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A Study of the Perception of Adolescents Regarding Reproductive and Sexual Health (UGC Sponsored Minor Research Project)

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Abstract:

Adolescence is one of life's fascinating and perhaps most complex stage, a time when young people take on new responsibilities and experiment with independence. Adolescent's sexuality refers to sexual feelings, behaviors, attitude and development in adolescents and is a vital aspect of young people's lives.

The present paper is based on UGC Sponsored Minor research which was undertaken to study the perception of adolescents regarding reproductive & sexual health. The major objectives of the study were, to study the perception of adolescents regarding the reproductive and sexual health and to find out the differences in the perception of adolescents in components like life style, attitude towards social status, sexual relations, precautions in sexual relations, and physical attraction according to selected variables like Income group, gender, age, co-ed & unisex college, and nature of residence.

The study was conducted on 174 adolescents from undergraduate and postgraduate colleges of Mumbai & Baroda cities. The survey method was adopted and questionnaire was used as tool for collection of data.

The major findings of the study reveal that, there is significant association between lifestyle & variables like income level (P.000); Gender (t 8.09*); Age (P.041*); Nature of College (t 9.87*) and Nature of residence (p.000*). Gender is found significantly related with perception regarding sexual relations (t 6.56*). The variables Income Level (P.007) and Gender (-3.46*) are found significantly related to precautions during sexual relationship.*

Adolescents belonging to high income group are involved more in high lifestyle habits like excessive spending, partying hard, drinking, smoking, sexual relations, going to pub, etc; the male adolescents are involved more into high lifestyle habits; the involvement of mature adolescents is more than younger adolescents; further, the adolescents studying in Co-Ed colleges and those staying separately from parents are having high life style habits than their counterparts.

The female adolescents are found more open minded and interested in having sexual relationship; high income group adolescents are more keen in taking precautions during sexual relationship and male adolescents are more concerned for taking precautions in sexual relations..

The present paper suggests that 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.

Keywords: *Adolescents, Perception, Reproductive health, Sexual Health*

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

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). 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.

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. 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.

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. 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. Reproductive Health refers to the well-being of women and men in terms of sexuality, pregnancy, birth and their related conditions, diseases, illnesses. 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. 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 labour, preterm labour and spontaneous abortion. Five million adolescents between the ages of 15 and 18 have unsafe abortions each year 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 would worldwide face social, economic and health challenges that were unimaginable even a decade ago.

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, 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. In developing country, an average of 40% of women gives 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.

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).

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 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).

2. 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-

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 components like lifestyle, attitude towards social status , perception regarding sexual relations, precautions in sexual relations, physical attraction in relation to the selected variables:
 - Income group
 - Gender
 - Age
 - Nature of College (Co-ed/unisex educational institutes)
 - Nature of Residence

2.1. Research Design

- Population: The Population of the present study comprised of adolescents studying in Degree and Post graduate Colleges.
- 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.
- Research Tools for Data collection: Survey method was adopted and a questionnaire was used for data collection.
- Data Analysis: The following statistical tests were applied to analyze the data -
 - Percentages & Mean scores
 - Chi square
 - T- Tests
 - ANNOVA

3. Results and Discussion

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 (60,000 & 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

