

ROLE OF EDUCATION IN SHAPING ADOLESCENTS' AWARENESS AND ATTITUDE TOWARDS REPRODUCTIVE HEALTH

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Abstract

It is at the stage of transition known as adolescence that a person's ability to have children is determined. This is a very important time in a person's life. teens are in a stage of development where they are susceptible to substantial health hazards as a result of activities such as sexual experimentation and a lack of awareness on reproductive health. During this time, teens are more sensitive to these dangers. It is fundamental for youngsters to approach logical data on reproductive health to make a healthy mentality towards issues relating to reproductive health. This exploration was done fully intent on finding the examples of correspondence that exist about worries connected to reproductive health and revealing the perspectives of young adult school students in regards to reproductive health education. The research was conducted using a cross-sectional method, and it involved the participation of a total of 500 teenagers from the city of Solapur who were now studying at upper secondary schools. A survey that was both pre-tryed and self-managed was utilized as a component of the method involved with gaining the vital information for the review. The consequences of this study demonstrated that the reactions of the understudies showed a good mentality towards Reproductive Health Education. The overwhelming of students, which was found to be 84.8% of those questioned, advocated for the inclusion of Reproductive Health Education within the curricula of schools. For 47% of the polls, the students'

top choice for how they would want to have reproductive health education delivered was to listen to a lecture given by an expert in the field. chatting with medical experts or other health workers was preferred by the majority of students (52.4%), followed by their classmates (35.6%). This preference for chatting with medical professionals or health workers was shared by their peers. The results of our study indicate that it is extremely important for schools to incorporate lessons into their curricula that are connected to reproductive health. This is necessary in order to guarantee that young people have access to reliable scientific information regarding their own health.

Keyword -: *Role of Education, Adolescents, Awareness, Reproductive Health.*

1. INTRODUCTION

For both sexes, "reproductive health" encompasses the range of issues that can arise at any time in relation to the reproductive system, the reproductive process, and reproductive events that can occur at any age. The likelihood of having children and the likelihood of already having children are both included in this category. According to the World Health Organisation (WHO), reproductive health may be understood as a "state of complete, physical, mental, and social wellbeing." Being free from any kind of reproductive illness or disability is only half of what is meant by the phrase "reproductive health." The reproductive system, its functions, and the processes involved in reproduction are the focus of reproductive health at every stage of a person's life. Thusly, reproductive health expects that individuals can have a sexual life that is mindful, pleasurable, and safe; that they have the capacity to imitate; and that they have the opportunity to pick if, when, and how often they will recreate. This last condition makes it understood that all kinds of people reserve the option to be educated about and approach protected, powerful, reasonable, and OK strategies for fruitfulness guideline of their decision. Furthermore, all kinds of people reserve the privilege to get to proper health care benefits that empower ladies to go through pregnancy and labor in a protected way and give couples the most obvious opportunity conceivable of having a healthy baby.

Sexual health is a state depicted by the World Health Association (WHO) as freedom from sexual sicknesses or problems and the quality to appreciate and control sexual way of behaving unafraid, disgrace, or responsibility. Reproductive health envelops sexual health. The reproductive health of ladies is associated with various other basic freedoms, including the right to life, the right not to be exposed to torment, the right to health, the right to protection, the right to education, and the restriction against separation. Thusly, reproductive health is a fundamental part of by and large health and a major part of the overall movement of humanity. The condition of one's health during early stages, as well as during youthfulness and adulthood, lays out the establishment for one's health past the reproductive years, for all kinds of people, and affects the condition of the health of ensuing ages. The mother's reproductive health and the accessibility of reproductive health care for the mother are central point that impact the health of the infant. The idea of maintaining good reproductive health is of the utmost importance, and it is of particular significance for young women and girls, in particular throughout the reproductive years.

