

A STUDY ON AWARENESS OF REPRODUCTIVE HEALTH AMONG ADOLESCENT GIRLS IN NORTH CHENNAI DISTRICT OF TAMIL NADU

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Abstract

Aim

The purpose of the study was to identify the awareness of reproductive health and help seeking behavior among adolescents.

Methodology

A multistage sampling was done by the researcher to collect Data. All the 150 adolescent students in the age group of 13 to 18 years, who were studying in 3 Chennai Corporation Schools in Royapuram, Madavaram and Kodungayur, were included for the study. For the purpose of collecting data the Researcher used an Interview Schedule and two standardized scales; Moos Menstrual Distress Scale and Family and Environment Scale.

Major findings of the study

Awareness of Adolescent girls about menstrual cycle

- *Thirty eight percent of the respondents had obtained puberty when they were at 11-12 years.*
- *Twenty one percent of the respondents have had information from their mothers and thirty two percent from Media. Forty seven percent of the respondents had information from friends.*
- *Thirty nine percent of the respondents consult doctor when there is heavy menstrual flow and sixty one percent don't consult any doctor. Even though there is adequate knowledge on menarche, girls hesitate to consult doctor for medication during their menstrual cycle.*

- *Thirty three percentage of the girls used new cloth as sanitary pads and twenty nine percentage of the girls used old cloth as sanitary pads.*

Knowledge about Reproductive tract infections, sexually transmitted infections

- *Twenty two percentage of the respondents have white discharge which is a symptom of Reproductive Tract Infection.*
- *Seventy nine percentage don't consult doctor to take medication for white discharge*
- *Sixty percentage of the respondents are aware that an unusual discharge and smell from vagina is the symptoms of sexually transmitted diseases.*

Knowledge about HIV/AIDS

All the respondents are aware that throughunprotected sexual intercourse with infected person and through blood (sharing needles, surgical procedure with infected instruments, blood transfusion of infected blood) HIV is transmitted.

Opinion about premarital Sex

Fifty percentage of the respondents strongly disagreed to have a boy friend, to have premarital sex and to have petting relationship before marriage. All the respondents agreed that girls can refuse to have sex with boy friend/lover.

Introduction

According to the World Health Organization adolescents are those persons in the age group of 10 to 19 years. India has 243 million adolescent people constituting about 21.4% of the country's total population .Adolescence is an important phase in life as it gives a second chance to improve

the health and well being of a child in their second decade as well as an opportunity to mitigate emergence of risk factors that may lead to diseases in adulthood. The health status of adolescents even reflects on the health and well being of the next generation.

The adolescence phase is marked by special characters like rapid physical growth, social and psychological maturity, beginning of menstrual cycle in girls and onset of reproduction cycle and development of adult mental processes and adult identity . During the process of transition to adulthood they face risk of acquiring reproductive and sexual health problems, psychiatric disorders and nutritional maladjustments. Today's adolescents will determine the social structure, economic productivity, well-being of India, and also their experiences will influence the goal of achieving population stabilisation as mentioned in the National population policy, 2000. In recognition of the importance of investing in adolescents health and India's commitment to achieve Millennium Developmental goals 4 and 5, several national policies and programmes are implemented now and then to address the needs of this group.

In this background this study is an attempt to understand the Awareness of Reproductive health of the adolescents. This study was done among the adolescent girls who are residing in the North Chennai. The purpose of the study was to identify the awareness of reproductive health, the factors which leads to sexual abuse among adolescent girls and the help seeking behavior among adolescents.

