



An Overview Review of Understanding the Need for Adolescents Sexual and Reproductive Health Interventions

Original scientific paper

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Abstract

Adolescents are the most vulnerable group, who are denied to access information and guidance related to sexual and reproductive health needs because of the social taboos that lead them to encumbrances. This review study helps to understand the different perspectives of sexual and reproductive health based on cultural, sociological, physiological, and economical aspects. The paper explains sexuality from the theoretical perspectives. Adolescence is the transitional stage where physiological, biological, and psychological changes occur; at the same time proper knowledge about sexual and reproductive health should be provided with importance of sexual and reproductive health interventions. It intricates the availability and effectiveness of adolescent sexual and reproductive health (ASRH). The methodology is a systematic review with PRISMA guidelines sourced from various databases of PubMed databases, Research Gate, Science Direct, BMC Public Health, Web of Science, SAGE, Scopus, WHO library, and other websites relevant to this study. The recent literature highlighted the importance of sexual and reproductive health interventions among adolescents. The study has concluded with the findings impact of Adolescent Sexual and Reproductive Health (ASRH) intervention programmes and to develop an increase in effective ASRH programmes, which will help the adolescents to know the importance of sexual hygiene and reproductive hygiene.

Keywords: *Adolescent Sexual and Reproductive Health; HIV (Human Immunodeficiency Virus); AIDS (acquired immunodeficiency syndrome); STDs (Sexually Transmitted Diseases); Contraceptives; Adolescent Sex Intervention Programme.*

According to UNFPA (United Nations Population Fund), sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that

people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. It is necessary and important for every individual to maintain their sexual and

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reproductive health. Access to information should be accurate, safe, effective, affordable, and acceptable methods of contraception should be of their choice, United Nations Population Fund (2016). The global data of the world population states that 18% i.e. (1.2 billion) of the world population comprise of adolescents, every fifth person is denoted as an adolescent, pertaining with it 88% of the population are adolescents in developing countries, Ismail et al. (2015). According to the study by *Mohamad Iqbal*, he defines the term "adolescence is a span of fears". It is understood that there is age segregation for adolescent groups between age groups 10 and 19 for girls and age groups between 12 and 18 for boys, and it is in India where there is 243 million largest adolescent population. The influential effects of adolescent status include liberalism, modernization, capitalism, individualization, westernization, materialism, modern technologies, and so on, Iqbal et al. (2021).

Every individual should be aware that they have rights and choices regarding their sexual and reproductive health. Certainly, when an individual feels that their Sexual and Reproductive Health (SRH) needs are not met, they will be deprived of their rights to make important choices about their own body and proceed with future awareness of their family welfare and future generations. This SRH and rights issue is inextricably linked to gender equality. The refusal of these rights leads to poverty and gender inequality, United Nations Population Fund (2016). It is the stage of emotions of excitement, worries, and difficulties. When adolescents are aware that they are growing from childhood towards adulthood, the awareness of sexual and reproductive health should be precise and knowledgeable with appropriate information because it is the stage for adolescents' major life change where they sense or understand sexuality as stressful, exciting, frightening, or difficult emotions to handle by themselves, Action for the Rights of Children (2009).

Apart from the economic, social, medical, and educational development in this 21st century, adolescents and young people face more risk in terms of reproductive health than others. Through developments such as urbanization, the breakdown of traditional social and economic structures, and the increased mobility of the world's population. A few studies explain that adolescents are

much more sexually active, and the ratio increases from mid-to-late adolescence, Action for the Rights of Children (2009).

Some of the problems faced by adolescents across the world include early pregnancy and parenthood; issues in accessing contraception and safe abortion; high-risk rates of HIV and sexually transmitted infections, Morris et al. (2015). "Sexuality" is the concept that comprises the total make-up of an individual's physical preferences, attitude towards it, values, and experiences. Sexuality incepts as its first challenge for healthy life growth and development during the adolescent stage. Societies response to reproductive health and the needs of adolescents should be based on positive and proper information, that should help them to understand the level of maturity needed to make responsible decisions in sexual life, Jain et al. (2014).

Adolescents are very particular about their needs from healthcare providers. They focus on their privacy about sexual identity that is adolescents make decisions based on the ideal information and think it is best for their reproductive and sexual health. The WHO identifies various elements that make adolescents seek health care, they are as follows: confidentiality, providing valuable information and services, acceptance of adolescents, the need to acquire sexual education to be respected, and their opinions, and views to be considered important. Adolescents are vulnerable since they are linked to physical, emotional, and social changes, the increase in poor knowledge of sexual and reproductive health, health rights, and their principles has an impact on their behavioural changes. Awareness, knowledge, and attitude towards accessing the SRH information in the appropriate situation should come into consideration. It is understood that SRH also impacts the next generation of adolescents, so it is important to know about the positive knowledge of SRH at the stage of adolescence, Dibaba et al. (2020).

