

UGC SPONSORED MINOR RESEARCH PROJECT

**A study of the
Perceptions of
Adolescents
Regarding
Reproductive and
Sexual Health.**

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CHAPTER 1

INTRODUCTION

Adolescence is one of life's fascinating and perhaps most complex stages, a time when young people take on new responsibilities and experiment with independence. They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults. When adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing members of families and communities. Bursting with energy, curiosity and spirit that is not easily extinguished, young people have the potential to change negative societal patterns of behaviour and break cycles of violence and discrimination that pass from one generation to the next. With their creativity, energy and enthusiasm, young people can change the world in astonishing ways, making it a better place not only for themselves, but for everyone (UNICEF: Adolescence: A Time That Matters. 2002).

Adolescents are a large and growing segment of the population. More than half of the world's population is below the age of 25 years, and four out of five live in developing countries (WHO/UNFPA/UNICEF 1999)

The World Health Organization WHO defines adolescents as individuals between 10 – 19 years of age. The broader term 'youth' encompasses 15 -24 year old age group.

Adolescence is a transitional phase of physical and mental human development that occurs between childhood and adulthood. This transition evolves biological (i.e. pubertal), social and psychological changes. Adolescence is the stage of a psychological breakthrough in a person's life.

As this process occurs the secondary sex characteristics develop. For girls this means the development of breasts, the broadening of hips and the growth of pubic hair. For the boys this means the development of facial, body and pubic hair and penis growth (Tanner 1990).

Adolescence is a period of immense physical change and with that change come a lot of psychological adjustment. Young men and young women are sensitive to the bodily changes they are experiencing and the onset of puberty can be a most difficult time for them. At one end of the continuum are *very young adolescents* (10 to 14 years of age), who may be physically,

cognitively, emotionally and behaviourally closer to children than adults. Very young adolescents are just beginning to form their identities, which are shaped by internal and external influences. Signs of physical maturation begin to appear during this period: pubic and axillary hair appears; girls develop breast buds and may begin to menstruate; in boys, the penis and testicles grow, facial hair develops and the voice deepens. As young adolescents become aware of their sexuality, they may begin to experiment with sex. They also may experiment with substances such as alcohol, tobacco or drugs.

During middle adolescence (15-16 years of age), adolescents begin to develop ideals and select role models. Peers are very important to adolescents in this age group and they are strongly influenced by them. Sexual orientation develops progressively and non-heterosexual individuals may begin to experience internal conflict, particularly during middle adolescence. At the other end of the spectrum are older adolescents (17 to 19 years of age), who may look and act like adults, but who have still not reached cognitive, behavioural and emotional maturity. While older adolescents may make decisions independently, they may be employed, their sexual identities are solidified and they may even marry and start families, they still benefit from the influence of adult role models as well as family and social structures to help them complete the transition into adulthood

Reproductive Health and Sexual Health:

Within the framework of WHO's definition of Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Reproductive health or Sexual Health/Hygiene addresses the reproductive processes, functions and system at all stages of life. Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

1. Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.
2. Reproductive Health refers to the well-being of women and men in terms of sexuality, pregnancy, birth and their related conditions, diseases, illnesses

3. Reproductive Health is an approach not just a concept. It covers health needs, rights, equity, dignity, self-determination and responsibility in relationships.

According to W.H.O Definition (2002); Sexual health is a state of physical, emotional, mental and social well being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Human sexuality is how people experience and express themselves as sexual beings. Adolescent's sexuality refers to sexual feelings, behaviors and development in adolescents and is a stage of human sexuality. Sexuality is a vital aspect of teen's lives. The sexual behaviors of adolescents, is in most cases, influenced by their cultural norms and mores, their sexual orientation and the issues of social control age of consent laws. In human beings mature sexual desire usually begins to appear with the onset of puberty. Sexual expressions can take the form of masturbation or sex with a partner. Sexual interests among adolescents, like adults can vary greatly. Sexual activity, in general is associated with a number of risks, including sexually transmitted diseases (HIV/AIDS) and unwanted pregnancy.

Although adolescents make up a large proportion of the population in the developing world, where most humanitarian emergencies occur, their sexual and reproductive health (SRH) needs are largely unmet. In 2000, 29% of the population in developing countries was of adolescent age; in the least developed countries, adolescents accounted for 32% of the total population. Worldwide, adolescent females and males are reaching puberty sooner, marrying later and having more premarital sex. The unmet need for contraceptives among adolescents, however, is more than twice that of married women. One third of women worldwide give birth before the age of 20, risk of morbidity and mortality due to complications during pregnancy and childbirth, including obstructed labor, preterm labor and spontaneous abortion. Five million adolescents between the ages of 15 and 18 have unsafe abortions each year⁶ and 70,000 abortion-related deaths occur among this age group every year. Half of new HIV infections occur in 15-to-24 year olds, and one third of new cases of curable sexually transmitted infections (STIs) affect people younger than 25.⁸

Young people worldwide face social, economic and health challenges that were unimaginable even a decade ago. While young people's health and educational prospects are improving and marriage and childbearing are occurring later, more mature stages of life compared with previous generations, some serious concerns remain.

Despite increasing attention given world wide to education, 121 million children world wide are out of school, with 9 million more girls than boys. Educating girls is essential to reducing child mortality, HIV/AIDS, and other diseases. Furthermore, educated women will most likely have healthy children who will complete schooling (UNICEF2003).

For women ages 15-19, complications of pregnancy, childbirth and unsafe abortion are the major causes of death. Young people ages 15-24 have the highest rates of sexually transmitted infections (STI's), including HIV/AIDS, statistics on rape suggest that between one third and two thirds of rape victims world wide are 15 years old or younger. Young women are reaching Menarche earlier and in one countries marrying later, As a result, a significant number of adolescents of child bearing age around the world are sexually active, and an increasing proportion of sexual activity is occurring outside of marriage.

Along with increased exposure to STI's and unintended pregnancy, adolescents who engage in sexual activity outside of marriage may face social stigmas, family conflicts, problems with school and the potential need for unsafe abortion. Each year, 15 million adolescents aged between 15-19 years give birth, accounting for up to one fifth of all births world wide. In the developing country, an average of 40% of women give birth before the age of 20, ranging from a low of 8% in East Asia to a high of 56% in West Africa. Each year one million to 4.4 million adolescents in developing countries undergo abortion and most of these procedures are performed under unsafe conditions.

Sexually transmitted diseases also pose significant risk for adolescents. The highest rates of infection, for STI's including HIV, are found among people age 20-24; the next highest rate occurs among adolescents age 15-19. WHO estimates that half of all people infected with HIV are younger than age 25 and, in developing countries, up to 60% of all new infections occur

among 15-24 years olds (Shane 1997). Every day, 7000 young people world wide acquires the virus, which amounts to about 2.6 million new infections over one year among youth. Some 1.7 million of these are in Africa and 700,000 in Asia and the Pacific (UNAIDS1998). New infections among female out number those among males by the ratio of 2:1 (UNAIDS/WHO 1997).

Origin of Research Problem:

The proportion of young people engaging in premarital sexual activity is increasing. Adolescent sexual activity, within or outside of marriage, can lead to negative reproductive health outcomes. Unprotected sexual activity can expose young women to the risks of unintended pregnancy, unwanted childbearing and abortion, as well as HIV and other STIs. In addition to being a human rights concern, coerced or unwanted sex is associated with these same adverse reproductive health outcomes. The outcomes related to early sexual activity are not just health-related and are often complex. For example, at least in some settings, adolescents who stay in school longer are less likely to engage in sexual risk behaviours. It is unclear, however, whether adolescents who stay in school are less likely to engage in risky sex or whether sexually active adolescents who engage in risky sex are more likely than others to drop out of school, and are missed in school-based studies.

In some settings where premarital sex is taboo, sexual activity may be distracting or provoke negative responses from teachers, adversely affect school performance and lead to dropout. Moreover, sexual activity may result in adolescent pregnancy and birth, and thereby lead to school dropout or expulsion, since the school policy in many developing countries is unfriendly to pregnant adolescents. Thus teenage sexual activity—whether or not it leads to pregnancy or birth—may have a negative impact on young women's future educational attainment through school dropout.

Most men and women become sexually active during adolescence. Recent evidence from the Demographic and Health Surveys and the AIDS Indicators Surveys show that median age at first sex among 20–24-year-old women ranges from a low of 16 years or younger in Chad, Mali and Mozambique to a high of 19.6 in Senegal. Overall, the median age in the rest of Sub-Saharan Africa is about 18.5 years. Among young men of the same age-group in Sub-Saharan Africa, the

median age at first sex ranges from a low of 16.9 in Mozambique to a high of 19.6 in Ghana. Other recent studies show even younger median ages of first sex in some countries in Sub-Saharan Africa. The pattern of age at sexual debut in Sub-Saharan Africa generally contrasts with that in other parts of the developing world. In Latin America and the Caribbean, half of young women were between 18 and 19 at first sex. Limited data are available for men's age at sexual debut, but in Bolivia, Guyana and the Dominican Republic men were younger than women at first sex.

Physical maturation occurs earlier in young women than in young men, but psychological and emotional readiness for the potential consequences of sexual activity occur much later than menarche. In some settings, young men have sex before reaching physical maturity; doing so is often related to engaging in high-risk or harmful behaviours.

Use of modern contraceptives, particularly among married youth in Sub-Saharan Africa, is very low—women, who are married, even as adolescents, are expected to have children right away. In many developing country settings, particularly Sub-Saharan Africa, women's gender identities and social status are tied to motherhood and childlessness is highly stigmatized. Recent evidence suggests that in Sub-Saharan Africa, and in South and South East Asia, more than 20% of 15–19-year-old women have been pregnant; although a majority of these women are married, more than 10% of adolescent pregnancies in the Democratic Republic of Congo, Madagascar, Mozambique and Zambia are non marital; while in the rest of Sub-Saharan Africa and Latin America, non marital pregnancy rates are below 10%.

Adolescents have unprotected sex for a multitude of reasons. Within or outside of marriage, young women may feel pressure to prove their fertility. Other young people may engage in unprotected sex because they have not considered contraception, fear possible side effects, are misinformed about the risk of pregnancy or STIs posed by unprotected sex or are more concerned with the safety of condoms than the safety of an unintended pregnancy.

