
Van Basco Karaoke Player 6000 Basi [WIN Eng Ita Esp Deu] TNT Village

About the Context of Teenage Girls' Health in Kerala Background India has one of the highest fertility and child mortality rates in the world. The probability of child death before the age of 5 years is 1 in 80 and under-five mortality rate is 146 per 1000 live births. Kerala has comparatively lower levels of fertility and child mortality. Fertility rate is lower and child mortality levels are lower than the rates in most southern states of India. In India, the girl child is often forced to curtail her education after marriage. The average age of marriage for girls is 17, and pregnancy occurs three to four years after marriage. Girl children, usually aged 12 or 13, often have a full complement of children within 3 to 5 years. The consequences of early motherhood are higher fertility and an increased risk of adverse maternal and perinatal outcomes. Early motherhood also increases child mortality in the next generation because of the increased risk of premature and low birth weight delivery. The current study explores the context of adolescent girls' health in Kerala. Information was gathered from 40 focal group discussions with young adolescent girls, as well as from in-depth interviews with key informants. Results Results show that adolescent girls have a greater degree of autonomy over their work and their lives than women in other age groups. However, they are subject to greater restrictions than the adult women in the household. One factor that influences adolescent girls' health in Kerala is the number of children they have. Adolescent girls desire and accept large families when they reach puberty. Also, having many children confers status to families and is considered by parents as an advantage. A girl's marriage age is also influenced by the number of children she has already. Thus, adolescent girls often marry early, before achieving full physical maturity, and they are given in-law quarters or are given away in marriage. This is considered a social duty for poor families who do not have the economic means to feed their children. Mothers have their own set of health needs in terms of their fertility and child mortality. They do not want the negative health outcomes associated with early motherhood because they take care of their children for the first years of their lives. Also, they are often blamed for their young children's health problems. They feel society should be concerned with maternal health and not with adolescent girls' health. So, they advocate for a focus on family planning. There are also differences in health outcomes between two groups of girls. One group includes Muslim adolescent girls



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