Young people constitute a separate population group that have a unique set of requirements and abilities. As indicated by the World Health Association (What adolescence's identity is), characterized as the years 10-19, "Youth" as the years 15-24, and "Youngsters" as the years 10-24. Immaturity is a time of change during which youngsters not just procure new capacities for progress towards adulthood, yet it is likewise a period during which quick actual development, physiological and psychosocial changes, the improvement of optional sexual qualities, and reproductive development occur. Youth is a period wherein youngsters procure both new capacities with respect to advance towards adulthood as well as new capacities with regards to advance towards adulthood. In females, the adolescent years are seen as a significant time period since they signal the transition from being a girl to becoming a woman. Adolescence is also referred to as a significant milestone of the female puberty process. Menarche is a physiological and developmental process that is crucial in the life of a female. It is characterised by the onset of a woman's first menstrual cycle, which typically takes place during the adolescent years. In the US, individuals are impacted between the ages of 10 and 16 years, yet in India, the typical age is around 12 years. The typical age at which young ladies arrive at menarche uncovers a lot of financial,

ecological, healthful, and geological variety across the civilizations. It is a significant part of the intricate process of maturing into an adult, and because of the difficulties that are commonly connected with it, it requires the attention of trained professionals. In this stage of development, developing girls go through menstruation for the first time, along with all of the associated problems. These issues are characterised by a feeling of worry and an enthusiasm to learn more about this natural process. Unfortunately, teenagers do not get the appropriate level of education, supervision, or resources that would assist them in making a seamless transition into adulthood. Additionally, conventional Indian culture does not permit free conversation on topics related to sexual and reproductive health, which leads to the repression of feelings, which can lead to greater mental stress and the seeking of counsel from quacks and other individuals who do not have appropriate understanding on the subject of health.

1.1. Sexual and Reproductive Health Education

The idea of 'cognizance' can connect with either the information that something exists or the understanding of a circumstance or issue right now founded on data or experience. The more youthful age of today has a totally different sort of life contrasted with the more seasoned age that preceded them. The unexpected change from outset to adulthood that happened in days gone by is said to have been brought about by the far and wide act of early marriage and labor. In any case, in the present culture, all kinds of people put off marriage for longer timeframes to procure higher degrees and spend more years in everyday schedule. In contrast with past ages, individuals of the ongoing age start entering pubescence at a more youthful age, which thusly has expanded the age hole that exists among youth and adulthood. Youngsters comprise a different populace bunch that have an extraordinary arrangement of necessities and capacities. The most delicate concerns about adolescents and young adults are those pertaining to their sexuality and reproductive health. Teenagers are more likely to contract reproductive illnesses due to their lack of awareness regarding the functioning and architecture of their bodies, as well as their sexuality. Also, the customary culture of India deters having open discussions about sexual and reproductive health. Subsequently, immaturity and youth are a period of elevated risk taking and, thus, a time of more noteworthy weakness to issues at the hour of pubescence and new concerns in regards to

reproductive health. It is as yet the situation that by far most of young people don't approach data and education on issues relating to their reproductive health. When it comes to adolescents' health, reproductive health is one of the most important areas of concern. Traditional Indian society, on the other hand, considers conversations on such subjects to be taboo and actively discourages open conversations about reproductive health. Thus, young people keep on being a segment that is by and large neglected, one that is trying to evaluate and hard to speak with, and one in which the necessities of juvenile young ladies specifically are the most ignored. This weak gathering enters reproductive obligations without their insight. Health issues, especially troubles in pregnancy, could emerge because of errors or exclusions made while playing out their obligations. Changes in their behaviour and practises can be brought about simply by increasing their level of reasonable awareness. Girls are more at risk for unprotected sexual activity and are naturally more susceptible to sexually transmitted diseases like HIV than boys are at this age. They are limiting their long-term economic potential by having children at a younger age.

