

EXPLORING THE PERCEPTIONS AND PRACTICES CONCERNING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENT GIRLS IN URBAN AND RURAL INDIA

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ABSTRACT

Adolescence is a crucial developmental stage for a person, characterized by both physiological and psychological changes. Adolescent health is an integral part of the reproductive and child health agenda in India, but significant gaps in knowledge and practice remain, particularly in underserved areas. Health risks affecting adolescent girls include, for example, socioeconomic status, culture, education, and proximity to a health facility. This review paper is based on secondary research that examines trends in sexual and reproductive health perceptions and practices among adolescent girls, with an emphasis on both rural and urban representation in India. The study highlights some of the important barriers to accessing services related to sexual and reproductive health issues, including lack of knowledge, education and awareness. The lack of awareness underscores the need for improved education to understand various SRH-related issues beyond menstrual health and hygiene. Findings suggest the need for targeted interventions to address sexual and reproductive health issues faced by adolescent girls in underserved areas and emphasize the importance of awareness and comprehensive education about adolescent sexual and reproductive health issues. By addressing these multifaceted issues, interventions can improve health outcomes and support the empowerment of adolescents worldwide.

Keywords: *Reproductive health practices, Adolescent girls, sexual health behaviour, urban and rural*

INTRODUCTION

The term “adolescents” originates from the word “adolescere,” (Latin word) which means “to grow up or mature” (Lerner & Steinberg, 2009). Physically, this period marks the onset of puberty for most individuals. Psychologically, it is characterized by significant cognitive and emotional growth. Socially, it is a time when young people begin to shift their influences from parents to peers and other adults. Adolescents represent about 21% of India’s

population, approximately 243 million individuals. According to UNFPA, adolescence is not only a sensitive period of physical changes but also the period of facing new vulnerabilities related to human rights, particularly concerning sexuality, marriage, and childbearing.

Although development continues from childhood through adolescence into early adulthood, early adolescence (10-14 years) is now recognized as a particularly critical stage that has been overlooked in both research and action. Adolescent girls in India

face many sexual and reproductive health (SRH) issues influenced by socio-cultural norms, lack of education and limited healthcare. Understanding these factors is critical to effectively meet their SRH needs.

An important part of the world's population is between 10 and 24 years old, and they mostly live in less developed countries. These young populations are effectively the future parents, and their sexual and reproductive health choices will affect their communities and countries for years to come. At these critical stages of life, young people face many SRH issues such as lack of information and services to prevent unplanned pregnancy, unsafe abortion, HIV/AIDS and sexually transmitted diseases. Poor reproductive health leads to adverse physical and social consequences of sexual violence, child marriage and early pregnancy, limiting educational and employment opportunities and hindering their potential contribution to society.

Adolescent girls in particular face their own SRH, including exposure to various forms of violence from a young age. Other factors contributing to poor SRH outcomes worldwide include limited knowledge of physiological development and the risks associated with unprotected sex, teenage pregnancy and safe sexual behaviour. Young people often lack the skills needed for safe menstrual hygiene and sexual practices, and have limited access to family planning and reproductive health services. In addition, there is insufficient community and social support for young SRH.

In India, cultural norms limit girls' access to SRH information. A study by Khanna (2005) revealed that many girls believe that they should not participate in religious rituals or cook during menstruation, as these beliefs are more common among urban girls. Another study by Kalapriya (2017) in Andhra Pradesh revealed that many adolescent girls have poor practices regarding reproductive health issues. Addressing these issues by providing knowledge and support can significantly improve their lives and the well-being of their communities

REVIEW OF LITERATURE

A study on attitudes, and practices of adolescent schoolgirls (10-19) years, and on their sexual and reproductive health knowledge in a rural community in Telangana found that limited knowledge and negative attitudes about reproductive health and sex do exist among these girls. Conducted by Reddy et al. (2022), the study revealed that many participants lacked basic knowledge about pregnancy and had little awareness of sexually transmitted diseases and HIV/AIDS. Some were aware of how oral contraceptives prevent pregnancy, but most did not know that condoms can provide protection against sexually transmitted diseases. This has brought immense need for sexual education in rural areas among the adolescents, so as to fill in the gaps in knowledge thereby bringing healthy practices and attitudes for SRH.

