood. Puberty is really important: This is how your body mature and becomes ready to procreate.

Given below are the body image concerns of the adolescents:

- Feeling too skinny?
- Weighing in at more than before?
- Is the face looking a bit oily?
- Are breasts feeling tender?
- The breasts are too small/too big?
- Are you shorter than the other boys on the court?

Generate response from the adolescent on similar issues.

You are all unique individuals and so the changes will be different for everyone.

Thought for the adolescent

The consequences of not "measuring up" leads to a negative self image, where you don't like yourself, inside or outside. These negative images may put some doubts in your mind and result in an eating disorder, where you starve yourself to lose weight, or eat too much and feel guilty. But who's to say that you're not okay just the way you are? You, or anyone else, should not need diet pills, hours at the gym and credit cards to feel good! And you don't need to be shaved all the time, or feel you have to get tattoos or body parts pierced just to be attractive to someone else. Of course your appearance is very important to you. But focus on developing your own personal style, instead of looking "perfect".

EXPRESSIONS—1

Express your attitude to the given below statements:

- Wearing a dupatta over churidar is mandatory
- A girl wearing tight clothes solicits undue attention.
- A girl can wear transparent dress even if it reveals more than needed.
- Nowadays innerwear is more for fashion and less for covering/support.
- Some girls wear minis and then start pulling the skirt in public as if it to make it long.
- Party dress is for the party and not for the routine use.

What we think and do make us more beautiful than all the make up we do. The real beauty is that which comes from within and reflects on your face. Mariie Fenton says, "the harmony comes from showing the best possible side of both personality and appearance. This is what the modern teen should strive for, an enrichment both of the mind and the body to become a healthier, better looking, more intelligent, better rounded and more interacting human being".

You are not dressed well until you wear a smile.

NARRATION—1

- Ask the participants to narrate situations where they felt foolish that they were fighting for the wrong cause.
- Talk about situations where the teenager is adamant and the mother was being more realistic.

DEBATE

Conduct debate on:

- You spend hours in front of the mirror and still do not feel satisfied with your appearance, hairstyle, etc.
- Personal appearance is everything.
- Fair complexioned people have got a better edge over the dark.
- To be attractive a girl should appear sexier.

SKIT PRESENTATION

Virginity

Situation: Mother is reading the newspaper.

Mother (murmurs) Not a single day without an abuse.

Niranjana curiously looks at the report that describes a small kid having been abused.

Niranjana : Mamma, here it says that the girl was tested by a doctor to confirm the rape.

Mother : That was done to see whether real abuse has taken place or not.

Niranjana : I didn't get you, mamma.

Mother : Haven't you not studied in your biology chapter that there is a thin

membrane called hymen, which partially occludes opening of the vagina with a central opening for passing menstrual blood. The hymen is often ruptured during sexual intercourse. The doctor can confirm it by examining the girl.

Niranjana : Is that why a girl should bleed on her first night.

Mother : Not necessary, It may be broken by strenuous exercise, cycling, horse riding, yoga, etc. apart from sexual intercourse

If some boy misbehaves with a girl your immediate reaction would be a hate for the boy and sympathy for the girl.

But later if you find out that the boy is your brother many may turn supportive of him and blaming the girl for the incident.

If some boy misbehaves with a girl your immediate reaction would be a hate for the boy and sympathy for the girl. But later if you find out that the boy is your brother many may turn supportive of him and blaming the girl for the incident.

FREQUENTLY ASKED QUESTIONS

1. **During childhood I received a lot of love, affection and appreciation from every one - parents, relatives, etc. But things changed fast. When I entered my teens, less appreciation came in and the care I was getting was less. I started confiding less to my parents. This changed me entirely; I am now more arrogant and irresponsible and cannot concentrate on my studies. What do I do?**

   These are the normal and usual changes that take place in teenage years. As you grow up, others attitudes as well as way of showing love and affection towards you will definitely change. When you are kid, you have the freedom to sit on your parents lap, but once you grow up, you won't try for that. You should try to accept and understand the changes and should develop a positive attitude towards it. Try and make a new beginning. Still if you find it difficult, you can discuss it with an elder person (aunty/uncle/teacher/family doctor/school counselor) to whom you can confide.

2. **Why is that when a child enters adolescence she or he is given less freedom? They are being constantly fired and questioned.**

   Adolescence is a period of emotional instability with strong likes and dislikes as well as extreme affinity for peer groups with a high possibility of risk taking behavior. The adults who have understood that, gone through it are over anxious to make sure that the adolescent do not fall into any trap and hence they try to be over protective. You rightfully hate it now, but tomorrow you may behave the same way with your adolescent child.

3. **My main problem is that I am highly irritable and aggressive. I get very angry when my parents advise me. My parents insist that I should secure the 1st rank. But I am quiet lazy.**

   The best thing about you is that you have good understanding of your own problem; it is just that you refuse to take action. Being irritable and antagonistic to parental advice is part of your growing up. I am sure you will come out of it very soon. All parents do not have the tact to deal with adolescents. They openly show the dissatisfaction creating more irritability in you. As you yourself has said that you are lazy, best solution would be to try to overcome it, not necessarily for being 1st in the class but for doing your optimal best.

4. **Exactly what are hormones?**

   Proteins or steroids secreted directly into the bloodstream are called hormones. Many of your body's normal, everyday, functions are regulated by hormonal substances such as metabolism of minerals, regulation of fluids, your responses to stress, sexual function, reproduction, and pregnancy. Glands such as the pituitary, hypothalamus, thyroid, parathyroid, pancreas, adrenal

cortex and medulla, and ovaries make up the endocrine system that produces hormones in women. When there are breakdowns or malfunctions in the hormonal process, your body is drastically affected.

5. **I feel very bad when my parents or teachers scold me. But later I realize that it was my fault and I feel guilty.**

All of us feel bad when somebody points out our mistake and even worse if they scold us. But as we grow we learn to analyze what went wrong and how we made the mistake. This should be an enriching experience to develop a healthy personality and guilt has no rule in this because beyond a point guilt is self-destructive. The best part is that you have good understanding of your own problem.

6. **Why night dreams occur?**

When a boy attains maturity his testes will start producing sperms. This sperm mixes with the fluids in the prostrate and seminal vesicles to form the semen. Since the storage capacity is limited and finite, whenever the quantity of semen exceeds the storage capacity the semen is expelled or ejaculated out. In deep sleep sometimes a person gets erotic dreams leading to sexual arousal and ejaculation of semen occurs in sleep itself. This is called a wet dream or nightfall. In medical terms it is known as nocturnal emission/ejaculation. It is a perfectly normal physiological process and does not cause any ill health; therefore it does not require treatment.

Sometimes during a wet dream he/she is likely to see a known person or a relative as the sexual partner. This may lead to development of guilt. The inability to have control on this process further compounds the problem and leads to depression and anxiety along with guilt complex. This surely needs attention and this can be taken care of by effective counseling. Any drug/medicine, which are prescribed, have a placebo effect only.

7. **Is there any treatment of nocturnal emission?**

Nocturnal emission is a perfectly normal physiological process and does not cause any ill health. Therefore it does not require treatment. In fact there is no medicine (allopathic or ayurvedic).

8. **What is hymen?**

The hymen is a thin membranous structure situated at the entry of the vaginal opening It has a opening for the passage of menstrual blood. There are mainly 4 types of hymen:

Some women are born without a hymen and others accidentally tear it during vigorous exercise. The function of the hymen is to protect internal tissues early in a female life. The belief that hymen is broken only during the first intercourse is prevalent in many communities. It has no scientific evidence. Coitus can occur without tearing a very flexible hymen. The misbelief that a virgin will bleed in the first night has to be rooted out as this not a hard and fast rule. Many marriages have been ruined because of this false idea in the man's head. The notion of virginity and its glorification is as old as human civilization.

9. **What is vulva?**

The external genitalia of female are collectively known as vulva. It consists of two folds on the sides namely thin inner labia minora and thick outer labia majora, with a central large vaginal opening. The labia majora/outer lips are covered with pubic hair on the outer surfaces. It has a large number of sensory nerve endings that respond to touch and pressure. The labia minora/inner lips are hairless folds of skin. This contains extensive number of blood vessels and nerve endings. There is great variability in the appearance of labia minora. Above the vaginal opening there is a small urethral opening for passing urine and a highly sensitive rudimentary penis like organ called clitoris above the two openings.

10. What is clitoris?

The clitoris is situated above the urethral opening. It has no reproductive function. This has an extremely rich supply of nerve endings, making it more sensitive to touch than any other part of the female organs. The size may vary considerably from woman to woman; there is no direct relationship between the variation and capacity for arousal and orgasm.

11. What is vagina?

The vagina is the fibromuscular tube, connecting the external genitalia and the internal organs of reproduction in female. It is passage through which the baby passes at birth. The lower one-third of the vagina, near the vaginal opening, has more nerve endings than the upper two-thirds. Because the lower one-third of the vagina develops from outside skin and the upper two thirds develops from inside. As a result the lower vagina is more sensitive to sexual stimulation.

12. My penis is shifted to the right, will it cause any problem in the future?

No, it is a normal thing.

13. What is sexuality?

Sexuality is a boon given to mankind by the almighty. It is the sum total of one's thinking, behavior and attitude. Or in other words it is being comfortable with ones own body, emotions and feelings. To develop a positive concept about sexuality, one has to free ones mind from all fears, misconceptions, myths and complexes regarding one's own sexuality. Sexuality as is generally considered is not restricted to the physical, mental and romantic aspects alone. It has got other dimensions like spiritual, intellectual, social, legal, aesthetic and existential.

14. Should adolescents be allowed to see adult movies?

All adolescents at this stage are curious to know about sex. So it is quite natural that they may want to see nudity in movies. There is no harm as such. Certain scenes with extremes of violence, horror, sexual perversions, etc. can be threatening to the adolescent mind, as they have not attained the maturity to differentiate these from the normal life situations. Even though they are at their optimal intellectual level during this period it is most likely that their interests may shift to unwanted thoughts. And as study requires constant attention and memory, this may affect their scholastic performance also. Moreover blue films often depict women as mere sexual objects. Rarely it may impair the long-term relationship with women in general resulting in a miserable marital relationship.

Experimentation is a normal part of the adolescent development, however, anything in excess is dangerous and hence viewing these films frequently is not advisable.

15. Why conflicts arise between parents and the teenager?

One of the biggest conflicts among teenagers and elders is the sudden need for the child to have self-identity, personal freedom and space to grow up. Often it will come so fast that parents are reluctant to let go; they have trouble seeing their child as having developed into a young adult and suddenly demanding personal space.

Disagreements about sexual attitudes and behaviors often influence how well adolescents and parents in some families get along. Most have little communication with their parents about sexual matters and feel they've been given little or no information about sex. By doing this, parents are risking their children's well being and good ethical development. There are many benefits to a freer expression of love within the home. Much of adolescent's sexual identity will come straight from their peer group. Some beneficial suggestions for a parent to do are; to monitor peer groups carefully (get to know their parents), take active interest in your teen's life activities, schoolwork, and always stress good communication while guiding them toward a healthy ethical environment.

16. What is masturbation?

Masturbation is the process of self-stimulation, designed to derive pleasure, thorough any means except sexual intercourse. Masturbation is playing with the genitals and stimulating them

and is universal among adolescent boys and not uncommon among adolescent girls.

17. Is masturbation unhealthy?

Every boy at one time or other, in one-way or other has masturbated, but it may not be always so for girls. It has no adverse effect on the health of the individual and may provide an alternate safe sexual outlet. But if masturbation becomes an obsession and interferes with daily routines, then it is time for consulting a doctor/counsellor.

18. Do females masturbate often?

Masturbation is a harmless natural outlet for sexual stimulation and is universal among boys but traditionally cultural values prevent many girls from doing so or admitting it openly.

19. What is sexual or gender orientation?

One's sexual orientation is a reflection of ones own sexual and emotional feelings toward people of the same or opposite gender. Sexual orientation will emerge over time. As young boys and girls grow up they begin to feel romantically and sexually attracted to other people and develop orientation towards the other sex (heterosexual) and sometimes towards the same sex (homosexual). Genetic factors, psychosocial and sociocultural factors determine sexual orientation. The sexual orientation of a person is expressed by his/her attractions, fantasies, attitude and behavior.

20. What is homosexuality?

A homosexual is a person who is attracted to and has sexual relations to, and has sexual relations with, a person of the same sex. Such feelings and activities may be a passing stage in a person's life, or it may be a lifelong process. Sexual activity is a personal matter and homosexuality is certainly different from heterosexuality, it is not considered normal in our society.

21. What is lesbianism?

Homosexuality among women is termed as lesbianism. It is not so uncommon for adolescent girls to be attracted to each other; at some stage the attraction and emotional dependence take a physical or sexual turn. This is a passing phase, unlike lesbianism, a long lasting sexual expression and preference. There is passionate kissing, intense body contact, mutual oral genital or clitoris stimulation, all leading to possibility of sharing body fluids with a risk for HIV transmission if any of the partner is HIV infected.

22. Is homosexuality physically and morally safe?

This is a dispute that has been going on since homosexuality came about as a public concern. There are three theories that are presented to explain homosexuality; they are: biological/genetic, psychological, and behavioral. All the above theories have supporting evidence, however, scientists lean towards genetic factors. Most social scientists do not support the idea that people simply decide to become gay because of a fad, to rebel, or because of being misinformed in sex education class.

23. How do I get periods?

For the first 14 days (approx), an egg starts ripening in your ovaries. Then, when the egg is ripe, it leaves the ovary and starts traveling down the fallopian tubes.

At this same time, progesterone, which is a hormone produced in the ovary, works to line your uterus with blood and tissue (therefore "cushioning" an eventually fertilized egg). If a ripe egg does not become fertilized with a sperm after traveling down the fallopian tubes for about seven days, it disintegrates and starts to shed. Once the egg sheds and the uterine wall has broken off, it flows out of your cervix and vagina, in the form of "blood". It's Day 1 again, and your cycle starts to repeat.

It takes a few years for your body to adopt a regular pattern of menstruation, so don't be surprised if your own is a little off schedule right now. A good idea is to use a calendar to help predict when your period is going to begin each month. It will also help if you record the day of your past period and any symptoms you may experience, like tender breasts, cramps, headaches, backaches, loss of sleep, fatigue, bloating, and acne. If your period is too heavy and painful,

you may want to ask a health personal to suggest an over-the-counter medication, or see your doctor.

24. What is the duration of normal menstrual period?

The cycle of your periods covers a time frame of around 24-35 days. The time frame is different for everyone because all bodies are so different. The first day of your cycle is the first day you start "bleeding", and the last day of your cycle is the day before you start your next menstruation. Now, everything that goes on in between these two days depends on your own body. The length of your cycle will not always be the same so don't worry that it is not always 28 days.

Although symptoms before and during your period may often be annoying, there are things you can do:

Stay away from salty foods, which cause your body to hold water. This adds to the "bloating" feeling you may experience before your period begins.

Use a hot water bottle on your stomach or back if you experience aches.

Talk to your health personal for advice on using simple over-the-counter remedies like ibuprofen. If your symptoms are serious, a physician can prescribe stronger medication, like prostaglandin inhibitors [(Naprosyn(r), Anaprox(r), Ponstan(r), Motrin(r) or Vioxx(r)].

Exercise and sleep are also important. They both keep your mind and body healthy.

If none of these things work for you, don't hesitate to speak to your doctor. Very effective treatments are available to help you, and there's no reason to suffer.

25. Is it safe to wear a tampon?

To avoid staining your clothing, you will need to wear a sanitary pad, a tampon, or a combination of the two. It's important to choose the right absorbency so that there is no leakage. You may find that you will have to change your pad or tampon every 4 hours or so. Because the tampon is worn inside the body, it is important to change it regularly because of the possibility of a very rare, but serious condition called toxic shock syndrome (TSS). Common bacteria that live on the skin cause TSS. Doctors believe that since blood is a breeding ground for bacteria, leaving a tampon for long hours causes the bacteria (staphylococci) to grow excessively and release toxins. When this happens; there is a S-M-A-L-L chance that you may develop a sudden high fever and achy body, and become very weak. Serious side effects follow, and in a small percentage even death.

Change your tampon every 4-8 hours! If you are removing a tampon, and after 4-8 hours white fiber is still showing, try a lower absorbency. When using a tampon overnight for up to eight hours, insert a fresh one right before you go to sleep, using the lowest absorbency needed, and remove it right when you wake up.

- Tampons not advisable
- In unmarried adolescent due to cultural reasons (chances of breaking hymen if not used properly)
- If one had a previous occurrence of toxic shock syndrome
- If one has heavy bleeding during the menstruation

26. I have not had menses yet. My friends often tease me for this. This often makes me mad. Could you please help me to take this in an easy way?

The normal age of onset of menses (menarche) is around 11-13 years. But it could be late upto 15-16 years with no medical concern. If you have not had menses by that age consult a doctor, as there can be conditions, which need intervention at early stages.

27. When I have periods I experience severe tiredness especially after tuition, is this because of periods or any other problems?

During menstruation there are so many hormonal variations taking place in the body and considerable amount of blood is lost. Most of the girls experience tiredness during menses and is

not abnormal especially when you are continuing with strenuous routines.

28. If a girl has not had her periods till 14 years it is a cause for concern.

Menstrual periods occur only after certain biological growth of the body and when the body has attained a certain critical weight. This is influenced by heredity, race, health status and altitude. Nutrition is an important factor in the onset of menarche. The energy needs of an adolescent girl are much greater than those during childhood. The average Indian girl has been found to consume inadequate amount of nutrients. For this reason the age of menarche among rural and urban poor girls is later than that of urban affluent girls. Girls living in hilly areas also have menstrual periods at a later age. This is because high altitude slows down the rate of weight increase from the very beginning of life. However, if a girl has not had her periods till the age of 16 years, it would be better if a doctor is consulted.

29. Is it normal to have clots in the menstrual blood?

Blood should be liquid, but some women may pass small clots. Large clots mean that the loss is abnormal and the fibrinolytic system cannot breakdown all the blood that is shed.

30. What is precocious puberty?

The appearance of any secondary sexual characteristics before 8 years or the onset of menarche prior to age is considered precocious. Constitutional precocity run in family and usually occurs very close to the borderline age of 8 years. The most serious effect of precocity is the resultant adult short stature. Since the skeleton is very sensitive to even lowest levels of estrogens these children are transiently tall for their age. However, due to early epiphysial fusion, eventually they are of short stature generally below 5 feet.

31. Who gets polycystic ovarian syndrome (PCOS)?

Although the susceptibility to PCOS is often inherited the exact cause is unknown. Polycystic ovary syndrome is less common among women as they get older and it's extremely uncommon in postmenopausal women. Unfortunately the consequences, such as diabetes and lipid abnormalities, of PCOS can last long after menopause.

32. How can you identify a girl with PCO?

The symptoms of PCOS most often begin with the onset of menstruation, but can begin earlier with the preteen years or can develop at any time during a woman's childbearing years. Most people who have this condition are obese, have facial hair, or very dark hair, and acne. These external features, makes the diagnosis easy.

33. How can PCO be diagnosed?

Many physicians diagnose polycystic ovary syndrome based on the symptoms. Confirmation of polycystic ovarian syndrome requires ultra sound examination to confirm presence of multicysts, enlarged ovary and blood testing for a variety of hormones. These hormones are produced by the ovaries, as well as the adrenal glands, pituitary gland, and thyroid gland. A complete evaluation for this syndrome includes a full physical examination and laboratory testing for cholesterol, trygliceride, glucose, and insulin.

34. My doctor told me that I have many cysts all over the ovaries. What does it mean?

Usually when a girl presents with PCO the doctor may look for the external symptoms, which has been explained. To confirm the diagnosis she may also do a ultrasound, which shows the presence of numerous cysts in the ovaries.

Sometimes some of these cysts can grow very large, and when this happens, it is very painful. If the cyst gets too big, then something more serious can happen, this is, that the ovary can sort of twist, which cuts of the blood flow to the ovary, and ultimetly in the end, your ovary might have to be removed. When the cysts get large, it is very painful.

35. What is the usual treatment for PCO?

Treatment of PCOS is largely dependent on the symptoms experienced by an individual woman, as well as whether fertility is an issue. For women not interested in becoming pregnant,

oral contraceptives are effective for regulating menstrual cycles; reducing the level of male hormones; and minimizing the risks of uterine cancer.

Treatments for the symptoms of polycystic ovary syndrome include:

- Losing weight if you are overweight or obese
- Progestins (synthetic progesterones)
- Oral contraceptives
- Insulin-sensitizing anti-diabetes drugs
- Anti-androgens
- GnRH analogs
- Fertility therapy with ovulation-inducing drugs.

36. What is the surgical therapy for PCOS?

An operation called a laparoscopy, which is where the doctors go into the pelvis with a sort of tube. They don't have to actually cut it open. Once inside, they can find the large cyst and be aspirated (or in other words, to shrink it down so it wouldn't be so big)

FACT OR A MYTH—1

Masturbation is Normal—Fact

Masturbation is the process of self-stimulation, designed to derive pleasure through any means except sexual intercourse. Regardless of the gender, caste and creed self-stimulation to achieve sexual pleasure and orgasm is effective and widespread. Surveys reveal that 75% adolescent boys and 20% adolescent girls admit to indulging in masturbation. If the person derives a positive feeling then there is no harm in indulging in it. Some people may feel guilty, as they were ashamed as children by their parents (they might have got caught by the parents for masturbating). It has no adverse effect on the health of the individual and may provide an alternate safe sexual outlet.

A lot of myths and misconceptions prevail in all societies about masturbation.

Excess of anything is dangerous. Anxiety may contribute to a disturbed state of mind. This may often lead to insomnia, compulsive thoughts and later on to lack of concentration. Hence if masturbation becomes an obsession and interferes with daily routines, then it is time for consulting a doctor/ counselor.

To a group of girls you cannot say masturbation is abnormal - guilt feeling among those indulging in it. Can't say normal - those not indulging may feel inadequate - 'Not abnormal' may be the right word.

MYTH OR A FACT—2

Homosexuality is Abnormal—-Myth or Fact!

Homosexuality is often referred to as the capacity to feel love and sexual satisfaction with someone of the same gender. Homosexuality is a different sexual preference. It is not considered normal in our society. Even if we do not approve of the action, we need not have a hatred or negative feeling towards a person with such habits. However, it is the responsibility of the adolescent, to see that nobody uses him/her for some one else's different sexual preference.

Encourage more of group fun activities where teenagers have a chance to mix about, show off, etc. without focusing attention on any particular individual.

ADOLESCENT HEALTH CARD

The Indian Academy of Pediatrics is committed to look after children till 18 years. All adolescents should undergo a yearly medical check up. The Adolescent Health Card can be used for recording the medical problems. The immunization schedule and Body Mass Index chart are also included in the health card.

SECTION 2

Premarital Counseling for Youth (15-24 Years)

- ❑ Pre-marital Counseling
- ❑ Marriage as an Institution
- ❑ Legal Aspects of Marriage
- ❑ Marriage Today
- ❑ Marital Adjustments vs Conflicts
- ❑ Healthy Marriage
- ❑ Reproductive Tract Infections
- ❑ Sexually Transmitted Infections
- ❑ Teenage Pregnancy and Abortion
- ❑ Introducing Reproductive and Sexual Health Education—Activities

10

Pre-marital Counseling

INTRODUCTION

Pre-marital counseling programs are intended to help couples learn about themselves and to provide them with specific information through a couple format. It is a personalized training, which aims at the couple's relationship-building insights and communication skills.

The goal of pre-marital counseling is to enhance the pre-marital relationship so that it might develop into a more satisfactory and stable marital companionship. The focus is on the establishment of skills to maintain the quality of the relationship over the lifespan. A pre-marital counseling program offers the couple an occasion to re-evaluate and confirm that the partner is the person that he or she wants to marry. However, in practice we must be able to offer the same to anyone above 18 years, boy or girl.

NEED AND IMPORTANCE

The primacy of marriage and family in social life is the most significant reason why one should prepare for it. It is amazing that while an individual will take immense trouble to prepare himself or herself as a driver of an automobile, such care and preparation or licensing is not seen when it comes to marriage and family. The increasing number of divorces, family conflicts and litigation in family courts are just the tip of the iceberg. It is no exaggeration to say that many families today are far below their expectations in terms of the quality of their family life.

Pre-marital counseling becomes important in the above context. It is a preparation for a happy and effective family life. Such programs will provide healthy attitudes, scientific information, remove anxieties and misconceptions about marriage, and family, prepare them to develop basic skills of family life, especially communication skills, provide information and discernment capabilities in choosing a partner, remind the participants of the need for a purpose-driven and value-based life, and most important give the idea that marriage and family life are challenges to one's growth and maturity.

GOALS AND CONTENT

Successful marriages are built on certain foundations:

1. An understanding of marriage and family as commitment to growth.
2. A commitment to growth as individuals and as marital partners.
3. An effectively functioning communication system.
4. The ability to resolve conflicts creatively.

Hence most pre-marital counseling programs or marriage preparation courses, as they are often called, aim at the following:

1. Enhancing of the communication skills of the couple: verbal and nonverbal, ability to discuss personal topics and discuss and share events of the day.
2. Developing friendship and commitment to the relationship: taking time together for talking, having fun together, etc.
3. Developing couple intimacy: Sharing feelings, sharing personal experiences, becoming psychologically close, etc.
4. Develop problem-solving skills and apply them to the areas of marital roles, finances, affective behavior, etc.
5. Focus on developing positive, rather than negative communication.

What is Marriage All About?

He enters marriage with a lot of fantasy, so also she, but unfortunately, not the same. Fantasy is colored by previous experiences—our own, that of other's and media projections. Reality may be unexpectedly good or bad and marriage is all about accepting it gracefully.

Qualities of a Good Life Partner

Some one who tries to perceive your difficulties and needs physical, emotional and sexual, protect you even against himself/herself, making provision for you and children, for a day when he/she may not love you any more!!!.

Why marry?

To satisfy the needs for:

- Safety and Security of home, sweet home
- Acceptance by partner and society
- Sexual desire without guilt feeling
- Having children our future together
- Companionship in good and bad times.

Marriage is not For:

Avoiding nuisance of single status, breaking an existing love affair, releasing burden of parents, solving family's economic burden or in the hope of curing mental illness.

A bride is expected to behave appropriately: as a wife, as a mother and as a daughter-in-law.

Where she doesn't have to be appropriate and can be the child again, is with her parents, when she is denied that access too, suicide is often the end result.

Some Tips for the Newly Wed

Adjusting with Partner—Fantasy

Accept that your partner also has fantasies and it is your responsibility to play up to it. Fantasy may be in personality, dressing style, romantic approach, caring and being cared. There is no way of knowing early the 'Real' person, meaning someone who does not wish bad for others.

Too Goody, Goody Partner!

Some one who genuinely do not want to hurt anybody, want to keep an image of being good or too much scared to do anything bad.

Too Bad, Bad Partner!

Some one who do not know how to conceal, do not bother what others think of him/her of, the bad qualities overshadow rare goodness.

Reality of Adjustment with Partner

Fantasy apart, in reality marriages work well if, both the partners accept each other as such, respecting each other and supporting each other, sharing responsibilities for family earning, sharing household burden, caring for children and neither being a spend thrift nor a miser. Do not hurry to mould him as you wish, for till now he has survived well without you. Take care, not to publicize his inadequacies. Listen to every one's stories and advice but act only on your instincts, because no one understand him better than you. You have a right to your privacy, so has she, don't be inquisitive and try to be a detective, for marriage is a mutual game of trust. Don't test her trust in you often, for she may not accept that you could continue to have affectionate relationships with others.

Adjustment with in-Laws

Appreciate the insecurity of the in-laws; after all they perceive themselves as the losers, financially, emotionally and in the power game. Do not precipitate a situation where he has to choose between you and his mother. Remember that he won't forgive you for that.

Difference between Parents and in-Laws

With parents, You assume positive intention in all actions, understand their personality traits, know how to tackle their mood changes, have lots of pleasant memories of the past and you don't have to be appropriate all the time

The Complete Man!!!

The complete man understands that she has come away from her roots and hence likely to be insecure. Only you have intimate relation with her, hence protect her, make her feel complete. As she respects your parents, respect her parents also and she will adore you for that.

To me, the ideal of a man is one who protects his wife even against himself.

Adjusting with New Family Environment

Try to understand social relationships, the customs and practices of the family. Make all attempts to create a positive image of a kind, caring person, protecting your self-respect, but all the same not becoming a doormat.

Making Marriage Work

Only your determination to make it work, expecting difference of opinion, as both has different backgrounds and upbringing. Hurting each other physically or emotionally should not be the conflict resolving strategy. 'Inadequacy' of your partner, perceived or real should not be used against, as a weapon. Thoughts about your fantasy life partner may not die down, but do not rekindle it. In fantasy, your partner may not rate high but in reality he/she may be the best for you. If you become the major influence in your partner's life, success is yours.

Physical Incompatibility

Real or perceived difference in:

- Height – Avoid extreme differences.
- Complexion – Black can be beautiful.
- Obese or thin – Matching or not.
- Appearance – Pleasing or not.
- Age – Avoid extreme difference.

Psychological incompatibility: Difference in:

- Educational status – Inferiority complex.
- Job status – Create issues in social gatherings.
- Parental status – Comparing husband and father.
- Religion – Problems in child rearing issues.
- Personality – No way of knowing in advance.

The best solution to overcome incompatibility is to try and make ideal of what you get.

Physical: We all have a fixed concept of what an ideal couple should be like. Try making yourselves more attractive, don't stick to the routines in dressing and try to compensate your inadequacies

Emotional: The innate nature of a person cannot be changed altogether, hence allow enough time for the person to evolve. Love is not to be concealed - learn to show it— but what you show outwardly and what you basically are should match, as she/he can perceive your genuineness.

The unknown element: There will always be some special attribute in every person that you will silently adore. Keep appreciating openly the special quality. Destiny may work beyond your imagination. Faith in god—helps in positive thinking and gives inner strength to overcome turmoil.

Sexual Incompatibility

Most important is your mind set—negative thinking and guilt feeling towards sex and sexuality reinforced by parents and religion and also negative experiences of near and dear ones. If your real life partner is also with similar negative mind set, insensitive to your upbringing, then - incompatibility can only worsen.

Sexuality Adjustment

Drawing room manners need not be carried to the bedroom-just feel free in your privacy. Nothing called abnormal sex-anything goes, so long as, no physical/mental hurt to both partners. Learn to derive pleasure in giving pleasure to your partner—never ending opportunities await you.

Why Marital Conflict?

If your heart rules you - emotional person - there is lots of scope for romance. If your mind rules you - practical person—there is ample provision for lots of security. Affection leads to possessiveness, possessiveness leads to suspicion and suspicion leads to conflict.

Evolution of Marriage

Start with love at first sight—that special something in a person, once you get into matrimony—initial thrill of being married with your friends admiring him/her and once you live together for long—just the habit of living together—genuine companionship and acceptance.

Selfishness in Marriage!

Should not be—your profession!!!, your money!!! and my profession !!!, my money !!!, instead should be our home, our children and our future together. It is nice to hear 'everything is ours', but for your own future protection, 'a bit of mine' is okay.

Arranged Love Marriage

One with all the romance of a love marriage, but with all the protection of arranged marriage, all the thrill of selecting Mr Right, but with all the responsibility shared by family, all the adventure of a love marriage, but with all the security of arranged marriage.

Dowry

No doubt illegal, unethical and below dignity, yet in reality it is their all around. If that be so, isn't it nice, at least to settle it before wedding, so that the girl is not troubled life-long. Someone said—isn't it pure market force working, with plenty of beautiful girls around, but only few employed boys from the same community available, increasing their demand.

Before You have a Baby

Ideal age for marriage is between 20 and 30 years, though many are not lucky enough to get the right partner by then.

Once married, do not delay the first pregnancy.

Do not forget a medical and gynecological checkup

Rule out sexually transmitted diseases.

Avoid drugs during 2nd half of menstrual cycle—fertilization occurs around 14th day.

Avoid intrauterine infections—low birth weight, small head, deafness, cataract, various birth defects.

How to Avoid Intrauterine Infections

- Toxoplasmosis—Avoid not properly cooked meat and contact with cat feces—gardening.
- Rubella (German measles)—Give MMR vaccination at 15 months of age and Rubella vaccine to all teenage girls.

Sexually Transmitted Diseases

Sexual desire is normal, but if you make it:

- With a virgin, life long guilt feeling may result!!!
- With a married person, it is unfair to the partner!!!
- With a sex worker, twin danger of STIs and HIV infection!!!

Still if you must—always remember to use condom.

FERTILITY AND CONCEPTION

"So, when are you planning to have a baby?" This is the commonest question most newly married couples are asked—sometimes even as soon as they have returned from the honeymoon! There is a lot of pressure on couples to have a baby, especially in traditional families, where the wife's role is still seen to be one of perpetuating the family name by producing heirs.

Many couples still naively expect they will get pregnant the very first month they try (the result of watching too many films, perhaps!) - and are concerned when a pregnancy does not occur. All go through a brief interlude of doubt and concern when we do not achieve pregnancy the very first month - and start wondering about fertility.

Before worrying, remember that in a single menstrual cycle, the chance of a perfectly normal

couple achieving a successful pregnancy is only about 25%, even if they have sex every single day. Humans are not very efficient at producing babies! There are many reasons for this, including the fact that some eggs don't fertilize and some of the fertilized eggs don't grow well in the early developmental stage. Getting pregnant is a game of odds - and it's impossible to predict when an individual couple will get pregnant! However, over a period of a year, the chance of a successful pregnancy is between 80 and 90%, so that 7 out of 8 couples will be pregnant within a year. These are the normal "fertile" couples - and the rest are "labeled". Couples who have never had a child, are said to have "primary infertility", those who have become pregnant at least once but are unable to conceive again, are said to have "secondary infertility."

The chances of pregnancy for a couple in a given cycle will depend upon many things, and the most important of these are:

- The age of the woman—As the biologic clock ticks on, the number of eggs and their quality starts decreasing .
- Frequency of intercourse—while there is no "normal" frequency for sex. Simply stated, the more sex the better! Couples, who have intercourse less frequently, have a diminished chance of conceiving.
- "Trying time"—that is, how long the couple has been trying to get pregnant. This is an important concept.

Conception

During coitus between a male and female, the female egg (ovum) and the male sperm come together in the uterus, and unite to form the embryo. Healthy sperm can fertilize an egg for about 48 hours or more after being deposited, but it requires up to 24 hours to reach the egg.

This process is known as fertilization. The embryo grows and gets embedded in the uterus forming the fetus surrounded by the waters called as the amniotic fluid. The fetus contains qualities of both the parents, in the form of genes present on the egg as well as the sperm; and the nature inherited from both the parents.

About 1 Month before Conception

The spermatozoa (male germ cells) take a month or so to travel from a testicle, through a long tube called the "vas deferens," to reach a small reservoir inside the man's prostate gland. Here, semen is formed. Each spermatozoon contains human DNA. They certainly appear to be living organisms. As seen in a microscope, they seem to be moving energetically with the sole motivation of fusing with an ovum. Most people consider them to be a form of human life, because they appear alive and contain human DNA. Strictly speaking, movements of spermatozoa are due to chemical reactions.

One Day before Conception

The woman ovulates and produces one mature ovum (egg cell). It travels down one of her fallopian tubes towards her uterus. It is about 1/100" in diameter, and is barely visible to the naked eye. It also considered by most of the public to be a form of human life, for the above reasons. It does carry a cargo of human DNA.

At Conception

One very lucky spermatozoon out of hundreds of millions ejaculated by the man will penetrate the outside layer of the ovum and fertilize it. The surface of the ovum changes its electrical characteristics and prevents additional sperm from entering. A genetically unique entity is formed shortly thereafter, called a zygote. This is commonly referred to as a "fertilized ovum." However, that term is not valid because the ovum ceases to exist after conception. Half of its 46 chromosomes come from the egg's 23 chromosomes and the other half from the spermatozoon's 23. The zygote is biologically alive. It has 3 characteristics metabolism, growth, reaction to stimuli

Implantation Spotting

Implantation spotting may occur if pregnancy has been achieved. This happens about 4 to 12 days after ovulation. This is a result of the egg implanting into the uterine lining, which may cause a little bleeding.

This does not necessarily happen with every pregnancy.

THE PRESENCE OF FERTILITY PROBLEMS

Infertility

Infertility is usually defined as not being able to get pregnant despite trying for one year. A broader view of infertility includes not being able to carry a pregnancy to term and have a baby.

What happens when a couple has a fertility problem? The chances of their getting pregnant depend upon a number of variables multiplied together. Consider a couple where both the husband and wife have a condition that impairs their fertility. For example, the husband's fertility, based on a reduced sperm count is 50 percent of normal values. His wife ovulates only in 50 percent of cycles; and one of her fallopian tubes is blocked. With three relative infertility factors, their chance of conception is 0.5 Even if they kept on trying for 5 years; their chance of conceiving on their own would be 60% only. Thus, infertility problems multiply together and magnify the odds against a couple achieving a pregnancy. This is why it is important to correct or improve each partner's contributing infertility factors as much as possible in order to maximize the chances of conception.

If infertile couples had 300 years in which to breed, most wives would get pregnant without any treatment at all! Of course, time is at a premium, so the odds need to be improved - and this is where medical treatment comes in.

When Should You Start Worrying and Seek Medical Advice?

If you have been having sexual act two or three times a week at about the time of ovulation, without any form of birth control for a year or more and are not pregnant, you meet the definition of being infertile. Pregnancy may still occur spontaneously, but from a statistical point of view, the chances are decreasing and you may now want to start thinking about seeking medical help. There is no "right" time to do so—and if it is causing you anxiety and worry, then you should consult a doctor. Even though you may be embarrassed and feel that you are the only ones in the world with the problem, you are not alone. Many couples experience infertility and many can be helped.

Unfortunately, while infertility is always an important problem, it is usually never an urgent one. This often means that couples keep on putting off going to the doctor. "We'll take care of it next month". Tragically, many find that time flies, and before they realize it, their chances of getting pregnant have started to decline, even before they have had a chance to take treatment properly. Remember that everything in life comes back, except for time!

A Note of Caution...

There are certain conditions that warrant seeing a doctor sooner:

- *Periods at 3 weeks (or less) intervals*
- *No period for more than 3 months*
- *Irregular periods*
- *A history of pelvic inflammation*
- *Two or more miscarriages*
- *Woman over the age of 35*
- *Men who have had prostate infection*
- *Men whose testes are not felt in the scrotum*

TIPS FOR SELF HELP

Before seeking medical help, remember some of the things you can do to enhance your own fertility potential.

Body Weight, Diet and Exercise

Proper diet and exercise are important for optimal reproductive function and women who are significantly overweight or underweight can have difficulty getting pregnant. Although most of a woman's estrogen is manufactured in her ovaries, 30% is produced in fat cells. Because a normal hormonal balance is essential for the process of conception, it is not surprising that extreme weight levels, either high or low, can contribute to infertility. Female athletes, marathon runners, dancers, and others who exercise very intensely may also find that

their menstrual cycle is abnormal and their fertility is impaired.

Stop Smoking

Cigarette smoking has been associated with a decreased sperm count in men. Women who smoke also take longer to conceive.

Stop Drinking Alcohol

Alcohol (beer and wine as well as hard liquor) intake in men has been associated with low sperm counts. Review your medications. A number of medications, including some of those used to treat ulcer problems and high blood pressure, can influence a man's sperm count. If you are taking any medications, talk with your doctor about whether or not it can affect your fertility.

Many medications taken during early pregnancy can affect the fetus. It is important to tell your doctor or pharmacist that you are attempting to become pregnant before taking prescription medications or over the counter medications, such as aspirin, antihistamines, or diet pills. Illegitimate use of these drugs may cause fatal damage to the baby.

Stop Abusing Drugs

Drugs such as marijuana and anabolic steroids decrease sperm counts. If you have used drugs, discuss this with your doctor. This is confidential information. Both partners should stop using any illicit drugs if they want a healthy baby.

- Limit your caffeine (tea, soft drinks and coffee) intake.
- Start vitamin supplements. Taking folic acid regularly helps to reduce the risk of the baby having a birth defect.
- Frequency of intercourse. The simple rule is—as often as you like; but the more often you have sex, the better your chances. Thus, for couples who have sex only on weekends (often the price they pay for a heavy work schedule) the chance of having sex on the fertile preovulatory day is only one-third that of couples who have sex every other day - which means they may take three times as long to conceive.

Timing of Intercourse

Most couples have no idea when the woman ovulates. The window of opportunity during which a woman can get pregnant every month is called her "fertile phase"—and is about 4-5 days before ovulation occurs. Timing intercourse during the "fertile period" (before ovulation) is important and can be easily learnt. However, some couples are so anxious about having sex at exactly the right time that they may abstain for a whole week prior to the "ovulatory day "—and often the doctor is the culprit in this over rigorous scheduling of sex. This over attention can be counterproductive because of the anxiety and stress it generates, and is not advisable. As long as the sperm are going in the vagina, it makes no difference which day they go in, so you can have sex daily as well.

Position and Technique of Intercourse

Leakage of semen after intercourse is completely normal. While many women worry that this means that they are not having sex properly or that their body is rejecting the sperm, actually leakage is a good sign—it means that the semen is being correctly deposited in the vagina! Of course, you can only see what leaks out , and not what goes in! Most doctors advise a male superior position; and also advise that the woman remain lying down for at least 5 minutes after sex; and not wash or douche afterwards. A number of products used for lubrication during intercourse, such as petroleum jelly or vaginal cream, have been shown to affect sperm quality. Therefore, these products should be avoided if you are trying to get pregnant (a suitable alternative is liquid paraffin). Try to keep the legs up after making love. Better not to get up immediately and to keep from urinating after.

IS INFERTILITY A WOMAN'S PROBLEM?

It is a myth that infertility is always a "woman's problem." About one-third of infertility cases are due to problems with the man (male factors) and one-third are due to problems with the woman (female

factors). Other cases are due to a combination of male and female factors or to unknown causes.

What Causes Infertility in Men?

Infertility in men is often caused by problems with making sperm or getting the sperm to reach the egg. Problems with sperm may exist from birth or develop later in life due to illness or injury. Some men produce no sperm, or produce too few sperm. Life-style can influence the number and quality of a man's sperm. Alcohol and drugs can temporarily reduce sperm quality. Environmental toxins, including pesticides and lead, may cause some cases of infertility in men.

What Causes Infertility in Women?

Problems with ovulation account for most infertility in women. Without ovulation, eggs are not available to be fertilized. Signs of problems with ovulation include irregular menstrual periods or no periods. Simple life-style factors—including stress, diet, or athletic training—can affect a woman's hormonal balance. Much less often, a hormonal imbalance.

Aging is an important factor in female infertility. The ability of a woman's ovaries to produce eggs declines with age, especially after age 35. About one-third of couples where the woman is over 35 will have problems with fertility. By the time she reaches menopause, when her monthly periods stop for good, a woman can no longer produce eggs or become pregnant.

Other problems can also lead to infertility in women. If the fallopian tubes are blocked at one or both ends, the egg cannot travel through the tubes into the uterus. Blocked tubes may result from pelvic inflammatory disease or endometriosis.

How is Infertility Tested?

If you have been trying to have a baby without success, you may want to seek medical help. A medical evaluation may determine the reasons for a couple's infertility. Usually this process begins with physical exams and medical and sexual histories of both partners. If there is no obvious problem, like improperly timed intercourse or absence of ovulation, tests may be needed.

For a man, testing usually begins with tests of his semen to look at the number, shape, and movement of his sperm. Sometimes other kinds of tests, such as hormone tests, are done.

For a woman, the first step in testing is to find out if she is ovulating each month. There are several ways to do this. For example, she can keep track of changes in her morning body temperature and in the texture of her cervical mucus. Another tool is a home ovulation test kit, which can be bought at drug or grocery stores.

What is the Treatment for Infertility?

Eighty-five to 90 percent of infertility cases are treated with drugs or surgery. Various fertility drugs may be used for women with ovulation problems.

If needed, surgery can be done to repair damage to a woman's ovaries, fallopian tubes, or uterus. Sometimes a man has an infertility problem that can be corrected by surgery.

What is Assisted Reproductive Technology (ART)?

Assisted reproductive technology uses special methods to help infertile couples. ART involves handling both the woman's eggs and the man's sperm. Different techniques are:

- *In vitro* fertilization (IVF) IVF is often used when a woman's fallopian tubes are blocked or when a man has low sperm counts
- Other methods are also adopted.

11

Marriage as an Institution

INTRODUCTION

Marriage is an institution, which is unique to mankind. Marriage, which is an occasion of joy and celebrations, unites not just two individuals but two families. Marriage and subsequent formation of a family is a basic unit of society, which offers security, warmth, love and affection, as well as a sense of belonging to the partners entered. It gives an opportunity for the spouses to grow together and develop love, understanding and to enrich their family life. The forms of marriage may vary but in different societies the caste and communities, customs, traditions, rituals still have their influence.

In our culture especially marriages are arranged or settled by parents. While selecting a partner, consideration is given mainly to family rather than to individual. The matter is the question of developing a new relationship with a new family (not only a person), which has similar religious, sociocultural and economic backgrounds. That is why the status of the family is given much importance. In certain communities people still study the horoscope for ideal match making and also in selecting the day of marriage.

The general trend of the age at marriage for boys is between 25 and 35 whereas for girls it is between 17 and 25; although exceptions are given at both ends, with lot of regional variations. In marriage both the boy and the girl are expected to deliver the responsibilities associated with their social role as husband and wife. The more they are able to stick to the social roles, the better they are accepted and considered successful. But the reverse is also not uncommon.

WHY MARRIAGE?

"Healthy, wealthy, and sexy." And that's the bonus for being in a marriage.

A good marriage is continued for health and well being. Marriage increases our longevity. Happily married couples live-longer. Going into a stable, lasting marriage relationship and then treating each other with respect and love may be one the of the greatest health guarantees available. Happy marriage or a steady long-term relationship, makes one feel younger. It has been found that people live longer and have lesser risk of a range of physical and psychological illness than people who are not married. But recent research also indicates that complex and/or abusive marriage can invariably shorten one's life by a number of years.

People in a stable marriage have superior economic security, have a lesser amount of acute or chronic illness or disease, have lesser rates of suicide, have smaller numbers of fatal accidents, are less susceptible to alcohol abuse and have lesser psychiatric troubles such as depression.

Since marriage is one of the most important decisions a person will ever make and because divorce is not accepted among most Indians, it is imperative that the marriage choice is carefully thought out and planned. The family (usually the parents) look for certain traits in a marriage partner. Some desirable traits looked for in both male and female are:

- Compatibility in education
- Compatibility in physique, complexion, height, etc.

- Matching cultures
- Close parental residences
- Equality in socioeconomic status

ESSENTIALS OF A MARRIAGE

An ideal marriage should require maturity, understanding and a sense of commitment for life by both partners. Couple should develop the ability to learn to laugh at themselves and to create an atmosphere where they can relax to get over their anxieties. Show concern over each others welfare; share each others' thoughts and feelings; discuss the future plans for uplifting of the family; maintain good healthy in-law relationships of each spouse; maintain proper communication' avoid misunderstanding and misgivings; should develop the art of careful listening; respect the values and views of the spouse, develop mutual relationships amongst the members of the family.

Partners should have the knowledge of sexual relationships and response, and should give each other the opportunity to express their needs and desires without feeling of shame or guilt. Couple should learn to plan their family and understand and practice the role of motherhood and fatherhood in bringing up the children.

The institution of marriage should not be considered as a means of avoiding the single status especially for the female and to avoid the burden of parents. Some people even consider marriage as a mode of treatment for mental illness. It is not ever proved that mental illness will be cured through marriage and moreover it really becomes a life long harassment for the partner and for the family. From the bridegroom's side family members will take marriage for solving their financial burden by having dowry from the bride.

TYPES OF MARRIAGE

Arranged Marriage

In a arranged marriage parents, or the eldest male in the family, choose a spouse for a young boy or girl. It is the union between two prospective spouses negotiated by the parents and sometimes the extended family. Arranged marriages are practiced all over the world and it is a system, which is taken very seriously by all involved. Many cultures continue this practice.

In the past, an arranged marriage simply meant that the parents (and/or extended family) found the companion they felt was suitable for their son or daughter. Although that method is still widely used, it has changed somewhat to suit the new times.

The beauty of an arranged marriage is that the emphasis is on getting along, not evaluating one another on a scale of one to ten. It is a mature relationship from the outset. Both people are on their best behavior—a mask that's easy to wear, but difficult to keep on. It takes time before one eventually finds out what the person is really like.

In the past arranged marriage worked well because individuals remained together for the sake of family, and if the marriage didn't work the individuals always had the excuse of blaming their parents.

From the parent's perspective, marriage is the most beautiful thing in life and they want to make sure that children enjoy marriage, since they have taken all pains in arranging the marriage.

These types of marriages have many positive and negative points. Some arranged marriages can workout, but the man or woman may not be happy with the spouse that has been chosen for him/her. If the man and the woman get along, that's excellent, but sometimes there a lot of differences which can cause problems. Arranged marriages can improve the social standings of a family.

The advantage that arranged marriages have is that there is no illusion of love to begin with. There is a shared idea that the marriage will work because they are going to make it work. And in so doing, love often arises. Love, for them, is not a lightning bolt that hits you from the sky, or the sweet sting of cupid's arrow.

Advantages in Arranged Marriage

- Love happens after the marriage as the partners get to know each other only after their marriage.
- The mystery about one's partner keeps the relationship interesting and everlasting.
- Both the partners unfold themselves slowly after the marriage, and thus keeping the relationship going.
- Has got the support of own community-both immediate and distant.
- Married couple will have the approval and blessings of both their parents.
- There is not much pressure on the women to look like role models, and hence has more acceptance.
- Offers more protection and security to the women.

Disadvantages of Arranged Marriage

- One doesn't really know much about one's partner before the marriage. Whether they would be able to manage well with each other or not after the marriage is left entirely on destiny.
- In an arranged marriage the bride has to accept a whole new family of total strangers, as they were her genetic relatives.
- Sometimes women have to stay on in abusive relationships for the sake of family pride, respect in society, etc.
- Evil of dowry, caste and community issues and the concept of matching horoscopes, sometimes taken to its extreme levels.

