



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE OF REPRODUCTIVE HEALTH AND SEXUAL AWARENESS AMONG ADOLESCENT GIRLS IN SELECTED HIGHER SECONDARY SCHOOL OF BANGALORE.”

Author 1: Ms Tabasum Ashrif

M.sc Nursing Obstetrics and Gynecology

Mount Shepherd College Of Nursing

Author 2: Iqbal Majid Dar

M.Sc Psychiatric Nursing

Varalakshmi College Of Nursing

Author 3: Aneesa Bint Rehmani

M.Sc Nursing Obstetrics and Gynecology

Mount Shepherd College Of Nursing

RESEARCH ABSTRACT

The main **aim** of the present study is to assess the effectiveness of planned Teaching Programme (PTP) on knowledge of adolescent girls regarding reproductive health and sexual awareness among selected higher secondary school of Bangalore. The **objectives** to assess the knowledge level regarding the reproductive health and sexual awareness among adolescent girls in pre-test. To develop the knowledge level regarding the reproductive health and sexually transmitted disease among the adolescent girls. To evaluate the effectiveness of planned teaching programme on reproductive health and sexual awareness in terms of knowledge. To find out the association between knowledge on reproductive health and sexual awareness among adolescent with selected demographic variables.

Hypothesis:

H1 There will be a significant difference between the posttest knowledge of adolescent girls regarding reproductive health and sexual awareness with their pre-test knowledge scores.

H2 there will be a significant association between pre-test level of knowledge of adolescent girls regarding reproductive health and sexual awareness with their selected demographic variable.

INTRODUCTION

“Make no mistake, adolescence is a war No one gets out unscathed”

Adolescence is a decisive age group for girls and boys around the world. What they experience in during their teenage years it shapes the direction of their lives and that of their families. Adolescence is a time of growth and discovery. It is a time when young people learn how to have relationship patterns ,that often carries in to adulthood. During this time many young people also experience sexual violence¹.

Adolescence is transitional period between childhood and adult hood marked by profound and significant physical, sexual and psychological changes. The adolescence period from 10 years to 19 years. During this period the child doesn't not have defined role neither considered as a child nor as an adult. Adolescence is relatively a period of good health but may face a number of problems related to various aspects of growth and development. The problem of are related to their nutrition, self esteem, mental health, life style/behavior, sexuality etc².

There is tremendous and rapid physical, psychological, sexual growth and development. Physically there are growth spurts in height, weight, muscle size, and mss etc. Physiologically there is rapid growth of endocrine glands especially the pituitary gland and gonads. The hormones secreted by these glands promote the development of sex organs and their functioning. This leads to sexual development in girls. Psychologically, the growth and development intellectually, emotionally, in physical intimacy, emotional intimacy, love and affection etc. The physical and psychological changes help develop positive body image, self identity, and feeling of independence, self esteem etc³.

Many adults lack accurate information about what to do expect as adolescence developed sexually. This can make in difficulty in to distinguish healthy from unhealthy behaviour. When the adolescence are understand difference between these two they are better able to support healthy attitude and behavior and create a positive opportunities to learn from the challenges.. Girls in particular at increased risk of leaving school prematurely, exposure to HIV and other STD, early pregnancy and early marriage and sexual violence. There are many changes are occur during the adolescence period⁴.

During the adolescence period most of the women are got the changes in body, physically, mentally, and emotionally. There are some characteristic also changes. During this time they are want to live in their own way. They want more freedom. And they are maintained a close relationship with their friends⁵.

Adolescence represents acceleration in terms of biological changes and psychological and sexual development. This time of turmoil is nurtured by awakening endocrine forces and a new set of psychological tasks to undertake. Included in these tasks are issues relating to sexuality, such as how to deal with new or more powerful sexual feelings, whether to participate in various types of sexual behavior, how to recognize love, how to prevent unwanted pregnancy, and how to define age-appropriate sex roles⁶.

Biologically, puberty begins for the female adolescent with breast enlargement, widening of the hips, and growth of pubic and axillary hair. The onset of menstruation usually occurs between the ages of 11 and 13 years. In the male adolescence, growth of pubic hair and enlargement of the testicles begin at 12 to 16 years of age. Sexuality is slower to develop in the female than in the male adolescence. Women shows steady increases in sexual responsiveness that peak in their middle 20 years or early 30 years. Many individual have their first experience with sexual intercourse during the adolescence year⁷.

