



# AWARENESS ABOUT REPRODUCTIVE HEALTH IN ADOLESCENTS AND YOUTH: A REVIEW

Khan M<sup>1</sup>, Maqbool M<sup>2\*</sup>, Mohammad M<sup>2</sup>, Adesina MA<sup>3</sup>, Fekadu G<sup>4</sup>

<sup>1</sup>Department of Pharmaceutical Sciences, University of Kashmir, Hazratbal Srinagar-190006, Jammu and Kashmir, India

<sup>2</sup>Mader-E-Meharban Institute of Nursing Sciences and Research, SKIMS, Soura, Jammu and Kashmir, India

<sup>3</sup>Slum and Rural Health Initiative, Nigeria

<sup>4</sup>Department of Pharmacy, Institute of Health Sciences, Wollega University, Nekemte, Ethiopia

## ABSTRACT

Reproductive health is a relatively new concept which recognizes that especially a young girl has special reproductive health needs before, during and beyond the child bearing age. It also lays emphasis on the fact that health (more importantly reproductive health) of the present generation has an everlasting effect on the overall health of the next generation and that both are of crucial importance for socio economic development. Reproductive health need of young people especially for young girls and women includes needs for reproductive health care, family planning, HIV/AIDS information, safer sex, unwanted pregnancy, early pregnancy, sexually transmitted diseases (STDs), safe abortion and safe motherhood. Recently a number of programs for school going adolescent in India have focused on information, education and communication with a limited focus on provision of clinical and counseling services on reproductive health. Educational programmes can increase awareness about reproductive health but this awareness may not always translate into appropriate help seeking behavior by adolescents. The limited knowledge about reproductive health issues make young girls vulnerable to various diseases and infections including HIV/AIDS/STDs, substance abuse, sexual violence and exploitation. In this paper, we would briefly focus on various aspects of reproductive health.

**Keywords:** Adolescence, Pregnancy, Child-bearing age, Marriage, Reproductive.

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### Correspondence:

**Mudasir Maqbool**

Department of Pharmaceutical Sciences, University of Kashmir, Hazratbal Srinagar-190006, Jammu and Kashmir, India.

**Phone:** +91-9797240145

**Email:** [bhatmudasir.scholar@kashmiruniversity.net](mailto:bhatmudasir.scholar@kashmiruniversity.net)

## INTRODUCTION

Reproductive health refers to mortality, morbidity and quality of life attributable to the reproductive system, process and events experienced by men and women at all ages. <sup>[1]</sup> As per World Health Organization (WHO) reproductive health can be explained as a "state of complete, physical, mental and social wellbeing and not merely the absence of reproductive disease or infirmity. Reproductive health 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 safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access of safe, effective, affordable and acceptable methods of fertility regulation of their choice and right of access to appropriate health care services that enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant". <sup>[2]</sup>

Reproductive health includes sexual health, a condition defined by the WHO as freedom from sexual diseases or disorders and a

quality to enjoy and tame sexual behavior without fear, shame, or guilt. <sup>[3]</sup> Like other human rights, the reproductive health of women is also related to multiple human rights viz. the right to life, the right to be torture free, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. <sup>[4]</sup> Thus reproductive health is an important constituent of general health and central feature of overall human development. The health during childhood and during adolescence and adulthood sets the base for health beyond the reproductive years for both women and men and impacts the health of the next progeny. <sup>[5]</sup> The health of the newborn infant is predominantly related as a function of the mother's reproductive health and of her access to reproductive health care. The concept of Reproductive health is of prime concern especially important for young girls and women particularly during the reproductive years.

Young people are distinct population group with particular needs and capacities. WHO categorizes adolescence as 10-19 years old, "Youth" as 15-24 years old and young people as 10-24 years old. <sup>[6] [7] [8]</sup>

Adolescence is a period of transition through which young people acquire not only new capacities for progress towards adulthood but it is also a time during which rapid physical growth, physiological and psychosocial changes, the development of secondary sexual characteristics and reproductive maturation.<sup>[8]</sup> Adolescence in girls has been considered as an important period which signifies the change from girlhood to womanhood and is termed as an important landmark of female puberty. Menarche is the first menstrual period occurs during the period of adolescence and it is a physiological and developmental phenomenon significant in the life of a female. It occurs between the ages of 10 to 16 years whereas in India, the average age being about 12 years.<sup>[9]</sup> The average age at menarche shows many socio-economic, environmental, nutritional and geographical variations in the societies.<sup>[9]</sup> It is an important aspect of the complex process of growing up and further it calls for specialized attention because of the problems that are associated with it.<sup>[10]</sup> During this period of growth, the maturing girls first experience menstruation with its related problems which are marked by feeling of anxiety and eagerness to know about this natural process.<sup>[11][12]</sup> Unfortunately, adolescents are deprived from receiving adequate education, guidance and services that would help them to make smooth transition to adulthood. Additionally, the conventional Indian society does not allow open discussion on sexual and reproductive health issues, leading to suppression of feelings which can lead to increased mental stress and seeking advice from quacks and persons who do not have sufficient knowledge on the issue of health.<sup>[11]</sup>