Some interesting facts about arranged marriages

- Mostly Chinese, Hindus and East Indians practice arranged marriages.
- In Japan if you are twenty-five and not engaged or married, then you are called "Christmas Cake!"
- Some people from India wear sindhoor on their forehead called the third eye after marriage. They believe that they can see the world better when they wear it.
- In Pakistan 90 percent of marriages are arranged.
- In India if you divorce in an arranged marriage your parents will disown you.

Semi Arranged

Some people, who do the job of a marriage broker, nowadays call marriages "semi-arranged marriage," or "arranged introduction". Here, the process starts with the parents but the boy and girl have inputs as well and the final decision is the couple's. But which of the two marriages work better? An issue still begging for an answer.

Love Marriage

Education and exposure to the media, made people think and realize that they need not be bound by tradition and they can choose their own marital partners without having to rely on parents, match-makers, relatives or having to consult astrologers.

It has to be noted that one cannot pick up a wife or husband in the name of love while ignoring the qualities of intellect, culture, and social compatibility. Currently in our country we have arranged as well as love marriages taking place.

Love may be blind but the lovers aren't.

Falling in Love

Love at first sight—one or both partners do not see the other real person—and instead responds to an idealized image based on his or her histories and needs. However, such doubts are unromantic and are often ignored. Love can really last forever if there is a strong basis for attraction, with mutual trust and shared values. Infatuation more likely to lead to a short-term affair.

Advantages of Love Marriage

- Both the partners know each other well in advance. In fact, marriage is just a legal label on their relationship. One is sure of the partner's likes and dislikes.
- One is happier to marry the person of one's choice.
- In a love marriage there is some sense of acquaintance for the bride as she is on familiar terms with the groom and over the time she would have heard anecdotes about the rest of the family

members. Thus it becomes easier for her to accommodate.
- Love marriage may be a better alternative for the economically weak.
- Love marriages offer more independence and freedom as compared to arranged marriages where the girl/boy is chosen by the parents so there is pressure to conform to parental expectations like producing a male heir, taking part in family rituals and traditions, putting up with sisters-in-laws, contributing to family expenses, etc.
- Knowing somebody before marriage allows partners to have better respect and understanding for each other's needs and desires.

Disadvantages of Love Marriage

- In love marriage the partners know each other so well in advance that they hardly find anything new in their life after their marriage. This monotony in their life and desire for something 'new' causes major difference of opinion over trivial matters among the partners. It leads to frustration and ultimately breaking up of the relationship.
- Before marriage the girl is treated as a 'queen' and gets all the possible care and attention from the guy. After the marriage, somehow, due to additional responsibilities, the guy is unable to give comparatively, the same amount of love and attention as before. This makes the girl feel that the guy has lost interest in her and is no longer the same person she loved. This negative thinking/mentality leads to major shuffles over minor things and ultimately tensions in the relationship.

There cannot be a good marriage without love and there can be no love without commitment.

Failure in Love Marriage—What One Can Do?

- Guy should make sure that even after the marriage, the girl still gets the attention and most importantly same amount of love as before.
- The girl should understand that after the marriage things don't remain the same as before. She has to be more understanding and support her partner rather than fighting over trivial matters.
- It becomes difficult therefore to predict the ideal sort of marriage. So ultimately it is up to the individual to decide whether he wants to have a love or an arranged marriage after all it is a question of being happy in love.

SPIRITUALITY IN MARRIAGE

Spirituality is a union of mind, body and soul that reflects the deep appreciation of having one another. "Happiness", the objective of human marriage in general, is also a motto for marital spirituality. We believe that a couple's happiness stems from their everyday decisions to love one another and their children. Family prayer and forgiveness are other forms of family living that support spiritual commitment.

Some see only religious persons as spiritual and judge that lay people don't have the same sense of holiness. This happens because people think that someone has judged them to be less spiritual, or they judge that others are more holy. However, this isn't true. Every married couple that loves one another is showing to the world that spirituality exists in their marriage. In years past, a person's spirituality was based on how often they prayed, went to penance, fasted and how open they were to forgiveness. Although those aspects of spirituality are still important, today a person's spirituality is synonymous with *how they live their life*.

Fundamental Structural Elements of Marital Spirituality

Togetherness

Married persons go their way together in faith. This has a double consequence. On one hand, it is about togetherness: people start together to share their ideas, together they pray, together they are sent into the world, which is a basic element for belief in God. Thus, marital spirituality will emphasize in a particular way that the togetherness in living faith is a spiritual union.

On the other hand, this togetherness is a way to go. The spouses have to learn if necessary in a troublesome process - that the loved partner is and will ever be the "other", not the creation of my dreams and projections, but someone whose individuality is strictly to be respected. For this reason patience and perseverance are necessary. The process of being married demands that the partners communicate to each other the needs they have, respect and frankly pronounce the wishes of the other without violating or hurting him/her. All this has to be learned. In a continuous and open dialogue, the partners can together come to terms regarding their wishes, demands, claims and criticisms. Too much togetherness causes collisions, as good marriage needs space for both. If overdone, it puts a strain on the married life, which spills over into love life.

Reconciliation

Wherever people, in this world, live their life together in such an intensive process as marriage is, there will necessarily be conflict, quarrels, and confrontation. This means that reconciliation and the willingness to start anew and to endure and accept each other, is of much greater importance within marriage than, for instance, within the life of a single person.

Faithfulness

There is a quote that "A human being is not really accepted, unless someone accepts him just as much in his frailty and weakness, and accepts him with all the burden which has been put on him in the course of his life. Nor is this acceptance dependent on how the other person develops or what occurs to him. It is valid forever."

Marriage aims at lifelong fidelity, in which one partner accepts the other without "ifs" or "buts".

Everybody is searching, from the bottom of his or her heart, for this kind of fidelity. Fidelity is one of the highest values; in our fast-moving, disobliging and irresolute times, it is a spiritual challenge of the first order. In this sense, marital spirituality is - at least in current society—a spirituality of fidelity, to be lived deliberately and in public as a symbol of eternal love.

Love nourishes the soul as well as the body. This is why ordinary women suddenly bloom and become extraordinary, when they get and give love.

12 Legal Aspects of Marriage

LEGAL RESPONSIBILITIES

Not only are new personal responsibilities imposed by marriage, but the law imposes certain legal responsibilities as well. A marriage is a legal contract.

RENTING OR BUYING A HOME

If you rent a house or apartment, you will probably be expected to sign a written lease, setting forth rates for rental, the term of the lease, and the conditions of renewal. When you lease property the law imposes certain duties, liabilities and obligations. You may find it to your advantage to have your lawyer draft a written lease rather than rely on an oral agreement. If you rent a farm or commercial building, you need a written lease to protect your livelihood.

If you are like most couples, you look forward to buying a home of your own. The purchase of a house represents a large investment and involves many questions of a legal nature. You will want the advice of a lawyer. He or she will answer such questions as: What is the legal status of the property? Can it be sold again? Should you have a title abstract or will title insurance protect you? It is also in your best interest, because of the legal technicalities involved, to have a lawyer represent you at the closing transaction by which the seller conveys the property to you.

BEFORE YOU SIGN DOCUMENTS

Unless you are renting furnished accommodations, furniture and appliances are probably a major concern. If you decide to buy these things "on time," be careful not to overextend yourself. Know what you are signing before you sign and be certain you can afford the payments. Don't sign loan agreements in which the monthly premium is beyond your capacity to pay.

A good credit rating is a valuable asset. It will help you in obtaining employment, in borrowing money in an emergency, and establishing credit accounts at stores.

MARRIAGE LAWS

Family law in India is the law governing the formation of the family and the rights and obligations arising out of family relationships. Mainly the personnel laws like the Hindu law, Muslim law and the Christian law govern matters relating to the family and those incidentals to such relationships. In most of the countries of the world, whatever may be the type and style of marriage, all marriages have to be registered according to the marriage registration act. As a newly married couple each one of us should know the peculiarities of each laws concerned to family life, the rights, the protections offered, etc.

There are many legal measures which favor women's welfare.

Hindu Marriage Act, 1955

Main Features of:

- The 1955 legislation applicable to whole of India and to all the members of Hindu society (sec 2).
- Monogamy has been made compulsory.
- Marriage of a widow is permissible.
- Minimum age for marriage (21 for boys and 18 for girls).

- Court can pass suitable orders regarding the custody, maintenance and education of minor children.
- Divorce by mutual consent has been recognized.
- Parties to the marriage are not within the degree of prohibited relationship.
- Marriage should be sapindas to each other.
- Execution and registration of a document in the sub registry will not constitute a valid marriage. Such acts will not validate relationship without actual marriage.
- Mere making of entries in the Hindu Marriage Register without a ceremonial marriage will not amount to a valid marriage. A ceremonial marriage can also be thereafter registered under the Special Marriage Act, 1954.
- Intercaste marriage among Hindu is also valid. A marriage between a Hindu and a non-Hindu can be valid only under the Special Marriage Act.

Conditions for a Valid Marriage

By section 5 of the Hindu marriage act, a marriage may be solemnized between any two Hindus if the following conditions are satisfied.

- Neither party has a spouse living at the time of marriage.
- At the time of marriage, neither party.
  a. Is incapable of giving a valid consent to it in consequence of unsoundness of mind; or
  b. Though incapable of giving a valid consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children.
  c. Has been subject to recurrent attacks of insanity or epilepsy.

Divorce

For divorce, a petition can be presented to the district court either by the husband or by the wife. If anyone of the legal grounds is available the court can pass a decree of divorce by which the marriage will be dissolved. The grounds available to both the parties are the following:

- Adultery
- Cruelty
- Desertion
- Conversion to another religion
- Insanity
- Leprosy
- Renunciation of world
- Unheard for 7 years
- After decree of judicial separation
- After decree of restitution of conjugal rights.

In addition to these grounds, which are available to both the spouses, there are some grounds available only in favor of wives. They are:

- Bigamy
- Sexual offences
- Decree or order awarding maintenance
- Repudiation of marriage.

Divorce by Mutual Consent

This is the most easy way to set divorce for both the partners.

Special Marriage Act, 1954

The provisions in Section 13 B have been newly introduced by the amendment act 1976.

The essential requirements under S 13 B are that:

- The spouses were living separately for a period of one year.
- They have not been able to live together and that.
- They have mentally agreed that their marriage should be dissolved.

Both the partners should make the petition together. They should wait for 6 months from the date of presentation of petition. If they want they can withdraw the petition before the expiry of 6 months and also at any time there after. After the expiry of 6 months and before the expiry of 18 months from the date of presentation of the petition they should together make motion to the court for passing a decree. Then the court can give a hearing to the

partners, make necessary enquiries and then pass a decree of divorce declaring the marriage to be dissolved with effect from the date of decree.

Judicial Separation

Judicial separation is resorted to sustain the marriage relationship and to attempt to reconcile and provide a time frame before applying for divorce. If judicial separation is ordered, there is no obligation to live together during that period.

Hindu Married Women's Right to Separate Residence and Maintenance Act 1946

By this act Hindu married women were given right to have separate residence and maintenance under special circumstance namely:

- Husband is suffering from loathsome diseases, which he has not got from his wife
- Husband is cruel
- Living of wife with husband is undesirable or dangerous
- Wife is deserted with her wishes
- Husband marries second wife
- Husband adopts another religion
- Husband is living in the company of concubine
- Wife can establish that there are other reasonable and justifiable reasons to believe that living as husband and wife together is dangerous, undesirable and can lead to inhuman and cruel actions, making the life miserable and unharmonious.

Hindu Succession Act, 1956

The main aim of the act is that the girl has full right over the property of her parent and that after marriage she or her husband can claim her share from the property and in that case parental property can be divided equally among the sisters and brothers.

Dowry Prohibition Act, 1961

The act has made an attempt to check the evil practice of dowry, which has created very serious problem for the poor persons of the society. The act provides that those who give dowry can be imprisoned for 6 months or fine Rs. 5000. Similarly those who demand dowry will also get the same punishment.

Muslim Marriage Act

A Muslim marriage called nikah is not a sacrament, but a civil contract with religious saction. The object of a Muslim marriage in short is to lead a lawful marital life. Any sexual intercourse without a marriage recognized by Muslim law is 'zina' which means adultery.

At the time of entering a contract of Muslim marriage the bridegroom has to give or promise mahr (dower). This can be in kind, cash or property, which is given by the groom to the bride. This is mandatory to constitute a valid Muslim marriage.

A Muslim husband can divorce his wife without the intervention of the court.

Muslim Law of Divorce

A permanent marriage of Nikah among Muslim can be divorced. Divorce is very rigid so far as the woman is concerned but it is easier for the male to divorce his wife. The divorce has been classified into oral and written. The written divorce is called the Talaqnama. The oral divorce has been classified into the following types:

- Talaq-e-Ahsan- in this type of divorce, if the husband pronounces the word "Talaq" once and if the wife does not resume sexual relationship with him for a certain specified period which is normally of three months. After the period divorce is accepted.
- Talaq-e-Hasan- in this type of divorce, if the husband pronounces the word "Talaq" three times during the period of one menstruation. The divorce is irregular and it is regularized only after the completion of the time limit.

With the enactment of the dissolution of Muslim marriage act, 1939 the Muslim woman has a right to divorce her husband under the following circumstances:

- If the husband cannot be traced anywhere for the last 4 years.

- If the husband is unable to meet expenses of the wife for at least 2 years.
- If the husband gets the punishment of imprisonment for 7 years or more.
- If the husband is unable to enter into sexual relationship with the wife without reasonable cause.
- If the husband is impotent.
- If the husband is mad.
- If the husband behaves cruelly with his wife.
- If the husband is insane or suffering from leprosy or virulent venereal diseases for the last 2 years.

Christian Marriage Act, 1872

Indian Christian Marriage Act of 1872. Under the provision of the act, a marriage between Christians may be solemnized by a clergyman, or Minister of Religion, or marriage. If the marriage is to be solemnized by a Minister of Religion, one of the parties intending marriage should give notice to the Minister of Religion, indicating the name and other details of the parties. The notice of intended marriage has to be published in the church.

Marriage Solemnized by Marriage Registrar

When a marriage is intended to be solemnized by, or in the presence of a Marriage Registrar, one of the parties of such marriage shall give notice in writing to the Marriage Registrar of the district within which the parties reside. If the parties dwell in different districts, notice is to be given to registrars of each district. The notice should include the details of both parties intending to marry. On receipt of such a notice, the marriage registrar has to publish a copy thereof in his office. It shall also be entered in the marriage notice book, which is open for inspection by any person during office hours without remitting any fee.

Divorce, Divorce Act of 1869

A married Christian can obtain a decree of divorce on any of the following grounds:

- If one of the party has committed adultery
- If one of the party has ceased to be a Christian by conversion to any other religion.
- Incurably unsound mind for not less than 2 years after the marriage.
- If the spouse has not been heard of as being alive for a period of 7 years or more.
- If the marriage has not been consummated due to the willful refusal of the other party.
- If the other spouse has failed to comply with the order of a court for restitution of conjugal rights for more than 2 years.
- If the other spouse has deserted for atleast 2 years.
- If the other spouse has treated with cruelty so as to cause a reasonable apprehension in the mind of the former that it would be harmful or injurious to live with his/her spouse.

A wife can claim divorce if the husband is guilty of rape, sodomy or bestiality since the solemnizing of their marriage.

Special Marriage Act, 1954

This act was enacted with a view to provide secular law on marriage for the people of India, irrespective of the religion, caste or creed of the parties. Marriage Officer for the purpose of this act is the Sub-Registrar appointed in the office of the Sub-registry in each place. A marriage can be registered under this law if both the parties are Indians having domicile in the area where the marriage is to be registered or at least one of them has Indian domicile.

A notice must be given by both parties in a specified form to the Marriage Officer. The Marriage Officer would publish the notice to seek objection, if any, by any person for reasons that the marriage to be solemnized is in violation of the essential conditions for a valid marriage. If no objection is raised within the thirty days from the date of publication of the notice, the marriage can be solemnized. Marriage can be solemnized on signing a declaration by both parties and three witnesses.

13

Marriage Today

INTRODUCTION

The young trusted their parents and watched, with peripheral interest, the matching of horoscopes, the meeting of the families, and lastly the meeting of the two important players in the future union. A large percentage of these marriages seemed to work, and if they didn't, very few knew about them. In conventional families, the wife's subservient attitude curbed her individuality and she was prepared to take the backseat while the husband devoted his time to his career. Whatever may have been the path, which led to, a marriage, arranged or otherwise, there were societal pressures and onus on the couple to keep the marriage stable.

Marriage has always been such a highly gendered institution, the differences apparent in the division of labor, perennating styles, different responsibilities, expressions of sexual intimacies and psychological orientation. Automatically, irrespective of whether the woman works outside the home or not, they are largely responsible for housework, child care, etc. They play pivotal roles in family and marriage while the men are involved in their provider roles, and generally the "outside-of-homework" though more and more women are taking on this extra baggage, in lieu of the fact that there is increasing pressure on the man in his work.

There has been a significant change in the views and attitudes towards marriage in the last decade marriage. Marriage is no longer held to be a "divine match" or a "sacred union". Now marriage is not that sanctified as it was in the past, and viewed only as a bonding and nurturing life-long relationship and friendship.

Indian marriages were more resilient and lasting, but today, the institution of marriage is in transition. There has been so much emphasis on gender equality without other supporting factors . . . that of acceptance of each other's strengths and weaknesses, no high expectations and division of labor, so much so, the incidence of divorce even in a country like India, with different norms of sustenance and forbearance, has gone up alarmingly

Marriage involves a high degree of interdependence, a close emotional bond, sharing of residence, a commitment over time, a sharing of roles and functions and an active sexual relationship.

Marriage offers stability, providing an atmosphere of love, acceptance, encouragement and trust in which partners exchange instrumental and expressive support.

In today's shifting values and changing times, there is less reliance on marriage as a definer of sex and living arrangements throughout life. There are more number of extramarital relationships, including open gay and lesbian relationships, a delay in the age of getting married, higher rates of marital disruption and a more egalitarian gender-role attitudes among men and women, where norms and values have been totally restructured.

Priorities have shifted even in a country with hidebound traditions like India. Where the priority was the husband, it has shifted to careers as far as the woman is concerned and deep resentment surfaces when the husband is not willing to share duties in the home. Stay-at-home women who have given up

careers to be good mothers and homemakers find this role daunting and frustrating as they tend to the demands of little children and the never-ending drudgeries of housework single-handed. The woman's fatigue and pent up frustration is heaped on her husband producing the inevitable lacuna in the marriage.

The husband is intimidated by the new-image woman, bewildered by the revolt, when he has been brought up all along to expect a conformist woman who regards her husband as the most important factor in her life. The answer to this lies in mothers bringing up their sons to accept the fact that gender roles are no longer defined and that men and women have to share the burden of work and child-rearing tempered with tolerance and understanding if the marriage has to work. With the present-day work-pressures, a feel for each other's needs and giving one another space is of paramount importance, with a healthy respect for each other. Couples who set apart time to do something together are those who have a successful marriage, prioritizing this, even putting it above their children. When the children grow up and move away from the parental umbrella, the couple realize that they have only each other, It is imperative that each partner cultivates some interest which can be pursued well into retirement days and which will stave off the loneliness and pain when the children leave home.

The goal in a marriage is to become united in purpose and spirit, not to overpower and control each other.

Couples who are already emotionally bonded have little or no trouble following this, because they have learnt how to behave in sensitive and caring ways in each of their life's roles. Couples emotionally distant have great difficulty in accomplishing this goal, because they are accustomed to doing what they please, regardless of its effect on one another.

More women have left the precincts of their homes and are out in the world for academic or career motivation. So the chances for meeting men, interacting with them and settling upon a life together are entirely with them. The poised women of today would scrutinize arranged marriage with comprehensible distrust.

Sometimes an arranged marriage turns into a forced marriage. Everything is arranged and then you have a formal ceremony of meeting the prospective bride and then comes in the emotional blackmails of the parents regarding their dignity, deaths and last wishes to see their grand children, leaving you with no choice but to concede. Whether the boy/girl liked his/her partner was never asked. In a nutshell, parent's decision was ultimate and was never questioned.

The transformation of our society has given way to a totally new concept of marriage of the youngsters in the contemporary times. Gone are the days when marriage or the so-called 'fate' of the children was decided by their parents. Today, the boy/girl has all the rights to choose the partner of his/hers choice. The parents have become more supportive and express full confidence in their children's choice/decision.

DOWRY SYSTEM

The dowry system has been in place since before the written record and parents in every country imaginable have used it. The point of the dowry system was to provide for the bride, should something unfortunate occur with her husband such as death or divorce.

As you can probably imagine, daughters can be extremely expensive offspring. Parents had/have to make a mad scramble to get enough wealth and material goods together to see their daughter well taken care of by the time she is of marriageable age.

The dowry system was something originally honorable in intention and provided for the independent wealth of the bride in a time when she was unlikely to work outside of the home. While the dowry system is still in place, it has become more of a "bride-price" system.

The parents of a baby girl must come up with a respectable dowry. If a good dowry is not made, the girl is unlikely to have a "good" match. This again, is mostly arbitrary. A good match for a very poor

family might be marriage of their daughter into a slightly better financed family or a good match for a middle-income family might be finding a husband who is a doctor or engineer. As you have probably guessed, there are very few brides who actually retain their dowry after marriage. In the most honorable of families the bride is allowed to keep certain items for her own use such as the bed and cooking pots she is supposed to bring with her and some of the jewelry. She is also allowed control over how the rest of the dowry is kept, spent, etc. This situation is a very modern one and in place in very educated households.

There are those families who will use the bride's dowry as their own. Often in these situations, the bride's dowry will be recycled for the groom's sisters' dowry. Sometimes, the groom's family uses the bride's dowry entirely for their own means and the bride does not benefit from it all. Threats of divorce are often used to entice the bride's parents to give more dowry. In a country where shame is brought down on the divorcee, parents of the bride will do whatever they can to save their daughters. Occasionally, the threat of physical violence is used. There really is no way these type situations can end happily.

Combining two people with different qualities and approaches to life into a marriage is really a challenging task. It is found that many opposites that attracted are the very things that have balanced.

Table 13.1: Differences in men and women

Men	*Women*
• More self-focused	• More other focused
• Needs less intimacy	• Need more intimacy
• More independent	• Less independent
• Less talkative in private	• Less talkative in public
• Takes things literally	• Looks for hidden meanings
• Focuses more on solutions	• Likes to discuss problems
• Less apologetic	• More apologetic
• Fearful of commitment	• Eager for commitment
• Sexually jealous of mate	• Emotionally jealous of mate
• Accepts others more	• Tries to change others more
• Thrives on receiving	• Thrives on giving
• More sex-oriented	• More love-oriented
• More sensitive to stress	• Less sensitive to stress
• Less trusting	• Often too trusting
• Shops out of necessity	• Often shops for enjoyment

LOVE IN MARRIAGE (SVR STAGE)

A theory that explains not only how we fall in love but why we choose the person we do fall in love with is that it recognizes that dating and mating are fluid dynamic processes: ones that may involve different stages along the way to the final selection of the mate.

Marital choice involves a series of sequential stages, which are labeled stimulus, value and role. At the beginning of a relationship, as the couple begins to date, what is most important is the stimulus value of the other person. As the relationship progresses, however, personal values held by each partner become important. Later on, considerations of role become paramount.

The strength of a relationship (its viability) at a given point depends on how equally the two partners are giving to each other as well as receiving from each other. It's the principle of equity.

We are not responding to something about the inner person - but rather to initial impressions; to perceptions that are stimulated inside us by external factors. But as the relationship develops further and gets more serious, we enter the V stage of value comparison. The value comparison stage occurs when the couple has not as yet developed sufficient intimacy to learn and confess the innermost percepts, fears, aspirations and concerns that each has.

Table 13.2: Difference in emotional make up of men and women

Female emotion

- Find life difficult without the presence of husband
- Worries about family problems
- Need solution for debatable subjects. If husband is a good provider of suitable solutions, attaches to him more
- Avoidance from husband lead her to parents
- Give more importance to mutual trust

Male emotion

- Give more importance to emotional attachment than mere physical presence
- Wishes to avoid conflicts and related problems
- Will go away from parents with marriage
- Give more importance to his lady's purity and trust

Table 13.3: Potential concerns of bridegroom's and brides

Potential concerns—bridegroom's
• Do I have enough means to support the bride?
• Do the women of the household seem well cared for?
• Do they have a big enough house for another person and grandchildren?
• Does the family have a good reputation?
• Do I appear to be the man who will make good husband and father?
• Do I have the ability to satisfy the partners physical, emotional and sexual needs?
Potential concerns—bride's
• Can I be a good wife and mother?
• Can I adjust with the in-laws?
• What type of person my 'would be husband' would be?
• Can I go to work after marriage?
• Do I have a sexual appeal?

Nevertheless, there is much public and private information that each learns about the other in this period. Information is gleaned about religious orientation, political beliefs, and attitude towards people, parents, friends, interest in sports, the arts, dancing and the like. The importance of the stimulus variables has waned somewhat and therefore the values expressed by each partner become important in understanding and relating to the other partner. In short, the couple begins to perceive each other as real people; and, to the degree that they learn each other's values, they begin to understand each other better.

Finally we come to the role or R stage. During this stage each partner tests out the expectations of the other's ability to function within a given role. It is during this stage that the individual realizes he or she is heading toward marriage and faced with this awareness, he is apt to reappraise the qualities of his possible spouse. A part of this reappraisal is measuring the stimulus qualities and value comparison qualities against the more permanent quality of the other playing the role of spouse.

Fantasy vs Reality

Newly wed couples have lots of fantasies and both are responsible to play upto these. Fantasy may be in personality, dressing style, romantic approach, caring and being cared for Till the day before marriage, you were free to wake up, dress, walk.....as you wish but it is not going to be the same after marriage. You may have to change your lifestyle as and when desired by your partner. "Why should I change, I will dress up as I like" responses may create a situation of conflict. You can handle the situation in a much lighter way, taking care not to offend your partner. You are not going to lose your personality by accepting your partners' likes or dislikes. Infact you are gaining access to his/her heart.

Sexual Fantasies

When your own sexual fantasy makes you uncomfortable or offended (and, confusingly, aroused at the same time), you might worry that somewhere inside of you lurks a bad person, a person that "deserves" something harmful, or worse, that you actually want your fantasy to come true in reality.

People who are lucky to find lovers that they "click" with on other levels often find that they sexually "click" too. Others, with a little sexual sleuthing, find their lovers equally curious about the possible aphrodisiac effects of fantasies on their shared sex life, and look forward to trying something new that could really spice things up.

Before you begin, think about how you might bring up the subject in a way that would feel safe for you. You stay physically together facing the direction you're going, yet you still have the comfort of not having to make constant eye-contact.

Reality

It is true that many are misfortunate to have a happy married life and even those who appear to have a happy one are just trying to adjust and may not be really happy. It may be true, but your life is different from others and you can make it worth better without being obsessed with negative thoughts. Marriage will work well if both the partners accept each other as such and be supportive and there is no magic formula for success. You should rear good thoughts in your mind and look forward to sharing responsibilities in looking after the family.

The man/woman lived till adulthood with fewer instructions, more of independent ideas, selections, own likes and dislikes. Hence do not think of moulding the person (especially the husband) all of a sudden. You may not succeed in your endeavor any more than that you may make the person more aggressive.

It is quite natural that the partner becomes so possessive about his/her love. But over possessiveness can raise problems because it leads to jealousy and some partners may even start taking the role of a detective. Many are often confused whether they should be so open and tell all the past of the partner. This flashbacks are actually romantic images and had better be kept in camera, for at times of negative mood, all these may turn up to become serious allegation against you.

Past is past it cannot change.
Why spoil the beautiful present.

Trusting someone is your innate quality but it is foolish to keep on testing his/her trust in you too often.

Compatibility vs Incompatibility

It is always ideal to select partner from similar social status, educational qualifications, and job status, etc. otherwise the feeling 'if only I had married so and so…" may not go from your mind system. In traditional arranged marriages the choice of selection in appearance, complexion, color, and physical build may be limited. You may not get the ideal one but life long distress can be avoided by being genuine/ reasonable in selection.

You may not be always lucky to have a person of your choice. Criteria may not matter much once you start living together lovingly. Even if others feel that you both are not a perfect match, it doesn't matter; it is you who have to live your life together.

A woman attracts a man by her appearance, her secondary sexual characteristics—breasts, curvaceous of her body, swaying walk, long hair, behavior, voice, and of course mental qualities. A man attracts so much by his physical attributes as well with his behavior, social position, economic assets, and intelligence.

Incompatibility

You may be distressed by the fact that your parents may not be the ideal couple that you want them to be and you may wonder why they can't be different. You must realize that compatibility comes only as you grow together as a couple, concentrate life long on the process of achieving it and not the results. Even ideal couples may also go through difficult times and your parents may be going through just that phase.

We all have fixed concept of what an ideal couple should be like. Any variations from this concept may give raise to doubts in people's mind. Don't be carried away by other's opinions. Destiny may work beyond your imagination. There will always be some special attribute in every person, those others still silently adore. Keep appreciating openly that special quality in the partner.

If you choose to marry a practical minded person he/she may not be as romantic as you expect, but you may have a quiet comfortable life. An emotional person may help you enjoy life to its full potential, but the moment things go wrong he/ she may not be able to withstand it. Again what he/she shows outwardly and what he/she actually is may not match always.

People often find it easier to receive affection rather than giving affection. Although the innate, nature of a person cannot be changed altogether, allow enough time to evolve oneself.

Love is not to be concealed, show it always
Try to 'give more than you take'.

ROLE AND RESPONSIBILITIES OF A HUSBAND AND WIFE

Marriage involves both a husband and a wife, and each of these partners must play his part in making that marriage go.

This emphasizes the responsibility of the man in giving intelligent leadership to the married life. Every man is ultimately responsible to his home. It is the

man who determines whether the family shall be sports-minded or book lovers; whether they are travelers or stay-at-homes; a family that emphasizes personal integrity in their relationships, or are clever manipulators who get along by their wits; whether they are social climbers or quiet introverts. Almost always the man determines the stamp of the family. If they do not exert leadership; do not give intelligent direction to the home, most frequently they will fail in marriage.

Many men grow up and get married who is nothing more than grown-up little boys, still looking for mothers rather than wives. They want someone to minister to their physical needs, keep them well fed and happy, and soothe their egos when they get hurt. But that is not the proper role of a wife. What a home will be is determined primarily and responsibly by the man.

If the man does not exert leadership at all, then the wife must take it on, thereby forcing the woman to assume a role for which she is not made, and, she does not basically and essentially desire. One way men do this is by lopsided leadership. They feel that their major concern is to make a living, and it is the wife's job to run the home. They give their whole attention to the business of acquiring material gain, of making money so they can provide the comforts of modern life for their family. "I let my wife decide whether the children are to go to school and church. That's her job."-the words of most men. The moral values of the home are left for the woman to incorporate. A slice of life is made of primary male concern while the rest of life, with great and important values within it, is left wholly for the woman. Men must act in knowledge, and choose intelligently what comes into their homes.

Man has also the need to exercise deliberate love toward his wife, bestowing honor on the woman as the weaker sex, means helping her with the dishes when she has a headache. This reflects the deepest emotional need in woman. Men should dwell with their wives according to knowledge, it is possible for men to understand women, regardless of the common view in that respect. It is imperative to a woman that she feels secure in her husband's affection. This is the first thing in her life. His love is the horizon of her whole life, and, therefore, it is his job to make her feel highly regarded, to honor her. Not because she is always lovable, but simply because he determined to love her. This is man's second responsibility.

He is to show courtesy to her, thoughtful consideration under every conceivable circumstance. This means that one of the most devastating things that can occur in marriage is for the husband to become critical toward his wife, treating her with scorn, or to be sarcastic toward her. This is one of the important causes of disintegration in marriage, for such an attitude threatens the basic nature of woman. Every woman will understand this and agree that it is supremely important.

Responsibilities as a Husband

Unconditional Love

Husband's unconditional acceptance of his wife is not based upon her performance, but on her worth as gift to him. If you want to love your wife unconditionally, always be sure her emotional tank is full. One of the best ways to do that is to affirm her constantly. Let her know verbally that you value her, respect her, and love her.

One of the missing ingredients in male leadership in homes is sacrificial action. When was the last time you gave up something for your wife-something you genuinely valued, like your golf game, a fishing trip, or your hobby? Sometimes you need to give up something you enjoy so your wife can have a break and see your love for her.

Serve Your Wife

One of the best ways to serve your wife is to *understand* her needs and try to meet them. Do you know what your wife's top three needs are right now as a wife or as a mother? In future if your children are grown and gone and you are in the empty nest, your wife has a different set of needs that you should try to meet. What is she worried

about? What troubles her? What type of pressure does she feel? Learn the answers to questions like that, and then do what you can to reduce her worries, her troubles, her pressures. Try to understand your wife's hopes and dreams.

You can serve your wife by *providing* for her. This provision first involves assuming responsibility for meeting the material needs of the family. Providing for your wife also means taking the initiative in helping meet her entire needs including spirituality.

The roles that boys and girls are expected to perform in marriage are different. Each of these roles has to portray different or unique qualities, The stereotyped image expected of a wife is that of a pretty and docile woman who is submissive, faithful, obliging, sacrificing and has never heard about sex! Similarly girls go into marriage with a full-blown image of a man who is nothing short of a person who is rough and tough, strong and dominant. Men are considered to be insensitive to tears. He should be forceful and should be a go-better. Smoking and alcohol use to a certain extent is considered okay. What we need to realize is that instead of branding someone as good or bad, we need to be talking about his/her risk taking behavior, personal, family and societal risk. For example, smoking has personal risk, family risk and societal risk, yet much less as compared to drug addiction.

Communicate love along with action love do wonders. You must not love with words, but with actions.

14 Marital Adjustments vs Conflicts

INTRODUCTION

In the first months of married life, love is so sufficient, and loving so simple, that there seems no other need in life. But by-and-by, when care begins to shadow them, when duties present themselves, and, strangely enough, conflict with each other, when convictions clash and tastes differ, then both husband and wife begin to realize that love must stand for "steady and sturdy moral qualities"-justice, patience, honesty, sincerity and magnanimity.

It takes time even for a healthy plant to be get rooted, so as to a newly wed bride. It is understood that the wife has to adjust more for the better journey of marriage, because she is the person going for another house, becoming a member of the house where she never accustomed to.

UNDERSTAND THAT MARRIAGE IS A SERIOUS AND STEADY OCCUPATION

The real happiness of married life depends largely upon the personal character that is put into it. Next in importance good sense; that capacity for steady, balancing thought which keeps one from impulsive words and rash deeds. A man/woman who is blessed with good sense does not consider at the start that marriage is a role to be skillfully and successfully enacted, or a grand frolic of which he/she is to be the admired and indulged center, or a mere incident in a life crowded with other activities. It is this larger conception of marriage which makes women dwell by their own firesides in sweet content with what is commonly called the "narrow limits of home," knowing well that no true home is narrow since it must give cover to "the whole primal mysteries of life: love and marriage, birth and death.

From What It Means to Be a Wife

When a woman marries she assumes two new sets of relations-those of sentiment, through which she becomes the loving, faithful companion of one man and the mother of his children, and the economic relation, through which she becomes one of the great conserving and distributing agents of the world.

Marriage is, or should be, primarily a relation of sentiment, yet the happiness of married life is decided by quite other things than sentiment-sturdy and steady moral qualities, good sense and fair executive ability. I think the recognition of the fact that, though love is the supreme thing in married life, love alone is not enough, always comes to a newly married couple with a sense of surprise.

True partner is one who enters marriage not thinking how much they can get out of it, but how much they can put into it.

Adjusting with the Partner

Marriage is a coming together of two adult individual with different personality traits. They might have come from entirely different cultures, roots, up-bringings, status, etc. Hence we do not expect everything to go right straight away.

We all do hope and wish for a good life partner, who understands, cares, shares, loves and will get along with all the members of the family. Many of the problems, which arises later have roots in this expectation.

We all enjoy the goodness of our life partner and at the same time we are all bound to accept some bad qualities also. You should have adequate patience, don't jump into conclusions; from experiences you may understand the person well.

A good life partner is one who perceives each other's feelings, thoughts, desires, demands, needs, interests, and even difficulties If he/she doesn't wish bad for others -then she/he can't wish bad for you also. An unworthy life partner may be one who loves only one self, utilizing the partner only for self gratification, one who refuses to understand the goodness in the partner, or one who doesn't standup for the partner in an/the hour of crisis and generally run away from taking responsibilities.

All of us are endowed with many good qualities as well as bad qualities, so does our partner also. Society usually assesses him or her by external appearances and behavior. So keep in mind that only time will understand you better.

There is no way to know the "real person" early

The complete **man**!!!- Understands that she has come away from her roots and hence likely to be insecure. Only you have intimate relation with her, hence protect her, make her feel complete. As she respects your parents, respect her parents also and she will adore you for that.

If Your Partner is One

- Who genuinely does not want to hurt any body, he/she is likely to be a well adjusted person. You are really lucky.
- Who simply wants to keep an appearance of being good but not genuine still you may easily feel attracted to him/her because of good behavior.
- Who is too scared to do anything bad, not necessarily because he/she is genuinely good.
- Whose bad qualities overshadow rare goodness who does not know how to conceal personal matters—a real troublemaker.

Fantasy apart, in reality marriages work well if, both the partners accept each other as such, respecting each other and supporting each other in any situation. A good life partner will be able to share responsibilities for family earning, share household burden, caring for children and should be able to feel empathy towards his/ her feelings.

As a real life partner you should not publicize your partners' inadequacies. You can listen to everyone's stories and advice but act only on your instincts because no one understands him/her better than you.

Marriage is a mutual game of trust, so don't be inquisitive and try to be detective. Don't test him or her trust in you often for; he/she may not accept that you could continue to have affectionate relationship with others.

The Bridegroom!

Who understands a bride better than her partner. From the day she enters his house her whole world is bound to him. Since only you have the intimate relation with her, protect her. You should be able to feel her comfortable and secure in the new house, familiarize her with the customs and traditions of the family, make her understand the strengths and weakness of persons within the family and of course the economic matters. You have the major role to play in making the family interested in the new bride. The family members too may be eager to know the stand of the man towards her. To begin with marriage do not expect to match, but feel happy as you keep on discovering newer and newer areas of agreement.

Adjustment With in-Laws

The proverbial adjustment problem with in-laws is a age old problem. Once a girl enters married life, she may not notice pitch darkness in the long tunnel and that there is no one to kindle a light unless the partners want to. As a wife you ought to have the right spirit in you and be extremely careful not to create a situation where he has to choose between you and his mother. As a husband it is also your responsibility to consider and accept your in laws also. Remember all in-laws are not bad or not affectionate. It is easy to blame your partner and in laws for all that

happened but it may not be fair. You can't insist that you want everyone to like you and expect other to change for you. Look forward to opportunities to serve them with kindness and be willing to change. Simple words of appreciation may do wonder, instead of showing moody face always. Appreciate the insecurity of the in-laws; for they may think that they are on the loosing side both financially and emotionally.

Difference between Parents and in-Laws

With parents

- You may assume positive intention in all actions
- You understand their personality traits
- You know how to tackle their mood changes
- You have lots of pleasant memories of the past
- You don't have to be appropriate all the time

- You can respect your in-laws but it take sometime before you start loving them.

Certain Tips for in-Law Adjustment

- Don't share the little or bad conflicts happened in in-law house with your parents especially the wife. Don't call your parents for vending your feelings. You may get things off your chest and feel better. Over time we suppress and/or forget bad memories, unless they have to do with our in-laws. But parents will (consciously or not) keep a mental list of how that son/daughter-in-law is not being a good spouse.
- Your parents will forgive you sometime over the next 3 months but your in-laws will not. Instead of telling "NO" to your in-laws, give that duty to your spouse.
- If you allow your parents to ridicule your spouse, and stay cool they will be emboldened but your spouse will feel betrayed and abandoned.

HEALTHY RELATIONSHIPS—HOW TO BUILD UP

Early marriage is the time particularly valuable for couples in healthy marriages to build stronger relationships. Most of this they can do together in the home; some can best be done in discussions with experts.

Four things that couples in healthy relationships do

1. Discuss Mutual Expectations in the Marriage

These expectations change over time and need to be updated regularly. Does the other person know what you expect him/her to do? Do you agree with what you are expected to do? How are differences in expectations handled? Does one person always get his/her way? What constitutes unacceptable behavior in the relationship? Discussions and free communications should be made to make the convictions clear.

2. Learn What Healthy Marriages Look Like

Couples often assume that they know what healthy marriages look like and often they are wrong. Firsthand experience of marriage is mostly limited to those of their parents, family members, and a few close friends. Their assumptions about marriage are colored by these experiences. When abusive behavior is part of those relationships, Couples can assume this is normal. Learning more about the elements of a healthy marriage can help couples to be more aware of their own strengths and achievements as well as more sensitive to potential problems.

3. Find Healthy Ways to Resolve Differences

Many couples don't know how to solve differences. They recycle them. They argue until they're worn out or until the other person gives in. Then the issue that didn't get resolved keeps coming up over and over again, even during arguments about completely unrelated or unwanted issues.

Using issues from the past as ammunition in later arguments is a warning sign of unhealthy conflict resolution. You should not pin down your partner by considering past issues. Studies indicate that the single greatest predictor of a marital breakdown is the inability of couples to resolve differences, to make a decision that both parties can live with, and that really answers the problem.

4. Learn Creative Ways to Deal with Stress

People often carry into adulthood a small repertoire of ways to handle stress. The problem is that different stressors demand different responses. Thinking a problem out might work on a puzzling situation, but can become obsessive and stress producing when the problem doesn't have a logical solution. Broadening the number of ways to handle stress can do a lot to lower tension in marriage. Some of these can be learned on their own; others, like biofeedback, can be learned from a professional.

COMMUNICATION IN MARRIAGE

Communication is to love as blood is to the body." Take the blood out of the body and it dies. Take communication away and a relationship dies. That's what happens in marriage . Communication isn't just exchanging information; it's sharing feelings, hurts, and joys. But it's not easy since men and women are different in this area. Women are supposed to have greater linguistic abilities than men. As an adult, she typically expresses her feelings and thoughts far better than her husband and is often irritated by his reluctance to talk. Every knowledgeable marriage counselor will tell that the inability or unwillingness of husbands to reveal their feelings is one of the chief complaints of wives. Marriage needs 2-way communication. The husband and wife fenced off, if they keep themselves aloof, don't share their troubles and irritations that have upset them during the day.

Like conflict resolution, communication is a learned skill—and it's often hard work. Time must be reserved for meaningful conversations. Taking walks and going out are conversation inducers that keep love alive.

Talk without arguing.

Communication becomes the real key to conflict resolution. Communication is the best weapon for defense in your marriage to keep it strong and to keep it good is something that you have heard so many times that now you feel like throwing up, every time you hear about it. Communication is more than just talking and listening, it involves hearing with your heart. Before we get into that, we better talk about what conflict really is.

Intimacy in relationship can be established and developed only through communication. Effective communication begins with the message sent from one person to another.

Patience

We live in an instant world—fast foods, cash machines, computer access to information, direct dial communication all over the world. Marriage especially takes time and cares to become really beautiful. That means learning patience. No doubt when two people are put together in the same house, irritations and annoyances results, hence it will be worthwhile to say that marriage is just to teach us patience.

Your Partner may not Always Respond like Your Wish !!!!!!!!!.

It may take years to develop the kind of relationship that's satisfying to both. A lot of people don't have the patience to wait around for things to evolve.

Strong Beliefs

Human beings are more than a bundle of feelings and physical sensations. There is an inner core of our being, an eternal part of who we are, that represents the deepest, most permanent aspect of marriage. Couples with strong religious beliefs are far more likely to stay together than those without them. It's the shared morals and values that hold a husband and wife together. This solid foundation is a fortress against the storms of life.

For Better Communication

- Think what you want to say and then say with its meaning
- Try to avoid mixed messages
- Be very specific

Let your partner to know what your priorities are:

- Try not to crowd in so many requests and instructions.
- Don't talk at your partner; give him/her a chance to respond and interact.
- Try not to begin communications by criticizing or blaming your partner.
- Don't be afraid to put what you need to say with your partner.
- Ask for feed back from your partner to be sure you've been understood and to get his or her reactions.

The non-verbal side of communication is as important as the words spoken. Posture and positioning are also powerful forms of non-verbal communication. Sometimes saying 'keeping away' and sometimes-inviting intimacy and closeness.

Unspoken messages can be powerfully transmitted by touch, which can suggest an attitude of caring and accessibility. Through non-verbal communication you can express your commitment, trust, and caring rather than rejection, suspicion and impatience.

Non-verbal communication can apply in a very special way to sexual interactions at times they indicate displeasure or resentment. For e.g.; if your partner usually moans with passion as you make love together, the sudden absence of such sounds may make you feel as if you were doing something wrong. At other times non-verbal messages convey as sense of pleasure, involvement, warmth or similar feelings. In addition non-verbal communications during sex can help your partner see what you like without breaking the mood by words.

It is observed that many intimate partners often seem to talk too much and touch too little, missing so many opportunities to convey feelings of tenderness or affection to each other. A long tight hug says more about the way people feel about each other than a ten-minute dialogue. Likewise stroking the partner's hair or face, or leisurely kissing performing a sensual massage can convey a sense of caring and pleasure that goes beyond words.

One of the first things to go in a marriage is politeness. As laughter and validation disappear, criticism and pain well up. Your attempts to get communication back on track seem useless, and partners become lost in hostile and negative thoughts and feelings. Yet here's the surprise: There are couples whose fights are as deafening as thunder yet who have long-lasting, happy relationships.

There are couples who are called "validators": In the midst of disagreement they still let their partners know that they consider his or her emotions valid, even if they don't agree with them. This expression of mutual respect tends to limit the number of arguments couples need to have.

"Volatile couple" fights on a grand scale and have an even grander time making up. Volatile couples see themselves as equals. They are independent sorts who believe that marriage should emphasize and strengthen their individuality. Indeed, they are very open with each other about their feelings—both positive and negative. These marriages tend to be passionate and exciting, as if the marital punch has been spiked with danger.

Ways to Improve Communication

- Face the fact that there is a problem; then, let each person speak openly about it.
- Stop blaming the other person. This puts him or her on the defensive and prevents communication. When blaming starts, listening stops.
- Give more time for listening than talking.
- Be sincere, honest and show concern in your conversation. Don't be sarcastic or make fun of the other person.
- Try to let go. Before getting into an argument, ask yourself if the issue can simply be "let go". Ask the other person, too. If you both say yes, drop it and don't let it resurface at a later time.
- Discuss problem issues for solving the problem, not for blaming.
- Be empathetic to your partner. Try to see his or her point of view.

- Remind each other of the many positive strengths of the relationship. Build on these strong points. Don't dwell on the negative ones.
- Don't bring up old issues, disputes or grudges. When past problems enter in, the conversation can get out of hand. Past is past.
- Timing is critical. Ask yourself if it is the right time to bring up an issue. If the other person is undergoing problems with work, children, health or family, adding yet another problem to their burden is not likely to solve the issue —it may serve to cause them more anguish. If possible, wait until the other person's burden has lightened to bring up yet another problem.
- Give up the idea that we can change the other person's mind, conveying an attitude that you're right and he or she is wrong.
- Share the issue. The problem belongs to both of you. Work to understand your partner's position first, then to have him or her understand your position.
- Omit distractions. Don't attempt to discuss an issue while driving a car, taking care of children, doing a household chore or doing anything that will take your attention away from the issue and the other person.
- Make sure you know your own position and be ready to state it clearly to the other person; state your position in terms of what your feelings about the issue are.
- Communicate in an assertive way.
- Don't make demands of the other person or put them down.
- Don't interrupt them while they are speaking. Listen with your heart. Hear what the other person is saying regardless of how they say it. Allow him or her to be comfortable while they are stating their position. Don't take an "attack" position. Wait for your turn to talk.

INTIMACY

Intimacy is generally marked by a mutual sense of acceptance, commitment, tenderness, and trust. Sharing thoughts and feelings is important for developing intimacy. Husband and wife should share mutually rewarding experiences which will develops into a warm, caring relationship. Such sharing experiences can be sharing hard times and good times, sharing child rearing, sharing recreational activities, and sharing in planning for the future.

These are all the ways in which intimate couples interact. Sharing experiences doesn't necessarily mean that intimate partner should do everything together. Forcing each other into activities that are not mutually enjoyable just for the sake of togetherness is unwise. Furthermore constant and complete sharing is not necessarily, which is really not the means of true intimacy.

The most essential prerequisite for the state of intimacy is the feeling of being in love. In this most enjoyable state of a relationship, spouses follow the rule of the giver. Do whatever that can make the spouse happy, and avoid anything that makes the spouse unhappy, even if it makes happy. When both partners follow this rule, both are getting their emotional needs met.

In this state of mind the Giver is in charge and giving to each other seems almost instinctive. Both spouses have a great desire to make each other happy in any way they can, and want to avoid hurting each other at all costs.

As they protect each other, trust builds, they can share their deepest feelings, becoming emotionally vulnerable, and because they know that they both have each other's best interests at heart. They feel so close to each other that to hurt the other person would be the same as hurting themselves.

Conversation in the state of intimacy is respectful and non-judgmental. The partners also express their deepest love for each other and gratitude for the care they are receiving. By lowering their defenses and forming a close emotional bond, they feel even greater pleasure when they meet each other's needs.

The Giver and the Giver's rule control negotiation in this state of marriage. When one spouse expresses a desire, the other rushes to fulfill it. There is no thought of repayment, because the Giver's care is

unconditional. As long as both spouses are in the same state, there's actually nothing to negotiate—they give each other anything that's possible, and they do it unconditionally.

Partners can get into some new habits when they are in the state of intimacy. A new mother in love with her husband may let her husband completely off the hook when it comes to child care. And once these habits have been around for a while, the other partner may feel left out, which creates trouble.