Reproductive health addresses the reproductive process, functions and system of all stages of life. Reproductive health can be defined as a state in which people have the ability to reproduce and regulate their fertility are able to go thorough pregnancy is successful in terms of maternal and infant survival and wellbeing and couples are able to have sexual relations free of pregnancy and contracting. The reproductive health includes the satisfying the safe sexual life, ability to reproduce , successful maternal and infant survival and outcomes, freedom to control the reproduction, information about aces the safe effective affordable method of family

planning ability to minimize the gynecological disease thorough out life. The importance of the reproductive health is, it is a human right stated in international law reproductive health plays an important role in the morbidity and mortality life expectancy. Reproductive health problems are the leading causes of ill health and mortality rate in worldwide. The components of the reproductive health including safe mother hood, family planning services, prevention of the communicable disease, sexually transmitted diseases, and AIDS. Providing health education in school now a day's an important public issues as it concerns that not only prevention of adolescences from HIV/AIDS, STD and pregnancy and also interpersonal relationship and psychological issues⁸.

The adolescence girls are now a day's facing so many problems. Many of the adolescences girls are abused by sexually. It will damage the future of the women. The women are getting more fear towards these things. For young girl the consequence of pre marital pregnancy is serious. The adolescence girls are undergone the problem of early marriage, sexual abuse, adolescence pregnancy, and its consequence unsafe abortion. Contraception, sexual behavior STD, HIV/AIDS, substance abuse lack of knowledge regarding the reproductive health.

For the young girls the consequences of the pre marital pregnancy are series. In addition to medical complications that are more uncommon among the women, who have not reached the reproductive maturity, there are important social education and economic consequences. Both the developed and developing countries the sexual activities among the adolescence are increasing. It is new Trend, it is mainly caused by the sexuality among the adolescent girls is socioeconomic changes as urbanization and modernization, earlier sexual maturity, low level of knowledge, liberalization of attitudes regarding sexuality, relation of mechanism of traditional and control of sexuality⁹.

Sexually transmitted diseases are very important challenges in adolescence. Many national, international governmental, non-governmental agencies are running programmes to reduce the incidence of these diseases. And also unsafe abortion is not a significant contribute to maternal mortality causing 13% of maternal death in worldwide each year. The sexually transmitted diseases are high risk for ectopic pregnancy, low birth weight, still birth, an infant born infected with mothers STD. the awareness and knowledge aspects regarding the STD, HIV/AIDS are poor in adolescent girls. The problems are prevented through providing the sexual awareness among the adolescent girls¹⁰.

Sexual health is a state of physical emotional and social wellbeing in relation to sexuality. This is not merely the absence of disease, dysfunction or infirmity. The sex education is also called as sexuality education or sex and relationship education. It means to provide the information regarding the sexual activities and sexual problems. The sex education helps to develop the skills of adolescent girls; through the sex education we can provide the information regarding the sexually transmitted disease, unsafe abortion and their complications. Sexuality is much more than sex; it's our value, attitude, feelings, interactions and behaviour¹¹.

Sexual awareness regarding the reproductive health is to provide the awareness regarding the sexual activities, sexual problems and their preventive methods. Through the sexual awareness we can improve the knowledge of the adolescent girls. Understanding of the healthy sexuality can help to prevent the violence by addressing gender norms and inequalities promoting healthy relationship¹².

Through the sexual awareness we can provide the education regarding the reproductive health and sexual health, physical and psychological development during adolescence, interpersonal relationships between adolescence and parents, members of the opposite sex, peer groups, gender roles in respect of reproductive and sexual health issues, importance of socio cultural norms of sexual behaviour and healthy attitude towards the opposite sex, need for adolescent health services, adolescent pregnancy, and its consequences, unsafe abortion, adolescents myths and misconceptions, sexual abuse, STDs, HIV/AIDS, substance abuse and its relationship to other high risk behaviour. We are taking a proper measurement to prevent the STD and other problems in adolescent girls¹³.

