



Integrated Care and Development of Adolescents and Youths: A Need for Urgent Action

Introduction

The importance of various components of reproductive health (RH) had been gaining increasing attention in different countries over the years, but an integrated comprehensive concept of RH has emerged only in recent years. Reproductive health is central to general health and is affected by other aspects of health, particularly the status of health during infancy, childhood and adolescence, life style, nutrition and environment. Most of the components of RH are very much interrelated and intertwined. Maternal health is directly related to the state of women's health, which in turn is related to the status and development of women. Both women's health and maternal health are largely influenced by the status of their health during infancy, childhood and adolescent period. Children and adolescents of today would develop into adults of tomorrow, entering into reproductive phase of life. Children as well as the adolescents need integrated development throughout.

Adolescent Health

Adolescence

The term adolescence is derived from the Latin word 'adolescere' which literally means 'to grow to maturity'. This is a transition between childhood and adulthood; it begins with pubescence and terminates with adulthood. Pubescence refers to biological changes of adolescence that precede sexual maturity. Puberty is defined as a period of transformation from a stage of reproductive immaturity to a stage of full reproductive competence, and when the individual changes from asexual to a sexual being. This encompasses a number of physical, physiological, emotional and psychological changes. The age of onset of puberty varies from individual to individual; the girls on an average, reach puberty earlier than the boys. The geographic, ethnic and genetic factors interact with socio-economic status, health,

nutrition and emotional levels to determine the age of onset of puberty for any single individual. The duration of adolescence varies greatly; it may start at 9 years and end in 18 years of age in some, and it may start at 14 and end in 25 years in others. Every body grows up in a different way and at different rates. According to the WHO, the adolescence period is from 10 to 19 years.

While considering adulthood, certain sociological aspects also have to be taken into consideration, besides the biological aspects. To determine as to when the society considers a person to be adult and mature to carry out socio-legal obligations, there may be different indicators such as the age of voting rights, age for entitlement of holding and selling property, and the legal age at marriage.

Human Sexuality

Human sexuality comprises the knowledge, beliefs, attitudes, values and behaviour of individuals regarding sex. It's various dimensions include the anatomical, physiological, biochemical and psychological basis of sexual responses; individual identity, orientation, role and personality; and their thoughts, feelings and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural and moral concerns, and the social milieu.

Human sexuality is an integral part of human personality and it influences thoughts, feelings, actions and interactions, and contributes to the energy that motivates people to find love, contact, warmth and intimacy and, thereby, achieve and maintain mental and physical health. The foundations of a healthy and fulfilling sexuality are established during childhood and the adolescent period. The ability of young people and adults, both male and female, to maintain general health is directly affected by human sexuality and the relationship between the sexes. This process can be helped and strengthened by making information and

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education about sexuality available to young people, and the health worker and the community should provide such information and services in order to promote and maintain healthy sexuality throughout life (WHO, 1994).

Problems of Growing-up

The adolescent period is marked by rapid physical, emotional and psychological changes which influence the social environment, and are in turn influenced by it. The process of growing-up and the consequent development resulting from physiological changes make it necessary for them to build self-image, to redesign behavioural patterns with parents, peer groups and the members of the opposite sex, to examine prevailing values and norms, and to establish individual identities and one's place in society. The suddenness of these changes, coupled with the non-availability of authentic sources of acquiring knowledge for understanding and appreciating these changes, results in anxieties which can cause confusion and unrest among adolescents, at times promoting deviant behaviour in them.

Because of sexual development and associated changes, adolescents are often bewildered by strong sexual urges. These problems get further aggravated by the fact the period of abstinence of 'sexual unemployment' is increased as the age of onset of puberty has been advanced as a result of better nutrition and urbanisation, and on the other hand the legal age of marriage is increased; thus the gap is widened. The social environment provides constant sexual stimulation but the rigidity of social mores may create conflicts leading to anxiety, sexual frustration, deviant sexual behaviour, promiscuity, casual sexual relations, unwanted pregnancy, teenage motherhood and increases in sex crimes and STDs.

The transitional period of adolescence is beset with several other problems such as abuse of various types (alcohol, drugs), STDs and wrong attitudes towards sex. The spread of STDs and infection with the human immunodeficiency virus (HIV the causative agent of the acquired immunodeficiency syndrome, AIDS) in different parts of the world is becoming pandemic and its primary victims are people in the reproductive age group. This is attributed to ignorance, multiple sex partners, lack of sex related hygiene and defiant sex behaviour, failure to use various methods of contraception and delay in seeking treatment. Since education is the only effective prevention against HIV infection, there is an urgent need for imparting appropriate education at this sensitive phase of life.