Dimensions of understanding sexual and reproductive health among adolescents

Fatusi (2016) Adolescents' sexual and reproductive health rights needs are high in low- and middle-income countries, where access to SRH information is extremely

difficult. On the other hand, the studies showed that there is a significant risk of sexual health among adolescents in slums compared to other settlements. It is also expressed that the issues of sexual behaviour and HIV/AIDS are more compared to knowing about contraception, abortion and its consequences, and gender-based violence. Adolescents face health consequences because of environmental insecurities, poor sanitation, and poor personal hygiene, as well as a space to encounter Sexually Transmitted Infections (STIs). Adolescents' relationship evolution is based on unequal decision-making among male and female partners, where females have less control over their sexual desires and lives. Adolescent sexual partners had lower levels of awareness about healthy sexual behaviours and they lacked preparation to engage in sexual intercourse Dibaba et al. (2020). Another study also reported that in Gordon town, Northwest Ethiopia, the utilisation of voluntary counselling and family planning of adolescents between 15 and 19 years of age prone to early marriage were under risk perception.

According to the district-level Household Survey (DLHS)-3, the report states that in India there is a higher level of pregnancies in rural areas (19.7%) as compared with urban areas (8.6%) among the age group (15–19 years), which indicates health disparities among that geographical area, Gupta et al. (2015). As per the study, young women, especially adolescent girls, from low-and-middle-income countries are exposed to poor sexual and reproductive health. Only fewer women in Asia and Africa between the ages of 20 and 24 marry at a young age, usually, before the age of 18, their sexual health would be at risk as well as indulging their children at risk of disability and death. Notably, sexual activity at a young age is increasing in the majority of low- and middle-income countries, Meherali et al. (2021). The behavioural changes among adolescents occur after the diagnosis of Sexually Transmitted Infections (STIs), only after they get infected their acquisition of using condoms and safety precautionary methods are followed, Robinson et al. (2002). Some traditional practices are cruel to adolescent girls' health, The FGM (Female Genital Mutilation) practice is very obvious and common among girls under the age of

18 years. Over 200 million young girls suffer from the compulsive practice of FGM. It is a global problem mostly prominent among 30 countries in Africa and a few countries in Asia and the Middle East. The most targeted group for FGM today is adolescent girls. It causes immediate health consequences such as shock, infections, haemorrhage, bleeding, severe pain, strain in passing urine and faeces, and death, as well as chronic health. The social consequences such as menstrual problems, pain, post-traumatic stress disorder, chronic pain, orgasmic dysfunction, sexual and mental trauma, infections, and inconvenience towards intercourse and sexual involvement, Salam et al. (2016). To avoid teenage pregnancy and risky sexual behaviour, the sexual health awareness of adolescents' communication with parents may help to regulate sexual behaviour. Still, adolescent sexual health is a global priority, and more emphasis should be placed on research into the impact on unwanted pregnancies and the prevalence of HIV and sexually transmitted infections (STIs) to develop this knowledge among adolescents, Robinson et al. (2002).

The ideology of sexual health and a different spectrum of understanding in physical, social, emotional, and relationship acquisition becomes a healthy aspect of sexual development. This is due to the cognitive urges in sexual behavioural development.

Positive sexual behaviour is associated with sex communication and contraception is associated with sexual satisfaction and commitment towards the partners. Sexual health is one of the influencing factors which helps adolescents to understand and organise the ideas of behavioural expressions of sexuality, that provides a way to include and exclude their specific behavioural choices. Relationships, like those of some adolescents, begin with initial behaviours such as holding hands, hugging, kissing, and oral sex before progressing to the intimacy of vaginal sex, Hensel et al. (2013). Adolescents initially maintain sexual abstinence, but later when they enter into relationships expressing sexual desires, and sexuality. Unintended teenage pregnancy is one of society's and individuals' concerns about adolescents. The importance of a precise understanding of sexual health is emphasized in the

study. There are many ethical, personal, economic, and social reasons related to the acquisition of sexual practices and birth control or pregnancy avoidance. Ideological and religious beliefs, familial and cultural patterns, biological urges, and peer group pressures are the impact of the modern power of mass media which is attributed to the behaviour patterns of adolescents, Huengsberg et al. (2002). The fleeting changes in sexual maturity led to insecure and unsure complexity among adolescents, making them feel exaggerated towards their capabilities and capacities connected to unstable feelings toward their partners. When these emotions are not handled or treated properly, they face hurdles in explaining sexual and reproductive health and the importance of sex education, Iqbal et al. (2021).

Distortion of sexual and reproductive health among adolescents

Adolescence is defined as being the stage between puberty and transforming into adulthood and being independent, Mehta et al. (2020). Studies have stated that adolescents who are involved in sexual intercourse at early ages have decreased awareness related to contraception and its uses. Many studies show that adolescents' sexual behaviour results in early pregnancy or teen pregnancy or leads to Sexually Transmitted Infections (STIs), which affect the overall reproductive health of adolescents Office of Population Affairs (2019). To manage it, access to reproductive health care needs and education, as well as ingrained gender norms, which affect the health of all gender, the stage of transition from childhood to adulthood is completely about physical maturity, which occurs due to the earlier onset of sexual thoughts, sexual attention, and experimentation, Mehta et al. (2020).