Sexual harassment is often a subtle but very real form of sexual abuse. A research and resource center, Working women united institute, defines it as any form of unwanted attention of a sexual nature from someone in the workplace that creates discomfort or interferes with the victims job performance. It is a very common problem. One survey of 9,000 women reported a harassment rate of 88 percent. When 17,000 federal employees were questioned about sexual harassment, 42 percent of the women and 15 percent of the men said they had been victims of this abuse¹⁴.

Legally, harassment may be either verbal or physical. A person may be subjected to obscenities or made the target of sexual jokes. Some victims are expected to perform sexual acts for their superior or for customers.

If the person does not comply she may risk losing a promotion, receiving a demotion, receiving a decrease in pay, having her vacation preferences denied, getting fired or receiving poor references. Some people are too intimidated to reject unwanted advances, some try to ignore them, and some try to refuse politely. Those who cannot afford to risk losing their jobs, fear peers responses, or fear being labeled a troublemaker may acquiesce. The emotional harm to the victim can be serious. She may feel embarrassed, degraded, helpless, humiliated, angry, and even guilty stress related illness may even develop sexual harassment is a serious problem that is finally being brought out in to the open and being dealt with in the courts. Companies can be held liable for sexual harassment that occurs at the workplace. Large monetary payments have been awarded through the judicial system for victim of sexual harassment. A good initial strategy is for filling a complaint. A complaint may also be filed with the equal employment opportunity commission if actual or attempted rape has occurred criminal charges may be filed¹⁵.

Whatever sexual problems are the main reason for seeking the help of a psychiatric mental health nurse or whether such problems are discovered only in the course of therapy, pre marital, marital, and sexual counseling often fall within the scope of a nurses clinical practice¹⁶.

When couples marry they frequently experience a conflict in expectations about the right roles for men, women, husband, wife, parents, and children. These expectations have been absorbed unconsciously in the family of origin and determine how people feel and behave. The greater the discrepancy between the expectations of the parties, the less likely each is to have his needs met, and the more likely the anger, frustration and conflict between them will undermine their intimacy¹⁷.

NEED FOR THE STUDY

Reproductive health is the most important component of general health. In order to achieve and maintain a complete state of reproductive health, the knowledge regarding basic and crucial aspects of reproductive and sexual health is necessary¹⁸.

Globally nearly half of the new HIV cases occur in the younger people aged 15-29. Also a large percentage of new STD occurs in these age groups. The irony is that methods to empower these young people to reduce this vulnerability are well known. Although promoting the use of condom is of the visible strategies, importing sexuality & HIV related educated provision of health services & is a proven strategy for prevention of HIV AIDS¹⁹.

HCG has been measured in the plasma of lasting subjects at the moment of awaking 1-34 weeks after normal activity. Basal level of men and women were not different and were usually less than 1 mg/ml. A marked raise in the later specimens occurred in women, to mean level of 6.5 mg/ml. Administration of estrogen to men resulted in a reproduction of the normal female pattern of HCG increase after activity. It is also increased HCG secretion following estrogens administration has a mammographic action and that the higher level in normal women may play a physiologic role in the development and maintenance of breast²⁰.

Early identification of reproductive tract diseases, sexually transmitted diseases and its prevention by using safe sex practices which can have further determined the couple's sexual behaviour to a greater extent. It is estimated that 2.5% of world reproductive age population, relies on periodic abstinence to avoid pregnancy. Mainly adolescents do not understand the concept of textile period so in some cases accidental pregnancy occurs & in other delays in getting pregnancy²¹.

Greater indulgence in sexual relationships without proper protection among adolescent there is greater risk of sexually transmitted disease including HIV/AIDS. Adolescents account for large number percentage of reported cases of gonorrhoea, syphilis, genital herpes simplex and other venereal disease in the world. Every year one in 20 adolescent contracts STD'S globally. In India in 1997 of the 43 million reported cases of STD, majority of them acquired the disease during adolescence. Most of the injected drugs users are the youth who get HIV infection through it²².

Sexually transmitted disease are incoming a major public health problem in India. The extent of the syphilis can be gauged from the reports of surveys done in Aurangabad (Maharashtra) and Kerala which showed prevalence of 2.4 and 1.4 respectively (WHO, World Health reports, 1999), which are rather high figures. Chancroid or soft sore is reported to be widely prevalent in the southern states of India than in the northern states²³.