The majority of young people desire and seek authentic information on sex related matters. They need an understanding of their anatomy and physiology, and of the emotional and psychological changes that occur during the adolescent period. Unfortunately, such information is rarely received from parents, teachers and health professionals, but they get it from their peers or other unauthentic sources and is often incorrect or inadequate. Young people today seek guidance, but they do not know where to get it from. Their present attitude will determine their future growth and their usefulness as members of society.

Sexual and Reproductive Health of Adolescents and Youths

Global Situation

Adolescents constitute 1/5th of global population i.e. over one billion people. Nearly 10 per cent of global disease burden is borne by people aged 10-19 years. In addition, many events and behaviour that are established during adolescence can lead to health problems later in life. For example, drug addiction, smoking tobacco and drinking alcohol often are started in adolescence, their health effects appear much later.

While age at marriage is rising in almost all countries, age at first sexual intercourse is falling. Thus a large proportion of adolescents are engaging in pre-marital sexual activity. These sex activities are often unplanned and many young people do not use any contraceptive or use less effective traditional methods. As a result, about 14 million adolescents give birth each year, a significant proportion of which is unplanned. Many of them resort to abortion, often under unsafe conditions. Adolescent pregnancies and child birth carry higher risks for the mother and the newborn; maternal mortality ratio in this age group is twice that of women in their twenties. More girls aged 15-19 years die from pregnancy related cause than from any other cause. Other important consequences of unprotected intercourse include sexually transmitted infections (STIs). About half of all new HIV infections occur among people aged 15-24 years, accounting for about 2.5 million new infections every year.

Situation in India and South Asian Countries

In addition to the problems faced by adolescents elsewhere, young people in India and in many south Asian countries are confronted by cultural constraints. For example, young women are generally disadvantaged by gender disparities in term of food intake, access to education and health care and growth pattern. The disparities are noted soon after birth and by adolescence many girls are grossly underweight. Unlike elsewhere in the world, women in these south Asian countries have higher mortality rate than men, particularly in age groups of 15-19 and 20-24 years, probably due to poor reproductive health.

Adolescents in these countries do not have the possibility of making real choices about their sexual and reproductive lives such as: (a) when and whom to marry; (b) whether and when to have children and how many to have; and (c) whether to use contraceptives. The girls tend to marry young; about 2/3rds of girls in most south Asian countries marry before 18, and many even before 15 years of age (against the law). Nevertheless, age of marriage is increasing and with migration and urbanisation give more opportunities for pre-marital sex. In addition, there are associated problems of (a) unwanted pregnancy and (b) STIs.

There is general reluctance to address these issues openly, and the notions of adolescent sexuality and their need for sex education still generate intense debate. However, there is considerable evidence that when sexuality is openly discussed and when young people learn about their bodies and their emotions, they are better able to cope with sexual maturation.

Many countries have now started to provide sexual and reproductive information to young people, being concerned about HIV/AIDS. To make such information effective, it has to be tailored to their specific

needs, understanding and motivation. It should also be placed in the context of adolescents' broader needs for education, employment, emotional support and safety. Thus, the programme might focus not only on counselling services, contraception and nutrition, but also on life skills, protection from abuse and vocational guidance. Thus the adolescents can be helped to achieve their potential to become knowledgeable, confident and caring adults.

Adolescence Education

Need and Objectives

It is quite evident from the above that we have a great stake in preparing adolescents for the responsibilities of rational sexual behaviour, marriage, family life and good citizenship. This underscores the importance and urgency of 'adolescence education' for every growing individual (UNESCO, 1991). In the process of growing up, sexual development constitutes a major component. Therefore, sex education is the core of adolescence education, which has to focus on the problems and issues related to the process of growing-up and the development of proper sexuality. It should not only address students in schools and colleges, but also out of school youths.