Because it is easier to avoid health problems than it is to treat them, it is important for adolescent girls to have a strong understanding of the many aspects of reproductive health. This will allow them to live lives that are healthy, responsible, and meaningful, as well as protect them from developing reproductive health concerns. Lately, there has been a developing awareness across the US in regards to the need of showing high school females the benefit of keeping up with great reproductive health. The advancement of reproductive health information is a fundamental part that ought to be integrated into currently settled sexual and reproductive health programs. An educational technique that is both important and delicate to the ongoing sexual and reproductive health needs and worries of different gatherings is one that advances reproductive health awareness. Due to the interconnected idea of health and education, the school technique has been exhibited to be compelling in various settings with the end goal of conduct situated education. Adolescent girls get the knowledge and awareness they need to take responsibility for their own health and to protect themselves from potential threats to their reproductive health via the health education they receive in schools.

2. LITERATURE REVIEW

Svanemyr, J, et. al. (2015). This article provides a conceptual framework for the production of enabling settings for adolescent sexual and reproductive health (ASRH) and highlights the major features that should be included in those environments. Additionally, the article includes a conceptual framework for the creation of enabling settings for adolescent sexual and reproductive health. An ecological framework is employed for the goal of arranging the main components of ASRH-friendly environments in order to better serve their intended function. At the individual level, the strategies that are now being adopted and appear to have promising effects are the ones that empower girls, strengthen their unique assets, and create safe locations. On the level of relationships, a number of different projects are now being implemented, and they appear to have some promise. Attempts to increase parental support and communication are included in these strategies, as are efforts to strengthen peer support networks. At the community level, there are attempts being made to study strategies that incorporate men and boys in addition to the wider community in the process of transforming gender and other social norms. These drives could have some potential. To wrap things up, at the most crucial degree of society, endeavors ought to be investigated to propel regulations and approaches that protect and elevate common freedoms and to address public awareness about issues connecting with ASRH, especially through the utilization of drives including the media. This should not be viewed as the least important aspect of society; rather, it should be regarded as one of the most important aspects of society.

Haberland, N., et. al. (2015). Comprehensive sexuality education, often known as CSE, is a form of education that teaches adolescents and young people about all aspects of sexuality. This message has been emphasized endlessly time again by the Global Gathering on Populace and Advancement and going with goals. This education needs to be provided at no cost to the student. Drawing from the aforementioned articles, reviews and meta-analysis of programme assessment, as well as scenario analyses, this page presents an overview of the components, efficacy, quality, and coverage of CSE at the country-level. Throughout the entirety of the study, the subject of tackling CSE from a gender and rights perspective is brought up on several occasions. It presents the strategy and proof based reasonings for focusing on orientation, power, and freedoms inside

different undertakings, and it does as such in a way that is effectively open. In addition to this, it mentions a current trend that is moving in this direction and references a study that discovered that such a strategy has a larger possibility of lowering the incidence of sexually transmitted illnesses and unwanted pregnancies. It examines the thinking behind a "strengthening way to deal with CSE," which means to empower youngsters, especially young ladies and other youngsters who are underestimated, to consider themselves as well as other people to be equivalent individuals in their connections, equipped for safeguarding their own health, and as people who are fit for connecting as dynamic members in the public eye. In particular, it looks to enable youngsters to consider themselves to be equivalent individuals in their associations with their soul mates. The goal of this strategy is to encourage young people to view themselves and the others with whom they interact as equal members of their relationships, as well as individuals who are able to take responsibility for their own health and participate actively in society.

Kar, et. al. (2015). A significant period in a person's growth is referred to as their "adolescence," which originates from the Latin word "adolescere," which means "to grow up." Not just in a psychological sense, but also in a biological one, adolescence is a time of enormous change. This is true on both fronts. During this time period, a person's biological, psychological, and social development happens, including the maturity of sexuality, which is a key component of a person's overall development. When a person is in their adolescent years, their sexuality begins to impact all aspects of their thinking, including their views and the answers they provide. The commencement of puberty is a key turning point in a person's path towards full sexual maturity and often occurs around the adolescent years. This change in a person's body signals the beginning of this journey. Teenagers are subjected to a huge amount of stress as a result of the many developmental shifts that take place during this time in their lives, which may have adverse consequences not just on their mental health but also on their bodies. The investigation of adolescent sexuality has significant implications for the fields of education, therapy, the law, and society, in addition to those having to do with culture and culture.