MIRROR OF GOOD ATTACHMENT

- Give love, attachment, assistance, and empathy—as and when needed.
- Don't get disappointed in simple pitfalls in sexuality.
- Prepare the mind to express freely the needs.
- Don't hesitate to appreciate the partner.
- Never ever try to boost up day-to-day silly problems.
- Know well yourself.
- Accept personality traits.

Commitment

Commitment is another component of intimacy, which the partners have to develop during the course of time. Commitment requires both the partners to work willingly to maintain their intimacy through the periods of crisis, boredom, frustration, and fatigue as well as through times of joy, prosperity and excitement. Honesty is another necessary part of intimacy. Although, total honesty in the sense of full self disclosure is not necessarily good for a relationship especially in a marital relationship. Too much honesty can be devastating to marital relationship if it is not tempered with an understanding of how a given message might affect the other partner.

The matter disclosed by one partner may not be taken by the other in its own sense. Sometimes the spark of disharmony in relationship may arise from there and the pure intention for an intimate relationship will get disturbed. Telling lies is usually more harmful to intimacy than keeping something private. Putting limits unnecessarily can lead the partner to wonder what you are hiding and may also result in the partner pulling away from openness.

Affection towards partner can be expressed in actions more meaningfully than words, since hearing words of affection can be troubling and can lead people wonder whether their partner really care for them.

Being Committed

Keep romance alive: Long-term marriage doesn't have to become dull and boring, but keeping romance alive takes a conscious effort. It's your choice to maintain the excitement and enchantment.

Build your emotional closeness: The better you get along with each other, the better your sex will be and the less tempting other people will be.

Know the truth: Maximum sexual fulfillment comes in a committed marriage relationship. So if you really want the best, don't cheat. You'll be cheating yourself as well as your spouse.

Confide in your spouse rather than an opposite sex friend: Becoming emotionally intimate makes sexual faithfulness an easy step.

Don't listen to the marriage cynics: One comedian said , "I never knew what real happiness was until I got married—but by then it was too late." Or the talk show host who quipped, "Marriage is a great institution, but I'm not ready for an institution yet. Good marriages bring fun and laughter and meaning to life.

Marriage takes hard work and commitment. With divorce so rampant today many young couples enter marriage with one eye on the exit door. But it takes an unwavering commitment—not giving yourself an out—to keep a marriage healthy and thriving. It's choosing to be kind and giving and courteous and affectionate and affirming. That choice is the glue that

will hold you together. Even when the initial excitement is gone and the music fades, the love will live on.

The ability to give unconditional love to the one we love is a boon given to mankind.

Know Your Wife!

Every husband should be aware that there is a process always going on in a woman's mind and soul, unbeknownst to her unsuspecting husband. What is happening is that all her thoughts, fears, hormones, responsibilities, memories of previous offenses, the amount of sleep she got last night, her entire past, are simultaneously competing for her attention.

When all these things converge at one moment in time, it can be unbearable. But don't feel bad about that, because even your wife herself may not have recognized it.

Try to understand that as a man you have simple, clearly defined needs, such as food, sex, success, appreciation, and recreation. Your wife, on the other hand, is a complex being. Her needs are so intricate that even she is at a loss for words to explain them to you.

Her cycle of hormones alone is beyond comprehension. A woman can be emotionally sensitive in the days before, during, and after her monthly cycle. That leaves about three days in the middle when she is normal, and on one of those days she is ovulating, so it's up for grabs how she is going to be that day.

In addition to that, if there is any stress in her life, if her husband is too busy for her, then the atmosphere in and around her can be charged with overwhelming frustration.

Don't sit before television for long periods. Use the time for making good conversations with your wife.

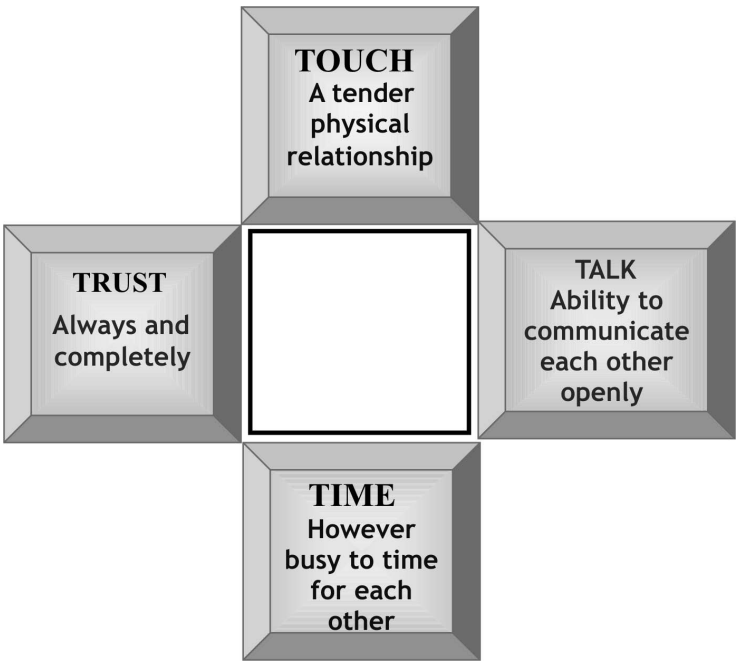
Here is some advice that can help you navigate these waters successfully, including a few good lines that always work. Say them to your wife in any order, and then pray for her.

Simple enquiries will make enormous effect on your wife's mind like "Have you been getting enough sleep?"

The distress of your wife may be a cry for intimacy. It could be a desire to be known and appreciated. Perhaps it is a deep longing for reassurance that everything is going to be okay.

There are so many ways through which husband can show that they love their wife which may be unique for each husband.

A recipe for happy marriage—The 4T-formula



Wisdom is to be shared. Knowledge is to be used. Life is to be enjoyed.

May you find happiness and fulfillment in your daily life today and always.

Marital Disharmony

Newly married couples are at special risk of disturbance in the relationship for several reasons.

First, the engagement and early-married stages of a relationship has the added risk of violence because of a couple's lack of experience with each other, especially regarding their mutual expectations.

Second, during the engagement, couples may minimize or deny the existence of controlling attitudes and behaviors, thinking these are just isolated incidents or hoping they will go away. It is often only after the wedding that these tendencies are seen for what they are. This is why newly married couples should be alert to those expectations that make one partner subordinate to the other, or that allows one to make decisions that are rightfully the other's as well. Each partner should be particularly concerned if the other reacts violently or resorts to intimidation when they aren't getting their way.

Third, the pressures on the newly married are often more severe than couples anticipate and can easily outstrip their ability to handle the accompanying stress. In addition, for many couples the "honeymoon" stage of the relationship creates a false sense of security, a sense of invulnerability that "problems are what happens to other people, not to us." Then, when problems arise, as they inevitably do, the sense of failure or of things feeling out of control is even more intense.

Fourth, the early-married stage of marriage is susceptible to violence because the relationship itself changes, especially around the time of the birth of a child. Incidents of domestic violence are reported, as the wife is no longer able to devote all her time and energy to an over-demanding spouse.

Young men lack sexual health education and all they have is distorted information from pornographic books or magazines. They act according to the illustrations given in the pornographic books from the night of marriage itself. Parents are also not in a position to give inputs regarding sex. Added to this is the very minimal; use of health care delivery services. Regarding young women, they are more susceptible to sexually transmitted diseases because their traditional role in sex is taken to be passive and hence are scared of appearing sexually knowledgeable to demand condom use.

Trouble Spots

There are a lot of problems that can cripple or fatally wound a marriage. Some of the common ones:

Relying on Feelings rather than Commitment

Romantic feelings come and go, and many spouses get nervous when the flame dies down. They begin to doubt their relationship and wonder if they married the wrong person. A lot of those misgivings are fueled by the media, which says any successful relationship must run on high-octane passion.

It is disappointing to think that marriage will be one long, steamy love scene. Sometimes it's pure commitment and persistence that keeps a marriage together. In all marriages there are times when the tingle of romance fades. At those times, commitment is the force that pulls you through.

Being Selfish rather than Serving

In today's world, there are a lot more takers than givers. When two givers do get together, their marriage is usually fantastic. When a giver and a taker marry it's usually lopsided, out of whack and full of trouble. And the marriage of two takers can crash and burn within a matter of months. Should not be - your profession!!!, your money!!! and my profession !!!, my money !!!, instead should be our home, our children and our future together. It is nice to hear 'everything is ours', but for ones own future protection, 'a bit of mine' is okay.

Selfishness will damage a marriage, but serving will solidify it.!!!!!!!

Allowing Marital Drift

Like continental "plates" of earth which move slowly and imperceptibly in opposite directions, same thing happens in a lot of marriages. The shift is often so subtle that one day the partners wake up and say "I don't really know who you are anymore."

And how can you keep from drifting? By

- Talking regularly
- Setting mutual goals for your marriage
- Planning the future together
- Playing together
- Cultivating shared interests and fanning the flame of romance

MARITAL CONFLICTS

Conflict is not always a bad thing. It can lead to the birth of new ideas or bring different people together as they try to find a solution. However some conflict is destructive and violent.

A study done by a renowned women's magazine shows that the divorce rate is increasing enormously in family courts of our State. One out of three petitions registered in the courts is getting divorce. It was astonishing to find that females were usually taking initiative for divorce.

Major reasons for divorce are

Finance and related problems	25%
Alcoholism/family quarrels	19%
Extramarital affairs	17%
Extreme suspicion about partner	10%
STDs/Infertility	8%
Mental illnesses	6%
Suicidal tendency	4%

COMMON SOURCES OF CONFLICT IN MARRIAGE

1. *Financial matters*: Take the first role in marital conflicts.
2. *Roles and responsibilities*: Whose job is it to do the grocery shopping? Whose job is it to discipline children or to make rules or major decisions? Who's job is to clean the cloths? The argument continues.
3. *Power struggles*: If you have to win every argument you will probably lose your marriage. That is something to think about. If you always have to win, chances are you will loose your marriage. If it is a source of chronic disagreement, you have a real problem.
4. *Sexual difficulties*: They can arise due to the differences in sexual orientation and preferences between couples. In fact, frequency of sex is at times a source of conflict in a marriage. And that at times it becomes a sexual difficulty also. While it is nice to talk to your partner up front concerning the positions, experimentation, fantasy, etc. at times all of these things that are part of the sexuality of the marriage can also be a source of difficulty. Once again, choice becomes a part.
5. *Jealousy and possessiveness*: Jealousy and possessiveness arise mainly due to lack of trust and strong feelings of inadequacy and insecurity. A certain amount of jealousy and possessiveness should be there for the betterment of marriage.

Types of Conflicts

Rational vs Irrational Conflicts

Rational conflicts are those conflicts that arise over realistic differences of opinion about some concrete issue. In other words you are disagreeing over something that is real and concrete. For example, disagreement over buying a vehicle.

Irrational conflicts on the other hand are conflicts based on the eccentricity of an individual. They are conflicts over something that is internal. Something you cannot touch. For example, this could be jealousy and possessiveness.

Overt vs Covert Conflicts

Overt conflicts are very obvious. They are out in the open like yelling, screaming, fighting, heated arguments, etc. Covert conflicts are the ones that are not on the surface. The ones that are not talked about. The things that are going on between a couple that are unspoken, sexual difficulties many a time become covert conflicts.

Acute vs Chronic Conflict

Acute conflicts are those short-lived explosive arguments, disagreements that you get on, you solve it and you get on about your business. Chronic conflicts are never satisfactorily resolved and constitute a continuing burden on a relationship. Gender roles at times form the basis of chronic conflicts in a relationship. In other words, you never really agree on what it means to be man or woman, husband or wife, father or mother.

Personal vs Interpersonal Conflicts

A personal conflict is when one of the individuals has something going on within him or her, usually the affairs. The problem can detach the partner emotionally and the other partner would not be aware of what the problem is or was. Unfortunately, it is easy sometimes with disagreements especially if you do not have satisfactory resolution skills. It is very easy for disagreements to go from interpersonal to personal.

Not all marriages fail for the same reason. Nor is there usually one reason for the breakdown of a particular marriage.

There are other causes, but not quite as often as those listed above. They are,

Failed expectations or unmet needs
Addictions and substance abuse
Physical, sexual or emotional abuse
Lack of conflict resolution skills.

Avoiding Conflicts

A lasting marriage results from a couple's ability to resolve the conflicts that are inevitable in any relationship. Many couples tend to equate a low level of conflict with happiness and believe the claim "*we never fight*" is a sign of marital health. But we grow in our relationships by reconciling our differences. That's how we become more loving people and truly experience the fruits of marriage. Although there are other dimensions that are telling about a union, the intensity of argument seems to bring out a marriage's true colors.

One can get mad as hell or avoid conflict altogether. But the positivity must outweigh the negativity by five to one. There's no denying that newly wed period is a frightening time for couples. People who can withstand this fragile period of adjustment can make the marriage work. What makes the divorce rate more disturbing is that no one seems to understand why our marriages have become so brittle.

But there's much more to a successful relationship than knowing how to fight well. Not all stable couples resolve conflicts in the same way, nor do they mean the same thing by "resolving" their conflict. In fact, there are three different styles of problem solving into which healthy marriages tend to settle:

Validating

Couples compromise often and calmly work out their problems to mutual satisfaction as they arise.

Volatile

Conflict erupts often, resulting in passionate disputes.

Conflict-Avoiding

Couples agree to disagree, rarely confronting their differences head-on. All three styles are equally stable and bode equally well for the marriage's future. Every one may not be fortunate to get a life according to their choice. It is your determination to make it work, expecting difference of opinion as both have different backgrounds and upbringing, which makes all the difference. Success in marriage depends on the ability of the individuals involved to confront with the unrealistic fantasies, negative ego, frustrations, etc.

Do not make firm commitments without thinking and regret for the rest of you life.

Resolving Marital Conflict

There are four steps, which may be helpful in resolving conflict.

Step One

Pinpoint the problem. Redefine, reclaim or restate. Do it together until you have the problem that caused the disagreement clearly framed in the minds of both of you.

Step Two

Explore the options. Look at possible alternative solutions. Discuss them. Lay them out on the table. We will find that almost always there is more than one solution.

Step Three

Decide on an alternative or solution. Specify as clearly as possible the behavior to be changed. Be specific about it. What is it that needs to be done? Then define clearly what behavior need to change. For example: Your argument is over money. You are on a budget yet one of you is spending the much-needed money on frivolous items. So specify the behavior and change it. Give that partner a certain amount to spend with the agreement they will stay within the guidelines.

Step Four

Monitor the actual results. Continue to check and evaluate the change in the relationship. Use feedback to see if it is working. Discuss feelings, frustrations and emotions. Evaluate the change on a regular basis and look at whether or not you are adhering to the agreed upon changes.

The worse thing you can do in a conflict resolution is to come up with a solution worse than the problem you were trying to solve. There is a tendency to do this. "If you don't like it, I'll just have my money for me and you can have your money for you." Now the relationship is split. Words that are too easy are, "If you don't like it, I'll just get a divorce." These four steps in an atmosphere of rationality and calmness will allow you to solve disagreements.

Control your anger, the fire ruins marriage!

- Realize you are getting angry Stop, before you say something you will regret the rest of your life.
- Stop before you cut the person to shreds, whom you really love.
- Stop before you use those things that are important to your relationship as a weapon to hurt one another. Stop! Do not say another word when you catch yourself and realize that is what you are doing.
- Relax, sit down. It is very hard to maintain an aggressive approach when you are sitting down. In fact, it is almost impossible. Let the feelings move out of you. Take a breath, and then you can talk.

Handle Feelings of Jealousy

Remember that the relationship is more important than the problem. If you experience abnormal jealousy in relation to situations or with your partner, then:

- Admit your jealousy. Pretending there is no problem or that it is not a serious problem.
- Look for the cause of the jealousy; causes may be:
- Affair of your partner, which has caused you to feel insecure about their feelings for you.
- Partner seems to pay more attention to others — work or social friendships.
- Members of the opposite sex find your partner attractive and pay a lot of attention to him or her
- You fear your partner may one day lose interest in you and seek another partner.

What You Can Do?

- Express your fears and concerns to your partner.
- Communicate with your partner about your feelings. Perhaps they are doing something they are not aware of that is causing you distress.
- Talk to a counselor, if you cannot curb your jealous responses on your own.

If you are the victim of someone's abnormal jealousy, then:

- Be supportive. Give them positive feedback as they progress.
- Hold your ground, state your explanation clearly and without anger.
- Be objective. Try to see the situation from your jealous partner's point of view. Avoid doing things that may be causing their jealousy, and spend quality time together as a couple. Communicate your feelings to your spouse or partner. Tell them you love them. Compliment them.
- Don't provoke jealousy. If you know your partner is prone to certain jealous reactions, don't flirt

with people in their presence, don't ridicule, antagonize or tease your spouse or partner about their jealousy.

- Don't isolate yourself. Do not withdraw or avoid other social relationships. This can be the consequence of dealing with a violent or otherwise abusive jealous person. You need to communicate and interact with other people to maintain your own sense of self-worth and identity.

Seek professional help. If you and your partner cannot work out your jealousy problems through communication, companionship and trying to create an otherwise satisfying relationship, consult a counselor.

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Healthy Marriage

INTRODUCTION

A healthy mind is essential for a healthy marriage. A healthy mind rests in a healthy body, so the health status of partners is an important concern in marriage. Even if the couple has good mental and emotional backup, altered physical conditions may create lot of worries to them.

In a sense, nobody is free from diseases; which may vary from mild cold to serious sexually transmitting diseases. Regarding marriage, health of the woman should be given more importance, because she is the future mother, the one who carries the fetus in the womb for 10 months and after delivery she is the one who gives nourishment to the baby.

There are certain disease conditions, which has to be considered in marriage.

Neurological Problems

Mental Retardation

A person not able to perform his daily living is not fit for a marriage.

Epilepsy/Fits

There is a misconception about epilepsy that married life should be restricted to them. But it is not true. They can have a good marital life just like a normal person. The women should continue to have the medications after marriage and during pregnancy. Men should also continue medications.

Finance Related Problems

The desire to live according to the present standards of the society leads to more spending than what we actually get. At certain level the situation is no longer manageable to the family, which will in turn lead to frequent quarrels in the family, and sometimes the members may be forced to commit suicide. Even if partners are coming from different financial backups, a joint decision taken together will solve this incompatibility and the spouse should be willing to make adjustment accordingly.

Alcoholism

A person cannot be considered good or bad based only on his habits but if a habit poses danger to the whole family, then it should be taken seriously. Alcoholism plays a major role in deserting many families.

Consequences of alcoholism

- Family quarrels
- Financial crisis
- Emotional separation/problems in the partner
- Emotional/psychological problems among children
- Scholastic performance of children may deteriorate
- Increased chance of accidents
- Degradation of reputation in the society
- Total degradation of the person

Cardiac Problems

There is a common tendency to avoid people with cardiac problems in marriage proposals. But these persons can have normal marital life, and can have children, provided if there is no serious cardiac illness.

Problems in the Reproductive System

Modern medical care ensures complete treatment for the entire abnormal conditions/diseases in the

reproductive tract/system. Early identification and prompt treatment ensures a stress free life.

Other Illness

Diseases like hypertension, diabetes, etc. are now common even among youngsters. Some people will be the carriers of hepatitis B, which cause liver enlargement. So it is essential to ensure immunization against hepatitis B before marriage to your partner (if you are a carrier), since it spreads through sexual contact. Diseases like tuberculosis, leprosy, certain skin diseases, etc. can be cured completely.

Certain types of cancers in the thyroid gland, blood cancer, etc. can also be cured and all cancer patients should seek medical advice from the doctor regarding marriage and future life.

There is no problem in marrying a person with any type of disability, but both the persons should be emotionally ready to accept the fact before jumping into a decision.

Infertility and STIs

Infertility can be in male or female. Treatment should be taken if any condition is detected which leads to infertility. Both should take treatment if it is noticed afterwards. It is ideal to eliminate the possibility of STIs before marriage. Treatment should be continued after marriage also.

AIDS!! More chance for transmitting it to the partner, choice is left entirely to them.

MENTAL HEALTH ISSUES IN MARRIAGE

One of the main reasons for the disturbed or broken marital life, often ending in a divorce is usually personality disorder of one of the spouses. Marriage can be solemnized if the mental problem is brought under control and that too after disclosing the matter beforehand (at least to the partner). It is better not to venture into a marital life if the person has serious mental illness, but many a times we may not be able to know in advance about a persons mental status (whether the person is mentally ill or not) in majority of the cases.

A genuine concerned person will take a decision that "I have no right to ruin the life of a man/woman."

What Exactly is Personality Disorder?

Personality embraces a person's moods, attitudes, and opinions, and is most clearly expressed in his interactions with other people.

Personality disorder is a deeply ingrained, long-enduring, maladaptive, and inflexible pattern of thinking, feeling, and behaving that either significantly impairs an individual's social or occupational functioning or causes him subjective distress.

Paranoid Personality Disorder

Here is a pervasive and unjustified suspiciousness and mistrust of others especially towards the spouse, whose words and actions are misinterpreted as having special significance for, and as being directed against, the individual. Sometimes such people are guarded, secretive, aggressive, quarrelsome and litigious, and excessively sensitive to the implied criticism of others. This is one of the main reasons for divorce.

Affective Personality Disorder

This particular type of persistent mood disturbance can be described as:

- Anxiety may be persistent and highly developed, so that the person encounters all new circumstances with fearful anticipation.
- Chronic depressive personality who turns out to be gloomy pessimist.
- Shows excessive swings of mood as a persistent lifelong trait.

Schizoid Personality Disorder

There is a disinclination to mix with others, the individual appearing aloof, withdrawn, indifferent, unresponsive, and disinterested. Such a person prefers solitary to gregarious pursuits, involvement with things rather than with people, and often appears humorless or dull.

Schizotypal Personality Disorder

This type of people show various oddities or eccentricities of thought, speech, perception, or behavior (such as bizarre fantasies or delusions) but whose symptoms are not severe enough to be labeled as schizophrenia—a mental disorder.

Explosive Personality Disorder

Such people have a tendency to sudden emotional rages or tantrums that result in their physically assaulting others or impulsively attempting to commit suicide. The emotional outburst may be precipitated by a minor frustration that is disproportionate to the degree of reaction.

Compulsive Personality Disorder

A person with this disorder shows prominent over scrupulous, perfectionist traits that are expressed in feelings of insecurity, self-doubt, meticulous conscientiousness, indecisiveness, and rigidity of behavior. The person is preoccupied with rules, procedures and efficiency, is overly devoted to work and productivity, and is usually deficient in the ability to express warm or tender emotions. This disorder is more common in men.

Histrionic Personality Disorder

Overly dramatic and intensely expressed behavior, a tendency to call attention to oneself, a craving for novelty and excitement, egocentricity, highly reactive and excitable behavior, and tendencies toward dependency and suggestibility are characteristic of this condition, which is more common in women than men.

Disorders of Impulse Control

There is a failure to resist desires, impulses, or temptations to perform an act that is harmful to the individual or to others. The individual experiences a feeling of tension before committing the act and a feeling of release or gratification upon completing it. The behaviors involved include pathological gambling, setting fires (pyromania), and impulsive stealing (kleptomania).

Abnormal Sexual Behaviors

Sexual behavior that is not common and is considered unnatural comprises an important group of sexual problems. Though not sexual problems in the strictest sense, these behaviors reflect distortion of an individual's sexual identity. In most cases, this behavior does not include any physical manifestation of the disorder.

Abnormal sexual behavior may not only be socially inappropriate, but also offensive or injurious to self and others. Some of these include—exhibitionism, voyeurism, bestiality, fetishism, sodomy, sadism and masochism.

What are the Various Types of such Behaviors?

Transsexualism: In transsexualism the person feels a discrepancy between anatomical sex and the gender the person ascribes to himself. This disorder is much more common in biological males than females. The sufferer claims that he is a member of the other sex: "a female spirit trapped in a male body." He may assume the dress and behavior and participate in activities commonly associated with the other sex and may even use hormones and surgery. Once established, transsexualism persists for many years, perhaps for the rest of life.

Exhibitionism is a deliberate sexual urge in a person to expose his genitals to others in public to obtain sexual pleasure. The person's thoughts are dominated by fantasies of exposing himself to others. It is more commonly seen in males who often expose themselves before children or women. The most common cause of the disorder is a social or psychological impairment in the individual. In India, this act is punishable by law with imprisonment up to 3 months and a fine.

Fetishism is an obsession with non-living objects like women's garments, which provides sexual satisfaction. These things do not normally have any sexual

influence on the mind. A fetish can also be associated with any part of the body. For example, a person with foot fetishism may get sexually excited by looking at another person's feet. This disorder is due to faulty associations of neutral objects with sexually stimulating thoughts.

Frotteurism: It is the urge to rub against or establish physical contact with a non-consenting individual to obtain sexual pleasure. Many such people are unable to have normal sexual relations due to impotence.

Transvetism in this recurrent wearing of clothes of the opposite sex is carried out to achieve sexual excitement.

Zoophilia or bestiality: Sexual act between a human and an animal is called bestiality. Most acts of bestiality take place with people who are in close contact with domesticated animals on farms, etc. This is a crime punishable by law.

Voyeurism is the derivation of sexual pleasure by watching another person undress or perform sexual act. The individual usually masturbates while watching the sex act. These persons are usually unable to maintain normal sexual relations due to impotence.

Sadism and masochism: These are sexual fantasies involving the use of force in order to obtain sexual satisfaction. A sadist derives sexual pleasure by physically hurting his sexual partner. A masochist, on the contrary, derives sexual satisfaction by being beaten, hurt or made to suffer.

Pedophilia: An adult has sexual fantasies about or engages in sexual acts with a prepubertal child of the same or opposite sex.

There are of course other unusual sexual objects or acts that may be used for gratification. The causes of these conditions are generally not known. Behavioral, psychodynamic, and pharmacological methods have been used with varying efficacy to treat these disorders.

Psychosexual disorders like the above are treated with the help of psychiatric methods over a period of time. They cannot be treated with one specific medication since they are not diseases.

WHAT MAKES MARRIAGE WORK?

A person who can understand 'him' can only understand others. One who knows his capabilities, dreams, hopes and aspirations can easily understand his/her partner as the same person with all these traits. When we enjoy all the good and smartness from a person, we are bound to accept their pitfalls and incapability also. There is no ideal husband or ideal wife in the world. Marriage will work when one partner or two ignores or avoid the drawbacks from the partner, not because they are fool but because of their deep rooted love towards their partner, accepting him/her as the person accompanying the whole life.

Be Together!—Working Marriage Style

If you ask married couples what has held them together throughout many years of married life, most will respond by mentioning qualities or skills such as being good listeners, respecting one another, having a good sense of humor, knowing how to have fun, being willing to adapt, accepting that you can't change your partner Just like butter holds two pieces of bread together, there are people, things, feelings, activities, etc. which can hold a marriage together.

When the sticky stuff, or butter, is love, commitment, delight, joy, devotion, etc.—all is okay.

- Never reveal or share anything with a group of people without sharing it with your spouse first.
- If you find yourself wanting to be the peacemaker between your spouse and your kids, or your spouse and your friends, or your spouse and your parents, stop being the go-between. Ask your spouse to communicate with these folks directly.

Several factors viz; social, psychological, emotional, financial and sexual factors play a wide role in making a marriage work.

Every newlywed has to make many adjustments and get accustomed to their spouse's rhythms, while balancing their own individual needs. The problem is that nobody warns you ahead of time how hard this can be. Most of the couple probably experiences a lot of mixed emotions and "marriage growing

pains" for the next several months, but it definitely gets better. Gradually, they will understand that there are a lot of advantages to concentrating on "us" more than on "me" and will realize that the trade-off for some personal freedom is well worth it.

Transition to married life is not very much easy. It will take time and the person who can effectively cope with these adjustments can play better role in marriage.

There are certain ways, which can ease our transition to married life they are:

- Give yourself credit for each adjustment you make. The first year or so of marriage is hard work, and even though others won't realize how hard you are working, you will! feel good about the progress you are making.
- Always keep in mind that everyone who has a full life makes certain trade-offs. You can't have everything, but you can look for the best in what you do have.
- Develop a daily routine that you feel good about. Choose something that makes you happy — and whenever you feel a little down, it will give you a much-needed lift.
- Ensure the existence of romance in your marriage. This is a lot easier said than done. Most couples gradually become very involved in the minutiae of their day-to-day lives and unwittingly let romance and emotional intimacy slide into the background. Parenthood can accelerate the process. The couple sometimes becomes so focused on their role as parents, that they neglect their role as husband and wife. Every couple can continue to "court" each other after the wedding.
- Give yourselves a few hours alone every week. Just go for a lunch, breakfast, dinner, a movie, or even a walk in the park. Don't talk about stressful subjects such as money, in-laws.
- Keep up your friendships by making time in your life for friends. Of course, some friendships will change because of marriage, and it may be challenging to find the right balance between friends and marriage, but it is important for both partners.

Anticipate Problem before it Occur

Many young people think marriage will solve the existing problems. But the opposite is true. Marriage only intensifies it. That's why it's best to identify potential problems ahead of time. Here's some ways to do that:

Thoroughly Discuss Expectations

Each partner carries into marriage a huge bag full of expectations. Men and women assume things will transpire just the way they imagine: "We will visit my family each Deepavali or Onam," "My husband will be home every evening," "My wife will have a hot, four-course meal on the table when I come home."

Expectations are usually formed by observing happenings in the home while growing up. But the spouse's family may have been much different than your own. "Just because your dad helped wash the dishes doesn't mean your husband will want to". "If your mother kept an immaculate house, don't assume your wife will be as committed to cleanliness".

If expectations differ, conflicts are sure to result. So the more couple discuss about their expectations ahead of time, the better the chances of blending together happily.

Learn to Resolve Conflicts

Many young couples believe a happy marriage has no conflict. Not so! Disagreements, hassles and conflicts are inevitable - they will happen. Happily married couples are those who have learned to resolve conflict through communication, negotiation, compromise and sacrifice.

Conflicts must be resolved for a relationship to survive. Burying the hurts and struggles are like carrying around a sack of rocks. Every new hurt you stuff becomes another rock you drag around. Eventually, the load becomes too heavy and the relationship falls apart.

Resolving conflict is hard work and hence go for a consultation.

Get Premarital Counseling

A lot of people are afraid of counseling, as if it means they're sick or have something terribly wrong. But many people seek a counselor to help avoid problems. And that's especially important for marriage. A trained expert can point out problems that may arise and guide you toward resolutions.

Even if it's not required, it's wise to get check-up and tests if you or your spouse-to-be have been suffering from any systemic illness. This becomes especially significant if any one of them have been sexually active. If a sexually transmitted disease does exist, your doctor will explain the ramifications and treatment. Your physician can also discuss birth control options if you plan to delay having children.

Three things which sharpen the glitter of marriage
Ability to maintain the 'fire of love'
Ability to satisfy each other
Ability to keep the sanctity of marriage.

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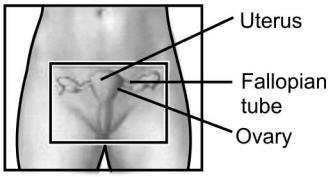
Reproductive Tract Infections

INTRODUCTION



Reproductive tract infections are a common problem seen in the adolescent age group. They encompass a wide variety of viral, bacterial, fungal and parasitic infections of the vulva, vagina and cervix. Though most of the conditions are easily treated today, ascending infections are possible. RTI are being increasingly recognized as a serious global health problem with impact on individual persons, their families and communities.

As more and more adolescents are getting involved in sexual activity and as they have inadequate knowledge of anatomy, physiology and contraception, they are susceptible for RTI. Sexually active adolescents and young people are particularly at risk for reproductive tract infections. They are vulnerable for both physical and social reasons and often suffer serious long-term consequences. As a group, however, they are often neglected by program efforts and health policy. As a result, they are less likely to be protected themselves, from infection (i.e.) seek appropriate diagnosis and timely and effective treatment. Premenarcheal girls have non-specific vulvovaginitis, and adolescents may have in addition STI, HIV or infection of the cervix.

NORMAL VAGINAL ENVIRONMENT

The vaginal environment is a balanced micro ecosystem maintaining an acidic pH and supporting the growth of non-pathogenic organisms, while simultaneously suppressing the growth of pathogenic organisms. Estrogens and the glycogen content of the vaginal epithelium play key roles in their system.

Physiological vaginal discharge occurs 6-12 months preceding menarche, an increase in circulating estrogens may cause a non-irritant whitish discharge during ovulation, the premenstrual period and pregnancy.

Normal Vaginal Discharge

Physiological Vaginal Discharge

Natural vaginal discharge is a pearly white, becoming yellowish on contact with air, due to oxidation. It consists of desquamated epithelial cells from the vagina and cervix, mucus originating mainly from the endocervical glands, bacteria, and fluid which is formed as a transudate from the vaginal wall. More than 95 percent of the bacteria present are lactobacilli. The acidic pH is maintained by the lactobacilli and through the production of lactic acid by the vaginal epithelium metabolizing glycogen. Physiological discharge is not foul swelling and is non-pruritic. It shows alterations with the phase of the menstrual cycle being increased by the excessive mucus production from the cervix in midcycle and immediate premenstrual phase. It also increases in pregnancy, with the use of oral contraceptive pill, and under stimulus of sexual excitation.

Abnormal Vaginal Discharge

Abnormal discharge may be due to bacterial or fungal infections and should be treated promptly. You need to consult a doctor, only if the discharge is smelly, colored, profuse, produces itching in the genital area and causes pain and burning while passing urine.

Differential diagnosis of vaginal discharge

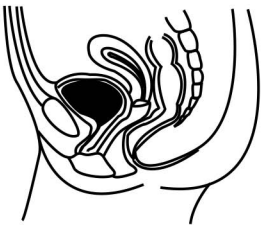
Signs and symptoms	*Candidiasis*	*B. vaginosis*	*Trichomoniasis*	*Cervicitis*
1. Itching or soreness	++	–	+++	–
2. Smell	May be 'yeasty'	Offensive fishy	May be offensive	–
3. Color	White	White or yellow	Yellow or green	Clear
4. Consistency	Curdy	Thin homogenous	Thin frothy	Mucoid
5. pH	< 4.5	4.5-7.0	4.5-7.0	< 4.5
6. Confirmed by	Microscopy	Microscopy	Microscopy and culture	Microscopy, tests for chlamydia

- Be bold consult the doctor.
- Preventing urinary infection is a priority.

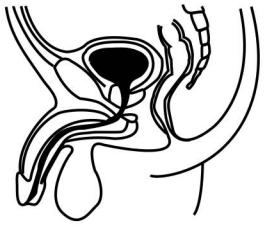
WHY ADOLESCENTS ARE VULNERABLE FOR RTI

1. Protective, hormonally driven mechanisms may not have had time to develop; cervical mucus protection and hormonal immunity are absent.
2. Anatomic proximity of rectum and vagina can cause contamination since lower 1/3 of the vagina is exposed, when child is in the squatting position.
3. Poor toilet training, wrong method of cleaning the perineum from back to front, as front to back is the correct method.
4. Protective fatty pads of the labia are prone for infection.
5. Globally as the age of marriage rises, adolescents are more likely to experience premarital sexual activity, despite the fact that there are often strong taboos on such behavior.

Married adolescents, especially women are also neglected; many receive no reproductive health services until pregnancy, (or) delivery. Yet, they may be at risk of infection from their husbands who may have other sexual partners.



Shorter female urethra



Longer male urethra

Adolescents who are sexually active often report that they did not expect to engage in sexual behavior when they first did. As a result they are frequently unprepared to protect themselves from pregnancy (or) infection.

Few programs or policies specifically target adolescents. Often this neglect is deliberate and exists to limit unmarried adolescents access to adequate information and comprehensive reproductive health services. As a result adolescents are at risk of unplanned pregnancy and infections.

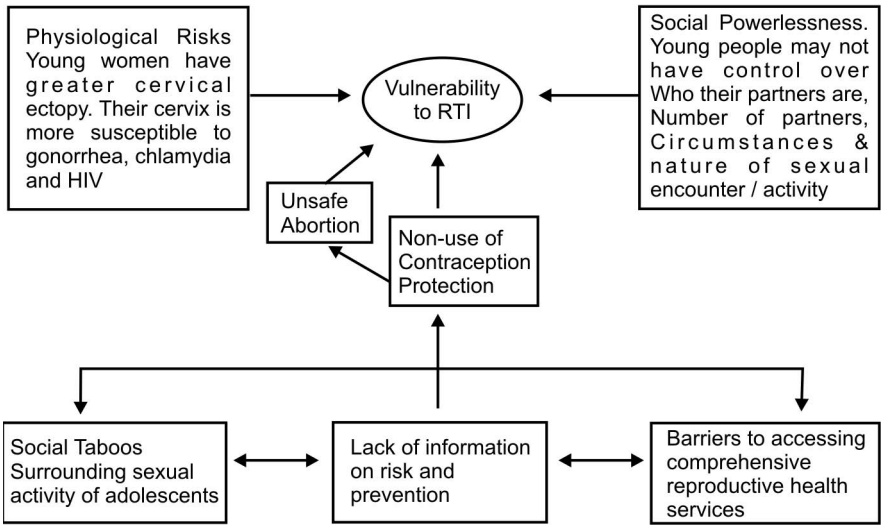
Young women often have older sexual partners. In some parts of world, old men deliberately seek younger partners whom they believe are more likely to be free from infection than adults.

HOW ADOLESCENTS ARE VULNERABLE TO INFECTION (Flow Chart 16.1)

CONSEQUENCES OF RTI

- Young people may be unable to seek timely and effective treatment for their infection because of barriers to receiving care.
- As a result of an RTI, young adolescents may be infertile, and as a result may be stigmatized (or) be abandoned in cultures where fertility is closely associated with women's perceived worth.
- RTI can result in ectopic pregnancy and chronic pelvic infection.
- Young women suffering from an RTI as a complication of an unsafe abortion may be ashamed to seek care.

Flow Chart 16.1

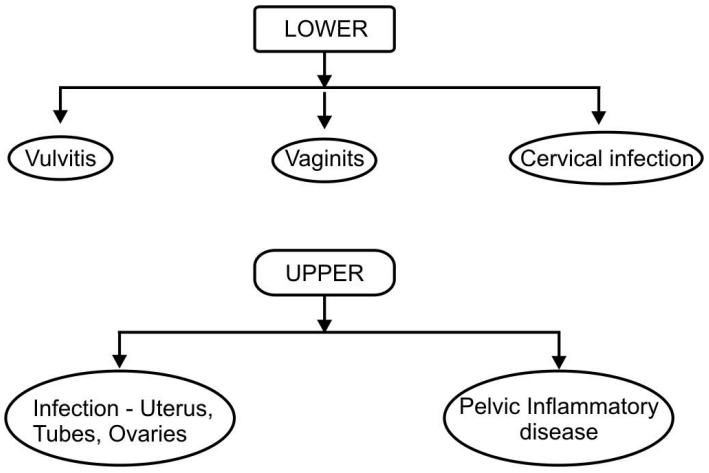


- If an adolescent pregnant woman has RTI it can lead on to miscarriage, preterm labor, pre-labor rupture of membrane sometimes end in stillbirth.
- Adolescents who do not control the circumstances of their sexual activity, such as victims of sexual coercion and abuse are at risk of recurrent sexually transmitted infections even if they seek treatment the first time.

TYPES OF RTI

1. *Endogenous*: RTI as a result of over growth of organisms normally present in the vagina.
2. *Iatrogenic*: RTI introduced during procedures (or) through instrumentation.
3. *STI*: transmitted through sexual activity. Over 30 different organisms can be transmitted through sexual activity.

SITES OF REPRODUCTIVE TRACT INFECTIONS



Endogenous Infection

Cause organisms	*Consequences/disease*	*Symptoms*	*Signs*	*Diagnosis*
1. Overgrowth of organism normally present in vagina	Bacterial vaginosis	Homogeneous vaginal discharge	Fishy odor is produced when 10 KOH is added to Vaginal secretions	Clue cells are found on microscopy
2. Candida	Candidiasis	Thick, curd like discharge, itching, soreness of vulva, painful intercourse	White, thick curd like discharge, redness of vulva, vaginal cervical tissue	Identification of fungus on wet mounts
3. Trichomonas	Trichomoniasis	Frothy discharge	Vulva and vagina edematous red, painful	Wet saline mount motile, biflagellated trichomonas

Why Endogenous Infection are Important

- It is widespread and cause women varying degree of discomfort and pain.
- Many women believe that such infections are normal and part of the female experience and consequently, do not seek care due to shame (or) lack of information.
- One of the misconceptions regarding endogenous infection is, many women believe or are mistakenly told by medical practitioners that their symptoms result from sexually transmitted infections.
- Aggressive syndromic management of vaginal discharge may result in considerable over use of antibiotics, if women are routinely treated for cervical infection.

Bartholinitis: Obstruction of Bartholin's duct by trauma (or) non-specific inflammation leads to Bartholin duct cysts and secondary infection within the cyst causes Bartholin's abscess. There is usually local tenderness, swelling, fluctuance and occasionally surrounding cellulitis.

Pediculosis pubis: Lice infestation of the pubic hair, transmission is usually by sexual contact (or) commonly shared clothes, towel (or) bed linen.

Folliculitis: Painful pustules at hair follicles.

Scabies: Pruritic eruption, involves several members in family and lesions associated in other sites. The itch is most marked at night.

Human papilloma viral (HPV) infection (condyloma accuminata) HPV infect vulvar and anogenital skin, vaginal walls and the cervix, cervical HPV infection is many times more common than infection with *Chlamydia trachomatis.* HPV 16, 181, 31, 33, 35 infection has intimate association with cervical cancer, Koutsky, Holems and Critchlow et al 2 years study - showed that among HPV +ve, 28% will develop CIN II and III; but when HPV-ve the risk is only 3%, in multiple type 16 and 18, 49% will develop CIN II, III, if only 16 (or) 18- the risk is 39% and it takes 5 - 10 years for the change from CIN (II to III) to malignancy.

Mucopurulent endocervicitis: It can either be due to gonococcal infection (or) chlamydial endocervicitis, redness and mucopus at the os.

Pelvic inflammatory disease in lower genital tract can ascend if untreated (or) suboptimally treated can lead to PID and irreparable sequelae.

Basic criteria for diagnosis of PID: Exclude surgical (or) pregnancy related cause of symptoms and exclude by available pregnancy test.

Lower abdominal pain, signs of lower genital tract infection and cervical motion tenderness, support a diagnosis PID, temperature 38 (and palpable adnexal mass increases specificity of the diagnosis.

Many cases of PID are asymptomatic, so absence of above symptoms does not rule out PID, though presence confirm if.

Iatrogenic Infections

Microorganisms are introduced into the reproductive tract through a medical procedure such as menstrual regulation, induced abortion, during childbirth, during insertion of IUD.

This can happen if infections are present before procedure (or) if surgical instruments are not sterilized properly. It can affect upper genital tract, i.e. PID it can be polymicrobial infection.

Warning symptoms will be, sudden higher fever, pelvic pain, chills, discharge, dyspareunia.

RELATIONSHIP OF RTI AND FAMILY PLANNING METHODS

With family planning devices the attitude toward sex changes, and many family planning methods may create risk.

Oral pill—disrupt vaginal milieu—increases the risk of candida and chlamydia, No protection from STI but decreases PID

Implants, injectables, IUD and Male and female sterilization } Does not protect from STI

Diaphragm and spermicides partial protection against STI, No protection against HIV

Condoms—effective protection against STI and HIV

EFFECT OF RTI ON PREGNANCY

Almost all RTI can cause serious adverse pregnancy outcomes including spontaneous abortion, pre-labor rupture of membranes, premature delivery and consequent low birth weight and stillbirth.

Some infections increase the risk of post-partum, infection. In addition many RTIs can be passed between mother and infant during pregnancy and childbirth resulting in serious morbidity and even death for neonate.

	Possible Outcomes			
RTI	*Spontaneous abortion*	*Premature rupture of membranes*	*Prematurity and low birth weight*	*Still birth*
Bacterial vaginosis		✓	✓	
Syphilis	✓		✓	✓
Gonorrhea		✓	✓	
Trichomoniasis			✓	
Herpes simplex virus			✓	
HIV/AIDS			✓	✓

Vertical Transmission

RTI	*Transmission and possible effects for the infant*
Syphilis	• Congenital syphilis (in approx. 1/3 of cases) can result in infant death or long-term illness • Transmitted during pregnancy
Gonorrhea	• Ophthalmia neonatorum. Can result in blindness • Infection occurs during delivery through birth canal • Ocular prophylaxis (eye-drops given to newborn within one hour of birth) can prevent ophthalmia neonatorum
Chlamydia	• Ophthalmia neonatorum • Neonatal pneumonia
Hepatitis B	• Possible transmission during pregnancy
Human papilloma virus	• Child can suffer oral or anogenital warts • Rare, serious complication: laryngeal papillomatosis
Herpes simplex virus	• Congenital herpes. Affects nervous system and can cause death • Transmitted during pregnancy and through exposure during delivery
HIV/AIDS	• Transmission can occur during pregnancy, delivery, and through breastfeeding in up to 30-40% of infected mothers • Pediatric AIDS. Causes long-term illness and death. Half of infected infants die within their first 36 months • Risk of vertical transmission greatly reduced through treatment with zidovudine (AZT) or nevirapine (NVP) in the antenatal period

17 Sexually Transmitted Infections

INTRODUCTION

STI are caused by virus bacteria, (or) parasitic organisms and are transmitted through sexual activity with an infected partner some of which are easily treated, many of which are not.

WHO estimate, that each year there are over 333 million new cases of curable STIs and UNAIDs calculates that in 2000 alone, 5.3 million people become infected with HIV. Certain infections can increase the chances of HIV transmission. Diagnosis and treatment of sexually transmitted infections can be difficult, especially in situation where use of accurate laboratory testing is unavailable (or) prohibitively expensive and so syndromic management techniques have been developed.

WHO, 2001 global prevalence and incidence of selected curable sexually transmitted infections.

DISEASES OF INFECTIONS

Trichomoniasis

This is caused by a flagellate parasite Trichomonas vaginalis. This sexually transmitted infection can be carried asymptomatically for several months.

Often presents with a frothy greenish or yellowish vaginal discharge with inflammation sometimes extending out on to the vulva and causing vulval pruritis. Punctate hemorrhages can occur on the cervix giving the appearance of a 'strawberry cervix.'

Diagnosis

Microscopy of vaginal secretions mixed with saline showing the whipping motion (flagellating) of the parasite has a 60% sensitivity for detecting the organism. Numerous polymorphonuclear cells are also seen in the smear.

Organisms	*Infection*	*Symptoms*
Trichomonas	Trichomoniasis	Vaginitis
Gonococcal	Gonorrhea	Urethritis, PID
Chlamydia trachomatis	*Chlamydia trachomatis*	Cervicitis, urethritis bartholinitis
H.ducreyi	Chancroid	Painful sore, in vagina pain, anus
Calymmatobacteremia granulomatis	Granuloma inguinale	Chronic ulcer primary, secondary, etc.
Treponema	Syphilis	
Subtypes L1L2L3	LGV	Inguinal swelling
Chlamydia trachomatis		
HSV	Herpes genitalis	Painful blisters
HBS	Hepatitis B	Liver disorder vertical transmission
HPV	*Condyloma acuminata*	Genital ulcers
HIV	AIDS	AIDS, opportunistic infection

Diagnosis is confirmed by culture preferably in a specific medium such as Fineberg-Whittington medium.

Treatment

1. Metronidazole 200 mg thrice daily for 7 days
2. Metronidazole 2 gm orally single dose.

Other imidazoles like Tinidazole or Nimarazole can be used in the same dose as Metronidazole. Sexual partners should also be treated with single dose regimen.

Gonorrhea

The incidence of gonorrhea has declined over the last few decades. The prevalence is less than 1 percent of woman in the reproductive age group. Chronic asymptomatic infection is common (50%). It is caused by Neisseria Gonorrhea, a gram-negative intracellular diplococci that colonizes cuboidal or columnar epithelium.

Clinical Symptoms

- It presents with purulent or mucopurulent vaginal discharge.
- Dysuria and red inflamed urethra.

Complications
- Bartholinitis/abscess
- Chronic cervicitis, urethritis
- Pelvic inflammatory disease
- Infertility due to tubal block
- Ectopic pregnancy - due to tubal scarring
- Rarely metastatic complications like arthritis, iritis or conjunctivitis

Diagnosis

By Gram stain smear of vaginal discharge showing gram-negative intracellular diplococci.

Treatment

In uncomplicated infections:
1. Norfloxacin 400 mg orally single dose.
2. Ciprofloxacin 500 mg orally single dose.
3. Probenicid 1 gm orally, followed after 30 minutes by procaine penicillin 4.8L mega units intramuscularly divided in 2 equal doses.
4. Azithromycin 1 gm as single dose.
5. For those sensitive to penicillin—Kanamycin 2 gm as a single dose

For complicated upper genital tract infection—give:
1. Norfloxacin 400 mg orally twice daily for 10 days.
2. Doxycycline 100 mg orally twice daily for 10 days.

Chlamydia

Chlamydia trachomatis is the commonest bacterial sexually transmitted infection in developed countries. Women under 25 years of age have the highest prevalence.

It is caused by *Chlamydia trachomatis*, a small bacterium that is an obligate intracellular pathogen. It infects the columnar epithelial cells of the genital tract. They gain entry to the cells by binding to specific surface receptors.

Clinical Features

- Many infections are asymptomatic (approximately in 80% of women) hence called 'Silent PID'.
- Later presents with purulent or mucopurulent vaginal or cervical discharge and a 'beefy red' cervix which is friable or bleeds to touch.

Diagnosis

- Presumptive diagnosis based on the clinical findings.
- ELISA test, serological tests or culture.

Treatment

1. Doxycycline 100 mg twice a day for 7 days
2. Tetracycline 500 mg orally, 6 hourly for 7 days
3. Erythromycin 500 mg 6 hourly for 7 days
4. Azithromycin 1 gm as a single dose
5. Ofloxacin 400 mg daily for 7 days.

It is essential that sex partners should also be treated.