AIDS is caused by human of retrovirus, HIV – 1 and HIV – 2. Estimate at the national level are that about 3.7 million people were suffering from HIV infection at the end of 1999. Serosuveillance findings from the states showed 98, 451 persons positive for HIV by June 2000, a seropositivity rate of 26.88 per thousand (park 2000). The cumulative number of AIDS in the country has risen to 12,389 that include 2,632 Females to the maternal organ such as puncturing or hearing of the uterus²⁴.

Many individuals have their first experience with sexual intercourse during the adolescent years. Although studies indicate a verity of statistics related to incidence of adolescent coitus, three notable trends have become evident during the past two decades. According to sadock and sadock the trends are: More adolescent are engaging in premarital intercourse. The incidence of premarital intercourse for girls has increased. The average age at first intercourse is decreasing The American culture has ambivalent feeling towards adolescent sexuality. Psychosexual development is desired, but most parents want to avoid anything that may encourage teenage sex. The rise in number of cases of STDs, some of which are life threatening, also contributes to fears associated with unproduced sexual activity in all age groups²⁰.

A more liberal attitude towards homosexuality is beginning to emerge as churches re examine their traditional attitudes and psychologist offer new studies and opinions. Alfred Kinsey's studies in 1948 and 1953 demonstrated that millions of Americans had engaged in homosexual behaviour. His surveys showed that 50 percent of men and 28 percent of women had some homosexual experience during their lives. These studies made it very clear that a person's sexual preference is not fixed and that sexual orientation can be seen as a continuum²⁵.

AIDS- acquired immune deficiency syndrome was first recognizing in the gay community in 1980. AIDS is thought to be caused by a biological agent that is transmissible by a verity of routes, including sexual contact and intravenous injection. At time of this writing there appears to be a link between the human t cell leukemia virus and AIDS. Studies suggested that the disease affects the thymus gland and breaks down the body's immune system. The AIDS victim has a decreased ratio of helper to suppressor T lymphocytes. Helper T cells activate the immune response and suppressor T cell moderate or turn off the immune response¹².

Pregnant planning is not given much importance by many people. Unplanned pregnancies are those that occur when adolescents has not made a decision concert or when pregnancy occurs in spite of using contraceptive measures so million untended pregnancies occur worldwide each year. These pregnancies result in 42 million induced abortions and 34 million intended births²⁶.

Abortion refers to the termination of the pregnancy before the fetus becomes viable above 7% of the abortion end up in to the spontaneous abortion. Incidence of illegal abortion is not known because these are not reported. About 66% of total abortions in India are induced abortion. In India mortality due to abortion is estimated to be 7.8% per 1000 random abortion which is quite high in caparison to developed countries²⁹.

Unsafe abortion has been recognized as an importance public health problem in the world. It accounts for 14% of all maternal death in such sebarah African countries in Ethiopia 32% of all maternal death are accounted to unsafe abortion. An unsafe abortion is the termination of a pregnancy by people lacking the necessary skills or in an environment lacking minimal medical standards or both. Example unsafe abortion may refer to an extremely dangerous life threatening procedure that is self induced in unhygienic conditions, or it is significant cause of maternal mortality and morbidity in the world¹³.

The WHO published an estimate that in 2003 approximately 42 million people pregnancies is voluntary terminated of which 20 million were unsafe. According to WHO & gulf aches, approximately 68,000 women die annually as result of complication of 7 million people each year survive unsafe abortion but sustain long-term damage (incomplete abortion, sepsis, hemorrhage, injury to the internal organ such as puncturing or fearing of the uterus¹⁴.

WHO can sex education made in 1993 a survey 35 sex education projects conducted by the WHO should that sex education in school did not encourage young people to have sex at an earlier the survey should but early sex education delay the start of sexual activity reduces sexual activity among young peoples, encourages those already sexually to have safer sex¹⁵.

Adolescents are neglected not only in health but also in education. They generally do not have adequate knowledge about their growth and development and find it difficult to cope and adjust. The are not much informed therefore less confident about sex related facts and issues²¹.

'Prevention is better than cure' comprehensive sexuality education and success to contraceptive services can help young people protect this health and well being. So the research is interested to do research work in this topic to create awareness regarding sex education among nursing students²⁸.

Result: the overall pre-test mean knowledge score is 10.36 with standard deviation of 2.83 and post-test mean knowledge score is 29.92 with standard deviation of 2.47. Post-test mean knowledge score is higher than the pre-test and the obtained t value is 47.41 which also highly significant at 0.05 level.