Lindberg, et. al. (2020). The public health catastrophe caused by COVID-19 is having immediate and profound effects on the manner in which people all around the world live their lives. When

compared to persons of other ages, adolescents and young adults (AYA) in the United States who are between the ages of 12 and 24 had a much-reduced risk of becoming hospitalised as a result of COVID-19 and a substantially lower risk of passing away as a result of the illness. Notwithstanding, because of the sickness, it is conceivable that different parts of their physical, mental, and social health would be affected in a bad way. These parts, like sexual action, individual connections, the utilization of contraceptives, and the arrangement of fetus removal administrations are incorporated under the umbrella term of sexual and reproductive health, or SRH. The current pestilence will have extreme and enduring repercussions on youngsters, as shown by proof from the sexual and reproductive health results of past significant disturbances in the US, for example, catastrophic events 1 and the downturn of 2008. This evidence demonstrates that the current epidemic will have an impact on young people. The ongoing epidemic will affect AYA in ways that are unique to both their developmental stages and the conditions of their cohorts. These ways will be experienced in a variety of ways. 3 In this point of view, we explore the potential immediate and longer-term implications of the COVID19 pandemic on the sexual and reproductive health (SRH) needs and behaviours of AYA, and we give empirical evidence of COVID19 repercussions wherever it is available. In addition, we present this viewpoint as an alternative perspective.

Levy, et. al. (2020). This precise audit examinations the proof from thoroughly assessed programs that look to change the gendered accepted practices that are averse to the health and prosperity of kids, adolescents, and youthful grown-ups with regards to the Manageable Advancement Objectives and the moving worldwide weight of infection. These projects mean to work on the health and prosperity of kids, adolescents, and youthful grown-ups. This study has three primary objectives: first, to describe the scene of orientation extraordinary drives that look to influence health-related results; second, to recognize the cycles through which successful projects capability; and third, to feature where potential holes might exist in the execution and appraisal of these projects. We led an inside and out examination of thorough appraisals of projects that planned to advance the health and prosperity of individuals matured 0 to 24 by lessening orientation imbalance and changing prohibitive orientation standards. These assessments were distributed

between January 1, 2000 and November 1, 2018 and were accessible on the web. Regardless of where in the globe they were done or what part of health they focused on, we included completely surveyed health programs that fulfill the necessities set out by the Interagency Orientation Working Gathering for the idea of orientation groundbreaking programming. 61 assessments out of 59 projects were considered reasonable for evaluation out of the 22 993 articles that were found because of our pursuit. Most of the health markers that were estimated were associated with reproductive health (22 [50%]), savagery (30 [55%]), or HIV (12 [50%]). Most of the projects were focused in sub-Saharan Africa (27[38%]), south Asia (25 [61%]), and North America 33 [44%]). Most of the time, the accentuation of the projects was put on improving the singular force of the beneficiaries instead of endeavoring to address more foundational types of disparity. Notwithstanding, only ten (12%) of the appraisals tracked down proof of, or potential for, more extensive standard change. This is in spite of the way that 32 (61%) of the assessments identified critical expansions in health-related and orientation related factors. These 10 undertakings teamed up with areas other than health, drew in numerous partners, used different strategies, and supported basic awareness and association among individuals of the local area that was affected.

3. RESEARCH METHODOLOGY

The participants of this cross-sectional survey were asked to be high school students living in the city of Solapur, which is situated in the Indian state of Maharashtra. The city of Solapur is home to a number of prestigious educational institutions. Following the categorization of the educational institutions that offered programmes in all three areas of study (arts, business, and science), a straightforward random selection procedure was used to choose one of the educational institutions. The institution that was chosen was one of the educational institutions. Before beginning the study, authorization to do so was obtained from the school's principal in the form of a written document. This was done before the study ever got started. The information was obtained by use of a questionnaire that underwent both preliminary testing and self-administration on the part of the respondents. When we estimated the largest possible sample size, we started with the assumption that the percentage was fifty percent, we used a confidence interval of ninety-five percent, and we allowed ourselves a margin of error of five percent. All of these factors were taken into

consideration. Conversely, the ongoing request incorporated a sum of 500 understudies, regardless of the way that the general example size was viewed as 384. The general example size was chosen to be 384. Understudies from one class in every one of the three principal scholarly ways (expressions, business, and science) partook in the review. These understudies were in the eleventh and twelfth standard levels.

