

(2SD \pm 1.8) Majority (87.2%) of the participants belonged to the age group of (16-17.9) years. Here, 83% of the students were Hindus. Majority (84.6%) of their parents were literate.

Almost half the respondents were not aware of the term ovulation. Their knowledge regarding menstruation and menstrual hygiene improved significantly from (77.2% to 95.6%) and (91.8% to 100%) respectively after intervention. Though most of the adolescent girls (98%) were aware of the importance of regular antenatal checkups, but their knowledge regarding importance of diet, rest and exercise during pregnancy was poor (66%). Missed period as the first sign pregnancy was initially known to only 61.2% of the students. The intervention significantly improved this knowledge to 96.5 following the intervention. Participants were not aware about the various methods of contraception during the pre-test, but significant improvement was noted following intervention. It is observed that their knowledge regarding the temporary methods improved to a great extent [(84-89) % from (11.1-35% at pre test)] after intervention. The fact that small family norm refers to a family with two children was known to 98% of the students. Health personnel were the most preferred option for imparting sex education (95%).

The present study shows that girls had reasonably good knowledge regarding certain aspects of reproductive health. This is probably due to the better literacy rate that is seen in spite of being a rural area. Various studies across the world have also shown the effectiveness of interventions in increasing the knowledge on reproductive health.^{7, 8,9,10} Developed countries show that girls have knowledge and use contraceptives to prevent unwanted pregnancies¹¹. Studies from India revealed deficient knowledge

among girls regarding contraception,^{12, 13}. Effective health education intervention is able to bring about increase awareness among adolescent girls empowering them to care of their own health as well inducing them to prevent reproductive health problems.

RECOMMENDED READING

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LITERATURE REVIEW

Efficacy of Teriparatide in Increasing Bone Mineral Density in Postmenopausal Women with Osteoporosis – An Indian Experience BK Sethi, M Chadha, KD Modi et.al. *JAPI* • 2008;56:418

Osteoporosis is emerging as a leading cause of substantial morbidity in India, particularly in postmenopausal women. Teriparatide (recombinant human parathyroid hormone [1-34]) increases bone formation and improves bone microarchitecture, thereby reducing the risk of fractures. This study was conducted to evaluate the efficacy of teriparatide in increasing bone mineral density (BMD) in postmenopausal women with osteoporosis. A randomised, prospective, multicentre, open-label, controlled study was conducted on 82 postmenopausal women with established osteoporosis. Patients were randomly divided into control and teriparatide groups, each group consisting of 41 patients. All the patients were supplemented with 1000 mg of elemental calcium and 500 IU of vitamin D throughout the study period of 180 days. Besides, teriparatide group patients were administered teriparatide 20 µg daily subcutaneously. Lumbar spine, femoral neck and total hip BMD, bone mineral content (BMC) and bone area were measured by dual energy x-ray absorptiometry (DXA) at baseline and at the end of 6 months of treatment. Bone biomarkers, such as serum bone specific alkaline phosphatase (BSAP) and serum osteocalcin (OC), representing bone formation, and urinary deoxypyridinoline (DPD), representing bone resorption were assessed at baseline, and at 3 and 6 months of treatment.

During the study period, 9 patients (11%) were lost to follow-up - 6 in control group (7.3%) and 3 in teriparatide group (3.7%). There was an excellent compliance to both oral and injectable medication. The investigational product teriparatide was well tolerated and there were no serious adverse events. In addition, there were no significant differences between the groups in the incidence of adverse events. The percentage of increase in lumbar spine BMD, which is the primary endpoint, was significantly ($P < 0.001$) higher in teriparatide group compared to that in control group (6.58% vs. 1.06%). Further, teriparatide significantly increased percentage of change in lumbar spine T-score ($P < 0.001$), BMC ($P < 0.001$) and bone area ($P < 0.028$) compared to control group at 6 months. Administration of teriparatide resulted in a significant percentage of increase in all the bone biomarkers in teriparatide group compared to control group patients at 3 and 6 months over baseline, thereby showing that there was a significant increase in bone turnover in teriparatide group of patients.

Conclusion: These results show that teriparatide is an effective and safe drug in increasing the BMD and therefore, teriparatide provides yet another new therapeutic option for reducing the risk management of osteoporosis in postmenopausal women.