Bacterial Vaginosis (BV)

This is one of the commonest causes of abnormal vaginal discharge in women of reproductive age group.

It is caused by the overgrowth of the normal anaerobic commensals present in the vagina at low concentrations. The organism most commonly associated are Gardnerella vaginalis, Bacterioides species, Mycoplasma hominis and Mobiluncus species.

The principal symptom of BV is an offensive fishy smelling discharge which is characteristically thin, homogenous and adherent to the walls of the vagina.

Diagnosis

Diagnosis is by using the composite criteria (Amsel criteria).

- Vaginal pH > 4.5
- Release of a fishy smell on addition of alkali (10% potassium hydroxide)
- Characteristic thin homogenous discharge
- Presence of 'clue cells' on microscopy (i.e. vaginal epithelial cells heavily coated with bacteria that the border is obscured).

Treatment

- Metronidazole 400 mg orally thrice daily for 7 days.
- Metronidazole 2 gm orally as single dose.

Treatment of sexual partners has not been demonstrated to be of benefit.

Candidiasis

This is most commonly caused by the fungus *Candida albicans* (in 80% of cases) Rest may be caused by *C. glabrata, C. krusei or C. tropicalis*.

Sexual acquisition is rarely important although physical trauma of intercourse may be sufficient to trigger an attack in a predisposed individual.

Predisposing Factors

- Diabetes mellitus
- Broad spectrum antibiotic therapy
- Increased estrogens, e.g. pregnancy, high dose combined oral contraceptive pill
- Immunosuppressive therapy, e.g. steroids, cytotoxic agents
- Immunosuppressive diseases—HIV.

Clinical Presentation

Presents with itching and soreness of the vagina and vulva with a thick curdy white discharge with a yeasty smell, sticking to the vaginal rugae and may bleed when one tries to separate it. The pH of vaginal fluid is usually normal, between 3.5 and 4.5.

Diagnosis

Diagnosis is by microscopic examination of saline or potassium hyroxide wet mount preparation showing hyphae.

Treatment

Is usually by topical regimens

1. Miconazole or clotrimazole 100 mg intravaginally daily for 6 days
2. Nystatin suppositories 1,00,000 units intravaginally daily for 7 days. Oral treatment is with Tab. Fluconazole 150 mg single dose.

Genital Herpes

This is caused by herpes simplex virus type II. Infection is frequently subclinical so that the individual presents many years after acquisition. Presents with multiple painful, shallow vesicles or ulcers on the labia, cervix or vagina.

Diagnosis is confirmed by culture or electron microscopy of a swab from the lesions.

Treatment

- Acyclovir 200 mg five times daily for 5 days is the cheapest and most established treatment.
- Supportive measures include analgesics, bathing in salt water, lignocaine gel.
- Fancyclovir and Valacyclovir have greater bioanalability but is more expensive.
- Acyclovir 5% cream 4-6 times a day to be started within 3 days of onset of lesions.

Chancroid

This is caused by the bacterium—*Haemophilus ducreyi*. Presents as multiple shallow and dirty painful ulcers located anywhere on the external genitalia. In 25-60% of cases, an enlarged lymph node (bubo) develops in the groin. These buboes may even suppurate through the skin.

Diagnosis

1. Painful ulcers (syphilitic chancres are painless)
2. Negative dark field examination or serology (VDRL or RPR)
3. Gram staining -shows gram-negative coccobacilli in chains- called 'School of fish' appearance.

Treatment

1. Trimethoprim (80 mg)/Sulphamethoxazole(400 mg) 2 tabs orally twice daily for 2 weeks
2. Doxycycline 100 mg orally twice daily for 10 days
3. Erythromycin 500 mg orally 4 times daily for 7 days
4. Ciprofloxacin 500 mg orally twice daily for 7 days
5. Azithromycin 1 gram stat orally.

Syphilis

It is a systemic sexually transmitted infection caused by Treponema pallidum. Early primary syphilis presents with painless ulcers (chancre) on the external genitalia and bilateral enlarged rubbery non-tender inguinal lymph nodes.

Diagnosis

- By serology—VDRL-TPHA
- By dark ground microscopy of secretions from the lesion—showing tightly coiled spiral organisms which move in a characteristic fashion.

Treatment

- Benzathine Benzyl penicillin 2.4 million units intramuscular injection—single dose, if allergic to penicillin.
- Tetracyclin/erythromycin 500 mg orally 4 times daily for 24 days.
- Doxycycline 100 mg orally twice daily for 14 days
- Other rare varieties like lymphogranuloma inguinale and granuloma inguinale also produces buboes and ulceration in the external genitalia.

Genital Warts (Condyloma Acuminatum)

Caused by Human papilloma virus- 70 different types are described. HPV types 6 and 11, which have little oncogenic potential, cause the majority of genital warts. HPV types 16 and 18 may cause flat warts, and have been linked with development of cervical carcinoma.

Presents as single or multiple soft painless cauliflower like growths on external genitalia or perianal region.

Treatment

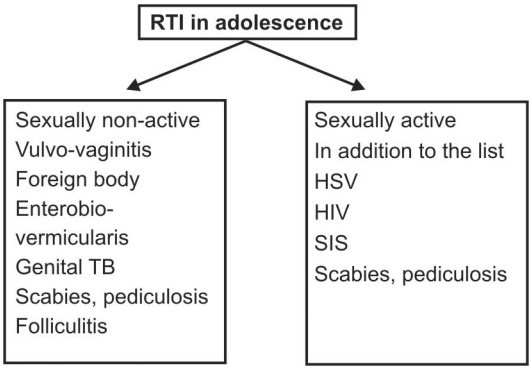
Chemical cautery—20% podophyllin in compound tincture of benzoin, applied over the wart, to be washed off after 3 hours. Treatment is repeated weekly till the lesion resolves completely.

FACTORS ASSOCIATED WITH STD ACQUISITION IN ADOLESCENTS

- *Earlier initiation of sex*: The earlier an adolescent initiates sex, the longer the interval in adolescence during which he/she can be exposed to more partners.
- *Biological vulnerability*: Adolescents, especially females, are more likely to contract a STD because they are not fully developed. Cases of reportable STDs are more prevalent in female adolescents than males.
- Improper use of contraceptives.
- Having unprotected sex.
- Having sexual intercourse while under the influence of drugs and/or alcohol (D'Angelo and DiClemente, 1996).

TWO MAIN APPROACH TO DIAGNOSE STI—THEY ARE LABORATORY AND CLINICAL

Laboratory diagnosis	*Clinical diagnosis*
• Microscopy or laboratory tests (Gram-stains, culturing, etc.) • Specific antibody or antigen tests • Tests need to be conducted by trained technicians • Often requires sophisticated equipment or expensive supplies • Waiting period for test results often necessary	• Relies on recognition of symptoms by the patient and identification of signs from clinician's medical experience • Unstandardized and often unreliable • Inexpensive • Can be combined with simple microscopy where available • Treatment can begin immediately



CLINICAL APPROACH TO THE ADOLESCENT WITH RTI

It is different between sexually active, sexually non-active and married women. For all the above:

- Thorough physical examination is needed.
- Clients should be examined in private space, confidentiality should be maintained.
- Clinician should always wear clean, disposable gloves.
- Universal precautions should be taken, to avoid transmission of any infection between clients and providers.
- All equipment used must be appropriately disinfected between use.

Examination must include

Women	*Men*
Inspection of genitals including separation of labia	Inspection of genitals retraction of fore skin to check for warts, ulcers and discharge in uncircumcised men
Abdominal and bimanual exams	Palpation of testicles and epididymis
Speculum and lamp must be available for pelvic exam	

In Case of Unmarried Girls

Should be gentle, one should establish good rapport. History should be taken from patient and parents.

Identification of Risk Factors

The following questions are helpful in determining the risk of RTI:

- Is she completely toilet trained?, how often does she wear diapers, and what kind of diapers are worn?
- Does she take bath everyday?
- How is she taking bath? Shower or bath tub? What soap used? Does she scrub genital area with soap? Shampoo, perfumed soaps, and vigorous scrubbing can cause irritant vulvitis.
- Does she wear cotton or other types of clothing (like nylon panties) that restrict air circulation to the genital area? Air occlusive materials can cause genital irritation after prolonged wear.
- Does she frequently see streaks of stools in the underwear? Fecal soiling can cause irritant vulvitis.
- Has she noticed odor from the genital area or seen dark discharge on the panties?

- Does she frequently have itching in the genital area, or does the caregiver observe her to be constantly scratching or rubbing herself in that area?
- Does she have eczema, allergic rhinitis?
- Has she had recent upper respiratory infections?
- Does she have diarrhea.
- Does she have perianal itching?

School problems: Declining performance warrants evaluation:
Behavior problems may warrant probing.

Differential diagnosis of RTI

- Physical/chemical agents
- Topical allergy
- Behçet's disease
- Steven-Johnson syndrome (SJS)
- Granulomas/neoplasia

PREVENTION OF RTI

Each RTI should be prevented by methods related to its transmission routes and best strategy is to prevent new infections.

Endogenous Infection

Endogenous infection is prevented by improving personal and genital hygiene and their consequences can be reduced through good access to adequate health care facilities and prompt health care seeking behavior.

Iatrogenic Infections

Iatrogenic infections can be prevented by proper sterilization of medical instruments, adhering to sterile protocols during examinations, before any procedure (transcervical) screening and treatment for pre-existing infections.

STIs

STIs can be prevented by the avoidance of sexual activity or adoption of safer sex strategies, including mutual monogamy, non-penetrative sex and the correct and consistent use of barrier contraceptive methods, particularly latex male condoms and polyurethane vaginal sheath female condoms, will offer protection from STIs.

- Treating self and partners should be encouraged
- Delay in age of the marriage and first intercourse
- Women should be encouraged to use low dose contraception pill and avoid unnecessary use of broad spectrum antibiotics
- Should seek promptly health services at the onset of symptoms
- Vaginal douching should be avoided, as it can dry or cause, imbalance in the vaginal environment and hence, lead to bacterial vaginosis. The use of drying or products can also cause imbalance and do harm
- Prevention of HIV and primary strategies for preventing transmission of STIs are the same.
- Syndromic management for STIs will reduce HIV incidence.

Management

General

Genital hygiene
Counseling.

Genital hygiene: Girls

- Cleanliness: washing of genital area after toilet, should clean perineum from front to back
- Use clean cloth during menses, wash and sun dry the clothes.
- Do not use the clothes for more than 3 months.
- Encourage sanitary pads where possible
- Discourage tampons to all
- Discourage tight undergarments
- No vaginal douche
- Pubic hair clipping and not shaving

Genital hygiene: Boys

- Washing of genital area after going to toilet
- Discourage tight undergarments

Counseling

- Inform all clients about risk of STI
- Emphasize on the use of condom
- Encourage to return for treatment if re-exposure.
- Partner referral
- Compliance with medical treatment

Services, programs and policy to reduce RTI

- Make programs accessible to young people, keeping in mind that different groups of adolescents will require differently tailored services (married and unmarried adolescents)
- Young people need accurate information about RTIs and their need to seek health care
- Treat RTIs among adolescents and provide condoms along with extensive counseling for prevention
- Services should be confidential and private so that they are attractive to adolescents
- There is close relationship between RTI and contraception, so it is better to combine these services
- Promoting safer sex prevention messages
- Making barrier contraception accessible and affordable
- Promoting delayed age of marriage and first intercourse
- Services should reach vulnerable adolescents
- Promoting awareness of early treatment of curable STIs to reduce risk of HIV transmission.

REPRODUCTIVE TRACT INFECTIONS—FUTURE IMPLICATIONS

- It will cause global health hazard and economic problem.
- It will have severe consequences both in male and female.

Female

- PID
- Infertility
- Ectopic pregnancy
- Chronic pelvic pain
- Miscarriage
- Increased risk of HIV transmission.

Male

- 25% percent of population is formed by adolescence so we should provide them the right knowledge
- RTIs often inappropriately treated and untreated or sub-optimally treated will lead to irreparable sequele
- In discussing with patient, one ought to be cautious not to always imply that it is sexually contracted
- RTI can co-exist with other STIs, so search for them
- Among adolescents, as there is increasing sexual activity, lack of sex education increases vulnerability to RTI
- Adolescents need accurate information about RTI and they need to seek health care.

With all of these problems facing adolescents today, it is important to address the issue of sex education.

HIV/AIDS

Under the age of 15 years parent to child transmission is the commonest cause of HIV positivity.

- 1 million children living with HIV/AIDS.
- 1600 infants infected every day.
- More than 90% through Pediatric parent to child transmission (PPTCT): Pediatric HIV/AIDS is an important cause of morbidity and mortality.
  India has 5.1 million HIV positive people.

HIV and Pregnancy

Effects of HIV on pregnancy

- Early pregnancy wastage
- Other infections: Pneumonia, UTI, TB
- Preterm labor, PROM and abruptio placenta
- Low birth weight, stillbirths
- Infectious morbidity in puerperium

STI and Increased Risk of HIV Transmission

Pediatric HIV/AIDS is an important cause of morbidity and mortality. India has 5.1 million HIV positive people.

1. Ulcerative diseases increase the risk of HIV acquisition because easier entry of infective particle
2. Inflammation caused by other STIs may also increase the viral load in genital secretions of those living with HIV infection, making transmission more.

Ulcerative STI Syphilis Chancroid	3-9 times
Herpes simplex-	2 times
Inflammation causing STI Gonorrhea, chlamydia, TV	3-5 times
Bacterial vaginosis	1.5-2 times

Vicious Circle of Infection

1. An individual with HIV eventually suffers damage to the immune system, making him (or) her more susceptible to contracting other infection including RTIs.
2. Furthermore in an HIV infected person, RTIs are more difficult to treat and cure.
   For example syphilis can last longer
   Herpes—recurrent episodes are frequent
   Chancroid—one dose treatment is less effective in Immunosuppressed individual.
3. As a result of presence of untreated STI and endogenous RTIs an HIV infected person is more likely to transmit HIV in subsequent unprotective contact. (Endogeneous fungal infection can be common—Candida).

The diagram below illustrates the vicious circle of HIV and STI co-infection

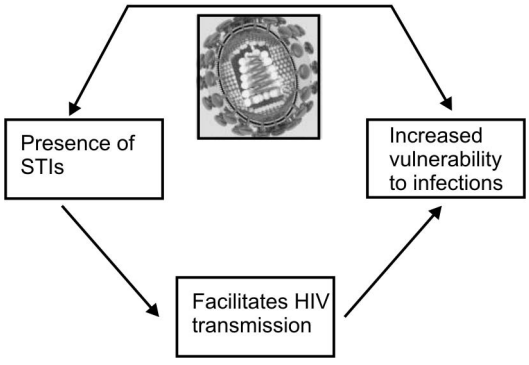


Fig. 17.1

Prevention of HIV/AIDS

Prevention of Parent to Child Transmission (PPTCT) of HIV

Frequency of PPTCT

USA : 15-30%
Europe : 13-15%
Africa : 40-50%

In the US it was 24.5% in1993; it became 1.5% by 2002.

Triple antiretroviral therapy from the 28th week of pregnancy, elective cesarean section and avoidance of breastfeeding reduce PPTCT to less than 1%.

Modes of parent to child transmission of HIV

- Intrauterine (20%): Maternal fetal microtransfusion
- Intrapartum (45-50%) through contact with infected genital secretions or through ingestion of maternal blood and other infected fluid.
- Postpartum(30-35%): Breastfeeding

Possible strategies for PPTCT of HIV

- Prevention of new infections in women of reproductive age
- Contraception
- Termination of pregnancy.

Risk factors for PPTCT

Maternal:
- Viral load
- Smoking
- Chorioamnionitis
- Illicit drug use
- Older age

Obstetric:
- PROM > 4 hours
- Vaginal delivery

Fetal:
- Birth weight < 2500 gm
- Prematurity
- First of twins

Therapeutic interventions
- Antiretroviral therapy
- Vitamins
- Immunotherapy
- Treatment of STD

Obstetric interventions
- Avoidance of invasive tests
- Birth canal cleansing
- Cesarean section delivery

Modification of infant feeding practice
- Avoidance of breastfeeding
- Early weaning

Antiretroviral Therapy

Long course zidovudine therapy
- Antepartum 100 mg 5 times a day from 14 weeks
- Intrapartum IV 2 mg/kg in 1st hr followed by 1 mg/kg/hr
- Newborn oral 2 mg/kg 4 times a day

Ref: ACTG076 : Placebo 25.5%; ZDV 8.3% (67.5% reduction).

Short course zidovudine therapy
- Antepartum 300 mg bd from 36 weeks
- Intrapartum 300 mg q3h in labor
- No breastfeeding
- Nevirapine
- Mother : 200 mg stat at onset of labor
- Baby : 2 mg/kg stat within 72 hours

Ref: HIVNET study : Nevirapine 13%, ZDV 25%

Combination therapy
- Nucleoside reverse transcriptase inhibitor
  Zidovudine, Zalcitabine (ddC), Didanosine (ddI),
  Stavudine (d4T), Lamivudine (3TC)
- Non-nucleoside reverse transcriptase inhibitors
  Nevirapine, Delavirdene
- Protease inhibitors
  Indinavir, Ritonavir, Saquinavir, Nelfinavir.

Elective Cesarean Section

- Elective CS 1.8%
- Vaginal delivery 10.5%.

If on antiretrovirals
- Elective CS 0.8%
- Vaginal delivery 4.3%.

Avoiding Breastfeeding

- Transmission in exclusive breastfeeding is 0.7% per month
- 12% excess risk of infant mortality if not breast fed.
- Early weaning (3-4% risk)
- Dangers of "mixed" feeds.

Estimated proportion (%) HIV infected

	Never breast-fed	*Exclusively breast-fed*	*Mixed feeding*
By day 1	6.4	6.8	5.2
By 1 month	14.8	8.7	14.2
By 3 months	18.8	14.6	24.1

Screening for HIV Infection

- Information sheet and testing; post test counseling
- Screening test : HIV-1 ELISA
- Confirm by repeat ELISA or Western Blot
- Follow-up of sexual contacts
- Involvement of infectious diseases clinic

Counseling in HIV Positive Pregnant Women

- Effect of pregnancy on HIV infection
- Effect of HIV on pregnancy outcome
- Risk of transmission to fetus and infant
- Termination of pregnancy options
- Treatment options in pregnancy
- Interventions to prevent mother to infant transmission
- Infant feeding options
- Disclosure of results to male partners
- Need for follow-up of mother and child
- Future fertility and contraceptive options

Management in Pregnancy

- Antenatal care
  – Growth monitoring—SFH

  - No invasive tests
  - ECV.
- Specific
  - Rule out other STDs, UTI, respiratory infections, cervical dysplasia
  - If affordable, CD4+ count and viral load.
- Medications
  - Iron and folic acid
  - Antiretrovirals - options discussed
  - Treatment of other disorders
- Plan made after discussing options and decision recorded in case record.

Care during Labor and Delivery

- Elective CS is carried out if this is the preferred option
- If elective CS is not the preferred option, then.

- Avoid amniotomy
- Avoid scalp electrodes
- Vaginal cleansing with 0.25% chlorhexidine
- Forceps preferred to ventouse
- Antiretroviral therapy in labor (usually Nevirapine)

Postpartum Care

- More prone to postpartum infections
- Advice on perineal care and safe handling of lochia
- Care in disposal of sanitary pads
- Advice on infant feeding
- Care of breasts
- Contraceptive advice.

Care of Infants

- Handle with gloves until maternal blood and secretions have been washed off
- Antiretroviral therapy: Zidovudine for 6 weeks
- Watch for anemia
- Long-term follow-up in infectious diseases clinic.
- Check HIV status after 18 months of age.

Other Issues in HIV Infected

- Denial of fundamental rights and social opportunities
- Denial of job opportunities
- Denial of care and treatment

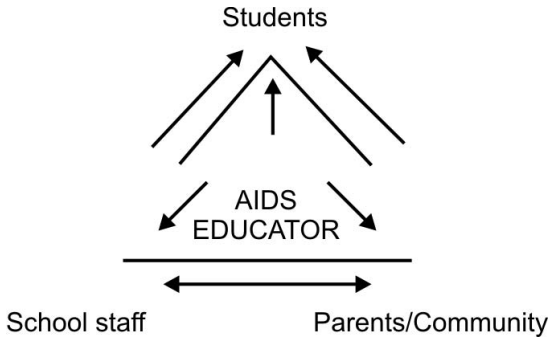
Prevention of HIV With Reference to School Children

Empowering our children with knowledge about HIV and AIDS is the starting point in prevention of HIV/AIDS. 95% of the youth in the world lack accurate, reliable, practical, non-discriminatory and comprehensive knowledge regarding sexual and reproductive health and in particular HIV/AIDS.

We are far from meeting the challenge of providing it for our youth. They also need proper skills to help them from getting infected with HIV. And this is one of the United Nation's "Millenium Development Goals".

Education is a long process, involving many participants and many variables to consider when we seriously evaluate its long-term effects, especially on risk-taking behaviors.

What does "success in HIV prevention education" mean? Is it the inclusion of all politically correct terms? Is it being blunt about sexuality? Or is it maybe just being able to demonstrate that we are reaching out to thousands of youth with some prevention messages? The attempt to define best practices in education for HIV prevention is directly linked to reductions in HIV infection and it is therefore complicated.



The AIDS Educator the Central Figure

The following triangular model is a framework for developing and implementing HIV prevention education.

The International Bureau of Education, a Geneva based UNESCO institute and the International Academy of Education have published 10 principles for effective education on HIV prevention in schools by focusing on the Educator's role:

1. Become an effective AIDS educator by acquiring the appropriate skills and teaching methods.
2. Develop partnerships within your school and with the community.
3. Use participatory methods that encourage active learning.
4. Encourage discussion on controversial and sensitive issues, including gender inequalities, sexual violence, premarital sexual behavior and condom use.
5. Provide multiple sessions through multiple media.
6. Adapt teaching methods to both male and female students.
7. Be culturally sensitive to diversity in your community.
8. Reinforce local values and attitudes about unprotected sexual behavior and introduce peer education.
9. Teach life skills as a component of HIV prevention.
10. Evaluate and monitor your progress and that of your students.

The triangular model puts emphasis on the well-trained AIDS educator, who is not necessarily a schoolteacher. This central figure can also be a person living with HIV / AIDS, a nurse, a medical student or a peer educator. The educator's tasks are to provide comprehensive education to three key groups: (i) pupils at school, (ii) their parents and the community at large and (iii) school staff as well as to facilitate communication on HIV prevention among these three groups.

Prevention of HIV With Reference To MSM/Gay Men

Definition of MSM/Gay Men

MSM Men/boys having sex with other men/boys when such a liaison is feasible or when it is not feasible to have sex with a woman/girl.

Gay men Men/boys who have a sexual orientation/attraction towards other men.

What makes MSM/Gay Men Vulnerable to HIV/AIDS

1. "Individual" factors:
   - Level of knowledge about safe sex
   - Perceptions of personal risk
   - Self-worth, self-esteem
   - Feeling of power and so violence in sex
   - History of sexual abuse.
2. "Social" factors:
   - Norms about relation between men and women and how this can be projected onto male partners
   - Social attitudes towards sexuality and MSM/gay men
   - Economic conditions (unemployment/poverty)
   - Racism
   - Accessibility of HIV/STI prevention education and relevant services
   - Lack of safe spaces where safe sex can be practiced
   - Political and legal climate.

Forms of Risk taking among MSMs and Gay Men

- Not using a condom
- Not using water based lubricants with a condom
- Having sex when using drugs or alcohol
- Having sex in a dangerous environment
- Assuming that the sexual partner is not HIV positive
- Having multiple partners

Effective approaches to Reduce Vulnerability to HIV/STIs

- Provide explicit sex positive imformation about behavior, transmission and prevention
- Counseling
- Non-discriminatory statements about sex, sexual preference and gender
- Inclusion of people affected by HIV/STI in developing responses
- Addressing issues related to gender inequality, poverty and mobility

- Sensitive and strong policy leadership from government
- Partnership between government, community, medicine and research
- Incorporating a component of training and income generation.

Ineffective Programming Could Include

- Using primarily fear based approaches without any context
- Blaming anyone
- Dictating behavior: saying "no", "don't"
- Concentrating only on an individual's responsibility
- To change behavior without paying attention to factors that limit capacity to do this
- Promoting condoms, but not having good quality condoms
- Available, affordable and accessible
- Speaking in generalities about sexual behavior - not being explicit and direct
- Insisting on sexual abstinence
- Not involving MSM and gay men.

How can NGOs and other Services Assist in Decreasing Vulnerability and Risk Taking

- Telephone counseling
- Outreach to geographical areas where MSM/gay men work
- In person counseling
- Education campaigns.

18 Teenage Pregnancy and Abortion

INTRODUCTION

Sexual relation is a very intimate and private aspect of marital life and hence something which has to be taken seriously. Although it may not be any more fashionable to say so, pre-marital sex has to be avoided if possible, as after marriage it is your partner and children who suffer for your irresponsible pre-marital sexual life.

PRE-MARITAL SEX

The whole area of sex and how to handle it can be a great struggle for today's singles. Women and men are getting married later and later, with the average age being somewhere around 25 years old. This means that the average person is going to be single for quite some time (we're talking an average of 10 to 15 years) as they go through school, work, and establish themselves in the world.

Risks Involved

- Unplanned pregnancy
- Contraction of HIV/AIDS
- Unhygienic abortion practices
- Social issues
- Deterioration of mental health

TEN REASONS WHY SEX SHOULD WAIT UNTIL MARRIAGE

Traditional Indian View—You have the Right to Disagree

1. Sex is a powerful force that can destroy if not used properly. Like atomic power, sex is the most powerful creative force given to man. When atomic power is used correctly it can create boundless energy; when it is used in the wrong way it destroys life. Sex is the same kind of powerful force. *Sex is a gift from God to give us the greatest pleasure, to help in creating a deep companionship with one's spouse and for procreation of the next generation*. But if you play with this, outside the bounds of marriage, it could destroy you and those close to you.
2. Obsession with sexual activity among young people arrest their psychological, social and academic development. Studies show that when young people engage in pre-marital sex, their academic performance decline and their social relationships with family and friends deteriorate. This is because adolescents are too immature to deal with the explosive sex drive and it tends to dominate their life.
3. Many women cannot fully enjoy sex outside of the bonds of marriage. The development of a fulfilling sex life needs the security and peace of the marriage bond. Pre-marital sex usually takes place sneaking around in hidden places dealing with the fear of being caught, the fear of pregnancy and feelings of guilt. All these (worrisome) factors undermine pleasure in premarital sex, most especially for women.
4. Virginity is best shared with the most important person in your life, the person you committed yourself to stay with forever in marriage. Many believe that virginity is the most precious thing you can give to your spouse. Once you lose it, nothing in the world can bring it back. *Don't lose something so precious in a thoughtless way*.

5. Those who engage in premarital sex run a high risk of contracting one of the many venereal diseases rampant today, as well as losing their fertility. Not just AIDS, but other common diseases like herpes have no cure.
6. Some venereal diseases have no symptoms and many couples discover many years later that they became infertile because of these diseases. Infertility experts estimate that 80% of today's infertility is due to venereal diseases contracted before they married (e.g. Chlamydia).
7. The best and only method that guarantees 100% against AIDS and other sexually transmitted diseases is to *wait for marriage to have sex and both partners maintain fidelity in marriage*.
8. To a believer, premarital sex breaks the 10 Commandments given by God. The 10 Commandments are given to man by God to make man happy. They are not outdated and they are not restrictive. If we follow these laws, we can create happy and prosperous lives. If we don't follow them, we will pay a heavy price in divorce, disease, abortions, illegitimate children and loneliness. *Modern men make a big mistake when they think that they can break these eternal laws and not suffer consequences*.
9. Premarital sex runs the risk of conceiving illegitimate children. Numerous scientific studies show that the children of single mothers suffer psychologically and are less successful socially and academically than children from intact families. Above all, children need both their father and their mother. *It is wrong to risk having children who will never have their father's love, protection and care*.
10. If you date and you don't have sex, you can forget about that relationship when you stop dating. But if you have sex with those you date and then break up, the nature of sexual involvement creates strong, often unpleasant memories for your whole life. Every relationship you break up where you had intimate relations is like a mini-divorce. The psychological difficulties of these mini-divorces does damage to your character. Later, when you are married and go to bed with your beloved spouse, these unpleasant memories may accompany you.

Resist temptations, difficult indeed,
but it might give you immense self-esteem.

TEENAGE PREGNANCY

Young people should have a basic knowledge concerning the physiological processes involved in conception, pregnancy and birth. This will help prevent unwanted pregnancies.

In India, early marriage is common. Young couples are urged to have a child as soon as possible or to achieve pregnancy within a year after marrying to confirm the husband's manhood and the wife's ability to produce a child. Early pregnancies create a lot of health, social and psychological risks. The younger the mother, the more serious the physical consequences of pregnancy are likely to be. Complications in pregnancy and childbirth are a leading cause of death among women aged between 15 and 19 years in the developing countries. Those who survive such complications may suffer from physical ill-effects for the rest of their lives. For women aged 18 or 19 years the factor of age adds to the hazards of pregnancy. Pregnant women of any age require good antenatal obstetric care and nutrition.

For women who become pregnant before they are 15, mortality is 60 percent higher than for women in general. Mother under 15 are 3.5 times more likely to die from toxemia. Infant mortality is 24 times higher for babies born to mothers below 15 years, than for babies born to mothers in their early 20s.

Pregnancy and birth are areas of real interest for teenagers. Because of the health risks, they will be interested to know about pre-natal and post-natal care, pregnancy symptoms and testing, fetal growth and development, labor and delivery. Teenage or adolescent pregnancy is defined as occurrence of pregnancy in women less than 19 years old.

Adolescents aged 10-19 years comprise about one-fifth of the world's population and majority of them belong to the developing countries. About 22% of Indian population is constituted by adolescents of 10-19 years old.

Most reports on adolescent pregnancy refer to women aged 15-19 years. Nevertheless, many girls reach puberty at a younger age and are therefore able to become pregnant. The average age of menarche is between 9-11 years and the first sexual intercourse may occur within two years of a girl's first period. The earliest age of pregnancy has been reported in girls aged 8-10 years. In USA a significant proportion of girls had changes of puberty by the age of 8 years and the average age at menarche was 12.2-12.9 years. It raises issues about establishing new guidelines for health care providers on defining precocious puberty and the approach to the problem of adolescent pregnancy.

Teenage pregnancy may occur in married teenagers or unmarried teenagers and can be intended or unintended. Globally, most adolescent pregnancies occur within marriage, but the problem in unmarried teenagers should not be ignored. Unmarried adolescents may conceive accidentally as a consequence of sexual abuse, unsafe sexual activity or they may see motherhood as a way to achieve adult status or as a strategy to get a sexual partner to care for or marry them.

Twenty-five percent of young women who have intercourse without using a method of birth control will become pregnant within 1 month.

Current Scenario in India

It is more common than thought to be. There is no clear data available regarding prevalence of pregnancy in the teenagers in our country. The available literature reflects a teenage pregnancy rate between 8-14% among the females of 15-19 years age

About 50% of the teenagers are married by the age of 18 and 25% when they were 15 years old. Fifty percent of teenagers (15-19 years) are married in states like Madhya Pradesh, Andhra Pradesh, Rajasthan and Bihar, where as 40-44% in Haryana and Uttar Pradesh. The risk of subsequent pregnancies occurring at close intervals is also high among these women.

Median age of marriage for women was 16.9 years and median age at first childbirth was 19.4 years. 20.6% of teenagers (15-19 years) were pregnant.

NFHS II study states that, 31.7% of pregnant women do not receive antenatal check-up and institutionalized delivery was done in 31.8% among all women aged less than 20 years old.

Concern in Indian scenario about adolescent/ teenage pregnancy:

- Large proportion of rural population
- Low education level
- Lack of knowledge about sexuality and reproductive health
- Social cultures
- Poor access to health information and proper health services

Concerns about Unmarried Adolescents

1. Early age of sexual maturity than emotional maturity. Adolescents become sexually mature and fertile approximately 4-5 years before they reach emotional maturity.
2. Environmental influence: Now the adolescents are growing in an environment where media, motion pictures, music, print media and peers often transmit either covert or overt messages regarding unmarried sexual relationship and sexual topics. They tend to accept these things as normal happenings in the community and try to adapt or modify accordingly. It influences increase in sexual behavior of unmarried young men and women and increasing unwed motherhood.
3. Lack of proper sex education: There is lack of proper sex education regarding the safe sexual behavior, pregnancy, STIs/HIV, psychological effects in schools, home, or at the community settings. Much of the 'sex education' that adolescents receive filter through misinformed or uninformed peers.

4. Decline in family values leading to increase in premarital sexual activity, pregnancy and abortions.
5. Most of the pregnancies among these teenagers lead to abortions (mostly illegal and unsafe) and complications.
6. Higher chances of sexually transmitted diseases/HIV transmission.

It has been observed that a sexually active teenager who does not use contraception has 90% chance of becoming pregnant within one year. Seventy eight percent of these are unplanned accounting for one fourth of all pregnancies among women.

Sperm can stay alive for upto 3 days in a woman's uterus.

Risk factors for a teenage girl to become pregnant

- Early dating behavior
- School dropout
- Lack of support from parents, friends, relatives
- Lack of involvement in school, family, social, community activities
- Lack of opportunity for success in career
- Belong to a community/society with high early child-bearing
- Victim of sexual abuse/assault
- Family relation problems
- Use of drugs/alcohol

Why is this Issue Important?

Teenage pregnancy have overall physical, psychological impact on the teenager along with the society. Physical and psychological stress on herself and family.

- Increase illegal abortions and complications
- Family neglect
- Suicidal tendency
- School dropouts
- Reduced occupational attainment
- Economic burden of the family and community
- Chances of recurrence of pregnancy at short gaps

Problems of Teenage Pregnancy

As the adolescent girl's body is not mature enough to bear the pregnancy, a number of problems are encountered in them. The problems can be such as

- Medical problems
  - Anemia
- Obstetric problems
  - High maternal mortality
  - Pregnancy induced hypertension (Pre-eclampsia and eclampsia)
  - Preterm labor
  - Increased operative interference for obstructed labor
  - Postpartum hemorrhage
  - Prolapse at later age and fistulas due to complicated labor
- Fetal problems
  - Preterm, low birth weight
  - Increased perinatal mortality
- Pediatric problems
  - Neglected child, child abuse
  - Malnutrition
  - Developmental handicaps due to prematurity and complicated deliveries

Pregnancy complications occurring more commonly in adolescents than in adults

Antenatal

- Pregnancy induced hypertension
- Pre-eclampsia
- Anemia
- STIs/HIV

Natal

- Obstructed labor
- Pre-term birth
- Low birth weight

Postnatal

- Postpartum depression
- Perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices
- Too early repeat pregnancies

Strategy for Prevention of Teenage Pregnancy

Prevention of teenage pregnancy requires multi-pronged approach addressing education of the adolescents, especially girls, comprehensive sex education, creating opportunity for employment, improving physical and mental health of them along with the change in cultural behavior of the society.

Improving Educational Status of Females

There is Targets for modification:

The intervention modalities are different for married teenagers and the unmarried ones.

Married teenagers	*Unmarried teenagers*
1. Delaying age at first marriage	Increase awareness among them
2. Premarital counseling of both partners	Comprehensive sex education
3. Prepare for the parenthood	Contraception knowledge
4. Contraception methods	Social mobilization

Education of Girls

There is a close association between education and age at marriage, fertility regulation and health seeking behavior. According to a study by United Nations Population Fund in 1998 average age at marriage was 15 years among illiterate and 22 years among the educated who had attended at least high school. Globally, women with 7 or more years of education tend to marry 4 years later and have 2.2 fewer children than women with no schooling In India, school dropout rate in girls was about 72%.

Education in girls can be improved by:

- Compulsory education till high school to make females literate
- Free education
- Vocational training to increase chances of self-employment
- Strengthening the existing system and
- Involving the parents, community and NGOs.

Preventing Marriage of Girls before 18 Years of Age

Despite the law which specifies the age for marriage is 18 years, social and cultural pressures make parents to marry off their daughters at younger age. Some states like Rajasthan, Bihar, Madhya Pradesh and Andhra Pradesh, about 50% of the teenagers (15-19 years old) are already married, where as the marriage rate among the 15-19 years old is about 15% in states like Kerala, Punjab, Goa, Manipur, Mizoram and Nagaland. These figures reflect the influence of education in girls on the age of marriage.

In 1996, about 38% of girls aged 15-19 years were married. This rate was higher in rural areas, 46% than the urban areas (22%). The age specific fertility rates among teenagers of 15-19 yrs is 20.3/1000 in rural and 9.8/1000 in urban.

Delaying marriage at least till 18 years needs improvement in education, counseling of parents, strengthening the existing law and mobilization of the community.

Knowledge based Programes (Comprehensive Sex Education)

Limited data is available about the sexual knowledge and behavior among the teenagers. The available data reveals that average age at first sex is 14.8 years in males and 16.1 years in females Though the exact data is unavailable, it seems that a substantial proportion of adolescents are sexually active and need counseling.

Worldwide, more than 10% of all births are to women 15 to 19 years of age.

Family life education should be given to the teenagers addressing:

- Puberty changes in both sexes
- Pregnancy and complications of teenage pregnancy
- Risk of transmission of sexually transmitted diseases and HIV/AIDS
- Safe and responsible sexual behavior
- Contraceptive options
- Responsibility towards family and society
- Involving them in social reform.

Family life education should be initiated and carried forward with involvement of the adolescents and the community to avoid objection and rejection

Abstinence-only sex education without contraceptive options is not enough to make difference in the sexual behavior.

Comprehensive sexuality education including both delaying sexual activity and contraceptive options has shown to delay the onset of sexual intercourse, reducing the number of sexual partners and increase in use of contraceptives.

It can be delivered by different modes:

School based: It should be included in the school syllabus and delivered by trained teachers in a manner, which is acceptable to the society/community.

Clinic-focused: Health care provider delivers the information and clarifies the queries of the teenagers.

Peer counseling program: It involves older, well known and respected teens in the community to facilitate discussions among fellow teens about the problems regarding physical and psychological urges confronted in relationships and then encouraging them to resist peer and social pressures to become sexually involved.

Letterbox method: Putting letterboxes in the school where the students drop their queries, which are opened at regular intervals and answered appropriately.

Hotline telephone numbers: Hotline telephone numbers can be a good mode of clarifying the doubts and counseling them as this method ensures privacy and more openness regarding the sexual problems.

This program should target the teens, those who are already involved in sexual activities to learn skills to negotiate within relationships and the information about successful use of contraceptives.

Youth Friendly Services

- Youth-friendly services should be welcoming, non-judgmental setting offering a range of services including sexuality education, contraceptive counseling and provision, HIV/STI diagnosis, testing and treatment options for pregnancy and abortion.
- Should have information and printed and/or audio-visual materials addressing issues such as self-esteem, self-respect, decision-making and negotiation in romantic and sexual relationship.
- It should be easily accessible.

Elimination/or Modification of Legal Barriers

It is difficult for an adolescent to procure condoms or contraceptive pills from a chemist or a shop. Elimination or modifications of legal and regulatory barriers are needed regarding the provision of contraceptives to the teenagers including emergency contraception.

Contraceptive options should be available at health centers, counseling clinics and pharmacies/colleges. By these reformations, it might seem as if the sexual behavior in the adolescents are promoted. So parental consent or notification would be an issue.

Provision of Information on Safe Termination and Prevention of Pregnancy

It is mostly avoided due to controversies and even in developed countries like USA most people are against informing adolescents about the possibility of pregnancy termination.

Information on adolescent pregnancy cannot be complete unless safe abortion and contraceptive options are discussed. In India 50% of maternal deaths among girls aged 15-19 years due to unsafe abortions.

Summary

- Pregnancy in adolescents is not uncommon
- Many factors contribute to adolescent pregnancy
- Adolescents have higher maternal mortality than adults
- Babies born to adolescents have a higher mortality too
- Many of the complications of pregnancy and delivery have worse outcomes in adolescents
- Promoting safe pregnancy and child bearing in adolescence requires concerted actions beyond the health sector.

ABORTION

Abortion is the termination of pregnancy before the fetus reaches the stage of viability. Viability involves the development of the foetus up to 24 weeks or 6 months approximately.

Abortion can occur spontaneously or it can be induced to terminate an unwanted pregnancy. Induced abortion can be legal or illegal. In India, the Medical Termination of Pregnancy (MTP) ACT of 1971 allows a pregnancy to be terminated by a registered medical practitioner at a recognized clinic or hospital certified by the State Government for this purpose. MTP can be sought within twenty weeks of pregnancy under the following conditions.

a. The continuance of the pregnancy would involve a risk to the life of the pregnant woman, or grave injury to her physical or mental health, or to her health, on account of actual or reasonably foreseeable environment.
b. The serious genetic disability of the fetus or a substantial risk that the child be either physically or mentally seriously handicapped.
c. The pregnancy is due to the failure of contraception
d. The pregnancy is due to rape or sexual abuse
e. If the term of pregnancy is over eighteen weeks then the signatures of two doctors recognized for performing MTP are necessary.
f. When the woman is over eighteen years of age her consent is necessary for an abortion. If she is under eighteen years of age or mentally deficient, the written consent of her parents or guardian is essential for terminating the pregnancy.

Social Responsibilities of the Teenagers

When termination of pregnancy is needed in a teenager, medical and surgical methods are available. Method chosen depends on duration of pregnancy. Medical termination of Pregnancy Act, 1972 (MTP Act) permits termination of unwanted pregnancy up to 20 weeks on various medical, eugenic and psychological grounds. However, in case of a minor, consent of parent/guardian is needed. In order to ensure safety of abortion seeker Govt. of India has identified hospitals, private clinics and other health centers, which have facility for anaesthesia and resuscitation as places where MTP can be performed. Same way only trained persons have been granted permission to perform abortion under MTP act at such places.

If the Pregnant Teen Considers Abortion

Adolescent Friendly Environment and Health Professional are Required

Law doesn't permit surgical abortion in teens less than 18 years old, as they cannot consent for that. Parents have to give consent for that. If she does not want to involve parents, the law is not clear what to do. American Academy of Pediatrics had given a statement regarding this issue, which states like; "Legislation mandating parental involvement does not achieve the intended benefit of promoting family communication, but it does increase the risk of harm to the adolescent by delaying access to appropriate medical care. Minors should not be compelled or required to involve their parents in the decisions to obtain abortions, although they should be encouraged to discuss their pregnancies with their parents and other responsible adults" (AAP-1996).

Induced Abortion in Adolescent is Different from Adult Women

- Adolescents have less access to the information about available health services and safe modes of abortion.
- They are unlikely to get support from parents, partner and society.
- Adolescents and their parents may not recognize pregnancy at the earlier stage.
- Fear of stigmatization, discrimination, lack of money to pay, attitude of care providers may prevent them from attending the qualified caregivers.

That's why they go for alternative modes of abortions leading to incomplete, unsafe abortion and complications.

The Ideal Abortion Service

- It should be within reach of the adolescent and the community.

- Should be adolescent friendly where they are not hated/ neglected.
- It should provide follow-up care along with the acute care.
- Should be affordable or free if possible.
- It should have provision of safe, legal induced abortion services.
- It should have a blend of contraception and psychological counseling to prevent recurrence.

Measures to make the Facility easily Accessible for Adolescents

- Ensure that local opposition to abortion facility and/or lack of knowledge does not impede implementation of laws that permit termination of pregnancy.
- Elimination of requirement for parental/ spousal consent.
- Elimination of unnecessary administrative requirements and medical regulations.
- Affordable and accessible services by giving free and/or at subsidized rate.
- Counseling to check the presence of STI/HIV.

Follow-up Care after Abortion

- Should receive verbal, if possible written information in their vernacular language on signs and symptoms which needs attention.
- Contact numbers (clinic/hotline) for urgent problem.
- Counseling about contraception and risk of STI/HIV transmission.
- Involvement of the support groups for prevention and ongoing counseling to prevent further pregnancies.

Levels of Abortion Related Care

Community level: Ensure community health workers (ANMs, TBAs) have basic knowledge of family planning, recognize signs and symptoms of abortion complications and can provide information about the referral system.

Primary care level: Provide early pregnancy termination facility, counseling on sexuality and fertility regulation.

Secondary level: Facility of diagnosing abortion complications and definitive care including surgery/ blood transfusion, manual vacuum aspiration and laparotomy.

Tertiary care level: Facility to handle more complicated problems.

Comprehensive Post-abortion Care

It includes five essential services like:

- Treatment of complications
- Counseling
- Contraceptive services
- Provision of/referrals for reproductive health services
- Community and service partnerships to ensure that services meet community's expectations and needs

Methods of Abortions

If Pregnancy is less than 49-56 Days

In such a situation both medical method as well as surgical evacuation can be performed.

Medical methods Tablet Mifepristone (RU-486) 200 mg orally followed by tablet Misoprostol (PGE2 analogue) 800(gm after 48 hour either orally or vaginally. (Success rate: 92-98%; Cost of therapy: Rs. 350/- (approx.); Side effects: Minimal in the form of nausea/ vomiting; Bleeding occurs almost for 12-14 days).

Surgical methods:

a. Suction evacuation is a minor procedure where pregnancy contents are sucked out with the help of a plastic cannula introduced in uterus and attached to a suction machine. If carried out by an experienced person procedure is over in 10-15 minutes. However, can be associated with complications such as infection, perforation of uterus.
b. Manual vacuum aspiration (MVA): Similar to suction evacuation but source of suction is a 50 ml syringe instead of an electrically operated suction machine. Disposable MVA sets are available in market. Surgical methods are not without risk. Complications such as infection, perforation of uterus and excessive bleeding can occur.

If Pregnancy is 6-12 Weeks

Termination of such a pregnancy is carried out by suction evacuation using an electrically operated machine. This is similar to suction evacuation described above for termination of early pregnancy, however, here more bleeding takes place, time taken is more and has higher chances of complications such as infection, injury to uterus, cervix and risk of perforation of uterus. Medical methods have been tried to terminate pregnancy of 6-12 weeks duration, however, surgical evacuation of uterus by suction evacuation is preferred.

If Pregnancy is 13-20 Weeks

Abortion of such a pregnancy is permissible under MTP Act only after consent of two doctors who have been registered for MTPs. Generally there is more blood loss with second trimester abortion. Risk of other complications such as infection, incomplete abortion, major complication needing blood transfusion and laparotomy is also higher when abortion is being done for pregnancy 13-20 weeks in duration. Various methods are:

Intra-amniotic prostaglandin: This medicine (PGF2) is injected into amniotic cavity with the help of a fine needle. Abortion takes places within 18-24 hours. It is like a mini labor. It is successful in 80-90% cases.

Intramuscular prostaglandin: Here injection prostaglandin is given intramuscularly every 3 hourly for a maximum of 10 injections. In 80% cases abortion occurs within 24-30 hours.

Limitation

- Excessive vomiting
- Loose motion
- Low-grade fever
- Incomplete abortion

Vaginal misoprostol: Misoprostol is a PGE2 analogue, when administered in a dose of 800 gm vaginally it helps in achieving abortion in 60-80% cases after a period of 24 hours. In some patients a second dose is needed. Misoprostol is cheap, easily available, stable at room temperature, however, drug controller of India has not approved it yet for this purpose.

Surgical evacuation: Occasionally when medical methods fail to achieve expulsion of fetus surgical evacuation is carried out. However, this is unsafe, associated with lot of bleeding and risk of injury uterus and cervix.

Factors contribute to unsafe abortion in adolescents

- Pregnancy in adolescents is not uncommon
- Delays in seeking care
- Resorting to unskilled providers
- Use of dangerous methods
- Legal obstacles
- Service delivery factors

19 Introducing Reproductive and Sexual Health Education—Activities

ACTIVITIES

- Skit presentation
- FAQs
- True or false
- Fact or myth!!!
- Discussion
- Role play

SKIT PRESENTATION-1: GROIN INFECTION

Good personal hygiene would give self-confidence. But are we sure that we are as clean inside as we appear outside. It is not a bad idea to use perfumes liberally during menses days.

Germ I: Hi! It is a long time since we met.

Germ II: How are you? You look so tired, what is the matter.

Germ I: Oh! Dear friend, I am in a very bad shape. My life has become miserable. It seems I have selected the wrong place. I can't survive there for long.

Germ II: Then why don't you come to my place. Here it is very warm, moist, no air around, enough sweat too. My host takes bath only once in a while. He won't change his under garments (innerwear) daily. He won't even change jeans after coming home from school/college.

Germ III: Hi! I am even luckier. My host is a school-girl. She keeps me warm with her nylon panties and the tights on top of it. From morning 7 to evening 7, till the tuition is over I am safe. She won't even go to the toilet in between.

Germ II: I really envy you .....

Germ III: Why can't we take advantage of his/her laziness? Come we can just multiply and form an army. Meanwhile let him/her itch, itch, itch..... even in public.

Germ I: Oh! Thank you very much, you are a friend indeed.

Use only loose cotton undergarments. After all we are not in Europe with minus temperature, we are in India with hot, humid climate most of the time. We need not imitate the west always.

FREQUENTLY ASKED QUESTIONS

1. **What is urinary infection?**
   Intense itching of genital area, pain and burning while passing urine, yellow pus like discharge are the symptoms. It may be due to bacteria or fungus growth or due to uncleanness.
2. **How can we avoid it?**
   Drink sufficient quantity of water. You may not feel the thirst during humid seasons, still you should try to drink water. Practice genital hygiene - girls should separate the labia to wash vulva. Water from the anus should not drain towards vagina and urethra - wash from front to back. Boys should retract foreskin of the penis to remove cheesy and ill smelling substances on the glans of penis.
3. **Will poor hygiene cause infections in the vulva?**
   Vulvovaginal infections are usually exogenous. Because of the proximity of the vulva to the anus colonization by coliform bacteria can result. Poor

toilet training particularly washing or cleaning forwards from the anus towards vulva and deficient hand washing habits are important causative factors. Use of synthethtic underclothes such as nylon predisposes to infections by locally retaining moisture and restricted aeration.