Adolescent Health Problems

The common health issues faced by the adolescents are sexual and reproductive (SRH), malnutrition, psychiatric, substance abuse and accidents. Sexual and reproductive ill health is the major cause of mortality and morbidity in adolescents. Initiation of sexual activity while they lack adequate knowledge and skills for protection places adolescents at a higher risk of unwanted pregnancy, unsafe abortion and sexually transmitted infections including HIV/AIDS .NFHS-3 data shows that 27% of girls and 3% of boys in the age group of 15-19 were married at the time of survey and that 12% of all girls aged 15–19 years have already had a child and 4% are currently pregnant. About 16 to 19% of the total pregnancies are teenage pregnancies. The risk of maternal death is about three times higher in girls aged 15–19 years and five times higher in those younger than 15 years compared to women in their 20s, which is mainly due to unsafe abortion and post partum hemorrhage. Unmet needs for family planning especially for spacing are high among adolescents at 24.7% in 2006. In a report released in 2007, revealed that 16.8% young women and 4.5% young men had experienced symptoms of genital infection in the preceding three months of the survey period [6]. Studies have reported that adolescent girls seek healthcare for problems like dysmenorrheal, irregular menstrual cycles, white discharge and purities vulvae. Poor menstrual hygiene is one of the leading causes for reproductive tract infections in Girls. Another study found that the prevalence of HIV in 15 to 19 years is 0.04% and 11% reported symptoms of sexually transmitted infections within twelve months of survey period.

Adolescent Health Care in India

There are many healthcare programmes under various ministries to address the problems of adolescents. Other general adolescent involved programmes like the Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), Sarva Shiksha Abhiyan (SSA), and Integrated program for street children are also important resource for the well being of this group. The Ministry

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of Youth Affairs and sports (MOYAS) has developed a facilitator's manual on adolescent health and development in the year 2006 and have undertaken training of teachers and distributed learning resource material in the form of 12 modules to various NSS units, NYKS, and parent community. Various Non Governmental organisations also integrate with the state to effectively address the adolescent health issues. Driving these programmes are the policies framed by the state such as National population policy, National Policy for Empowerment of Women, National Health Policy and National Youth Policy. The importance of adolescent care was also stated in the five year plans, the Ninth Five Year Plan placing special emphasis like, expansion of the adolescent girl's scheme and on assessing the health needs of adolescents in the Reproductive and Child Health (RCH) programme. More than 6000 adolescent friendly health clinics at District Hospitals, CHCs and PHCs are functional, 7224 Medical Officers and 19112 ANM/LHV/Counsellors have been trained on offering adolescent friendly health services across the country. The MOHFW has rolled out a scheme to provide sanitary napkins to rural adolescent girls and also to ensure that they get adequate knowledge and information about menstrual hygiene.

Challenges and Issues Pertaining Adolescent Health Care

As the Government's commitment to address the adolescent health needs by offering various programmes is acclaimed, there exist a gap between the service availability and the effective utilisation of such services by the target group. Socio-cultural factors pose a major challenge in bringing the adolescents under the purview of health care. In a conservative society where reproductive and sexual health related issues are taboo for discussion, young people are hindered from actively seeking counsel for their needs. Early marriage of girls in practice is still a scourge in India. Married adolescent girls have little decision making power in the family, are socially isolated and so less likely to access the services. In general these young people tend not to use existing reproductive health care services because of their belief that these services are not intended for them, concern that the staff will be hostile or judgmental, fear of medical procedures and contraceptives, lack of privacy, confidentiality, fear that their parents might learn of their visits, and shame, especially if the visit follows oppression or abuse. Though school based programmes have a better impact, many boys and girls of economically weaker sections of the society and those from rural areas are school dropouts.

Research Methodology

Field of Study

The research study is all about **“a study on adolescent girl's awareness on reproductive health in North Chennai district of Tamil Nadu”**. The study is focused on adolescent girls' in Chennai. The researcher collected data from Three Government Schools in Royapuram, Madavaram and Kodungayur.

Research Design

In line with the nature and scope of the study, the researcher used both Exploratory cum descriptive diagnostic design for the study.

Sampling

A multistage sampling was done. The researcher conducted the study with the adolescent girls in the age group of 13- 18 and who were studying in the Corporation schools. Through the help of

the School teachers 50 respondents from three areas were selected for the research. Hence the 150 respondents from Royapuram, Madavaram and Kodungayur were chosen to be the respondents of the study.

