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Impact of Adolescent Sexual and Reproductive Health Education

SARADINDU BERA[1]
Research Scholar
Regional Institute of Education (NCERT), Bhubaneswar
India
Dr. RAMAKANTA MOHALIK
Assistant Professor in Education
RIE (NCERT), Bhubaneswar
India

Abstract:

The World Health Organization defines adolescence as the period of life between ages 10 and 19 years. Adolescence is a stage of development transition, i.e., bridge between childhood and adulthood. The reproductive health is inextricably linked to the subject of reproductive rights and freedom also it extends beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of the life cycle. Adolescents are an important resource of any country. This is the stage when physical and sexual changes are taking place in their development. On this way they may face troubles due to lack of right kind of information regarding their own physical and sexual development. Going through physical and sexual development, many adolescents become sexually active increasingly at early ages. Their vulnerability and ignorance on matters related to their reproductive health, their inadequate knowledge on contraception and inability and unwillingness to use family planning and health services leads adolescents to face reproductive morbidity and mortality. It is feared that adolescent girls as well as boys if not duly informed find themselves at risk of pregnancy, child bearing and getting infected by

[1] Corresponding author: saradindu.pbc@gmail.com

sexually transmitted diseases. Providing sexual and reproductive health education would give a logical and responsible shift to mass media which is often misleading or inadequate, promoting risky behaviour. Considering the multifaceted impact of sexual and reproductive health and its varied source of information, including it in main stream education is an urgent need of the hour. After having mentioned the meaning, intent and importance of sexual and reproductive health, it is often assumed the sexual and reproductive health is the effect of an adult's decisions. It is important that adolescents should be allowed to study sexual and reproductive health through school curriculum.

Key words: Adolescent, Reproductive Health, Sexual Education, Reproductive rights, sexual Health.

INTRODUCTION

Adolescence is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological changes. This period results in sexual, psychological and behavioural maturation. Adolescents are a diverse group and are in varying situations of risk, status and environments. "Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It also improves sexual health, the purpose of which is the enhancement of life and personal relation, and not merely counseling and care related to reproductive and sexually transmitted diseases" (WHO, 2006). The proponents of the reproductive health framework believe that reproductive health is inextricably link to the subject of reproductive rights and freedom. Also, the reproductive health concept extends beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of the life cycle. Reproductive health education is

an attempt to respect and care about one's basic needs contributing to healthy body and mind. This becomes most crucial now, due to rapid demographic changes, media and globalization. It is an individual's decision to reproduce or share physical expression. With growing individual autonomy and participation of adolescents it becomes a responsibility of the socializing agents to provide a guiding light towards a bright and stable future. Reproductive health education focused on developing individuals frameworks towards population and its impact on oneself. Population education is an educational programme which provides for a study of the population situation in a family, community, nation and the world, with the purpose of developing in the students' rational and responsible attitude and behavior towards that situation (Gavin et. al., 2010). The reproductive health issues gained recognition in 1974, momentum in the 1984 and was crystallized at the International Conference on Population and Development (ICPD) in 1994. ICPD (1994) emphasized on addressing adolescent reproductive health issues by promotion of responsible and healthy reproductive and sexual behaviour (United Nations, 1995).

THEORETICAL BACKGROUND

Hall (1904) saw adolescence as a period of "storm and stress" (S & S). Parents, peers, teachers and society exert considerable pressure on the adolescent to grow up during adolescence. However, Coleman (1978) clarified that various stresses in adolescence do not occur at the same time. Freud believed that often an important stressor during adolescence is the increase in sexuality. The increase in the sex drive creates stress and anxiety (fear of opposite sex and fear of feeling sexual), which may call into play one or more defense mechanism to restore equilibrium and protect the individual from experiencing anxiety. Erikson (1968) emphasized the acquisition of ego