The overall objectives and scope of coverage of adolescence education for boys and girls would be similar and complementary to each other (UNESCO, 1991). For boys, the objectives of adolescence education would be to: (a) provide adolescents authentic information and understanding regarding the process of growing up so as to enable them to cope with their problems; (b) prepare young people to lead a normal, safe, responsible and healthy sexual life, and to appreciate the need and importance of preventing unwanted pregnancy; (c) promote among males, a responsible and respectable behaviour towards the female sex, thus helping to build a stronger foundation for gender equality; (d) inculcate in them an understanding that happy married life is based on mutual love, affection, sharing and caring; (e) help them understand the requirements for responsible family life and parenthood; and (f) create awareness among the target group, and to help them in shaping their values and attitudes.

Scope of Coverage

Adolescence education has to encompass the biological, psychological, social, cultural and even moral dimensions of human sexuality. It should incorporate information on: (a) physical aspects; (b) social aspects; (c) sex/gender roles; (d) STDs including HIV/AIDS; and (e) drug abuses.

Physical aspects: should include the knowledge of anatomy and physiology of the reproductive system; physical, emotional and psychological changes during puberty; conception, pregnancy and childbirth; and the need to avoid unwanted pregnancies. They should be made aware of sex related health and hygiene; and also the nutritional needs and other requirements of the mother and the child during pregnancy and after childbirth.

Social aspects: pertain to emotional maturity, establishment of adolescent identity in relation to parents and peer groups, emergence of heterosexual interest, emancipation from home control, interaction with traditional values and norms, and development of interest in

general principles of human conduct and interpersonal relationship. The sex related myths and misconceptions prevalent among the young also should be addressed.

Sex/gender roles: include masculinity and femininity in different cultures, stereotypes and role expectations, the contributions of society, and respect for the opposite sex. Adolescents need to appreciate the sex role, stereotypes, the contribution of different cultures in accentuating them and the need to examine the implications of these stereotypes affecting their lives.

Sexually transmitted diseases (STDs) and HIV/AIDS: with the widespread prevalence of STDs, it has become very important to include information on various aspects of STDs as a major component of adolescence education. With the pandemic spread of HIV/AIDS and the growing realization of the role of education as a sole preventive measure, it becomes imperative to incorporate information on the cause and consequences of HIV/AIDS in adolescence education programmes. The societal attitude towards persons infected with HIV should also be addressed.

Drug abuse: the increasing incidence of drug abuse, particularly among the young, has become a matter of serious concern. Drug abuse not only affects the general health and the process of growth, but is also a potential source of HIV infection and deviant sexual behaviour leading to the risk of infection with STDs and HIV. Adolescence education should include information on various types of drug abuse and their consequences, different methods of treatment and the role of the family and the community in the treatment and the rehabilitation of addicts.

Adolescent Health Care

General Health Care

In most health care programmes, there are provisions for infant and child health as well as the pregnant mother, but no specific health care facilities for adolescent boys and girls. General health care will encompass prevention and control of nutritional disorders particularly of the adolescent girls and other ill health including RTIs, STDs. These can be provided to the adolescents through primary health care approach. In addition, there are disorders and problems which would need special attention.

Disorders of the Reproductive System

Disorders of the reproductive system may relate to developmental defects and/or functional derangements and include hypogonadism (primary or secondary), delayed pubescence, and sexual precocity. In females, there may be menstrual irregularity, hirsutism and acne. All of these may need special investigations and management.

Sex Related Problems

Sex related problems may be divided into two groups: (a) developmental problems; and (b) psycho-social problems.

(a) Developmental problems: Developmental problems in male adolescents include concerns regarding the size and the development of genital organs, nocturnal emissions, masturbation, etc. the female adolescents may be concerned about lack in breast development.

- (b) Psycho-social problems: Psycho-social problems in male adolescents include concerns about the health aspects of premarital sex, teenage pregnancy and abortion, STDs, smoking, drugs and alcohol, disinterest in education, etc.

The way in which young people's feelings and expressions are handled by parents, teachers and doctors has an immense impact upon their adult lives. Most of the problems arise because of ignorance about their sexuality and their sexual responsibilities. The remedy rests with providing sex education and proper counselling. For every day simple problems, counselling may be undertaken by teachers, parents and other concerned individuals, provided they have the knowledge, attitude and patience. When an adolescent approaches a counsellor with a problem, the latter should be able to reduce the anxiety and permit the person to release emotion freely and comfortably in a situation where he/she does not feel that a judgement is being delivered.

Problems regarding sexual and reproductive health of adolescents and youths, and suggested remedial measures have already been discussed earlier.