Adolescents countenance rape, unwanted pregnancies, sexual abuse, and defilement challenges. Sexual advances made by older men demonstrate unsafe sexual behaviour and sexual health, Atuyambe et al. (2015). According to studies, 46% of US high school students have engaged in sexual intercourse, and a survey reveals that one in every four female adolescents aged 14 to 19 years has been involved and has common STIs such as Human Papillomavirus

(HPV), Herpes, Chlamydia, Simplex Virus, or Trichomoniasis. Teen pregnancy is one of the negative livelihood outcomes leading to school dropout, unemployment, and early parenthood, Lee et al. (2014). Adolescents from low-to-middle-income countries (LMICs) suffer from reckless sexual and reproductive health outcomes like early or unintended pregnancies, sexual violence, unsafe abortions, STIs, and HIV (Human Immunodeficiency Virus) infection caused by sexual activity. The greatest challenge for young adolescents is the risk of childbearing, Denno et al. (2015). Poverty, stress from discrimination and racism, and lack of access to health care during an expected situation are also recognised as barriers to learn about healthy sexual behaviours, Evans et al. (2020).

In many countries, abortion is considered as an offensive act, but when access to it is limited, the gynaecological ramification of "Back Street" abortion takes place, where young men are affected by the direct health outturns of having early sex, sexual infections, or the changes in pregnancy unpropitious causal sequelae to chronic sexual diseases, Cowan (2002). The Soviet Union states experienced striking epidemic rises in the spread of syphilis, gonorrhoea, and other sexually transmitted infections in recent years, and these health crises were higher in incidence as evidenced by contemporary data, just as they are in Western European countries. This data elucidates that the new diagnosis of sexually causative HIV infections was raised by 20% in-between 1995 and 2000, Bingham (2002).

Risky sexual behaviours and reproductive health issues can result in anomalous or impaired foetal growth in children under the age of 18, Denno et al. (2015). Adolescent girls and young women from a population of 357 million make up one-third of the vulnerable group who are exposed to curable STIs. These STIs are known to be long-term reproductive health causative agents, affecting fertility, pregnancy, and cervical cancer. Socioeconomic factors create multiple syndemics among adolescents related to interpersonal violence, mental health disorders, poverty, trouble in education, economic opportunity, and substance use. Menarche (the first mensural cycle) should be focused based on the reproductive health

expectations of girls and young women. It is necessary to spread awareness among boys, young men and other gender to know the sensitivity of this issue, Mehta et al. (2020); Adolescents from slums are more vulnerable to the prevalence of HIV than their peers and among sexually active young people. Studies proved that urban dwellers indicate inequalities in health disparities among the general population and slum dwellers, Tuhebwe et al. (2021).

Adolescent sexual health is still a topic of taboo where adolescent sexuality is considered a proscribed topic in most societies where it is disregarded for the risky sexual health behaviour related to contraceptives, unprotected sex, etc. Studies state that, mostly in slum regions, the rate of illiteracy is higher where the ignorance towards sexual health behaviour is misguided, and ignored by the family and by peers. Adolescents in slum areas do not receive proper education and information about sexual and reproductive health. It is still a prohibited topic among the people living in slums, Tamboli et al. (2015). Certain programmes focus on family-level influencing factors that aid in understanding safe sex practices from a cultural perspective, with outcomes based on biological, behavioural, and psychological health behaviours, Evans et al. (2020). Other vulnerable groups affected by stratified socioeconomic status include sex workers, adolescent dropouts, orphans, and the disabled, Denno et al. (2015). As the sexual and reproductive health of adolescents is required for their development needs and livelihood, it is important to understand the need for positive education on sexual health and reproductive health among adolescents with the necessary quality adequacy of sexual health information services needs to be necessary, Tuhebwe et al. (2021).

Socio-theoretical Perspectives on Sex and Sexuality: Theory of Structural Functionalism

The functionalists focused more on the concept of sexuality related to controlling sexual behaviour and getting too attached to marital responsibilities, spouse-sexual desires, and family stability. Functionalists believe that "family is known as the esteemed part of society and also as the scrupulous

to maintain it." The theoretical approach expresses its support for social arrangements and family preservation. According to Talcott Parsons (1955), control or regulation of sexual behaviour and sexual activity is stated as an important task in the family. Traditional society encourages sexual desires and activities towards getting into marital customs and discourages them outside of it. Functionalists' reflection on sexual activity is too profound the depth of understanding and bonding between the spouses, which results in legalised procreation within a stable and legally recognised relationship that is marriage. The foundation relationship teaches that a recognised relationship helps to build non-problematic living for the offspring to follow suitable socialisation. In this context, an adolescent's sexual health behaviour is completely unconstitutional where they do not fall into the legalised family adaptability and responsibility. On the other hand, this theory is more convincing for youths but not for adolescents. It is for the unprogressively conservative society where adolescents are suffocated not to express their positive interests in understanding sexual desires and sexual activity, which leads to inevitable opinions about sexual and reproductive health and disrupts their understanding of the positive importance of knowing sex and sexuality, Conerly (2021).