identity and sense of whom and what one is and the cultural determinants of development. He viewed development within a series of psychosocial stages that are in part biologically determined. Adolescence takes the entre stage in developing styles of life and physiological changes, being the focal of this stage, demand attention and care. Reproductive health education would carve a responsible adult capable of exercising its rights out of a curious adolescent. The 'self-actualization' theory, developed by Abraham Maslow (1943), is that our needs can be arranged in "a hierarchy ascending from such basic physiological needs as hunger and thirst through safety and love needs to needs for esteem, and ultimately, self-actualization". This hierarchy of needs theory is based on the assumption that all people have the desire to maximize their potential and strive to do what they are capable of doing. The adolescence stage characterized by high motivation to learn and that earlier knowledge lasts in all contexts including sexuality. A WHO study has shown that a positive view on sexuality leads to greater self-esteem and to the capacity to have control over one's own sexual life (WHO, 2006). There is an openness and shared vision among many people towards sexual and reproductive health education and this is a "most humanistic way to promote sexual and reproductive well-being, health and rights". The most important is a source of information and kind of information that is given if adolescents are to have high sense of self efficacy, and have control of decisions concerning their live. This crucial stage of development seeks exposure through various conspicuous and inconspicuous sources confiding in peer groups, print media, audio-visual media, book and so on. It is therefore, of utmost importance that the prime socializing agencies namely family and school must provide the required information and understanding (Mc Neely et. al., 2002). If adolescents successfully resolve the crisis arising due to the physiological and mental changes, they can prove to be a rich human resource for the country.

EMERGENCE OF REPRODUCTIVE HEALTH EDUCATION OF ADOLESCENT

Adolescence has traditionally been regarded as a period of stress and strain, a time of heightened emotional tension. As termed by Erikson (1968), the identity crisis or the problem of "Ego-Identity" is a psychological moratorium, a gap between security of childhood and the autonomy of adulthood. Adolescence is a phase when rights of the childhood start shaping while responsibilities and rights of the adults are yet to become accessible. This age group is particularly vulnerable to conditions in their social and physical environments, due to exposure to wide range of positive and negative determinants of health. The interaction of these determinants at each developmental stage helps to define both their level of health and its impact on the later life (Ubale et.al., 1997). The key determinants including social status, income, employment, environment at work, education, social set up, natural and built up environment, personal health practices, individual capacit5y and coping skills, biological and genetic endowments. Although adolescents are 1/5th of world's population still it is pertinent to note that many girls are grossly underweight at adolescence. Adolescents are an important resource of any country. They have successfully passed the adversaries of childhood and are on their way to adulthood. This is the stage when physical changes are taking place in their development (Bernstein & Hansen, 2006). On this way they may face troubles due to lack of right kind of information regarding their own physical and or sexual development. Going through physical and sexual development, many adolescents become sexually active increasingly at early ages. Their vulnerability and ignorance on matters related to their reproductive health, their inadequate knowledge on contraception and inability or unwillingness to use family planning and health services leads adolescents to face reproductive morbidity and mortality. Unfortunately, their

education lacks inputs on reproductive health, this is despite their strong desires to participate in activities geared towards their own reproductive health and social development needs. Moreover many traditional practices and myths surround normal physiological process such as menarche and when adolescent are not given scientific explanation of such phenomenon, they are left puzzled and are unable to differentiate between myth and realty (Cardoza et.al., 2012). This has resulted in anxiety and physiological trauma in adults, who as teenagers had held firmly to certain belief about sexuality. Due to aforesaid reason, it is felt that there is a need creating a generation with proper knowledge for good health.

Thus, initiatives on reproductive health education are an unavoidable call to address the physical and psychological questions arising in adolescents restoring their equilibrium. It is an effort to break through the closed and narrow channels of information coming out of a rigid social framework. The taboo on understanding reproductive needs and patterns often results in curious rebels disrupting one's health and growth. Providing reproductive health education would give logical and responsible shifts to mass media which is often misleading or inadequate, promoting risky behavior. Considering the multifaceted impact of reproductive health and its varied sources of information, including it in main stream education is an urgent need of the hour (Spizer et.al., 2003). Hence, from the forgoing discussion it is clear that reproductive health is an emerging issue among adolescents. But there is need to focus on adolescents as they are future adults. It is important that adolescents should be allowed to study reproductive health.