There is significant association between knowledge score of post-test adolescent girls with selected demographic variables like age, residential area, type of family, religion, age at menarche, menstrual pattern, family income, and sources of information.

Because the obtained values (8.33, 8.38, 313.98, respectively) are higher than table value at 0.05 level of significance (3.18, 0.51, 1.51, 2.81, 4.28 respectively). Where as in case of pre-test adolescents girls there is significant association between knowledge score and demographic variables like age, residential area, type of family, religion, age at menarche, menstrual pattern, family income, and sources of information.

Because the obtained values (8.33, 8.38, 313.9 respectively) are higher than the table value at 0.05 level of significance (3.18, 0.51, 1.51, 2.81, and 4.28 respectively).

OBJECTIVES

Objective 1:- To assess the knowledge level regarding the reproductive health and (STD) sexually transmitted disease among adolescent girls. In pre-test

Results show that out of 50 samples (100%) had inadequate knowledge regarding reproductive health and sexual awareness in the pretest, (0%) of them have moderate and (0%) have adequate. The overall pretest mean was only 10.36

The similar finding is supported by study conducted by Jones G³⁰.

Objective 2:- To develop the knowledge level regarding the reproductive health and sexually transmitted disease among the adolescent girls

After validation from expert and with the supports/guidance from the guiders Planned Teaching Programme was prepared with adequate content. The A.V aids used were flash cards and flip chart. The planned Teaching Programme was conducted about 45 min.

The similar finding is supported by study conducted by Aryee AF and Gaisie SK³¹.

Objective 3:- To evaluate the effectiveness of planned teaching programme on reproductive health and sexual awareness in terms of knowledge by comparing pretest and posttest knowledge scores difference

Analysis results showed that the over all pre test mean is 10.36. and mean percentage of (34.53%) with standard deviation of 2.83 and post test mean is 29.92 & mean % of 99.87% was with standard deviation 2.47. So the knowledge score of adolescent girls regarding reproductive health and sexual awareness in selected higher secondary school had and enhancement of knowledge of observed by mean of 29.92 and standard deviation of 2.47.

Since the post test value is more than the pretest, the planned teaching programme was effective the comparison of pre and posttest knowledge of adolescent girls reveals that the overall improvement of mean was 29.92 with standard deviation. The obtained value of higher than the table value $t=47.41$. Which is highly significant at level than the table value so the research hypothesis (H1) is accepted. So it indicated the PTP was effective

The similar finding is supported by study conducted by Ceber E, Ersoy M A, Bilge A, Meraner G, Jucel U, Ersoy HT²¹.

Objective 4:- To find out the association between knowledge on reproductive health and sexual awareness among adolescent with selected demographic variables.

The analysis of association of selected demographic variable with posttest level of knowledge using chi-square test reveals that there was no significant association between posttest level of knowledge and selected demographic variables such as age in years, residential area, menstrual pattern, family income, source of information and religion, Since the obtained value is than the table value at 0.05 level of significant. But there was significant association relationship between posttest knowledge score of adolescent girls with that variables, because the obtain value is more than the table value at 0.05 level significant so the research hypothesis (H2) is accepted.

The similar finding is supported by study conducted by Ahlberg BM³³.

CONCLUSION

The study was taken to assess the effectiveness of planed teaching programme to provide the sexual awareness and promotion of reproductive health among adolescent girls in a selected higher secondary school at Bangalore in the present study 50 adolescent girls were selected using non-probability purposive sampling technique.

The research approach adopted in the present study is a pre-experimental approach with a view to measure the knowledge of adolescent girls and also to evaluate the effectiveness of planned teaching programme. A planned interview schedule was used to assess the knowledge of adolescent girls the data was interpreted by suitable appropriate statistical method.