Conclusions

Various problems encountered during adolescents growth to adulthood including their sexual and reproductive health needs and the suggested remedial measures have been discussed. These problems arise mainly due to their ignorance and lack of proper guidance. For providing them effective information this has to be tailored to their specific needs, understanding and motivation. Their educational and health care service programmes should focus not only on counselling, contraception and nutrition, but also on their education, employment, emotional support, life skills, protection from abuse and vocational guidance. Thus, the adolescents and youths can be helped to achieve their potential to become knowledgeable, confident and caring adults.

References

1. Roy Somnath (1994-95). Dimensions of Reproductive Health: Opportunities and Challenges. Keynote Address, International Symposium on Perspective in Reproductive Health, Nov. 21-23, 1994, New Delhi. In J. Sen Gupta and D. Ghosh (Eds.), Perspectives in Reproductive Health. New Age International (P) Ltd., Publishers, New Delhi, 1995, p.1-45.
2. WHO (2003). Preparing for Adulthood: Adolescent Sexual and Reproductive Health. In Progress in Reproductive Health Research, No.64. WHO RHR, Geneva.
3. WHO (1998). Strategies for Adolescent Health and Development in South-East Asian Region, WHO (SEARO), New Delhi.

(The Editor-in-Chief acknowledges former Director for his guest editorial contribution to this issue.)

Events



Prof. Deoki Nandan, Director, NIHFW, interacts with Dr. Prema Ramachandran, Chairperson, PAC, in the PAC Meeting. Also seen in the picture are Mr. Partha Chattopadhyay, Chief Director (MOHFW) (extreme left) and Prof. K. Kalaivani, Nodal Officer, RCH (extreme right)

Programme Advisory Committee Meeting

The 25th meeting of the Programme Advisory Committee of the Institute was held on June 25, 2007. The meeting was chaired by Dr. Prema Ramachandran, Executive Director, Nutrition Foundation of India, New Delhi. In this meeting, the activities performed during 2006-2007 and proposed for 2007-2008 by the Institute were critically examined in relation to education, training, research and evaluation and specialised projects and consortium activities. The activities were presented by Prof. Deoki Nandan, Director, NIHFW.

World Health Day

The Institute celebrated the World Health Day on 7 April, 2007. The theme of the World Health Day of this year was 'International Health Security'. On this occasion, a narration competition was organized in the Institute on 'Healthy Mothers and Children are the Real Wealth of the Society'. Besides, quiz competitions for adolescent boys and girls, ICDS workers and Basti Sevikas on the theme were organized in Rangpuri, the Field Practice Demonstration Area of the Institute. As part of the event, group meetings with the community members to create awareness among them about the importance of mother and child health were organized in Rangpuri.



A quiz competition for adolescent boys and girls on the occasion of World Health Day on 7 April, 2007 in the Field Practice Demonstration Area of the Institute.

Technology Development

A meeting for signing of Memorandum of Agreement between National Institute of Health and Family Welfare (NIHFW) and National Research Development Corporation (NRDC) for transfer of technology, developed by the NIHFW was held on June 14, 2007, in the Institute. The up-scaling of the technologies developed by the NIHFW will be taken up by NRDC for commercialisation. Prof. Deoki Nandan, Director, NIHFW, and Mr. Somenath Ghosh, Chairman and Managing Director, NRDC, signed the Memorandum of Agreement.

Thermo Stable ELISA Kits by DR. T.G. Shrivastav, Reader and Dr. Anupam Basu, Research Assistant, Department of Reproductive Bio-medicine

This technology is useful in production of Thermo-Stable ELISA Kits. The technology allows enzyme conjugate and antibody to retain their enzymatic and immunological activity respectively at 37°C for three months or more than two years at 2 to 8°C. The thermo-stability technology for enzyme conjugate can have applicative value in those ELISA kits that are based on the use of enzyme horseradish peroxidase as label. The imported kits wherein horseradish peroxidase enzyme used are not thermo-stable (cannot withstand higher temperature of 37 °C for more than twenty four hours). They require cold chain for their transport and storage.

By using these technologies, ELISA Kits for cortisol, progesterone, 17 α -OH progesterone, estrone glucuronide, androstenedione, corticosterone and progesterone and human chorionic gonadotropin have been developed.

Salient Features of the Kits:

- Kits have been certified by the EQAS programme of Bio-Rad, USA.
- Kits are very stable in varied Indian climatic conditions.

- Low-production cost.
- Long shelflife.
- Kits are at par with imported technology.
- Kits reagents do not deteriorate even after repeated exposure to the environment.