REPRODUCTIVE RIGHTS OF ADOLESCENTS

The idea of reproductive rights is inherent to the definition of reproductive health and these rights are integral to globally recognized human rights. In 1994, in Cairo, the International

Conference on Population and Development's (ICPD) Programme of Action urged governments and health systems to establish, expand or adjust health programmes to meet adolescents' reproductive and sexual health (ARSH) needs, to respect their rights to privacy and confidentiality, and to ensure that the attitudes of healthcare providers do not restrict adolescents' access to information and services. Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to adolescents and the opportunities and risk they face (Gavin et. al., 2002). These include gender equality and the rights to education and health, including ARSH information and services appropriate to their age, capacity and circumstance. Actions to ensure implementation of these rights can have tremendous practical benefits: empowering individuals, ensuring well-being., stemming the HIV/AIDS pandemic, alleviating poverty and improving socio-economic prospects.

KNOWLEDGE AND PERCEPTION OF ADOLESCENTS REGARDING SEXUAL AND REPRODUCTIVE HEALTH ISSUES

The knowledge and perception of the adolescents regarding sexual and reproductive health issues have been found not up to mark. The issues are as follows:

- **Process of growing up**

The majority of the students lacked knowledge regarding various aspects of reproductive health, indicators of physical maturity in 'girls' and 'boys', indicators of pregnancy and family planning methods.

- **Age at marriage**

Majority of the female adolescents are married before the legal minimum age. The legal minimum age of marriage varies in

different countries also it depends upon various factors like gender, caste, ethnicity, illiteracy, religion etc. there were many studies which indicated that a number of adolescents were of the right age of marriage (Gupta, 2003).

- **Adolescent pregnancy and consequences**

Pregnancy at any age generates developmental changes, but in an adolescent it can create a developmental crisis. Failure to accomplish developmental tasks not only places the adolescent at risk for further developmental difficulties, but it places the children of these adolescents at biological, social and psychological risk. Early pregnancy in India, almost all of which takes place within marriage is the major cause of poor reproductive health among female adolescents. Girls under 18 are 2-g times more likely to die during pregnancy or childbirth.

- **Unsafe abortion**

Another risk to the reproductive health of female adolescents comes from induced abortions. Unsafe abortion is a leading cause of death among women in South Asia. The region accounts for one third of the world's unsafe abortions and the largest annual number of abortion related deaths worldwide. Nearly 22 million unsafe abortions occurred worldwide. 3.2 million of the estimated 22 million unsafe abortions worldwide were in 15-19 years old (Shah & Ahman, 2012).

- **Contraception**

Adolescents, especially those unmarried, seldom use contraception. Sexually active adolescents who have sex with a steady partner often claim that intercourse is not the result of premeditated or conscious decisions but just "happens", so they are unlikely to be prepared with contraception. Many adolescents are unable to obtain contraception (including emergency contraceptives) to avoid unwanted pregnancy. Even

those adolescent who can obtain contraceptive do not always use them correctly and consistently (Shah & Ahman, 2012).

- **Sexual behavior**

Adolescents do engage in pre-marital sex, raising the risk of unwanted pregnancy and illegal abortion. Accurate data on the sexual behaviour of unmarried girls is very hard to gather for concerns of confidentiality and the general taboo against premarital sex or at least talking about it (CREA, 2005).

- **HIV/AIDS and STDs related knowledge**

The lack of access to information on health and sexuality and existing rates of sexual activity implies that most young people are very susceptible to STDs and HIV/AIDS (Kirby et. al., 2006). Many women feel that discussion of contraception and STDs will lead their partner to suspect that they had previous sexual experiences leading to loss of the boys' respect and damage to the relationship.