Primary Data

The primary data for the study was collected directly from the adolescents who were studying in the corporation schools.

Secondary Data

The secondary data was collected from Project Records, reports of the local NGOs, Government Departments and other relevant literature on adolescent’s reproductive health.

Triangulation

Triangulation was done using data from the Quantitative study and Focus Group data. Ten Adolescent girls who were interested were part of the focused group discussion.

Tools of Data Collection

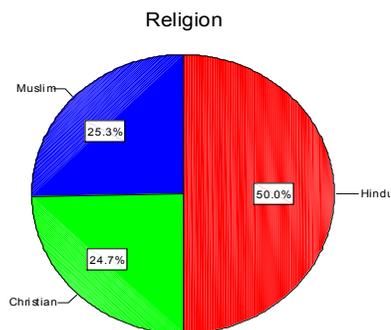
The researcher designed an Interview Schedule comprising both structured and unstructured questions for the data collection. The Interview schedule had the following components:

- Interview Schedule - Questions related to Demographic details of the respondents.
- Moos’ Menstrual Distress scale 1968.
- Family and Environment Standardised scale was used. 986

Actual Data Collection

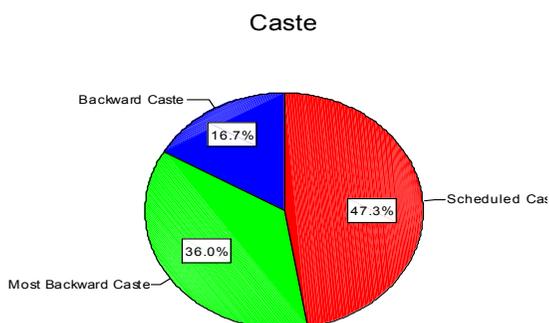
Actual data collection started on 17-04-17 and completed on 04-06-17. The researcher met the respondent’s personally and administered the Interview Schedule.

Chart No. 1 Religion of the Respondents’



Religion reflecting the high Hindu Population in the general community

Chart No. 2 Caste of the Respondents’



Forty seven percent of the respondent’ belonged to Scheduled castes

Table No. 1 Education

Education Level	Frequency	Percentage
7 – 8	21	14.0
8 – 9	58	38.7
9 – 10	54	36.0
10 – 12	17	11.3
Total	150	100.0

Thirty nine percent of the respondents’ belonged to 8th -9th Std. The respondents’ education compared to their age varies which signifies that there are school dropouts among the respondents’ in the course of their education.

Table No. 2 Father's Occupation vs. Family Monthly Income Chi Square Test

	Value	DF	ASYMP. Sig. (2-sided)
Pearson Chi-Square	11.819	3	.008
Likelihood Ratio	15.093	3	.002
Linear-by-Linear Association	2.703	1	.100
N of Valid Cases	150		

Chi-square test indicates a statistically significant relationship between father's occupation and Monthly income, $\chi^2(3) = 11.819$, ($p < 0.05$). Impact of father's occupation had more effect on monthly income. All the respondents' fathers go for work

and they are the bread winners of the family. Majority of the respondents' fathers are fish vendors and their family monthly income is higher compared to that of other occupation.

Chart No. 3 Respondents' age at Menarche

Thirty eight percent of the respondents had obtained puberty when they were at 11-12 years. Thirty six percent when they were at 13-14 years. Twenty two percent when they were at 12-13 years

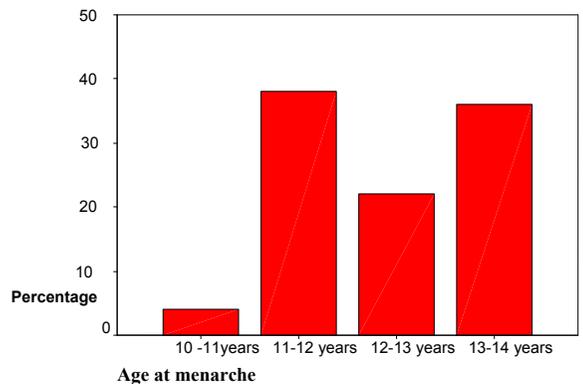


Table No. 3 Source of Information about Menarche - Respondents' Menstruation Cycle