### Awareness on Reproductive Health

The word 'awareness' refers to knowledge that something exists or understanding of a situation or subject at the present time based on information or experience. The lives of younger generation of today differ dramatically from those of their predecessors. During earlier days, the change from childhood to adulthood happened abruptly because of early marriage and early childbearing. But in today's world, both boys and girls spend more years in school or colleges for attaining education and marry late. Compare to earlier generation, in the present generation puberty also starting earlier which in turn has lengthened the gap occurring between childhood and adulthood.<sup>[13]</sup> Young people are distinct population group with particular needs and capacities. Sexuality and reproductive health are the most sensitive issues associated with adolescence and youth. The limited knowledge about body functions, structures and their sexuality, make adolescents vulnerable to reproductive illness. Moreover, the traditional Indian society discourages open discussion on the reproductive health. Hence adolescence and youth is a period of increased risk taking and therefore susceptibility to problems at the time of puberty and new concerns about reproductive health. Majority of adolescents still do not have access to information and education on reproductive health issues. Reproductive health is a vital area of concern in adolescent health. However traditional Indian society regards talks on such topics as taboos and discourages open discussions on reproductive health. Therefore adolescents remain largely neglected, difficult to measure, and hard to reach population in which the needs of adolescent girls in particular are the most ignored. This vulnerable group unknowingly enters reproductive duties. The errors committed or omitted in those duties bring about health problems including pregnancy problems. Reasonable awareness alone can

bring about changes in their behavior and practices. Among adolescents, the girls are particularly vulnerable for unprotected sex and more susceptible biologically to STDs including HIV. Early childbearing compromises their long term economic potential.

In order to lead healthy, responsible and fulfilling lives and protect themselves from reproductive health problems, adolescent girls need to be well aware about them regarding various reproductive health issues because prevention is better than cure. The importance of educating adolescent girls about their reproductive health is gaining momentum in our country during the past several years. Reproductive health awareness is an important dimension to be integrated into existing sexual and reproductive health programs. Reproductive health awareness is an educational approach which is both relevant and sensitive to many communities' existing sexual and reproductive health needs and concerns. School approach has been found to be successful in several instances for any behaviour-oriented education, as health and education influence each other. School health education creates awareness among adolescent girls empowering them to take care of their own health as well as protect themselves from possible reproductive health hazards.

### Polycystic ovary syndrome (PCOS) in women of reproductive age

Polycystic ovarian syndrome (PCOS) is one of the most prevalent endocrine disorders in females of reproductive age. Globally, it has been found that PCOS affects 10% of reproductive-age women when using the NIH criteria for diagnosis, and up to 18% of reproductive-age women are diagnosed with PCOS as per the Rotterdam criteria. Mostly symptoms of PCOS include irregular menstrual cycles, signs of hyperandrogenism and insulin resistance.

Women with PCOS are at increased risk for developing reproductive, metabolic and cardiovascular disorders. Several contributing factors such as genetic, environmental factors, hormonal disturbances combine with other factors, including obesity, ovarian dysfunction and hypothalamic pituitary anomalies contribute to the etiology of PCOS. The clinical presentation of PCOS differs widely. Women with PCOS often seek curative treatment for menstrual disturbances, hyperandrogenism (clinical features), and infertility. Menstrual irregularities commonly observed in PCOS are oligomenorrhea, amenorrhea, and prolonged erratic menstrual bleeding.

Treatment of PCOS acts to reduce hyperinsulinemia, restore fertility, treat hirsutism or acne, and correct menstrual irregularity. A lifestyle program that addresses healthy diet with caloric restriction, exercise to aid in weight loss and prevention of future weight gain and behavior change support is the best first-line treatment for PCOS. Early detection of long-term morbidities through appropriate screening tests constitutes an essential part of the management of this condition. Future research has to focus on the missing blocks in our growing knowledge about this condition. Following those physicians will be able to provide the finest care for patients.<sup>[15][16][17]</sup>