4. What is HIV/AIDS?

The causative agent of AIDS is a delicate 1/1000 mm sized virus (HIV Human Immunodefeciency Virus), which infects man alone. Once the virus enters the human body it initially multiplies rapidly and at a slower rate in the following years. As a result, high concentration of the virus are achieved in blood, cerebrospinal fluid, semen and vaginal fluid (and to a lesser extent in breast milk) quite soon after infection and persists throughout his/her life. All this multiplication goes on in a group of cells vital to our immune system, called the lymphocytes, especially CD4 cells, seriously impairing their numbers and functional capacity. When the count falls below a certain critical level the person becomes "clinically immuno-defecient". This makes him vulnerable to attack by various germs (which wouldn't have happened in a normally immuno-competent person) setting up a number of unusual, severe and hard to treat disease. Various unusual cancers also often set in. Hence the term Acquired Immunodefeciency Syndrome. When this is evident, the person is called an AIDS patient, whereas upon this stage of detection by symptoms he's called an HIV infected person or HIV carrier (or if his blood test confirms the presence of virus an HIV positive person) Once a person is a confirmed AIDS patient his further survival may be prolonged (in spite of reduced quality of life) by an approach, combining judicious use of drugs, and a meticulous planned healthy life style. Affordability with motivation is obviously the main constraint to this program.

5. How does one get AIDS?

Any sexual practice, homosexual or heterosexual that brings mucous membranes in contat with the infected secretions is not at all safe. As the HIV virus is transmitted thru the exchange of body secretions like semen, vaginal discharge and blood, any sexual act that results in the exchange of these fulids between two people is obviously unsafe.

The risk of transmission of HIV though sex is higher if the sex involves anal sex or rough sex that causes lesions, if other STIs are present, if the vagina is immature, if the man is circumscised or if the HIV positive person is newly infected or in the later stage of infection. Anal intercourse carries a greater risk than vaginal intercourse for the receptive partner. There is a small chance that HIV can be transmitted thru oral sex especially if a person has aberrations in the mouth or has got gum disease.

Hugging, stroking, masturbation, massage, etc do not lead to exchange of fluids. Oral sex has a lower risk but not safe sex even.

With the exception of mother to child transmission.

"You have to be determined and try again and again and often pay to get HIV" unlike other illness that get to your body with out your permission.

6. What happens when a male and a female engages in sexual activity?

It is a nature's law that a male and a female will get attracted towards each other. This happens mainly due to the activation of the hormones during adolescence. When two people get close to each other they may want to be one by being physically intimate. They may feel like hugging, crushing each other and at the next stage may want to indulge in sexual activity. The organ of male and female are designed in such a way that one has to go inside the other.

Every action has its own effect and sexual activity is no exception. The effect can be good or bad. If the two people are committed towards each other then the effect may be valuable to both. But for an unmarried adolescent the consequence may not be good due to lack of knowledge and access to contraception. As the teenager is still

growing the reproductive organs are immature. This may cause physical trauma to anterior and posterior vaginal wall, fornices, clitoris, anus, etc.

Unprotected sexual relation increases the risk of unwanted pregnancy and early child birth as well as unsafe abortion and sexually transmitted infections including HIV/AIDS. Adolescent abortions are unsafe because they are performed illegally and under hazardous circumstances by unskilled practitioners. Above all the psychological trauma and guilt produced by such irresponsible activity may be life long.

7. **How do I find out if I am pregnant?**
You need to take a pregnancy test to tell if you're pregnant. Most home pregnancy tests detect pregnancy by identifying the presence of human chorionic gonadotropin (hCG), which begins to be released when the fertilized egg attaches to the lining of the uterus (implantation), nine days after fertilization. Many can detect pregnancy from a urine sample as early as a few days after a missed period. Medical professionals also use similar urine tests to detect pregnancy.

If you use a home pregnancy test you must follow directions carefully and correctly. To be sure about the presence or absence of a pregnancy, it is best to visit a health care professional for a pregnancy test and pelvic exam.

8. **Could I have gotten pregnant from ...?**
Pregnancy can happen any time that ejaculate or pre-ejaculate is spilled on the vulva or inside the vagina. There is no way to know the percentage of risk of pregnancy each time semen comes in contact with the vulva or vagina - no matter how that happens.

9. **What are the symptoms of pregnancy?**
The most obvious symptom of pregnancy is a missed period. Other possible symptoms include nausea, inexplicable fatigue, sore or enlarged breasts, headaches and frequent urination. However, it is possible that any combination of these symptoms could also indicate that a woman is premenstrual, or that she has the flu or some other illness. Again, the only way to be sure of pregnancy is to have a pregnancy test (Many women, especially young women, have normally irregular periods. These irregularities may include missed periods and other changes in the menstrual cycle. These irregularities can happen from month to month. Although pregnancy is the most common reason for missing a period, irregularity is also caused by illness, travel, worry, or stress.)

10. **When will I notice the symptoms of pregnancy?**
Some women may experience obvious symptoms of pregnancy a week or two after it begins at implantation, while others may not experience noticeable symptoms for several more weeks or even months (Implantation occurs nine days after fertilization, which usually occurs from vaginal intercourse during the six day ending in ovulation).

11. **Can I get pregnant if I have unprotected sex during my period?**
Yes, it is possible to become pregnant from vaginal intercourse during menstruation. This is especially likely when the menstrual cycle is brief, e.g. 21-22 days. Because sperm can live up to seven days in the cervical mucus of a woman's vagina and, in a short cycle, ovulation can occur within few days of the last day of a woman's period, it is very possible for fertilization to take place.

12. **Can I have my period and still be pregnant?**
No, it is not possible to have a period and be pregnant. Every month during a woman's menstrual cycle, the uterus begins building up a lining made of tissue and blood. If a pregnancy begins, the fertilized egg implants in that lining. If pregnancy does not occur, the uterine lining of tissue and blood isn't needed, so it flows out of the uterus and vagina, and out of the body. This is the menstrual flow. Very rarely, pregnant women may experience some spotting that may seem like a period. Again, the only way to tell for sure is to take a pregnancy test.

13. Why the complications associated with pregnancy are worse in adolescents than in adults?

i. Biologically young adolescents are not mature enough for the strain imposed on them by pregnancy:
   - Cephalopelvic disproportion due to immature pelvic bone.
   - Competition for nutrients between mother and the fetus.
   - Psychologically not prepared—mental health problems.

ii. Adolescents less empowered to make decisions about matters affecting their health - lack of support from husband and in-laws.

iii. Adolescents are more likely to enrol later and to make fewer health facilities visits for antenatal care.

iv. Most adolescents tend to deliver at home - lack of respect from health personnel.

14. Is there anything I can do after unprotected sex to avoid pregnancy?

If you had unprotected sex in the last few days, you may want to think about emergency contraception. It is available in two ways:

i. Emergency contraception pills - can reduce the risk of pregnancy up to 120 hours (five days) after unprotected vaginal intercourse. The sooner they're taken, the better. They work best when taken within 72 hours during this time they can reduce the risk of pregnancy by 75 to 89%.

ii. Emergency IUD insertion must be done by a clinician, and can be effective within seven days of unprotected intercourse.

15. What should be done for the side effects from taking the pill?

The side effects most women experience when they begin taking the pill ends after the first two or three months of use. For some women, changing to another brand of pill alleviates ongoing side effects. A smaller number of women, however, discontinue using the pill because they find that they cannot use it without unacceptable discomfort.

16. Is there a birth control pill for men?

There is no birth control pill for men available at this time. Although it may be at least 10 years before a male contraceptive hormone is available, researchers are testing several promising types and continue to work on developing more options. The contraceptive options currently available to men are condoms and vasectomy.

17. What is masturbation?

Masturbation can be defined as self-stimulation to cause sexual sensations, to the point of intense pleasure or orgasm (a series of highly-pleasurable contractions or movements).

It is the process of self-stimulation, designed to derive pleasure, through any means except sexual act. It is universal among boys and men and not uncommon among girls and women. According to some health care providers masturbation allows a healthy way to express and explore sexuality and to release sexual tension without all the associated risks of sexual act. Health professionals generally agree that this private touching is a natural, normal mode of self-exploration and sexual expression. Unfortunately, after the excitement of the moment has passed, many people find themselves filled with guilt and or shame.

18. What is homosexuality.

A homosexual is a person who is attracted to and has sexual relations with, a person of the same sex. Such feelings and activities may be a passing stage in a person's life, or it may be a lifelong process. Sexual activity is a personal matter and homosexuality is certainly different from heterosexuality, it is not considered normal in our society.

19. What is lesbianism?

Homosexuality among women is termed as lesbianism. It is not so uncommon for adolescent girls to be attracted to each other; at some stage the attraction and emotional dependence take a physical or sexual turn. This is a passing phase, unlike lesbianism, a long lasting sexual expression and preference.

There is passionate kissing, intense body contact, mutual oral genital or clitoris stimulation, all leading to possibility of sharing body fluids with a risk for HIV transmission if any of the partner is HIV infected.

20. **Is homosexuality physically and morally safe?** This dispute has been going on since homosexuality came about as a public concern. There are three theories that are presented to explain homosexuality; they are: biological/genetic, psychological, and behavioral. All the above theories have supporting evidence, however, scientists lean towards genetic factors. Most social scientists do not support the idea that people simply decide to become gay because of a fad, to rebel, or because of being misinformed in sex education class.

TRUE OR FALSE

1. STDs can spread through dirty toilet seats—False. STDs spread through sexual intercourse with an infected person and through infected blood. They do not spread through other means.
2. A person will not get an STD a second time, if the infection is properly treated the first time—False. Some STDs do have symptoms (discharge from the penis or vagina, pain while passing urine, ulcers over the genitals) but a person can have an STD and not have any symptoms.
3. Other than AIDS all other STDs have a cure—True.
   All STIs including HIV can be treated and some fully cured with proper medical treatment (and not self-medication or treatment from quacks). It is necessary to get the partner also treated.
4. It is not HIV, but the associated infection that develops, that kills a person with AIDS—True
   AIDS is the acronym for Acquired Immune Deficiency Syndrome. It is caused by a virus called the HIV (Human Immunodeficiency Virus). This virus damages the body's immune system, leaving it unable to fight opportunistic infections and thus kill the person.
5. Like other STDs HIV is transmitted through sexual intercourse or through infected blood—True.
   The virus is passed on only by sexual intercourse with an infected person or through infected blood (usually through sharing of infected needles and syringes among drug users). An infected woman can pass on the infection to her baby before or during birth (and may be through breast milk). There are no other routes of transmission.
6. Mosquitoes do not transmit HIV infection—True. Mosquitoes serve as vectors for the organisms causing malaria, filariasis and yellow fever. They do not transmit any other infection, including HIV infection. If they did, many more people of all age groups, should be dying of AIDS.
7. In India 8 out of 10 people who are infected with HIV have got it through the sexual route—True. 80-90% of infections in India occur through sexual intercourse with an infected person.
8. If diagnosed early, AIDS can be cured—False. There is, as yet, no cure for AIDS , but early diagnosis of HIV help initiative of treatment. There is no vaccine either, for this illness.
9. There is a difference between being HIV positive and having AIDS—True.
   A person who is HIV positive is a healthy carrier of the virus. AIDS is the final stage of the disease when the body's immunity is completely destroyed.
10. Many people who have the virus (HIV) can be perfectly healthy for many years—True.
    Many people with the virus continue to be healthy, active and useful members of society for several years. They can pass on the virus to another person, without having any signs of infection themselves.
11. It is possible to say by means of a blood test if a person has HIV infection—True.
    Blood tests are available that look for antibodies to the HIV. These test are used to find out if a person is HIV positive. But during the short period after the person is infected with HIV virus, but before antibodies are formed (window

period) usual blood tests do not detect infection. Only PCR (Polymerize Chain Reaction) test is useful at this stage.

12. Boiling water and freshly prepared bleach solution can kill HIV virus—True.
    Outside the body, the HIV is fragile and can be destroyed by heat and chemical disinfectants easily, unlike hepatitis-B virus.
13. All of us are vulnerable to HIV infection—True.
    HIV is a truly a non-discriminatory virus. So it is not who we are, but what we do that puts us at risk for getting infected.
14. At present behavior change is the only way to prevent HIV transmission—True.
    A serious public problem like AIDS can only be prevented by behaviour change at the personal level, prevention includes
    - Safe sex practices
    - Testing of blood before accepting a transfusion
    - Use of sterile needles and syringes.
15. Safe sex means use of condoms—False.
    Safe sex is the concept and practice of sexual activity that keeps a person healthy. It includes a variety of options.
    - Abstinence (saying no to sex)
    - Postponing sexual activity
    - Being mutually faithful to one partner
    - Restricting the number of sexual partners
    - Using condoms if mutual faithfulness is not possible.

    Condom use is therefore only one of the safe sex alternatives.

FACT OR MYTH!!!

1. Abstinence is the only method of birth control that is 100% safe—Fact
   The only absolutely sure way of avoiding pregnancy is to avoid sexual intercourse. All other methods of birth control (including operations) are less than 100% safe.
2. A girl has only herself to blame if she is sexually abused—Myth
   Sexual abuse is more common than people think. Many girls are subject to sexual advances usually by a male relative, friend or neighbor), which can be humiliating. The girl is afraid to talk about it because of fear or guilt feeling.
3. A girls can not get pregnant if she has sex just once—Myth
   A girl can get pregnant with a single act of intercourse including the very first one
4. Myths and misconceptions about vaginal discharge
   - Anemia
   - Weight loss
   - Sin
   - Cancerophobia
   - Melting of bones (Belief in Kerala).

Myth: A large penis is of greater importance to a woman's sexual gratification

Fact: Size has nothing to do with sexual satisfaction.

Myth: One drop of semen is equivalent to 40 drops of blood, which in its turn requires a lot of nourishing food

Fact: Semen contains no blood. The more number of times the semen gets ejaculated the more will be the production. As it's a normal physiological process extra nourishment is not at all necessary.

Myth: Nocturnal emissions or wet dreams indicate a sexual disorder.

Fact: It's not a disorder, and it indicates sexual maturity in adolescent boys.

Myth: Presence of a hymen is a test of a woman's virginity.

Fact: This is true, but absence always does not indicate sexual activity.

Myth: Larger breasts produce more milk than smaller ones.

Fact: Size has nothing to do with production. When the baby suckles at the breast enough milk will be produced no matter if the size is small or large.

Myth: Menopause is the end of sex life.

Fact: No, sex life ends only when the couple desires. It depends upon the attitude, interests and well-being of the couples.

Myth: Sexual act should be avoided during menses.

Fact: There is no such rule. It is only a matter of choice. It would be better to avoid for hygienic reasons.

Myth: Sterilization reduces sexual desire and capacity of men and women.

Fact: No. Sterilization only prevents fertilization and it has no role in reducing or increasing sexual desire.

Myth: Masturbation is practiced exclusively by men and can lead to insanity, impotence, homosexuality, dark circles around the eyes, mental retardation, diminishing size of penis, and changes in the angle of the penis.

Fact: Masturbation is practiced by 99% of men and it is also the safest sexual practice recommended by WHO. It has not known to cause any physical change, unless the person is obsessed with masturbation.

Myth: Homosexuals can be identified by their appearance.

Fact: No. They do appear like normal people only.

Myth: If a man with a sexually transmitted infection has sex with a virgin girl, he will be cured of the STD.

Fact: Infact he will be doing more harm than good. He is not going to get cured and will instead pass on the virus to the girl also.

Myth: HIV positive persons can be identified by their appearance.

Fact: There is no means to identify the positive person by external appearance. Only blood test can reveal.

Myth: A woman can't get pregnant if she doesn't have an orgasm.

Fact: Pregnancy occurs when a man's sperm fertilizes a woman's egg. This can happen whether or not she has an orgasm.

Myth: A man can't get a woman pregnant if he doesn't have an orgasm.

Fact: While it's true that orgasm releases the lion's share of the man's semen into the woman's vagina, it's possible for a man to release small amounts of semen prior to ejaculation. If this semen enters the woman's reproductive tract, there's a chance (albeit a small one) she'll become pregnant.

Myth: A woman can't get pregnant when she has sex for the first time.

Fact: A woman who is ovulating can get pregnant, regardless of her age or her sexual history.

Myth: A woman can't get pregnant if she douches after sex.

Fact: Douching does very little to prevent conception. After sexual intercourse, the sperm enter the cervix and are thus out of reach of any douching solution.

Myth: Pregnancy can't occur if people do it standing up or with the woman on top.

Fact: Positions during sex have very little to do with whether or not fertilization occurs. When a man deposits sperm into a woman's vagina, biological processes guide the sperm toward the woman's cervix and uterus, regardless of her position.

Myth: Pregnancy can't occur if a couple has sex only on the woman's "safe" days.

Fact: Since each woman's menstrual cycle is different, it's almost impossible to predict which days are safe. Sperm can survive for several days in a woman's body, so a couple could have sex well before the woman ovulates and still run the risk of a pregnancy.

Myth: The birth-control pill is effective as soon as you start taking it.

Fact: Depending on the day you start taking the pills, it can take up to one complete menstrual cycle before you can count on the pill to prevent pregnancy.

Myth: The pill can only be taken for a limited time.

Fact: In most healthy women, the pill can be taken from puberty to menopause. Its effectiveness does not decrease as a woman gets older.

Myth: The pill makes you fat.

Fact: Studies have found that today's low-dose oral contraceptives do not cause significant weight changes in most women.

Myth: The pill causes cancer.

Fact: On balance, the pill actually lowers cancer risk. While it's true that the pill causes a slight increase in breast cancer in women under 35, the risk is still tiny. More significant is that the pill cuts the risk of both ovarian and uterine cancer by more than 50 per cent, a benefit that persists even after you stop taking it.

Myth: The IUD causes infertility.

Fact: The IUD can facilitate the spread of a sexually transmitted infection (STI) into a woman's uterus and fallopian tubes, which could damage her future fertility. As long as a woman doesn't get an STI, however, the IUD does not put her fertility at risk. Thus, the IUD is a suitable method of contraception for people in long-term, monogamous relationships in which neither partner has an STI.

Myth: Contraceptives protect against sexually transmitted infections (STIs).

Fact: The only contraceptive that offers such protection is the condom. Even other barrier methods, such as the diaphragm, do nothing to keep bacteria out of the vagina. Similarly, the Pill and IUD offer no STI protection at all.

Masturbation Myths

- "Masturbation isn't "real sex" and only losers masturbate."
- If you masturbate you will go blind or bald or get acne or hair on your hands - or lots of other anomalies
- People in relationships or married don't masturbate. Wrong again (Many couples masturbate mutually).
- "Masturbation will stunt your growth".
- "If you masturbate you'll never be able to have children.

DISCUSSION

Discussion Questions

- If an adolescent girl got pregnant, where can she seek help for abortion service?
- How will an adolescent be treated if she opted for abortion service?
- How can you make an adolescent feel at ease to open up?
- What is the best way to communicate facts about abortion and its possible consequences to adolescents?
- Are health care workers able to deal effectively with the social and psychological aspects of abortion?
- What follow-up actions need to be undertaken following unsafe abortion?

ROLE PLAY

Roles: Doctor, Nurse, 14 Years Old Girl

A 14-year-old girl, dressed in her school uniform, comes during school hours, to see the medical officer in the causality department of a district hospital.

She explains to the doctor that she thinks she is pregnant and wants a termination. She does not want to talk about who the father might be, even on probing.

She tells him that she is the first born in a family with six children. She attends a local Catholic Secondary school and lives with an uncle who is her local guardian and is paying for her upkeep. Her parents are poor farmers living in a rural area.

The girl believes that her future education and her relationship with her family will be irrevocably damaged by carrying through with this pregnancy. She says that she depends on the support of a duty medical officer to find a solution.

The doctor seems willing to consider assisting her, but the nurse on duty is a Staunch Christian who believes that abortion is murder.

SECTION 3

Sexual Reproductive Health of Newly Married Couples

- ❑ Sexuality
- ❑ Making Love
- ❑ Common Sexual Problems
- ❑ Contraception
- ❑ Pregnancy
- ❑ Physical Fitness and Exercises in Pregnancy
- ❑ Parenting the Young Infant
- ❑ Family Management
- ❑ Saving Your Marriage

20

Sexuality

INTRODUCTION

Sexual expression is a basic instinct and is a basic human need throughout life. Sexuality is a natural and healthy part of living. Sexuality is part and parcel of the human personality, all persons are sexual. This means that every human being has sex organs, sexual feelings, sexual urges, expressions of these sexual urges (verbal and non-verbal) and sexual behaviors.

Sexuality—The Concept

- Integral part of personality and not just sexual acts
- Influenced by different factors
- Closely linked with age and gender
- Personal preferences are marked
- Strong physical and psychological links

Couples express their sexuality in varied ways. The variations may be due to the individual needs of the couple or to the social structure of the community they belong to.

WHAT IS SEXUALITY?

Those who are satisfied with their basic needs have no concern about their ability to love and to be loved. These people are able to give warm and splendid love to others; that is the basic principle in marital relationship. Love, acceptance and caring are the basic necessities and happiness is a myth for them who cannot enjoy life.

Sexuality is the most essential attribute for the existence of individuals, partners, families and there by society. Sexuality is the one, which strengthens the relationship between men and women. Sigmund Freud, the father of psychotherapy, had done lots of pioneering scientific work on sexuality.

Sex is one of the natural instincts in us, gifted to us unasked, by God Almighty. It is as normal and healthy as other functions of the body. However, in the growing years, very often something goes wrong somewhere, sometime, somehow and we become very uneasy and uncomfortable towards sex. We fail to understand the need for a healthy expression of this energy 'sex' within us we start fighting against nature, only to see ourselves losing and it becomes a breeding ground within us for a series of problems, affecting every aspect of our life—our education, creativity, career, relationships—leaving us anxious, depressed, guilty, full of self-doubt and thus influencing married life.

Factors influencing development of sexuality

- Initial source of information on sex
- Parental interactions
- Peer group
- Social factors
- Religion and culture
- Print and electronic media

POSITIVE SEXUALITY

Developing positive sexuality involves:

- Healthy interpersonal relationship
- Societal and family values
- Upbringing and childhood experiences
- Respecting women—Father should be the role model
- Guidance to face opposite sex boldly.

Those who were fortunate to have a childhood environment, which do not consider sex as sin, do not approach it with guilt and not go through it as a traumatic experience will only have positive sexuality concepts.

Sexuality is essentially for:

Procreation the main aim of sexuality is procreation. Creating new generation through sexual relation is a divine act.

Sharing of love human sexuality is completed with the warm-hearted love between individuals. Sexuality without love is not humane. Marriage is considered as a divine one and that is why religious ceremonies accompany marriage since ancient times. The saying that marriage happens in heaven can be illustrated in two ways - a function happens in the court of God and also means that married life will provide heavenly pleasure.

It is the sexuality, which actually attracts and connects two different individuals through marriage. Certain people have a concept that marriage is only a license for unlimited sexual life. It is not true. For a successful family life, a sound sexual life is necessary. Sexuality is not merely physical, but a spiritual component is also there. Sexual satisfaction is not only for the body but for the mind also. There is equal position for both the partners in sexuality. All the activities followed in sex should be acceptable to both.

In human beings sexuality is not just a means of procreation, it acts as cement for bounding the family relations. It is only among human beings where male and female live together throughout their life period. It is the sexuality, which binds man with his wife and offsprings throughout his life.

For a happy sexual life, adequate knowledge about good sexuality is necessary. It is mandatory that the partners should develop an emotional attachment before going to sexual relations. Wrong information from misleading friends, pornography, etc. lead males and females to form wrong ideas about sexuality and sex. Masculinity should be expressed on first night itself, wife should be conquered; the man who believes in these misconceptions will literally attack the wife and pave the way to marital dish-armony.

SEXUAL RIGHTS

- The freedom to be enjoyed by an individual to decide without any compulsion when, where, how and with whom sexual acts to be performed or not.
- It is related to self and mutual respect.
- In a situation of social interaction this is to be viewed with respect to the individual rights of all those involved.

Categories of sexual acts

- Procreative sex
- Recreative sex
- Relational sex

SEXUALITY CONCEPTS IN MEN VS WOMEN

Men and women develop gender-based differences in their sexual selves. Men are often bombarded with sexual information from childhood. Society's view that men are by nature sexual, is in contrast with a woman's sense of herself in which her sexuality is usually kept private, even from her partner. For most women, letting a partner know how to touch them, (much less that they are sexual beings) remains taboo, unless special care is given early in a woman's life to let her know this information is important and desirable.

Men may seek casual sex, while women seek emotional attachment and have fewer outside partners. For a woman pleasure in the sexual act need not be dependent on orgasm alone. She is able to achieve satisfaction on many different planes. By nature a woman is loving and giving. Just being able to excite and stimulate sexual excitement in a man, is sometimes enough. The thought that she is giving pleasure makes her receives it too. There is a sense of merging with each other. Sexual relationships should be based on mutual trust, honesty, commitment and respect. It should be one of sharing, caring and loving on both sides. Unsatisfactory sex is often associated with unfaithfulness.

All individual expressions of sexuality should be acceptable provided they:

- *Are non-coercive*
- *Do not cause physical and mental harm*
- *Are private and personal*
- *Are legal and conforming to local social norms*

Sexual relationships should never be coercive or exploitative. Such relationships bring sexual pleasure to one person at the expense of the other. This degrades the latter's human dignity and self-worth.

Dimensions of sexuality

Physical	–	Biological need
Legal	–	Safety and security
Romantic	–	Love and belonging
Psychological	–	Caring and affection
Intellectual	–	Sharing and affinity
Social/Cultural	–	Acceptance
Aesthetic	–	Nature and behavior
Spiritual	–	Fulfillment

We tend to forget that sexuality has other dimensions apart from physical, yet we focus only on the physical dimension.

SEX IN A COMMITTED RELATIONSHIP

Sex is considered to have an inseparable role in married life and it makes the bond between the couple more strong and healthy. Ideally It should be through marriage that the sexual life begins. It is an essential ingredient of marriage. Sexual relationship involves respect, trust and caring of the partner, perceiving the needs of the partner and feeling free to communicate desires and feelings. A giving type of personality meaning someone willing to go any extend to make the partner happy, content and reach fulfillment, rather than a taking type will be admired and adored by partners.

What Women expects from Men?

For the male partner, good sex is usually aggressive and vigorous, by and large limited to sexual act, but few women have the same concept. Instead, majority may have fairy tale imagination of going out to a romantic setting, having a wonderful time, holding hands, talking, laughing, etc. Later in her fantasy, a nice looking, smooth talking, confident lover tells her about his feelings for her, their future, her attractiveness, his needs for love, etc. She imagines being held tightly and kissed over and over. Her fantasy may include his slow and gentle touching her body parts and later her sexual parts, eventually undressing her and having intercourse, but this isn't the total focus of her fantasy. After "love making" she imagines being held, comforted, and told that sex has made the closeness and love between them much greater. She wants reassurance that she was an exciting sex partner and that the male wants to do many other things (nonsexual) with her soon.

THE FIRST-NIGHT CONCERNS

The husband may act, as if he knows what sex is all about, yet he may be just inexperienced. He may have the same doubts and apprehension as the bride. If a man is unaware of what is needed and how to approach his bride, the entire first experience may be clumsy frustrating and even terrifying affair. However it need not be as painful affair as often depicted in the novels and movies. Yet, a traumatic first experience by an insensitive man can make the whole affair an unwelcome one for the wife for a long period of time to come. Both the couple should be mentally prepared for the union. Partial intercourse with the help of water base lubricants can be attempted on the first couple of days till the bride is totally relaxed and receptive. Undue haste can lead to premature ejaculation, hurting the man's ego and leading onto sexual problems.

SEX—EARLY DAYS

A flower bedecked bed, a shy bride, a glass of hot milk, and a confident groom who looks handsome and often reciting poetry in her praise. The lights are dim. That is the introduction to the first night of married life. Reality is far removed from this celluloid picture.

When a couple makes love for the first time if they are inexperienced, and is unaware of other's

needs, both of them may be exhausted with the tension and the trials of the wedding ceremony. A marriage is considered to be consummate when the sexual act has taken place. The uncertainty of what to do next- what will happen next- especially on the wedding night, weigh heavily on both minds. Sex should take place in a relaxed atmosphere, which frequently is absent on the wedding / nuptial day. Usually the couples are tired, under stress or preoccupied by non-sexual thoughts on this day. The time - be it hours or days; couples should spend on building communication and sharing thoughts about sexual matters, showing love and affection to each other. Understanding each other's concerns and fears, understanding one's own and each other's bodily responses to sexual stimulation go a long way in building a strong and affectionate wedded life as well as a satisfying and enjoyable sex life for the newly wedded. Thus it is a good idea for sexually inexperienced couples and newly wedded to just kiss, cuddle and wait to have intercourse until they are relaxed. This itself is the first step in having a less painful first sexual act.

The sexual act is a wonderful experience, if approached in the right way, at the right time, with the right person and in the right frame of mind.

Even if a girl had never engaged in sexual act prior to marriage, she may not bleed during the first intercourse; it may get only either bruised or ruptured. The rupture of the hymen need not be felt by either partner and may not give rise to any bleeding.

Foreplay (caressing, kissing, stroking and other forms of skin-body contact) plays an important role not only during the first intercourse, but almost every time thereafter. It sexually arouses bodies and minds, prepares for intercourse, makes sex more pleasurable and enables one to understand what is good for oneself and the partner in sex, It makes bodies respond physiologically well enough to make penetration easier. Awareness of female genital anatomy is important. Apply some K-Y Jelly, Surgilube or similar water-soluble lubricant to the tip shaft of penis, near the vaginal opening, if there is lack of sufficient lubrication.

In the first few days of sexual act, a woman may complain of burning during urination or discomfort and pain often termed 'honeymoon cystitis. This is due to the bruising of the urethra on account of repeated unsuccessful attempts to enter the vagina. These symptoms subside after a few day, when sexual act is more regular and arousal easier.

The experience of first sexual act will be disappointing for some, painful for others, highly pleasurable to yet others and 'nothing-special-about-it' to a few. Often, during the first several attempts of intercourse, the man ejaculates very fast, therefore the first sexual act may not last long. The time it takes from penetration to orgasm varies a lot - from less than half a minute to several minutes. In a country like India, where marriages do take place much before the legal age of eighteen for girls and the boy has to leave for Gulf soon, it may be worthwhile to give some tips that would help them willingly participate in the sexual act.

- While you don't have to start appreciating his moves immediately, it is good to be a willing partner.
- Being a willing participant will help him in being a more understanding lover. Even if you know nothing about sex, it should not upset him.
- Just let him know you are willing to learn if he tries to hint what he expects from you.
- If you are uncomfortable about certain sexual acts it is better to say so, may be little diplomatically, rather than make pretensions.
- Learn to communicate with your husband verbally.
- Even if the first time is not enjoyable, be assured that it will improve with time.

Remember that sex is not the be-all and the end-all of a marital relationship.

CONCEPT OF VIRGINITY

The concept of virginity is an emotional issue with a lot of gender bias and hence one viewpoint may not be acceptable to all. A person (male/ female) who had never undergone sexual intercourse is considered as a virgin. The customs and traditions of our society

consider marriage as a religious ceremony conducted in the name of God. To be or not to be a virgin is a personnel choice, but the concept of purity or keeping oneself for the one and only one person in your life can be pleasant decision. More than that we tend to get emotionally attached to the first person with which we have physical or sexual relationship.

Virginity is counted unnecessarily on the presence of a thin skin membrane in the genital area, the hymen. But there are situations in which this skin can be destroyed other than by sexual act. For example, females engaged in heavy works, athletes, cyclists, dancers, vigorous exercises, swimming, bicycling, horse-riding, use of tampons during menses, and insertion of fingers or objects into vagina during sexual self-stimulation will lead to stretching or rupture of hymen well before the first intercourse. So such a person without an intact hymen will still be a virgin.

HONEYMOON CYSTITIS!

After the honeymoon, most women complain severe pain over the suprapubic area and pain while urinating. This is termed as 'Honeymoon cystitis' a term for urinary tract infection, a common problem among newly wed brides.

Approximately one in five women would experience a urinary tract infection once in their lifetime. The reason why women are more prone to urinary tract infections is that a women's urethra is shorter compared to a man. The close anatomical relationship between the anus, vagina and the urethra poses a high possibility of an infection to occur due to the presence of bacteria.

Other risk factors

- Sanitary hygiene
- Usage of contraceptive device such as diaphragm
- Frequent of sexual act
- Reflux of urine backwards due to pain and spasm during first few intercourses

Symptoms of a Urinary Tract Infection

- Increase in the urge to urinate causing frequent trips to the toilet
- Burning or pain during urination, otherwise also known as dysuria
- Lethargy
- Pain over the bladder area
- Urine appears cloudy
- Smelly urine.

If the infection ascends into the kidneys, the person would be having fever, pain over the loins with nausea and vomiting.

Visit your doctor for a urine examination to detect the presence of bacteria. If the results confirmed it, you will be prescribed a course of antibiotics to be taken within a period. However, if the infection persists or occurs repeatedly, further investigations to rule out any structural problems contributing to the infection may be needed. The patient would need to follow up closely on any recommended treatment to ensure that she fully understands and complies with it.

Treatment

The best first aid treatment is to drink, drink, drink lots of water.

Prevention of Cystitis

- Cleanse the genital area before and after having sexual act.
- Urinate before and after having sexual act.
- Drink plenty of water, about 8-10 glasses a day to flush bacteria out of the urinary system. It also helps to empty the bladder frequently, thus preventing bladder irritation.

When there is a need to urinate, do it immediately. Delaying urination over time could weaken the bladder causing incomplete emptying. This predisposes to infection.

- After a bowel movement, first use toilet paper and the wash from front to back to prevent intestinal bacteria from migrating to the vagina.
- After passing urine, wipe genitals with tissue paper, if washing is not feasible. Do not forget to

wash yourself in a squatting position before going to bed. Use clear warm water and less of soap. Also avoid using feminine hygiene sprays and scented douches directly on the genitalia, as it could irritate the urethra.

- Wear loose cotton under clothing that allows more ventilation, and moisture to evaporate. Avoid using "tights" unless you are participating in sports or a stage program.
- Take lemon/lime juice. It helps to inhibit the growth of bacteria by acidifying the urine and also prevent bacteria from sticking to the bladder wall.
- When using contraceptive device such as the diaphragm, ensure that it fits nicely. Otherwise it may press against the urethra and irritate the bladder. Consider using an alternate method of contraception if the problem of recurrent urinary tract infection arises.

If the symptoms are any more than transient, you should consult your doctor.

21

Making Love

INTRODUCTION

Sex is not just a means of procreation. It is a man-woman relationship, where the needs of both count. There are many shades in between good and bad sex. It is important to form a relationship where neither partner is hurt mentally or physically. Make the sexual act a mutually enriching experience. Sex after all is the art of enhancing love.

Sex, if done well, generates positive feelings towards the partner, i.e. it "makes love." "Making love" is usually a natural, emotional experience, a part of a relationship. Human sexual arousal is a primitive physiological response that can't be consciously willed, e.g. men can't just will an immediate erection, women can't will lubrication. One needs to generate sexy thoughts or physical stimulation; one needs to be relaxed and "in the mood," then arousal takes place automatically.

Both sexes have to learn by being told what to be and where to be stimulated. Every partner is different and even the same partner has different preferences from time to time, moreover partner can't read mind, so communication is vital. Open communication about our feelings and sexual needs is hampered by emotional hang-ups that we have to learn to overcome. Sometimes couple may be embarrassed about thrusting movements and making noises to express our pleasure (moaning), but remember, an active, "excited" partner is the sexiest partner we can possibly have. Yet, it is important to be realistic and honest.

Your partners' fantasies of foreplay, of the sex acts involved in intercourse, of what he/she might feel, and of what should be done after intercourse may be radically different from your expectations. Everyone has heard different things about sex from friends, movies, parents, teachers, books, and so on. Husband and wife may bring different instincts into the sexual act. It is important that every lover be aware of and is tolerant of the unique differences his/her partner brings to this vital moment. However, that doesn't mean that sex can't be improved over time, provided you receive good instruction. Good sex involves finding out what the partner wants to happen before, during, and after lovemaking.

The husband (or the wife) when in 'high tide', needs love making to happen. It is thus the duty of the other to get into that mould, play the game and bring satisfaction. This is possible if they have their own rulebook.

FREQUENCY OF SEXUAL ACT

Frequency varies from one couple to another. A young couple may practice intercourse once every day or sometimes twice during the first few weeks or more. Subsequently the frequency decreases and a partner sets to two or three times a week. The intensity of the sexual desire is an individual or couple's personnel expression and depends on their biological urge, attraction, love and relationship. Once again this is an individual feeling and there are no set standards for it.

ORGASM

Orgasm is an emotional and physical experience that occurs during a normal sexual response cycle. During this cycle, pleasure peaks and is then accompanied by a sense of release from sexual tension. During orgasm, both men and women experience involuntary, rhythmic contractions of the pelvic muscles. The mind senses these contractions as pleasurable, but the

intensity of these sensations differs from person to person. Each orgasm can also differ in intensity from one time to the next for the same person. For example, an orgasm could feel like warm, gentle throbbing in the genital area one night, and then tomorrow it could feel like an explosion that causes the whole body to become rigid and the mind to momentarily black out.

PHASES OF SEXUAL RESPONSE

According to Masters and Johnson, the four phases of sexual response are as follows: Arousal, Plateau, Orgasm, and Resolution.

Excitement Phase

Sexual excitement begins may be with a look, a touch, a response to a piece of music, etc. These stimuli lead to touch and tactile sensation triggering other responses. Couple can shorten or extend this phase by mutually satisfying techniques. This has to do with stimulating various erogenous areas of the body by massages, back rubs, foot rubs, head rubs, touching and kissing of the nipples, ears, neck, stroking the genitals or any part of the body which excites the person. The first sign of sexual arousal in woman is vaginal lubrication; a mucous like secretion is discharged from the vagina. Now the woman is mentally and physically receptive to union.

In men the sign of sexual arousal is the erection of the penis, the spongy tissues gets filled with blood. The excitement phase has some extra genital reactions. There is flushing of the skin spreading upwards from the loins, stomach, breast, neck and finally to face. A young girl experiencing sex for the first time may experience weakening in the legs, a sensation of floating upwards and all the awe and feelings so graphically detailed in romantic fictions. The heart rate and blood pressure both rises and the abdominal muscles tighten, feel 'breathless' too. Among females the breasts increase in size, the nipples become erect, and the areola appear wrinkled. The pupils of the eye are often greatly dilated giving the woman a dreamy faraway look.

Plateau Stage

The erection of the nipples, the breasts feel engorged, and more erection of the clitoris, skin flush is extensive. In male the scrotum gets harder, there may also be pre-ejaculatory secretions which may carry sperms. Many men experience a sensation of internal pressure or warmth during the plateau stage, the heart rate and respiratory rate increases - the time for penetration.

Orgasmic Phase

Orgasm is the point at which all sexual tension is suddenly released in a series of involuntary and pleasurable muscular contractions in the pelvic area marked by simultaneous rhythmic contractions of the uterus, the outer third of the vagina and the anal sphincter. Both the partners' display thrusting pelvic movements, an intense orgasm has ten to fifteen contractions. At release there may be a gush of fluid from the vaginal and vulval glands and the clitoris.

The men experience a sensation- that is a feeling of having reached the brink of control. This sense of inevitability is quite accurate because at this point ejaculation cannot be stopped. The external appearance of the semen doesn't occur until several seconds after the point of ejaculatory inevitability because of the distance the semen has to travel through the urethra.

Resolution Phase

This is the phase of relaxation- the completion of the act, a gradual return of the body to its baseline state accompanied by a sense of warmth, pleasure, and relaxation. It is slower in females than in males. The woman prefers to lie in limbo and just relax. This is nature's way of ensuring that sperms get deposited

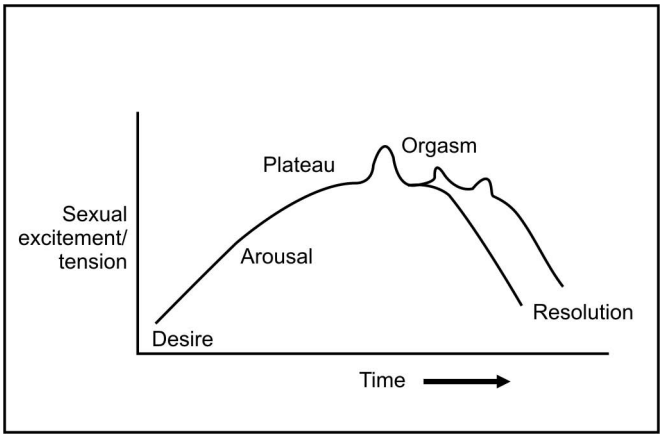


Fig. 21.1: Linear model of female sexual response cycle

in the upper part of the vagina during intercourse. Some of the semen flows out to the vagina.

Most thrilling and passionate moments in orgasm involves slow, deliberate movements where you breathe deeply and focus in on the waves of pleasurable sensation flowing in currents through your body. Experiment with slowness; explore different angles, depths, speeds and rhythms.

In women the orgasmic contractions are felt in the vagina, uterus, rectum and the thighs too. An orgasm can be a mild peaceful sensual experience where there is a warm glow, a feeling of intense ecstatic pleasure, as there is a sense of losing awareness of oneself.

DIFFERENCE BETWEEN MALE AND FEMALE ORGASM

After orgasm and ejaculation, most males are unable to have another orgasm for a period of time. This refractory period depends on age (younger men can need only minutes to fully "recover" and older men may need an hour or more) and differs widely between men. Females do have the physical capacity of reaching orgasm more than once within a short span. However most do not get it because of ignorance or lack of pro-active support from the male partner.

In males, however, orgasms can occur with or without ejaculation. When men have orgasms without ejaculation, the pelvic muscles contract and they feel like having an orgasm, but the semen is prevented from being secreted into the urethra. Less commonly, the semen is pushed backward into the bladder during orgasm and appears as milky fluid that comes out during urination after sex. This is called retrograde ejaculation and happens occasionally when men try to prevent ejaculation during orgasm and is usually not a sign of a disorder. However, retrograde ejaculation does happen more frequently in people with diabetes or after surgery, causing damage to the nerves around the penis.

In women, there is no obvious fluid ejaculation, but they often experience vaginal wetness when they are sexually aroused. Another difference between male and female orgasm is that women need not experience a refractory period and may have multiple orgasms with continued or additional stimulation.

Unfortunately many couples do not know about orgasm or feel very shy to discuss it with partner, so much so the sexual act becomes a sedative for the husband and a ritual to be done with for the wife.

POSITIONS FOR THE SEXUAL ACT

In parts of India where adolescent marriage is the social norm, a new bride having her first sexual relationship often wonders what is going to happen. What is my husband doing? Is this normal or is he showing aggression to me? A lot of things may confuse her. On the other hand, the boy may have been exposed to or heard lot about different positions in lovemaking.

Remember, there are no set positions for the sexual act. Whatever gives the couple maximum pleasure, satisfaction without discomfort or the likelihood of injury is acceptable.

Once a couple is comfortable with each other in body and mind, they try out positions and variations, which help them, achieve orgasm. The positions adopted for the intercourse vary from individual to individual.

According to Masters and Johnson, there are 3 basic positions in sexual act, which help a couple achieve orgasms. In women achieving orgasm depends on clitoral stimulation, vaginal stimulation and a feeling of fullness in the vagina. Some of the positions are said to be more favorable to get pregnant and some are more favorable during pregnancy. Hence the following information may be useful for counseling young couples, as this would go a long way in alleviating the tension between the partners, the male wanting to continue sexual activity even in pregnancy and the female too scared to do it.

Missionary Position

The commonest position is the missionary position, with the woman partner lying supine and the man on the top. The man just lie on the top of the woman and maintains body contact without putting too much weight on her, usually supports his weight on his elbows or hands. In this position when ejaculation

occurs, the semen is deposited in the back of the vagina, ensures increased chance of pregnancy provided the woman lies undisturbed in this posture during the ovulation phase.

Woman Dominant Position

In this position the man lies supine on his back and woman can sit astride him, squat over him or have her legs on either side of him. However, in this position take care that the organ is inserted in the proper direction.

Rear Entry

In this position the man enters the woman from the back, either in the lying position- man facing the back of he woman and the woman's legs folded up. Entry is easier and puts less pressure on woman's abdomen, the most comfortable position for sexual act during pregnancy, especially during later periods. Rear entry can also be done in sitting and standing positions.

Oral Sex

In this position of sexual union, the man puts his penis into the woman's mouth or the man may pleasure his woman by contact of his mouth with the vulva and stimulating the clitoris. However, much depends on the partner's attitude towards it, the level of acquaintance and comfort the couple have with each other. If she dislikes oral sex, it is a definite no-no at this time. Many women are shocked at the mention of oral sex, some prefer it, and some consider it as neutral. So, the best thing is to discuss it with the partner and make sure that best hygiene practices are maintained.

Anal Intercourse

In this position the man enters the woman's anus. For most young women experiencing this for the first time this incites a feeling of revulsion and naturally so. This may not be an option for the newly married as it involves possibility of local injury without lubricants and of course issues involving hygiene practices. This sexual union was looked down upon and referred to as an unnatural sexual act and as such is a 'punishable act under the Indian law'.

A woman's sexual enjoyment does not depend on the size or shape of his genitals as only the lower one third of the vagina developed as an invagination of the skin is highly sensitive.

Good sex involves finding out what the partner wants to happen before, during, and after lovemaking. Then each partner keep on attempting to meet as many of the partner's desires as possible. Compromises will be needed.

SENSUAL SEX

The family perception of sexual activity of the newly married often revolves around the arrival of a 'new guest' in the family with an undue male preference. However, for the newly married it is a time to understand and appreciate each other. This involves losing inhibitions, releasing old beliefs about our sexual capacities and learning the new skills necessary. First, it's important to set the mind at ease and get into the mood for sex to happen. Clear the mind of the thoughts of the day - stop that inner chatter and focus on the just two of you. Remember that great sex usually occurs only in relaxed bodies, so that young couple should take the time to prepare themselves with lot of focus on foreplay. Each couple has their own manner of expressing sexual energy and sharing loving feelings. The experts in the field of sexuality education emphasize the importance of sensual place, sensual viewing, sensual sounds, sensual smell and sensual touch in initiating and maintaining a healthy sexual relationship among the newly married couple. The concept of 'honeymoon' trips is probably based on these scientific principles.

Some Tips for the Newly Married Couples

- Lovemaking is not a test or contest, not a time to measure or count any thing. It's a time for carefree play, a focus on love, and a time to have fun.
- Lovemaking should focus on loving each other by verbal expression and touching. Consider the

orgasm as only the wonderful "climax" of a long love session. Certainly give up the foolish notion that both people must come to a climax at the same time.

- If sexual act is done with tenderness and enthusiasm, if it occurs in a comfortable setting, if both parties are without guilt and concern about pregnancy, it can be one of life's greatest joys, a cherished memory, a fantastic way to bond with another human being.
- While all this is true, there are some couples that love each other deeply and enjoy each other's companionship without having too much of sex.

The most attractive partner is the clean partner and hence all the importance for good personal hygiene.

The First Two Years

"Sex with my partner has become routine and unfulfilling," many partners complain so. A cultural myth says that the first two years of marriage will involve romantic love, passionate sex and be problem free. In reality, the first two years of marriage are crucial in building a solid marital bond of respect, trust and intimacy. A positive, integral part of the bond is developing a couple's sexual style so that sexuality can be a shared pleasure, a means to deepen and reinforce intimacy, and a tension reducer to deal with the stresses of life and marriage. When sex goes well it serves a great role in enhancing marital vitality and satisfaction. Boredom sets in after years of repeating sex in the same and familiar ways. To rekindle interest and excitement, the spouse will find it useful to try variety in physical positions, as well as in their mental attitudes

The prescription for a vital marital sexuality is to integrate intimacy, non-demand pleasuring, and erotic scenarios and techniques. All men may not learn to value intimacy or pleasuring. Their focus may be more on frequency of intercourse, sexual performance, and proving he is a good lover. It is generally considered that intimacy is a female trait but need not be so. In truth, sexual satisfaction increases when both the husband and wife value intimacy and eroticism and view each other as equitable, intimate, sexual friends.

Sex during the Period of Menstruation

To exactly what degree it affects your sex life and how you choose to deal with it is based on your own preferences and that of your partner. There are no rigid rules when it comes to having sex during menses period. Some people even find it exciting. Others are squeamish or uncomfortable and prefer to limit or even avoid sexual contact during this time. Plainly and simply, some people do it and some people don't. Communicate your feelings on the subject and then respect each other's comfort zone and boundaries.

For average, healthy couples with no sexually transmitted diseases, there are no significant biological or serious medical reasons to avoid sex during menstruation. Blood is a great carrier for infectious diseases, so having sex during periods can increase the risk of transmitting sexually transmitted infections and pelvic inflammatory diseases. The dictum that unless you are in a trusting, healthy, disease-free relationship, you should always use a condom when you have sex is even more applicable with sex during menstruation. It is also known that some women experience a heightened libido around the time of their period and some also claim a heightened emotional reaction to sex during menstruation. Many women say that they experience stronger orgasms during their periods and that orgasms help relieve cramping.

Period sex is a healthy, safe, and normal activity to engage in, provided you take the same or more precautions you would normally take during sex Communicate your needs, wants, desires, and expectations with you partner.

Sex during Pregnancy

Pregnancy is the time when most women experience a change in their hormonal profile to such a degree that they may have to alter a lot of their regular activities to suit their mood at that time. Sex is one of

those activities, which might be the most affected. Many women do not enjoy sex at all during their pregnancy while others may do so.

Desire for sex during pregnancy varies. Couple should discuss their needs and decide what gives them pleasure and happiness. It is ideal to restrict sexual contact during first 3 months of pregnancy because of increased chance of miscarriages. Most women are fearful that coitus cause premature labor. The general consensus of opinion is that if the pregnancy is healthy, there is no harm in having intercourse at will. Yet, studies have shown that intercourse during pregnancy is associated with infection to the amniotic fluid, leading to premature labor. Hence use of condom is advisable. Orgasm after 32 weeks of pregnancy may cause strong contractions leading to premature labor. If intercourse is adopted during pregnancy, the husband or partner should be gentle and sensitive. The entry into the vagina from the rear is more preferable during pregnancy.

