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## MESSAGE FROM THE DESK OF EDITOR IN CHIEF

The Chief Editor and Editors of the advanced research journal of Management, Engineering, Law, Paramedical Science, Nursing, Basic Science, Education, Physical Education and Yoga, Special Education, Clinical psychology and Liberal Arts i.e. IUT Journal of Advanced Research and Development (JARD) would take it as their duty to express the deep gratefulness to the contributors and readers of current volume.

We feel proud to bring the present issue of the online IUT Journal of Advanced Research and Development. We consider that the contribution in this multidisciplinary will help in the inclusive and sustainable growth process. Keeping in tune with this dignified idea, the current issue of IUT-JARD has addressed some current issues covering diversified field.

This issue needs an integrative and a holistic approach to the solution. Finally, the information contains in this journal volume has been published by the IUT obtains by its authors from various sources believed to be reliable and correct to the best of their knowledge, and publisher is not responsible for any kind of plagiarism and opinion related issues.



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## REPRODUCTIVE TECHNOLOGIES AND RIGHT OF WOMEN WITH SPECIAL REFERENCE TO WOMEN IN ASSAM

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### **ABSTRACT**

*This paper is uneasy with all individual matters which are relating to modern Assisted Reproductive Technology and Right of women. Women are very much sensitive especially regarding both the mental and physical health. This Assisted Reproductive Technologies (ART) is presently a very fragile area which hits the overall women reproductive right all over the world. This paper is based on appropriate data collected through empirical method in some sample areas of Assam. The goal of this work is to explore and analyse the issues arising from application of Assisted Reproductive Technologies. Now a day there is a rapid growth in the quantity of fertility clinics has been noticed. A factual analysis through interview revealed that these technologies are emerged and erupted for making profits at the cost of women's lives. Frequently many women are sterilised in the clinics without her consent while undergoing a caesarean section. Forceful sterilisation disregarding the consent of the patient is the violation of women right to health over and above violation of professional ethics of a doctor. Though the Government-sponsored birth management events aim all female, yet inferior female, who are frequently the least included portions of the social order, are more susceptible to intimidation. In our social order motherhood is regarded as the headspring of belongingness of womanhood. The incompetence to perform this role is a subject of stigmatisation, sarcasm and social repudiation for her. Childlessness is frequently considered as a social threat regarding her acceptability as a woman, her conjugal constancy, defence, bonding, and her value in the relatives and area. Several female who have been spent during this route evidentially experienced various side effects. But ultimately this ART has got a special preference from the advance community as a whole.*

**Keywords:** Reproductive Right, ART, Forced Sterilisation, Childlessness



## Introduction:

The status and classification of women in relation to humanity is closely linked to fertility rates and, eventually, population growth patterns. When analyzing the relationship between women and reproductive patterns, it is crucial to take into account both gender equity and universal education. Reproductive right is a basic personal right of every woman. It is deemed as a natural right which is recognized by approximately all Human Rights Documents and Human Rights Agencies.

The 'World Health Organization' (WHO) delineates "Reproductive Rights" as the-  
*"recognition of the essential Right of all nuptial pairs and persons to settle on generously and conscientiously the figure, gaping and time period of their offspring<sup>1</sup> and to have knowledge to do so, and right to accomplish the uppermost paradigm of "Sexual and Reproductive health". They also take into account the right of all to make choice pertaining to facsimile free of bigotry, coercion and hostility."*<sup>2</sup>

The primary reproductive rights are:

1. Right to control ones reproductive function
2. Right to admittance in order to build reproductive choices free of oppression, intolerance and hostility.
3. Right to way in edification concerning contraception regarding birth control and sexually pass on syndromes and liberty as of pressurized sterilization and abstinence.
4. The ability to protect against sex-based customs like male genital defacement and female genital cutting.<sup>3</sup>

Proliferous rights are not seen as the personal preference of any one woman in India, but rather as a collective family decision. Many clinics ask spousal approval before performing some operations, which affects women's autonomy and right to privacy. India came in bottom place in a 2011 rating of the G20 nations based on women's rights published by Thomson Reuters Foundation legal news service Trust Law. India was placed as the second worst country for women, behind Saudi Arabia, by the Gender Inequality Index (GII), which rates nations according to reproductive health,

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<sup>1</sup> <https://amedleyofpotpourri.blogspot.com/2018/07/reproductive-rights.html>

<sup>2</sup> Woman Reproductive Rights in India: A Prospective Future, 2011 <http://cogprints.org/7794/>

<sup>3</sup> ibid

the labor market, and women's support in politics and education. Nevertheless, this manifestation does not get into deliberation sex based aggression and gender roles.<sup>4</sup>

The following points are included in Women's reproductive rights--

- the right to an abortion that is legal and protected; the right to use contraception;
- avoiding coerced birth control and sterilization; having the autonomy to access appropriate reproductive concern;
- And the freedom to obtain a learning and admittance the means necessary to formulate educated and liberated decisions.
- Conceptive freedoms may likewise incorporate the option to get enlightenment about physically sent contaminations and past parts of sexuality, and stronghold from customs like female genital mutilation (FGM).<sup>5</sup>

Throughout the latter part of the 20th century, governments' attitudes and practices on the use of contraceptives have undergone significant shift. Furthermore, many emerging countries have gone through a fertility transition from high to low at a rate and scale that is far faster than the previous fertility shift in European countries. The change in reproductive behaviour can be attributed in large part to government policy about access to contraception. Both the majority of developed countries and several emerging countries now have low fertility rates. Currently, abstinence is being used all over the world. More developed nations now have the greatest incidence rates.

The Population Division of the United Nations Secretariat is responsible for overseeing the execution of the 1994 International Conference on Population and Development (ICPD) Programme of Action on a worldwide scale as part of its work program. In order to do this, the Population Division has a Population Policy Data Bank that is sequentially compiled from several sources. Among these sources are official Government responses to the United Nations Population Inquiries; Government and inter-governmental publications, manuscripts and other sources; and non-governmental publications and related materials (United Nations, 2002).

Only 38% of nations regarded the current level of fertility satisfactory at the start of the twenty-first century, as the number of member states that testified that they were satisfied with their

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<sup>4</sup> India advances, but many women still in the dark ages, 2012 <http://www.trust.org/item/20120613010100-b7scy/?source=spotlight>

<sup>5</sup> file:///H:/PH.D%20FERTILITY/Reproductive%20rights%20-%20Wikipedia.html

level continued to fall. Far more nations regarded fertility as extremely high rather than extremely low, although the proportion of nations that did so levelled off at roughly 45% after increasing from 1976 to 1996. In 2001, more than three-quarters (78%) of the 49 least developed nations believed fertility was too high, compared to 58% of less developed countries. In contrast, during the past three decades, the proportion of nations that see fertility as too low has been rising. Of the more developed nations, 48% are OK with the fertility stage, but half now view fertility as extremely low (up from 21% in 1976). In 2001, 7% of nations in less developed areas deemed fertility to be excessively low. In the past, governmental interventions have not always been prompted by unhappiness with fertility levels.<sup>6</sup>

According to the 1994 Cairo Programme of Action:

*--"Regenerative privileges embrace specific basic freedoms that are as of now perceived in public regulations, worldwide common liberties archives and other significant Joined Countries agreement reports. These privileges lay over the acknowledgment of the fundamental right of every married pair and people to choose unreservedly and dependably the count, dividing and period of their kids and to get the data and way to accomplish as such, and the option to achieve the best quality of sexual and conceptive wellbeing. It will embrace the human rights documents-expressed right of everyone to construct choices about reproduction without discrimination, coercion, or violence. In the activity of the right, they ought to consider the requirements of their current and prospect kids and parents obligations to the local area."*<sup>7</sup>

## Research Methodology:

For this study I have basically followed the empirical method. As empirical research sources I have followed interview method, data collection through random sampling of 250 women of 18 to 55 years of age. Those women are from some specific sampling areas of middle Assam. However for better analysis of the present status of reproductive health I have taken the help of Doctrinal Research Sources like some Parliamentary legislations, Government schemes and published datas, Human Right documents etc.