4. DATA ANALYSIS

There was a sum of 500 students, with 211 (or 42.2%) being female and 289 (or 57.8%) being male. Most of the students, or 88.4 percent, fell inside the age section of 16 to 18 years of age. The typical age of the understudy body was 16.93 years.

4.1. Students' Opinions on Large Families, Sexual Activity Before Marriage, and Mandatory Birth Control

As per Table 1, 57.2% of understudies showed that they enjoyed having one youngster as the ideal family size, while 42.6% demonstrated that they favored having two kids, and simply 0.4% showed that they favored having multiple youngsters. Just 6.6% of understudies were on the side of having sexual relations before marriage, while 7.6% of understudies had an unbiased view towards the point. Most of understudies (85.6%) were against having sexual relations before marriage. 84.2% of understudies said that family arranging ought to be made obligatory, while 6.8% of understudies were against the thought, and 9% of understudies were uncertain the way in which they had an outlook on the issue.

4.2. Perspectives on Sexual and Reproductive Health Education Among College Students

The vast more than half of the class, 84.8 percent, supported include reproductive health education in the curriculum, while just a minority of students, 5.8 percent, opposed the idea. 61% of students stated that RHE should be introduced during the higher secondary level of schooling, whereas 22.8% of students suggested that RHE should be introduced during the secondary level of schooling, and just 22% of students recommended that RHE should be introduced during the elementary level of schooling (Table 2).

Table 1: Students' views on family size, sexual activity before marriage, and government-mandated family planning programmes

| S. No | Questions | Response | | | | | |
|-------|--|--------------|-------|-------------|-------|--------------|------|
| | | Girls(n=211) | | Boys(n=289) | | Total(n=500) | |
| | | No. | % | No. | % | No. | % |
| 1. | Ideal Family Size | | | | | | |
| | One Child | 114 | 54.03 | 172 | 59.52 | 286 | 57.2 |
| | Two Children | 97 | 45.97 | 115 | 39.79 | 112 | 42.4 |
| | More than two children | 0 | 0 | 2 | 0.69 | 2 | 0.4 |
| 2. | It is proper to have premarital sex? | | | | | | |
| | Yes | 3 | 1.42 | 30 | 10.38 | 33 | 6.6 |
| | No | 191 | 90.52 | 228 | 82.35 | 429 | 85.8 |
| | Don't Know | 17 | 8.06 | 21 | 7.27 | 38 | 7.6 |
| 3. | Should family planning be made compulsory? | | | | | | |
| | Yes | 172 | 81.52 | 249 | 86.16 | 421 | 84.2 |
| | No | 15 | 7.11 | 19 | 6.57 | 34 | 6.8 |
| | Don't Know | 24 | 11.37 | 21 | 7.27 | 45 | 9 |