Young women are less likely than young men to engage in high-risk sexual behaviours. In Sub-Saharan Africa, among young men who had ever had sexual intercourse, more than 20% of them

had had multiple partners in the past 12 months, compared with fewer than 10% of young women. Although data are more limited for Latin America, 5% of women or fewer report multiple partners except in Colombia, where 8% of women report multiple partners in the past year. In contrast, 19% of Guyanese men, and more than 30% of Bolivian and Dominican men, report multiple partners. Evidence from Sub-Saharan Africa and Latin America suggests that condom use at last sex has increased among adolescents, but levels of use are still not sufficient to substantially reduce the spread of HIV.

In the contemporary society adolescents face some risks as their sexuality begins to transform. Emotional distress (fear of abuse or exploitation), sexually transmitted diseases (including HIV/AIDS), teenage pregnancy, abortions, suicides, rape, molestation, kidnapping are seen as social problems of modern world. Adolescents today are highly influenced from all the external factors which influence their present and future life playing a major role in their character and personality formation.

Adolescents struggle with changing relationships between them and their parents and peers. They experience strife in their interpersonal relationships. This may be because of the things their friend's do, such as dating multiple partners, smoking, engaging in sex etc. that they feel if they don't do they will lose their friendship. Sexual and reproductive Health of adolescents has been a major international concern and it had been very clearly indicated in the 1994 International Conference on Population and Development (ICPD) in Cairo.

Focusing on adolescent reproductive health is a challenge and an opportunity for parents, teachers, and health providers. Adolescents often lack basic reproductive health information, skills in negotiating sexual relationships, and access to affordable confidential reproductive health services. Many do not feel comfortable discussing sexuality with parents or other key adults with whom they can talk about their reproductive health concerns (Outlook1998).

Likewise parent's health care workers and teachers are generally unable to provide complete, accurate age appropriate reproductive health information to young people. This is often due to their personal discomfort about the subject or the false belief that providing the information will

encourage increased sexual activity. In addition to STI and pregnancy risks, many young people who are sexually active have been forced into sexual relationships either through violence or for economic reason and are in need of counseling information and contraceptive services.

It is necessary to develop plans and programs for adolescents/ young people to easily access sexual/reproductive health information and services within reproductive health programs in order to address the problems of sexual/ reproductive health faced by adolescents.

Despite the challenges, programs that offer accurate information, access to contraceptives and other reproductive health services, as well as the motivation young people need to protect themselves, can make a difference. Adolescents are a central resource for their countries' health and development in the present as well as in the future. But even more important, young people have the basic human right to receive the information and services necessary to protect themselves from STI's early pregnancy and their associated poor outcomes. Targeting young people for health information and services can be a gateway to promoting healthy behaviors. Working together, parents, community leaders, and health professionals can create programs that address young people's needs and help them to enjoy a healthy adolescence and become healthy and responsible adults (UNICEF 1998)

CHAPTER 2

REVIEW OF LITERATURE

International Studies

A study was conducted in Bangladesh on “Improving Adolescents’ Reproductive Health” (RH) in 2000. In Bangladesh adolescents comprise one fourth of the population. This large group is at risk for a wide variety of reproductive health problems such as unwanted pregnancies, sexually transmitted diseases and infections including HIV/AIDS. In general RH knowledge among adolescents is low.

The current study is a part of multi-country operations research project (improving adolescent’s reproductive health) that investigates the effectiveness of interventions to improve adolescent’s RH knowledge and practices.

The proposed intervention includes:

1. Making the social environment conducive to change by sensitizing various stakeholders about the reproductive health information and service needs of adolescents.
2. Educating both in-school and out-of-school adolescents about human physiology, reproduction and contraception.
3. Sensitizing the NGO clinic staff to adolescents reproductive health needs.

The project was conducted in the Northwestern part of Bangladesh. The two intervention site and the control site were located in 3 different clusters. Approximately 12,000 households from each site were selected for the Intervention.

Findings from the baseline survey:

- The survey identified a total of 47760 household (27,670 in experimental sites) of those identified 27,282 households (17,573 is in experimental areas) had at least one adolescent.
- A total of 2,971 adolescents aged 13-19 were interviewed; half of these were girls. 47% of boys and 51% of girls were currently enrolled in schools. Approximately 22% of girls and 1% of boys were married.
- Adolescents were asked whether they discussed RH issues with their parents. Findings revealed that on 0.5% of girls and 1.6% of boys reported that they discussed RH with their mothers and fathers respectively more than two thirds of the girls reported that they

discussed RH issues with their mothers. 1% of boys received information about ejaculation from fathers and 4.6% of girls received information from their mothers.

- Adolescents were asked whether they had received RH information from other sources. Approximately 48% of the girls and 58% of the boys reported that they had received RH information from friends and relatives mainly and a small % revealed that they received the RH information from TV, Books, magazines etc.
- Out of 2,626 adolescents 127 males and 3 females reported sexual experience. The mean age of first sexual experience was 15 years. The findings further showed that 57 adolescents used condoms at first and last intercourse. 52 males had sex with a commercial sex worker and did not use condom. 15 adolescents had experienced signs or symptoms of sexually transmitted infections (STI's) but only 9 of them sought treatment. More than 85% of the adolescents believed that they would not be treated respectfully if they visited a Health Center. Over 90% of the adolescents reported that they had not visited health center in the last months

Intervention

On the basis of information collected interventions have been introduced to make the existing services friendlier to adolescents to create an enabling environment, project staff have conducted sensitization meetings with parents, teachers, religious leaders, community leaders, health providers, political leaders and government officials. A 24 hour curriculum has been introduced to in-school adolescents. The curriculum includes information about personal hygiene, food & nutrition, environment and sanitation, changes in adolescence stage, child health and immunization, marriage and legal rights, gender roles, sexual relationships, sexual abuse, STI's including HIV/AIDS, Childbirth process, antenatal/post natal care, family planning etc. Out of school adolescents: Boys and girls aged 13-19 were identified and organized in groups (male/female) of approximately 12-15 adolescents in each group. The facilitators met once a week to share their experiences and resolve any problems. In school adolescents: seven secondary schools were identified and provided the RH course for 8-9 classes. 478 adolescents attended the private course. The intervention was found to be appropriate to address reported needs and knowledge gaps.

A quantitative research was carried out in Central Mali in 1994 to inform –

- a. The development of curricula for an intervention to improve young people's Reproductive Health (RH). In particular the program seeks to lower their risk of becoming infected with HIV/AIDS. Quantitative methods were used to ascertain local people's priorities and concerns generally and in terms of their Reproductive Health in particular, young people and community stakeholders were asked for their own definitions of Reproductive Health so that the intervention could be oriented around the local perceptions and insights. It was hypothesized that this would increase their ability to relate to the program and their motivation to participate.
- b. This research work was carried with young people and social gatekeepers in 4 representative communities involved in the Intervention. Three main sets of qualitative data were collected with a view to eliciting definitions of Reproductive Health, together with problems and priorities related to Rh and other domains.

Firstly 100 young respondents and gatekeepers were asked to give definitions of reproductive health and its component elements. Secondly they were pre-list reproductive health and non-reproductive health problems affecting young people and to rank in order of seriousness.

Thirdly in-depth interventions were carried out and 20 focus group discussions were conducted with additional young people. The large amount of information collected was analyzed and used to compile a report that served as the curriculum development. Subsequently the main results were presented back to selected young people and gatekeepers in a series of informal workshops to elicit their reactions to the main findings and suggestions for the curriculum design.

- c. The findings revealed that both the young people and social gatekeepers (religious leaders, traditional healers, parents, teachers etc.) perceived reproductive health to comprise the social dynamics in which reproductive health decision making is embedded and not just the biological aspects of sexual relations and fertility. Their definitions of RH reflected social taboos about pre-marital sex, infidelity, illegitimate children and comprised holistic notions of bodily and spiritual cleanliness. Respondents frequently conceptualized reproductive health as representing certainly for women, the importance of virginity upon marriage, fidelity to husband and taboo around illegitimate children.

Indian research studies

1. A study was carried out by Kushwa & Mittal in 2005 on perception and practice with regard to reproductive health among out of school adolescents. The objective of studies was 1) To assess the knowledge gained by adolescents who have been trained in reproductive health (RH) area. 2) To assess the attitude of adolescents toward reproductive on sexual health. 3) To assess the behavior of the adolescents.

The studies were conducted from April-2005 to July-2005 in rural areas of Satna and Reewa districts of Madhya Pradesh. Out of 120 centers which impart training to out of school adolescents, 15 adolescents reproductive health- (ARH) training centers were selected for this study. These centers were stratified based on the proportion of girls and boys, their districts, and their distance from district hospital or randomly selected.

A total of 450 out of school adolescents were trained at these centers of which 287 adolescents were interviewed using a pre- tested and pre-designed instrument.

The findings of the study revealed that the mean age of menarche in study population was 13.5 years. A total of 287 adolescents, 30.66 % were males and 69.33 % were females. Of all interviewed adolescents 29.62% were aware of the use of condom with regard to menstruation, 29.97% of adolescents were aware of its cause while 57.49% were not. Approximately 72% of adolescents agreed that they gained sufficient information with regard to mental and physical changes associated with adolescents from the current program. Additionally television also played a significant role in training these adolescents. Of all the adolescents 74% did not have any genital problem while 27% had some problems like abnormal menstrual cycle, itching and pain during urination. Majority of the adolescents had many doubts regard to menstruation and pregnancy. On the basis of study the following recommendations were suggested-

Reproductive health education should be provided to all adolescents, reproductive health problems should be discussed among adolescents particularly girls.

2. An extensive community based study was carried out by the Institute of Health Management in 1998-1999 in Aurangabad district rural Maharashtra which revealed that the median age at marriage for girls was low at 14.5 years. Another important issue that emerged from this is the lack of educational opportunities for young girls. After discussion with parents IHMT, designed

and conducts a one year life skill course for unmarried adolescents' girls. The course aims to improve girls self esteem and literacy and delay marriage. The main objectives of the life skill program were-

i) Improve the social status of adolescents' girls by developing skills related to gender, legal literacy and teal building.

ii) Improve adolescents' girls' health status by increasing their cognitive and practical skills in health and nutrition.

iii) Delay age at marriage for adolescents' girls by promoting self development and increasing self esteem.

