building and reducing the stigma against HIV/AIDS patients. This will help in both public and patients' contribution in the preventive education programs.

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REFERENCES

1. Nair MKC. Adolescent Sexual and Reproductive Health. Indian Pediatr 2004; 41: 7-13.
2. Gheiratmand R, Navipour R, Mohebbi MR, Hosseini KM, Motaghian-Monazzam M, Mallik AK, *et al*. A country study to review existing capacity building and management of the training of teachers on preventive education against HIV/AIDS in the cchools in I.R. Iran. Available from: URL: http://www.neshat.org/html_pages/a_country_study_to_ review_existi1.htm . Accessed February 25, 2004.
3. Bureau of Nutrition and School Health, Deputy of Physical Education and Health, Ministry of Education of the I.R. Iran. Policies of the Ministry of Education for Prevention of HIV/AIDS [In Persian]. 2002, Tehran, Iran.
4. The World Education Forum. The interagency initiative FRESH (Focusing Resources on Effective School Health). Dakar, April 2000. Available from: URL: http://www.unesco.org/education/efa/know_sharing/flagship_initiatives/fresh.shtml Accessed February 25, 2004.

Adolescent Friendly Health

The editorial on 'Adolescent Sexual and Reproductive Health'(1) has been brought into the limelight at the right time and has lot of implications for focus on adolescents in RCH-II. Nine centres for Adolescent Friendly Health Services (AFHS) have been set up by the Govt. of India in tertiary. As highlighted in the editorial, the issues of ASRH deserve importance and priority. However, consideriing the conservative society of our country the focus should be on package of holistic services through an integrated approach rather than ASRH alone. The HIV clinics in South Africa suffered low utilisation due to stigma attached and were rechristened as National Adolescent Friendly Clinic Initiative (NAFCI) providing a wide range of services. The education system is a critical entry point to cater to the larger group of adolescents attending schools. The concept of Health Promoting Schools in Thailand and in Malaysia initiated jointly by Ministries of Health and Education are succesful models which are integral part of AFHS(2). Schools can not only provide IEC on ASRH issues but also address nutritional problems like anemia, common concerns of adolescents and act as links in the referral chain with the health department for those requiring medical/counseling services. For the marginalised group of out of school adolescents, the existence and presence of suggested delivery points in the field and

their functionality may require more insights before launching a large scale program. Innovative options like Friendly Corners in Thailand and One Stop Shop in Philippines, set in unusal venues like shopping malls, youth centers are being used to attract youth to use government services. Using peers as change agents in the community in a rural block of Haryana to reach out of school adolescents has been quite encouraging(3).

The policies in the country should be favourable for promoting healthy life styles in adolescents. For instance, non availability of contraceptives for unmarried adolescents perpetuates unsafe sex even in presence of knowledge about HIV/AIDS. In conclusion, an integrated approach for AFHS with focus on ASRH, ensuring the adolescent friendliness of health facilities/providers and developing intersectoral linkages to make health services accessible to all adolescents in the background of conducive political commitment and policies, are key challenges in addressing the ASRH.

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REFERENCES

1. Nair MKC, Adolescent Sexual and Reproductive Health. Indian Pediatr. 2004; 41: 7-13.
2. Growing in confidence. Programming for adolescent health and development. Lessons from Eight Countries, March 2002 WHO/ FCH/CAH/02.13.
3. Society for Women and Children's Health. Community based study on Adolescent Health and Feasibility of Specific Interventions. Report Nov 2001-Nov 2003. Submitted to Ministry of Health & Family Welfare, Government of India.
4. Adolescent Friendly Health Services. An Agenda for change. 2003 WHO/FCH/CAH.

Subdural Effusion or Empyema in Infants

The report on subdural empyema by EK Ranjini and colleagues alerts us to the severity of pneumococcal meningitis in young infants(1). Of the three infants in their series with pyogenic meningitis complicated by subdural empyema, two died and the third was taken home moribund, in spite of accurate diagnosis and appropriate treatment. There are several important lessons to be learned from this report.

It is probable that delayed detection and drainage of subdural empyema might have contributed to the tragic outcome. Usually subdural empyema/effusion develops a few days after the onset of meningitis. Obviously there was delay either in the recognition of serious illness in these babies by the parents, or in seeking medical care. It is possible that the first port of call by the parents was not this tertiary care hospital, but some other station where delay might have been compounded. Every doctor caring for children must remember that pyogenic meningitis is a medical emergency and any delay, even of a few hours, may turn the table on prognosis. In every community parents of infants require easy access to some one who would