MAMTA Institute of Maternal and Child Health (2021) conducted a study to understand differences in reproductive health knowledge and practices among unmarried adolescent girls aged 10-19 years from marginalized communities in Bihar and Assam, India. The study found that about half of the girls reported experiencing symptoms of a genital infection in the past three months, while only a few knew about contraception. About half of the young girls in this study said they got married early, even though they didn't want to. About the same number of girls used cloths or pads for menstrual hygiene, and more than half of the girls in the study knew little about contraceptives. There are no large differences in girls' practice of menstrual hygiene between early and late adolescents. Girls in rural areas were more likely to use cloths as absorbents while their counterparts in urban areas used sanitary napkins.

Integrating sexual reproductive health education into the school curriculum is another area of intervention that can help to modify teenagers' perspectives and knowledge of sexual reproductive health. Moreover, within the areas that are hard to reach, the concept of mobile health clinics maybe initiated to provide necessary health information

and services. Massive awareness campaign on different health issues among adolescent population may be conducted in order to challenge misconceptions, such as those found by Mahanta (2020).

Another separate study on adolescent girls aged 13 to 18 in Andhra Pradesh's Nellore district was conducted for examining their knowledge, attitude, and habits around reproductive health, Kalapriya (2017). According to the study, the majority of people had little knowledge of reproductive health, with only a small fraction having a solid understanding. In terms of practices, most of the girls showed bad practices and only few of them found good practices.

A descriptive cross-sectional study of reproductive health awareness in class 6-12. among class 10 teenage girls in secondary schools located in the urban slums of Pune, Maharashtra, showed that reproductive health awareness and knowledge remains poor among the majority of girls. as Shankar et al. (2017). Awareness of both the oral pill and the condom as a contraceptive was found to be one of the few. Additionally, the study found that most of these girls felt comfortable discussing their reproductive health issues with their peers rather than with family members, medical professionals or teachers.

Many girls avoided medical care for their reproductive health problems due to lack of understanding, financial constraints and shyness. This was disclosed in a study done in Guwahati, Assam, on the reproductive health of adolescent girls of urban slums, and the adolescent girls' menstrual health and hygiene routines, as well as their health-seeking behaviours, Deka *et al.* (2015). It established that both the economic status and cultural beliefs along with the level of knowledge they have on reproductive health determined their level of health seeking behaviours. The majority of them revealed that they used an old cloth at some point during their menstrual period which shows evident poor menstrual hygiene. Ironically, this is despite the fact that females often suffer from various menstrual illnesses and yet rarely present

themselves for treatment. The study also highlighted that, more than half of the young adolescents did not attempt seeking medical assistance since most of them did not perceive the need to talk about menstruation.

In a study carried out in the Udupi district of Karnataka, Pavithran et al. (2015:3) intended to assess the reproductive health problems and health seeking behaviours of adolescent girls aged 14 to 18. The study further showed that upon completion of the survey, most of the female subjects were experiencing fertility issues such as absent regular menstruation and experiencing stomach cramps during the period. However, these and other related challenges, a small number of respondents reported what could be regarded as acceptable health-seeking behaviours for reproductive health needs. The adolescent girls experienced at least one or more reproductive health related issues besides using sub-optimal health care seeking behaviour, was one of the major findings revealed in the research.

Only a very few percentages of both urban and rural adolescents discussed reproductive health issues with their teachers, as discussed in a study conducted by Sandhya (2014) in Thiruvananthapuram District, Kerala among school going adolescent girls 16-18 years of age. A majority of them supported the inclusion of reproductive health education in their school curriculum. Knowledge levels were similar between urban and rural adolescents, with urban girls showing slightly higher awareness about family planning methods and the negative effects of teen pregnancy.

A study conducted among urban and rural adolescent girls, on their understanding menstrual hygiene in South 24 Parganas, West Bengal, showed unsatisfactory hygienic practices in the rural area compared to urban area during onset of their menstruation, Paria *et al.* (2014). It also shared that a greater number of respondents among urban girls had knowledge about menstruation before menarche, compared to rural girls.

Although Adolescent Health seemed to be an indispensable component of the Programme for the Government of India in relation to Reproductive and Child Health, a study pointed out more efforts ought to be made in creating awareness regarding hygienic practices during the menstrual period in underserved areas, slums., Bhattacharjee (2013). It examined menstruation experiences among post-monarchical adolescent girls in Siliguri City, West Bengal. Though the study found that though most of them recognised sanitary napkins as an ideal absorbent, only very few of them had the knowledge of menstruation before the initiation of their menstruation.