Table 1: Percentage distribution of background information

3.1. Variables wise & Component wise Results

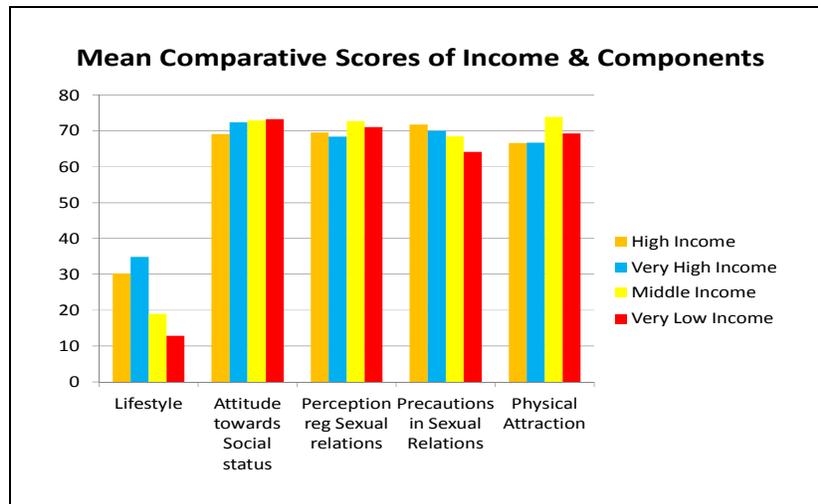


Figure 1: Income level & Components

Components		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			

Table 2: Table showing ANOVA for variables in relation to Income group
P < 0.05

The above table 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 like going to clubs, partying, visiting pubs, eating food from expensive eating joints. Such adolescents because of their high spending power could indulge in such high expenditure activities compared to others. About perception regarding sexual relations middle income group’s mean score is higher than other groups which shows that middle income group are now becoming more liberal in experimenting in sexual relations, this 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 previous generation.

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). Adolescents now days, are more open in taking precautions during sexual relationship 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.

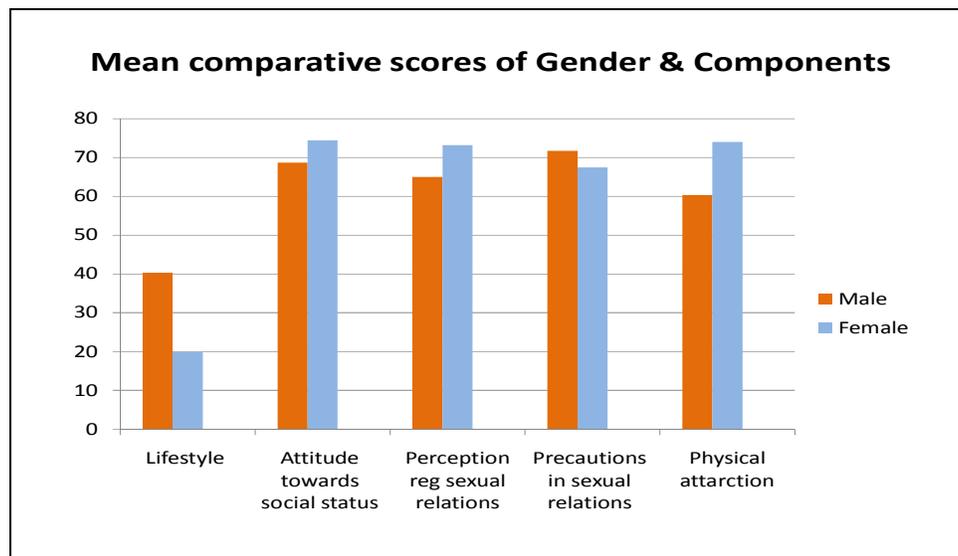


Figure 2: Gender & Components

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 3: t-test showing difference between mean scores of variables according to Gender.

The above table 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 ($t = -8.09^*$). The 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 boys prefer to indulge in all such things to prove their masculinity and 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 young women.

The mean score findings regarding perception regarding sexual relations shows that the 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.

The tables further reveal an interesting finding regarding perception about precaution in sexual relations where the 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 a significant difference ($t = -3.46^*$) this finding reflects that maybe 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 prefer using contraceptives, apart from this, today's youth is aware about sexually transmitted diseases due 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 and their whole self is related to how they look and other positive characteristics of personality may be ignored.