Conflict Theory

Sexuality is a state of power differentials, and the dominating groups perform to expand their worldview compared to other groups as well as their economic interests. The sexual conflict concept is closely connected towards the understanding of sexual selection and sex-specific. It is a common term for understanding sexual selection and an alternative evolution of traits conflict that is sexual conflicts, Kokko et al. (2014). According to Talcott Parsons (1955), there are two constituent groups opposing marriage equality. One is the dogma or ideological understanding of marriage; another is the importance of economic stability. When an individual is denied the fundamental needs of food, social security benefits, and medical insurance due to financial instability, their sexual interest declines. An adolescent with a young parent (Teen pregnancy) may face a major level of

denial from family, friends, peer groups etc. When legal denials are expressed due to their sexual orientation and interests like lesbian, gay, bisexual, trans, queer or questioning, it is a conflict which lies under marriage inequality Solmonese (2008). Due to the impact of family practices and customs, where their basic, social security and medical expectancies are not met, which leads to a struggle for teen couples to survive. This later becomes a conflicted relationship where their social and financial resources are unmet, Conerly (2021).

Theory of symbolic interactionism

The interactionists expressed an understanding of sexuality with sexual orientation. Society deflated femininity in the United States (US) (American Psychological Association 2008). According to Cooley's in "looking glass self," Society helps an individual to self-evaluate or self-introspect their interests in knowing sex and sexuality. When it comes to an adolescent, their mental health may be affected after a sexual relationship, which goes to two major extents: one complies remorseful after the sexual act, and the other expecting for pleasure frequently, which ends up in massive health abnormalities. The libido sex drive of an adolescent stage creates possible problematic behaviour that embarrasses the adolescent when he or she is not completely aware of the knowledge of sexual behaviour and healthy sex. (Conerly, 2021).

Queer Theory

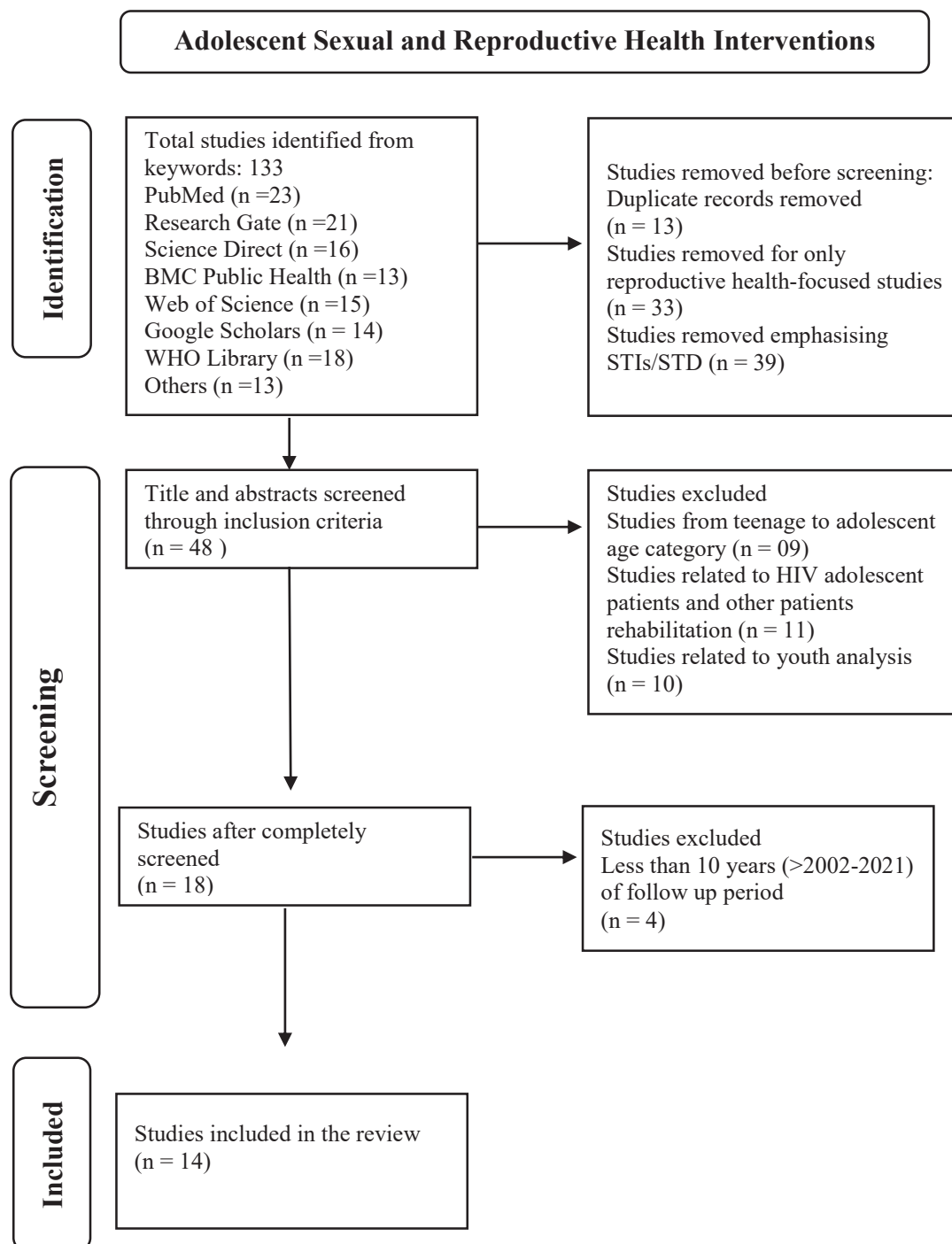
It is a transdisciplinary approach to the study of sexuality where the studies were done in western society segregating the

