

IT IS TIME WE THOUGHT OF YOUTH

There has been considerable interest in the 'Girl Child' and the deprivations she lives under since 1984, which marked the end of the United Nations Decade of Women. It was felt that while women's problems and disadvantages were the focus of attention, the discriminations under which a 'Girl Child', the future woman lives, had not received due attention. A workshop held in 1985 to highlight some of these problems, aroused a great deal of interest and considerable information about the deprivations of 'Girl Child' became available. Later 1990 was declared as the SAARC Year of the Girl Child which was followed by the declaration of the decade 1991-2000 as the SAARC Decade of the Girl Child.

Many studies and reports have highlighted the differences in attitudes towards boys and girls, differences in health care, nutrition and even survival(1,2). The information has been documented from small and large studies, case histories and much larger samples of the Registrar General's Report(3).

The most startling evidence of higher mortality among the girls came from the Registrar General's district-wise mortality data(4) where mortality among girls was much higher in most of the regions north of the Vindhyas. Her lack of schooling, poorer enrolment and a very high dropout rate because of domestic chores, taking

care of the younger siblings has caused concern as well as the fact that education is not considered to be of any value to her—her only destiny being marriage and giving birth to children. The early age at marriage and motherhood because of deep social and cultural beliefs, has been well documented as well as the high rate of complications and deaths among young mothers.

Septic abortions claim many lives. Women by and large are not the decision makers regarding their fertility and how many children they want to have and yet all family planning programmes are aimed at them. If procreation was planned, one would not have such large number of backstreet abortions leading to complications and death. Early marriage results in a long fertility period, with an average of 7-8 pregnancies of which 5-6 children survive. Repeated pregnancies and child births are detrimental to the woman's health. It is estimated that a woman between 15 to 35 years is pregnant or lactating for 80% of the time. The World Fertility Survey findings in 15 most populous developing countries suggest that if women had the power to make their own decision in the matter, the family size would be much smaller.

With such damning statistics, there has been a spurt of interest in the 'Girl Child' and the 'Adolescent Girl' and the Government, NGOs and various research organizations are developing programmes for these young girls hoping that thereby they will acquire knowledge, self-esteem and power to make decisions. Dr. Gopalan has called it education for better living for rural adolescent girls. Several programmes also include some training for income genera-

tion, thereby improving the woman's status and giving her control of at least some of her earnings.

Early marriage and motherhood is not only detrimental to the health and well-being of the young mother but also of the child, resulting in higher incidence of low birth weight babies and higher neonatal and infant mortality rates. Besides, because of prolonged fertility period with unplanned pregnancies and no knowledge and say regarding spacing, the family size is large, contributing to problems at the family and the community level and ultimately at the national level.

The knowledge of an adolescent girl regarding her own body, growth and maturity, menstruation, conception, child birth, *etc.* is non-existent, as there has been no attempt at family life education at all. This is considered hush-hush and a discussion even between mother and daughter or teacher and student is taboo. Of course, there is no question of ever discussing this in a mixed gathering of boys and girls! Similarly, the knowledge and awareness among boys is also non-existent and they gather information from their peers which is often distorted and incorrect. This leads to confusion and frustration.

I feel the time has come when one should start thinking of empowering and educating youth, while special programmes can go on for girls in view of their handicaps mentioned earlier. Youth, it seems has by and large come to represent boys only and girls are hardly anywhere in the picture. Girls cannot live and function in isolation. They live in a society where there are deep traditions and beliefs and one cannot bring about a change in attitudes and practices by attempts at empowering half of the population only.

Whether it is a question of health,

nutrition, marriage, pregnancy or the optimum family size, both boys and girls have to be made aware and given the necessary knowledge and education. Some attempts are being made now to impart this knowledge to young girls. However, family life education is not for girls only, but has to involve boys as well. The progress towards a small family norm has been far from what was envisaged because we have focussed on an older age group, which is already past its reproductive period by and large. The education and awareness must start with the young. The behavior of young people is the key to their own present health, their subsequent health in adult life, responsible parenthood and the health of their future children. Youth is a period of transition from childhood to adulthood, marked by profound changes in the body, in the mind and in social relationships. Healthy development depends on the environment at home, the community, school, work and leisure. In traditional societies, the early maturation of girls has been acknowledged by early marriage with a view to avoiding any risks attended with maturation. There is curiosity but no real information and knowledge. The situation is probably worse in the urban areas, where a switch from a traditional rural society to urban conglomeration that often lacks an infrastructure for family support is a major barrier to the healthy development of young people.

Sexually transmitted diseases are a tremendous health hazard and are a result of inadequate knowledge and understanding and irresponsible sexual behavior. Now AIDS, a far more devastating disease has been added to the list and is spreading with menacing speed.

Youth is a cross road in life, a time when future directions are determined for

better or for worse. Society faces the challenge of providing a basis for the healthy development of the young. Parents, teachers, health workers and older members of the community all have a role in promoting a healthy life style among youth.

Although both young women and young men continue to suffer from the consequences of underdevelopment and poverty, given socio-cultural barriers and poor access to education, it is young women who bear the largest burden of extreme disadvantage. It is well accepted that for an equitable development, a focus on providing education, resources, skills and other social supports to young women will take us a long way and so it is mandatory that special attention continues to be given to them. But let us not lose sight of the fact that educating the youth and bringing them in the awareness process is important even for lessening the disadvantages and deprivation of young women. Men and boys need to be aware of the problems and handicaps under which the other half lives and become active partners in alleviating

these handicaps, promoting healthy partnership and a spirit of equality.

If society has to progress, then both men and women and boys and girls have to be brought into the education and awareness process.

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NOTES AND NEWS

INTERNATIONAL CONFERENCE ON NUTRITION

An International Conference on Nutrition is being jointly organized by the FAO and the WHO from *December 5-11, 1992* in Rome. For further details, please contact:

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