Structure- A one year course one hour each week day evening taught by a trained village woman and many social legal, life skills child health and nutrition and health issues were discussed with unmarried adolescents girls ages 12 to 18 years with a focus on out of school adolescents.

Data & methodology- Data were collected at base line in 1998-1999 using both qualitative and quantitative methods. A quasi experimental design is being used to study the impact of the life skills intervention. For the first round of intervention 17 study in 18 control villages are compared.

Amylases from the first round of the life skills intervention show a significant impact on age at marriage. From the sample of 1146 girls only 9 % of the girls who completed the course were married before the age of 18 years, compared to almost one third of the girl who never attended. Life skill education increases the knowledge about basic facts that can improve the qualities of life. It also results in measurable increase in self confidence, self esteem and decision making abilities in adolescents girls. Not a single parent had objected to education on sex, sexuality and conception, provided to their daughters. The study showed that the intervention has the potential to be replicated in the whole of Maharashtra.

3. The Institute of Health Management undertook a study to assess the impact a pilot intervention for married adolescents that included community level primary care and behavior change communication BCC services. The intervention includes reaching young married couples at household, group and block level for generating behavior changes in maternal health, contraceptive use., treatment of RTIs/ STIs , abortion , post abortion care.

Study Design- The pilot intervention included a pre- post test with a post only control was implemented in villages of Aurangabad district (50 thousand population) and 27 Slums (30 thousand population) Base line data on married adolescents were collected at the rural and urban sites in 2003. The intervention was implemented for 2.5 years and end line survey was conducted in 2006.

The findings of the intervention study revealed that the median age at first conception at the time of base line was 15.8 years and at end line was 17 years at the rural site. The mean age at first conception increased from 16.2 years to 17.6 years from 2003 to 2006 at the urban site. The proportion of married adolescents' girls using temporary contraceptive at the time of the survey increased from 11 to 23 % at the rural site where as 8 to 30 % at the urban site. There was a reduction in the proportion of low birth babies from 36% base line (2003) to 25 % end line (2006) at the rural site post-natal care increased from 9 to 16 % whereas at the urban site it increased 28 to 75 %. There was a significant reduction in post-natal complications.

4. To improve reproductive health of adolescents in an Urban School was conducted by Joshi and others from 2002-2005. The study was launched, in two schools and colleges with objectives to explore the reproductive health knowledge, attitudes and reproductive health problems among adolescents aged 11-19 years and to operationalise Adolescent Friendly Centers (AFC) in these settings and assess the uptake of these services. Tools namely self administered questionnaires, focus group discussions, provision of adolescent friendly services and a medical health check up were used and need based interventions were carried out. Overall it was very encouraging to see a steady increase in the number of adolescents attendance at the centre and almost 23 percent of the study group did visit the centre mainly for general health complaints (14%) and menstrual problems (10%) followed by problems related to height and weight, vaginal discharge, itching of genitals etc. Urinary complaints, acne and psychological complaints were the least sought services. A good number of adolescents came to seek information on sexual and reproductive health issues (22.6%). Most of these complaints needed only reassurance and counselling. During medical screening many behavioural problems related to academic performance, depression, issues related to relationship with peers and parents, etc were revealed more so among boys. Rigorous follow up in the form of counselling, talking to their parents, appropriate referrals and treatment was done of all those students who had some ailment.

5. A study was conducted on Evolving a Model for Improving Reproductive Health Among Rural College Youth in Maharashtra (*Funded by WHO Country Budget*) by Ghule & others from 2004-2006. The review of literature reveals that there are many knowledge, attitude and practice (KAP) studies on adolescents and youth in relation to their reproductive health in India. However few attempts have been made particularly in rural setup to communicate with them for addressing their critical concerns or provide them the necessary counselling and clinical services. The study intended to develop and apply information, education and communication (IEC). The study linked the education and the health sector within the district for providing reproductive health services to youth students. The study also judged the feasibility of provision of reproductive health services within the existing primary health care system. The main objective of the study is to develop a replicable and sustainable model for provision of sexual and reproductive health services to college-based youth in the Thane district. The study was of 30 months duration and had an experimental design to be conducted in three phases. In order to assess the awareness and views about reproductive health as well as sexual behaviour of rural youth, baseline data (qualitative and quantitative) of the proposed study has been collected. A self-administered, semi-structured questionnaire was used for survey, which included 1500 students (800 male and 700 female) in the age group 15-24 years. The results of the survey revealed that students lacked scientific information and misconceptions are widespread on various reproductive health issues. Menstruation normally begins among Indian girls at the age of 12-13 years was reported by 21 percent boys and 51 percent girls. Conception chances are highest among women during the 8-17 days of menstruation cycle was poorly reported by 8 and 6 percent of boys and girls respectively. Girls were found less knowledgeable compared to boys on the reproductive health issues such as impotency, virginity, orgasm, abortion and oral sex. However, around three fourth of boys and two third of girls accurately knew the mode of Sexually Transmitted Diseases (STDs) & HIV/AIDS transmission. Regression analysis showed that age of the respondent, faculty of the student, peer interaction and erotic exposure were significantly related with their reproductive health knowledge levels. Boys had more liberal attitudes towards premarital sex as compared to the girls. Around 61 percent boys and 70 percent girls agreed over the statements- 'virginity is girl's most valuable possession; one should not have sex before marriage'. More than two third students disagreed on – 'It is safe to have sex with more than one person, Extra-marital sexual relation is not bad, & Sex is mainly for fun'. One quarter expressed liberal thoughts are

indicative of existing double standards- permitting men more liberal behaviour. Senior students were more liberal in attitudes towards sex compared to their junior counterparts. Proportion of students with any sexual experience was much higher in boys (29.8%) compared to girls (4.9%). Of the total students that had any sexual experience, about 11 percent boys and 1 percent girls reported to have had coital sex experience. Reasons for remaining sexually abstinent reported were value towards sex, fear/pressure of family, religion, unwanted pregnancy or STDs and non-availability of place, partner and money. The informal channels that provided information of sex related issues were peers, pornographic material and media.

CHAPTER 3

METHODOLOGY

The present research project is undertaken to study the perception of Adolescents regarding reproductive and sexual health. The objectives of the study are as follows-

Objectives of the Study:

1. To study the perception of Adolescents regarding the Reproductive and Sexual Health.
2. To find out the differences in the perception of adolescents regarding the life style in relation to the selected variables:
 1. Income group
 2. Gender
 3. Age
 4. Nature of College (Co-ed/unisex educational institutes)
 5. Nature of Residence
3. To find out the difference in the perception of adolescents regarding the attitude towards social status in relation to the selected variables:
 1. Income group
 2. Gender
 3. Age
 4. Nature of College (Co-ed/unisex educational institutes)
 5. Nature of Residence
4. To find out the difference in the perception of adolescents regarding sexual relations in relation to the selected variables:
 1. Income group
 2. Gender
 3. Age
 4. Nature of College (Co-ed/unisex educational institutes)
 5. Nature of Residence

5. To find out the difference in the perception of adolescents regarding precautions in sexual relations in relation to the selected variables:
 1. Income group
 2. Gender
 3. Age
 4. Nature of College (Co-ed/unisex educational institutes)
 5. Nature of Residence
6. To find out the difference in the perception of adolescents regarding physical attraction in relation to the selected variables:
 1. Income group
 2. Gender
 3. Age
 4. Nature of College (Co-ed/unisex educational institutes)
 5. Nature of Residence

Research Design:

1. Population: The Population of the present study comprised of adolescents studying in Degree and Post graduate Colleges.
2. Selection of the sample: The sample of the present study is comprised of 174 Adolescents studying in Undergraduate & Postgraduate courses in different colleges of Mumbai and Baroda cities. Random sampling method was used.
3. Research Tools for Data collection: The present study is an ex post facto research. Therefore survey method was adopted and a questionnaire was used for data collection.
4. Pretesting: The tool for the study was pretested. The test-retest method was used for measuring the reliability of the questionnaire. Coefficient of correlation between the two sets of scores was calculated to find out the reliability of the tool.
5. Data Analysis: The following statistical tests were applied to analyze the data -
 - Percentages & Mean scores
 - Chi square
 - T- Tests
 - ANNOVA

CHAPTER 4
RESULTS AND DISSUSSION

Background information

Table 1- Percentage distribution of background information

Variable	Frequency	Percentage
Gender		
Female	99	56.9
Male	75	43.1
Age Group		
Very Young (17-18)	28	16.1
Young (18-21)	128	71.8
Matured (21+)	21	12.1
Education		
Postgraduate	31	17.8
Undergraduate	113	82.2
Nature of College		
Co-ed College	112	64.4
Unisex College	62	35.6
Monthly income		
High Income (40,000-60,000)	32	7.5
Middle Income (20,000-40,000)	28	85.6
Very High Income (60,0000 & above)	92	2.9
Very Low Income (Below 20,000)	22	12.6
Nature of Residence		
Hostel	13	7.5
Parents	149	85.6
Paying Guests	05	2.9
Relatives	07	4.0

The background information reveals that 56.9% respondents were females & 43.1% were males. Majority of the respondents (71.2%) were in young age group (18-21). More than 80% of the respondents were undergraduate students. Regarding nature of college 64.4% of the respondents were studying in Co Educational Institutes whereas, 35.6% were in Unisex

College .The monthly income level indicates that more than half of the respondents (52.9%) belonged to very high income group whereas only 12.6% of the respondents were in very low income group. The nature of residence reveals that majority of the respondents 85.6% were staying at home with parents whereas only 2.9% & 4.0% were staying as paying guests and with relatives respectively.

Variables wise & Component wise Results

Table 2 - Income level & lifestyle

Income Group	Life style Level			Total
	High	Low	Medium	
High income	6	5	21	32
Middle income	2	7	19	28
Very high income	27	5	60	92
Very low income	0	8	14	22
Total	35	25	114	174

	Value	df	Asymp.sig(2 sided)	Result
Pearson Chi-Square	25.489	6	.000	Rejected

The above table indicates that there is association between level of income & life style. Hence null hypothesis i.e there will be no association between income level & lifestyle is rejected.

Table 3- income level & attitude towards social status

Income Group	Level of attitude			Total
	High	Low	Medium	
High income	2	10	20	32
Middle income	5	5	18	28
Very high income	20	26	46	92
Very low income	2	2	18	22
Total	29	43	102	174

	t. Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	11.433	6	.076	Accepted

The above table indicates that there is no association between level of income & attitude towards social status. Hence, the null hypothesis i.e there will be no association between income level & attitude towards social status is accepted.