gender into particular roles and exploring the mannerism which was taught to understand sexual orientation. Jagose (1996) focused queer theory where the irrelevance between sexual orientation, gender identity, and anatomical sex was found. This theory enlightens the malleable and supposition of sexuality which appeals for freedom, change and negotiation, that reflects on the culture of people within. When it comes to adolescent sexuality, they face inequality among gender. Some notions are based on their involvement in sexuality, and some express their sexual desires with gender meanings and gender differences. Therefore, the theorists employ this theory to explain the questions raised by society's experiences and perceptions on gender, sex and sexuality, where sexuality builds up the awareness of inequalities proficient by people out of the dominant groups. (Conerly, 2021).

Methods

The systematic review analyses were done with a comprehensive analysis of articles from PubMed databases, Research Gate, Science Direct, BMC Public Health, Web of Science, SAGE, Scopus, WHO library, and other relevant websites that publish articles on adolescent sexual and reproductive health were focused and reviewed. Recently published articles were referred to bring out the importance of sexual and reproductive health interventions among adolescents. Also, the health consequences and importance of healthy sexual behaviour expressed the adolescents' sex-related risky sexual behaviours. The Preferred Reporting Items for Systematic and Meta-Analysis Reporting (PRISMA) guidelines were followed for this review study.

Figure 1.
Review flow-chart with PRISMA model



The search strategy was related to the acquisition of knowledge and awareness of adolescent sexual and reproductive health intervention programmes. The total explored research papers under this topic were 133 from various publications of which 119

papers were excluded due to insufficient search results. Few abstracts and titles that do not satisfy the inclusive criteria were not included in this study. This study disclosed only 14 papers that conciliate with all-inclusive criteria (Table-1).

Table 1.*Acquisition of knowledge and awareness of adolescent sexual and reproductive health intervention programmes (n=14)*

S.No	Study	Author and Year	Study Design	Country	Setting	Target Population	Interventions	Outcomes
1	“Nature of, and responses to key sexual and reproductive health challenges for adolescents in urban slums in sub-Saharan Africa: a scoping review”	Wado et al (2020)	Randomised Controlled Trail (RCT)	Sub-Saharan Africa	Community based-Slum areas	Adolescents/ Teenagers (ages 10-19 years)	Empowerment of adolescent girls’ Economic stability.	Developing and building adolescent girls’ economic and social assets.
2	“Adolescence: a time of risk-taking”	AJ Robinson, K Rogstad (2002)	Quasi Controlled Trail (QCT)	United Kingdom- Western Europe	Community based- Developing countries	Adolescents (ages 13-19 years)	Accessibility of knowing information on sex and teenage pregnancy, Promotion of parent-child communication.	Knowledge about unwanted pregnancies and prevalence of disease transmission- HIV and STIs.
3	“Adolescent reproductive health interventions”	F M Cowan (2002)	Quasi Controlled Trail (QCT)	United States	Community and school-based- Developing countries	Teenagers, Adolescents, and youths (ages 10-24 years)	The structural factors impact, prevail of infections which caused through environmental influences, Prevention and risks of physical, cultural, social, community, organizational, economic, legal or policy.	Measuring the behavioural interventions, attitudes, and change skills such as knowing STIs rates or abortion category.
4	“Teenage pregnancy”- “A single petticoat”	M Huengsberg, K W Radcliff (2002)	Randomised Controlled Trail (RCT)	United Kingdom- Developed countries	Community and school-based- Developing countries	Children to adolescent	Teaching social skills to adolescents, and sex education programmes, to avoid unintended or unwanted pregnancy absence leading to adolescent childbearing.	Understanding the consequences of health-related problems from infants born to teenage mothers and also the factors which include family background of the mothers, and ethnicity is possible through sex education.