<sup>6</sup> Population Division Department of Economic and Social Affairs United Nations Secretariat, FERTILITY, CONTRACEPTION AND POPULATION POLICIES, United nations, New York, 2003

<sup>7</sup> id

## Objectives of the Research:

- The goal of this learning is to explore and analyse the issues arising from application of Assisted Reproductive Technologies.
- To make a factual analysis through interview to revealed that these technologies are emerged and erupted for making profits at the cost of women's lives.
- To make awareness among the people regarding forceful sterilisation disregarding the updated assent of the patient is the violation of women right to health as well as violation of professional ethics of a doctor.

## Sexual and Regenerating Wellbeing of Young Female in India

Many girls face stigma and taboos related to menstruation, and those girls also get incongruous communication about SRH, fertility, and womanhood. Because of winning orientation standards, numerous young ladies are supposed to take on family obligations in anticipation of marriage, furthermore, frequently miss or exit school. In contrast, puberty is regarded as the foundation of masculinity for males, who are more likely to engage in risky performances like drugs consumption, violence, and inappropriate sexual activity. They likewise start to participate in paid work, with the assumption for becoming providers as adults. Early adolescence, when gender socialization and habit formation begin, is crucial for shaping positive attitudes, behaviours, and SRH outcomes<sup>8</sup>.

Young people have a range of SRH requirements, such as access to high-quality SRH services, such family planning for delaying and spacing births, for older adolescents and young married people (15 to 24 years old), and age-appropriate reference and consciousness about bodily transforms, reproductive health and well-being, teenage years, and menstrual health in early youth (10 to 14 years old).<sup>9</sup>

For females, the onset of menstruation is one of the most important physical signs of puberty. By use of RKSK outreach, awareness-building, and the Menstrual Hygiene Scheme's reduced distribution of sanitary napkins, through "Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)" stores, as well as a numerous state government programs, the government has addressed periodic cleanliness administration for teenage girls.

Nine of 10 young ladies in metropolitan regions utilize sterile techniques, as against somewhat more than seven of 10 in provincial regions. Those who have completed at least 12 years of education are

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<sup>8</sup> The Sexual & Reproductive Health Status of Young People in India Challenges and opportunities for healthy outcomes.

Report by Population Foundation of India

<sup>9</sup> *ibid*



double as likely as those who have not. Compared to adolescent girl in the highest wealth quintile, those in the most minuscule wealth quintile are 40 proportions indicate less apt to use hygienic methods.

There are around 70,225,000 female aged 15–19 staying in India, as of 2024.

- As per the data of the very current time designed for the data from the “National Family Health Survey (NFHS)” are obtainable, only 46% of women of secondary education age and 71% of girls of teen age were enrolled in school.
- There is a deficiency in of mass media access for young Indian women: 59% of people amid the periods of 15 and 19 had minimum periodical disclosure to radio, 34% to television, and 29% to the press. Admittance was reliably higher in metropolitan regions than in country regions.<sup>10</sup>

### **Reproductive Movement, Marriage and Births**

- In 2018, 36% of Indian women between the ages of 15 and 19 reported having had sex before.
- A sum of 31% of ladies matured 15-19 had at any point hitched: 28 percent of those that were staying collectively, in accumulation to 3 percent of persons that were not yet staying with their spouse (i.e., they had not hitherto engaged component in the customary gauna observance, which smudges the beginning of cohabitation after many days of marriage).
- Up to the age of 18, forty percent of the female amidst the ages of 18 and 24 reported having sex. This extent was higher in country regions than in metropolitan regions (48% versus 24%) and in the most unfortunate families than in the richest (64% versus 14%).
- About 47% of female aged about 20 and 24 in the country got married before they were 18 years old. In the petite, moderately prosperous states of Kerala and Goa, this percentage ranges from 12–15% to almost 60% in the maximum, impoverished “Eastern States of Bihar and Jharkhand”.
- India has a relatively low rate of unplanned pregnancies: 14% of dawns amid female below 20<sup>th</sup> years of age were accounted as unwanted (mistimed) or unwanted at all.<sup>11</sup>

<sup>10</sup> GUTTMACHER, SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG WOMEN IN INDIA, JULY 2014, FACT SHEET.

[http://Sexual%20and%20Reproductive%20Health%20of%20Young%20Women%20in%20India%20\\_%20Guttmacher%20Ins%20titute.html](http://Sexual%20and%20Reproductive%20Health%20of%20Young%20Women%20in%20India%20_%20Guttmacher%20Ins%20titute.html)

<sup>11</sup> *ibid*

## Utilisation of Reproductive Health Care

For the healthiness and happiness of young people, important program components include family member's life education in schools, society outreach with leading edge health workers and peer educators, counselling, and health care at Adolescent Friendly Health Centres (AFHCs). The report<sup>12</sup> shows that between 2015-16 and 2019-21, the number of older adolescent girls (15 to 19 years old) and young women (20 to 24 years old) who came in touch with wellbeing providers in the three months prior to the survey increased.

However, based on location, education, and household income, the fraction of adolescent girls who had get in touch with with a health worker was half that of young women across regions. Pubescent lass by elevated ranks of education were 85% additional possible than those without education to use a hygienic method of protection (OR=1.0 vs. OR=0.15), according to an analysis of the NFHS-5 data. Girls in the highest wealth quintile were 90% more likely than girls in the lowest to use hygienic methods (OR=1.0 vs. OR=0.09).<sup>13</sup>

Myths and taboos about menstruation continue to prevent young girls from participating in social situations. Their freedom of movement is frequently restricted, sometimes consequently social stigma and sometimes consequently inadequate water, sanitation, and hygiene facilities. Adolescent girls experience an increase in school dropouts or absenteeism when menstruation begins.<sup>14</sup>The difficulties that adolescent girls, predominantly from marginalized groups, face in managing their menstruation are made worse by health emergencies like the COVID-19 pandemic, which necessitate a move in public health priorities.<sup>15</sup>

A research on young people found that extremely a small number of had heard of AFHCs<sup>16</sup> and that extremely a small number exposed to family life education. The World Health Organization conducted a quick review of its programs in 2016 and found that, despite the allocation of resources for teenager health, young people sustained to countenance ecological obstacles to availing the facilities of health centres. In totalling, there were inconsistencies in the training of counsellors and the monitoring of

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<sup>12</sup> 5Health clinics established by the government to provide preventive, promotive, curative and referral services to young people

<sup>13</sup> UNFPA, 2022. Analytical Paper Series #2. Menstrual Hygiene among Adolescent Girls: Key Insights from the NFHS-5 (2019-21)

<sup>14</sup> 2020 Elsevier Ltd. Improving menstrual hygiene among adolescent girls in India. Patralekha Chatterjee

<sup>15</sup> Population Foundation of India. Impact of Covid-19 on Young People. 2020

community outreach programs like Adolescent Health Days and Peer Educators, and there was a lack of interdepartmental convergence for the performance of the program.