- **Violence and Coercion**

The socio-cultural context in India enforces heterosexuality and marriage on young people thereby almost endorsing sexual coercion and violence within relationships. Although there is increasing evidence of risky consensual sex among young people in developing countries, non-consensual sexual experiences among them have rarely been studied and few interventions have been designed to protect them from the risks of such experiences. Sexual health manifestations range from unintended pregnancy, abortion and infection to risk taking behaviours including early onset of consensual sex, multiple partner relations and non-use of condoms. Academic performance can also be affected. Psychological outcomes of sexual coercion could range from symptoms of anxiety and depression to suicide attempts. Many adolescents are unable to refuse unwanted or to resist coerced sex (Roy & Nandan, 2007).

- **Reproductive Tract Infections (RTIs)**

Most information on RTIs in general is from hospital or clinic based studies rather than community based studies and indicates that treatment seeking is low. Very few studies focus on adolescents or young women despite indications that young women may be even less likely than older women to seek care due to their low status in the household, less knowledge about available services and greater reluctance to discuss symptoms with those involved in the decision to seek care (Magnussen et. al., 2004). From different studies it has been noted that women experience about reproductive tract infections is unknown but often underestimated.

ROLE OF EDUCATION AT DIFFERENT LEVELS

Education is a systematic process through which a child or an adult acquires knowledge, experience, skill and sound attitude. So adolescent will be empowered the reproductive health education through education.

1. Education at the government level

The Ministry of Education and Human Resources Development (MHRD) plays important roles in in sex education in schools. The primary responsibilities of the Ministry of Education and Human Resource Development are to construct the guidelines for sex education provide information about sex to teachers and students through a website and distribute educational materials to each school. MHRD focuses on achieving gender equality and preventing sexual harassment through sex education. It does so by: (1) disseminating information about available educators in the area for the prevention of sexual harassment; (2) providing information regarding the laws as well as medical assistance, counseling and places to rest for prostitutes and battered women. (3) preventing sexual violence, (4) changing school curriculum or educational contents to

promote gender equality, and (5) inspecting the execution of the education for the prevention of sexual harassment and giving proper direction.

2. Education at governmental organization

Best on governmental policies regarding sex education, the offices of education at each district develop specific plans for sex education, based on the needs of each district. The offices of education share common roles: (1) creating and distributing materials regarding sex education to each school (e.g., videotapes or teaching plans); (2) organizing or providing opportunities to enhance the quality of teachers who teach sex education at the schools; and (3) auditing the sex education programme at every school and advising them accordingly.

3. Education at the school level

According to policies of governmental organizations at the city and province levels, every school (elementary, middle and high school) should make plans to carry out a sex education programme. There are three policies for school to follow: (1) each school must designate one teacher in charge of the sex education programme, (2) at least 10 sessions of sex education per year should be given to the students at school and (3) the overall content of the sex education classes is flexible according to each school. The respective offices of education provide teaching plans for sex education (Bonny et. al., 2000). However, the constitution of the educational curriculum is flexible so the teachers in charge of sex education at their schools have the discretion to develop their own teaching plans.

4. Education at community health centers

The roles of public health centers regarding sex education are: (1) to provide sex education to students and community members, (2) to give information about sex by making

videotapes available to the community and (3) to counsel people on sex and sexuality (Roy & Nandan, 2007).

5. Education at the non- governmental level

Recently non-governmental organizations (NGO) have become active in the field of sex education. Their activities can be categorized into two groups: off-line activities and on-line activities. The main objectives of off-line and on-line activities are to provide educational opportunities for students and teachers, to counsel over the phone or through the internet, and to offer sex education. Several organizations operate exhibit halls focusing on sexuality to provide information about sex more effectively (Bearinger et. al., 2007).

INTERVENTION PROVIDING EFFECTIVE REPRODUCTIVE EDUCATION

Most adolescents think that sex education is boring and contains out-of-date information. Sex education is mostly provided at school, which means that schools play a crucial role in helping adolescents lead healthy sexual and reproductive lives. A large amount of sex education teaching materials have been developed and are available. By using these sources, it is possible for schools to develop an effective and practical curriculum for sex education (Birdthistle & Whitman., 1998).