Source of Information	Menstruation Cycle			Total
	Less than 23 days	Once in 23 - 25 days	Once in 25 - 60 days	
Mother	6 4.0%	19 12.7%	6 4.0%	31 20.7%
Media	19 12.7%	18 12.0%	11 7.3%	48 32.0%
Friends	37 24.7%	32 21.3%	2 1.3%	71 47.3%
Total	62 41.3%	69 46.0%	19 12.7%	150 100.0%

Table No. 4 Source of Information about Menarche and Respondents' Menstruation Cycle Chi-Square Test

	Value	DF	ASYMP. Sig. (2-sided)
Pearson Chi-Square	18.511	4	.001
Likelihood Ratio	20.762	4	.000
Linear-by-Linear Association	13.156	1	.000
N of Valid Cases	150		

Chi-square test indicate a statistically significant relationship between person who is a source of information about Menarche and Menstrual cycle of the respondents', $\chi^2(4) = 18.511$, ($p < 0.05$). Impact of the person who is a source of information about menarche had more effect on respondents' menstrual cycle. When the respondents' get awareness from the right source they are more free from stress about menstrual.

Table No 5 Respondents' Knowledge on Menstrual cycle

Awareness on Menstrual Cycle	Frequency	%
Unfertilized ovum goes out with the endometrial lining	102	68.0
Bad blood goes out of the body	48	32.0
Total	150	100.0

Sixty eight percent of the respondents' termed the menstrual period as unfertilized ovum goes with the endometrial lining. Thirty two percent understood as bad blood going out of the body.

Table No 6 Cohesiveness in Respondents' Family

The collected Data indicates that seventy three percent of the respondents' belong to below average category and twenty seven percent of the respondents' belong to above average category. Respondents' have very less Cohesiveness in the family which will affect the development of the adolescent girls'. This reflects the need to provide adolescent parenting.

Cohesiveness in the Respondents' family	Frequency	%
Below Average	110	73.3
Above Average	40	26.7
Total	150	100

Qualitative Study

Methodology

A focus Group Discussion was held with 10 adolescent girls from Kodungayur. The Discussion lasted for one hour. The participants were chosen based on their interest and concern. The Researcher used Social Group Work Principles such as principle of specific objective, purposeful Group – worker relationship, Continuous individualization and guided group interaction to conduct the focus group discussion.

Analysis of Focus Group Discussion

The girls did not have adequate information to deal with the first menstrual cycle. All of them stated that they cried and they were scared when they attended puberty. They had observed the Puberty Functions' held in grand scale but never had an opportunity to get information on puberty. As one girl expressed "I thought that I have a killer disease and I am going to die when I had my first menstrual cycle".

All of them had menstrual discomfort like stomach ache, backache, tiredness and general body ache. One of them stated "It is so difficult to carry the heavy school bag during periods", another stated "We feel very conscious that we might stain our uniform".

Two of them have consulted a general physician for profuse bleeding. Only three of them stated that they use sanitary napkins sold in shops. Rest of them use clothes which is usually a sari given by the Government in Public Distribution Shops. They also stated that they are not able to dry it in the sunlight. After it gets dried in adequate sunlight they store the cloth in a plastic cover. To put in

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their words “we know it is not hygienic, but we are not used to drying the undergarment in the sunlight. We feel shy about it. “

They expressed that their friends have foul smelling white discharge and they do not have the problem which indicated prevalence of Reproductive Tract infection in their age group

All of them stated that they want to study, find job and gain financial independence. They also stated that marriage is important for life and 21 is the right age to get married. They have information that a girl attains physical and mental maturity only at the age of 21.