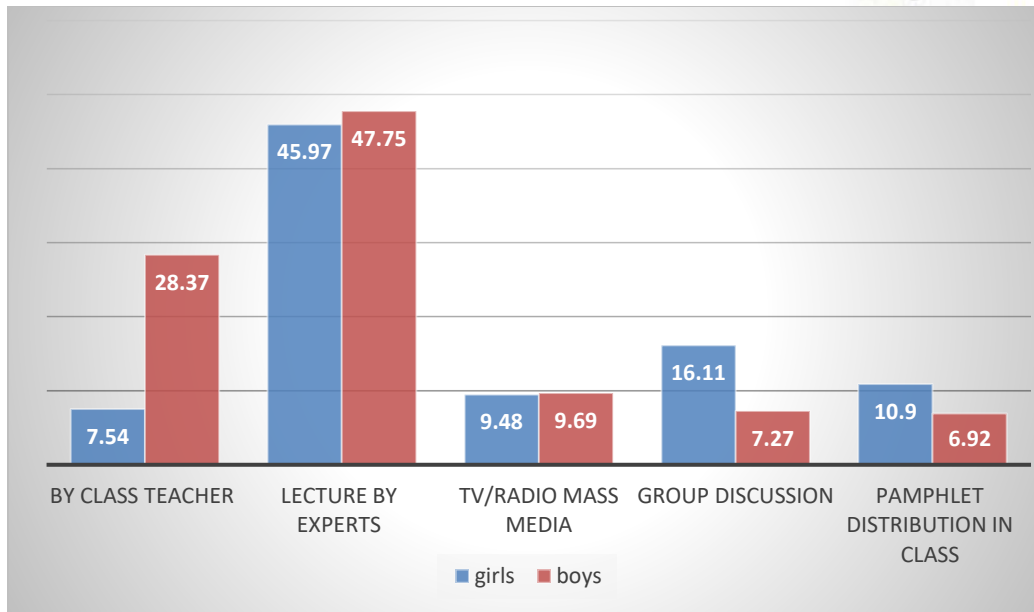


Figure 1: Planned Approach to Influencing Pregnancy Education

Table 2: Students' perspectives on the importance of learning about reproductive health

| S. No | Questions | Response | | | | | | |
|-------|--|--------------|-----|-------------|-----|--------------|-----|------|
| | | Girls(n=211) | | Boys(n=289) | | Total(n=500) | | |
| | | No. | % | No. | % | No. | % | |
| 1 | Do you recommend RHE in curriculum? | Yes | 165 | 78.2 | 259 | 89.62 | 414 | 84.8 |
| | | No | 17 | 8.06 | 12 | 4.15 | 29 | 5.8 |
| | | Don't Know | 29 | 13.74 | 18 | 6.23 | 47 | 9.4 |
| 2 | At what stage of schooling RHE should be introduced? | Primary | 1 | 0.47 | 10 | 3.46 | 11 | 2.2 |
| | | Secondary | 38 | 18.0 | 76 | 26.20 | 114 | 22.8 |
| | | | | | | | | |

| | | | | | | | |
|--|------------------|-----|-------|-----|-------|-----|----|
| | Higher Secondary | 126 | 59.71 | 179 | 61.84 | 305 | 61 |
| | Don't Know | 46 | 21.8 | 24 | 8.30 | 70 | 14 |

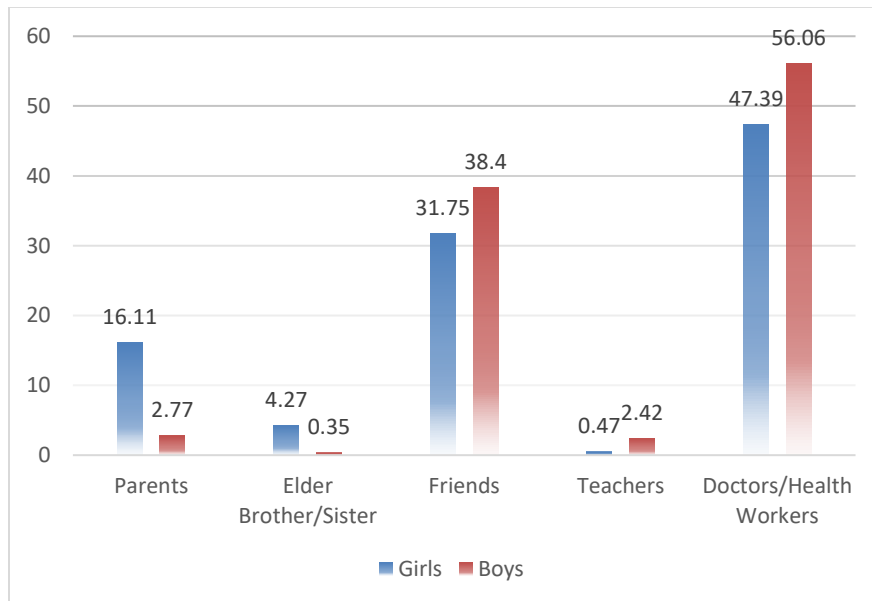


Figure 2: Trends in reproductive health-related communication.