Table 4- income level & perception of sexual relations

Income Group	Level of perception of sexual relation			Total
	High	Low	Medium	
High income	5	5	22	32
Middle income	4	1	23	28
Very high income	11	25	56	92
Very low income	3	4	15	22
Total	23	35	116	174

	Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	8.227	6	.222	Accepted

The above table indicates that there is no association between level of income & perception towards sexual relations. Hence, the null hypothesis i.e there will be no association between income level & perception towards sexual relations is accepted.

Table 5- Income level and perception about precautions in sexual relations

Income Group	Level of precaution			Total
	High	Low	Medium	
High income	6	3	23	32
Middle income	4	5	19	28
Very high income	20	17	55	92
Very low income	1	8	13	22
Total	31	33	110	174

	Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	8.979	6	.175	Accepted

The above table indicates that there is no association between level of income & perception about precautions in sexual relations. Hence, the null hypothesis i.e there will be no association between income level & perception about precautions in sexual relations is accepted.

Table 6- Income level & Perception towards physical attraction

Income Group	Level of physical attraction			Total
	High	Low	Medium	
High income	4	6	22	32
Middle income	6	1	21	28
Very high income	12	20	60	92
Very low income	2	4	16	22
Total	24	31	119	174

	Value	df	Asymp.sig(2 sided)	Result
Pearson Chi-Square	5.989	6	.424	Accepted

The above table indicates that there is no association between level of income & perception about physical attraction. Hence, the null hypothesis i.e there will be no association between income level & perception about physical attraction is accepted.

Table 7- Mean Comparative scores of variables according to income level

Income group	Life Style	Attitude towards social status	Perception reg. sexual relation	Precaution in sexual relation	Physical attraction
High income	30.2806	69.1406	69.5313	71.7634	66.6016
Middle income	18.9657	72.9167	72.7679	68.4949	73.8839
Very high income	34.8943	72.3732	68.4511	69.9534	66.6440
Very low income	12.8523	73.2955	71.0227	64.1234	69.3182
Total	28.6957	71.9828	69.6695	69.3144	68.1394

Comparative Mean Scores of Variables According to Income

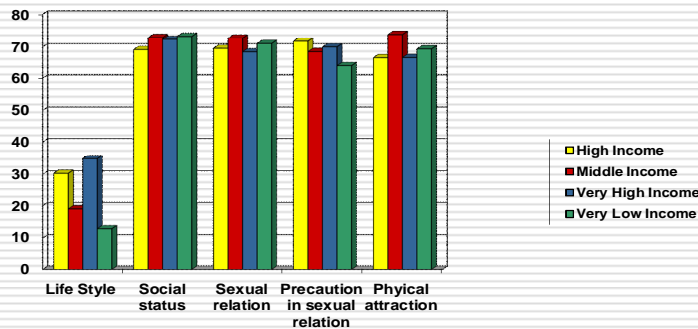


Table 8 –Table showing ANOVA for variables in relation to Income group

Variable		Sum of Squares	df	Mean Square	F	Sig.
Life Style	Between Groups	11788.467	3	3929.489	13.529	.000*
	Within Groups	49377.228	170	290.454		
	Total	61165.695	173			
Attitude toward social status	Between Groups	334.842	3	111.614	1.305	.274
	Within Groups	14539.439	170	85.526		
	Total	14874.282	173			
Perception reg. sexual relation	Between Groups	446.270	3	148.757	1.835	.143
	Within Groups	13778.478	170	81.050		
	Total	14224.749	173			
Perception reg, precaution in sexual relation	Between Groups	841.122	3	280.374	4.217	.007*
	Within Groups	11302.102	170	66.483		
	Total	12143.224	173			
Perception reg. physical attraction	Between Groups	1235.963	3	411.988	1.731	.162
	Within Groups	40456.970	170	237.982		
	Total	41692.933	173			

$P > 0.05$

The above tables 7 and 8 show the comparative mean scores and f tests scores for income groups for all variables which indicates, that mean scores of lifestyle of very high income group and high income group are more than the other groups and the f value is significant (P.000) which point out that adolescents who belong to high income group follow high level of life style that includes, going to clubs, partying, visiting pubs, eating food from expensive eating joints, watching movies regularly etc. such adolescents because of their high spending power could indulge in such high expenditure activities compared to others . Regarding attitude towards social status not much difference is found between mean scores which may be due to the reason that now days all the income groups desire to gain popularity and are conscious about their social status. About perception regarding sexual relations middle income group mean score is higher than other groups which shows that middle income group are now becoming more liberal in

experimenting in sexual relations, may be due to influence of media and net connectivity the adolescents of middle class are more open to indulge in kissing, and physical intimacy in relationship than their previous generation counterparts.

Further, the finding regarding precautions in sexual relation shows, that the mean scores of very high income and high income group adolescents are higher than others, the f value is significant (P.007) which reflects the difference in perception of adolescents regarding precaution in sexual relations. Adolescents now days, are more open in taking precautions during sexual relationship like using condoms, contraceptive pills which reflect that modern days adolescents are more aware about sexually transmitted diseases and pregnancy problem and may wish to feel relaxed during sexual relations without thinking of these issues hence they prefer to use precautions while having sex.

Regarding perception about physical attraction, mean scores of adolescents from middle income is higher than other income groups which shows that middle class children are getting highly influenced by TV /movie stars and celebrities for having shapely body and may feel compelled to use cosmetics and diet food to gain popularity among peers and as many adolescents think that they would not get partners if they are overweight or dark skinned or if they look unattractive. This also reflects that adolescents now days, give more importance to physical aspect than other qualities for getting a partner which is not a very right signal from young generation.

Table 9- Gender & Life Style

Gender	Life style Level			Total
	High	Low	Medium	
Female	5	21	73	99
Male	30	4	41	75
Total	35	25	114	174

	Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	35.770	2	.000	Rejected

The above table indicates that there is association between Gender & lifestyle. Hence, the null hypothesis i.e there will be no association between Gender & lifestyle is rejected.

Table 10- Gender & Attitude towards social status

Gender	Level of attitude			Total
	High	Low	Medium	
Female	19	11	69	99
Male	10	32	33	75
Total	29	43	102	174

	Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	22.880	2	.000	Rejected

The above table indicates that there is association between Gender & attitude towards social status. Hence, the null hypothesis i.e there will be no association between Gender & attitude towards social status is rejected.

Table 11- Gender & perception regarding sexual relations

Gender	Level of perception of sexual relation			Total
	High	Low	Medium	
Female	19	8	72	99
Male	4	27	44	75
Total	23	35	116	174

	Value	df	Asymp.sig (2 sided)	Result
Pearson Chi-Square	24.002 ^a	2	.000	Rejected

The above table indicates that there is association between Gender & perception of sexual relations. Hence, the null hypothesis i.e there will be no association between Gender & perception or sexual relations is rejected.

Table 12- Gender & perception regarding precaution in sexual relations

Gender	Level of precaution			Total
	High	Low	Medium	
Female	14	26	59	99
Male	17	7	51	75
Total	31	33	110	174

	Value	df	Asymp.sig(2 sided)	Result
Pearson Chi-Square	8.666 ^a	2	.013	Rejected

The above table indicates that there is association between Gender & perception regarding precaution in sexual relations. Hence, the null hypothesis i.e there will be no association between Gender & perception regarding precaution in sexual relations is rejected.

Table 13- Gender & perception regarding physical attraction

Gender	Level of physical attraction			Total
	High	Low	Medium	
Female	20	5	74	99
Male	4	26	45	75
Total	24	31	119	174

	Value	df	Asymp.sig(2 sided)	Result
Pearson Chi-Square	29.205 ^a	2	.000	Rejected

The above table indicates that there is association between Gender & perception regarding physical attraction. Hence, the null hypothesis i.e there will be no association between Gender & perception regarding physical attraction is rejected.

Table 14- Comparative mean scores of variables according to Gender

Gender	Life Style	Attitude towards social status	Perception reg. sexual relation	Precaution in sexual relation	Physical attraction
Female	19.8535	74.4529	73.2071	67.4964	73.9899
Male	40.3673	68.7222	65.0000	71.7143	60.4167
Total	28.6957	71.9828	69.6695	69.3144	68.1394

Comparative Mean Scores of Variables According to Gender

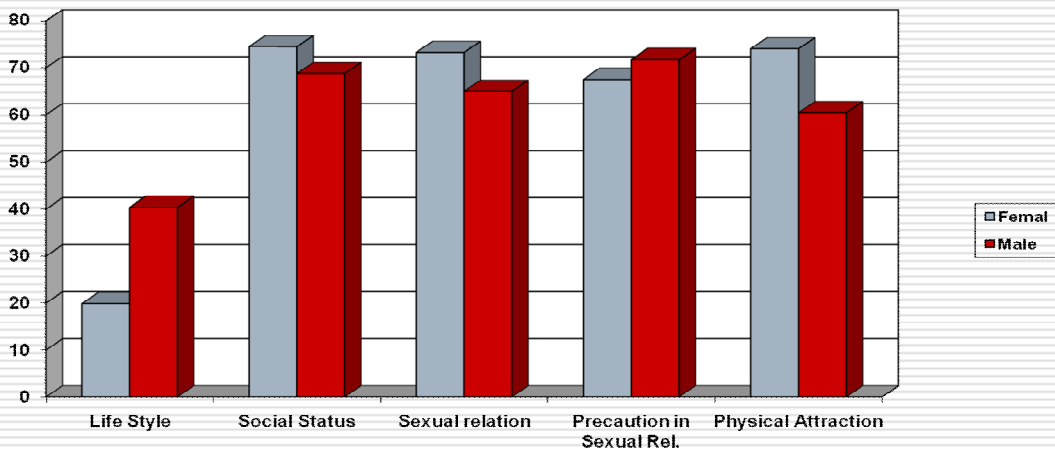


Table 15- T-test showing difference between mean scores of variables according to Gender.