Table 1. - *continuum**Acquisition of knowledge and awareness of adolescent sexual and reproductive health intervention programmes (n=14)*

S.No	Study	Author and Year	Study Design	Country	Setting	Target Population	Interventions	Outcomes
5	“Europe and central Asia- Services for sexually transmitted infections in Europe and Central Asia”	J S Bingham (2002)	Quasi Controlled Trail (QCT)	European countries- Central Asia, the United Kingdom	Community-based	Young STIs and HIV patients	The necessity for medications as there is the highest diagnosis of STIs, HIV infections	Development of National Sexual health strategy implementation into abroad concern.
6	“Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions”	R.A. Salam et al (2016)	Randomised Controlled Trail (RCT)	Low-Middle Income Countries- Africa, Asia	Community and school-based- Low-Income countries	Adolescents (15-19 years)	Access to contraceptives through pharmacies focused on education and counselling, parent education distribution of condoms, skills developments and multicomponent interventions.	Effective interventions to develop the knowledge of accessing information about Adolescent Sexual and Reproductive health at the school and community level.
7	“Association of Sexual Health Interventions with Sexual Health Outcomes in Black Adolescents a Systematic Review and Meta-analysis”	R. Evans et al (2020)	Randomised Controlled Trail (RCT)	United States	Community and school-based	Black adolescents	Training conducted on Sexual communications and condom uses skill training given.	Effectiveness in which the improvement in condom use, abstinence, sexual health knowledge, sexual health interventions and self-efficacy are to be considered.
8	“Review Interventions and Strategies to Improve Sexual and Reproductive Health Outcomes among Adolescents Living in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis”	S. Meherali et al (2021)	Randomised Controlled Trail (RCT)	Low-Middle Income Countries	Community-based	Adolescents (10-19 years)	Multicomponent interventions focused on non-drug interventions and the impacts on maternal health.	Moderation in understanding sexually risky behaviours.
9	“Review article Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support”	D.M. Denno et al (2015)	Randomised Controlled Trail (RCT)	Sub-Saharan Africa	Community-based	Adolescents (10-19 years)	Distribution of free condoms, reduction of teen pregnancy rate, increasing likelihood.	Efforts on focussing policy-making approach to frame and build legislative policies and programmes.

Table 1. - *continum**Acquisition of knowledge and awareness of adolescent sexual and reproductive health intervention programmes (n=14)*

S.No	Study	Author and Year	Study Design	Country	Setting	Target Population	Interventions	Outcomes
10	“Grand challenges in adolescent sexual and reproductive health”	Supriya Dinesh Mehta and Janeet Seeley (2020)	Randomised Controlled Trail (RCT)	Sub-Saharan Africa	Community-based	Adolescents (10-19 years)	Acceptability of Sexual and reproductive health training at the community level approaches to translating the sources.	Awareness about online sources based on Sexually transmitted infections testing, ordering online contraception’s Knowledge about abortifacient pills.
11	“The extent to which the design of available reproductive health interventions fit the reproductive health needs of adolescents living in urban poor settings of Kisenyi, Kampala, Uganda”	Tuhebwe et al (2021)	Quasi Controlled Trail (QCT)	Urban settlements (Slums) Low-Middle Income Countries- Kisenyi, Kampala, Uganda	Community-based	Adolescents (15-19 years)	Arrangements regarding service delivery, affordability for general medical services, and the help of youth-friendly community health workers were increased.	Needs for reproductive health and scope for understanding sexual health, social needs, sanitation and hygiene.
12	“Unmet need of sex education among adolescents in urban slum area: an interventional study”	Kshitij et al (2015)	Randomised Controlled Trail (RCT)	Urban slums in India	Community-based	Adolescents (15-19 years)	Improper requirements on accessing the knowledge about Reproductive health education.	Step to eradicate unintended teen pregnancy and its future impact.
13	“The Level of Knowledge and Awareness About Sex and Reproductive Health Among Adolescents in Kashmir”	Mohmad Iqbal (2021)	Randomised Controlled Trail (RCT)	Kashmir valley	School-based	Adolescents of standard (8th, 9th, 10th)	contraception’s	Needs and importance to include sex education in school syllabus.
14	“Inequity in Awareness and Utilization of Adolescent Reproductive and Sexual Health Services in Union Territory, Chandigarh, North India”	Gupta, et al (2015)	Randomised Controlled Trail (RCT)	Chandigarh- India	School-based	Adolescents (10-19 years)	Awareness about Adolescents’ sexual and reproductive health services and utilization of it.	Improvisation in generating more Adolescents sexual and reproductive health services and awareness programmes for adolescents in Urban, Rural and slums.

Discussion

This systematically analysed review focuses on the important outcomes of adolescents' sexual and reproductive health intervention programmes, where the reviews were collected from various background like community-based, school-based etc. There are various aspects to be particularised and discussed, each reviewed study has given its concept. The average focused group were adolescents of age (10-19 years) approximately. According to the "*World Report by Priya Shetty*" have identified that HIV epidemic was acknowledged in Sub-Saharan Africa, where a global level of 67% was identified at that area, and it is also understood that the HIV prevalence among slum populations is much higher than the non-slum population at South Africa and other African countries. It is understood that due to the risky behaviour of women from slums get easy exposed to STIs infections that is before infections, early sex disturbances, improper or no condom use, more sexual activities with multiple partners etc. It is to the knowledge that lack of education, migration and food insecurity was also the reason to get into unwanted health crises, Thomas et al. (2011).