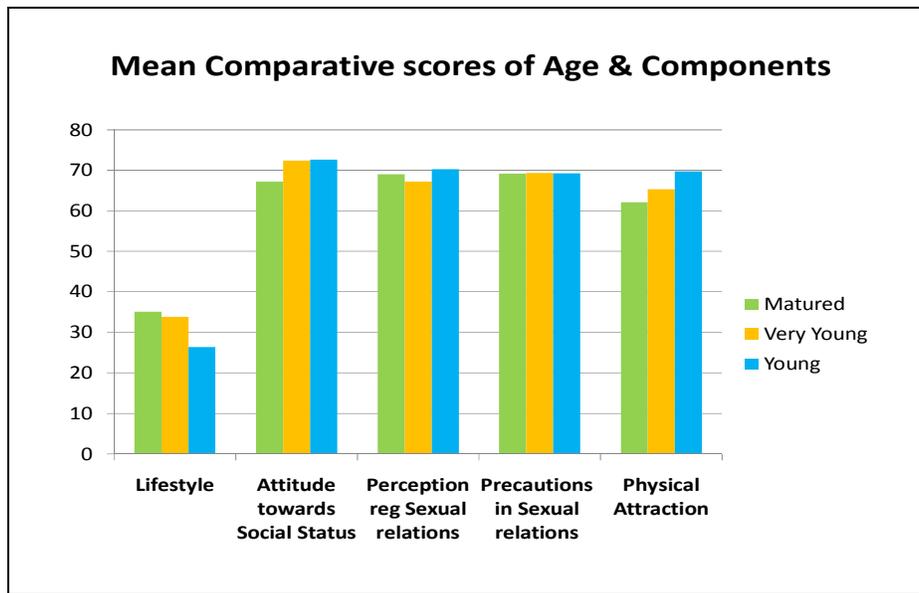


Figure 3: Age group & Components

Components		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			

Table 4: ANOVA showing the difference in mean scores of variables according Age $p < 0.05$

Table show that the mean score for life style of matured adolescents are higher than other age groups (P .041*). This indicates that matured adolescents (21+ ages) are leading a high life style which reflects 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 (P .044*). This may be due to the 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.

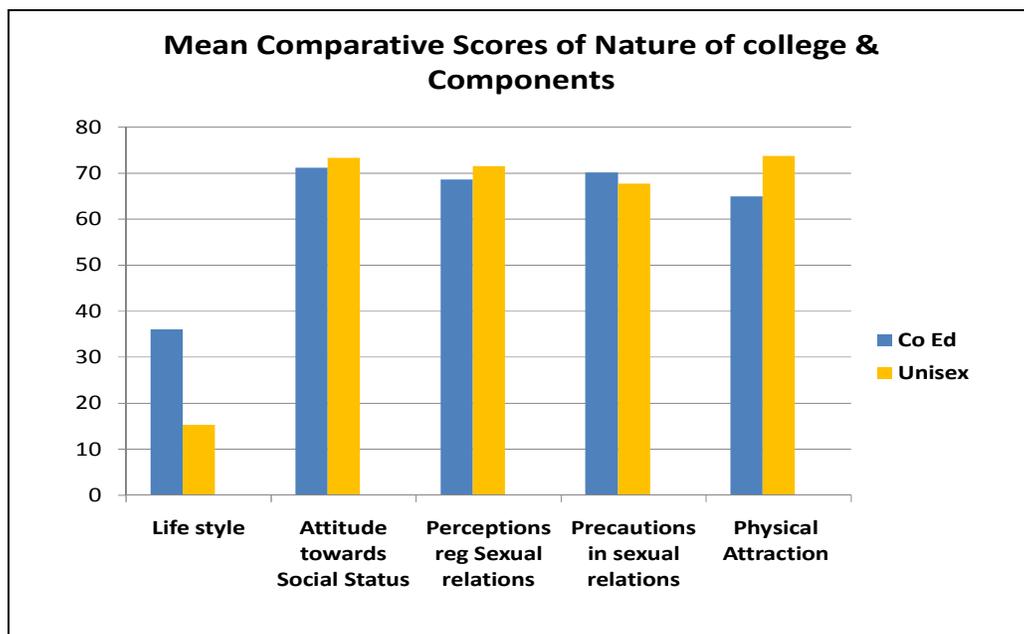


Figure 4: Nature of college & Components

Component	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	-
	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	-
	Unisex	62	73.79	12.99			

Table 5: t- test showing the difference in mean scores of variables according to nature of college

Table 5 shows that for life style the mean score of Co- Ed colleges are higher than unisex colleges, (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. 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.