### **Awareness on Menarche, Menstruation and Sexuality**

The adolescence in girls as mentioned earlier has been empathized as a turbulent period which signifies the change from girlhood to womanhood and termed as a landmark of female puberty. Menarche is the first menstrual period occurs during the period of adolescence and it is a physiological and developmental phenomenon significant in the life of a female. It occurs between the ages of 10 to 16 years with the average age in India being about 12 years.<sup>[9]</sup> It occurs earlier than it once did in many parts of the world. It is an important aspect of the complex process of growing up and further it calls for special attention because of problems associated with it.<sup>[10]</sup> During this phase of growth, the girls first experience menstruation and related problems which is marked by feeling of anxiety and eagerness to know about this natural phenomenon.<sup>[11]</sup><sup>[12]</sup> Adolescence is a period of growth and discovery wherein younger folk learn how to have relationships and build the relationship patterns that often carry into adulthood. During the course of this period, the younger folk may also experience sexual violence. Many young people lack accurate information about sexuality or sexual development.

Sexuality relates to the cohesion of values, attitudes, feelings, interactions, and behaviors. It is worth mentioning that some adolescents might get accurate and complete knowledge from school, their parents, and elsewhere, others might receive little information. In wake of absence of healthy, realistic information about sexuality, many adolescents take help from other sources of information such as their peers, the internet, and the media.<sup>[18]</sup><sup>[19]</sup> This may leave adolescents without any understanding of healthy relationships, mutual consent, boundaries, and how to engage safely in sexual behaviors. This causes difficulty to differentiate healthy from unhealthy behaviors. When young people are educated about sexual development, they understand the difference between the unhealthy and healthy behaviors and they are better able to support healthy attitudes and behaviors and create positive opportunities to learn from challenges.<sup>[18]</sup> Unfortunately, adolescents are deprived to receive adequate education, guidance and services that could help them to make smooth transition to adulthood. Additionally, the traditional Indian society discourages open discussion on sexual and reproductive health issues lead to repression of feelings which can cause intense mental stress and seek health advice from quacks and persons who do not have adequate knowledge on the subject.<sup>[11]</sup>

Unfortunately, due to lack of knowledge on menstruation preparedness and management or due to shyness and embarrassment the situation becomes worse for girls. Menstruation is a natural process but it is still a taboo in Indian society as it is considered unclean and dirty. Menstruation wastes are the wastes that are generated by a female in her reproductive years. These wastes are produced during menstruation commonly known as menses, periods, or monthly bleeding cycle. The menstrual cycle has three phases, that is, follicular phase (proliferative), ovulation phase, and luteal phase (secretory). Menstruation is regulated by hormones; in this process, endometrium, lining of uterus, gradually thickens and sheds off and causes bleeding that normally last for 3–5 days and occasionally up to 7 days. Menstruation sheds two-thirds of the endometrial lining. In addition to blood, menstrual fluid contains mucus and vaginal secretions. The menstrual flow

varies from female to female and may be more or less at the beginning of menses or may change throughout the cycle. The color of the menstrual fluid varies between red, bright red, and dark brown to black. Menstrual fluid may or may not have unpleasant odor especially when it comes in contact with air. Menstrual flow or duration also changes before menopause or during gynecological cancers. Under conditions of hormonal imbalance, fibroids, polyps, and endometriosis menstrual flow increase and excessive loss of blood through menstruation can lead to anemia. Women have developed their own personal strategies to handle this period of time. Globally, these strategies vary greatly due to the personal preferences, availability of resources, economic status, cultural traditions and beliefs, education status, and knowledge about menstruation. Practices related to menstruation hygiene are of major concern as it has a health impact; if neglected, it leads to toxic shock syndrome, reproductive tract infections (RTI), and other vaginal diseases. Poor genital hygiene negatively affects adolescents' health. Most girls are unaware and unprepared for menarche as they are not informed or ill-informed about menstruation.<sup>[20]</sup>

Menstrual hygiene management often remains as a low-priority component in any emergency/humanitarian crisis situation, as it is not considered life-threatening and women and girls face formidable challenges to manage their menstruation safely and comfortably and with dignity. There is a strong need for international consensus and improved guidance across all relevant sectors for improving Menstrual hygiene management (MHM) response in emergency context. Good menstrual hygiene triggers health, confidence, and self-esteem of women and is linked to gender equality and basic human rights. Concerns are manifold and calls for concerted multi-sectoral inputs and interventions to break the social taboos, myths, and misconception; support innovative sustainable solutions to manufacture and distribute low-cost, yet high-quality sanitary pads; and address the burgeoning problem of disposing menstrual waste in an environmentally safe manner. Ensuring menstrual hygiene for girls and women should be at the top of developmental agenda which calls for urgent and intensive action from all relevant stakeholders to change the scenario of menstrual hygiene in India.<sup>[21]</sup>