When can I resume sexual activity is the most common unasked question during a postnatal check-up. A healthy episiotomy wound healing would take 7-9 days. The entire pelvic muscular and tissue come back to normal within 6 weeks after delivery. So it is safe to have sex after 6 weeks and there should be no discomfort or pain. Those who feel pain usually have some emotional anxiety. A cesarean section also takes 4-6 weeks to heal completely. Follow the advice of minimum 6 weeks rest to mother, although some may prefer 12 weeks. In a cesarean section a repeat pregnancy is not advisable for 2 years, as the uterine scar is a relatively avascular area and hence a theoretical risk of rupture if healing is not proper.

22

Common Sexual Problems

INTRODUCTION

Sexuality is certainly one of the most basic aspects of human existence. It is the component of life we share with all other living things on this planet. At its core is our biological drive to continue the species ...a drive we may not completely escape or suppress, even if we wanted to. But it is a drive that varies greatly from one person to the next ...one stage of life to the next ...and, one moment to the next. The wonderful difference of being human is the capacity to be self-aware ...to watch us so to speak, and analyze our own thoughts, feelings, behaviors and motives. But it is this difference that can interfere with our capacity to enjoy our sexuality, for this powerful sexual drive also can be negatively influenced by experiences and thought.

It is crucial to be aware that the most common time a couple separate or divorce is in the first two years of marriage, and sexual conflicts and problems are considered to be the most common hidden cause. The three most common sexual problems are:

- Sexual dysfunction
- An extra-marital affair
- Infertility.

It is a myth that sexual problems occur from boredom after 10-20 years of marriage. The truth is that unless the couple makes the transition from the romantic love/passionate sex phase (which seldom lasts more than two years and usually about 6 months) to an intimate, pleasure-oriented couple sexual style, they are vulnerable to sexual disharmony and conflict. Most of the divorced persons or people with disturbed family life are more or less suffering from dissatisfaction from their sexual life. In order to have the rhythm of marriage, mutual respect, trust and of course, emotional support from both sides is essential.

In marriage two persons with different personality traits come together, yet in our society they are bound to keep the sanctity of marriage throughout their life. Both physical and mental conditions can affect the smooth functioning of the marriage. There is a tendency to think, "I'm the only one who has this sexual problem." Also there is a general belief that young people have no sexual problems and are great performers; elderly people have all sort of sexual problems or have no sex at all; both these assumptions are wrong. In reality, young people do have problems even more than old couples. However, in the near imaginary future, we do not expect any newly married couple to seek consultation from a professional sex therapist. Hence it becomes absolutely essential that all medical persons caring for the newly weds must have some basic understanding of all possible sexual problems, although all of them may not be present among the newly weds.

Individuals who have sexual problems belong to 3 groups:

- Are afraid that they will not be able to perform
- Are able to perform but want something more out of sex
- Are actually not able to perform.

Misconceptions

Misconceptions regarding sexuality and resultant anxiety can adversely affect joyful sexuality among the newly married. Can I perform well? Can I make her/him feel good? Has she/he got more libido than me? These are the common worries boys/girls usually

carry through. Trying to experiment in the beginning of the married life itself, all those things, which they have seen in the pornographic movies or in Internet, would be suicidal. The girl would hate him for the lack of sensitivity and arrogance instead of the caring and loving that she always dreamt off. Also remember that it is not possible and unfair to expect the best performance from your partner all the time. Mental disturbances, fatigue, sadness, etc will sometime reduce the libido. Good sexual life is something to be cherished and nurtured through mutual acceptance, understanding and a lot of give and take.

Guilt Feelings

Pre-marital or extra-marital sex will usually create a sense of guilt and could affect sexuality. It will also affect the normal sexual functioning. Fear or anxiety may also extinguish the fire of sex. Stories about fearful or painful sexual experiences, and distorted sexual stories may act as a spark for sexual disharmony. Fear about pregnancy, fear of intercourse, fear of injury to vagina, etc. are the main worries of females regarding sexuality.

Inhibitions

She/he believes that sex is taboo or certain positions and techniques are bad and dirty, because of a repressed upbringing and ingrained attitudes. This causes discontent in the partner and prevents him/her from having a good relationship. For such a person sex is surrounded by anxieties and tensions, both learned and acquired. They feel inadequate to satisfy either the partner or the self.

SEXUAL PROBLEMS IN MEN AND ROLE OF COUNSELOR

Men, in general, talk about their sexual conquests but not their sexual concerns. They tend to keep up the strong male image, including the impression that they are fantastic in bed and that they have no problems (except they "can't get enough"). Yet, males usually feel responsible for sex-for approaching the woman, arranging the place, skillfully handling the foreplay, and producing both orgasms. Moreover, too many macho males think sex is all that really matters in a relationship; sharing feelings and problems, being tender and caring, doing things together that she likes to do, getting to know each other deeply, etc. are seen too often as silly women's stuff.

Sex is a mental-interpersonal process, not just a brief physical act. With males having all these responsibilities, misconceptions, and sexist attitudes, the truth is that men have a lot of sexual problems. With more women insisting on equality and becoming more sexually active and sophisticated, men are becoming more interested in being well informed. They are realizing their differences with women. Yet most men do not seek professional help. The most common problems of males are "I can't get it up" and, essentially the opposite, "I come too quickly.

Premature Ejaculation

It is the persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it. Ejaculation is in less than 3 minutes, sometimes even when he just touches her vagina. It is the inability to exert consistent control over the timing of his orgasm. Given the importance of mutual sexual pleasure to most relationships, it is vital that men learn to control the timing of their orgasm about three-fourths of the time in order to have good ejaculatory control.

Ejaculating quickly and intensely could certainly be considered a sign of potency, rather than inadequacy. But if either partner wants the female to climax during intercourse with stimulation only being provided by the penis, then quick ejaculations are a problem, called "premature ejaculation". Almost all males occasionally ejaculate sooner than they'd like. The most frequent cause of premature ejaculation is sexual insecurity and the fear of doing it wrongly. The fear increases the excitement, and makes the ejaculation take place. Sometimes, coming fast has been learned in childhood by quick masturbation for example, one has learned, as a reflex, to come fast when excited. Insufficient concentration of the neurotransmitter serotonin is now thought to be a

physical cause. The disturbance causes marked distress or interpersonal difficulty. Alcohol, cigarette, drugs, etc. will reduce the sexual efficiency. Alcohol will increase the sexual desire but will reduce the act.

For the newly wed, premature ejaculation can be a real disadvantage, because it reduces the spontaneity around making love. While counseling the newly wed couples, one may offer many suggestions that might be helpful with premature ejaculation; (1) use a condom to reduce the stimulation, (2) think about other things, (3) ejaculate twice (usually premature ejaculations are no problem the second time), (4) satisfy the partner in other ways and, then, both enjoy the male's quick, powerful climax, (5) avoid deep thrusting by letting the tip of the penis massage clitoris and play at the opening of the vagina or by leaving the penis fully inserted and concentrate on rubbing the pubic areas together (whatever feels good to the female), (6) stop stimulating the penis before reaching "the point of no return" and relax a moment, and (7) use the squeeze technique(Masters and Johnsons) The latter method involves squeezing the penis (fingers on top and thumb on bottom) right behind the head or near the base. This is done just before reaching the "point of no return" (when ejaculation can't be avoided). A hard squeeze reduces the urge to ejaculate. In this way the female partner can teach the male to keep an erection. Certain sprays and tablets are available to prevent premature ejaculation. But its efficacy and safety has not been proven.

Erectile Dysfunction

This is the incapacity to achieve or maintain an adequate erection until completion of the sexual activity. This disturbance causes marked distress or interpersonal difficulty to the individual. Among the newly wed males, this may be uncommon but if it occurs, we need to think of childhood sexual abuse or other frightening experiences. A sense of inferiority complex will reduce sexual efficiency. Psychologically, the major culprit causing erectile dysfunction is "performance anxiety" ...worry about performance and erection.

Although all men experience occasional difficulties achieving or maintaining an erection, for some it is a frequent or chronic problem causing problems within a relationship. It is important to determine if the problem is primarily medical or psychological. If he is able to achieve and maintain an erection when alone, or notices nocturnal or waking erections there is less likelihood that there is a medical problem. Among older males diabetes, blood pressure, chronic alcoholism, side effect of certain drugs are some of the common causes. Consult a urologist or sex therapist. Cooperation from the part of the wife is a must.

Anorgasmia

It is the inability to experience an orgasm. Although both men and women experience the same it is much more common among females. It is estimated that only 30-40% of women are able to achieve orgasm by heterosexual act alone... that is without additional sensory attention to the clitoris. Most women who report consistent orgasm during intercourse also report that added direct stimulation to the clitoris during intercourse is necessary. In almost all of the common heterosexual positions, the penis does not come in contact with her most erotically sensitive areas... the clitoris, or the Grafenberg spot (G spot) within the vagina. However, some people report that they have never or only very rarely achieved orgasm regardless of a substantial number of attempts and no matter the stimulation source... self, partner, or intercourse. They report that they get adequately aroused, but orgasm doesn't occur. In these cases it would be best to visit a sex therapist if she perceives it as a problem.

Male Orgasmic Disorder

Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase during sexual activity that the clinician, taking into account the person's age, judges to be adequate in focus, intensity, and duration. The disturbance causes marked distress or interpersonal difficulty. The orgasmic dysfunction is not better accounted for by another mental disorder (except another sexual dysfunction) and is not due exclusively to the direct

physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition.

Inhibited Sexual Desire (ISD)

Both males and females may report that they never or almost never think about sex in a positive way. Fear, past sexual trauma, severe psychological depression, and relationship problems are frequent causes of ISD, usually requiring general psychotherapy specific to the actual cause, and sex therapy following successful psychotherapy or relationship counseling. Much less frequently, there may be a medical problem (e.g. hormone imbalance) that may be associated with ISD.

There are other male problems, such as being unable to ejaculate in the vagina or taking a long time to do so. These are rare but treatable, usually by a sex therapist. There may be relationship problems. But, a desensitizing process might be tried first involving these steps: (1) masturbating alone thinking of your partner for a week or so, (2) masturbating in front of partner during the next week, (3) being masturbated by partner for another week or so, and (4) being aroused by partner to near the point of ejaculation and then inserting the penis in the vagina. After successfully ejaculating inside the female in this manner several times, the fears usually disappear.

Impotence

When the man does not have an erection at all, not even when he wakes up in the morning, it is referred to as impotence and needs sex therapy and an intervention by urologist.

FEMALE SEXUAL DYSFUNCTIONS AND ROLE OF COUNSELOR

To work with a woman, it is necessary to consider her holistically. A woman's sexuality lies within her perception of her womanhood and in her relationship to her partner. How does she feel about herself as a sexual person? Does she have high self-esteem? Does she feel she deserves a satisfying sex life? How and when did she develop her erotic sensibilities? Over 40% of women may have a sexual problem at sometime in their lives.

Lack of sexual desire among young women is not uncommon. Here are some surprising causes, and solutions. Go to the movies or click through the channels on your TV any evening, and you're likely to see a woman seemingly enjoying passionate sex. But in real life, many women struggle to feel any sexual desire at all. In fact, this lack of libido - dubbed Hypoactive Sexual Desire by health practitioners - is a very common female sexual problem. There are a lot suffering from (HSD). They range from the very young, newly married, up to menopausal women, but it's mainly the young married couples with their first child.

Studying women's sexual desire has been problematic, because most women are capable of going through the motions in bed whether they want sex or not, their sexual desire doesn't necessarily correlate with the frequency or quality of their sexual encounters. And often the cause of a waning libido may not be immediately obvious to them. Sex researchers define desire as psychological, while arousal and orgasm are physical processes. When aroused, nipples become more erect and feel a tingling in the genitals from increased blood flow. But sexual desire is mental: thinking about sex, and therefore feeling sexy.

The human sexual response has three distinct phases: desire, arousal and orgasm.

Desire is essential to experiencing real passion. A woman's sex drive is biologically normal—just like her hunger for food. So, if she doesn't have any sexual desire that means something is definitely wrong. Of course, every woman experiences times in her life when her sexual desire dips, due to stress, illness, relationship problems or a recent pregnancy. However, if your relationship is on track and you're in good physical health, yet your sex drive has taken a nosedive, one or more of these libido killers may be to blame.

No Self-Nurturing

Nothing sinks the libido of a physically and emotionally healthy woman faster than lack of sleep, poor eating habits and/or a sedentary lifestyle. Anything

that hampers your general physical health also may take an immediate, and perhaps sustained, toll on your sex drive because you feel ill or depleted.

There are roughly four categories of women's sexual dysfunctions. They are (1) lack of sexual desire or interest, (2) the inability to become sexually aroused, (3) difficulty reaching orgasm and (4) painful intercourse or dyspareunia.

You feel sexier when you take care of yourself, and that includes getting enough sleep, at least eight hours a night, eating nutritiously and, of course, exercising. Exercise helps our bodies maintain nutritional and hormonal balance, it elevates our mood, and offers sexual benefits such as improved pelvic muscle tone and physical flexibility. A complete physical exam might help discover why you're just too tired, achy or blue to have a sexual appetite. Also check for anemia, thyroid deficiencies, diabetes and other chronic illnesses which all reduce energy. Suggest a nutrition and exercise program to maximize the physical well-being.

Lack of Sexual Interest

A few people experience very little sexual drive, even in new romantic relationships. But most of us are obsessed with sex in the early infatuation stages of a relationship. We eagerly spend hours every day touching, kissing, holding, fondling, and sexually arousing our new love. Yet, after a few years, the burning interest wanes. Sex becomes routine. Why? We don't understand it, but it happens to all of us to some extent, e.g. the frequency of intercourse declines from once a day (for a short while) to once a week years later. It is an expected transformation. The change is so gradual we hardly notice it. Suddenly we realize that the person who once drove us crazy can undress in front of us and we hardly notice. Some people go for weeks without wanting sex, some reject their partner's advances.

Part of the problem is that many of us think everyone else (except our parents and the other "old folks") is having hot sex every night, and probably "getting some" on the side as well. Thinking that way, we may feel we are not as sexual as others.

Inhibited Sexual Desire

When men have trouble getting or keeping an erection, which could certainly cause a lack of interest, almost half the time there is a physical health factor or cause. If sex is not enjoyable because a climax cannot be reached intercourse may be avoided. Much of the time, however, women's lack of interest is caused by psychological factors; depression, feeling up tight, fear of pregnancy, stress at work, feeling unattractive, fear of intimacy, anger towards the partner, a power struggle with the partner, old beliefs about sex being dirty, traumatic experiences, guilt about extramarital interests, a fear of not being able to perform sexually or, most commonly, "feeling tired".

Obviously, some of the time, a personal-interpersonal problem will have to be solved first. If there is friction between two people, usually the sex drive immediately drops but it will automatically reappear as soon as the conflicts are resolved. Talk to each other about minor irritations as well as major problems. It has been shown that relationship therapy can improve a couple's sex life and sex therapy can improve their relationship.

When a couple are miffed at each other, males and females often have differing notions about how to get emotionally back together. Males see sex as a way to establish a positive love relationship, e.g. early in a courtship the male will say, "don't just tell me you love me, show me by having sex!" Sex proves to him that she likes him. A female knows sex doesn't prove he loves her, so she wants to be chosen, valued, wooed, and loved first, usually by talking, touching, and doing things together, before having sex which to her only confirms an already established love. Otherwise, she may feel sexually "used" ("he's only interested in sex"). So, after being miffed, the wife may reject her husband's sexual advances (his way of making up), resulting in his seeing her as asexual, cold, and sexually manipulative ("you have to be nice to me first"). They are at an impasse unless they see what is going on and both give in, namely, he should verbally and in non-sexual ways express his affection and willingness to "straighten things out." She should try

to understand and accept his interest in sex as a sign that he wants to re-establish a warm, loving relationship.

Watching adult film is apparently effective and enjoyable stimulation for many couples. But some people prefer their partner become interested in and sexually excited by watching (and interacting with) them rather than someone else on tape. Moreover, if a person is already unhappy with his/her body or insecure about his/her lovemaking, watching beautiful, well-endowed people making (or faking) wildly passionate love, could increase his/her self-criticism and inhibition. Each person has to figure out what turns him/her on; then compromises have to be made with the partner. If the female partner is not confident on watching adult movies, it is better to leave her alone and don't force her to view the same.

Some people misunderstand their own sexual feelings early in lovemaking. If they do not get "turned on" right away, they conclude that they aren't "in the mood." If foreplay were continued, however, they are likely to respond. Second, your sexual drive depends on how much you think about sex (in a positive way). If you are under pressure at work, your sexual urges will certainly be less. So, spend more time thinking and fantasizing about sex. The mind is the best aphrodisiac. Third, sexual inhibitions or aversions, such as disliking masturbation or oral sex can be overcome. For example, repeatedly think about the aversive activity while relaxing or while enjoying some other sexual activity.

Sexual Aversion Disorder (SAD)

An active aversion to all genital sexual contact, which may manifest itself as revulsion, fear or anger.

Female Sexual Arousal Disorder (FSAD)

Sexual arousal disorder is the persistent or recurrent inability to achieve or maintain sufficient sexual excitement, expressed as a lack of excitement or a lack of genital or other somatic responses. It is rare, if ever to have thoughts about sex or getting "turned on" except in perhaps a theoretical way. Laypersons would term this frigidity.

Female Orgasmic Disorder (FOD)

Absence of orgasm following a normal sexual excitement phase. Women exhibit wide variability in the type or intensity of stimulation that triggers orgasm. The disturbance causes marked distress or interpersonal difficulty. The disorder is the persistent or recurrent difficulty, delay or the lack of orgasm with sexual act or stimulation. Feelings of inadequacy and anxiety, childhood inhibitions, improper arousal by partner, trying too hard, lax pelvic muscles, tranquillizer dependency may all predispose to it.

The orgasmic dysfunction is not better accounted for by another mental disorder (except another sexual dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition. Women do not always have orgasms and if they note lack of simultaneous orgasm or do not have as frequent orgasm as socially expected that does not mean female orgasmic disorder. It is important to note if orgasm can be produced through masturbation and if a woman enjoys sex and feels good about herself, her partner and their relationship. Some women have a fear of losing control, fainting or even "appearing foolish to a partner while lost herself in orgasm." While the orgasm in males is generally centered to their genitals, in females it is a combination of both physical and emotional feeling, not centered on genitals only.

Dispareunia

Painful intercourse or sexual pain disorder includes dyspareunia (genital pain associated with sexual act). Most women who are sexually active with a partner at some point in their life may experience a sharp pain during intercourse. This sensation unfortunately is a common experience. This pain typically occurs for one of several reasons:

- During intercourse, small amounts of air could be getting trapped within the vaginal canal, causing sharp sensations of pain.
- When a woman is not sexually stimulated enough. Often this experience occurs in long-term relationships, where couples are more likely to get into

the pattern of having penal-vaginal intercourse without the same degree of foreplay as before during the initial courtship (lasting 3 months to 2 years).

- Women may experience a sharp pain during intercourse when the penis is hitting up against her cervix.
- Woman is simply tender from recently engaging in a lot of intercourse. Sometimes, women can get 'raw' on the inside of their vaginal walls.
- A sharp pain during intercourse could indicate something slightly more serious such as endometriosis. Endometriosis is a fancy way of saying that the uterine lining grows outside of the uterus, such as in the fallopian tubes, on the ovaries, or even in the intestines, which can cause other types of pain and symptoms.
- The woman could be suffering from pelvic inflammatory disease.
- It may be because that the woman pulled her pelvic sling muscle.
- It may be due to vaginismus or lack of lubrication.

In any event, given the array of different possible causes of painful intercourse, it is highly recommended that the woman make a doctor's appointment. A gynecologist will be able to properly diagnose, and thus treat the problem appropriately.

There is often a medical cause for pain with sexual relations. Sometimes, however, when there are no anatomical causes for the pain with sexual relations, therapists find psychological factors such as guilt or shame about sex, religious beliefs that arouse shame or guilt, poor body image and even complaints that partners do not provide enough foreplay for them to be adequately aroused.

Vaginismus

Recurrent or persistent involuntary spasm of the perineal or levator muscles that prevents vaginal penetration of any kind including vaginal examination. It is an unusual condition, in which muscles around entrance to vagina go into spasm, making intercourse, vaginal examination, or use of tampons painful or impossible; arching of back and drawing together of thighs may accompany spasm. This involves recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual act. Vaginismus is well known to gynecologists in women who cannot even allow a speculum or a finger to be introduced into the vaginal opening. They get an involuntary spasm of the levator and perineal muscles that they cannot control. This same reaction prevents any vaginal intercourse. It may represent a conditioned response to the fear of pain with sexual relations or even just thoughts about intercourse.

Fear about pregnancy and childbirth, abuse during childhood days are probable predisposing factors. There will be decreased lubrication in the vagina if the woman is not properly aroused. Sufficient foreplay will make the woman fully aroused. A loving approach from the husband's side will help to reduce this problem. Treatment usually involves graduated dilators that are used to slowly stretch the vaginal canal and allow a woman to have a greater sense of self-control. It is a form of desensitization therapy and can have a good success rate to restore the ability to have vaginal intercourse and a successful sexual relationship.

Aversion to Sex

A person with a sexual aversion disorder has an intense aversion to sexual contact or related experiences, for example seeing a penis, seeing semen and being touched. The aversion to sex is an extreme form of disorder in sexual arousal and is often combined with a reduced interest in making love. Physical causes of this problem may originate in the hormonal regulation. The possibility of "a sexual persons" is now being investigated. These are those who lack all interest in sexual contact, possibly because they lack a certain yet unknown substance in the body. There may be a specific aversion, for example to sperm, erect penis, etc. Sexual violence, during childhood or at a later age, is often the cause of sexual aversion. Stress, alcohol and drug use, fear of pregnancy, depression and relation problems can cause the aversion to sex.

WHAT CAUSES SEXUAL PROBLEMS?

While some problems of sexual functioning (desire, erection, lubrication, orgasm, pain, etc.) may result from biological or chemical (drugs and alcohol) problems, the majority of the sexual problems treated by sex therapists and affecting peoples lives can be generally placed in the psychology or stress category. Half of the sexual problems that damage people's lives and relationships are the result of inadequate knowledge. We know that the sexuality of even very highly educated people is adversely affected by a lack of sexuality knowledge resulting in beliefs in sexual myths or incorrect "facts." Sometimes a rigid or fearful "sex education" in childhood from parent, teacher, religious leaders or the media can cause very serious problem. In addition, the widespread occurrence and reporting of rape, incest, sexual harassment, sexually transmitted infections and media hype on HIV/AIDS, etc. often leads to a profoundly negative impact on the young minds. Add to this the high incidence of physical abuse, emotional abuse, neglect and sexual abuse that occurs in our society to children and adolescents and you begin to understand why studies show that half of all long-term intimate relationships will experience at least one sexual dysfunction. Significant problems within a relationship can result in diminished or absent sexual pleasure. Fortunately, advances in psychology, medicine and sexual science have led to a reasonable potential for healing most or all of the damage brought by these destructive influences.

There are other, less frequent sexual problems than those listed above. In most cases it is a good idea for the person experiencing a problem of sexual functioning to consult a sensitive physician specialist to rule out the possibility of medical causes. If the problem is obviously related to difficulties within a relationship, getting professional assistance by a trained sex therapist or relationship counselor may greatly enhance the sexual pleasure within the relationship. If the problem is not medical, but of long duration (or there has never been adequate functioning) it is probably best to consult with a certified sex therapist. Finally, accurate sex information often leads to increased comfort and confidence.

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Contraception

INTRODUCTION

Choosing a birth control method is a very personal decision, but one might want to discuss with your sexual partner. To choose which birth control method to use, consider how well each one will work for you and your partner. There is no right answer - the best choice is the one that you feel most comfortable with. It is important to think seriously about who you are, what your schedule is, how often you have sex. Do you need to protect yourself against STIs? Are you comfortable taking pills every day? If you are just starting to have sex, it might be a good idea to talk to a doctor or health professional about the best choices for you.

Couple's ability to plan reproductive life without outside interference and to possess the information, education, and means necessary to do so is basically their right to family planning.

Since all of us need to plan our families, we all need to be aware of how to use birth control (contraception) especially the newly weds, who may be shy to seek advice at the right time. There are many "methods of family planning" like oral contraception (OC), injectable contraceptives, emergency contraceptives and intrauterine contraceptive devices (IUCDs) (all temporary) and tubal ligation and vasectomy (permanent). It is better to consult a doctor about various contraceptive methods, then select a method, which is appropriate for your needs. There are contraceptive methods available separately for males and females, both temporary and permanent.

TEMPORARY METHODS

Combined Oral Contraceptives (OC) Pills

Oral contraceptive pills (OC pills) are most effective method of contraception currently available which contain the hormones estrogen and progestin. They are taken daily and have minimal side effects, well tolerated by most women. Hormones suppress ovulation, thickens the cervical mucus (preventing sperm penetration) change the endometrium (making implantation less likely), and reduce sperm transport in the upper genital tract (fallopian tubes). These are hormone pills taken only by the female partner without depending on male participation. But before going to choose a pill, a clinical assessment by a doctor is a must.

Advantages

- Highly effective
- Not coitus dependent
- Have medical beneficial effects such as improving anemia, relieving pain during menses
- Improve complexion and reduce acne!
- Helps in polycystic ovarian syndrome (PCOS).

Disadvantages

- Initially cause side effects such a nausea/vomiting, breast pain, weight change.
- Do not protect against sexually transmitted diseases.
- More chance of failure to take pills regularly.

About 100 million women all over the world rely on the pill and it is one of the most prescribed medication for ccontraception.

Injections

There are injections of the hormone progestin. They are administered every 3 or 2 months, respectively. They work by thickening cervical mucus, changing the endometrium, reducing sperm transport in the upper genital tract and suppressing ovulation.

The two combined injectable contraceptives.

There are injections of the hormones estrogen and progestin that are administered once a month. Hormones suppress ovulation, thicken the cervical mucus (preventing sperm penetration) change the endometrium (making implantation less likely), and reduce sperm transport in the upper genital tract (fallopian tubes).

Diaphragm

It is a dome-shaped latex (rubber) cup, which is inserted into the vagina before intercourse and covers the cervix. Diaphragms prevent sperm from getting access to the upper reproductive tract (uterus and fallopian tubes) and serve as a holder of spermicide. Before using diaphragm, the woman needs to consult a doctor and get instructions on how to fit it. The doctor evaluates the size of the diaphragm needed and if it is properly fitted the woman will not feel its presence. If she feels the presence of a foreign body in the vagina it means the fit is loose or incorrect.

Spermicides

These are chemical contraceptives in the form of aerosols (foams), creams, suppositories, jellies and tablets, which are inserted into the vagina before intercourse. There is an applicator, which is filled with the cream or jelly and inserted into the vagina. Spermicides cause the sperm cell membrane to break, which decreases sperm movement (motility and mobility) and their ability to fertilize the egg.

The advantage of this is that it provides lubrication during intercourse. For some women it may be allergic.

Female Condoms

These are thin sheaths of polyurethane plastic with polyurethane rings at both ends. They are inserted into the vagina before intercourse. Like male condoms, they prevent sperm from gaining access to the female reproductive tract and prevent microorganisms causing STDs and AIDS, from passing from one partner to another.

The Intrauterine Device (IUD)

It is a small T-shaped plastic, flexible device coated with copper inserted into the uterine cavity and by its presence prevent conception. IUDs can be copper releasing or progestin releasing. Copper-releasing IUDs interfere with the ability of sperm to pass through the uterine cavity and with the reproductive process before ova reach the uterine cavity. Progestin-releasing IUDs also thicken the cervical mucus and change the endometrial lining.

Females who have had one or more child are advised to use it.

Side Effects of Copper T

- Slightly increased periods
- Occasional discharge.

The person should maintain regular contact with the physician. It is safe and well accepted but rejected by some, as it may feel uncomfortable. It is well accepted by users and many prefer this rather than taking pills every day. Devices available in our country are for three-five years and should be re-introduced.

The Norplant System

It consists of six small flexible capsules made of Silastic(r) tubing which are filled with a synthetic progestin. The capsules are inserted just under the skin on the inner side of a woman's upper arm using a minor surgical procedure. Norplant implants work by thickening cervical mucus, changing the endometrium and reducing sperm transport. They provide highly effective contraception for up to 5 years. The latest available one is implanon which is under trial.

PERMANENT METHODS

Bilateral Tubectomy

Cut the two fallopian tubes in order to interfere with conception. Minor operation is done under local anesthesia with a small incision in the abdomen and the patient can go home taking a little rest and does not interfere with her daily activities.

CONTRACEPTIVES FOR MALES

Temporary Method

Condoms

A thin rubber sheath, which is rolled on to the erect penis before intercourse to prevent sperm form entering the women. When used with a spermicide its effectiveness is increased.

Advantages	*Disadvantages*
• Effective if used carefully	• Failure rate
• Easy availability	• Lack of sexual pleasure
• Protection against STD including HIV	• Rupture/tear/slip off if not used properly
• No systemic side effects	• Needs to be used before every act of intercourse
• Help in prevention of cancer cervix in female partner	

Male condoms are thin sheaths made of rubber, vinyl or natural products, which are placed on the penis, once it is erect. Male condoms may be treated with a spermicide for added protection. Male condoms prevent sperm from gaining access to the female reproductive tract and prevent micro-organisms (STDs, including HBV and HIV/AIDS) from passing from one partner to another (latex and vinyl condoms only).

Choosing and caring for condoms

- Make sure the use-by date on the packet is current.
- Keep condoms in a cool, dry place. Properly stored, condoms have a life of about five years.

When using condoms

- Open the packet carefully (do not use your teeth). Make sure not to snag the condom with rings or fingernails.
- Check which way the condom unrolls but do not unroll it.
- Squeeze the teat on the end of the condom to expel air and make room for the semen.

Place the condom against the tip of the penis and gently unroll it down to the base of the penis. The condom should be placed on the erect penis before it comes into contact with the vagina or anus. If you don't get the condom on properly the first time, throw it away and start again.

Remember: It is important to pull back the foreskin before putting on a condom to prevent its rupture during intercourse.

Water based lubricants help prevent condom breakage: Water based lubricants make intercourse more comfortable and help reduce friction, which can lead to condom breakage. Example of water based lubricants is KY jelly.

Never use oil based lubricants: Oil based lubricants such as baby oil, Vaseline and petroleum jelly—can cause the condom to perish and break. If condoms break during sex, you could be at risk of pregnancy or contracting an STI.

Possible side effects: Most men and women have no problems using condoms. The side effects that can occasionally occur include:

- Allergy to latex condoms
- Irritation of the penis or the vagina from spermicides or lubricants.

Some good things about condoms: They are easy to obtain, simple to use, multipurpose (can be used for many types of sex and sexual protection), are relatively inexpensive and do not interfere with anyone's ability to get pregnant when they are ready.

Some bad things about condoms: They must be used every time. Some people feel that using condoms

"ruins the mood" of sexual activity or decreases sexual pleasure and sensation. Some people are allergic to latex condoms, and polyurethane (a type of plastic) condoms are more expensive. Condoms can easily be forgotten in the "heat" of the moment, especially in a newly married couple.

Although condoms come in a vast variety of colors, size, shape, textures, generally those from the same brand and of the same thickness will share the equal effectiveness.

If it is too tight, there is more likely to get broken or cause pain. If it is too loose it is more likely to slip off. Choose the size, which works best for oneself.

It is an ideal method to prevent AIDS or other sexually transmitted diseases. But for those married couples this method, though it is well- adjusted for some, depends entirely on the active co-operation of the male partner, for many couples do have unwanted or accidental pregnancy during its improper use.

Permanent Method

Vasectomy

The permanent method for males is known Vasectomy as now done by non-cut techniques, known as non-scalpel vasectomy (NSV). Both the permanent methods are quite popular and are carried out both by the government and NGO level and are accepted by those couples that have at least two or more children or have completed their families.

The permanent method does not interfere with the potency or conjugal life of any partners.

Natural Contraception

Natural family planning, which is an excellent alternative-especially for patients who are uncomfortable with the idea of using contraception, for example, on religious grounds. However, it requires a highly motivated couple, which are intelligent enough to be able to follow the woman's menstrual cycle, and synchronies their sex life accordingly. It is very effective, especially for the woman's awareness of her own ovulation, as determined by her tracking the pattern of her cervical mucus.

To use Natural Family Planning, a couple voluntarily avoids sexual act during the fertile phase of the woman's cycle (time when the woman can become pregnant) or has intercourse during the fertile phase to achieve pregnancy. There are four types of NFP: Calendar (Rhythm) Method, Basal Body Temperature, Cervical Mucus Method and Symptothermal Method.

Calender (Rhythm) Method

This is applicable for women who have regular menstrual periods. Ovulation occurs 14 day prior to the next menstrual cycle and not 14 days after a period. When an ovum is shed, i.e. 14 days prior to menstrual cycle it survives only for 18 hrs unless it is fertilized. Fertilization must occur in these 18 hours that means on day 14 leading to day 15. A little variation of cycle because of stress, strain or emotional ups and downs it is safe to assume 3 days on either side of the day. Hence a week is unsafe. So days 9 to 17 of a 28-day cycle are unsafe.

Temperature Method

A woman's basal body temperature falls by half a degree F to 1 degree F at the time of ovulation and after a day raises again to pre-ovulatory level. So if a woman takes her temperature every morning before getting out of bed and keeps a record, she will be able to predict the day of ovulation and hence the unsafe period. If pregnancy occurs the temparature will remain elevated, but if it does not, it will fall to pre-ovulatory level within a day or two.

Cervical Mucous Method

Hormonal changes occur during the cycles also affect the cervical mucous. After the menstrual flow is over, there is no discharge and it is called as the dry phase. This lasts for 5 days and it is the safe period. About 5-6 days before ovulation occurs, wet phase starts. There is slight discharge of cervical mucous which is initially cloudy, becomes thin and clear just before ovulation and increases in amount a day after ovulation. This is called mucous peak phase. Ovulation occurs after the mucous peak phase. After ovulation the mucous decreases only to become cloudy and thick again. The

last few days before a menstrual flow are again dry. The dry days are safe days for intercourse.

Withdrawal

It is a traditional family planning method in which the man completely removes his penis from the woman's vagina before he ejaculates. As a result, sperm do not enter the vagina and fertilization is prevented.

The Risk-Benefit of Contraception

Please remember that contraception should be used to help you to meet your personal reproductive needs. Using any contraception carries a certain risk- for example, the small risk of stroke in patients using oral contraception. Unfortunately, the adverse effects of contraceptives have been over emphasized - especially in the lay press, leading to many myths amongst women. The risk of an unwanted unplanned pregnancy is usually far greater than the risk of using any contraceptive.

Indisputably, the availability of reliable contraception has been one of the major medical advances of this century—and has allowed the modern young woman to plan her family the way she wants!

It is a matter of fact that all available choices of contraception target the female population, mainly because conception is her business, thus it's her body her choice. Females have the right to choose their own method of contraception and should always be helped to choose from all the options and decide on the method most comfortable for them. It is the basic right of a female, and for any modern couple this should not pose as a dilemma.

There are few birth control methods that are medically proven to be effective in preventing an unwanted pregnancy. There are also other methods that people think will work to avoid pregnancy, but they don't.

Some Myths on Contraception!

Arab traders were the first to use intrauterine devices. When taking camels to the market, they placed small stones in the uterus of the female camels to avoid them becoming pregnant on the way.

- Cotton soaked in lemon and dried fish were considered to prevent pregnancy.
- Dried ground up cow dung mixed with honey was placed inside the vagina as a form of birth control.
- Women in China drank mercury to prevent unwanted pregnancies.
- In India, carrot seeds were used as a means of oral contraception.
- Breastfeeding is a complete and reliable natural contraceptive!
- This misconception often leads to unwanted pregnancy and induced abortions.

Emergency Contraception

Emergency contraceptives are methods of preventing pregnancy after unprotected sexual act. They do not protect against sexually transmitted infections.

Emergency contraception can be used

- When a condom breaks
- After a sexual assault,
- Any time unprotected sexual act occurs.

In the heat of the moment, you have sex without contraception or the condom breaks; you can adopt emergency contraception method.

Emergency contraceptives work by altering the cervical mucus so that it becomes "hostile" to sperm. They also thin out the lining of your uterus, making it very difficult for a fertilized egg to implant. In the unlikely event that implantation does occur, EC does not interrupt the pregnancy or put the fetus at risk.

Here are some situations in which EC may be appropriate:

- You had intercourse unexpectedly or without contraception
- You were forced to have sex or awoke to realize you were having sex
- Your partner didn't "pull out" in time
- You had a contraceptive accident, such as a broken condom or slipped diaphragm
- You forgot to take your birth-control pills for two or more days before having sex

Advantages

- Effective
- Simple
- Minimal side effects

Disadvantages

- In case of repeated sexual exposure in one month they do not remain as effective.
- Slight alteration in menstrual cycle for initial one or two cycles.
- Do not offer any protection against infections, HIV.
- Do not use emergency contraceptives as your only protection against pregnancy if you are sexually active or planning to be, because they are not as effective as any ongoing contraceptive method.

Emergency hormonal contraception!!! Two increased doses of certain birth control pills taken 12 hours apart and within 72 hours of unprotected intercourse.

Only two tablets each containing 750 gm of Levonorgesterol are to be taken once and use is associated with minimal side effects. Government of India has permitted marketing of these tablets but it is available on the prescription of a doctor.

Emergency IUD Insertion

The copper-T intrauterine device (IUD) can be inserted up to five days after unprotected intercourse to prevent pregnancy. Insertion of a copper-T IUD is much more effective than use of emergency contraceptive pills or minipills. The copper-T IUD can be left in place to provide continuous effective contraception for up to ten years. But IUDs are not ideal for all women.

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Pregnancy

INTRODUCTION

Marriage is the culmination of the carefree, solitary life. It brings in responsibilities and the start of a new life. A special person comes into one's life, to share, to understand, to love and to be loved and ultimately to be together for long period of one's life cycle. As time passes, both, husband and wife, then feel the need for something—a tiny one who is missing amidst all the love and affection. Some of us are lavishly blessed with an offspring early, some a little later and quite a few never. Whether early or late, most of us go through this stage of the life cycle totally unprepared. For some pregnancy may be an unwelcome guest at the most unanticipated period of life. The young couple may not have had enough time just for the two of them. And for some others, it is just another natural phenomenon in life, to welcome the new one and for still others it is, in essence the fulfillment of life itself. Each of this has its own positive and negative sides which if not taken in the right sense and spirit would make parenting nothing but a burden, especially to those who did not really relish the idea at all.

Baby care starts from the womb itself

The health of the baby must be guarded from the day of conception. Neonatal care begins with registration of the mother early in pregnancy for antenatal care.

PREGNANCY AND CHILD LABOR

Pre-conception Care

When life begins with the union of sperm and the ovum to form the zygote, there starts the role of parents. Many couple enters into this period of life without any planning or preparation and for most it may not be planned but sudden or random. As in all aspects of life, both the husband and wife need to equip themselves financially, emotionally, and socially.

Both partners must educate themselves with all necessary information on pregnancy and child care. Maintain birth spacing for at least 3 years for the sake of mother's and child's health.

If you want a healthy baby—Lay the foundation in adolescent period itself:

- A boy should undergo complete medical check up before getting married, so that he is sure that he is healthy and not having any sexually transmitted infections.
- A girl should undergo complete medical check up before getting married so that she is healthy and fully equipped to meet the needs of her baby when she gets pregnant.
- The ideal age for child bearing is between 20-28 years or at least before 35 years.
- A girl should be informed about the harmful effects of smoking or chewing tobacco on the growing fetus.
- Healthy women produce healthy babies while malnourished and sick women produce low birth weight or babies with problems.
- It is desirable that a girl have a minimum body weight of 45 kg and height of 145 cm, or at least 40 kg. and 140 cm in an effort to avoid having a low birth weight baby.
- Nutritional deficiencies, if any should be recognized and corrected before pregnancy is contemplated.

- Adolescent girls should be provided with supplements of iron(1 or 2 iron tablets per week) so that the occurrence of anaemia during pregnancy can be prevented.
- In those areas where diseases like thalassemia is common, premarital genetic counseling helps to reduce the incidence of such disorders in babies.
- All girls should preferably be immunized against Rubella and Tetanus before marriage.

Pregnancy—How to Confirm

Various Pregnancy Detection Tests are Available

Home pregnancy tests—these tests are available as kits. Though they can be used to detect pregnancy fairly accurately, they should always be followed by a check up with the doctor. Home pregnancy tests work by detecting raised levels of the hormone hCG (human chorionic gonadotropin) in the urine. In a pregnant woman, the concentration of this hormone increases in the body and is released in the urine.

To use a home pregnancy test, one must collect urine in a container and dip the test strip into it. Some tests are available in a solution form and the urine drops have to be added to it. After waiting for some time (depending on the kind of test used), the results can be read according to the instructions given.

Blood tests—a suspected pregnancy can be confirmed with the help of a blood test, which also measures the amount of hCG in the blood and confirms the pregnancy. A blood test is more reliable than a urine test, so both are routinely done to confirm conception.

It is best to visit a health care professional for a pregnancy test and pelvic exam.

If you are pregnant—whether or not you want to continue the pregnancy—you need to have medical care and counseling as soon as possible.

Calculation of Expected Date of Delivery (EDD)

The EDD can be calculated by adding 9 calendar months and 7 days to the first day of last menstrual period (LMP). For example if the LMP of a woman is on January 6th, then EDD is calculated as follows:
January 6 + 9 months + 7 days = October 13

Pregnancy—Accept it!!

'Am I carrying? Am I going to be a father?' Here comes the issue of accepting pregnancy. When a new person is about to come into the family, there would be transitions in the husband- wife relationships. Here both partners should discuss all possible changes, become aware of it and thus accept and understand each other better. Emotionally both the partners should be ready to accept the changes, accept the baby, balance the multiple roles as wife in giving time to the baby and to the husband as well and may be managing a home or career. The husband should be ready to welcome the baby, and share parenting responsibilities.

Emotional stability would pave way for a positive and good environment for the family. Finance is another key issue. There are medical expenses, tests, scans, etc. and with the arrival of the baby, expenses are likely to go up further.

So financial planning is essential and money should be set aside to meet this expenditure related to pregnancy and child birth. This would help in avoiding unnecessary stress and tension to both the parties and also to enjoy this stage of new life. For the husband to feel a party in it, rather than to be left out, it would be better to have the husband accompany his wife, while visiting the doctor so that he knows what it is all about, and not considering pregnancy as 'her issue'.

Antenatal Care

Systematic supervision of a woman during pregnancy is called antenatal care.

The duration of pregnancy has traditionally been calculated as 10 lunar months or 9 calendar months and 7 days or 280 days or 40 weeks. The period of pregnancy has been divided into 3 trimesters.

Antenatal Advice

Diet during pregnancy: Diet during pregnancy should be adequate to provide for the:

- Maintenance of maternal health
- Needs of the growing fetus
- Strength and vitality required for the mother during labor and
- Successful lactation

Type of diet during pregnancy

- During pregnancy mother has to eat enough to meet the nutritional needs of the baby, to have the strength and vitality for labor and also breast-feeding after delivery.
- The pregnant women should eat whatever is available at home, more frequently than usual.
- The pregnancy diet ideally should be light, nutritious, easily digestible and rich in protein, minerals and vitamins.
- In addition to the principal food, the diet should contain at least half liter of milk, one egg, plenty of green leafy vegetables and fruits as available.
- Iron and folic acid tablets should be supplemented to pregnant mother, as dietary iron is not enough to meet the requirement.
- Throughout pregnancy, recommended intakes of many vitamins and minerals are higher than those recommended prior to pregnancy.
- Pregnant women should have more number of feed, of small qualities.
- Women who eat healthy food are likely to have healthy babies and fewer complications like anemia during pregnancy.
- A balance diet rich in iron and protein should be taken during pregnancy.
- A mother to be should have plenty of greens, grams and grains.
- Extra folic acid intake three months before and after conception could significantly reduce the risk of having baby with birth defects such as neural tube defects- spina bifida and anencephaly. But at the same time avoid medication without prescription even before your pregnancy is confirmed as the fetus would be al least 3 weeks old by then and neural tubes develop in the first 4 weeks.
- In the second trimester a pregnant woman needs 300 kcal. More than in the pre-pregnancy stage.
- Many pregnant woman may experience a strong burning pain in the chest called heartburn. This is quite normal during pregnancy. So pregnant woman should have small meals, evenly spaced at frequent intervals but can have a full meal before retiring to bed. Oily and spicy food should be avoided.

Weight Gain during Pregnancy

In normal pregnancy variable amounts of weight gain can occur.

- The total weight gain during the course of pregnancy averages to about 10-12 kg
- During the first 3 months the weight gain may be static due to nausea and vomiting of the mother
- During second trimester onwards the weight gain should be 2 kg per month (½ kg per week)
- Weight gain of more than 5 kg in any month is an early warning sign for toxemia
- Stationary or falling weight shows that the growth of fetus is restricted inside the uterus.

Health Check-up—A Must!

Once it is decided to have the baby the doctor should be consulted to ascertain the health status of the parents to be. The doctor should be informed about the previous incidents of miscarriage, infertility problems and other gynecological problems like menstrual problems or a lineage of congenital defects/mental illnesses in the family. Also the doctor might need to make changes in the dosage of the medicines taken at present for illnesses like asthma/diabetes/hypertension/epilepsy. Before getting pregnant, make sure to take vaccination against rubella. This is very important because if the mother contracts rubella (German measles) in the first trimester of pregnancy, the baby could be born with congenital heart diseases, low birth weight, developmental delay, visual and auditory impairment. But it is advisable that pregnancy is delayed for the next 6 months after taking rubella vaccination.

Taking drugs, tobacco and alcohol during pregnancy carry risk especially for the baby. Better avoid it. It is important that the husband, smoke outside the home, as passive smoking can retard the growth of the fetus. Women wanting to be a mother should not smoke even before pregnancy. Remember that fetal harm can result from prior parental exposure to toxicants either directly affecting the maternal or parental reproductive organs or getting stored in the body and later mobilized during pregnancy.

Minor Ailments/Problems of Pregnancy

Nausea and Vomiting

- Nausea and vomiting specially in the morning soon after getting out of bed are usually common in women who are pregnant.
- Moving the limbs for a few minutes before getting out of bed or taking a dry toast or biscuit before rising from the bed and avoidance of fatty foods and liquid in empty stomach are usually enough to relieve the symptom.

Backache

- Varying degrees of back pain may appear for the first time during pregnancy usually in later months.
- Massaging the back muscles, taking rest in between activity and medications can relieve the pain due to muscle spasm.

Constipation

- It is common during pregnancy
- Regular bowel habits, taking plenty of fluids and fiber containing diet helps to relieve the problem to a certain extent.

Leg Cramps

- It may be due to deficiency of certain minerals, e.g. calcium.
- Supplementary calcium therapy after the principal meal may be effective.
- Massaging the leg, application of local heat may help to relieve the problem.

Acidity and Heartburn

- Regular bowel habits and restriction of fatty foods often relieve the problems.
- Medicines (antacid preparation) can also be taken after meals.

Varicose Veins

- It can usually occur during the last trimester
- Elastic crepe bandage during movements and elevation of the limbs during rest can give some relief of this problem.

Ankle Edema

- It can occur due to prolonged standing or due to toxemia of pregnancy
- Edema due to standing can be relieved by taking rest with slight elevation of the limbs.

Vaginal Discharge

Local cleanliness, reassurance to the patient and local medications, if necessary.

Tips for the Three Trimesters of Pregnancy

Each day of pregnancy may be eventful for the mother to be. Hence it is natural to have many doubts and apprehensions in all the trimesters of pregnancy right from confirmation of pregnancy to delivery, especially so, for the first timers.

First Trimester—The Extremely Crucial Period of Fetal Development

- Antenatal visits should be carried out once in a month.
- Avoid unaccustomed exertion and long distance travel by bad road.
- Avoid sexual act during the first trimester as this might cause miscarriage in some one who has a tendency for it.
- Consult your doctor if you contract any viral infections or other illness.
- Consult your doctor before taking any drugs to confirm its safety.
- Eat nutritious food, home made, with lots of green leafy vegetables.
- Though out pregnancy period maintain good personal hygiene especially of the genital area so as to avoid infections.

Second Trimester

- The movement of the baby can be felt at about 18th week of conception, if not doctor should be consulted.
- 2 doses of TT vaccinations at an interval of 6 weeks should be taken.
- Do your antenatal exercises as per the doctor's advice.

- Do not strain yourself physically.
- Skin changes especially pigmentation of the face and neck is common during this period. Don't worry, as this is likely to disappear after delivery.

Third Trimester

- Make regular antenatal visits. More frequent visits are needed as term approaches.
- If the nipples are retracted, correction should be done in the later months of pregnancy by finger manipulation or by using nipple shields.
- Consult the doctor if there is any swelling of the feet and hands, excessive tiredness and pallor, white discharge, itching of the genital area.
- If a lowered fetal movement, bleeding or sudden gush of water leakage from the vagina is noticed, report to the doctor immediately.
- Avoid sexual act during the last six weeks as this may lead to premature delivery. Make necessary preparations- cloths, money, vehicle and human resources for the approaching delivery.
- Painful uterine contraction at an interval of 10 minutes or earlier and continuing for at least an hour may be suggestive of labor pain. Seek medical attention as early as possible.
- Discuss with the doctor, labor and delivery, especially if there is any risk factor like hypertension, diabetes, etc. Make sure that hospital selected for delivery has resuscitation facilities for the baby and emergency cesarean section or at least vehicle facility for emergency referral.

Pregnancy is a physiological process but it can impose considerable risks both to the mother and her unborn child. Emotional support: The mother needs extra care and support during pregnancy. All family members should be emotionally supportive.