Laboratory Kits for Testing Sperm Functions by Dr. M.M. Misro, Reader, Department of Reproductive Bio-medicine

Infertility in men is showing an increasing trend in recent years. The routine diagnostic tools available are not sufficient to test the other functions of the sperms. The three technologies for laboratory kits to test sperm function will help to test many of the

specialized functions of the sperms which otherwise are not routinely examined. It will strengthen the existing diagnostic tools in the male infertility diagnosis and management. It has great potential to use routinely in human sperm banks and can be extended to the same area for veterinary applications. At present no such laboratory kit for sperm function is available in the market. The kits do not require any imported material and have been developed indigenously.



Prof. Deoki Nandan, Director, NIHFW, and Mr. Somenath Ghosh, Chairman and Managing Director, NRDC, after signing the Memorandum of Agreement.

The technology developed and patented to arrest and restore the human sperm motility has the potential for use in various reproductive clinics practicing

assisted reproduction. It will be of great help in the existing practice of breaking the tail of the sperm and then picking it up for transfer into the oocyte in intracytoplasmic sperm injection (ICSI), which requires considerable expertise.

Vaginal contraceptives are mostly oil based which compromise pleasures. The present technology provides a composition which is water based, very much effective, less expensive and expected to provide wide acceptability.

Training Courses and Workshops

Training Course on Planning, Implementation and Monitoring of Development Programmes under WHO Biennium Fellowship

Course Director Prof. Deoki Nandan
Coordinator Dr. V.K. Tiwari
Co-coordinators Dr Lam Khan Piang and Mr. J.P. Shivdasani
Course Associate Mr. Pardeep Kumar Kamboj
Dates 2 -27 April 2007

Annual Sentinel Surveillance for HIV Infection 2006 - Review Workshop for NGOs

Coordinator Prof. M. Bhattacharya
Associates Mrs. Vaishali Jaiswal and Mrs. Vinod Joon
Dates 13-14 April 2007

Training Course for State Level Programme Management Unit (PMU) Officials

Course Director Prof. Deoki Nandan
Coordinator Dr. S. Menon
Co-coordinator Mr. N.S. Rawat
Associate Mr. Shridhnad
Dates 30 April-4 May 2007

Managerial Skills Training for CGHS Medical Officers

Course Director Prof. Deoki Nandan
Coordinator Prof. J. K. Das
Co-coordinators Dr. Anamika Khanna/Dr. U. Datta/
Dr. Neera Dhar
Associates Mr. G.P.Devrani, Mr. S.S.Mehra and
Dr. Rachna Agarwal
Dates 7-11 May 2007, 21-25 May 2007 and
4- 8 June 2007

Training Course for Integrated Service Delivery under NRHM

Course Director Prof. Deoki Nandan
Coordinator Prof. K.Kalaivani
Co-coordinator Dr. Bindoo Sharma
Associate Mrs. Renuka Patnaik
Dates 14-18 May, 2007

Training Course on Hospital Administration for Medical Officers from Himachal Pradesh

Course Director Prof. Deoki Nandan
Coordinator Prof. J.K. Das
Co-coordinator Dr. Neera Dhar
Associates Mr. S.S. Mehra and Dr. Rachna Agarwal
Dates 11- 22 June, 2007

Forthcoming Training Courses/Workshops

- ❖ Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers
- ❖ Training Course on Hospital Administration for Senior Hospital Administrators
- ❖ Training Course on Monitoring under NRHM/RCH
- ❖ Training Course on Logistics and Supply Management System in Health and Family Welfare
- ❖ Training Course on the Role of NGOs in National Rural Health Mission
- ❖ Training Course on Management of Training Programme
- ❖ Training Course for Integrated Service Delivery under NRHM
- ❖ Training Course for State Level Programme Management Unit (PMU) Officials
- ❖ Training Course on Application of Epidemiology in Health Care Management
- ❖ Course on Stress Management for Health Professionals
- ❖ Training Course on Hospital Information System
- ❖ Training Course on RCH for Medical Colleges Faculty
- ❖ Training Course on RCH for Programme Officers
- ❖ Training Course on Quality of Care for Provision of RCH Services
- ❖ Training Course in Management for Senior Nursing Administrators



Mr. Ramesh Chandra, Deputy Director, Anthropological Survey of India, Dehradun, delivering a lecture in the Institute.