Components	Gender	Number	Mean	SD	SE of diff of Mean	Difference of Mean	t
Life style	Female	99	19.85	13.8	2.53	-20.51	-8.09*
	Male	75	40.36	18.2			
Attitude Towards social status	Female	99	74.45	8.15	1.40	-1.54	-1.10
	Male	75	68.72	9.69			
Perception reg Sex relation	Female	99	73.23	8.04	1.25	8.23	6.56*
	Male	75	65	8.23			
Perception reg precaution In sexual relations	Female	99	67.49	8.78	1.22	-4.22	-3.46*
	Male	75	71.71	7.18			

Perception Reg. physical attraction	Female	99	73.98	11.86	2.26	13.57	6.01*
	Male	75	60.41	16.45			

Table 14 and 15 show the comparative mean scores and difference in mean scores respectively which reveals that for life style the mean score of male is higher than female, the t value shows the difference in life style according to gender ($t = -8.09^*$), this indicates that male adolescents are leading a high life style than female adolescents, this reflects our cultural trend where men are permitted to lead an independent life style than women, they are free to visit pubs and parties and allowed to consume drinks and may be this trend begins from youth where male adolescents prefer to indulge in all such things to prove their masculinity or may be due to many other socio-cultural reasons they show inclination towards leading a high life style than female adolescents. Regarding attitude towards social status, the mean score of female adolescents is more than male adolescents which reflects a growing trend among girls to gain popularity in their circle of peers by declaring that they have a boy friend and they are likeable persons in opposite sex groups. Many girls nowadays do not mind making friends on dating sites and other social networking sites just to prove their appeal among peer members as a young woman which, reflects the thinking of modern youth where they feel that having a boy friend or girl friend is something which is mandatory or else they would be considered outdated people.

The mean score findings regarding perception regarding sexual relations shows that mean score of female adolescents is more than male adolescents, t test shows the difference in mean scores ($t = 6.56^*$) which reveals that girls are becoming open minded in sexual relations and they may not hesitate in touching, kissing on dating or watching sex video clips or chatting on networking sites, this is the latest trend among girls until now boys were considered active in all such activities but nowadays girls have also joined them. This again shows that parents cannot completely control the increasing influence of western culture on our young generation due to 24/7 net connectivity.

The tables further reveal an interesting finding regarding perception about precaution in sexual relations where mean score of male adolescents is more than female adolescents, boys are more aware about taking precaution while indulging in sexual relations than girls, The difference in t test also shows significant difference ($t = -3.46^*$) this finding reflects that may be the free availability of contraceptives and less hesitation among boys nowadays in buying condoms and may be because of social problems associated with teenage pregnancy they are using contraceptive while indulging in sexual relations, apart from this, today's youth is aware about sexually transmitted diseases due credit must be given to social advertising on media about spreading awareness regarding HIV /AIDS, STDs, they feel it necessary to use precaution in sexual relations.

About perception regarding physical attraction, the mean scores of female adolescents are higher than male adolescents and the t value is significant ($t = 6.01^*$), which reveals that contemporary girls are more conscious about looking sexually and physically attractive among peers and are following TV and movie stars, are mindful in eating and exercising and are aware to enhance their sexual appeal by gaining an attractive figure, to some extent this is a healthy sign among girls

but there is a downside of this aspect also, where they suffer from may eating disorders like bulimia nervosa and anorexia nervosa just to look like some model, where their whole self is related to how they look and other positive characteristics of personality are totally ignored.

Table 16- Age group & life style

Age group	Life style Level			Total
	High	Low	Medium	
Matured	8	2	11	21
Very young	9	4	15	28
Young	18	19	88	125
Total	35	25	114	174

	Value	df	Result
Pearson Chi – Square	9.440	4	Accepted

The above table indicates that there is no association between Age & lifestyle. Hence, the null hypothesis i.e there will be no association between Age & lifestyle is accepted.

Table 17- Age & attitude towards social status

Age group	Level of attitude			Total
	High	Low	Medium	
Matured	3	10	8	21
Very young	6	7	15	28
Young	20	26	79	125
Total	29	43	102	174

	Value	df	Result
Pearson Chi-Square	7.798	4	Accepted

The above table indicates that there is no association between Age & attitude towards social status. Hence, the null hypothesis i.e there will be no association between Age & attitude towards social status is accepted.

Table 18- Age & perception regarding sexual relation

Age group	Level of perception of sexual relation			Total
	High	Low	Medium	
Matured	2	6	13	21
Very young	1	8	19	28
Young	20	21	84	125
Total	23	35	116	174

	Value	df	Result
Pearson Chi-Square	5.428	4	Accepted

The above table indicates that there is no association between Age & perception regarding sexual relation. Hence, the null hypothesis i.e there will be no association between Age & perception regarding sexual relation is accepted.

Table 19- Age & perception regarding precaution in sexual relation

Age group	Level of precaution			Total
	High	Low	Medium	
Matured	5	5	11	21
Very young	4	5	19	
Young	22	23	80	
Total	31	33	110	174

	Value	df	Result
Pearson Chi-Square	1.419	4	Accepted

The above table indicates that there is no association between Age & perception regarding precaution in sexual relation. Hence, the null hypothesis i.e there will be no association between Age & perception regarding precaution in sexual relation is accepted.

Table 21- Age & Perception regarding physical attraction

Age group	Level of physical attraction			Total
	High	Low	Medium	
Matured	2	7	12	21
Very young	0	4	24	28
Young	22	20	83	125
Total	24	31	119	174

The above table indicates that there is no association between Age & perception regarding physical attraction. Hence, the null hypothesis i.e there will be no association between Age & perception regarding physical attraction is accepted.

	Value	df	Result
Pearson Chi-Square	10.408	4	Accepted

Table 22- Comparative mean scores of variables according to Age

Age group	Life Style	Attitude towards social status	Perception about sexual relation	Precaution reg. sexual relations	Physical attraction
Matured	35.1386	67.2619	69.0476	69.2177	62.2024
Very young	33.8679	72.4702	67.2321	69.3878	65.4018
Young	26.4547	72.6667	70.3200	69.3143	69.7500
Total	28.6957	71.9828	69.6695	69.3144	68.1394

Comparative Mean Scores of Variables According to Age Group

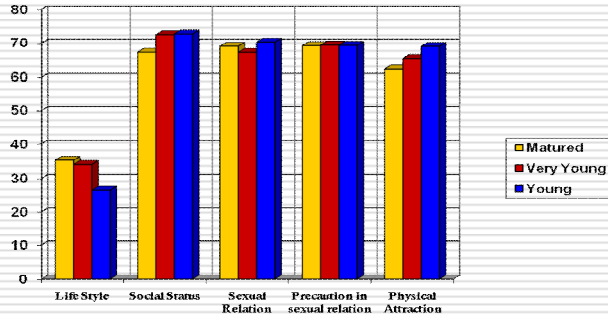


Table 23- ANOVA showing the difference in mean scores of variables according Age

Variables		Sum of Squares	df	Mean Square	F	p-value
Life Style	Between Groups	2248.505	2	1124.253	3.263	.041*
	Within Groups	58917.189	171	344.545		
	Total	61165.695	173			
Attitude towards social status	Between Groups	533.136	2	266.568	3.178	.044*
	Within Groups	14341.146	171	83.866		
	Total	14874.282	173			
Perception about sexual relation	Between Groups	227.355	2	113.678	1.389	.252
	Within Groups	13997.393	171	81.856		
	Total	14224.749	173			
Precaution in sexual relation	Between Groups	.347	2	.174	.002	.998
	Within Groups	12142.877	171	71.011		

	Total	12143.224	173			
Physical attraction	Between Groups	1274.313	2	637.157	2.696	.070
	Within Groups	40418.620	171	236.366		
	Total	41692.933	173			

p>0.05

Tables 22 & 23 show that the mean score for life style of matured adolescents are higher than other age groups, F test shows the significant difference among the groups (P .041*). This indicates that matured adolescents (21+ ages) are leading a high life style compared to other age groups, which reflect that older adolescents are more independent in their decision making, may make choices regarding their life style habits like smoking, drinking, going on dating, visiting pubs etc. Many of them may start earning along with their studies hence their spending capacity may be more than other adolescents, some of them may be living separately from their parents and are free to decide about their lifestyle.

Regarding attitude towards social status, the mean scores of very young adolescents (17-18) & young adolescents (18-21) are more than matured adolescents. The F Test also show the significant difference among the groups (P .044*) This may be due to the fact that young adolescents are highly influenced by outside forces as they consider that they are on the stage and world is watching them, they may be infatuated with any person, may think that they must gain peer approval at any cost, for them, social status is compulsorily to be maintained. The matured adolescents generally have crossed this phase, are more selective, more mature and may give importance to other factors.

The tables further reveal that regarding perception towards sexual relations the mean score of young adolescents (17-18) is higher than other groups, this may be due to the fact that young adolescents are more curious to know about sex and are interested in experimenting, they may involve sexually with their partners without considering the risk factors, and many of them may have peer pressure for losing their virginity or to at least have some experience about sex. Regarding precautions in sexual relations the mean scores of all age groups are almost similar, which reflect an optimistic trend in all groups to follow precautions while indulging in physical relations.

The table further reveals that means score for perception in physical attraction is higher in young adolescents than compared to other groups, as discussed earlier here, young adolescents are easily impacted by media and other forces and may think that TV commercials are the guide and they can solve any issues by just following what is being told by them, some may blindly follow all the information given by people or peer or by any medium to look good and to have a body or figure or looks like models , they may feel that if they don't look attractive they may not be able to get boy friend or girl friend and due to this fear they do what makes them look beautiful and handsome.

Table 24- Nature of college & lifestyle

Nature of college	Life style Level			Total
	High	Low	Medium	
Co-Ed College	34	10	68	112
Unisex College	1	15	46	62
Total	35	25	114	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	23.971	2	.000	Rejected

The above table indicates that there is association between Nature of college & life style. Hence, the null hypothesis i.e there will be no association between Nature of college & life style is rejected.

Table 25- Nature of college & attitude towards social status

Nature of college	Level of attitude			Total
	High	Low	Medium	
Co-Ed College	20	33	59	112
Unisex College	9	10	43	62
Total	29	43	102	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	5.032	2	.081	Accepted

The above table indicates that there is no association between nature of college & attitude towards social status. Hence, the null hypothesis i.e there will be no association between nature of college & attitude towards social status is accepted.