Environmental Hygiene

- During pregnancy wear clean clothes even soled footwear (avoid high heels) and keep the surrounding clean to protect the expected mother from infections.
- Care should be taken to avoid food and water getting contaminated as this might cause diarrhea. The food must be well cooked; especially the non-vegetarian items and water should be boiled and cooled.
- Do not allow water to stagnate in and around your house, as this will breed mosquitoes which may act as the carries of malaria and dengue, etc.
- Bathrooms and toilets should be cleaned everyday so as to avoid slipping and falling.
- Avoid contact with pets like cats as animal faces cause toxoplasmosis-a disease that result in low birth weight, brain damage and mental retardation in babies.
- Placenta does not block some compounds from reaching the fetus. For example carbon monoxide, ethanol, lead, etc. So exposure to sources like wood smoke has to be avoided as this may contain respiratory irritants like nitrigendioxide, carbon monoxide and other harmful substances that can cause fatigue, headache dizziness, weakness, nausea, etc.
- Maternal smoking may lead to spontaneous abortion, intrauterine growth retardation, cleft lip and palate and poor cognitive and behavior development in babies.

High-risk Pregnancies

When a pregnancy is complicated by factor or factors, which adversely affects the outcome of pregnancy, then it is called as a high-risk pregnancy. They are:

- Pregnancy below the age of 20 and above the age of 35
- Poor socioeconomic status
- Under nutrition of the mother- height <145 cm, weight <45 kg, and anemia
- If the interval between pregnancies are < 24 months
- Presence of chronic illness in the mother. For example kidney diseases, heart diseases, disorders of hormonal systems, psychiatric diseases, etc.
- Past history of abortions, dead baby born, low birth weight and babies with developmental defects
- Chronic urinary tract infection
- High blood pressure and diabetes in pregnancy
- Infections occurring in the mother during pregnancy (e.g. Rubella)

- Bleeding during pregnancy
- Slow growth of the fetus
- More than one fetus in the uterus (multiple pregnancy)
- Increased or decreased fluid inside the uterus
- Early rupture of membranes
- Mother with Rh negative blood group
- Abnormal position of the fetus

Skin Care during Pregnancy

Mask of Pregnancy

It is characterized by a discoloration of the skin, mostly on the forehead, nose and the upper lip. The skin on these areas becomes darker in color (looking like a tan) and may be wrinkly and may fall off easily. This condition may affect as many as 70 percent of all pregnant women, especially those with darker complexions. The condition is normally seen at the end of the second trimester or the beginning of the third. It does not have a specific modality of treatment, but exposure to the sun makes it worse. Thus women suffering from melasma should protect themselves against the sun by using potent sunscreens. In most cases, the marks vanish after the baby is born.

Tips for Skin Care

Apart from the medical conditions of the skin that may affect a pregnant woman, that have to be medically treated, some basic skin care methods can be adopted that will help to maintain healthy skin tone.

- Sleep well—a proper sleep pattern during pregnancy is one of the best ways to maintain good and healthy skin.
- Clean face thoroughly—the face should be cleaned thoroughly since the skin of the face is usually oilier than the rest of the body. The pores of the face thus get clogged easily with dirt and cause pimples or acne. Cleaning the face regularly with a mild soap or face wash helps to prevent these conditions.
- Moisturize often—since the skin is drier than usual during pregnancy, it helps to keep moisturizing it often.
- Get a facial massage—facial and body massage with mild and fragrant oils may help to relax apart from increasing blood circulation to the area.
- Drink plenty of water—the water balance in the body should be maintained. This also affects the tone of the skin. Water cleanses the skin and removes the toxins from the body.
- Smile and remain happy—the age-old belief that smiling exercises more muscles of the face than a frown may also help. Happiness increases the blood flow inside the body and, thus, reflects in the form of a healthy and glowing skin.

Dental Care

Consult the dentist at the earliest so that if any extraction or filling of the cavities is needed, it can be done safely up to the second trimester.

Foot Care

Some times hormonal changes and pressure of the uterus on the veins during early pregnancy can result in varicose vein and edema. This may lead to swelling of feet making previously well fitting chappals tight. Avoid high-heeled footwear as this may cause backache. Flat even chappals should be worn during pregnancy.

Clothes

The clothes that you wear during pregnancy should be one that makes you comfortable, allows in air and causes minimum pressure around the waist and chest. Usually the regular bra fits you well till the 6th month of pregnancy. During the later half choose the one with long fastening at the back and one with some opening in the front for easy breastfeeding after delivery. Loose cotton garments are recommended.

Travel during Pregnancy

Pregnancy is a time when utmost care should be taken of the pregnant woman's health, by her own self and by others around her. Though travel is certainly not prohibited during pregnancy, it may have to be undertaken with a few precautions so that the health of the mother and child is not compromised.

The doctor may prohibit the mother-to-be from traveling during the fist three months since at that time the risk of miscarriage is the highest. Traveling may also have to be avoided in case of high-risk pregnancies or as advised by the doctor.

Is it Safe to Travel by Air?

Most airlines have strict rules for pregnant travelers, wherein they are not permitted to travel if they are more than 32 weeks pregnant. Air travel may involve risk since the change in pressure may cause damage to the membranes of the uterus. Before embarking on a plane journey, the pregnant lady should take care to dress easily and follow the rules of the airline. It is also better not to take the non-pressurized cabins in the aircraft since a change in pressure is dangerous. It is also better to avoid the smoking areas in the aircraft.

What Precautions should be taken in Car Travel?

Though traveling by car does not have any obvious disadvantages, longer journeys may be avoided especially during the first three months. This is because; the mother-to-be may not yet be used to the pregnancy and may get tired and fatigued easily.

Tips to be kept in mind while traveling are:

- If the journey is long, frequent breaks (every hour preferably) are necessary to keep the circulation going in the body
- If the seat belt has to be worn, it should be worn low on the hips and not on the abdomen to avoid undue pressure
- Snacks should be carried on the journey to prevent the feeling of nausea and to maintain the energy levels in the body
- A pillow should be carried to use during uncomfortable positions
- The doctor should give a clearance for travel before the journey

In case of travel to a foreign country, the requisite immunizations should be taken well before the date of travel to avoid any complications. Many countries require foreigners to undergo specific immunizations before visiting their country. This should be got out of the way as soon as possible since many immunizations have side effects like mild fever, pain in the area, etc. It is also better not to travel to a place where there may be more chance of infection.

Joyful Pregnancy

Every major event of a woman's life is associated with concurrent hormonal changes- menarche, pregnancy and childbirth and menopause. These hormonal changes bring with physical and psychological changes in the woman's life. Pregnancy and child birth is the ultimate bliss or happiness for most of the woman. It is a period of joy for a well-adjusted healthy woman. At times one may have a sense of regret at freedom lost, but the anticipation of sharing the joys of life with someone your own, growing within you, makes it all worthwhile.

Once the initial elation, surprise at knowing that one is pregnant is over, comes certain changes, which she finds it difficult to cope with. Especially during the first trimester of pregnancy each and every day brings with certain changes like morning sickness, tiredness, frequent urination, weight gain, changes in the breast, etc. Nausea adds more unpleasantness and depression. Especially women are not labile at times and may breakdown in to tears for no reason, a temporary depressed feeling, or may become irritable or bad tempered. If it is the first pregnancy this problem and associated emotional reactions will be more intense. Although a woman is sure that her husband would love her like anything for giving him his baby, she might be unable to adjust and accept to the fact that her body no longer remain the petite slim figure it used to be, with so much of weight gain during pregnancy. Most women have the fear and feeling of insecurity whether their husband will love them like before.

After conceiving the women loose their independence to a great extend as she has to seek help from and depend on others. This alteration of the lifestyle, restriction of freedom, mobility, diet, etc are often the reasons for emotional outbursts. Economic strain due to the additional medical expenses is not uncommon

in many families. There are also social pressures by way of preference of a child of a particular sex by family members and community. The instances of unwanted pregnancy, quarrels in the family combined with the normal physiological discomfort of pregnancy like backache, leg cramps, constipation, bladder discomfort, dizziness, fainting and stretch mark that occur due to breakage of non-elastic fibers in the skin can create tension for her. Some women may cope with these changes well.

Remember the father too is apprehensive. Suddenly he is going to share his precious wife with another being.

As pregnancy proceeds and the abdomen increases in size some women feel insecure in this change. A woman may feel that she no longer holds the interest of her husband. This is not so. Husbands' needs to give their wives just that little bit of extra attention at this time to feel wanted needed and cherished.

It is thus imperative to make pregnancy a happier experience for the woman and to avoid psychological and physiological trauma as emotional disturbances of the mothers has far reaching impact on the health of the babies.

Hence it is the primary responsibility of the husband and the other caregivers to make pregnancy a happy event for the pregnant mother. She needs the care, affection and protection of the entire family. Her stress and strain fears and concerns have to be properly attended. It would be welcome if the husband can comfort and reassure her in terms of her minutest concerns. The family should accept her heightened emotionality as part of pregnancy and be supportive.

The hankering for a male child is very intense in some social set ups and if a female child is on the way it leads to depression. Understand that the woman doesn't have any say in the gender of the fetus, as it is the 'Y' chromosome of the husband that gives a boy child. The best thing that a husband can do for a pregnant wife is to show her that you love her and provide her with a happy and peaceful period.

The woman needs lots of emotional support from the family members before going to the hospital for delivery. If the date of labor is delayed by 7-10 days, there is no cause for worry. However, at the end of 40 weeks it is wise to visit the doctor. There is a general concept that labor is a terrifying experience. It is not. Of course, it is a painful process but with the correct mental attitude, proper antenatal care and exercises, and a comforting and reassuring doctor this apprehension can be overcome. If labor were terrifying a woman would never have a second child.

Before Going to Hospital

It is ideal to have the delivery at hospital or a well equipped nursing home even if it is fist one or second. If there is someone at home to take you to the hospital it is fine. You should inform the person who is to look after your home, in your absence and pack a bag for the hospital. This should actually be packed 2 weeks before the expected date of delivery to cater to any emergency. The following list of items should be included in the kit.

For yourself

- 4 night dress with opening in the front
- Brassieres, well supporting ones which can be unhooked form the front. A well supporting bra should be worn during the nursing period as breasts, which grow heavy during lactation, tend to hurt.
- Light dressing gown
- A pair of slippers
- A sanitary belt
- Disposable sanitary pads/towels
- Soap, toothbrush, toothpaste, comb, a towel and other personnel toilet items
- A list of telephone numbers of persons whom to be informed.

For the baby

- 5 baby frocks of cotton material
- 3 baby bed sheets of absorbent cloth
- 2 baby blankets
- One dozen nappies
- 2 towels

- Nappy pins, baby soap and a roll of cotton wool
- Baby cap and socks.

Selection of Delivery Place

Institutional Delivery

Always motivate the family to have an institutional delivery especially if it is a first one.

All high-risk pregnancies must be institutionalized and the delivery place must be selected where there is at least the minimum life saving facilitates are available for the baby (Ambu bag) and for the mother (blood transfusion facility).

Home Delivery

- If the delivery is carried out in home contact a Trained Birth Attendant, if available at the onset of labor.
- All delivering should be conducted by observing the 5 cleans
  - clean surface
  - clean hands
  - clean razor blade
  - clean cord tie
  - clean cord stump—no applicant

Although one can look for complications in high-risk pregnancies, complications can also arise in so called 'non-risk pregnancies'. So every pregnant mother and their family members should know about the danger signs in pregnancy and labor and seek expert help early when any of the danger signs starts appearing.

When to seek help during labor:
- Abnormal position of the baby
- Prolonged labor even with good pain
- Excessive bleeding during labor
- Fever of the mother during labor
- Extreme maternal exhaustion
- Reduced fetal movement
- Fits of mother
- Greenish discoloration of fluid or foul smelling discharge
- If placenta is not coming out after the birth of the baby.

Normal Labor

It is through labor that the fetus will be expelled out from the mother's womb through vagina into the outer world. This expulsion is taking place by the effective contractions of uterine muscles, which in turn manifest as the labor pain when the birth of the baby is due.

True Labor Pain

- The pain is intermittent associated with hardening of the abdomen and felt in front of the abdomen and radiating towards the thighs.
- Show—blood stained vaginal discharge.

False Labor Pain

- Dull in nature and usually confined to the lower abdomen and groin.
- Pain is continuous and not related to the hardening of the abdomen.

Duration of Labor

- If it is a first pregnancy the total duration of labor will be 10-12 hours after the onset of true labor pain.
- From second delivery onwards the duration will be about 6-7 hours after the onset of true labor.

Stages of Labor

Once the labor has begun, the women will begin to experience "contractions" of uterine muscles. The contractions are the tightening and relaxing of the uterine muscles as it prepares to send the baby into the world. The contractions will results in thinning and stretching of the lower part of the uterus (cervix). The cervix will be 100% thinned (or effaced) and 10 cm opened (dilated) when it is time for the baby to be born.

The process of labor is broken down into three.

First Stage (Contractions and Dilating)

In early labor the women may experience mild contractions that are anywhere from five minutes to thirty minutes apart. During this early labor phase the women may experience backache, mild diarrhea, anxiety, and or excitement. During this stage in labor, most women can walk around, take a warm shower or bath, or engage in breathing patterns to relax.

As the labor progresses to active labor, the women will notice an increase in the length and intensity of contractions. The cervix may dilate to 4-7 cm along. Remember that the goal is 10 cm. The baby is actively trying to get in position to be born. During this time, they may feel stronger and longer contractions; more back pain, and may feel the need to concentrate on the process at hand.

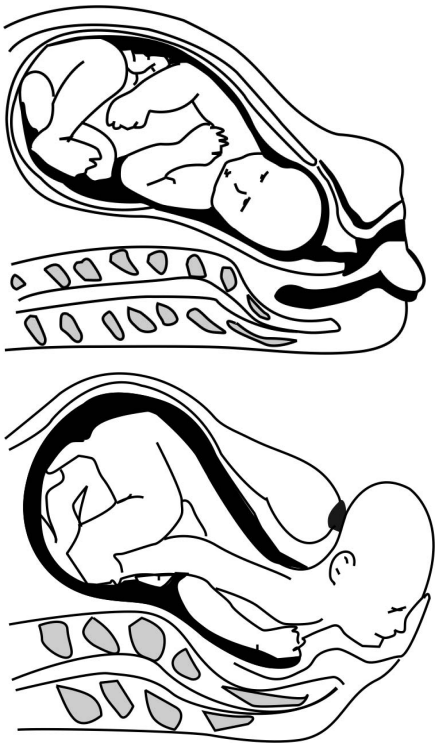
As later phase, the contractions are more intense, and the cervix becomes fully dilated to 10 cm. The baby is applying pressure to the mother's bottom area and the women may have an overwhelming desire to push against that pressure. Women go through many emotional moments during the transition phase of labor. It is not uncommon to have mood swings, hot flashes, and a desire to give up and go home.

Second Stage (Delivery of the Baby)

As the women moves from stage one transition to stage two, she probably will experience a lot of pressure in her bottom area. The urges to push are strong and it actually feels helpful to many women to begin pushing as they are now active participants in the process. The medical team will help guide the mother through the process of pushing and successfully delivering the baby.

Third Stage (Delivery of the Placenta)

The last stage of labor is stage three or delivery of the placenta. The contractions will help the uterus expel the placental contents. The mother may have some bleeding, feelings of chills or exhaustion. The baby's medical team will clean the baby and do a physical assessment to confirm everything is okay.



Figs 24.1A and B

Care of the Mother after Delivery (Postnatal Care)

Postnatal care means the care of the mother within 6 weeks after delivery.

- During this period the body tissues especially the pelvic organs will revert back (approximately) to the state before pregnancy.
- There will be vaginal discharge(Lochia) for 2 to 3 weeks after delivery.

The color of the vaginal discharge will be
- Red (1-4 days)
- Yellowish or pink (5-9 days)
- Pale while (10-15 days)

- The discharge will be heaviest in the morning.
- If there is vaginal discharge after 3 weeks or if there is offensive smell seek help of health personnel.
- Normal household activities can be restarted after 6 weeks.
- Motivate the mother for spacing subsequent births.

25 Physical Fitness and Exercise in Pregnancy

INTRODUCTION

Generally we tend to relate exercise in terms of treatment to lose weight. Anyone who is exercising regularly automatically loses weight if she/he is overweight. There is no deposition of fat as extra calories are consumed in exercise. However, your diet should remain balanced. Remember the cardinal rule—calorie in, must balance calories out.

- Obese persons are not necessarily the ones, who eat more, yet they have to reduce food intake just like diabetes is not because of sugar intake, but once you have diabetes you cannot afford to take sugar.

There are a wide variety of exercises, which are divided according to the method of spending energy. They are:

1. *Aerobic exercise*: Exercises where oxygen is used to release energy for muscle activity are called aerobic exercises. During this exercise, the muscles take up more oxygen so there is more efficient use of oxygen by the tissues. This results in the improved functioning of the heart, blood vessels and lungs. Metabolism and the production of energy are stimulated by aerobic exercise, which improve stamina and heart lung functions. Aerobic exercises can relieve pre-menstrual tension, cramps and reduce fluid retention, e.g. Jogging, running, swimming, dancing, etc.
2. *Anaerobic exercise*: This requires short, sudden bursts of energy. Carbohydrates give the energy for various activities. This energy is stored as a molecule called ATP, which is constantly being reconverted into energy for body functions. In anaerobic activity, the sudden spurt of muscle activity does not utilize oxygen but utilizes the existing ATP present. It improves stamina and strength, makes the joints supple and relieves aches and pains, e.g. Weight lifting.
3. *Isotonic exercise*: Isotonic exercises helps in developing muscular strength and flexibility. Working muscles in a particular part of the body contract at varying speeds against constant resistance, e.g. Yoga.
4. *Isometric exercise*: In this the muscles are made to work against a static resistance, so that they expend energy, but do not produce movement, e.g. Pressing the hands together palm-to-palm.

BENEFITS OF EXERCISE

- Increases body flexibility and improve general health.
- Helps to relieve pain such as backache and menstrual pain.
- Exercise improves ones' fitness and well-being in many ways.
- Increases strength and stamina.
- Tones the muscles, which improve one's appearance.
- Aids weight loss and control
- It ensures better oxygen supply and stimulates nutrient supply.
- Improves the function of respiratory and cardio-vascular system, reduces the risk of heart and arterial diseases and increases blood circulation to various parts of the body.

- Improves sleep.
- It reduces stress and tension and aids relaxation.
- Helps to relieve depression.
- Improves concentration so one can perform better at home and school/work.

Fitness is the combination of strength, flexibility and endurance.

Strength is the ability of a muscle or a group of muscles to exert force. Maximal strength is when a group of muscles exerts a force against a resistance. In developing muscular strength, the muscles must be contracted against a heavy resistance with a minimum of exercise repetitions. It is important that minimum repetitions and maximum resistance be used in order to improve muscular strength.

Flexibility is generally associated with elasticity of muscles. The range of motion of a certain joint and its corresponding muscle groups denotes the total concept of flexibility. The range of motion of body's various joints, meaning the more the muscles can flex and extend. For flexibility to be increased the muscles must be stretched beyond their normal range of motion for at least 10-30 minutes.

Endurance is the ability of a muscle or a group of muscles to perform work for a long time. With endurance, a muscle is able to resist fatigue when a movement is repeated over and over. There are two types of endurance - muscular endurance and cardio-respiratory endurance. Muscular endurance is the ability of local skeletal muscles to work strenuously for a longer time without fatigue.

Cardiorespiratory endurance is the ability of the cardiovascular system and respiratory system to function efficiently dung sustained vigorous activity such as running, cycling, etc. To function efficiently the cardiorespiratory system must be able to increase both the amount of oxygen rich blood it delivers to the working muscles and its ability to throw out carbon dioxide and other waste products.

THE STEP TEST

This test is a useful tool for determining the present level of fitness and if done once a month it can also be a measure of ones improvement in an aerobic exercise program. The test is quite safe for healthy individuals. Stand in front of a 20 cm high step or stool and step up and down. Perform two cycles every five seconds for three minutes, then sit down and rest for 30 sec. Find the pulse rate in the radial artery in the wrist, then count it for 30 sec. And compare the result with the chart.

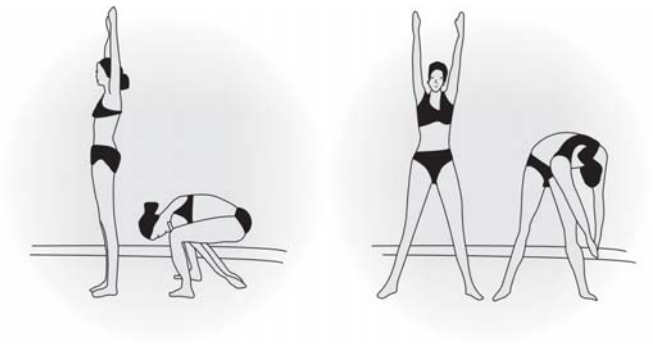
Recovery Pulse Rate At 30 Seconds

Age	*Excellent*	*Good*	*Fair*	*Poor*
20-29	86	88-92	93-110	112+
30-39	86	88-94	95-112	114+
40-49	88	92-94	96-114	116+
50+	90	92-98	100-160	188+

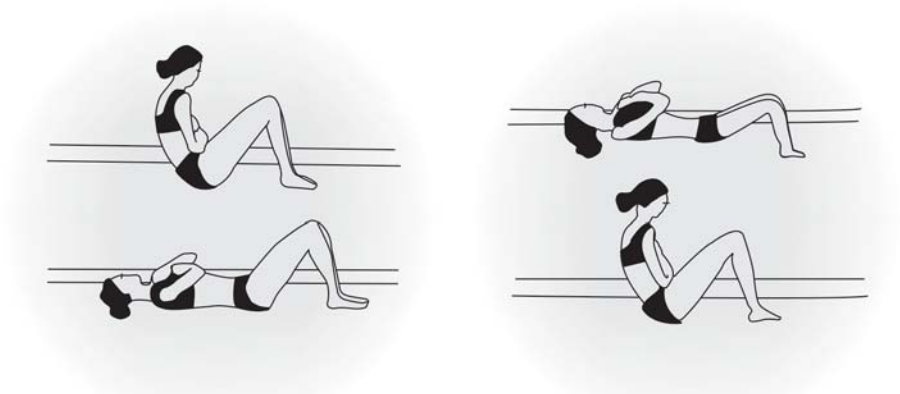
IMPORTANCE OF FITNESS

To maintain a healthy lifestyle every individual must be fit. One who is physically fit can meet the needs of one's occupation and daily activities and is also able to enjoy leisure time activities at the end of the day. It is not only a key to a healthy body it is also the basis of dynamic and creative activity. Exercise and fitness helps to reduce the risk of problems, improves psychological health and quality of life.

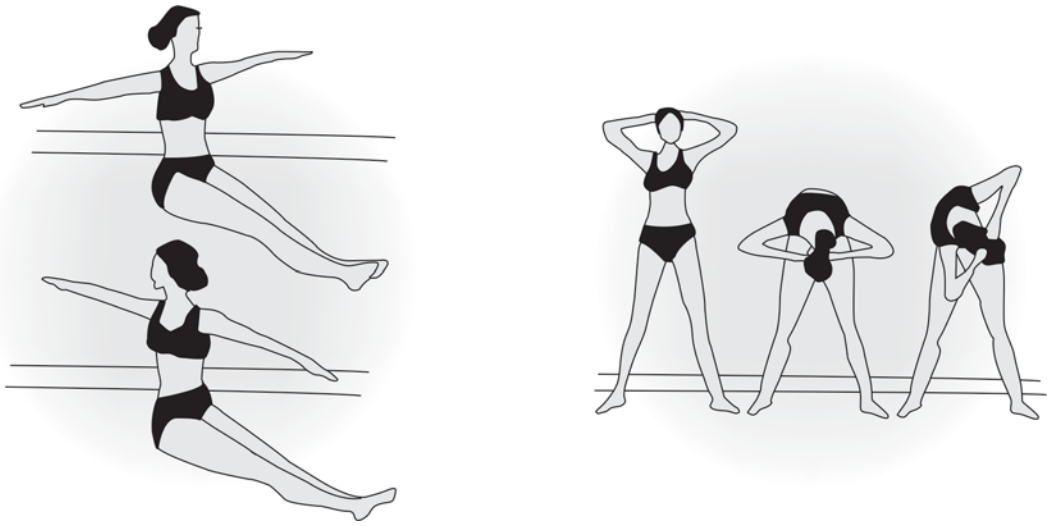
For women regular exercise has the added benefit of ensuring proper calcium and mineral balance.



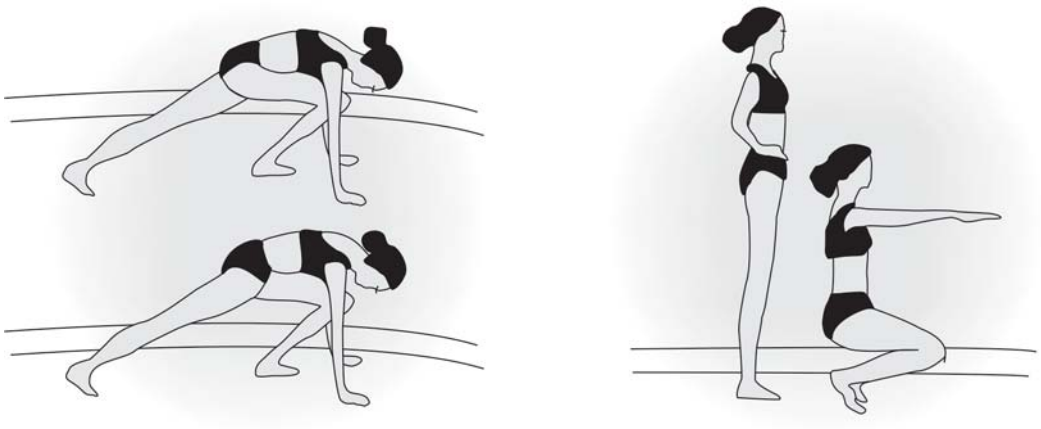
These exercises improve muscle tone and body posture. They make the body agile and flexible



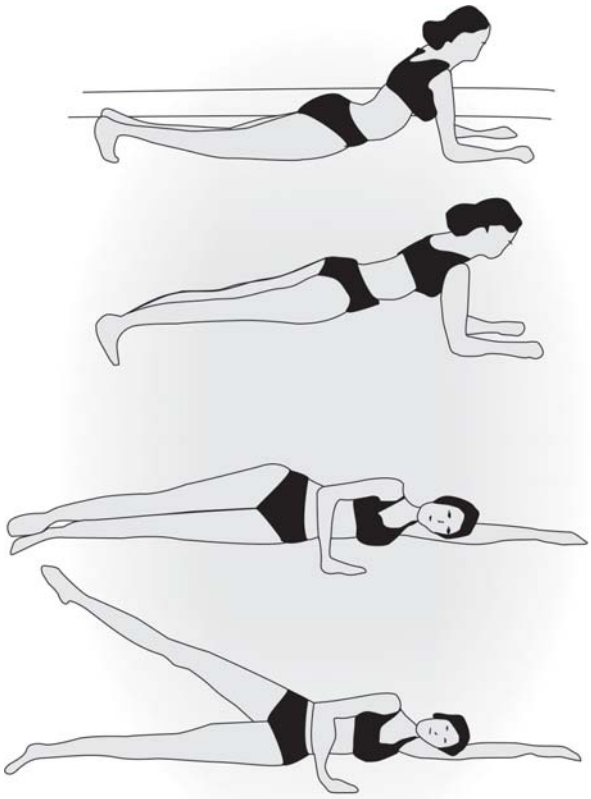
These exercises help flatten the stomach and improve stability of the pelvic girdle



Exercises, which strengthen the back and stream line the waist



These exercises firm up the hip and thigh muscles thereby giving you a eye catching figure



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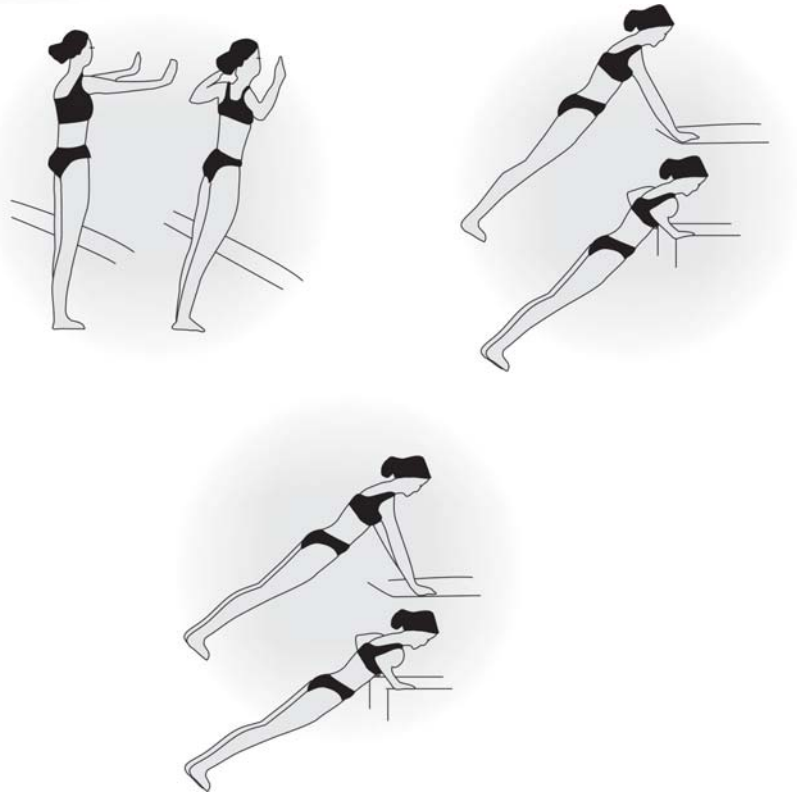
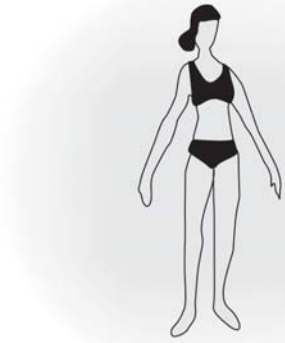


Exercises which help develop a good posture, excellent muscle balance and remove backache

ANTENATAL EXERCISES

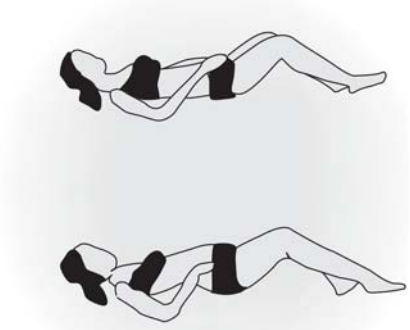
1. Standing straight in front of an open window - breathe in slowly and then breathe out slowly. Do this several times, as learning to breathe in and out slowly is what help you relax between contractions when you go into labor.
2. Next lie flat on your back on a thin mattress on the floor. You could use a thin pillow to support your head. Now place your hands on the abdomen and contract the abdominal muscles inwards, pulling them away from your hands. Relax and repeat this exercise ten times.
3. Next arch your back away from the floor. Now release again. Repeat this ten times.
4. Stand next to a support, e.g. A table. Keep the feet slightly apart, raise the body rising on your toes, then holding on to the support slowly come down and sit in a squatting position. Arch the back and let the knees spread apart. Slowly come back to normal standing positions. Do this five times slowly going upto eight or ten. Do this as long as you are comfortably doing it.
5. Sit on a comfortable height table edge or a straight backed chair. Keep legs slightly apart. Rest one hand on the hip and the other behind your neck. Bent sideways to the side where the hand is resting on the hip. Slowly straighten and come back to normal. Repeat with the other side. Do this exercise five to eight times.
6. Relax lie flat on the floor leave all limbs completely loose and breathe in and out comfortable. Let your mind totally relax. Lie as such for ten to fifteen minutes. Unless expressly forbidden by your gynecologist, these exercises can be started after 3 months of pregnancy and continued till such time as they are comfortable to do. Never exercise when tired. Always relax after exercising.

All hard strenuous work must be avoided during the first 3 months and last 6 weeks of pregnancy.



Breathe in slowly and breathe out slowly.

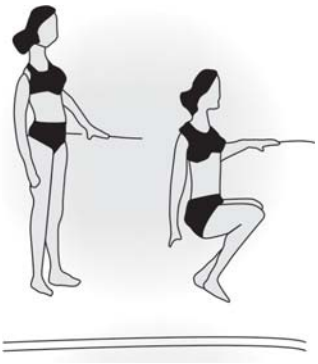
Learning to breathe in an out slowly will help you relax between contractions when you go into labor



Use a thin pillow to support the head.

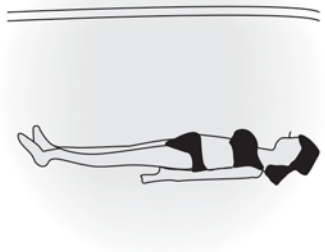
Place your hand on abdomen and contract the abdomen muscles inwards. Relax

Arch your back away from the floor. Now release again.



Keep the feet slightly apart, raise the body rising on your toes, then holding on to a support slowly come down and sit in a squatting position. Arch the back and let the knees spread apart. Slowly come back to normal standing position

Keep leg slightly apart. Rest one hand on the hip and the other behind your neck. When side ways to the side where the hand is resting on the hip. Slowly straighten and come back to normal.



Lie flat on the floor, leave all limbs completely loose and breathe in and out comfortably. Let your mind totally relax.

POST-NATAL EXERCISES

The Aim of Exercises

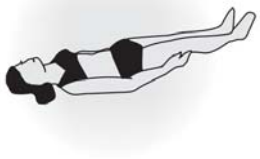
- To improve the muscle tone which are stretched during pregnancy and labor specially the abdominal and perineal muscles.
- To educate about correct posture to be attained when the women is getting up from her bed. This also includes the correct principle of lifting and working positions during day-to-day activities.

Exercises

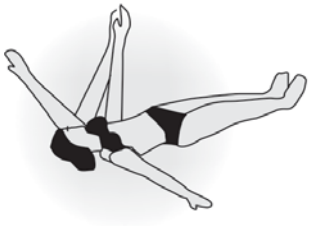
- To tone up the pelvic floor muscles: The patient is asked to contract the pelvic muscles in a manner to withhold the act of defecation or urination and then to relax. The process is to be repeated as often as possible each day.
- To tone up the abdominal muscles: The patient is to lie in dorsal position with the knee bent and the feet flat on the bed. The abdominal muscles are contracted and relaxed alternatively and the process is to be repeated several times a day.
- To tone up the back muscles: The patient is to lie on her face with the arms by her side. The procedure is to be repeated 3-4 times a day and gradually increased each day.

These exercises should be continued for at least 3 months.

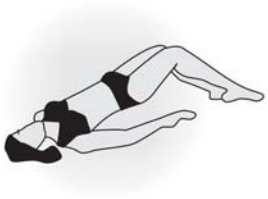
- The exercises have a general healing and restorative effect on circulation, respiration and metabolism, thus helping to compensate for the very high organic demands of pregnancy and birth and to counteract the peculiar perils following delivery.
- They should help the involution, return to the normality of the stretched and slackened body, especially of the abdominal and perineal muscles, so that no lasting harm ensues.



Day 1: Take a deep breath. Let the abdomen expand now slowly exhale drawing in the abdominal muscles.



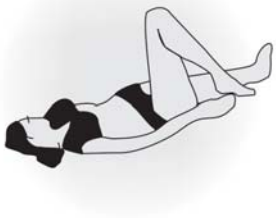
Day 2: Keep leg slightly apart. Hold arms at right angles to the body. Slowly raise them up together to touch both the hands. Do not bend the elbows. Now return slowly to original position.



Day 3: Keep arms straight by the sides . Now draw up knees slightly and arch the back up. Slowly come back to normal.

Day 4: Keep knees and legs slightly flexed, tilt pelvis inwards and contact buttock muscles tightly. Lift head a little while tightening abdominal muscles. Slowly relax return to normal.

Day 5: Raise the head and one knee slightly, with arm raised try and touch the raised knee - but do not touch, just reach for, slowly relax to normal.

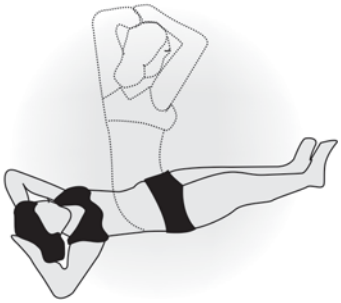


Day 6: Slowly flex one knee and the thigh on to the abdomen lowering the foot to the buttock. Slowly straighten and lower it back to the floor.

Day 7: Raise one leg as high as possible without bending the knee. Slowly bring it down. Breathe out, relax. The toes should be pointed.

Day 8: Rest on the elbows and knees keeping upper arms and thighs at right angles to the body. Hump the back upwards contract the muscles of the buttock and pulling the abdomen. Relax and take a deep breath, relax.

Day 9: Repeat the Day 7 exercises, but this time with both legs together.



Day 10: Lie flat on your back, clasp and place your hands behind your head. Raise the upper part of the body without raising the legs.

Kegel Exercises

Kegel exercises tone and strengthen the pubococcygeus or "PC" muscles, which form the floor of the pelvis. The health of these muscles plays a vitally important role in bodily functions such as bladder control and climax, as well as in sexual arousal. Kegel exercises will increase the blood flow to the genital area. Despite the belief that these exercises are solely for women particularly after childbirth it is recommended that men also can benefit from this exercises.

Advantages in Women

Kegel exercises

- Strengthen and tone the muscles of the vaginal canal.
- Prevent incontinence, prolapses, and many other problems of the pelvic floor that are often associated with aging.
- Strengthen and tone the musculature of the pelvic area in a way that can make vaginal delivery during childbirth easier.
- Essential to the treatment of sexual difficulties such as vaginismus and dyspareunia (pain during vaginal intercourse).

Advantages in Men

Kegel exercises:

- Prevent incontinence and other problems that are often associated with aging.
- Will increase the blood flow to the genital area, and so support sexual arousal mechanisms and ejaculations.

How to do Regular Kegel Exercises?

- Locate the PC muscles. It can be felt while urinating. Hold the urine half way during micturition; we can feel that it is a group of muscles, which holds back the urine. One can exercise PC muscles while bladder is empty also.
- First, try squeezing PC muscles as hard as one can for a count of three seconds, and then relax.
- Work out a suitable routine just as would if you were trying to tone and strengthen a muscle group by going to the gym every other day. For example, suppose you start by being able to do only five strong squeezes; try doing three sets of five once or twice a day for a week, and then try increasing this to three sets of eight strong squeezes.
- Work up to three sets of thirty or more strong squeezes, you are probably healthy enough for most purposes, and need only to maintain this level of fitness by doing these three sets four times a week.
- Also experiment by varying the type and timing of the PC squeezing: slow clenches, many quick jerks, and so on. This will enable one to be more familiar with these muscles. Try to separate out kegel exercises from anal squeezing.
- Once skilled at kegel exercises, one will be able to do them without anyone else knowing what you are doing, while traveling, at work, attending conferences, even driving in the car all become opportunities to work quietly.

26 Parenting the Young Infant

NEWBORN CARE

The baby should be placed near to the mother so that the bonding between the baby and the mother increases. Breastfeeding is an effective way of bonding between mother and baby.

Breastfeeding

Nutrition plays a significant role on the health status of a baby. It is essential for the development and functioning of body organs. Breastfeeding provides the best possible start to life, a foundation for fulfilling the rights of the child. All the mothers must be emotionally and physically prepared and motivated during pregnancy so that they do not encounter any problems to establish successful breastfeeding.

Breast milk is the best milk.

The Benefits of Breast Milk

Breast milk is considered as the best food for the baby since it is made according to the unique needs of the human baby.

- Ideal composition for easy digestion of newborn.
- Provides appropriate nutrients like protein, fat, carbohydrates, minerals, vitamins, etc. in proper concentration.
- A special component of breast milk promotes brain growth.
- Breastfeeding is associated with reduction in diarrhea and ARI episodes, need for hospitalization and improved child survival.
- Prevents allergy especially milk allergy.
- Provides protection against infection by means of antibodies.
- Provides feed at right temperature and is available at any time.
- It is more convenient and requires no preparation.

Benefits to the Mother

- It gives the mother a feeling of satisfaction, contentment and ecstasy.
- Absence of menstruation during feeding (Lactation amenorrhea), helps in spacing the birth of babies.
- It ensures the uterus to revert back to its original size and position.
- It affords some protection to the mother against breast and ovarian cancer.
- Breastfeeding helps the mother to regain her original figure (the energy stores laid down during pregnancy are utilized during lactation).
- There is no financial outlay.

Breastfeeding Initiation

Initiation of breastfeeding immediately after childbirth is important because it benefits both the mother and the infant.

- Immediately after delivery the baby's sucking will be strong and the baby is in an alert state. After some time he/she may become drowsy and go off to sleep making it difficult to initiate feeding.
- Prelacteal feeds like honey, glucose, etc. should not be given. These items will satisfy the thirst and reduce the vigor to suck and chances of getting infection will be more.

Time of Initiation

- Normal delivery: the feeding should be started within 30 minutes.

- Cesarian section: Start feeding within 4 hours after the operative procedure.

Colostrum

Colostrum, the first thick yellowish milk which is secreted in the first few days after the birth is a precious gift to the baby. Some mothers discard this, thinking that it is not good for the baby. But this is a wrong notion. Though secreted in small amounts, it is worth its weight in gold. It is very rich in protein, minerals, vitamins and antibodies. Therefore colostrums should be given to all babies.

Colostrum is the first immunization given to a newborn baby.

The Art of Breastfeeding

- Immediately after delivery, keep the baby close to the mother.
- The mother should sit up comfortably and keep the baby's head slightly raised.
- Align the baby tummy-to-tummy, chest-to-chest and breast-to-breast.
- The mother must bring the baby's cheek or side of the mouth to her nipple and if he/she refuses to open the mouth, express some milk to the lips. She can help positioning the nipple and areola into the baby's mouth.
- For effective sucking the baby must form an effective seal around the nipple and areola. If the baby sucks only at the nipple, the milk is not ejected and also this can lead to painful cracked nipples.
- During the first few days, most of the babies fall asleep after taking a few sucks. They should be kept aroused by gently tickling behind the ears or on the soles of the feet during feeds.
- Nostrils should not be blocked during feeds.
- Usually baby feeds between 10-20 minutes and stop feeding after he/she is contented.
- The baby should be allowed to completely empty one breast, before offering the other breast, because the hind milk contains more fat.
- Some babies are satisfied with one breast; others may need to suck at the second breast as well.
- Other breast should be offered at the next feed.

– It is preferable to feed in a sitting position, unless it is really difficult for the mother.

Burping

During feeding baby may swallow some amount of air. The air thus swallowed prevents proper feeding and sometimes cause vomiting. Burping should be done one or two times during feeding and at the end of each feeding. This helps in taking more feeds, prevents vomiting, abdominal distension and pain.

Burping can be done by keeping baby's tummy at the shoulder level of the mother or by keeping the baby on the abdomen in the lap of the mother. Continue patting for about 10-20 minutes. The baby may regurgitate some milk during this time. It is quite normal. After burping wipe the mouth and face. Some babies may have a tendency to vomit/regurgitate milk, but onset of forceful vomiting after 3 weeks of age may denote a more serious problem.

Position After Feeds

Keeping the baby on the back may lead to aspiration, if vomiting occurs. Hence it is preferable to keep the baby on the tummy (prone position), or in right lateral position.

Exclusive Breastfeeding

Babies who receive nothing but breast milk from birth are considered as exclusively breastfed, usually assessed at 4 months or 6 months.

The baby is biologically mature to digest semisolid foods after 4 months of age and hence weaning is usually started between 4 and 6 months.

Frequency of Feeding

- *Time schedule*: During the first 24 hours, the mother can feed the baby at adequate intervals but usually not before 2 hours and not exceeding 5 hours. Gradually, the regularity becomes established at 3-4 hours pattern by the end of first week.

- *Demand feeding*: The baby is put to breast as soon as the baby becomes hungry. There is no restriction of the number of feeds and duration of sucking time.

Common Feeding Problems

Primi Mother Problems

A women delivered for the first time may feel difficulty in feeding the baby due to anxiety, worry and lack of confidence

- Support the mother emotionally
- During the first few days there will be decreased milk output.
- The importance of frequent sucking of the breast by the baby should be emphasized.

Retracted Nipples

The in rolling of nipples inside the breast.

- It should be corrected during the antenatal period itself.
- The mother should be advised to try to evert the nipples by pressing around the nipple in a circular fashion.
- If it is not corrected by this way consult a health worker and pull the nipples out through an inverted syringe method.

Engorged Breast

It is the fullness of breast due to the accumulation of breast milk. The breast became heavy swollen, hard and painful.

- It can be prevented by early and frequent feeding of the baby.
- If it continues, milk must be expressed and collected in a clean bowl and it can be given to the baby by spoon or paladey.
- After expressing the milk the baby can be put to breast.
- Demand feeding helps to prevent engorgement and frequent sucking keeps the breast soft and painless.
- Linen socked and rinsed in hot water can be applied over the engorged breast to relieve pain
- If it is not relieved by this also mild pain killer can be used, e.g. Paracetamol.

Sore Nipples

Soreness of the nipple can also cause problems in breastfeeding.

- The mother should avoid frequent washing of nipples with soap and water as the nipples would become very dry.
- Complementary feeds with a bottle should not be offered, because it leads to nipple confusion. In bottle-feeding the baby press on the long nipples to get milk, which is also extra sweetened by sugar and hence he/she may not prefer sucking at the breast, which is more difficult.
- During breastfeeding the baby should not suck on the nipple; instead, he should grasp the breast tissue along with the outer darkened area (areola).
- The breastfeeding should be continued and an emollient cream can be applied over the nipples in between the feeds.

Problems in the Newborn

Feeding difficulties due to mechanical reasons may occur in certain neonatal conditions:

- Cleft lip, cleft palate, large tongue, oral thrush (white coating which leaves bleeding spots if removed roughly).
- Very pre term or LBW babies.
- Sick babies.

Regurgitation

Most healthy babies regurgitate some feeds off and on, but they continue to gain weight satisfactorily.

- Burping the baby properly after each feed can best prevent this.
- After feeding the baby should be put to bed in the right lateral position with head end slightly raised.

Adequacy of Lactation

The following conditions and parameters should be evaluated which are indicative of satisfactory lactation.

- The weight gain of the baby will be satisfactory
- During feeding, the milk drips from the contralateral breast.
- The baby is satisfied, happy and playful and sleeps for at least 2 hours before crying for the next feed.
- The baby passes urine at least 6 times or more in a day.

When to Stop Breastfeeding

Breastfeeding in addition to the complementary foods can continue as long as desired, but preferably until the baby is 18 months to 2-years-old.

MAINTENANCE OF BODY TEMPERATURE

The optimum body temperature of a newborn is between 36.5°C to 37.5°C. When the body temperature falls below 36.5°C the baby is said to have lowered temperature (Hypothermia). So early identification and prompt management is essential in the care of newborn babies.

Assessing Body Temperature of Newborn

The body temperature can be ideally measured by using a thermometer. But it requires technical expertise and sometimes the instrument may not be available. In this situation we can use the back of the hand, as touch is a sensitive indicator of body temperature.

Assessing body temperature by hand

Touch the body with the back of the hand and not with the palm

- If the whole body is warm and pink, the baby is having a normal body temperature.
- If the hands and feet are cold and abdomen is warm, the baby is affected by cold and protected against cold by proper warming up and swaddling.
- If the whole body is cold, the baby is severely affected by cold and seek medical help urgently.

Features Shown by a Hypothermic baby

- Difficulty in feeding
- Weak cry
- Decreased activity

Prevention of Heat Loss from the Body (Hypothermia)

The baby can be kept reasonably warm by some simple measures. They are:

Keeping the Baby Dry and Warm Always

- Use only dry cloths to cover the baby
- Change the wet clothing immediately
- Avoid spilling during feeds, dry the baby after feeds
- Do not touch the baby with wet or cold hands, rub hands to warm before touching
- Use pre warmed paladey or spoon.

Do not Expose the Baby to Cold

- Do not keep the baby near open windows, doors or wall
- Do not keep the baby directly under the fan
- Do not expose the baby to draughts (excessive cross ventilation)
- As far as possible keep the baby near the mother.

Cover/Clothe the Baby Properly

- The baby should be covered properly, may use two layers of baby shirts, one opening to the front and one opening to the back.
- Along with the body cover the baby's head also, since the head occupies more than one fourth of the total surface area and the amount of heat loss through it will be more.
- Cotton clothing is best for the skin of newborn.
- Avoid synthetic cloth since it may cause irritation and allergy to skin.

Bathe the Baby Properly

- Before giving bath ensure that the infant's temperature is normal.
- The articles needed are soap, a basin or a bath tub, warm water, soft cotton towel and sheet.
- Clean the face, ears and skin behind the ears with wet hands.

- Place baby in the arm and wash the scalp well. Dry with a towel.
- Lather the trunk and limbs with soap paying attention to the axilla and groins.
- Lower the baby into the basin or tub. The head must remain above the water.

PREVENTION OF INFECTION

Signs and Symptoms of Infection in a Newborn

Infections can occur in any part of the body. It can be located to an area or can be generalized. In newborns infections are commonly seen in eyes, umbilical cord, respiratory passages, skin, mouth, etc.

Localized infections	:	E.g. Eyes, skin, mouth, etc.
Generalized infections	:	E.g. Infections in blood (sepsis)

Localized Infections

The signs and symptoms of localized infections depend on the site of involvement.

- *Eye infections*: The common features are redness, watering discharge, difficulty in opening, sticky eyes, swelling around the eyes, etc.
- *Respiratory infections*: Difficulty in respiration, cough, difficulty/refusal to feed, fast breathing, grunting, chest in drawing, bluish discoloration of skin and mucous membrane (cyanosis).
- *Skin infection*: Redness of skin, excessive peeling, pustules. Because the skin is so soft, any minor scratch or injuries may lead to skin infection or pustules.
- *Umbilical infections*: Redness or swelling around the umbilicus, discharge , foul smell, delayed falling of the cord.
- *Gastrointestinal infections*: Vomiting, abdominal pain, refusal to feed, frequent loose stools, blood in the stools, etc.
- *Generalized infections*: If any of the above mentioned infections are not controlled it can cause generalized infection.