This chapter deals with the following conclusion

- ♥ Majority of the adolescent girls belongs to 16 -17years and 17 -18years of age group.
- ♥ In relation to age at attain the puberty, majority of adolescent girls belongs to 13 – 14 years (68%), 15 – 16 years (16%), before 12 years (10%) and after 16 years(6%).
- ♥ In relation to education status all of them in secondary education.
- ♥ While we take the occupation of parents majority (56%) were non- professional worker with regard to the income majority had 5,000 – 8,000 and 10,000 -15,000.
- ♥ While considering the religion majority 96 % were belongs to Hindu 4 % were Christian.
- ♥ Regarding the type of family majority 46 % were belongs to nuclear family, 42 % were belongs to joint family, 12 % were belongs to extended family.
- ♥ When seeing the source of information majority 42 % got the information through communication and 40 % got through health care professionals and friends. 10 % got through visual media 8 % got through print media.
- ♥ Overall mean pre-test knowledge is 10.36 with standard deviation percentage of 2.83
- ♥ The aspect wise pre-test knowledge score was found to be area of knowledge regarding the reproductive health (5.48) followed by sexual awareness (1.84). the least mean percentage score was for sexual abuse and sexual assault (23.5%) in the post test, the samples have gained highest mean percentage score (13.72) in the area knowledge regarding reproductive health followed by (6.4) for sex education and sexual awareness ,knowledge regarding sexual disease (3.82) for all the areas under

the investigation there was an enhancement in the post test with the score of 13.72 for knowledge regarding reproductive health 6.4 for sex education and sexual awareness 3.82 for knowledge regarding sexual diseases and 3.02 for knowledge regarding sexual abuse and sexual assault

- ♥ A paired 'T ' test result indicate a statistically significant differences between the pre-test and post-test knowledge score regarding reproductive health and sexual awareness for all the knowledge aspects under investigation (0.05)
- ♥ A statistically significant association was observed between the demographic variables with post-test level of knowledge using chi-square test revealed that there was significant association with the variables such as type of family, age at menarche and source of information the χ^2 of 8.33 with 2df, χ^2 of 8.38 with 3df and χ^2 of 313.98 with 3 df respectively at 0.05 level of significance.
- ♥ There was no significant association between pre-test level of knowledge and selected demographic variables such as age in year, residential area, religion, menstrual pattern, family, income.

NURSING IMPLICATION

The result of the study proved that planned teaching programme to adolescent girls had a significant effect in improving their knowledge hence it becomes the responsibility of the health personal to create awareness about the consequence of reproductive health and sexual awareness through health education the finding of this study have scope in the following areas.

★ **NURSING EDUCATION**

- The present study emphasizes on enhancement regarding knowledge of reproductive health and sexual awareness. In order to achieve this the diploma and degree curriculum should include adolescent education on reproductive health and sexual awareness in the unit of community health nursing and obstetrical nursing
- Nursing schools, colleges and teachers should come forward and encourage the student to provide information on reproductive health and sexual awareness the help of audio visual aids.
- The community nurse can be given awareness about reproductive health and sexual at through group teaching.

★ **NURSING PRACTICE**

- Nurses are key person of a health team, who play a major role in the health profession and maintenance and it is a practicing profession so that the researcher generally integrate findings in to practice
- Nurses can conduct teaching session for adolescent girls may it will help in improvement of knowledge for both nurses and adolescent girls

★ **NURSING ADMINISTRATION**

- The study assess the nursing administrative authority to initiate and carry out health education programme in school health care setting
- Nursing leader should enhance nursing service through re enforcement of teaching
- Professional interaction between nurses and the public will help to improve professional standards and creates better image in the community
- Teaching programme can be given to rural people using various channels of communication regarding reproductive health and sexual awareness
- Nursing personal can after opportunity to create awareness among adolescent girls through health education