Table 26- Nature of college & perception regarding sexual relation

Nature of college	Level of perception of sexual relation			Total
	High	Low	Medium	
Co-Ed College	17	29	66	112
Unisex College	6	6	50	62
Total	23	35	116	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	8.954	2	.011	Rejected

The above table indicates that there is association between Nature of college & perception regarding sexual relation. Hence, the null hypothesis i.e there will be no association between Nature of college & perception regarding sexual relation is rejected.

Table 27- Nature of college & perception regarding precaution in sexual relation

Nature of college	Level of precaution			Total
	High	Low	Medium	
Co-Ed College	22	18	72	112
Unisex College	9	15	38	62
Total	31	33	110	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	2.034	2	.362	Accepted

The above table indicates that there is no association between Nature of college & perception regarding precautions in sexual relation. Hence, the null hypothesis i.e there will be no association between nature of college & perception regarding precautions in sexual relation is accepted.

Table 28- Nature of college & Perception regarding physical attraction

Nature of college	Level of physical attraction			Total
	High	Low	Medium	
Co-Ed College	11	27	74	112
Unisex College	13	4	45	62
Total	24	31	119	174

	Value	df	Asymp. Sig. (2- sided)	Result
Pearson Chi-Square	10.824	2	.004	Rejected

The above table indicates that there is association between nature of college & perception regarding physical attraction. Hence, the null hypothesis i.e there will be no association between nature of college & perception regarding physical attraction is rejected.

Table 29- Comparative mean scores of variables according to nature of college

Nature of college	Life Style	Attitude towards social status	Perception about sexual relation	Precaution reg sexual relations	Perception reg. physical attraction
Co-Ed College	36.1143	71.2054	68.6161	70.1531	65.0112
Unisex College	15.2944	73.3871	71.5726	67.7995	73.7903
Total	28.6957	71.9828	69.6695	69.3144	68.1394

Comparative Mean Scores of Variables According to Nature of college

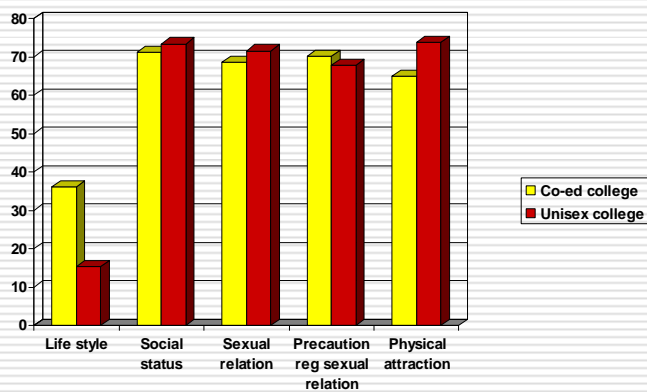


Table 30- t- test showing the difference in mean scores of variables according to nature of college

Variables	Nature of college	Number of Resp.	Mean	SD	SE of diff. of Mean	Difference of Mean	t
Life style	Co-education	112	36.11	18.76	2.11	20.82	9.87*
	Unisex	62	15.29	8.84			
Attitude towards social status	Co-education	112	71.2	9.56	1.43	0.95	0.67
	Unisex	62	73.38	8.61			
Perceptions reg. sexual relations	Co-education	112	68.61	9.67	1.33	-2.96	-2.22*
	Unisex	62	71.57	7.55			
Perception Reg. Precaution in sexual relations	Co-education	112	70.15	8.13	1.35	2.36	1.75
	Unisex	62	67.79	8.66			
Physical attraction	Co-education	112	65.05	15.97	2.25	-8.74	-3.88*
	Unisex	62	73.79	12.99			

Tables 29 & 30 show that regarding life style the mean score of Co- Ed colleges are higher than unisex colleges , the difference between groups is found significant (t 9.87*). This may be due to the reason that adolescents who are studying in Co-Ed colleges are more conscious about their life styles and there is extra peer pressure on them to eat drink and merry. Many adolescents due to social pressure start drinking, smoking, visiting pubs, parties during their college life. Dating and having partners are also common in Co –Ed college which become status symbol for them sometime and adolescents are more conscious that no one would call them unwanted or non appealing in eyes of opposite sex members.

Regarding perception about sexual relations the mean score of unisex college is more than Co-Ed colleges , the t value is (- 2-22*) which shows that due to less exposure with opposite sex the adolescents may be more sexually attracted towards opposite sex members. The findings require more investigation as on basis of this no generalization can be drawn.

The findings further show that for perception regarding precaution in sexual relation the mean score of Co- Ed colleges is more than unisex colleges, this is a healthy sign by the Co –Ed adolescents as due to constant exposure with each other it is unavoidable to certain extent, to abstain from any sexual activity and if they give importance for precautions to be taken before engaging in sexual relations this shows a positive trend among them.

The table further reveals that for perception regarding physical attraction the mean score for unisex college is more than Co –Ed College, t. value (-3.88*). This reflects the growing trend among adolescents to look beautiful and sexually attractive by adopting all solutions. The adolescents may use different creams and lotions and may follow diet schedules to look attractive, thin and beautiful like models and film stars.

Table 31- Nature of residence & life style

Nature of residence	Life style Level			Total
	High	Low	Medium	
Hostel	7	0	6	13
Parents	23	24	102	149
Paying Guests	5	0	0	5
Relatives	0	1	6	7
Total	35	25	114	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	33.798	6	.000	Rejected

The above table indicates that there is association between nature of residence & life style. Hence, the null hypothesis i.e there will be no association between nature of residence & life style is rejected.

Table 32- Nature of residence & Attitude towards social status

Nature of Residence	Level of attitude towards social status			Total
	High	Low	Medium	
Hostel	3	6	4	13
Parents	26	29	94	149
Paying Guests	0	5	0	5
Relatives	0	3	4	7
Total	29	43	102	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	24.017 ^a	6	.001	Rejected

The above table indicates that there is association between nature of residence & attitude towards social status. Hence, the null hypothesis i.e there will be no association between nature of residence & attitude towards social status is rejected.

Table 33- Nature of residence & perception regarding sexual relation

Nature of residence	Level of perception reg. sexual relation			Total
	High	Low	Medium	
Hostel	1	7	5	13
Parents	20	23	106	149
Paying Guests	0	4	1	5
Relatives	2	1	4	7
Total	23	35	116	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	23.949 ^a	6	.001	Rejected

The above table indicates that there is association between nature of residence & perception regarding sexual relation. Hence, the null hypothesis i.e there will be no association between nature of residence & perception regarding sexual relation is rejected.

Table 34- Nature of Residence & perception regarding precautions in sexual relation

Nature of Residence	Level of precaution			Total
	High	Low	Medium	
Hostel	5	2	6	13
Parents	23	30	96	149
Paying Guests	2	0	3	5
Relatives	1	1	5	7
Total	31	33	110	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	6.954	6	.325	Accepted

The above table indicates that there is no association between nature of residence & perception regarding precaution in sexual relation. Hence, the null hypothesis i.e there will be no association between nature of residence & perception regarding precaution in sexual relation is accepted.

Table 35- Nature of Residence & perception regarding physical attraction

Nature of Residence		Level of physical attraction			Total
		High	Low	Medium	
	Hostel	1	6	6	13
	Parents	23	21	105	149
	Paying Guests	0	2	3	5
	Relatives	0	2	5	7
Total		24	31	119	174

	Value	df	Asymp. Sig. (2-sided)	Result
Pearson Chi-Square	12.246	6	.057	Accepted

The above table indicates that there is no association between nature of residence & perception regarding physical attraction. Hence, the null hypothesis i.e there will be no association between nature of residence & perception regarding physical attraction is accepted.

Table 36- Comparative mean scores of variables according to nature of residence

Nature of residence	Life style	Attitude towards social status	Perception reg. sexual relation	Precaution reg. sexual relations	Perception reg. physical attraction
Hostel	49.0715	68.2692	64.8077	70.6044	56.2500
Parents	26.1973	73.0425	70.3691	68.9597	69.9664
Paying Guests	55.8600	57.5000	59.0000	77.8571	53.7500
Relatives	24.6314	66.6667	71.4286	68.3673	61.6071
Total	28.6957	71.9828	69.6695	69.3144	68.1394

Comparative Mean Scores of Variables According to Nature of Residence

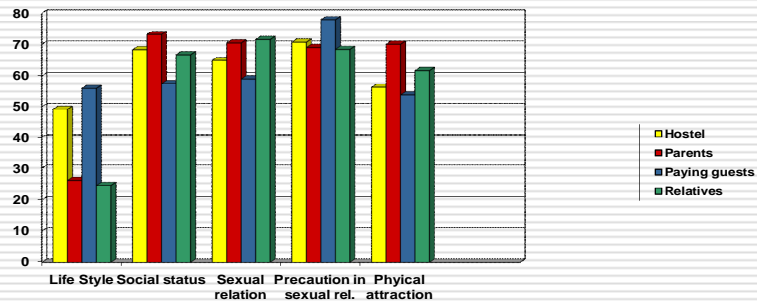


Table -37 ANNOVA showing the difference in mean scores of variables according to Nature of Residence

Variables		Sum of Squares	df	Mean Square	F	Sig.
Life Style score	Between Groups	10132.443	3	3377.481	11.251	.000*
	Within Groups	51033.251	170	300.196		
	Total	61165.695	173			
Attitude towards social status	Between Groups	1593.188	3	531.063	6.798	.000*
	Within Groups	13281.094	170	78.124		
	Total	14874.282	173			
Perception reg. sexual relation	Between Groups	971.067	3	323.689	4.152	.007*
	Within Groups	13253.682	170	77.963		
	Total	14224.749	173			
Precaution reg sexual relations	Between Groups	411.546	3	137.182	1.988	.118
	Within Groups	11731.677	170	69.010		
	Total	12143.224	173			
Perception reg. Physical attraction	Between Groups	3668.993	3	1222.998	5.468	.001*
	Within Groups	38023.939	170	223.670		
	Total	41692.933	173			

P>0.05

Tables 36 & 37 reveal that for life style the mean scores of adolescents staying in hostel & as paying guest are higher than other groups , there is significant difference among the groups (p .000*). This reflects the tendency of adolescents who are staying separately from parents who lead a highly independent life style, since there is no parental control on them they may do what they wish. The adolescents who are more independent in their decisions and choices may involve in high life style habits like smoking, taking alcohol , drugs, frequently visiting pubs and spending money, they may be involved more with opposite sex members, going on dating , may

be changing dating partners. The mean scores of adolescents who stay with parents and relatives are less which gain proves that parental control somewhere makes difference in life style.