Another study conducted in the rural areas around Bangalore, Karnataka revealed that an overwhelming percentage of students had heard of menstruation, with most of them acquiring this knowledge prior to menarche and primarily from their mothers. Despite widespread awareness of the term "menstruation," there was a significant gap in understanding the physiological process Shanbhag D *et al.* (2012). Additionally, personal hygiene practices during menstruation were largely inadequate. Cultural factors, such as the avoidance of certain foods and practices during menstruation, further influenced these behaviours. Poor menstrual hygiene was closely linked to reproductive tract infections, highlighting a critical area for intervention to improve overall health of women.

Few remarkable differences were identified among adolescent girls of urban and rural areas in terms of their knowledge, practices, and perceptions about menstruation and menstrual hygiene. During the time of menstruation, most of the urban girls were found to use sanitary napkins during menstruation. However, it was also found that counselling on menstrual hygiene were only received by about a quarter of the girls in the study. A comparative study by Choudhury *et al.* (2011) in both the urban and rural areas of Jodhpur district, Rajasthan, found that the level of awareness of adolescent health clinics among urban girls were much higher.

The findings from the study by Bobhate *et al.* (2011), which was carried out for three months in one of the slums of an urban area of Mumbai, revealed that appropriate knowledge should be given to female adolescents about sexual health and puberty in order to support them to deal with their reproductive and sexual health issues by themselves and with full confidence. It has emerged from this study that most of the nutritional elements, mental health needs and reproductive needs of adolescents can be met if the existing health system is reoriented. The study included all girls aged 10 to 19 who had started menstruating and were attending the general OPD and STI clinic. Interestingly, majority of the adolescents were found to be aware of the availability of Anti Natal Care services. When it came to knowledge about HIV transmission, only a few had the correct understanding.

A study by Mittal 2010 about the knowledge among the adolescent girls aged 15-19, of urban area in Haryana, on their reproductive health issues, reported that very few of these girls had correct knowledge regarding safe sexual behaviours. As the study shows, most of the participants were at least aware about two or more methods of contraception. It also emerged that the primary source of knowledge regarding reproductive health were the mothers followed by their friends or peers.

Another survey conducted by McManus (2008) with the urban adolescent schoolgirls in South Delhi, India, focusing on their knowledge, attitudes and perceptions towards STI, HIV, sex education and safer sex. The survey included female students aged 14-19 from two senior secondary schools. The study revealed that more than one-third of the selected students of the study lacked accurate knowledge of STIs, its signs and symptoms, other than HIV/AIDS. About half of the respondents felt that accessibility of condoms among the youth should not be made available. Additionally, most participants believed that contraceptives should only be used by married women, whereas others had less idea about contraceptive pill and their protection against HIV infection.

A study was conducted on menstrual hygiene practices and the reproductive problems among adolescent girls aged 13-19 in Rajasthan by Khanna (2005), with equal representation of rural and urban, as well as girls enrolled in school and out-of-school girls. The study revealed a significant correlation between menstrual practices and the prevalence of RTIs, with unsafe practices increasing the risk more than threefold. The data indicated a higher proportion of urban girls reaching menarche compared to their rural counterparts. Awareness of menstruation as a natural phenomenon was significantly lower in urban areas, with only a small percentage of rural girls being aware. About 40% of the girls were found with symptoms of RTI/STI, such as white discharge and lower abdominal pain, with a slightly higher prevalence observed among rural girls.