### **Conceptive Wellbeing Rehearses Among Young Ladies Furthermore, their Socio-Economic Determinants**

- A minimum extent of hitched 15-19-year-elderly people ladies (13%) involved contraceptives in 2016.
- Another 27% of people would like to stay out of advance stage in the upcoming two years, but they didn't use any method, so they didn't need contraception. There was little variation in this height of unmet need between urban and rural homes or household wealth.
- The World Health Organization defines the general young adult fertility rate as the "yearly number of births to women matured 15-19 years for every 1,000 women in that age group," and it fell from 12.2 in 2018 to 10.6 in 2019.
- A wellbeing capacity was the location of 2/5 th of latest dawns between female under the age of 20.

### **Sexual and Reproductive Health Knowledge**

Critical life events like marriage and childbearing alter the course of adolescent girls' lives, limiting their ability to make decisions. Gender norms, their educational and socioeconomic status, where they live, and the quality of the vigorous wellbeing and children forecasting services they have admittance to all take part in a responsibility in the transition.

Girls who marry young increase their susceptibility since they be short of the physical, emotional, social, and financial resources necessary to adjust to the significant changes in their lives. Overall, NFHS-5 data show that female dig up connubial more in advance than men do. Many of the ladies (23%) in the 20 to 24 age group had hitched by 18 years, and 5 percent had hitched by 15 years. However, only 3% of male amid the periods of 20 and 24 got hitched in time they were 18 and almost none by when a male is of 15. Regardless of the reality is that the number of child marriages in our Country has drop off over time, there are significant variations in the rates according to region, place of residence, educational level, and economic status<sup>16</sup>.

<sup>16</sup> NRHM Report 2015-16, 2019-21

Between 2015-16 and 2019-21, young married women's use of modern contraceptives has significantly increased. Nonetheless, it is well underneath the advanced prophylactic predominance rate for presently hitched ladies in the age-gathering of 15 to 49 years (Figure 5). Unplanned pregnancies—those they wanted later—mistimed or unwanted—were reported by 7% of married young women under the age of 20 and 20% of those between the ages of 20 and 24<sup>22</sup>. Moreover, the neglected require of relatives arranging in the middle of wedded teenagers (15 to 19 years) and youthful ladies (20 to 24 years) was nearly individuals kept on confronting geological boundaries in getting to wellbeing focuses. In accumulation, there was a lack of interdepartmental convergence for program implementation, over and above gaps in counsellor training and monitoring of community outreach initiatives like Adolescent Health Days and Peer Educators.<sup>17</sup> Regenerative wellbeing rehearses among young ladies what's more, their financial determinants as young adult young ladies become older, basic occasions like marriage and childbearing shift their life direction, over which they frequently have restricted navigation autonomy.

Gender norms, their educational and socioeconomic status, where they live, and the quality of the vigorous wellbeing and children forecasting services they have admittance to all cooperate a role in the transition. A study of young people establishes that extremely the minority had heard of AFHCs and that extremely the minority had been exposed to family life education. The vigorous wellbeing and children forecasting status of adolescent persons in India the Percentage of women with utmost require for children forecasting by age, 2019-21 Source: “The World Health Organization's” 2016 rapid program review found that even though resources were allocated for adolescent health, young NFHS- twofold of the neglected require in the middle of all hitched ladies (15 to 49 years) (Figure 6), mirroring a hole in openness to this age section<sup>18</sup>.

- In 2016, a middling of four new methods of contraception was known to the female amid the period of 15 and 19.
- 39% of the female amid the period of 15 and 24 were aware that using condoms lowers HIV risk, and 49% were aware that having one partner who is not infected also lowers risk. Notwithstanding, simply 20% had exhaustive information on HIV/Helps, characterized as knowing these two HIV-counteraction techniques, over and above realizing that a solid

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<sup>17</sup> ibid

<sup>18</sup> WHO Report 2016



individual can be HIV affirmative and having the option to dismiss two normal misinterpretations about HIV communication<sup>19</sup>.

- The fraction of adolescent female with all-inclusive acquaintance was 11 times higher amid the richest adolescent women than amid the impoverished (45% vs. 4%), and it was double as elevated in metropolitan regions as it was in rural regions (33% vs. 14%).<sup>20</sup>

## Social Expectations and Gender Disparity

- Child inclination is well established in Indian civilization and appears in different ways, including sex-particular preparations previous to birth and discriminatory admittance to instructive, social and financial assets for young ladies.
- Five out of the five explanations obtainable for why a companion would be justifiable in hammering his wife were rejected by 55% of female amid the period of 15 and 19.
- Sixty percent (60%) agreed that a wife's reasons for refusing sex are as follows: knowing that her husband has gender through erstwhile women, that he has an STI, being exhausted or not in the mood, or all of these things.
- Only 40% of married 15–19-year-olds said they had single organize in excess of their own healthiness care or made these choices with their husband; the outstanding 60% of young married women have no control over their health care.

## Policy Framework and Recommendation

In order for adolescents and young people to have the knowledge and skills necessary to compose conscientious resolutions, they need timely and accurate information on their vigorous wellbeing and children forecasting and well-being. Concentrates show that SRH training doesn't increment hazardous behaviours.<sup>21</sup> The School Health & Wellness Curriculum being engaged under the Government of India's "Ayushman Bharat" recognizes the significance of providing age-suitable teenager and sexual health education starting at the primary school level. India's National Health Policy from 2017 also recognizes this importance.

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<sup>19</sup> ibid

<sup>20</sup> ibid

<sup>21</sup> UNESCO, 2018

Nevertheless, despite program commitments, there is inequitable access to age-appropriate sex education for teenagers, and the majority of responsiveness programs concentrate on non-taboo topics like menstrual health, nourishment, or reproductive health at an older age<sup>22</sup>. In addition, youth are frequently misinformed and harmful gender norms and SRH attitudes are reinforced by increased access to online communication. As an essential component of school health programs nationwide, information and education programs on vigorous wellbeing and children forecasting for teenagers and youthful people must be implemented.

Community activities, such as youth-friendly physical condition overhauls, education and rendezvous with health bringers to distribute those facilities, and participation from parents, educators, and centre of population leaders, have been found to be more effective than school-based programs. Reaching marginalized youth, including those who are not enrolled in school<sup>23</sup>, requires multi-component programs.

To assemble the intersecting needs of India's large and diverse young population, key ministries like Education, Health & Family Welfare, Women & Child Development, Youth & Sports Affairs, and Skill Development & Entrepreneurship must collaborate on national initiatives.

- “The Child Marriage Restraint Act of 2006” established a 21-year-old lawful wedding age for men and women.
- “The Adolescence Education Programme”, which amalgamates living dexterity and HIV anticipation into the school course, has been espoused countrywide, but as of 2011, seven states (Chhattisgarh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh) have repudiated or outlawed its functioning, citing enlightening causes.
- The law governing abortion in India is fairly progressive, allowing termination of pregnancy for socioeconomic causes; to safeguard a lady's existence or psychological or actual wellbeing; in cases of sexual harassment, incest, or miscarriage of a child; or on the other hand assuming that the pregnancy came about because of preventative strategy disappointment.
- Abortion providers' enthusiasm to execute the process is a prerequisite for access, and women below the period of 18 must obtain parental consent.

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<sup>22</sup> 8Indian Population Foundation Analysis of Opinions Regarding India's Comprehensive Sexuality Education (CSE)

<sup>23</sup> UNESCO, 2018

## Implications for Programs and Policies

- A significant percentage of female get hitched before they reach the legal marriage age. Gender inequalities in learning and proficient scope are exacerbated by the fact that men can legally marry earlier. This issue can be addressed with the help of attempts to raise consciousness of the commandment and its punishment as well as legal assistance for adolescent women.
- The elevated degree of neglected necessitate for pregnancy among youthful wedded ladies shows the significance of further developing admittance to reasonable, youth-accommodating administrations so young ladies can successfully design their dawn and subsequently their lives.
- Bearing in mind that less than half of auxiliary school-matured ladies go to class, everyday life training projects ought to start in elementary school and be made accessible beyond schools. The stigma associated with non-marital sexual commotion, sex inequality, and sex-based violence ought to be addressed in these programs.
- Adolescence-friendly sexual and reproductive health services have not been extensively executed at the state level. There is evidence to suggest that, in several states, adolescent people are unable to seek the necessary services because of concerns about privacy and provider judgmental attitudes.