5. DISCUSSION

The current study found that students had a favourable attitude towards the adoption of the small family standard, as practically all of the students (99.6%) were in support of the small family norm. The vast majority of adolescents who participated in other research (4,5,6) said that they favoured having a small family size. Understudies had a healthy mentality towards early sex as most of them were of the assessment that it isn't suitable to have early sex and were likewise of the assessment that family arranging ought to be made mandatory. This shows that understudies had a healthy demeanor towards early sex. As per the discoveries of the review directed by Verma et al7, respondents had a negative assessment towards early sex, with only 6.8% of respondents having confidence in the training, while 5.5% trusted in something different.

According to the findings of this research, students had a positive attitude towards RHE, with the vast majority of them recommending that RHE be included in the curriculum. Other studies^{7,8,9} made observations that were quite similar, demonstrating that there is a need for RHE in the curriculum of schools. 61% of students surveyed provided feedback suggesting that RHE be taught at higher secondary schools. Notwithstanding, considering that the hour of pre-adulthood starts at the level of the auxiliary school, presenting RHE at the level of the optional school will be more proper.

This indicates that students prefer a scientific approach to Reproductive Health. The fact that having an expert lecture was the most preferred technique of effecting RHE for both boys and girls is suggestive of this preference. According to the findings of a study conducted by Bhasin et al.¹⁰, respondents felt that school teachers and medical professionals were most suited to provide sexual education. Specifically, 69.4% and 63.6% of respondents felt that these two professions were the most appropriate.

According to the findings of this survey, the majority of students (52.4%), when asked about reproductive health concerns, said that they felt most comfortable talking to their doctors or other health workers, followed by their friends. Sonia Singh¹¹ observed that companions were the significant wellspring of meeting (correspondence) for actual issues associated with reproductive health in her exploration. She found that this was the case 57% of the time. Therefore, close friends are a good resource for delivering scientific knowledge on reproductive health and can perform the role of peer educator.

6. CONCLUSION

Students have a healthy and positive attitude towards reproductive health concerns such as optimal family size, premarital sex, and family planning, according to the findings of our research. This is a very encouraging conclusion. Additionally, students have a healthy and positive attitude towards topics pertaining to sexual health. This is a beautiful way to end on an encouraging and optimistic note. In the paragraphs that follow, we will go over each of these issues in further detail and analyse their repercussions. The great majority of students have voiced their support for the introduction

of Reproductive Health Education (RHE) into the curricula of their various schools, and around half of the students have indicated that listening to lectures presented by experts is their favourite method of acquiring RHE. The acronym "RHE" stands for "Reproductive Health Education." When asked how they would handle challenges relating to their reproductive health, the overwhelming majority of the students said that they would first seek the advice of a physician or another licenced health expert rather than turning to the guidance of their fellow students. This comment was provided in response to the question, "How would you handle issues relating to your reproductive health?" It is critical to ensure that young people can get their hands on accurate and up-to-date scientific information on their reproductive health. This may be accomplished by including information on reproductive health in the usual academic curriculum as well as by adopting appropriate communication strategies such as training by peers and lectures presented by industry professionals. Additionally, this can be done by integrating information on reproductive health in the regular academic curriculum. In addition to this, this may be achieved by incorporating instruction on reproductive health into the standard curriculum that is followed in schools. It is critical to ensure that young people can get their hands on accurate and up-to-date scientific information on their reproductive health.

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Author's Declaration

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