The features of generalized infections are

- Fever or fall in temperature
- Difficulty or refusal to feed
- Reduced activity, irritability, lethargy
- Vomiting, abdominal distension
- Difficulty in respiration, wide gap in between respiration
- Bluish discoloration of body
- Bulging fontanels
- Fits (convulsions)

Prevention of Neonatal Infections

The infections occurring to the newborn baby can be prevented to a certain extent by maintaining proper, care and hygienic methods.

- *Prevention of infections in the antenatal period*: Infections occurring to the mother during pregnancy should be controlled so that infections occurring to the baby inside the uterus can be prevented.
- *Conducting safe and hygienic delivery*: Delivery should be conducted in a hygienic manner by obeying the 5 cleans.
- *Breastfeeding*: Soon after delivery the baby should be put to breast. Breast milk, especially colostrums increases immunity of the newborn.
- *Handling the baby*: The baby should be handled by minimum number of persons.
- *Restrict visitors*: Restrict the number visitors, persons with infections should not be allowed to visit the baby. Encourage the visitors to resist the temptation to kiss the baby.
- *Environmental hygiene*: Try to keep the environment in which the baby is neat and clean as much as possible. Use only clean and sunlight dried cloths. Insist on keeping the mother and baby in a well-ventilated room.
- *Infections of the mother*: If the mother is having any infections it should be controlled at the earliest. Handle the baby for feeding only after washing

the hands with soap and water and in case of respiratory infections of the mother, cover the mouth and nose with a clean towel before feeding.

- *Personal hygiene of the mother*:
  - The mother should take daily bath and wear clean cloths.
  - Clean the breast with clean water before and after feeing.
  - Wash hands with soap and water before handling the baby and remember to cut the nails.
  - Wash hands with soap and water each time after attending toilet.
- *Care of the baby*:
  - Sponge the baby with lukewarm water daily.
  - Mild application of oil on the skin prevents hypothermia.
  - Wash baby's cloth in warm water, dry under the sun and store the cloths in a clean place. No advantage for using antiseptic lotions.
  - The perineum should be cleaned from front to back, preferably with cotton after each time the baby passes motion especially, in female infants.
  - The eyes and umbilical cord deserves special attention.
- *Care of eyes*: Clean the eyes with clean wet cloth from inner side of the eyes (near to the nose) to outer side. Avoid application of kajal, surma etc. If the baby develops features of infections seek professional help.
- *Cord care*: The umbilical cord usually dries and falls off by 5 to 8 days. During this period the area should be kept clean and dry. Avoid contact with unclean hands, cloth, and spillage of urine and stool of the baby. If there is any redness, foul smell, discharge seeks the help of health worker.

By practicing the methods of infection control, the infections occurring to the newborn baby can be controlled to a certain extent.

Prevention is better than cure.

IMMUNIZATION

- Immunization is an effective way of preventing the dreadful diseases
  - BCG – Childhood tuberculosis
  - Polio drops – Poliomyelitis
- Diphtheria
  - DPT – Pertussis (Whooping cough)
- Tetanus
  - Measles vaccine – Measles

Points to Remember

- Remember to take the first dose of polio vaccine and BCG vaccination during the first week of life itself.
- Breastfeeding can be given after taking vaccinations.
- Vaccinations can be taken even if the child is having mild fever, respiratory infections, diarrhea, malnutrition and other minor illnesses.
- Keep the record of immunization.
- The interval between two doses should be one month.
- Vaccinations of the above said diseases should be taken before the child's first birthday, since they can suffer from these diseases at any time.

National Immunization Schedule

To Whom	*When*	*Vaccine*	*No:*
Infants	From birth to 6 weeks	BCG	1
	6 weeks to 9 months	DPT	3
		Polio	3
	9 to 12 months	Measles	1
	16 to 24 months	DPT	1
		Polio	1
Children	5 years	DT	1
	10 years	TT	1
	16 years	TT	1

EARLY CHILD DEVELOPMENT

Childhood is a dynamic phase of life and is characterized by rapid growth and development. Every child

is said to be the interplay between genetic and environmental factors, the genes setting the limits of achievement and the environment determining whether he/she achieves it or not.

Monitoring Growth and Development of the Newborn

Growth is a continuous process. It starts from the moment of conception. The growth of the baby inside the uterus of the mother mainly depends on the internal environment surrounding the baby. But after birth, the environment plays a major role in growth and development. Constant monitoring is essential to detect developmental delay. Mother who spent the whole day with the baby can play a major role. The mother knows the unique characteristics of the baby. Therefore mother needs to know about various stages of growth and development.

Growth

Body weight is a sensitive indicator of the growth and development. During the first week of life the weight of the baby is reduced by 10 percent. But after the first week the baby starts gaining weight and regains the birth weight by 2 weeks. The weight of the baby should be double the birth weight at 5 months of age, triples by one year and quadruples by 2 years. In addition to this length, size of the body and head circumference also increases.

Development

The important events in the development are expressed in milestones.

Major developmental milestones

- Social smile (smile at mother) 2 months
- Head control 4 months
- Sitting 8 months
- Standing 12 months

Check whether baby is seeing, hearing and listening

Environment in which the child is being has the potential for influencing early developmental difficulties.

Home is the place where the child starts to enrich his experiences. For an infant his whole environment is his home and hence, an optimal home environment will go a long way in promoting normal child development.

The child's early environment is constituted by the mother, father, siblings, and grandparents and may be uncles and aunts. The home should be one that provides a stimulating environment to the child and that too at no extra cost. If the biological makeup is adequate and the psycho-social environment is congenial, the child will develop into a healthy personality. He/she will be well adjusted, productive; will have the zest for life and the capacity to form intimate relationships with others.

The parental attitudes especially that of the mother has the greatest influence on child's development. In terms of time spend with the child; the mother has more opportunities than the father to influence her child's psychological growth and behavior; as traditionally in India, it is considered the privilege and responsibility of the mother. The maximum influence is exerted by the mother/mother substitute in the first 3 years of life.

Such a person readily and generously meets the infant's inner needs, protects the infant and ensures that the infant gets the necessary stimulation. Strong attachments occur when the interaction has a certain degree of intensity, as it has when a parent (or other adult) gives a great deal of attention to the child, feeds the child, talks with the child, plays with the child (especially), and responds regularly and readily to the child's needs signaled by say, crying. The parent who recognize and responds to the different signals of a child is one to whom the child is likely to become strongly attached.

A loving relationship means that the infant experiences a strong physical and emotional intimacy with someone who holds him or her in high esteem, who is delighted with the infant, and who gives the infant a warm feeling.

The attachments occur during the early sensitive period of life, especially the first 2 years. The child's

own contribution to the attachment process is strong, especially with regard to the strength of the child's needs and signals. It is also important that child should get early exposure to other children of similar age, promoting non-verbal communication between them thereby enriching the early experiences. Lack of this opportunity is now being recognized as a possible contributing factor for the so-called 'autistic features' increasingly being recognized/identified.

Home Environment

A good physical home environment should include toys, other learning materials, adequate visual and auditory input and there should be well organization of the environment.

Quality and quantity of language used in the home, the variety of sensory and social experiences available, and the extent to which parents actually encourage achievement are also the pillars of good development of a child.

Parental responsiveness by the provision of warmth and nurturance, the level of encouragement provided for and the extent to which parents restrict child behavior and the type of discipline are the pillars of optimum development of a child.

For all those above mentioned matters, the family should have a strong social support networks. It will more often able to provide the stimulating, nurturing and predictable environment needed for good development. A major benefit of social support is that it provides a buffer against the negative consequences of stressful circumstances occur among parent's life. Traumatic home events like inter personal bickering, financial stress, frequent hospitalization, deserting the wife by the husband or divorce would have long lasting effects on babies. Fortunately in India, inspite of many other problems the family support systems are fairly intact and this vastly compensate for financial inadequacies.

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Family Management

HOME MANAGEMENT

Home is the place where two individuals are bound together by love and affection. For a bride it is a new place where she starts living with her partner for the whole life. It is a place of health, happiness and comfort for the entire family in all the stages and conditions of life. Especially for a newly wed woman (for a man also) it is very crucial to know more about home management. Most women in our culture have a great responsibility to play as home makers—as wives, as mother responsible for the development of the children and as a home maker, in charge of the operation of their homes. A working wife has to make several adjustments in her household routine. The efficient management and running of the home today needs specialized knowledge, wide experiences and new types of skills. Home management is not merely house keeping and a well managed home is one in which the home maker is competent and she need all the help and support of husband.

The responsibilities of home makers have now a days changed considerably. Now few people can afford to live in large houses; domestic help is not easily available; the purchasing power of money is going down day by day. Bringing up children is now the sole responsibility of the parents.

In order to carry out day-to-day work without much strain and tension, a homemaker must always bear in mind the following managerial responsibilities

- Setting family goals like building a new home.
- Planning the wise use of family income, time and energy, e.g. making a family budget and sticking to it, taking educational policies for children spending quality time with children, etc.
- Developing abilities and skills and acquiring knowledge, e.g. vegetable gardening, soft toy making.
- Guiding the educational and social development of the family members like engaging children in group activities like sports and guides, participating in social work, e.g. residence associations, clubs, etc.
- Choosing and maintaining suitable housing and furnishing like timely maintenance and repairing.
- Selecting goods and services needed by the family to run the home efficiently, e.g. taking wise decision while purchasing commodities for the family (spending within the income).
- Providing nutritious meals to the family, e.g. restricting fast food and encouraging more of home available balanced meals.

WORK SIMPLIFICATION

Most families have certain preconceived standards for house keeping. Habits are deeply ingrained and sometimes it is very difficult to change. The newly wed woman should have great skill for accepting the house keeping style, which is different from her own house. Careful thinking and persuading the family to accept the new ideas can permit them to change some of their ways.

CERTAIN TIPS

Certain tips are mentioned below:

- Use of proper napkins/apron will save the time on laundering. Purchase of prepared masala (from a reliable source) will save from the older habit of picking, cleaning and grinding them at home.

- Clothes made of new fibers (nylon like) may be easier to maintain than traditional materials.
- Laminated table clothes; are heat resistant and are easy to maintain.
- The kitchen should be well adapted for the home maker to work efficiently.
- Items needed often should be kept lower down, within reach and close by (e.g. masala for cooking, clothes in the almirah, toilet articles in the bathroom).
- Use the modified kitchen equipments, e.g. sharpened knives, pressure cookers, non-stick pans, cook and serve vessels, etc.
- Develop skill in the work, which will minimize the time and energy. Bad workman complaints with his tools!!
- Collect everything needed before you work, e.g. while cooking assemble every thing need for the particular dish).
- Plan the sequence of work (when dal has been washed and placed on the fire to boil, the vegetables can be cut, while these are simmering salad can be prepared).
- In cleaning the house, it is easier to finish each process of sweeping, dusting and mopping the floor in turn in all the rooms, than to clean up each room separately.
- Clean (sweep and mope) the bedroom weekly
- Clean the kitchen daily.

FOOD MANAGEMENT

Wise habits for better food management includes:

- Preparation of a grocery list before shopping
- Compare the cost of same food in various forms
- Buy seasonal foods
- Store and preserve food properly (e.g. preparations from mango fruit, jack fruit, etc.)
- Home made food may substantially reduce cost of production

FINANCIAL RESPONSIBILITIES

The new couple also needs to make a decision about each person's responsibilities for handling personal finances, balancing the checkbook, depositing checks, paying bills, making investment decisions for their savings. It is usually a good idea to divide the responsibilities, rather than one person handling them all.

Financial Management

'Sound good?' The common question raised by the parents and even partners when they are proposing for a marriage. The question is a sensible one with respect to marriage. Sufficient financial back up is essential for the future success of the marriage and it is essential for setting up a family. An important element of a happy marriage is the ability to handle money together. Money is a resource, which gives you, varied choices to live life within expectations.

If you were married recently, or the wedding bells will be ringing soon, you probably have had a lot of friendly and helpful advice on the subject of matrimony from your families, and your friends. As the wedding season draws to a close, a lot of newly married couples are now coping with what can be a difficult transition from single life. After the period of lavish single hood, most of the couple finds it difficult to manage the financial interactions well. As they settle down to a new life couples dream about home, career, planning family, etc. Very rarely do couples discuss money, although it is a vital issue even for day-to-day living.

The reason why couples squabble over money is largely due to their different perspectives on money. Once this underlying principle is understood couples will be able to form a sound financial foundation. Couples should understand that even with a modest income they could live comfortably and free from consumer debt as long as they handle money responsibly and live within their means.

The start of a new year is a perfect time to begin managing money.

Among other obvious changes in the couple's lives, financial management may be the most crucial change that needs to be addressed. Instead of managing money separately, couples generally find it useful to plan and coordinate their finances. This coordination

is especially important if the husband and wife are both wage earners and already have accounts at financial institutions.

There are two ways to improving personal finances: increasing income, and cutting costs. Increasing income is the harder way to achieve. After all, it is not possible to get a raise or a new job when you need one. But cutting costs, we can. Cutting the cast need some imagination and discipline-both of which are free.

Talk about Money

Regardless of how much or how little people have, money management is the most common cause of discord in relationships. While each couple is unique, most arguments about financial matters start with either lack of organization or lack of communication. Both of these are behavior issues, and behavior can be changed. Discussing the following issues may be of great help in management viz; Find out what each of you feels about money. What does money mean to each of you? Are you the saving kind or the spending kind? What constitutes a major purchase to each of you? Discuss about your future goals and their financial implication, like going in for higher studies, buying a home, career changes, rearrangement, starting a family, having kid immediately, etc. Both of you should be fully acquainted with all the details of your financial picture. Sit down with your partner regularly to discuss your finances. Arrange all information about what bills are due, how much is due, and the date each payment is due.

Managing Daily Finances

Check where the money goes, make a note of every amount spent and go through the spending weekly or monthly. Ascertain that spouse too makes a habit of this. Once it has been noted, it will be able to list weak spots.

Making Daily Expenses Less

Below are five major ways to save money in the basic areas of food, shelter, clothing and transportation.

Home Food

Food is a major expense in everyone's budget. But, in today's society, it's easy to overlook how much money *can be saved* by cooking meals at home. Moreover, it's fun, creative, and healthier to make own meals together. The key is to cook in "bulk" to stretch the food you buy over several meals.

Cut Housing Costs

This is an easy and fun way to cut costs. Instead of paying a contractor to come in to make changes or repairs, make them yourself. Local hardware stores will help you with tips and tricks on home repair. Also, do your own decorating and painting is possible.

Cut Clothing Costs

This can be another major area of expenses, especially if you are a newly wed. So, after the bulk purchase of garments immediately after marriage limit the frequency of purchases. Dry clothes on the clothes line instead of in a dryer, learn how to mend clothes.

Quit Your Addictions

If you enjoy cigarettes and a drink, this is where you can realize some major savings. The money for the bottle and the cigar is that money that could be paying down your debt or going into savings. And don't forget the health benefits.

Audit Pocket Money for a Month to take Stock

Make a list of all the possessions you have of your own (jewelry, furniture, electronics) and record account numbers for those you can (investment accounts, insurance policies, employee benefits and those stock options that might some day be worth something again). Store the list in a safe place. Choose one place for checkbooks, receipts, and other information regarding financial transactions. Switching to a different cell-phone plan, access to an ATM money facility will foster time and money saving. Donate money (or time) to a charity that you have never supported before.

Change Your Beneficiaries

One of the first things a newly married couple should do is to make appropriate changes in all insurance policies, stocks, bonds and securities. Members of your family are probably named as beneficiaries or joint owners on many of these documents. You will no doubt wish to make your spouse the new beneficiary or joint owner. These changes can be made by taking insurance policies to your insurance company or agency, and government bonds or securities to your bank. Newly married persons should advise their employers of their new status so that they will receive any employment benefits due them as married persons. Many companies offer "fringe benefits" which are of special interest to married employees .

Keeping Records

Keep records of your financial affairs. Revenue Service will wish to review any income tax return about which it may have a question. Save your receipts and cancelled checks. If possible, pay all of your obligations by check. Cancelled checks constitute legal proof of expenditures. If you do not have a checking account, ask for receipts on items that are tax deductible for income tax purposes. Keep a file of your records safely stored in you home. If possible, rent a safety deposit box at your bank to keep your valuable documents—insurance policies, deeds, marriage certificate, birth certificates, bond and stock certificates, and important contracts.

Duty to Support Your Family

Both husband and wife are personally liable to pay for certain types of family expenses even if they did not both agree to the particular expense. Both parties usually are jointly obligated to pay for medical, educational, food or housing expenses for family members. In general, a parent's obligation for the support of a child ends when the child becomes an adult or, in legal terminology, becomes "emancipated". Emancipation usually means reaching the age of 18, getting married, joining the armed services, etc. There are exceptions, which usually become important only if the parties' marriage ends.

Make a Firm Commitment to Spending Goals

Reaching these goals may require some changes in how you spend money. It may sound easy to adjust a lifestyle so that you are spending less, but most people develop spending habits that will require discipline to change. A commitment to goals and a sound financial plan makes obtaining those goals easier for couples.

Establish a Budget

Once the couple has considered their short and long term goals, they should make plans to achieve them. This can best be done by figuring out a realistic budget that allows them to meet their usual expenses and for the unexpected ones. A budget, to be an effective tool, needs to be tracked on a regular basis to see whether it is realistic and determine if the expenses are over the targeted amounts and need to be cut back.

Steps in Building a Budget

Step 1: Get a small notebook and write down everything you buy for at least a month. Up to three months if you'd like. It can be found that most of our money isn't being spent on big things, but the little.

Step 2: After your time period is up, analyze your spending patterns. Put all your purchases in categories like groceries, entertainment, etc.

Step 3: Now separates those categories into two categories: Fixed Expenses and Variable Expenses. Fixed are things like Rent and Insurance. The variable expenses are all those that you have in your power to change like groceries, utilities and clothing.

Step 4: Add up all the expenses in each of the categories. Write down the totals for each, i.e. Phone charge Rs. 800/- a month.

Step 5: Add up all your income for the month. Then add up all your fixed expenses. Subtract your fixed expenses from your income. Income : 6000 -2100 fixed expenses =900 The result is what you have left for variable expenses.

Step 6: Now you can spread the leftover money into your other categories. Keep in mind yearly expenses like taxes. Consider putting 10% into savings. Take a look at where you can cut down. Enter the amount you have decided to spend in each category and now you have a sanity saving budget.

Step 7: Keep track monthly of what you spend in each category. Readjust your budget if you need to. Only you know where your spending priorities are:

Future Savings and Investments

Saving at least a little each month is an absolute must in order to safeguard your future. No matter how much or how little you earn, discipline yourself to set aside a portion of your income each month for savings. If both are working, you can see that you save and prudently invest one partner's earnings. In case you or your partner has debts, your first priority should be to clear off the debt. Don't let interest pile up. Include in the budget a regular amount committed to savings or investments for the longer term. It is never too early to start putting money away for retirement. Look especially at company-sponsored retirement plans. With the effect of compounding, even modest amounts invested now can grow substantially over the next few decades.

Methods of Investing and Saving

Bank Accounts

Review the need for separate checking and savings accounts for each person. If the marriage resulted in a name change, accounts should be listed in the new name. If the couple wants to establish a joint checking account, they should check out services and fees at financial institutions so they can get the best value. It will be better to have a I bank account for the newly wed woman in order to ensure safety for the unforeseen future disasters.

You can opt to continue having separate accounts or can have a joint account or a combination of both. Remember to update your old accounts with your name change if you are going to retain it.

Different bank accounts

- Saving account
- Current account
- Fixed deposit

Post Office Saving Account

- Saving accounts
- National saving certificates
- Kisan Vikas Pathras
- Indira Vikas Pathras
- Jeevan Dhara Schemes including pension schemes
- National Saving Scheme

Provident Fund Account

- Public provident fund account

Life Insurance Scheme

- LIC (whole life policy)
- Endowment policy
- Group insurance scheme
- Medical insurance scheme

Shares and Debentures, Chit Funds, Credit Cards

Reduce spending on your credit cards and always keep track. Instead of having a number of credit cards you can retain just one or two. You can also cut down on unnecessary maintenance costs. Credit card accounts also should be reviewed, and, again, if a name change was made, that should be listed. Often the husband and wife may want to maintain joint credit cards. Sometimes the couple may want a joint account in which both persons are listed as the account holders and both are responsible for the debt. Regularly track your spending on credit cards against your budget.

"Money saved is as good as money earned."

Spend your money wisely; plan your spending; think before you spend; save for your dreams.

Consumer Protection Act—Safe Guarding the Consumers' Interest

Consumer protection act 1986 has been enacted to promote and protect the rights of the consumer. This law provides for simple speed and inexpensive redressal of grievances and is compensatory in nature. This applies to all goods and services whether in private, public or cooperative sector.

PERSONNEL GROOMING

Look good, feel good and act good.

A Simple Package on Make-up

Everybody wants to look beautiful and we all can. A few simple tips will help you change your looks and your lives—but remember you can be nothing without confidence—and of course, it is all about inner beauty at the end of the day!

Real beauty comes with maturity. With a little help from the beauty expert, one can easily take on the world. Make-up certainly helps to add a dimension to the face and personality. It can also be used to cover up flaws and blemishes. The effort should not be towards achieving a younger look, but rather one that suits your age and helps to project grace and elegance.

Tips You can Use

- Use moisturized and creamy make-up items.
- Use a moisturizer before applying foundation and also cover up blemishes with a lighter color or a concealer.
- After applying foundation, use a damp sponge on the face, lightly blending and dabbing.
- You can avoid powder if your skin is dry and apply a blusher instead. This helps to add a glow to the face and brightens it up.
- Using a soft shade, apply it on the cheekbones, going outwards and slightly upwards.
- Just a hint of blusher on the chin also helps.

Prevention is Better than Cure

Keep pimples at bay: Removal and prevention of blackheads is part of preventive care for pimples and acne. Daily cleansing and skin care, with appropriate products, is the only way of preventing acne and other oily-skin conditions. A medicated cleanser, which is specially formulated for oily skins, should be used. This helps to reduce surface grease and restores the natural acid-alkaline balance. Use plenty of water to wash off all traces of the cleanser.

A rose skin-tonic helps to keep the skin moisturized. This can be used to wipe the face after cleansing. This not only completes the cleansing procedure, but also helps to close the pores and restore the normal balances. The skin can be wiped with the rose skin tonic several times a day to reduce surface grease.

A visit to the doctor helps: Clinical treatments are part of professional care for acne, pimples and oily skin conditions. The treatment depends on how far the condition has progressed. If the infection is severe, the main emphasis is on controlling the condition and checks it from spreading. This is done by a course of clinical treatments, which involve the reduction of surface oil, the creation of a germless environment and the cure of the existing eruptions. Once the condition has subsided, the treatment is adjusted to tackle the problem of scars. Advice regarding daily care is provided, along with dietary suggestions.

The remedy: Actual physical protection is the only answer. Washing your face with soap and water does not remove pollutants and dirt as effectively. It is essential to use a specialized product like cleansing gel for normal to dry skins, or cleansing milk or lotion for normal to oily and combination skins.

Diet

Diet plays an important role in skin care. External cosmetic care cannot work wonders if the diet consists of the wrong foods. Your diet should include fresh fruits and fresh fruit juices, vegetables, clear soups, raw salads, sprouted cereals and dal and yogurt.

Lime juice, first thing in the morning, helps to flush the system. In fact, it can be taken two or three times in the day. Add a dash of honey, instead of sugar. One should also have 5 to 8 glasses of water. Too many sweets, chocolates, fried foods and snacks can have a detrimental effect. Wrong foods and lack of fiber in the diet can lead to constipation and the build-up of toxins and wastes. This, in turn, causes skin congestion and gives rise to problems like acne. Many beauty treatments can be carried out at home, using kitchen ingredients. But, pimples and acne need professional guidance and care.

Make-up Is An Art—The Process

If done properly, make up can make your skin look flawless; make your eyes expressive and your mouth provocative. It can give you a natural look, a sexy one or a glamorous one, depending on the mood you're in and the colors you use.

"Make-up should blend with the color of the neck, not the face." Kevin Aucion

1. *Clean and clear*: The most important step before you begin the application of make-up is that the skin must be absolutely clean. Wash your face well either with a soap or with a cleanser suited to your skin type. Pat dry gently. Then, apply toner and moisturizer to create a smooth, clean surface, which helps the make-up come on easier and stay longer. Also, remember to apply make-up in front of a large mirror in natural daylight or in a well-lit room.
2. *Laying the foundation*: Applying foundation with a sponge, brush or fingers is an individual decision and should be done with whatever is most comfortable for you, but these are few ground rules you can work with. Creating a base is technically the first step in applying make-up. When you select foundation, it's important that you choose a shade close to your skin tone. Using a shade lighter or darker than your natural color will only give you a mask-like effect. Use a sponge to apply foundation as using your fingers can result in an uneven finish. Apply foundation in dots and then blend each one with a slightly damp sponge. Apply outwards from the center of the face and blend carefully around the hair and jaw line. The key is in blending the foundation well so that you have an even tone that extends from the face to the upper area of the neck. Don't forget to check for streaks on your jaw line, nose, forehead and chin.
3. *Under wraps (if necessary)*: After this, use a concealer, which is a concentrated form of foundation with a very high pigment content, to hide dark circles and blemishes. It's best to use a concealer that is closest to your skin tone because a lighter shade may accentuate the problem area. Remember to blend the concealer properly after you apply it on a spot or blemish. Apply the concealer exactly on a blemish or pimple and then smooth away the edges with a clean cotton bud. Applying more concealer may draw attention to that spot.
4. *Seal it in*: Powder (can use ordinary powder) helps seal in the foundation and concealer. It absorbs oil from the skin and gives it sheen. It is also recommended for people who have enlarged pores as it conceals them. Use loose powders, which provide the best finish, instead of pressed powders. It is advisable to use a large hair powder brush to apply the powder. Use tinted translucent powder or a shade that closely matches your skin tone. Lower the powder puff into the powder case, tap off the excess powder and press gently onto the face. Brush off any excess powder on the face. Use light, downward strokes to help prevent the powder from getting caught in the fine hair of your skin. Pay attention to the sides of the face and jaw line.
5. *Define eyebrows*: Groom your eyebrows by combing them with a damp eyebrow brush. This will remove any excess powder that may have settled on them and also define and shape them. Defined eyebrows add balance and symmetry to the face. Shape and contour eyebrows either with an eyebrow contouring powder or a special eyebrow pencil (black/brown) that matches your hair color.

6. *Eye shadow*: Used well, eye shadow can add a soft glow or produce a dramatic effect. Apply a darker shade of eye shadow within the socket area of the eyelid. Use a color that harmonizes with the colors of your lipstick and blusher.
7. *Drawing the line*: After you shade your eye, move on to eyeliner. It is important to line the eye to enhance its shape and add definition to it. Use a neat medium-sized brush to line your eye with liquid eyeliner as close to the lashes as possible.
8. *On the dot*: If you're using an eye pencil, draw a soft line close to the lashes. Or make a line of dots along the lashes and join the dots. Run over the pencil line with a brush. Use a quality pencil to line the area under the lower lashes at the outer corners of the eye to complete the look.
9. *Luscious lashes*: Mascara opens up the eyes and add volume to the lashes. Apply mascara to your upper lashes. Brush them downwards first and then upwards from underneath. Use the tip of the mascara stick to brush the lower lashes gently in a side-to-side technique. Ensure that you keep your handy steady while applying the mascara.
10. *Highlight of the day*: Blusher adds a hint of color highlights the cheekbones and contours the face. When using a blusher make sure you use a natural color on the apples of the cheek, moving towards the temples (After your make-up is all done, you may need to add more blusher or blend away any excess or use a compact to tone it down).
11. *Smooth operator*: Apply some moisturizer to soften the lips. Use a little foundation and powder to fill the crevices and ensure that the lipstick stays longer. Outline the lips with a lip liner or lip pencil. Use a shade darker or a color similar to your lipstick to get a better effect.
12. *A perfect glower*: After you line your lips, use a lipstick to fill them in with a complementing color. Use lipsticks with built-in moisturizers and sunscreens if you have lips that tend to dry easily. Blot the lipstick with a tissue to ensure that the color will last longer. Reapply lipstick for a better finish.

Here you're ready to go!

Corrective Make-up

You can practice corrective make-up with the help of a beauty therapist.

Slimming a plump face: Shade the temple hollows just in front of the hairline and create more definite hollows under the cheekbones. Apply highlighter on the brow bone, blending up beyond the brow itself to bring the bone forward. Highlight the cheekbone from its highest point along towards the hairline.

Shortening a long face: Blend shader from just under the chin slightly upwards onto the chin mound. Shade the forehead at the temples, working around to the hairline and gradually fading out at mid-brow. Lightly shade around the jaw line. Highlight the cheekbones and brow bones.

Softening a square face: Shade the four corner 'angles' of the face-the temples, following the hairline round just onto the brow, the squares of the jawbone from below the ears to either side of the chin. Highlight the lower half of the chin, the centre brow down the nose and the cheek bones.

Slimming a wide face: Blend the shaders either side of the bridge deep into the inner eye corners and fairly either side of the nose itself. Slim the nostrils by shading into the creases. Highlight all along the centre of the nose.

Softening a pointed chin: Blend the shader upwards on the chin. Highlight the jawbone on the either side of the chin.

Skin Care

The pure, translucent and creamy texture of baby skin disappears before we can even begin to appreciate it. As teenagers, we have what we call teenage skin problems and by the time we overcome all those, we suddenly start facing age!

Though a lot of skin problems can be blamed on genes, with the kind of products available and treatments available in the market, anything is possible. However, the most important way to maintain your skin is to clean, moisturize and protect your skin on a daily basis. Daily cleansing, (more

than once a day depending on your routine) is of vital importance. If you are always on the go it is advisable to carry wet towels or an astringent with you, even if it means reapplying your make-up. If you have oily skin, splash your face with water a couple of times during the day and use oil-free cleansers and toners. Use a sun screen (preferably a water proof one) every day (and not only when you are on a vacation).

Use lots of moisturizer (on your body as well) at least once a day. Before applying or reapplying make-up makes sure, your skin is absolutely clean. Again, make sure your skin is devoid of all make-up before you sleep. The skin repairs itself while you sleep and blocked pores will only come in the way!

Oily skin: If you have oily, pimple prone skin, cut down on fried food, wafers, spicy and soft drinks. Wash your face as often as possible and nourish once a week with masks specially formulated to suit your complexion type. Multanni Mitti (fuller earth), when mixed with rose water has tremendous cooling properties and can benefit those with an oily skin, but should be tested well in advance for an allergic reaction.

If a blemish does rear its ugly head despite all these precautions, don't squeeze it. Conceal it by simply using some foundation and lightly dusting with translucent powder. If it bursts, carefully squeeze it out and wash the area with soap and water. Follow-up by applying a few drops of lime juice on the affected area with a cotton swab. It heips to close the pore and the marks will disappear. As lemon is a natural bleaching agent, rubbing a slice on your face can also lighten your skin tone. Two spoonfuls of basen (gram flour) mixed with a pinch of turmeric powder and a few drops of lime and milk make a good face pack.

Hair Care

No matter how much effort, time or money you spend on the perfect haircut or a color job, nothing is more attractive than a head of healthy hair. For healthy, shiny hair, you need to:

- Eat healthy—fresh vegetables, salads, fruits and fish.
- Avoid cigarettes.
- Take vitamin supplements—Vitamin B, C and E.
- Wash your hair regularly-be gentle, use a mild shampoo and scrub with the pad of your fingers
- Condition your hair regularly.
- Get a cut to complement your face, body, hair texture and lifestyle. Spend time deciding your cut—consult your hairdresser and be confident and comfortable before you get your cut.
- If you decide to color you hair, think about the colors you wear and are comfortable with. Remember to use color-specific shampoos and to do regular protein treatments.

Simple Facial Exercises

If you want firmer facial skin, and want to look years younger just follow these ten exercises every morning and watch the age on your face fade away.

Face tapping—to get the circulation going: Note the dots in the picture. Tap 20 times on each dot with the pads of your middle fingers. From the bridge of your nose work out along your eyebrows, then in round the top of your cheekbone. Tap up from the sides of your mouth to each inner eye. Then out from the chin along the jawline to each ear. Make sharp, light, very quick taps as if you are testing a very hot iron.

Ear Massage—To Get Your Face Glowing

With index fingers and thumbs, hold the top rim of your ears and pull upwards. Massage, making small circles between fingers and thumb. Move down all round the rim of the ears, pulling ears out gently and massaging. When you reach the lobes, pull them down slightly and massage for about one minute. Repeat this sequence if you have time. Then, with small, quick circular movements, massage all the spirals of the ear. Use the surface of the nails of your index fingers, or the pads of your middle fingers.

Throat Massage—to Beautify Your Neck

Put the fingers of one hand on one side of your throat and the thumb on the other. Make rapid circular

motions up and down the throat. Repeat with the other hand.

Gum Stimulation—for Glowing Gums

With fingertips of knuckles, make circles just above the jaw line along the gums.

Under-Chin Slaps—to Sharpen your Jaw Line

Slap quickly and lightly under your chin 30 times with the back of one hand.

Hair massage—to Stimulate Hair Growth and Soothe Headaches

With pads of your fingertips, massage in small circles all along the front of your scalp for at least 30 seconds. Then take large fistfuls of hair and gently pull upwards. Now clench your hands into fists and lightly pound your scalp about 20 times.

Face Stroking—to Soothe, Relax and Generally Uplift Face and Mind

Start with the flat of your right hand against your chest and stroke up to your jaw line, then immediately follow with your left. Continue alternating like this for at least ten strokes.

Next, immediately smooth the palms and fingers of your hands over your face very, very lightly. Start at the jaw line, move up and over your cheeks and each side of your nostrils, gently over the eyes and over the forehead to the hairline, then back down the sides of your face to your jaw. Repeat five to ten times in a continuous motion.

Now glide your middle fingers towards the bridge of your nose, out along your eyebrow, down your cheekbones and back to the bridge of your nose. Make ten of these light circular movements.

Then with your middle fingers on the bridge of your nose, stroke up towards your forehead. Place all fingers (not thumb) on your forehead and smooth outwards towards your temples; hold for a moment, pressing down slightly. Continue lightly down the side of your face, back along up from the bridge of your nose. Do this ten times.

Temple Pressures—To Lift Eye Area and Whole Face

Leaning back in a chair, place the base of your palm or the pads of your fingertips against your temples and push upwards. At the same time, suck your tongue against the top of your mouth keeping your back teeth together. Hold this for a count of ten, increasing to 20. Slowly release and relax.

Exercise Your Mouth—To Lift Lip Lines

Sit or stand, looking into the mirror. Open your mouth quite wide, as if about to yawn. Pull in the sides to form an oval. Now curve your lips over teeth. Then slowly to the count of ten, close your lips until they are about 1.5 cm (1/2 inch) apart. You will feel an upward pull. Release very slowly.

Finish by closing your eyes for a few moments, breathing deeply and gently and allowing yourself to drift off into a peaceful place.

Beauty Care for Your Hands and Feet

Taking Care of Your Hands and Nails

As far as your hands are concerned, taking care of your nails are a must. For starters, you can rub petroleum jelly or coconut oil on your nails and then wipe out with a soft cloth. That should render an amazing shine and look of health to them. Massaging them every two days will help those with soft nails that break easily. Another way to harden soft nails would be to soak them in warm olive for 20 minutes every second day. Mix atta with some milk and a drop or two of lemon and leave it on your hands for a few minutes. This kind of cleansing and softening can do wonderful rather hard to beat by a lot of cosmetics.

To soften coarse and dry hands, mix one tablespoon of lemon juice mixed with a teaspoon of sugar and water. Rinse hands after a minute or so. You can also mix 1/3 of a cup of glycerine and 2/3 of a cup of rosewater, mix them well in a bottle by shaking them. Store in a cool place and massage into your hands regularly. Mix two tablespoons of oil (baby, vegetable, olive) with three tablespoons of sugar, preferably coarse. Make a paste out of it and gently rub it into

your hands. Rinse with warm water. For cuticle care, you can use a teaspoon of warmed olive oil or two drops of eucalyptus essential oil and push back your cuticles and massage the oil into it. Besides, always keep a moisturizer handy at work. Using some moisturizer once in a while is a good idea.

Foot Care

You could try the milk and atta (whole wheat flour) combination on your feet as well. Believe it or not, toothpaste is known to be great for cleaning and softening the feet. You can round off with a short massage with a cream or a moisturizer. You can also mix half a bowl of water with half a bowl of lemon juice. Then gently dip paper towels into the mixture and apply to your feet. This should soften, smoothen and even help remove odors from your feet.

You will require a tablespoon of almond oil, a tablespoon of olive oil, a tablespoon of wheat germ oil and 12 drops of eucalyptus essential or fragrance oil. Mix all the ingredients well, store in a dark colored bottle and rub into your feet. Store it in a cool place. If you need some exfoliation for the hardened skin on your feet and soles, you could take some warm water; mix one of your favorite shampoos or that which you are trying very hard to finish off. Use a foot file to clean and soften the skin and finish off with a moisturizer. You could also use foot scrubs that are available in the market, for effective exfoliation.

Along With All These

Feel Good: Have an Attitude

- Keep an open mind.
- Try out something new. You never know, it may suit you.
- Be subtle with make-up and accessories.
- Do not follow fashion fads. They may not be for you.
- Try to learn something new.
- Cultivate your interests and hobbies. They give another dimension to the personality.
- Voluntary social service can be most satisfying.

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Saving Your Marriage

HAPPY MARRIAGE

Five things seem to be the key factor to a beautiful marriage. Men and women are as different as night is to day, which might be why it takes a lot of time and effort to make marriages work. The vital key to every successful relationship is friendship. It sounds simple enough, but don't be fooled. It demands hard work. Part of that work involves avoiding some common pitfalls, which can dampen your ability to like the one you love.

Communication

For some couples communication is the hardest part of their marriage. Some people complain of nothing to talk about. While others do nothing but complain to each other. It's a destructive circle, which should be broken. Try setting some time aside in your hectic schedules to communicate. If you can't find anything worthwhile to discuss, chat about anything that comes to mind, even if it seems trivial or silly.

Idealism

Idealism is when one perceives his/her spouse to uphold an image untrue to his/her character. Idealistic people tend to examine their mate's faults through a magnifying glass. Not only are you miserable because your spouse falls short of the image etched in your mind, but also he/she probably has self-doubts and may feel like a failure in your eyes. The problem here is a relationship is being built on unrealistic expectations. How long do you think it will take before you both begin to resent each other? The first step is to admit that nobody is perfect and to come to the realization that you are unable to change your spouse. Then choose to look for the positive aspects he has to offer. You just might be pleasantly surprised.

Romance

Romance is an important expression of love between two people. It's the unspoken words of passion. Even though there is nothing wrong with letting your spouse know you want him and showing him how desirable you think he is.

One can say 'I love you' without uttering a word. The little pleasures one can bring to the beloved one is worth a thousand kisses. Being romantic isn't hard to accomplish. There are never-ending possibilities to bringing romance into your lives.

Thankful Heart

Sometimes it is difficult to actually have a thankful heart. Being thankful doesn't come naturally. But with our stubborn human nature, we more readily take things and people for granted. Everybody longs to be noticed and appreciated, especially by the ones they care most about. We do hold the power in our hearts to show appreciation to those we love.

A Fresh Vision of Your Marriage

Each marriage goes through different seasons with distinct challenges and blessings. Marriage will completely blossom when we water it with love and forgiveness. Forgiveness is the cornerstone of faith and our hope for revitalized relationships.

Ten Things Ruin Your Marriage

- *Lack of respect*: Don't badmouth your spouse to your friends or associates. Spouses need to be thanked. They need to know they are appreciated

- *Ignoring the spouse*: Includes allowing your mind to wander, paying more attention to the computer or television set, ignoring body language, and interrupting.
- *Lack of sexual intimacy*: This is a death knell for a marriage. Don't leave your spouse wondering why you aren't interested in sex.
- *Having to be right*: This includes lecturing your mate, or having to have the last word. Very few people can love a know-it-all forever. Admit once in a while that you made a mistake or that you don't have all the answers. Don't answer every simple question with a long-winded dissertation on the topic.
- *Be genuine*: Actions do speak louder than words. When you say you'll do something, do it. When you say you won't do something, follow through.
- *Teasing may be hurtful*: If your spouse says the teasing is hurtful, considers it a put down, or thinks that it is inappropriate, then stop it.
- *Be honest*: Having lies and secrets in your relationship can create distance and lack of trust between the two of you.
- *Be generous*: This is when you spend money on yourself, but make a big deal if your spouse spends a little or only going to cheap restaurants when you could afford better, or not watching movies your spouse wants to see.
- *Having temper tantrums*: Every couple needs to be able to handle conflict in a constructive way. Having an angry outburst so that you can win an argument will make you the loser in the end.
- *Behaving strangely*: Able to perceive the subtle needs of partner—a good life partner.

REMEMBER!!!

- Marriage does matter—it affects your health, wealth, and sexual satisfaction.
- Disagreement isn't predictive of divorce. Fighting isn't predictive of divorce.
- All couples have approximately 10 issues they will never resolve. Love is not an absolute, a truth or a limited substance that you're in or out of. It's a feeling that ebbs and flows, depending on how you treat each other. If you learn new ways to interact, the feelings can come flowing back, often stronger than before.
- Marital satisfaction often drops with the birth of a baby and with each successive birth. That's normal. Marital satisfaction is at its lowest when there are kids in the house between 11 and 16 years. That's normal. Hang in there. Satisfaction goes back up with the empty nest - the final stage of marriage, the last third, is the real honeymoon period.
- Early marital sex is sex between strangers. Passionate sex is based on knowing your partner and letting him or her know you. Intimate sex is passionate sex.
- Sex ebbs and flows too, comes and goes. That's normal. Enjoy the flows.
- Repair attempts are crucial and highly predictive of marital happiness. They can be clumsy or funny, even sarcastic, but this willingness to make up after an argument or fight is central to every happy marriage.
- Welcome, embrace and integrate change. Learn ways to discuss and update your wishes, hopes and dreams, desires and beliefs on a regular basis.

The marriage vow is a promise to stay married, not to stay the same.

SHE IS IN TROUBLE!

A threatened wife no longer feels secure in her husband's affection, and she reacts in either one of two ways:

She may react by what men may call "womanly perverseness," seemingly unreasonable reactions. Perhaps a man comes home with no idea that anything is wrong, and he makes some common place, routine statement and to his surprise his wife blows up and flounces out of the room in a huff, and the poor man is left there in his bewilderment, saying to himself, "What did I say? What have I done?" He is genuinely bewildered. But something has threatened, even subconsciously, his wife's feeling of security in his affections and she is instinctively testing him by this

strange perverse reaction. If he gets angry in reply and blows up it only confirms her suspicions and thus increases the viciousness of the circle, for then she is sure that she is not secure in his affections any longer. Therefore the wise husband learns that in times like this it is necessary to be quiet, loving, and considerate, and he will re-establish her feeling of security in his affection and all will work out.

The second way a threatened wife may react is by self-protection. If her insecurity goes on long enough a wife will try to build a life for herself apart from her husband. She will try to erect barriers that protect her from getting hurt. Sometimes after long years of marriage women will seek a new career for themselves, or go back to college, go home to mother (in extreme cases), or try to make their homes a show place in the neighborhood. It is because they are feeling an essential lack in the ultimate demand of a woman's life: to be secure in her husband's affection. Husband must learn to avoid any unconscious threat to her feeling of being loved. That is the husband's great responsibility in the emotional leadership of the home.

The husband must understand the need for unlimited sharing of his own life with his wife and must recognize his wife's right to share every part of his thinking, infact his whole life. All the barriers must come down between them, all the channels of communication must be open. This does not mean that they must always participate in everything mutually. This relates again to that central need of a woman to have first place in her husband's affections. He must share so fully his needs, his desires, and his reactions with her that she understands the whole situation and feels no threat arising from it. This is what every husband should know - that he creates the atmosphere that makes it possible for her to supply those womanly qualities that complement his manly ones and make a home, home to be. Therefore, a happy marriage begins with the man.

SOME TIPS FOR NEWLY WEDS

The Wedding and Marriage are Different: While our culture's wedding traditions are beautiful, romantic, with lots of fun, they can set couples up for disappointment afterwards. The day-to-day work of a marriage is far away from the flowers and the dress and the feast. It is important for couples keep this in mind before, during, and after the wedding, which, at its most basic level, is the concretizing of transition. It is interesting to note that although there are many good pre-marital counseling programs out there, it is often difficult to get would be couples to attend them. Couples need to remember that what they are really doing is preparing for a lifelong marriage.

Tip

As you are going through the wedding experience, remember the goal: Building a sustainable, satisfying marriage. A good marriage is the product of luck and work. The fact that marriage takes work does not mean that something is wrong. People who enjoy the benefits of a happy marriage are the ones who are willing to put in time, effort, and work.

IDENTITY CHANGE—"I VERSUS WE"

It is healthy for couples to begin to think in terms of "we" rather than in terms of "I." Couples in the first year of marriage need to ask the question, "who are we as a couple?" In exploring the question together, couples are creating a story about their relationship. This story includes how they relate to each other, how they relate to the outside world, how they handle conflict, and how they meet their own and the other's needs.

Couples who successfully navigate this identity process create a story, which valorizes or focuses, in a realistic way, on their strengths as a couple. That can be a bit startling for people. For example, it can be difficult to realize that they cannot just go home if they feel bored or frustrated, or to realize that they cannot simply make weekend or evening plans without factoring in another person. Certainly this does not mean that all your time needs to be spent together, but it does mean being responsible to someone else in a new and different way. You are now part of a team!

Tip

When faced with a conflict or a dilemma, it is helpful for married people to ask the question, "What does the relationship need?" The marriage almost becomes an entity unto itself-an entity that needs to be nurtured, protected, and cared for by both partners.

DEVELOP AND MAINTAIN BOUNDARIES

With a growing sense of identity in place, couples can then create a boundary around the relationship. Marriages need a semi-permeable boundary-a boundary that allows other people to connect with, love, influence, and be close to the couple while also allowing the couple to definitively say to the world, "we are a team here!" This can be especially complicated when it comes to each spouse's family of origin.

Tip

Couples need to ask the question, "What do we need to maintain the integrity of our relationship?" In answering this question, couples may need to say clearly to their families, "now that we are married, this is how we are going to navigate the holidays." This can be hard for couples to say and hard for families to hear, but it is crucial for the good of the marriage.

CONNECTING ACROSS DIFFERENCES

Differences inevitably exist in a relationship. Couples need to accept that, no matter what, they will not be able to do away with difference. A difference in and of itself is neither a good thing nor a bad thing. The problem becomes that all too often we attach labels to our differences: "My way is the right way, and her way is the wrong way."

Tips

It is helpful for couples to think about which differences they can let go off, accept, and live with, and which differences are worth labeling meaningful, holding on to, and compromising on.

It can also be helpful for couples to remember that most differences are actually double-edged swords. If you find yourself bemoaning your spouse's lack of planning, remember that this is most likely the same spontaneity that you have often found attractive, endearing, and the perfect complement to your neuroticism. Remember to attack the problem, not the person. An acceptable outcome is one that both people can live with because it feels fair.

Know yourself. Be mindful of your emotional baggage and be gentle with your partner. So:

- Accept differences. Try to balance what irritates you about your partner with what you love about your partner. Remember that, like you, your partner has strengths and weaknesses.
- Keep your expectations in check. Ask yourself if your expectations are realistic and check them out with your partner. Unchecked expectation lead to disappointment, anger, and resentment.
- Remember that you are on the same team! All too often fights become framed as a win/lose situation, and this is destructive. Need to create a non-judgmental environment in which both partners can keep in mind the goal-getting back on the same team.

It is hoped that in the years to come, granted that children have inculcated the basic qualities of trust, sense of commitment and fulfillment of obligatory roles, marital relationships will stabilize and assume to some degree the importance that they held for the last generation. "Marriage is often not the happily-ever-after phenomena as portrayed in fairy tales or films, nor is it a permanent state of romance. It is a life-long process of cementing a relationship in the face of several adversities and an ongoing process of physical and emotional accommodation, sharing and loving. Young people should neither idealize it too much nor have their knives sharpened all the time.

"There is no perfect marriage and there never will be one - neither is it necessary to be so. All the fun will be lost if marriage is always sedate and predictable."

And in the words of Khalil Gibran,
poet and philosopher on marriage:

.....Let there be spaces in your togetherness
And let the winds of the heavens dance between you
Love one another, but make not a bond of love.....
Let it rather be a moving sea between the
shores of your souls
.....Fill each other's cup but drink not from one cup
Give one another of your bread but eat not
from the same loaf
Sing and dance together and be joyous but
let each one of you be alone
Even as the strings of a flute are alone though
they quiver with the same music.....
Give your hearts, but not into each other's keeping
For only the hand of life can contain your hearts
And stand together yet not too near together.
For the pillars of the temple stand apart,
And the oak tree and the cypress grow not in
each other's shadow.

COMMANDMENTS OF SUCCESSFUL MARRIAGE

- Marriage is the imaginary link, which connects man and woman.
- Compatibility in education, culture and economic is ideal.
- Compatibility in incompatibility - may shine more.
- Mutual trust and unconditional love- the pillars of marriage.
- Partner will also have the merits and demerits as you have.
- Your husband/wife is a son/daughter, brother/sister. Allow them to act the role accordingly.
- " If only I had married …….so and so, forget it.
- Satisfaction is a mirage- be aware of extramarital sex.
- You are an in-law tomorrow- accept your in-laws today.
- Man is only complete with the union of woman and vice versa.
- After marriage half close your eyes, ears and mouth- expand your brain!
- Marriage is a long road with starting point in fantasy, pedestal in sexuality and having its end in reality.
- Personality problems, extreme self interests, distorted family rearing - ruin marriage.
- Avoid the "Four Horsemen" of Marriage: Criticism, contempt, defensiveness (which follows criticism and contempt), and stonewalling (that is, when one partner completely shuts down and refuses to respond).

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