The main ways for reduction of women fertility rate are-

1. Abortion;
2. Use of Contraception; and
3. Sterilization.

All these three ways are very risky for the women health and sometime it can become a big challenge for the right to women reproductive health.

### 1. Unsafe Abortions

Contrasting to the western countries where the termination of pregnancy debate is focused on in support of life vs. in support of choice, the deliberation in India is more centred on women's acquaintance of legal rights and sufficient functioning of the “Medical Termination of Pregnancy (MTP) Act”. Although the MTP made termination of pregnancy legal in India in 1971, very few Indian women are aware of this. Most of fetus removals are acted in dangerous circumstances; Impediments connected with unsafe abortions are thought to be responsible for 8% of maternal

deaths. In the state Madhya Pradesh, just 15% of ladies detailed that they realized fetus removal was lawful all through the country. In order to access safer health services, many women must travel on buses for eight or more hours and lack the resources or support to do so. Several female have had termination of pregnancy in unsafe settings as a consequence of the stigma associated with the procedure, a lack of awareness regarding safer options, and a lack of readily available and trained health care providers. Methods like sharp curettage, intrauterine inclusion of an unrecognised object (sticks, roots wire), vaginal abortification (herbal preparations or medication that was wrongly prescribed), and so on are used in unsafe abortions.

### **Social Factors Impacting Women's Choices Surrounding Abortion**

Societal and household restrictions take a prevalent part in a female's choice of whether or not to terminate their pregnancy. Premature matrimony, anxiety for early childbearing, lack of choice-creation supremacy within the relatives, bodily aggression, and intimidation in sexual and relations next of kin are numerous enter description that could influence a woman's assessment and discernment of option. Conventional relatives in patriarchal families are likely to recommend abortion if it is divulged that the foetus is a girl. In such instances, the woman frequently has no alternative but to terminate the foetus. If she goes against it she may be tortured both mentally and physically by her ancestors for generous birth to a girl child rather than boy child. Redundant pregnancies are commonly outlawed in Indian tradition. If an unattached female befalls pregnant, she may choose termination of Pregnancy so as to keep away from the embarrassment of giving birth exterior of matrimonial tie. Due to trepidation of ignominy if people find out she is pregnant, a woman may be vigour into undergoing an termination under precarious circumstances.<sup>24</sup>

An overall strategy to combat precarious termination of pregnancy has been developed by the “WHO's Development and Research Training in Human Reproduction (HRP)”, whose research focuses on people's sexual and reproductive health and lives. It consists of four activities that are interconnected:

- to gather, synthesize, and produce solid scientific evidence regarding the prevalence of unsafe abortion practices;
- to make abortion safer by creating new technologies and implementing interventions;

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<sup>24</sup> Issue of reproductive rights in India: How is it different from other societies,

2013 <https://jilsblognujs.wordpress.com/2013/03/24/the-issue-of-reproductive-rights-in-india-how-is-it-different-from-other-societies/>



- to make an interpretation of proof into standards, devices and rules;
- And to contribute to the creation of programs and policies that make it easier to obtain safe abortions and high-quality post-abortion care, as well as reduce unsafe abortions.

While arranging the Cairo Program of Activity at the 1994 Worldwide Meeting on Populace and Advancement (ICPD), the issue was hostile to such an degree that delegates ultimately chose to preclude any proposal to authorize fetus removal, rather encouraging state run administrations to give legitimate post-early termination care and to put supply into events that will diminish the quantity of undesirable pregnancies.

### **Hazardous Contraceptives:**

Women's organizations discovered unscrupulous examining of hormonal control tools that was harmful to women's health at the inception of the 1980s. Before its inclusion in the “Family Welfare Program”, India's foremost technical organization, the “Indian Council of Medical Research (ICMR)”, attempted to determine the injectable contraceptive's acceptability. However, injectable birth control tools were obtainable as the miraculous elucidation to the problem of unintended pregnancy rather than informing the majority of underprivileged and uneducated women that they were participants in a trial and could be exposed to equally recognized and unidentified health risks. Medically, ethically, and socially, this kind of utilization of women's personage requirement for contraception to convene nationwide demographic ambitions was completely unacceptable. These are as follows:<sup>25</sup>

- First, hormonal contraceptives like injectable can be extremely risky because they can cause serious, irreversible harm to women's bodies that impinge on extra than immediately their reproductive system by negatively affecting some brain functions.
- Second, trained personnel and sophisticated equipment are required to closely monitor hormonal contraceptives at every stage. This should be done before, during, and after each use to determine any potential side effects, as well as to determine whether the method is suitable for the woman. Given the character of the Indian health system, it is understandable that it is nearly impossible to provide such facilities in primary health centres or in many, particularly small government hospitals, much less make sure that they are consumed appropriately.
- Next, there is the critical issue of a lack of information regarding the long-term adverse effects of hormonal contraceptives on humans. Endometrial cancer, a form of cancer that

<sup>25</sup> <http://REPRODUCTIVE%20RIGHTS%20IN%20THE%20INDIAN%20CONTEXT%20-%20sahelisite.html>

affects the lining of the uterus, breast nodules, and cervical cancer are just a few of the stipulations that have been connected to these methods in animal studies. However, the government continues to advertise them as "ideal contraceptives" for females.

- Return of fertility, or the woman's capacity to bear children, is also uncertain, despite the fact that hormonal contraception is intended to space out children. If hormonal contraception is used on a pregnant woman, or if the method fails and a child is conceived immediately after the woman stops using it, the child may have birth defects that show up as late as puberty. Drug companies and the government haven't done enough research to know what might happen.
- Other than the pill, all hormonal contraceptives, such as injectable implants like Norplant and nasal sprays, are long-acting. Implants have effects that last anywhere from a few months to five to six years. As a result, even if a woman decides to stop using a contraceptive, the hormone will continue to have a momentous collision on her carcass.
- All hormonal contraceptives, including injectable implants like Norplant and nasal sprays, are long-acting, with the exception of the pill. Inserts have impacts that last anyplace from a couple of months to five to six years. Subsequently, regardless of whether a lady chooses to quit utilizing a prophylactic, the chemical will keep on essentially affecting her body.

### **Status of Female Fertility Rate In Assam- An X-Ray**

Assam is a region of the North Eastern region of India with multi ethnic populations. This is very significant matter that the vigour status of the persons of this region is very limited.

Assam's draft population policy 2017 has stated its goal as "every family in Assam should have admission to quality education, healthcare and employment opportunities". This is a well-meaning and praiseworthy purpose. Nevertheless, the strategy also has discouragements for persons who have additional than two kids, which will inexplicably hampered those who are the generally underprivileged.

A quantity of the method the strategy recommends are giving free teaching to all girls up to institution of higher education level, particular strategies to primary school waster charges for girls, avoiding immature marriages, care for the aged, assenting act to augment women's participation in the workforce, and improve quality of health service delivery to enable couples to choose unreservedly and dependably the number and separating of their youngsters. All these will go an extended means in helping the condition to accomplish excellence learning, healthcare and service prospects for everyone.