Three important areas are: the use of contraceptives; an appropriate value system for sexuality; and gender equality. Teaching how to use contraceptives and the importance of contraceptives should be taught. The most common reason why adolescents engage in prostitution is to make money. The government is cracking down on adults who engage in sexual relationships with young adults, but adolescents also need to form values to cherish themselves and not engage in risky sex.
The concepts of gender equality should be introduced. It is not easy to change the gender –inequality that has been deeply

rooted in society in a short time. However, it can be expected that continuous education may contribute to ultimately achieving gender equality (Agha & Van Rossem, 2004).

ROLE OF PARENTS TOWARDS REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENTS

Reproductive health issues are taboo subjects within families. In many cases, parents believe that talking to adolescents' about these matters would imply approval of sexual activity. Concern for the sexual security and chastity of daughters appears to dominate parental relationships with adolescent girls. While parents closely supervise the activities of adolescent daughters in an attempt to inhibit sexual activity, they often condone the sexual activity of their sons. However, relationships in which parents take on a policing role may not always safeguard against risky sexual behavior: intimate non-sexual and even sexual relations does indeed occur, unwanted pregnancy and resort to abortion are not unknown, notwithstanding parental perceptions (Mehra et. al., 2002).

Ganatra & Hirve (2002) found that adolescent abortion-seekers suggests that fear parents, fear of disclosure of pregnancy status and lack of perceived parental support may have led many pregnant adolescents to delay an abortion or to seek an abortion from unqualified providers. Studies have indicated that lack of communication and support exists in the relationship between adolescents and their parents (Andrew et. al., 2003). Adolescent females who experienced unwanted sexual relations have a fear of disclosure of pregnancy status. So, parents should guide them with love and affection.

ROLE OF TEACHERS ABOUT NEED OF IMPARTING REPRODUCTIVE HEALTH EDUCATION TO ADOLESCENTS

Reproductive health education in school is nowadays an important public health issue as it concerns not only adolescent pregnancy prevention and AIDS prevention and other sexually transmitted infections but also interpersonal relationships and psychosocial issues. Therefore reproductive health education in school contributes to promote better citizenship. Sexuality presents a multidimensional aspect and concern deeply humans in the interweaving between sexuality, social influences, cognitive and affective development. So sexuality can be reduce in a dichotomy biology/psychology and involve in same time psycho-affective and biological maturation and social learning (WHO, 2006). These conceptions have an impact on practices. Teachers seem reticent to implement reproductive health education especially the social aspects (relationship, emotions, affects, equality, gender issues and sex orientation). Possible content should be including reproductive anatomy and physiology, family planning, sexually transmitted diseases, dating, premarital sex and sexual perversions (NCERT, 2010). Those who opposed sex education cited reasons such as irrelevance of topic, not in accordance with the culture, increased promiscuity and sex related crimes. The most appropriate age for commencing sex education was considered to be 14 years and ninth class. Biology teachers will be considered to be the most appropriate subject teachers, followed by doctors (Bhasin & Aggarwal, 1999)

SUMMARY AND CONCLUSION

Sexual and reproductive health education is a very important and integral part of the educational system worldwide. In a cultural milieu where parents and teachers cannot be relied

upon to provide adequate information and support on reproductive health and sexuality, the state and community based organizations must step in to fill this gap. Further there is a need that the information regarding reproductive health issues should be made available to adolescents, so that they can make informed and responsible decisions. It would emphasize on the need to provide education to adolescents and organizations working with adolescents to make them aware of their rights and responsibilities for their own personal health care, and to encourage them to demand for reproductive health education that would meet their particular needs and concern. Recognizing the sexual and reproductive realities of young people is not an easy journey for adult caregivers and caretakers in most societies. However, the effects of denial, as evident today in countries around the world, are more devastating than the difficulties of change. For their part, many adolescents are reluctant to seek help from adults either within their families or in school they therefore do not get the information, counseling and services they need. To design effective programmes to improve adolescents' sexual and reproductive health, planners must take into account differences in young peoples' level of sexual activity. Depending upon their stage of individual development as well as their sociocultural environment, adolescents' sexual experience and activity vary greatly. There is a need of involving parents and of fostering an enabling environment by equipping adults, through training and sensitization efforts, to help adolescents.

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