Premarital sex increased in 19 countries between 1994 and 2004 that were involved in sexual activity before age 18. Due to disconnection, access to knowledge about family planning and other natural methods is restricted. The knowledge about the usage of contraceptives and other safe sex behaviour did not effectively reach people. At the same time, the consequences of early pregnancy and early childbearing lead to health disturbances and distractions affecting societal responsibilities, Blanc et al. (2009). Sexual and reproductive health needs should be provided for the people who are vulnerable and most marginalised to obtain health services through the "TARUNYA project", implemented for the Adolescent Reproductive Rights and Health (ARRH) programme supported by the government of Jharkhand. The young girls in the community got benefitted and it reached older, illiterate, unmarried, adolescent girls. It emphasized the health, knowledge, beliefs, attitudes, and behaviour of young adolescent girls, Chandra-Mouli et al. (2015). The "*Community Embedded Reproductive Health*

Care for Adolescents in Latin America (CERCA)" project was to deliver clinical and educational interventions for the best adolescent sexual and reproductive health development policy. Regional data gave clarity that most sexually active adolescents do not use consistent modern methods of contraception or do not know about unwanted or unintended pregnancy with STIs. It is also mentioned that the health status of children and adolescent mothers narrow down to risk factors of neonatal mortality, low birth weight and pre-term birth. In the CERCA countries, abortion remained restricted and mostly in other countries of Latin America. The choices of individual behaviours are moulded through social, economic, and cultural factors where the individual behaves accordingly to it, apart from personal the family and community approach also emphasise them; they are the constituents for monitoring one's personal and sexual health behaviour, prominence on the importance of gender equality to be valued, Cordova Pozo et al. (2015).

The concept of "GBV-gender-based violence" was highlighted with reference to sexual and physical violence, early marriages, and female genital mutilation, Dibaba et al. (2020). The effects of infections spread among young men and women, prolonged where it attempted to develop an awareness about STIs and HIV was more and also the consequences of termination of pregnancy and teenage pregnancy were expressed but it fails to bring out the in-depth understanding of these diseases like the severity of the disease, causative bacteria or virus etc. Robinson et al. (2002). The need for adolescents' sex education the importance of abstinence programmes and the use of contraception has been focussed also concentrated on the constituents which are the important determinants for HIV/STIs spread due to economic deprivation, social disruption, mobility, sexual inequalities were engrossed but it didn't have any comprehensive explanation for the constituents which is meant as a reason, Cowan (2002). The author is enthralled with the interventions towards delayed sexual intercourse and the consequences of early intercourse or control of unintended pregnancy among adolescents at the same time the improvement in the use of contraception. It explains about the

knowledge framing out the behavioural understanding of an individual, also the reasons for safe sexual practices which engraved due to the constituents like personal, economic, social, ethical, religious, urges of biological changes, family and cultural practices. Peer group pressures all these reflects the importance to develop sexual education for adolescents but the research on the objective has been mostly restricted to limited comparisons of other studies where the intense of safe sexual practices, the understanding of biological changes in adolescents which is a sensitive and important point to be concentrated which is precise, Huengsborg et al. (2002). The study enlightened about the treatment procedures for STIs or HIV patients and about the medical services provided for adolescents worldwide, regarding the free public services like free condom distribution in Low-Middle-Income countries (LMICs), and slum areas, the author argued and raised a question that the accessibility of medical clinics where the genitourinary clinics are available and they perform best in or tool the infections. Perhaps, this is the main aspect lacking at LMICs so the health status of the adolescents will be down as well as an infection spread will also not be controllable, the research data has tended to focus on giving awareness about specialist's clinics like genitourinary clinics instead of only spreading knowledge about STIs or HIV, Bingham et al. (2002).

Female Genital Mutation (FGM) is a cruel procedure to restrict and control young adolescent girls engaging in sexual activities but the researchers have not treated FGM in much detail about the ways of FGM surgery or procedures which is painful and harmful to reproductive health, Salam et al. (2016). The behavioural change of positive psychological outcomes due to the upgrade of sexual health knowledge, sexual health self-efficacy and sexual health interventions.

Among black adolescents, most studies on the field of adolescent sexual and reproductive health-focused only on the types of diseases, or the unsafe sexual behaviours leading to risk but here the author has taken black adolescents as particularising which forecasts the racial discrimination in the aspects of sexual health, Evans et al. (2020). The school and the community-based analysis of Adolescent

Sexual and Reproductive Health Rights (ASRHR) intervention programmes help in developing Knowledge, Attitude, and Practice (KAP) toward ASRHR. Focused on the development of maternal health or non-drug interventions, The increase in using of contraceptive methods and safe post-abortion family planning methods for the young are highlighted, Meherali et al. (2021). The important of sexual rights and also the responsibility of an individual to know about their health rights especially *Sexual and Reproductive Health Rights* (SRHR) and *Sexual and Reproductive Health Services* (SRHS), certain interventions programmes are difficult to drag the information from adolescents, so it's good to have adolescent friendly-SRHR-development programmes, at the same time cost-effective too, Denno et al. (2015) Adolescent *Sexual Health Rights* (SHR) is not only for a particular gender it is important for all genders. Adolescents need more educational and sexual health services to access the appropriate information on the sexual service providers.