Regarding attitude towards social status the mean scores of adolescents who stays with parents are higher than others, reveals a significant difference among groups (P.000*). This reflect the attitude of adolescents today that they demand many things from parents to gain importance in eyes of peers, acceptance in eyes of friends is very precious to them and they do lot of things to impress them. The adolescents who stay with parents have high social attitude for social status as nowadays parents also feel that their children must get all the high quality things with social worth and may encourage youngsters to aspire for them, for instance, modern day parents do not mind if their children go for dating and engage with opposite sex members, some time they feel good that their children are normal and this boast their own individual egos.

The tables further show that regarding perception about sexual relation the mean score of adolescents who are staying with relatives and parents is higher than other adolescents, the p value is found significant (P.007*). The adolescents who are with family members may be facing restriction as Indian society is conventional where talking about sex is still not considered good , the adolescents who stays in such controlled environment may develop unusual interest in sexual relations and may involve more in such activities , as high restriction creates high level of curiosity about sex in adolescents. The problem of increasing sexual crimes in adolescents and teenage pregnancy crops in restricted environment ,when adolescents are not getting any release for their sexual energy and if proper guidance is not being given they tend to be attracted towards sexual activities which may not be in their best interest.

The table reveals that for precaution regarding sexual relation the mean scores of adolescents staying as paying guest is higher than other groups, which reflect a healthy trend among adolescents who are staying alone, they are living unsupervised life and if they are engage in sexual relation are mindful to use precautions. They are aware not to contract any contagious sexually transmitted disease, which is quite encouraging finding.

Regarding perception about physical attraction, the findings show that mean score of adolescent staying with parents is significantly higher than others ($P.001^*$). This shows that nowadays parents themselves may be motivating youth to look attractive, parents are quite conscious what their children are eating and how they look. Parents are aware that in time of globalization and market value and fear that their children may not be left behind in competitions. The adolescents also are having a lot of pressure from external sources like peer, media particularly TV advertisements and movies to look good and beautiful, they may perhaps feel that their market value will only enhance only when they look good and feel confident.

CHAPTER 5

SUMMARY

The present research was undertaken to study the perception of adolescents regarding reproductive & sexual health of adolescents with the objective to study how modern adolescents perceive the issue of sex and reproduction and how they are dealing with them. The main objective was to study the perception of adolescents regarding the Reproductive and Sexual Health and specific objectives were to find out the differences in the perception of adolescents regarding components like life style, attitude towards social status , perception regarding sexual relations, precautions in sexual relations, and perception regarding physical attraction in relation to the selected variables like Income group, gender, age, nature of college (co-ed/unisex educational institutes), and nature of residence.

The data was collected from 174 adolescents studying in undergraduate and postgraduate courses of different colleges. The data was analyzed statistically by using percentage, mean scores, t test, and ANNOVA.

The background information reveals that 56.9% respondents were females & 43.1% were males. Majority of the respondents (71.2%) were in young age group (18-21). More than 80% of the respondents were undergraduate students. Regarding nature of college 64.4% of the respondents were studying in co- educational Institutes whereas, 35.6% were in Unisex College .The monthly income level indicates that more than half of the respondents (52.9%) belonged to very high income group whereas only 12.6% of the respondents were in very low income group. Majority of the respondents 85.6% were staying at home with parents whereas only 2.9% & 4.0% were staying as paying guests and with relatives respectively.

The component wise and variable wise findings of the study reveal that there is significant association between income level and lifestyle (P.000*). Majority of the adolescents – more than 85% are leading high to moderate level of lifestyle. The mean comparative scores of income groups also showed that the adolescents who belonged to high income group lead a high life

style which includes drinking, smoking, going to pubs, parties, eating out in expensive restaurants etc.

The results further reveals that gender and life style is significantly related where the mean score of male is higher than female ($t = 8.09^*$), this indicates that male adolescents are leading high life style than female adolescents, this reflect our cultural trend where men are permitted to lead independent life style than women, they are free to visit pubs and parties and allowed to consume drinks and may be this trend begins from youth where male adolescents prefer to indulge in all such things to prove their masculinity or may be due to many other socio cultural reasons they show inclination towards leading a high life style than female.

Regarding Age groups and life style finding shows that Age is significantly related with life style where the mean score for life style of matured adolescents are higher than other age groups ($P = 0.041^*$). This indicates that matured adolescents (21+ ages) are leading a high life style compared to other age groups, which reflect that older adolescents are more independent in their decision making, may make choices regarding their life style habits like smoking, drinking, going on dating, visiting pubs etc. Many of them may start earning along with their studies hence their spending capacity may be more than other adolescents, some of them may be living separately from their parents and are free to decide about their lifestyle.

Regarding life style and nature of college the finding show the mean score of co-Ed colleges are higher than unisex colleges, the difference between groups is found significant ($t = 9.87^*$). This may be due to the reason that adolescents who are studying in co-Ed colleges are more conscious about their life styles and there is extra peer pressure on them to eat drink and merry. As far as nature of residence is concerned , the mean scores of adolescents staying in hostel & as paying guest are higher than other groups , nature of residence and lifestyle is significantly related ($P = 0.000^*$). The adolescents who are more independent in their decisions and choices may involve in high life style habits like smoking, taking alcohol , drugs, frequently visiting pubs.

The findings regarding attitude towards social status, the mean score of female adolescents are more than male adolescents which reflect a growing trend among girls to gain popularity in their

circle of peer by declaring that they have a boy friend and they are likeable person in opposite sex groups. Many girls now days do not mind making friends on dating sites and other social networking sites just to prove their appeal among peer members as a young women which, reflects the thinking of modern young women who feel that having a boy friend necessary or else they would be considered outdated girls. The age variable is significantly related with attitude towards social status (P.004*) where the mean scores of very young adolescents (17-18) & young adolescents (18-21) are more than matured adolescents. This may be due to the fact that young adolescents are highly influenced by outside forces as they consider that they are on the stage and world is watching them, they may be infatuated with any person, may think that they must gain peer approval at any cost, for them, social status is compulsorily to be maintained.

The nature of residence is significantly related to attitude towards social status (P.000*), the mean scores of adolescents who stays with parents are higher than others. This reflect the attitude of adolescents today that they demand many things from parents to gain importance in eyes of peers, acceptance in eyes of friends is very precious to them and they do lot of things to impress them. The adolescents who stay with parents have high social attitude for social status as nowadays parents also feel that their children must get all the high quality things with social worth and may encourage youngsters to aspire for them.

Gender is significantly related with perception regarding sexual relations (t 6.56*), where the mean score of female adolescents are more than male adolescents. The girls are becoming open minded in sexual relations and they may not hesitate in touching, kissing on dating or watching sex video clips or chatting on net working sites , this is latest trend among girls until now boys were considered active in all such activities but now days girls have also joined them.

The findings also reveals that age is significantly related with perception towards sexual relation the mean score of young adolescents (17-18) is higher than other groups, this may be due to the fact that young adolescents are more curious to know about sex and are interested in experimenting, they may involve sexually with their partners without considering the risk factors, and many of them may have peer pressure for losing their virginity or to at least have some experience about sex.

There is significant difference in the perception of adolescents according to nature of residence (P.007*), the adolescents who are with family members may be facing restriction as Indian society is conventional where talking about sex is still not considered good, the adolescents who stays in such controlled environment may develop unusual interest in sexual relations and may involve more in such activities, as high restriction creates high level of curiosity about sex in adolescents.

About taking precaution in sexual relations the high income level is significantly related with the variable (P.007). High income group adolescents are more open in taking precautions during sexual relationship like using condoms, contraceptive pills which reflect that modern day's adolescents are more aware about sexually transmitted diseases and pregnancy problem and may wish to feel relaxed during sexual relations without thinking of these issues hence they prefer to use precautions while having sex. Gender is significantly related with precaution in sexual relation (-3.46*) an interesting finding shows that male adolescents are more concern than female adolescents, boys are more aware about taking precaution while indulging in sexual relations than girls, this finding reflects that may be the free availability of contraceptives and less hesitation among boys nowadays in buying condoms and may be because of social problems associated with teenage pregnancy they are using contraceptive while indulging in sexual relations, apart from this , today's youth is aware about sexually transmitted diseases due credit must be given to social advertising on media about spreading awareness regarding HIV /AIDS , STDs , they feel it necessary to use precaution in sexual relations.

The adolescents staying as paying guest is more conscious than other groups about taking precautions in sexual relations , which reflect a healthy trend among adolescents who are staying alone, they are living unsupervised life and if they are engage in sexual relation are mindful to use precautions. This is a quite encouraging finding that adolescents aware not to contract any contagious sexually transmitted disease.

The study reveals the finding regarding perception about physical attraction, that the adolescents are highly influenced by TV /movie stars and celebrities for having shapely body and may feel compelled to use cosmetics and diet food to gain popularity among peers and as many

adolescents think that they would not get partners if they are overweight or dark skinned or if they look unattractive. Female adolescents are more aware and conscious than male adolescents and there is significant difference ($t = 6.01^*$), which reveals that contemporary girls are more conscious about looking sexually and physically attractive among peer and are following TV and movie stars, are mindful in eating and exercising and are aware to enhance their sexual appeal by gaining attractive figure, to some extent this is a healthy sign among girls but there is a downside of this aspect also, where they suffer from many eating disorders like bulimia nervosa and anorexia nervosa just to look like some model, where their whole self is related to how they look and other positive characteristics of personality are totally ignored. The adolescents who are studying in unisex colleges are more aware about physical attraction than their counterparts ($t = 3.88^*$). This reflects the growing trend among adolescents to look beautiful and sexually attractive by adopting all solutions. The adolescents may use different creams and lotions and may follow diet schedules to look attractive, thin and beautiful like models and film stars. Regarding perception about physical attraction, the findings show that mean score of adolescent staying with parents is significantly higher than others ($P = 0.001^*$). This shows that nowadays parents themselves may be motivating youth to look attractive, parents are quite conscious what their children are eating and how they look. Parents are aware that in time of globalization and market value and fear that their children may not be left behind in competitions.