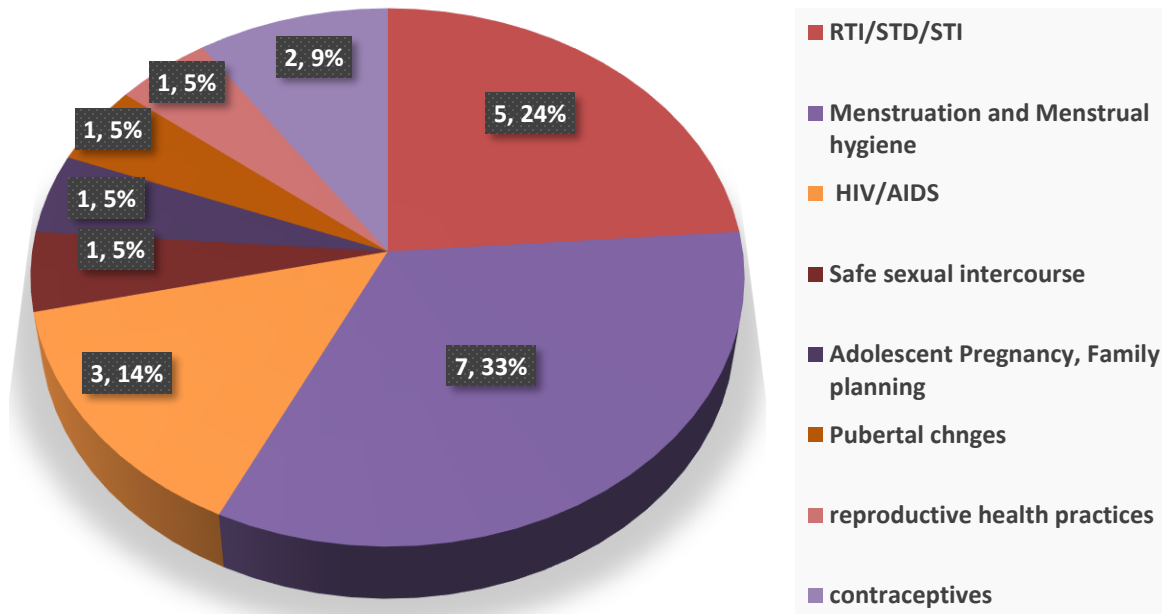
DISCUSSION

A total of 16 studies were found to be relevant to the search on the practices and perceptions on sexual and reproductive health issues among adolescents. These studies provide data from different States of India like Mumbai, Andhra Pradesh, Bihar, Assam, Haryana, Delhi, Rajasthan, Bangaluru, Telangana, Kerela, Maharashtra and West Bengal. Most of the studies were published in last 12 years (80%). The studies mostly are either cross sectional or descriptive study providing data on

the perceptions and practices on adolescent sexual and reproductive health (65%) and the awareness, experience and understanding differences in the rural and urban settings (35%). The present studies in most of the States have reflected various aspects of Sexual and reproductive health of adolescent girls, such as menstruation, menstrual hygiene, contraceptives, pubertal changes, unwanted pregnancies, family planning, adolescent pregnancy, STI/RTI, HIV/AIDS, safe sexual intercourse and reproductive health practices.

Substantial gaps have been observed concerning the availability of the studies. Most of the studies have shared data on menstruation and menstrual hygiene practices (45%). Whereas other issues are having less percentage, such as 4 studies included data on perception and attitude towards STI/RTI/STD, only 3 studies shared data on knowledge and practice on HIV/AIDS and 2 studies on the knowledge and practice on contraceptives. There has been a major gap identified in examining the perceptions and practices of understanding early/teen pregnancy, safe sexual behaviour, teenage pregnancies, risk associated with teen age pregnancies and use of contraceptives, which are also important for understanding SRH issues of adolescents. Adolescents, lacking comprehensive proper guidance and comprehensive knowledge are prone to engaging in unsafe sexual practices, which increases the risk of unintended pregnancies and it is also one of the major findings from these studies.

% of SRH issues covered by studies n=16



Comparatively less work has been found in the rural settings in relation to the urban settings. The perception and practices of most of the studies are based on urban setting, with a lack of exploring the perceptions in rural settings. Moreover, it has been found that most of papers has the major focus on Menstrual health and hygiene apart from other SRH issues.

The review also identifies essential gaps in SRH research and practice, emphasizing the need for more comprehensive studies and interventions, particularly in rural areas. It highlights the differences between rural and urban settings in terms of knowledge, practices, and attitudes related to SRH. Hence these findings show that despite modernization in society, awareness among adolescents on their reproductive health issues has not yet improved and to be worked upon.

OBJECTIVE OF THE REVIEW

- To map evidences around the perceptions and practices in terms of reproductive and

sexual health issues among adolescent girls in India.

- To study the available literature on sexual and reproductive health awareness of adolescents, and understand it within the rural and urban setting in India.

RESEARCH METHODOLOGY

Exploration of different articles, papers and journals on adolescent sexual and reproductive health were done by a comprehensive search of total 45 articles from reputed databases such as PubMed, Scopus, Sodhganga, Google Scholar, UGC Care etc. From the initial investigation of title and abstract screening, 11 articles were excluded and from screening the article's presence in reputed journals such as Scopus and UGC Care, 8 articles were excluded. After screening exclusion criteria 10 articles were additionally excluded. Finally, 16 articles were selected for full text screening, analysing and discussing in the review from total 45 articles.