### **Awareness on Marriage, Pregnancy and Family Planning**

A growing body of research on reproductive health suggests that both unmarried and married young women while in different ways are vulnerable to adverse sexual and reproductive health outcomes because of risky practices adopted prior to and within marriage. Marriage at a young age, often in the absence of physical and emotional maturity, weakens the ability of young girls and women to make informed decisions about their lives.<sup>[22]</sup> Adolescent pregnancy, which is detrimental to the health of mother and child, is a common public health problem worldwide. It is one of the key issues concerning reproductive health of women not only in developing countries but also in developed countries. There is growing awareness that early child bearing has multiple consequences in terms of maternal health, child health and over all well-being of the society. In recent decades, adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing. Most teenage marriages lead to the teenage motherhood. The latest international estimates

indicate that worldwide >60 million women aged 20-24 years were married before the age of 18 years and about 16 million women 15-19 years old give birth each year, representing 11.0% of all births worldwide. Ironically, half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States. Adolescent pregnancy is on the rise, emerging as a serious problem all over the world and more so in developing countries like India where early marriages and early pregnancies are long established and well-accepted customs. Teenage pregnancy is dangerous for the mother, child and the community. Although teens aged 10-19 years account for 11.0% of all births worldwide, they account for 23.0% of the overall burden of disease due to pregnancy and childbirth. Medical complications such as preterm labor, pregnancy-induced hypertension, anemia and low birth weight babies are strongly associated with adolescent pregnancy. While there is growing recognition of the need for action to promote adolescent reproductive health, work done in this regard is often piecemeal. <sup>[23]</sup>

Family planning is hailed as one of the great public health achievements of the last century, and worldwide acceptance has risen to three-fifths of exposed couples. In many countries, however, uptake of modern contraception is constrained by limited access and weak service delivery, and the burden of unintended pregnancy is still large. Family planning is documented to prevent mother-child transmission of human immunodeficiency virus, contribute to birth spacing, lower infant mortality risk, and reduce the number of abortions, especially unsafe ones. It is also shown to significantly lower maternal mortality and maternal morbidity associated with unintended pregnancy. Still, a new generation of research is needed to investigate the modest correlation between unintended pregnancy and contraceptive use rates to derive the full health benefits of a proven and cost-effective reproductive technology. <sup>[24]</sup>

A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe. <sup>[1]</sup> <sup>[2]</sup> Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.<sup>3</sup> A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. <sup>[25]</sup> The success of India's family planning programme is shouldered by researchers, policymakers, service providers and users, who will need to do their part to ensure equitable access to quality family planning services. The praxis of family planning is simple and the availability of a basket of contraceptive choices can play a crucial role in stabilizing population growth. An effective and successful family planning programme requires a shared vision among key stakeholders, which include the government, civil society organizations and private providers. These stakeholders should ensure that the sexual and reproductive needs of youth and adolescents in the country are fulfilled. In addition, greater male participation as active partners

and responsibility bearers can certainly ensure increased use of contraception. The time to act is now. And this should begin with a concerted effort from everyone to empower women, expand family planning choices and strive for greater gender equality so that every individual can lead a dignified life. <sup>[26]</sup>

### Awareness on HIV/AIDS/STDs

Infection with HIV and thereby development of acquired immunodeficiency syndrome (AIDS) poses a significant challenge to modern medicine and humanity. According to UNAIDS, currently there are 33.2 million adults and children living with HIV/AIDS. <sup>[27]</sup> The younger folks are highly vulnerable to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). The health of adolescent girls has a huge intergenerational impact. Among various risk factors and situations for younger generation contracting HIV virus are adolescent sex workers, child trafficking, child labor, migrant population, childhood sexual abuse, coercive sex with an older person and biologic (immature reproductive tract) and also psychological vulnerability. <sup>[28]</sup>

### CONCLUSION

Young people (10 – 24 Years) are a great potential resource for the future, with fresh energy, ideas and hopes. They are resilient, energetic, and eager to learn. To reach this potential, they need to acquire skills and knowledge. Reproductive health of young adults includes understanding and coping with reproductive health risks and consequences. Young age is a crucial make or break age for girls around the world. What a girl experiences during her teenage years paves way for the direction of her life and that of her family. In many countries, the mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability to leaving school, child marriage, early pregnancy, HIV, sexual exploitation, coercion and violence. Adolescent girls are having a lesser access to sexual and reproductive health care, including modern contraception and skilled assistance during pregnancy and childbirth. It is predicted that girls >15 years are at greater risk of dying in childbirth than women in their 20s continued. Hence spreading awareness about the reproductive health could help in the better development of the nation.

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### CONFLICT OF INTEREST

The author declares that they have no competing interests.

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