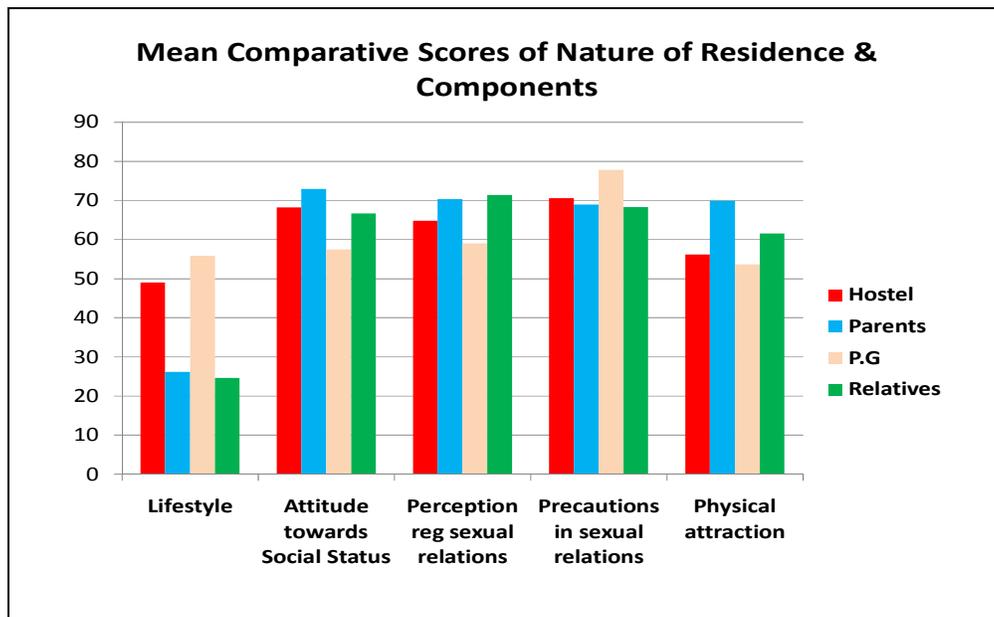


Figure 5: Nature of residence & Components

Components		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			

Table 6: ANOVA showing the difference in mean scores of variables according to Nature of Residence P<0.05

Table - 6 reveal that for life style the mean scores of adolescents staying in hostel & as paying guest are higher than other 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, (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 table further 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 engaged in sexual relation are mindful to use precautions. They are considerably 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.

3.2. Conclusion

The present study shows that adolescents today are not passive individuals in matters of sexual relations, they are active and the most encouraging thing is the young generation is quite aware about the hazards of unsafe sex and diseases. The significant part is that adolescents are not afraid of expressing their needs and what they require from opposite sex, they express their concerns are not shy of clearing their doubts and myths regarding sexual matters.

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.

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.

3.3. Recommendations

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

3.4. 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. 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.
4. 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.
5. Young people must be counselled about contraceptives and help must be given to develop understanding about the right time and proper use of them.
6. 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.

3.5. 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 has been done on this area. In this regard 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 can provide sexual and reproductive orientation sessions for adolescents, using such methods as the letter box approach, SMSs, emails etc.
- Organize drama, skits or music events in colleges to disseminate accurate reproductive health information, including information about services available.
- Invite counsellors to provide reproductive health information sessions for participants before each adolescent sporting, cultural or any event.
- Support adolescents to develop and publish a newsletter or newspaper that addresses sex and reproductive topics.

- 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.

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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