However the Administration too desires to make people with additional than two children not entitled for government service and electoral contribution in panchayat and municipal elections, and commence least amount of instructive prerequisite criterion for challenging appointments to panchayat and municipal restricted bodies. While administration's apprehension observing the producing inhabitants might be suitable, the way that it desires to presuppose to stabilise the inhabitants is misplaced.

At 2.2, Assam's total fertility rate—the figure of offspring born to each woman—is now comparable to that of the rest of India. In fact, the total fertility rate of 1.5 in urban areas is significantly lower than placement level fertility. The rate at which a inhabitants precisely restores itself from one cohort to the subsequently without migrating is known as the replacement level fertility.<sup>26</sup>

### **Tackling maternal and child deaths**

There is no reason for the state administration to worry and take such harsh steps, especially because Assam's overall productivity rate is rapidly declining and almost at the replacement because Assam's overall productivity rate is rapidly declining and almost at the replacement's advantage of fertility of 2.1. Instead, the state should concentrate on addressing its high baby and under-5 death rates, as well as its high maternal mortality rate, which is the highest in the nation. Since a couple is more likely to have more children if the odds of a kid surviving are lower, improving healthcare and implementing policies to cut child mortality would help further lower the overall fertility rate.

Although the overall need for family planning has also somewhat grown from 12.2% to 14.2% during the same time period, the adoption of any contemporary method of contraception in Assam has climbed from 27% in 2005-06 to 38.4% in 2015-16. Therefore, rather than implementing a compulsory two-child policy, concentrating on improving child survival and expanding access to preferred forms of contraception will provide superior development outcomes. In Assam, the birth sex ratio decreased from 1,033 girls per 1,000 boys in 2005-06 to 929 in 2015. Similar is the situation in China, where the population is becoming more male, a two-child policy is anticipated to further skew the ration negatively.

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<sup>26</sup> Assam's two-child norm could hit the poor, women and Muslims the hardest, Scroll.in

The proposed population control law would bar Assamese with two more children from applying for government jobs, running for elected office, including in panchayats and civic bodies, and from certain housing, employment, and other programs if it becomes law later this year.

Over the past ten years, Assam has followed the national trend of declining fertility. According to the National Family Health Survey 2015-16, the state's overall fertility rate decreased from 2.4 in 2005-06 to 2.2 in 2015-16, while the rate for all of India decreased from 2.7 in 2005-06 to 2.2 in 2015-16. In actuality, Assam's decadal population growth rate between 2001 and 2011 was 16.93%, which was less than the national growth rate of 17.64%. Similar to India, Assam is experiencing demographic transition, which is the long-term decline in fertility rates after industrialization. Assam's current fecundity rate, at 2.2, is just slightly higher than India's at 2.1. The substitute fecundity rate, which measures how quickly a population can support itself, is a crucial indicator of progress. The state health minister said that Assam was seeing a worrisome population growth, but this is untrue. However, the state's Muslim population rose at a pace of 29.59%, about three times faster than the Hindu population's growth rate of 10.9%. This notable disparity raised the proportion of Muslims in Assam's total population by 3.3% during the previous ten years, from 30.9% in 2001 to 34.2% in 2011, more than quadrupling the 0.8% average Muslim accretion rate for India.<sup>27</sup>

The maternal status of women of the current cram demonstrates that utmost percentage of women belongs to the mother category 61.38%, followed by lactating 33.96%, currently married 2.35%, pregnant 2% and no child 1.45% no child category consists with the women which have cross their reproductive age without experience of child birth.

The age of conception has a very important position in the reproductive wellbeing of the mother. It is susceptible to the women to conceive in very early age over and above in higher age. It is very significant that among the women of this study more than 50% of them are conceive for the primary occasion in the period of below 20 years.

The reproductive performance by age at marriage of the mother indicates that the highest conception is found among the female who are accomplishment married in 11-15 years of age followed by 16-20 years, 21-25, 26-30 and 31-35 years. The reproductive performance of women according to

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<sup>27</sup> Ibid



their family economic of the present study indicates that the rate of conception, live birth and miscarriage are higher among the women with poor family economy. Among the women of poor economic condition the average live birth is 2.86 followed by 2.39 in moderate and 1.39 in good economic condition. The average miscarriage is 0.13 in poor and 0.09 in moderate and good economy.

## **FINDINGS:**

- ⊙ **MATERNAL HEALTH STATUS IS VERY POOR;**
- ⊙ **LACK OF KNOWLEGE ABOUT THE REPRODUCTIVE RIGHT;**
- ⊙ **LACK OF KNOWLEDGE ABOUT THE GOVERNMENT SCHEMES;**
- ⊙ **EARLY MARRIAGE LEADS LOTS OF PHYSICAL COMPLICACY DURING PRE NATAL AND POST NATAL PERIOD.**
- ⊙ **NEGLIGENCE OF THE FAMILY MEMBERS.**
- ⊙ **TREATMENT BY UNTRAINED MEDICAL PERSONNAL AS WELL GENERAL MBBS DOCTORS LEADS THE SIGNIFICANT RATE OF MATERNAL MORTALITY SINCE 2010. HOWEVER THIS CONDTION IS IMPROVING DAY BY DAY.**
- ⊙ **POVERTY WHICH LEADS MALNUTRITION AND VITAMINE DEFICIENCY DUE TO INADEQUATE FOOD HABIT.**

## **RECOMENDATION:**

- ⊙ **FIRST AND FOREMOST ESSENTIAL STEP FOR IMPROVEMENT OF REPRODUCTIVE HEALTH STATUS OF WOMEN IN ASSAM THE HEALTH EDUCATION SHOULD BE AVAILABLE AT TERTIARY LEVEL WHICH MEANS IN THE SECONDARY LEVEL.**
- ⊙ **SECONDLY ALL VILLAGE AND URBAN WOMEN SHOULD BE INSTRUCTED TO DO INSTITUTIONAL DELIVERY.**
- ⊙ **ASHA WORKERS SHOULD BE PROPELY TRAINED.**

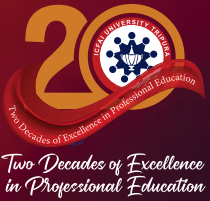
- ◎ **ALL THE HUMAN RIGHT AGENCIES AND NGOS SHOULD TAKE INITIATIVE FOR PROMOTION OF GOVERNMENT SCHEMES THROUGH WELFARE PROGRAMMES, WORKSHOPS ETC.**
  
- ◎ **RESEARCH SHOULD BE MADE ON THIS FEILD BY THE RESEARCH SCHOLARS.**

### **Conclusion:**

In summary, the government may concentrate on increasing public knowledge of contemporary contraception and spacing techniques while simultaneously ensuring that these services are available and accessible to everyone. In order to maintain a stable and healthy population, family planning services directly reduce maternal and infant mortality. There is no cause for the state administration to worry and take such harsh steps, especially as Assam's overall fertility rate is rapidly declining and almost at the replacement level of 2.1. Instead, the state should concentrate on addressing its high baby and under-5 death rates, as well as its high maternal mortality rate, which is the highest in the nation. Since a couple is more likely to have more children if the odds of a kid surviving are lower, improving healthcare and implementing policies to cut child mortality would help further lower the overall fertility rate.



# ICFAI UNIVERSITY TRIPURA



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## ABOUT THE UNIVERSITY

The ICAI University, Tripura was established in 2004 through an Act of State Legislature. The University has been approved by the University Grants Commission, under Section 2(f) of the UGC Act, 1956. ICAI University Tripura is a multidisciplinary University offering 50+ different programs.