In Kodungayur 8 out of 10 drop out adolescent girls fall in love. They also mentioned that 15% of their own class mates fall in love. According to them romantic relationship start at the age of 15 They do not see much of premarital sex happening in their area. Since it is close knit with the rural community it is very difficult to go for an outing with the boyfriend. The participants also disapprove for premarital sex. They expressed saying “It will be a shame on our Families”.

They have knesome information on HIV/AIDS. They mentioned that HIV/AIDS is transmitted through sexual mode, by sharing injections andit does not spread by shaking hands and sharing food.

Only 4 of them felt that a woman can be a decision maker. Rest of them said that men only should be decision makers. But that stated that men have to share responsibilities at home. It can be understood that their perception on gender roles are stereotyped.

They all need information on Sexual Health and they want Adolescent Reproductive health to carry out along with Life skills.

Participatory Learning and Action (PLA) Sessions

The participants who took part in the Focus Group Discussion continued with PLA (Participatory Learning and Action) sessions. The Three sessions took one and half hour to get finished.

A body mapping exercise was conducted. A participant was asked to volunteer. The other participants traced out her body out line. They were asked to mark the parts related to pleasure, Pain, power and shame. The participants marked their hands and legs as powerful parts since they are able to walk and cycle with their legs and they are able to do work and write with their hands. According to them the face is a pleasurable part because one is able to express herself through her face. They mentioned stomach and back as painful parts due to menstrual pain. They have not mentioned their sexual organs as pleasurable and painful which shows that they are not sexually active. They also do not see themselves as sexually powerful; they also mentioned that their breasts, back, thigh and hips and waist as shameful. It can be concluded that they perceive their body as vulnerable and shameful. It is important to build positive perceptions about their bodies.

The participants were asked to do a session on Venn diagram. The participants were asked to list out the resources of information on sexuality. The most important source was drawn as a big circle. The least important source was drawn as a small circle. According to them their friends are the first source of information on sexuality and the second one is the media which includes Tamil films and Film Songs. The participants gave many examples of recent Tamil films where the intimate scenes are source of learning and inspiration for sexual fantasies. All the participants had Cable T.V connecting at home and it could be concluded that it is one major influence for information on sex. The third one is their community where they observe newly married couples

who openly demonstrate sexual intimacy. It could be included that they do not have a scientific source of information on sexuality.

Major Findings

Demographic details of the Respondents'

- The Respondents' were 150 adolescents studying in Corporation Schools in Royapuram, Madavaram and Kodungayur.
- Among the 150 Respondents' Median age of the respondents' were 15 years. Hindu populations were seen high in the general community. Forty seven percent of the respondent' belonged to Scheduled castes. Thirty six percent of the respondents' belonged to most backward Caste. Majority of the respondents' family life rely on fishing as they are living near the coast line.
- Majority respondents' mothers are domestic workers. High risk of children being engaged in child domestic work. The respondents family status reveals the low economic background in the family.

Awareness of Adolescent Girls about Menstrual Cycle, to Explore their Menstrual Discomfort and to Elicit Information about Preparation for Menarche

- Thirty eight percent of the respondents' had obtained puberty when they were at 11-12 years. Twenty one percent of the respondents have had information from their mothers and thirty two percent from Media. Forty seven percent of the respondents had information from friends.
- Even though there is adequate knowledge on menarche girls hesitate to consult doctor for medication during their menstrual cycle. Sixty eight percentages of the respondents' termed the menstrual period as unfertilized ovum goes with the endometrial lining.

Knowledge about Reproductive Tract Infections, Sexually Transmitted Infections

Forty four percentages of the respondents' had awareness that Nutritional deficiency causes Reproductive Tract infection. Sixty Nine percentages of the respondents' did not have awareness that Unhygienic practices are a causative factor. Sixty percentages of the respondents' are aware that an unusual discharge and smell from vagina is the symptoms of sexually transmitted diseases.