The inclusion criteria of this review study are as follows: -

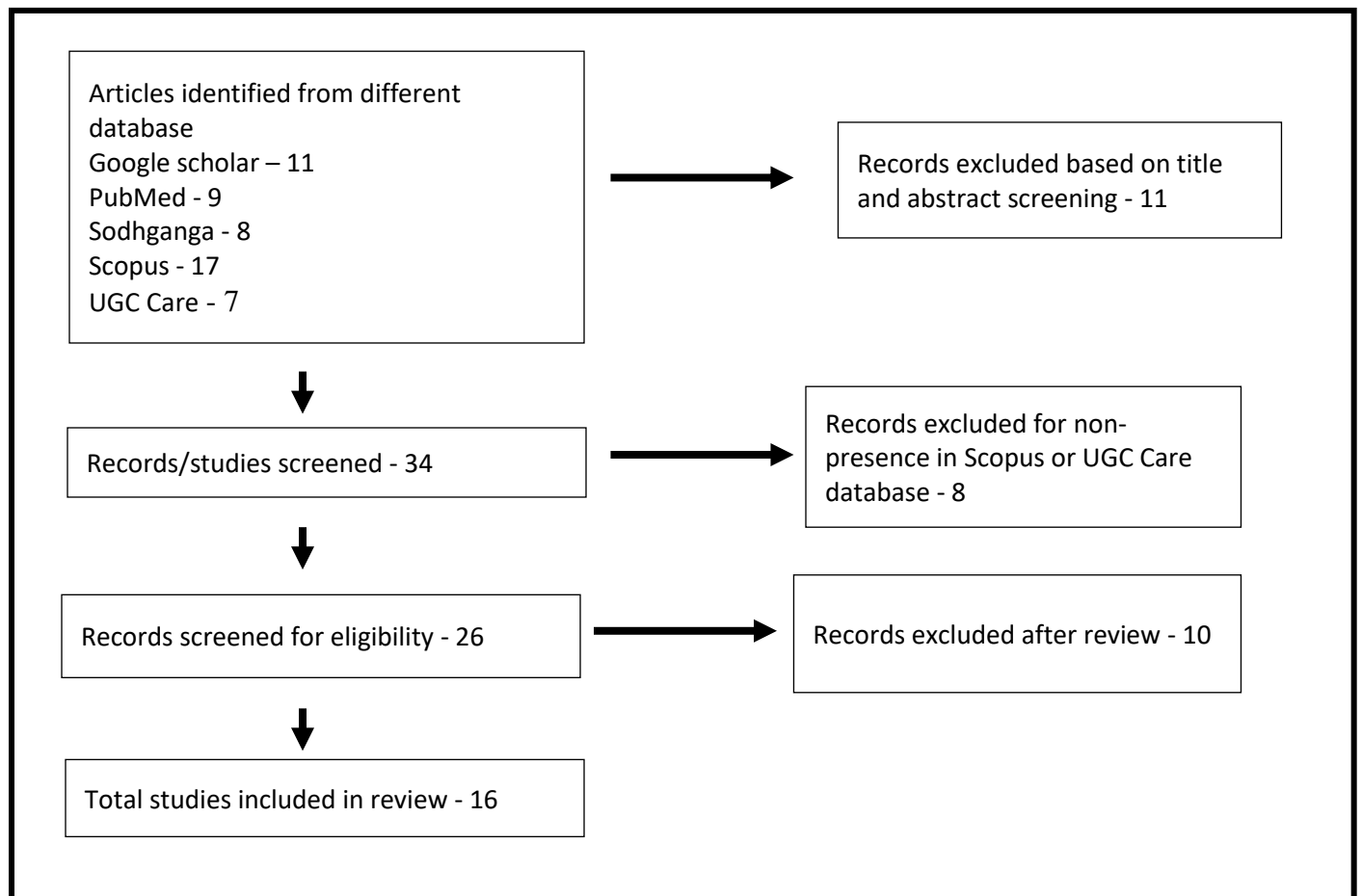
- Target Population –10 – 19 years Adolescent girls
- Review period – Studies conducted from 2000 – 2023 are included in this review
- Language of studies – All studies published in English language has been considered for the review
- Studies having data on perception, knowledge and practices on sexual and reproductive health issues of adolescents
- Studies conducted in urban, rural or both the settings of a State (comparative, descriptive and cross sectional)

- Studies conducted within the States of India
- Studies available in reputed database such as, Sodhganga, Scopus, Google scholar and UGC Care.