Nuggets

Director's Activities

In addition to his regular activities in the Institute, Prof. Deoki Nandan, Director, participated as an expert in several scientific meetings, seminars, workshops, symposia, etc. organized by various national and international organizations during the quarter under report. Some of his significant activities include:

International

- Consultative Meeting of Experts on Capacity Development, organized by Partners in Population and Development, Dhaka,

Bangladesh, during 10-13 May, 2007 at Taicang, China.

- Workshop on Health Sector Reforms, organized by All India Institute of Medical Sciences, New Delhi, in Thailand, during 20-22 June, 2007.

National

- Meeting regarding Integrated Management of Neo-natal and Childhood Illness in the Ministry of Health and Family Welfare, New Delhi, on 9 April, 2007.
- Governing Body meeting of Jansankhya Sthirakaran Kosh in the Ministry of Health and Family Welfare, New Delhi, on 18 April, 2007.
- Meeting with representatives of Norway India Partner's Initiative regarding child health, at NIHF, on 19 April, 2007.
- Selection Committee Meeting for the post of Lecturer, at the University of Pune, Pune, on 26 April, 2007.
- Selection Committee Meeting for teaching posts in the Department of Community Medicine, UCMS, University of Delhi.
- Governing Body Meeting of National Health Systems Resource Centre, in New Delhi, on 1 May, 2007.
- S.C.B. Medical College to conduct Viva-Voce and Practical Examinations as an External Examiner for the MD (SPM), during 5-6, May, 2007.
- Meeting of Sub-Group of National Rural Health Mission in the MOHFW, Nirman Bhavan, on 22 May, 2007.
- Workshop on Knowledge System in Health at World Health Organization on 5 June, 2007.

Besides, he had meeting with the members of USAID and GTZ, Nuffield, UK, World Bank, World Health Organization, Tata Energy Research Institute, Norway India Partners Initiative, Path India, Population Foundation of India, IPAS, etc.

Prof. Nandan also delivered a Key Note Address as Chief Guest in the First Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers at the State Institute of Health and Family Welfare, Bhubaneswar, Orissa, on 5 May, 2007. He also inaugurated the Flagship Course on Health System Policy and Management, Indian Institute of Health Management Research, Jaipur, on 23 April, 2007. As a member of the team constituted by the DGHS, Prof. Nandan visited All India Institute of Hygiene and Public Health (AIH&PH), Kolkata, on 24 April, 2007 for enhancing number of seats in various courses at AIH&PH. As a Chief Guest, Prof. Nandan inaugurated the Workshop on Promotion of Good Governance in Health Care Sector- What can we learn from the experience of Karnataka State (2001-2006)?, organised jointly by NIHF; IIM (A); Nuffield Centre for International Health and Development, UK; Karolinska Institute, Public Health Sciences, Stockholm, Sweden; and Karuna Trust, Karnataka, in the Institute, on 11 June, 2007. In addition, he took lectures on Community Mobilization, Capacity Building, NRHM, etc. in the training courses of NIHF.

Faculty Activities

- Prof. K. Kalaivani, Nodal Officer, NRHM/RCH; and Head, Department of Reproductive Bio-medicine, attended the Governing Body Meeting of the State Institute of Health and Family Welfare, Raipur, held on 23 April, 2007.
- Prof. M. Bhattacharya, Head, Department of Community Health Administration, made a presentation on HIV Sentinel Surveillance Data Collection, interpretation and analysis at the Centre for Global Health Research, St. Michael's Hospital, University of Toronto, on 2 April, 2007. She also attended a workshop on HIV/AIDS Estimation and Projection Methods, at Bangkok, Thailand, during 23-25 April, 2007.

Besides, she participated as an expert in the following:

- Sub-committee for Hearing Aid/PPP/Role of NGOs under Pilot Phase of National Programme for Prevention and Control of Deafness, in the MOHFW, Nirman Bhavan, New Delhi, on 9 April, 2007.
- Meeting on HIV Estimation at NIMS, Indian Council of Medical Research, New Delhi, on 17 April, 2007.
- Meeting for Review of MPH Curriculum of the Public Health Foundation of India, held at India International Centre, during 19-20 April, 2007.
- Meeting for Developing a Format for Investigation of Vector Borne Viral Diseases, National Institute of Communicable Diseases, New Delhi, on 27 April, 2007.
- Meeting for HIV/AIDS Prevalence Estimates based on NFHS-3 Data Set at NHRDC, New Delhi, on 30 April, 2007.
- Meeting for Standardizing the Modules/Background Study Materials and Course Evaluation Instruments for Professional Development Course for Management, Public Health and Health Sector Reforms for District Medical Officers, at SIHF, Shimla, during 18-19 May, 2007.
- Meeting for National Programme for the Health Care of Elderly (New Initiatives under CSS) and WHO Biennium Programme 2008-2009, in the MOHFW, Nirman Bhavan, New Delhi, on 21 May, 2007.
- Meeting of the Sub-group for Sensitising the Members about the Appraisal Process under NRHM, in the MOHFW, Nirman Bhavan, New Delhi, on 22 May, 2007.
- Dissemination Seminar on the occasion of release of Chartbooks on HIV/AIDS in India, Uttar Pradesh and Bihar, at India International Centre, New Delhi, on 2 June, 2007.
- Expert Consultation and Consensus Building Meeting on HIV Estimation in India, held at National AIDS Control Organization, New Delhi, during 4-6 June, 2007.
- Meeting on HIV Estimation, held at Chennai, on 29 June, 2007.
- Training Programme under Integrated Management of Neonatal and Childhood Illness (IMNCI), at Kalawati Saran Hospital, New Delhi, during 19-30 June, 2007.

She delivered a lecture on Sentinel Surveillance for HIV Infection, in the Training Course for State Epidemiologists under NACO, at



Prof. Deoki Nandan, Director, NIHF (centre) along with the retiring staff members of the Institute (from left) Mr. Manohar Lal, Mr. B.S. Sajwan, Mr. Radhey Shyam Goel and Mr. G.P. Gupta.

National Institute of Communicable Diseases, New Delhi, on 30 June, 2007.

- Prof. T. Mathiyazhagan, Head, Department of Communication, participated in a meeting for Designing IEC Strategies for National Programme for Prevention and Control of Deafness, organised by Dr. H.G. Goyal, Additional Director General (HCG), Ministry of Health and Family Welfare, on 7 April, 2007. He also attended the Editorial Advisory Board Meeting of the Journal entitled, the Nursing Journal of India, at the Trained Nurses Association of India, New Delhi, on 24 April, 2007.
- Prof. J.K. Das, Head, Departments of Epidemiology and Medical Care and Hospital Administration, acted as an Examiner for the Final Examination of M.D. Hospital Administration at Sher-I-Kashmir Institute of Medical Sciences, Srinagar, during 4-5 May 2007, and Masters in Hospital Administration (MHA), at All India Institute of Medical Sciences, New Delhi, during 9-10 May, 2007. Prof. Das delivered lectures on (i) General Purchase Procedures and Materials Management; and (ii) Cost Containment Principles, at ESICNTA, ESI Hospital Complex, New Delhi, on 12 April, 2007. Besides, he attended the meeting of the Committee to Moderate Question Papers for the Final Examination of P.G. Diploma in Health and Hospital Management, organised by IGNOU, New Delhi, on 5 April, 2007.
- Dr. S. Menon, Reader, Department of Reproductive Bio-medicine, attended a meeting on Updating the Manual on IUD Guidelines, organized by the MOHFW, New Delhi, during 12-13 April, 2007.
- Dr. U. Datta, Reader and Acting Head, Department of Education and Training, attended a training programme under Integrated Management of Neo-natal and Childhood Illness (IMNCI), at Kalawati Saran Hospital, New Delhi, during 19-30 June, 2007. He also acted as an external examiner for MD (Community Medicine), at Medical College, Indore, during 16-17 May, 2007.

- Dr. Rajni Bagga, Reader and Acting Head, Department of Management Sciences, presented a paper entitled 'Management of Human Resource and Its Impact on Quality of Health Care Services', in the 2nd Conference on Management Consultation on Health Care in India, at Indian Institute of Management, Ahmedabad, during June 25-29, 2007.

Promotions

- Ms. Sangeeta Gupta, from Senior Technical Assistant (Doc.) to Librarian
- Mr. Lav Kush, from Assistant Librarian to Senior Technical Assistant (Doc.)

Appointment

- Smt. Sunita Malik, Data Entry Operator

Retirements

- Mr. Radhey Shyam Goel, Senior Personal Assistant
- Mr. G.P. Gupta, Assistant Research Officer
- Mr. Manohar Lal, Projectionist
- Mr. B.S. Sajwan, Reprography Assistant

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