Adolescents especially girls face difficulties to handle Menarche, where the importance of personal, sexual and reproductive hygiene starts, it's understood that certain adolescents lack an understanding the sexual identity, their preferences and sexual orientations, which later leads to trajectories in their developments, Mehta et al. (2020). Usually, a myth is framed that urban adolescents are more knowledgeable about ASRH compared to rural, but there are studies which show in urban settings economically backward adolescents too face challenges in accessing the service needs of ASRH. The information adolescents get and learn should be guided positively and duly which should not mislead them as well as their sexual health. Certain social needs like parental guidance, housing, livelihood, and sanitation are needed to help in extending the inclusion of ASRH in health policies, Tuhebwe et al. (2021). Importance to develop the intervention in slums since both urban and rural slum adolescents face challenges in knowing the transmission modes of HIV/AIDs, In addition, more than one and a half of adolescents were confused and were not aware of condoms and the mode of disease transmission, based on the study by *Indian Council of Medical Research* (ICMR), the puberty and knowledge about features of

puberty, development of genital and nightfall was lacking among adolescents at slum, Tamboli et al.(2015)

The services related to adolescent sexual health incorporated certain services which include the preventive, curative, promotive and counselling schemes in it. Adolescent girls are not informed of the physical changes and emotional changes that happen due to maturity. Certain controversial questions among adolescents as masturbation is a sinful activity which leads to health deformities, *The Joint United Nations Programme on HIV/AIDS (UNAIDS)* states that at least once in their lifetime, some adolescents will engage in physical relations with same-sex, Iqbal (2021). The relevance among, rural, urban and slum adolescents with school going and dropouts, based on the geographical differences is the changes in awareness about SRH. It identified that child health and reproductive inequities were higher in Chandigarh 4.5% at rural compared to urban as 2.2% and slum as 0.5% areas. Utilization of other treatments like nutritional counselling, iron folic acid, Tetanus Toxoid (TT) immunization and deworming treatment was provided, Gupta et al. (2015). The additional skills adolescents gain from sexuality and sexual education help them in the development of general life skills, like listening, communication, decision making, learning and negotiation on the execution of it and finding out the proper channel for help and guidance such as parents, caretakers/caregivers, and professionals also the community, family and welfare service teams, Ismail et al. (2015).

Research gap

Mostly the studies were related to low-middle-income countries and it was specifically based on the impact of economic needs affecting sexual health. But the psycho-social aspects of sexual health studies were very few. Sexually transmitted diseases or sexually transmitted infections (STDs/STIs) awareness studies are very less among the adolescent group. Specific age category studies of adolescent sexual health are less among slum and college studies. Community interventional and institutional intervention programmes for adolescent sexual health studies should be focused.

Recommendations and Suggestions

The study suggested various aspects to improve the standard and effectiveness of *Adolescent Sexual and Reproductive Health (ASRH)*. Exploration of sexual satisfaction, sexual identity, orientation, sexual practices, and risky sexual behaviour should be emphasised in further studies. The impact of discrimination and alienation of knowing and accessing sexual health care services was a lacking point so focus on social aspects of knowledge accessing related to ASRH is necessary. Need to have a cost-effective module which can be added as a syllabus in school-based or community-based programmes. *Sexual and Reproductive Health (SRH)* education will decrease the adolescent pregnancy rate in low-income as well as high-income countries, where the process of counselling, sex education, contraceptive availability and accessibility have been summarized. The importance of sexual health after post-abortion for young girls could be focused on or concentrated on more. An increase in the study of LGBTQIA sexual health is needed to fix global sexual health and reproductive health needs and services among adolescents. Due to cruel customs and practices “Genophobia or Erotophobia” results in a “fear of sex” or “fear of sexual intimacy.” Improvement and development in the adolescent health welfare scheme approach are needed at the global level. A more effective and productive ASRH intervention programme is needed. Modules related to the anatomical changes, psychosocial development of adolescents, and the cultural and religious taboos impact acquiring information or knowledge about ASRH should be studied to bring out the complication of improper adaptation of information. The need for disabled adolescents’ sexual health intervention should also be encouraged. Interventions should also include parents teaching and guiding their children with positive SRH information at the right stage and at right time with the proper guidance of parents should be a piece of useful information for their children. All the information accessibility and availability should be possibly approachable in all languages. There is a need to study on nutritional status of adolescents reflecting on their SRH, and intervention programmes for it.

Conclusion

The conclusion of this review extends the importance of Adolescent's Sexual and Reproductive Health. It aimed to promote and improve the accessibility and acquisition of SRH services by adolescents in various geographical areas like slums, urban, and rural. The study explained the objectives that can be reached for all adolescents which should be cost-effective programme implementation as well as easy learning with the availability of all languages. This is to reach the adolescents more effective and modules for the adolescents that should impact the healthy life which avoids unwanted deprivation at society to know and learn sexual health and well-being.

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