### ACCREDITATIONS

- University Grants Commission (UGC)
- National Assessment and Accreditation Council (NAAC)
- Bar Council of India (BCI)
- National Council for Teacher Education (NCTE)
- Rehabilitation Council of India (RCI)
- Tripura Nursing Council (TNC)
- Indian Nursing Council (INC)
- MSME(HI/BI), Govt of India has recognised as Host Institute to Support for Entrepreneurial and Managerial Development of MSMEs through Business Incubators

### MEMBERSHIP

- Member of the Association of Indian Universities, New Delhi, India
- Member of the Association of Commonwealth Universities, London, UK.
- Member of Institute of Engineers (India)
- Members of Association of Management Development Institutions in South Asia (AMDISA)
- Registered Member with Department of Scientific and Industrial Research, Ministry of Science and Technology, Government of India
- Member of Confederation of Indian Industry (CII).
- Member of Vijnana Bharati.
- Member of Academy of Hospital Administration, Govt of India.
- National Cyber Safety and Security Standards (NCSSS)
- National HRD Network (NHRDN), Gurgaon
- Inter- University National Cultural Board (IUNCB)
- Amazon Internet services Pvt. Ltd for AWS (Cloud Computing) Program
- Oracle Academy
- Indo-Australian Chamber of Commerce

### RANKING/ CERTIFICATES

- ICAI University Tripura has been ranked 1st among Private Multidisciplinary University in Tripura by Education World India Higher Education Ranking 2023-24.
- ICAI University Tripura has been ranked 35 in the year 2024 as the Best University all over India by India Today – MRDA
- Faculty of Science & Technology of ICAI University Tripura has been ranked 148 as the Best Engineering College all over India Rank among private/government colleges by India Today – MRDA
- ICAI Law School of ICAI University Tripura has been ranked 35 as the Top Law School all over India by India Today – MRDA
- ICAI Science School, Bachelor of Science(H) of ICAI University Tripura has been ranked 175 as Best college all over India by India Today – MRDA
- Faculty of Liberal Arts, Bachelor of Arts of ICAI University Tripura has been ranked 136 as Best college all over India by India Today – MRDA
- Faculty of Management & Commerce, Bachelor of Business Administration of ICAI University Tripura has been ranked 70 as Best College all over India by India Today – MRDA
- Faculty of Science and Technology of ICAI University Tripura has been ranked 113 among the top 160 Pvt. Engineering Institute in India by Outlook India.
- Faculty of Management & Commerce, Bachelor of Business Administration of ICAI University Tripura has been ranked 59 among the Top 130 BBA institute in India by Outlook India in the year 2023.
- The ICAI University Tripura has been ranked 18 by CSR-GHRDC as the Top Outstanding Engineering colleges of Excellence all over India category in the year 2023
- ICAI University Tripura got AAA ratings as India's best Engineering Institute 2023 by Careers 360 Magazine.
- Established 'Institute Innovation Council (IIC) as per norms of Innovation Cell, Ministry of MHRD, Govt. of India
- Certified by ISO 9001: 2015
- ICAI University Tripura certified by Directorate of Social Welfare & Social Education
- ICAI University Tripura has been registered as a club under the Yuva Tourism Club an Initiative by the Ministry of Tourism in the year 2023
- Registered with NGO Darpan, Niti Ayog, Govt. of India
- Best Universities & Colleges 2018-19 awarded to ICAI University Tripura in the special category by Rubber Skill Development Council (RSDC).

## SCIENCE AND TECHNOLOGY

- B.Tech (CE, ME, ECE, EE, CSE)
- B.Tech (Lateral Entry)
- B.Sc. in Data Science & AI
- BCA
- Integrated MCA
- MCA
- M.Tech - CSE
- M.Tech - Structural Engineering
- M.Tech - Water Resource

## BASIC SCIENCE

- B.Sc. Physics (Hons)
- B.Sc. Chemistry (Hons)
- B.Sc. Mathematics (Hons)
- M.Sc. Physics
- M.Sc. Chemistry
- M.Sc. Mathematics

## EDUCATION

- B.Ed
- MA Education
- M.Ed

## LIBERAL ARTS

- B.A. English (Hons.)
- B.A/B.Sc. Psychology (Hons.)
- M.A English
- M.A/M.Sc-Psychology
- B.A./B.Sc. Journalism and Mass Communication
- M.A./M.Sc. Journalism and Mass communication

## ALLIED HEALTH SCIENCES

- B.Sc. in Emergency Medical Technology
- B.Sc. in Cardiac Care Technology
- B.Sc. in Dialysis Therapy Technology
- Bachelor in Health Information Management
- B.Sc. in Medical Laboratory Technology (BMLT)
- B.Sc. in Medical Laboratory Technology (BMLT) (*Lateral Entry*)
- Master in Medical Laboratory Technology (MMLT)

## CLINICAL PSYCHOLOGY

- M.Phil in Clinical Psychology

## Ph.D

Engineering (CE, CSE, ME, ECE, EE), Science (Physics, Chemistry, Mathematics), Allied Health Sciences (Molecular Biology, Clinical Bacteriology, Clinical Biochemistry), Management (OB, HR, Marketing, Finance), Economics, Commerce, Law, English, Psychology, Education, Spl. Education, Sociology, Physical Education, Political Science, Philosophy.



## MANAGEMENT & COMMERCE

- BBA
- B.Com (Hons.)
- B.A./B.Sc. Economics
- MBA
- Executive MBA
- M.Com
- MA./MSc. In Economics
- Master in Hospital Administration (MHA)

## LAW

- BA-LLB (Hons.)
- BBA-LLB (Hons.)
- LL.B
- LL.M (2 Years)

## SPECIAL EDUCATION

- B.Ed. Spl. Ed. (ID)
- D.Ed.Spl. Ed. (IDD)
- M.Ed. Spl. Ed. (ID)
- Integrated B.A. B.Ed. Spl. Ed. (ID)
- Integrated B.Com. B.Ed. Spl. Ed. (ID)
- Integrated B.Sc. B.Ed. Spl. Ed. (ID)
- Integrated B.A. B.Ed. Spl. Ed. (Visually Impaired)

## NURSING

- GNM

## LIBRARY AND INFORMATION SCIENCES

- B.Lib.I.Sc.
- M.Lib.I.Sc.- Integrated
- M.Lib.I.Sc.

## PHYSICAL EDUCATION

- B.P.Ed
- D.P.Ed
- B.P.E.S
- B.P.E.S (Lateral Entry)
- M.P.E.S

## YOGA & NATUROPATHY

- Post Graduate Diploma in Yoga Education and Therapy
- B.Sc. in Yoga
- B.A. in Yoga