The exclusion criteria of this review study are as follows: -

- Studies conducted prior to the year 2000
- Countries and population other than Indian
- Review on Reproductive and sexual health of population below 10 years and above 19 years
- Studies having data on adolescent boys' population

IDENTIFICATION OF STUDIES THROUGH DATABASE



LIMITATIONS OF THE STUDY

This research may exclude valuable other research that is not available through electronic sources. Additionally, the exclusion criteria and restricted access to certain papers might have resulted in the omission of some pertinent studies. The review may not fully capture the research conducted in other States of India on SRH issues of adolescent due to certain time constraints.

SCOPE OF SOCIAL WORK INTERVENTION

Despite a lot of efforts, the long-term association between adolescent SRH and adult health problems and healthcare utilization remains underexplored and requires further investigation. UNFPA defines supporting adolescent sexual and reproductive health as ensuring access to comprehensive sexuality education, relevant STI diagnostic, preventive, and treatment services, and family planning counselling. It also requires that adolescents understand and appreciate their rights, such as the freedom to delay marriage and refuse unsafe sexual practices.

Supporting the sexual and reproductive health of young people and promoting their SRH rights is very important as it provides a wider opportunity to play an important role in shaping healthy, empowered and informed young people. This includes comprehensive sex education, STD diagnosis and treatment and prevention services, as well as counselling for family planning. We recommend a multifaceted prevention approach that includes sex education and reproductive health literacy in schools and the community. It would promote safe behaviour, encourage condom use, develop sexual negotiation skills, and provide access to modern contraceptive methods that would reduce teenage pregnancy.

Improving access to contraceptives and providing comprehensive sex education are important ways to reduce the number of sexually

transmitted diseases and unintended pregnancy among young people. Program planners and policy makers should focus on creating a youth-friendly environment in sexual and reproductive health (SRH) service areas. Additionally, implementing community-based awareness initiatives, involving parents in SRH activities, and fostering open communication between parents and adolescents about SRH issues can significantly improve the utilization of services among out-of-school adolescents.

Another scope of intervention is continuous dissemination of reproductive health information via mass media, mobile, and social media platforms is essential to destigmatize reproductive health discussions in rural areas and enhance adolescent girls' understanding. Moreover, healthcare professionals and nurses should receive adequate training to deliver reproductive health services effectively in schools and primary healthcare settings.

Integrating sexual and reproductive health education in school curriculum is another scope of intervention to bring about changes in the understanding and perceptions on SRH issues among adolescents. Moreover, in areas, that are hard to reach, the concept of mobile health clinics maybe initiated to provide necessary reproductive health information and services. Massive awareness campaign on different sexual and reproductive health issues of adolescent population may be conducted in order to challenge misconceptions, such as those found by McManus (2008) and Mahanta (2020).

Parental counselling towards having a positive mind set for discussing SRH issues with their adolescent girls before and during attaining puberty will bring about a positive change within the thought process of the adolescent girls. The Peer-led programs, facilitated by trained peers, offer valuable sources of information to adolescents' needs, providing open communication and ensuring confidentiality, which are vital for effective reproductive health education. These scopes may effectively address the knowledge gaps and prepare

young girls for their future reproductive responsibilities.

CONCLUSION

Addressing the special health needs of adolescents requires a multifaceted approach that includes increasing access to appropriate health care for youth, strengthening health education, and creating a supportive environment at home and in the community. Recognizing and addressing these issues can improve adolescent health outcomes and help them transition to healthy adulthood. The study revealed that the knowledge level and hygiene practices of adolescent girls were insufficient. They showed significant gaps in understanding of puberty, early/adolescent pregnancy, family planning methods, safe sexual behaviour and STDs. Lack of awareness was evident in both the urban and rural areas, with adolescent girls of urban area slightly better informed than their rural counterparts. These research findings underscore the critical need for better education and resources to address gaps in adolescent sexual and reproductive health knowledge, understanding, and practices. Young people who lack thorough knowledge and proper guidance are prone to unsafe sexual practices, which in turn increases the risk related to unwanted pregnancies and STD/HIV. Addressing these gaps through targeted interventions can significantly enhance the sexual and reproductive health of adolescent population in India. Although the topic is controversial, there is a dire need to introduce gender-specific sex education in Indian schools that specifically address topics such as STDs, safe sex practices, teenage pregnancy and contraception.

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