★ **NURSING RESEARCH**

- The study helps the investigation to develop insight regarding reproductive health and sexual awareness through planned teaching programme
- This study will serve as a valuable reference material for future investigations.
- Interior research studies can be conducted including all the three domains that is knowledge, attitude an practice.
- Mary Lucida adolescence and STD. The official journal of trained nurses association of India. Kerala branch 2006 October- December 49-50
- Park K Preventive and social medicine 20th edition Jabalpur [India] Banarsidas Bhanot publisher 2009
- Swanker K Community health nursing 2nd edition Indore N R brothers publisher 2007
- [http:// www.piere @ untpa org](http://www.piere@untpa.org) ice India UNFPA Guidelines on reproductive health front
- Santhya G K and jejeebhey 2003 sexual and reproductive health of adolescence girls Econ polet 4370-4376
- United nations universal deceleration of luwar rights [www on org/ rights/](http://www.on.org/rights/) HBT TODAY ACCASSED 60-63
- WWW India . com sex education why the India should go always
- [http://an.Wikipedia . org/ wiki/ natural family planning](http://an.Wikipedia.org/wiki/natural_family_planning) 2008
- United pregnancy, Available from UBL :[http:// an. Wikipedia or Roy s. Nandhini D. Development towards achieving health or reproductive health for all and millennium development goals: a critical appraisal for strengthening action programmes \(part-11\)Health and population –perspectives and Issues 2007: 30\(30;163g/Wiki/united pregnancy](http://an.Wikipedia.org/wiki/united_pregnancy) Access 2-10-2008.
- Sex education in India, [www.pub med.com](http://www.pub.med.com).
- Polit DF, Bark CT, Nursing research principles and method. New Delhi Wotters Kluever health India 2007.717-88
- Nemea Sharma KKN Evaluation of reproductive health care awareness among college girls of Jabalpur city Madhya Pradesh journal of health management 2007 115-130
- Reproductive health services for young engaged and newly married couples 2004 [URL:http: // 209](http://209)
- Baht N Mahajan P Sohni M Awareness regarding sex knowledge among adolescence girls 16-20 yrs Anthropologist journal 2004 101-103.
- Vinitha CT Singh S Rajendran AK Level of reproductive health awareness and factors affecting it in rural community of south Indian .Health and population –perspectives and issues.2007;30(1);24-44.
- Nema A Sharma KKN Evaluation Reproductive Health care awareness among college girls of Jabalpur City, Madhyapradesh, Journal of health management, 2007, 9(1):115-130
- Chen B Luyn, Wang H, MaQL, ZaoXM, GUOuo JH, et al, Sexual and reproductive health service needs of University /college students: updates from survey in shanghai,china.Asian Journal of Andrology.2008 July;10:607-615.
- Seekoe E.Reproductive health needs and the reproductive behaviour of the youth in manggaung in the free state province:a feasibility study curationes 2005 August :28 (3) :20-30
- Inandi T, TosumA ,Guraksin A , Reproductive health :knowledge and opinions of university students in Erzurum, Turkey, European Journal of Contraception and Reproductive health care, 2003 December 8(4):177-184
- Sinhababu, Mhapatra S, The level of awareness about the consequences of sex act among adolescent girls in Bankura,India, Journal Community (online) 2004-2007 September [cited 2007 November 19];29(3):113-116

- Ceber E , Ersoy M A , Bilge A , Meraner G, Jucel U, Ersoy HT, et al, Evaluating the efficacy of pre marital education given to the couples. Available from URL : <http://wfpha.confex.com/wfpha/2009/webprogramme/paperT036.html> accessdate 29/4/2009
- Tuladhar H, Marahatta R, Awareness and practice of family planning methods in women attending gynec OPD at Nepal Medical College Teaching Hospital, Nepal Medical College Journal, 2008 September; 10(3): 184-191
- Mbonile L Kayombo E, Assessing acceptability of parents /guardians of adolescents towards introduction of sex and reproductive health education in schools at kinondoni municipal in Dares salaam city. Journals of public health. 2008 April; 5(1): 26-31.
- Awusabo- Asare K, Matriliney and the new intestate succession laws of Ghana, Canadian journal of African studies, 1990, 24(1): 1-16
- Oduro AD, Reducing the Extent and Depth of Poverty in Ghana: Institute of Statistical Social and Economic Research (ISSER), University of Ghana, 2001.
- Ghana, Meeting the Challenges of Education in the Twenty-First Century, Report of the President's Committee on Review of Education Reforms in Ghana, Accra, Ghana: Adwinsa Publication, 2002.
- Antwi MK, Education, Society and Development in Ghana, Accra, Ghana: Unimax, 1992.
- Masmann V, The 'hidden curriculum' of a West African girls, boarding school, Canadian Journal of African Studies, 1975, 8(3): 479-494.
- Ampofo AA, When speak women listen: gender socialization and young adolescence' attitudes to sexual and Reproductive health issues, African Journal of reproductive Health, 2001, 5(3): 196-212.
- Jones G, Leaving Home, Buckingham, UK: Open University Press, 1995; and Coles B, Youth and Social Policy, London: UCL Press, 1995.