Program	Duration	Eligibility	Career Prospects Employment Opportunities
B. Tech ( CE, CSE, ECE, ME, EE )	4 Years	Pass in 10 + 2 (Phy/Chem/Math) with minimum 45%, (40 % in case of SC/ST/ OBC) aggregate marks	IT,ITEs, Manufacturing,Companies, Corporates, Telecom, Banks, Govt. Services
B. Tech - Lateral Entry ( CE, CSE, ECE, ME, EE )	3 Years	Pass in 3 - year diploma course with minimum 45 % (40 % in case of SC/ ST/ OBC) aggregate marks	IT,ITEs, Manufacturing,Companies, Corporates, Telecom, Banks, Govt. Services
B.Sc. in Data Science & AI	4 Years	Pass in 10+2 examination with 45% marks from science discipline	Corporates, AI Researcher, Data Scientist, Machine Learning Engineer, Data Analyst, Business Intelligence Developer, AI/ML Product Manager
BCA	3 Years	Pass in 10 + 2 ( any Discipline) examination	IT,ITEs, Corporates, Banks,Govt. Services, NGO's.
Integrated MCA	5 Years	Pass in 10 + 2 ( any Discipline) examination	IT,ITEs, Corporates, Banks,Govt. Services, NGO's.
MCA	2 Years	Graduation in any discipline, with 40% and above aggregate marks.	IT,ITEs, Corporates, Banks, Govt. Services, NGO's,Research
M.Tech - Water Resource Engineering	2 Years	Valid GATE Scorer with B.Tech /B.E in Civil Engineering or B.Tech /B.E in Civil Engineering with 60% marks	Research, consultant to Pvt. Organization in the field of flood forecasting, flood inundation, flood disaster management, Entrepreneur.
M.Tech - Structural Engineering	2 Years	Valid GATE Score with B.Tech/B.E., in Civil Engineering or B.Tech/B.E. in Civil Engineering with 60% marks.	Structural Engineer,Project Manager, Researcher, Quality Control, Teaching, Entrepreneurship, and more.
M.Tech - Computer science & Engineering	2 Years	Pass with 60% aggregate marks in B.Tech. (CSE or IT or ECE or EEE) or MCA or M.Sc. (IT or Computer Science) or equivalent	Offers opportunities in cutting-edge technology-based research like AI ML, Cybersecurity, and software development roles in the ever-evolving field of computer science.

**Basic Science**

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Sc. Physics (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Physics & pass in Maths	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Chemistry (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Chemistry	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Mathematics (Hons.)	4 Years	Pass in 10 + 2 with 40 % marks in Mathematics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Physics	2 Years	Graduate with 45 %(40 % in case of SC/ST/ OBC) marks in Physics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Chemistry	2 Years	Graduate with 40% marks in Chemistry	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Mathematics	2 Years	Graduate with 40 % marks in Mathematics	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate

**Liberal Arts**

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.A. English (Hons.)	4 Years	Pass in 10 + 2 (any Discipline) with 40 % marks in English	Jobs in Govt., Teaching in Schools/Educational Administrators/ Corporate, Banks, Telecom, Media, Journalism
M.A English	2 Years	Graduate in any Discipline with minimum 45 % in English (40% in case of SC/ST/ OBC) aggregate marks	Jobs in Govt., Teaching in Schools/Educational Administrators/ Corporate, Banks, Telecom, Media, Journalism/ Research
B.A. Psychology (Hons)	4 Years	Pass in 10 + 2 (any Discipline) with 50 % (45% in case of SC/ST/ OBC) marks	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.A Psychology	2 Years	Graduate with 45 % in Psychology(40 % in case of SC/ST/ OBC) marks.	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.Sc. Psychology (Hons)	4 Years	Pass in 10 + 2 (any Discipline, with Economics or Maths as a combination subject) with 50 % (45%in case of SC/ ST/ OBC) marks	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
M.Sc. Psychology	2 Years	B.Sc Psychology degree from a recognized university with 45 %(40% in case of SC/ST/ OBC) marks in Psychology.	Teaching in Schools/ Colleges/ Educational Administrator/ Corporate
B.A. Journalism and Mass Communication	4 Years	Minimum10+2 (in any discipline) with 40% or above marks in aggregate	Reporter, Journalist, News Editor, or Photojournalist in print, electronic or digital media, Public Relations Officer,Content Writer/ Developer for websites, blogs and social media, Filmmaking and Radio jockey, Advertising campaigns, Social Media Manager
B.Sc. Journalism and Mass Communication	4 Years	Minimum10+2 (in Science Stream) with 40% or above marks in aggregate	
M.A. Journalism and Mass Communication	2 Years	Minimum Graduation (in any discipline) with 45% or above marks in aggregate	Director of Communications for advertising campaigns, Content writer/ Developer for websites, blogs and social media,Journalist/ Photojournalist, Filmmaking and Radio Jockey (RJ),Screenwriter, Sound Engineer, TV Correspondent, Producer, Art Director, Technical Communication Specialist, Web Producer
M.Sc. Journalism and Mass Communication	2 Years	Minimum B.Sc. or B. Tech Degree with 45% or above marks in aggregate.	

**Law**

Program	Duration	Eligibility	Career Prospects Employment Opportunities
BBA-LLB Integrated	5 Years	Pass in 10 + 2 with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
BA-LLB Integrated	5 Years	Pass in 10 + 2 with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
LL.B	3 Years	Graduate in any Discipline with minimum 45 % (40 % in case of SC/ST, 42% in case of OBC) aggregate marks	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR
LL.M	2 Years	Graduate with LLB degree (Recognised by BCI)	Corporates, Banking, Judiciary, Legal Practice, NGO's IPR,Research



## Management & Commerce Studies

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Com (Hons.)	4 Years	Pass in 10 + 2 examination in commerce or Science with 45% ( 40% in case of ST/ SC/OBC) marks	Banks, Financial Services, Corporates
BBA	3 Years	Pass in 10 + 2 ( any Discipline) examination with minimum 40% marks	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies.
B.A. Economics	4 Years	Pass in 10 + 2 ( any Discipline) examination with minimum 40% marks	Financial Analyst/ Investment Banker/ Risk Manager/ Actuary/ Public Sector Policy Analyst/ Economic Advisor/ Public Sector Economist/ Central Bank Analyst/ Management Consultant/ Trade Specialist/ Data Analyst/ Statistician/ Market Research Analyst/ Startups and Business Ventures
B.Sc. Economics	4 Years	Pass in 10 + 2 with minimum 45 % marks in Mathematics	Financial Analyst/ Economist /Management Consultant /Data Scientist/ Public Policy Analyst/ Financial Manager/ Marketing Manager/ Research Analyst/ Economic Advisor/ Statistician/ Market Research Analyst/ Startups.
MBA	2 Years	Graduate in any discipline with minimum 50 % (45 % in case of SC/ST/OBC) aggregate marks	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies, Research
Executive MBA	2 Years	Graduation in any discipline with 45% and above aggregate marks, with a minimum of two years of work experience.	Banks, Financial Services, IT, Insurance, Telecom, Corporates, Consulting Companies, Research
M.Com	2 Years	B.Com with 45%(40% in case of ST/SC/OBC) Marks	Banks, Financial Services, Corporates
Master of Hospital Administration (MHA)	2 Years	Graduate with 40% aggregate marks (Preference will be given to MBBS, BDS, BHMS, B.Sc Nursing, BPT, BAMS, B.Sc Allied Health Science, Bioscience, General Science, Veterinary Sciences & B.Sc Pharma)	Hospitals(Government /Private), NUHM, NRHM, NRLM, Healthcare consultancy firm, Hospitality industry, Medico-legal consultancy firm, Insurance sector (Government/ Private)
M.A Economics	2 Years	Candidates must hold BA/B.Sc. Honours degree in Economics with a minimum of 45% aggregate marks (or equivalent).	Public Policy Analyst/ Economic Advisor/ Central Bank Analyst/ Trade Specialist/ Public Sector Economist/ Management Consultant/Professor/ entrepreneurial ventures in policy-related domains.
M.Sc. Economics	2 Years	Candidates must hold a B.Sc. Honours degree in Economics with a minimum of 45% aggregate marks (or equivalent).	Data Scientist/ Financial Analyst/ Risk Manager/ Statistician/ Econometrician/ Research Consultant/ Actuary roles in think tanks of international organizations, and academic institutions.