Conclusion:

Despite 35 percent of the population being in the 10-24 age groups, the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV. Initiative must be taken to create a supportive environment that would positively influence knowledge, attitude, perceptions, skills and behaviour of adolescents and also help in increasing access and use of sexual and reproductive health services. The strategies to attain the objectives include effective counselling skills, development and promoting safe and healthy behaviour supported by providing quality services and increasing linkages among various institutions.

Recommendations:

On the basis of the findings of the study following recommendations are made for healthy reproductive and sexual health of adolescents

For Parents:

1. Parents must understand that sexuality is the vital part of growing up- during adolescence; young people learn to deal with sexual feelings, experiences and sexual fantasies and perhaps enjoy sexual relationship. Healthy sexual development is not simply a matter of sex but involves a young person's ability to manage intimate and reproductive behaviour responsibly and without guilt, fear and shame.
2. Parents should develop closeness with adolescents and try to establish an environment in which young people can feel comfortable talking and discussing something about sex and relationships.
3. Early adolescents must be prepared about the impending bodily changes and sexual feelings.
4. Older adolescents must be guided and educated about the things that promote healthy sexual development. Any adult can be source of accurate information regarding sex which helps in developing healthy sexual behaviour. If adolescents do not get information from adults, they rely on friends and the media, especially internet to satisfy their queries on sex.
5. Parents must make clear rules about dating and most importantly must communicate to adolescents in a negotiable manner so that the rules seem fair to young people. Unnecessary restrictions on mixing with opposite sex may perhaps create excessive curiosity in adolescents which may not be good for safe and healthy sexual development.
6. Adolescents must be helped to differentiate truth from hype about sex for instance, the young person must be counselled that it's all right if you don't have boyfriend or girlfriend.
7. Parents must help young people to recognize all aspects of sexual and reproductive development and encourage them to make informed and healthy decisions about sexual matters.
8. Young people must be counselled about contraceptives and help must be given to develop understanding about the right time and proper use of them.
9. Parents must discuss with adolescents about sexual behaviour and risks, relationship, emotions and sexual urges. This kind of respectful, in depth talk can positively affect adolescents' sexual development.

Guidelines for successful parent teen conversation about sex include the following:

- Engage children in open, honest discussions regarding appropriate dating behaviour, emotional and sexual intimacy, sexual identity, and emotional commitments.
- Discuss responsibilities regarding commitment and intimacy in romantic relationships.
- Discuss responsibilities regarding avoiding pregnancy, STIs, HIV/AIDS.
- Teach teens not to exploit other people socially, emotionally, or sexually. This is impossible to teach if it is not also modelled. Similarly teach teens how to recognize abusive and exploitive relationships.
- Since teens may be embarrassed to talk with their parents about sex and relationships, try to provide access to other trusted adults (church members, counsellors, relatives etc)
- Be open to questions and value expressed by teen.

(Source: Beeler, N, Patrick, B, Pedon, S. Sexuality of children: Healthy Sexual behaviour and behaviour which cause concern, Handbook 3-1)

For Educational Institutes:

In India education about sex and reproduction is not much common in school and colleges, a small percentage of adolescents are getting essential information about contraception, sexual safety, reproductive health and other matters. Many schools have started running sex education classes but still not much have been done on this area. In this regards following measures can be taken to help adolescents to make right choices and decisions regarding sexual and reproductive health.

- Educators offer age-appropriate sex education sessions in schools. Provide Question-and-answer sessions to older adolescents in classroom settings
- Teachers are trained to deliver health curriculums, including education on puberty and menstruation; gender and sexuality; HIV prevention; and age-appropriate life skills such as identifying values and understanding consequences of behaviours (for young adolescents) and negotiating relationships and condom use (for older adolescents)
- Teachers can provide sexual and reproductive orientation sessions for adolescents, using such methods as the letter box approach, sms, emails etc. Train teachers to identify high-risk adolescents and develop a system linking them with reproductive health services.
- Teachers act as community distributors of sanitary materials for menstrual hygiene.

- Organize drama, skits or music events in colleges to disseminate accurate reproductive health information, including information about services available. Performances at community events can also be organized.
- Invite counsellors to provide reproductive health information sessions for participants before each adolescent sporting, cultural or any event.
- Train sports coaches to provide and incorporate reproductive health information into coaching sessions.
- Ask group leaders to offer HIV/STDs counselling at adolescent program activities, schedule health and reproductive clinics during adolescent activities and gatherings.
- Communities should be prepared for youth education about sex through awareness raising and education; particular attention should be paid to myths that may circulate among communities about boys and girls which can lead to stigma or discrimination
- Provide sexual and reproductive health, life skills training for boys and girls.
- Support adolescents to develop and publish a newsletter or newspaper that addresses sex and reproductive topics.
- Teachers, coaches and any other persons interacting with adolescents should be trained in and abide by a Code of Conduct, which regulates their interactions. All adults interacting with adolescents should be monitored, and adolescents should be allowed to provide feedback on their interactions.
- Those adolescents, who express non-heterosexual sexual feelings or gender identities, keep confidentiality. Assure the adolescent that these feelings are natural. Adolescents, who feel uncomfortable or anxious by their feelings or sexuality, refer for mental health and psychosocial support. Discuss issues of safety and depression.
- Some adolescents, who express wish of becoming sexually active, do not be judgmental! Explore the reasons why they want to become sexually active, discuss prevention of pregnancy, HIV and STIs.
- Refer for medical evaluation and mental health and psychosocial support, if necessary.

The present study was undertaken to know the perception of adolescents regarding reproductive and sexual health and during the discussion some regular arguments have emerged which shows that, more research is needed on the sexual and reproductive health topics outlined above

through national sampling as well as in-depth work. The adolescents need to have access to reliable information on reproductive and sexual health, sexuality. Interviews and sessions with young people show, that they have a high level of demand for accurate information. At the policy level, relevant ministries need to introduce adolescent reproductive health information and services into existing education, health, population, and media programs. The nongovernmental sector can also have programs in operation, but more support is needed to expand their outreach in order to have an impact at the national level.

In conclusion, the present study reveals that modern day youth are not passive in sexual activities, they are aware about their sexuality and consider sex as part of growing up, many of them do not hesitate in engaging in relationship with opposite sex members, but the healthy sign is that most of them are aware of hazards of unsafe sex and are taking protection.

The adolescents are distinct segment of India's population, with specific developmental needs, that cannot be overlooked. Adolescents need to enjoy the space they want as well they need proper guidance and protection in order to function as adults with a full capacity for independent decision making later, then certainly the task of making positive reproductive and sexual health a reality for adult men and women in India will be possible.

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APPENDIX- 1: QUESTIONNAIRE

PERCEPTION OF ADOLESCENTS REGARDING REPRODUCTIVE AND SEXUAL HEALTH

Age:

Sex: Male Female

Class/Standard

Your college is Co- Ed College Unisex College

You are residing with- (Pl tick the appropriate response)

Parents
Relatives
Paying guests
Hostel
Alone

Your parents' education-

Education	Father	Mother
Below SSC		
Higher Secondary		
Graduate		
Post graduate & above		

Pl monthly Income of your family-

Less thanRs.20,000
20,001-40,000
40,001-60,0000
60,001-80,000
80,001-10,0000
More than 1,00,000

Do you get regular pocket money from your parents?

Yes

No

Please ✓ whichever is applicable to you-

How frequently do you -	More than 3 times a week	1-2 times a week	1-2 times a month	Never
Go to Movies				
Go to Parties/ clubs				
Consume alcohol				
Smoke				
Go for dating with partners				
Eat food from expensive food outlets e.g McDonalds, KFC etc				
Change your mobile phones, laptop, i-Pad according to latest models in markets				

Please tick which you feel appropriate:

Do You	Always	Sometime	Never
Make new friends/ develop friendship with opposite sex members			
Talk about your friendship /relationship issues with your <ul style="list-style-type: none"> • Friends • Parents • Siblings • Counselor 			
Attend workshops and lectures on sex education			
Feel pressure from friends to have sexual experience while studying			
Prefer to ask /gain knowledge about Sex from your- <ul style="list-style-type: none"> • Friends • Parents • Siblings • News paper/Magazines 			

<ul style="list-style-type: none"> • Net/Websites • Sex Experts , Doctors, Counselors 			
Communicate /discuss with your parents about any issue related to your life without any hesitation and fear			
Get due attention from your parents when you have any issue to discuss			
Get satisfaction and security when you are with your parents			
Feel afraid of your parents and elders in any way			

Please read the statements given below and (✓) in the appropriate column. You have to (✓) only one option-

Statement	Strongly Agree	Agree	Strongly Disagree	Disagree
It is necessary to have boy friend/ girl friend to gain respect and status friends.				
One should experiment with different people to find a serious partner.				
Dating is going out with partner to understand each other				
One should go on date with different partners for pleasure.				
Online dating sites gives lot of scope to find different partner for fun				
There is no harm if boys and girls indulge in physical relationship on dating				
Dating with unknown person put one at risk of becoming a victim of sex crime				
Love relationship shall be ended in marriage only				
Boys should have a body like Actors /models				
Girls should be slim, have shapely figures like models and actress.				
People with poor figure, who are overweight, underweight do not get partners easily				
One must eat wisely, avoid unhealthy, junk food, exercise to achieve good figure				
Masturbation damage health/immunity power of person				
Sex strengthen relationship with the partner				

Female partner must take emergency pregnancy pills every time there is sexual intercourse.				
Condoms reduce sexual pleasure				
Proper precaution should be taken before indulging in sexual relationship to avoid pregnancy				
Popping pills to prevent pregnancy causes health issues like cancer.				
To buy condoms is quite embarrassing				
Sex with protection – use of condoms/Emergency can give one freedom to have sex with as many time as possible without fearing pregnancy, AIDS, HIV etc				
One should wait to have sexual experience till he/she is married				
Phone sex, sex chatting is safe enough than indulging in real sex				
Watching porn clips, movies, visiting adult websites gives pleasure and satisfaction				
One can experience sex as & when opportunity comes i.e whenever one find sexually attractive and willing person				
Sex workers are better people to experience sex				
Sex with multiple partners put one at risk of catching HIV/AIDS/STDs				
One night stands, casual sex is better than problems of serious relationship				
Sex in exchange of money and gifts is a smart idea to earn and satisfy one's desires				