Knowledge on HIV/AIDS

All the respondents' are aware that through unprotected sexual intercourse with infected person and through blood (sharing needles, surgical procedure with infected instruments, blood transfusion of infected blood HIV is transmitted.

Opinion about Premarital Sex

All the respondents strongly disagreed to have a boy friend, to have premarital sex and to have petting relationship before marriage. All the respondents agreed that girls can refuse to have sex with boy friend/lover. Ninety eight percentage of the respondents strongly agreed that a girl can ask a boy friend/lover to use condom before marriage. Only two percentage of the respondents were undecided about it.

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Family and Environment of the Respondents'

Cohesiveness

Respondents' have very less Cohesiveness in the family which will affect the development of the adolescent girls'. This reflects the need to provide adolescent parenting.

Expressiveness

Respondents' have very less Expressiveness in the family which will affect the development of the adolescent girls'. This reflects the need to provide intervention through Life Skills for adolescent Girls.

Conflict

The respondents' can be classified into two categories, Respondents' having above average conflict at home and respondents' having below average conflict at home. More interpersonal relationship and effective communication felt as an essential component in the family.

Independence

Respondents' have very less Independence in the family which will affect the development of the adolescent girls'. This reflects the need to provide adolescent parenting.

Suggestions

Awareness Programmes to the mothers' - Violations Against Rights of the Child

Majority respondents' mothers are domestic workers. High risk of children being engaged in child domestic work. Hence it is felt essential to create awareness to mothers' on sexual abuse and importance of education and evil behind Child Domestic work which is a violation of child rights.

Adolescent Parenting

Sessions should be initiated on Parenting and how to handle adolescent. Family environment plays a vital role in the development of the adolescents'. Many respondents have lot of conflict at home and they are unable to express their feelings. Hence a congenial situation should prevail

Intervention Programmes to the Adolescent Girls'

Adolescent girls' are having poor knowledge and lack of awareness about physical and physiological changes associated with the onset and presence of adolescence. They learn about sexuality and secondary sex characteristics primarily from their peer groups or other, inappropriate sources .Most girls are not informed about menarche and how to manage menstrual bleeding, and adolescents also lack knowledge about reproductive health issues. Many of them take self medication during menstrual discomfort. This situation can be addressed by forming Peer groups in the community. The adolescent girls' use old or new cloth because during the menstrual cycle due to high price of sanitary pads which are sold in the shops. Initiative should be taken to empower the women and give training for the women to make sanitary pads at low cost which can be an income generative activity for the Women and also encouraging adolescent girls' to use sanitary pads at low cost . Low cost sanitary pads are made by many self help groups across Tamilnadu. Additional income through making sanitary pads can increase family monthly income and can reduce children being sent for domestic work.

Counseling Center

Counseling Centers for the adolescent girls in the community should be established to create awareness on STI/RTI/HIV/AIDS and also to clarify doubts pertaining to it.

Periodical Health Check up for Adolescent Girls' in the Community and in the Schools

Periodical health check up should be initiated by the schools in networking with neighbouring hospitals. Free camps can also be conducted in schools consisting of medical team with Gynaecologist, Optomologist, Dentist and School Social Worker.

Conclusion

In conclusion, it is clearly evident that many key features of programmes remain unimplemented, the unique sexual and reproductive health needs of young women and men remain unmet, and evaluations of programmes that have been implemented have not always been systematic or rigorous. Of note however that is the policy environment has begun to shed its earlier ambivalence on the need to address the sexual and reproductive health needs of young people. Policies and programmes—be they related to women and child development, youth, health and family welfare or HIV/AIDS—have all recognised the importance of improving sexual and reproductive health and choice among young people, and the importance of healthy youth in shaping India's future. Efforts have been initiated to translate this commitment into practice, as evident from recently introduced strategies to enhance the sexual and reproductive health of young people; what is needed is a similar level of commitment to ensuring that programmes do indeed reach young people, that the scope and content of programmes are expanded, and promising lessons are assimilated and scaled up.

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