## Allied Health Sciences

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.sc. in Emergency Medical Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45% marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
B.sc. in Cardiac Care Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45 %marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private Hospitals in cardiology department, different cath- labs or diagnostic centers. Eligible for postgraduate courses.
B.sc. in Dialysis Therapy Technology	4 Years	Pass in 10 + 2 (Science Discipline) with 45 % marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospitals, NRHM, NUHM, NGO, clinics/ healthcare setup offering dialysis treatment. Eligible for Post Graduation courses in dialysis.
Bachelor in Health Information Management	4 Years	Pass in 10 + 2 (any Discipline) with 45 % marks (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government / Private hospitals, diagnostic centers, NRHM/ NUHM, legal firms,Healthcare consultancy .Eligible for Post Graduate courses.
B.Sc. Medical Lab Technology (BMLT)	4 Years	Pass in 10 + 2 (Science Discipline) with 45% marks in PCB (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
B.Sc. Medical Lab Technology (BMLT) (LE)	3 Years	Pass in 3 years diploma with 45% marks in aggregate (5% relaxation for SC/ST/OBC Candidates)	Opportunity in Government /Private hospital having ICU/ITU/Critical care unit, Demand in disaster management team for both state/central government, army/navy/airforce. Eligible for Post graduation courses.
Master in Medical Lab Technology (MMLT)	2 Years	Candidate must have passed degree, e.g. B.Sc. MLT/ B.Sc. Physiology/ Microbiology/ Biotechnology/ Biochemistry or equivalent B.Sc. Biosciences from a recognized University	Opportunity in Government / Private sector, Lab Technician, Medical Lab Incharge, Research and Development Manager (Laboratory), Technical Officer etc. Can pursue research or can flourish in academics as well

## Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Ed	2 years	Graduate or post graduate in any discipline with minimum 50 % (45 % in case SC/ST/ OBC) aggregate marks	Teaching in Secondary level
MA - Education	2 years	Graduate in any discipline	Teaching in Schools/Educational Administrators/ Research
M.Ed	2 years	B.Ed. (1/2 years)/ B.EL,ED/B.Sc.B.Ed./B.A B.Ed./ D.EL.Ed. /D.Ed. with a Bachelors degree. 50% marks at all the levels	Teaching in Teacher Education

## Physical Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.P.Ed	2 years	Pass in graduation in any discipline and as per university selection procedure.	Jobs in School/ College/ Physical Trainer
D.P.Ed	2 years	Pass in 10+2 or equivalent with 50% of marks in any stream	
BPES	3 years	Pass in 10 + 2 examination or equivalent from any recognised education Board/ University	
BPES(LE)	1 year	Pass in two years diploma in Physical Education	
MPES	2 years	Candidates must have passed with at least 50% marks for Gen/OBC and 45% for SC/ST category. B.P.E.D (4yr. integrated) /B.P.E.D (1yr. or 2yr.)/B.P.E (3yrs.)/B.sc (Physical Education)/ B.P.E.S (3yrs.)	Jobs in School/ College/ University, Physical Trainer/Sports/ Job in Govt. and Private sector as teacher, instructor, coach etc.

## Yoga & Naturopathy

Program	Duration	Eligibility	Career Prospects Employment Opportunities
PGDYET	1 year	Any graduate	Yoga Teacher in Schools, Yoga Therapist/ Yoga Psychologist/ Yoga Inspector in MNC's, Health Club, Yoga Club
B.A. in Yoga	3 years	Pass in 10 + 2 (Arts/Commerce) with minimum 40% aggregate marks.	
B.Sc. in Yoga	3 years	Pass in 10 + 2 (Science) with minimum 40% aggregate marks.	

## Special Education

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Ed.Spl.Ed. (ID)	2 years	Graduate or post graduate in any discipline with minimum 50 % (45% in case SC/ST/ OBC) aggregate marks	Teaching in Secondary level and at special schools
D.Ed.Spl.Ed. (IDD)	2 years	Pass in 10 + 2 (any Discipline) with minimum 50% (45 % in case SC/ ST/ OBC) aggregate marks.	Special schools, Sarva Siksha Abhiyan/ Resource teacher in General School/ Integrated/ Inclusive setup
M.Ed.Spl.Ed.(ID)	2 years	B.Ed. Spl. Ed (ID) / B.Ed. General with D.Ed. Spl. Ed (ID) with 50% marks (RCI).	Professional preparation of teacher educators- engaged in continuous professional development of teachers
Integrated B.A./ B.Com /B.Sc./ B.Ed. Spl.Ed.	4 years	Pass in 10 + 2 with 50% marks	Teaching in Secondary level and at special schools
Integrated B.A. B.Ed. Spl. Ed. (Visually Impaired)	4 years	Pass in 10 + 2 (any Discipline)	They can appear the CTET and TET exam i.e. for Central and State Level, RCI Registered Rehabilitation Professional in Clinic, Nursing home, Hospitals, Counseling centers, Special Educator or Children with Visual Impairment in Inclusive school, Special school and General school.

## Clinical Psychology

Program	Duration	Eligibility	Career Prospects Employment Opportunities
M. Phil in Clinical Psychology	2 years	M.A / M.Sc degree in the Psychology with 55% marks in aggregate, Preferably with special paper in Clinical Psychology .	Qualified professional & extensive inputs & widespread Clinical experience to acquire the necessary skills in the area of Clinical Psychology

## Library And Information Sciences

Program	Duration	Eligibility	Career Prospects Employment Opportunities
B.Lib.I.Sc.	1 Year	Graduate in any discipline	School/ College/ University/ district/ State / National Libraries, Bank, Govt. Services, NGO's, Research
M.Lib.I.Sc.- Int.	2 Years	Graduate in any Discipline	
M.Lib.I.Sc.	1 Year	Graduate with B.Lib.I.Sc	

## Nursing

Program	Duration	Eligibility	Career Prospects Employment Opportunities
GNM	3 years	10+2 with English and must have obtained a minimum aggregated score of 40% marks for the general candidates for any stream •35% SC/St candidates marks required from any stream • Age should be 17-35 (and for SC/ST 5 years relaxation) • Boys & Girls both are eligible	Hospitals(Government /Private), NUHM, NRHM, NRLM, Healthcare consultancy firm, Hospitality industry, Medico-legal consultancy firm, Insurance sector (Government/ Private)

## P.hD

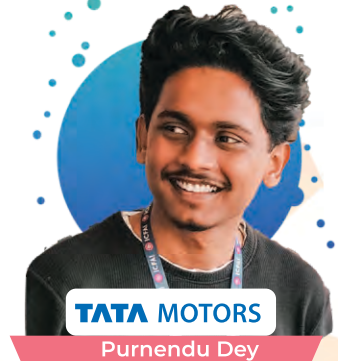
Program	Duration	Eligibility	Career Prospects Employment Opportunities
Engineering (CE, CSE, ME, ECE,EE), Science (Physics, Chemistry,Mathematics),Allied Health Sciences (Molecular Biology, Clinical Bacteriology, Clinical Biochemistry), Management (OB, HR, Marketing, Finance), Economics, Commerce, Law, English, Psychology, Education, Spl. Education, Sociology, Physical Education, Political Science, Philosophy	4 years	A two-year postgraduate degree or equivalent from a recognized Institution, with 55% marks or equivalent CGPA in concerned subject. or A regular, full time M.Phil degree from any recognized University	Faculty position, Scientist, Post-doc researcher



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- Modern laboratories
- Well-equipped workshop / 3D printers
- Enriched library / Book bank facility
- Separate hostel for boys and girls
- Full campus is under CCTV surveillance
- Yoga for all
- Medical center featuring on-site residential doctors and nurses.
- 24 x7 Ambulance service
- Gymnasium / Outdoor gym

- ICAI University Tripura is having its professional football club named ICAI FC
- 24 Hours power generator back-up etc.
- Full campus is covered by JIO Wi-Fi, ICAI **Wi-Fi 6**

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