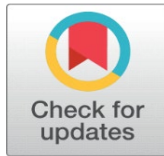


A STUDY: ON PREMARITAL SEXUAL HEALTH BEHAVIOR AMONG THE ADOLESCENT GIRLS IN INDIA

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ABSTRACT

This research paper reviews documents that have influenced understanding of premarital sexual health behavior among the adolescent girls in India. Focus is on premarital sexual behavior and practices among the adolescent groups, which is comparatively raised in India from the last decades, especially in urban areas. In present scenario adolescents are more sexually active than ever before. Among adolescent who are at early age fourteen or younger are more sexually active and faces innumerable health risk due to their unsafe practices. They are more likely to get involved in high-risk sexual behaviors that comprises unprotected sex, unwanted pregnancies, abortions, having multiple or high-risk partners, raping a partner, and being intoxicated while having sex, alcohol and drug abuse, stealing, violence, and poor performance in school etc. There are many frequently follow romantically driven decisions on sexual relationships like sexually transmitted diseases unwanted pregnancies, abortions, and other related health problems (Hurissa.et.al. 2014). Premarital sexual health behaviour of adolescents in India is a multifaceted and growing problem, influenced by cultural norms, socio-economic factors and transforming social behaviour. The teenage years are a time of great change, both physically and emotionally, and for some young people it will also be a time when they will begin to explore their sexuality. In India, however, there is little discourse about sexual health, and many face stigmas surrounding premarital sexual behavior, which often leaves adolescents without reliable sexual health education. Yet without proper education and resources it can often lead to dangerous activity, unwanted pregnancies and a greater level of STIs which has lasting effects on youth health, education and future opportunities. For effective health promotion among this age group, knowledge of premarital sexual health behaviour among adolescents is crucial to point out the challenges adolescent face and to identify areas where much efforts can be taken to overcome the problems faced by adolescents. This enables policymakers, educators, and health professionals to create culturally appropriate programs effectively teaching adolescents about risk prevention, consent, and healthy relationships. In addition, the promotion of comprehensive sexual education can empower young people to make informed decisions, thus mitigating the health risks arising from the stigma and misinformation. Dealing with adolescent sexual health in a proactive approach with no blame leads to individual well-being, pivotal in promoting public health and social development of the country.

On the basis of deeper and critical investigation into the literature, the study found that. This paper will explore and examines the reasons for. It also suggests the immediate action to achieve.

Keywords: Sexual Health, Adolescences, Health Risks, Premarital Sexual Practices

1. BACKGROUND

Sexual health “is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” World Health Organization (WHO 2006a).

Adolescence is a period during which physical, mental, social and intellectual changes occur. The WHO classifies “adolescence” into three stages: early adolescence (10-15 years of age) - characterized by spurts in physical growth; middle adolescence (16-19 years of age) - comprised with wide mood swings, the growing influence of peers, interest in the opposite sex, complete physical change and sexual experimentation; and late adolescence (20-24 years of age) that entails the development of gender role perceptions, independent living and working, and an increased interest in sexuality (Department of Mental Health, 2004).

There are 1.2 billion adolescents stand at the crossroads between childhood and the adult world. And around 243 million of them live in India. (UNICEF, India). According to census (2011) every fifth person in India is an adolescent (10-19 years).

In Indian culture talking about sex is taboo. Consequently, little information is provided to adolescents about sexual health. Instead, young people learn more about sexual and reproductive health from uniformed sources, which results in the perpetuation of myths and misconceptions about puberty, menstruation, secondary sex characteristics, physiological and body changes, masturbation, night emissions, sexual intercourse, and STIs. In a country like India, where discussion about sexuality with young children is almost absent, adolescents are not prepared mentally or psychologically to cope with these changes. Unfortunately we can say that, the special needs of adolescents are rarely addressed by the educational, health, and family welfare programs in India (Gupta 2003). Adolescent girls experienced reproductive health problem more often than boys due to their biological, economical and social vulnerability. (NCBI).

Premarital sexual behavior is sexual act before marriage. It is notably an important health issue in adolescents since it can cause unwanted pregnancies, abortions, STIs, HIV/AIDS, and even deaths. Pre-marital sexual behaviour is influenced by a number of factors including parental influence, peer pressure, community environment, economic condition and cultural norms. (Tyas. et.al 2024)

The attitudes and beliefs of young people towards sexuality are becoming more liberal and as they lack correct knowledge about sexuality, contraception and STDs, including HIV/AIDS, increase their probability of high-risk sexual behavior, especially among never married men (Ghule et.al 2004). A study conducted by the All India Educational and Vocational Guidance Association, shows that 54 percent of males and 42 percent of females did not have adequate knowledge regarding matters of sex.

The issues related to sexuality among adolescents are very important considering their large number in India. Further, there is a wide variation also observed among different subgroups of adolescents. For example among adolescent female factory workers, concerns about unwanted pregnancy and STIs play a role in whether or not they will enter into a sexual relationship with a boyfriend. They would think about confidentiality and privacy first when they were in need of family planning (Soonthornhada, 1969). It creates a huge concern among adolescent workinggirls and their sexual health. About one-fifth of India’s population is in the adolescent age group of 10-19 years (Registrar General and Census Commissioner, 2011). Unfortunately, the special needs of adolescents are rarely addressed by the educational, health, and the family welfare programs in India (Gupta, 2003)

2. RELEVANCE OF THE STUDY

Adolescents constitute about one fifth of India’s Population. Therefore it represents a huge section of Indian society. It is also important to ensure that they grow healthy and receive all the health services as well as live in safe and supportive environment. However, it is contrasting for adolescents. On the other hand, adolescents are generally considered healthy by themselves, their families, yet they are known to suffer significant morbidity caused by risky behavior and inadequate access to sexual health knowledge and healthcare. This problem is doubled when we bring in the issue of gender disparity in a country like India.

Adolescent girls suffer more because of the social stereotypes and the double standards at family and society level about gender and sexuality. It is proven that younger women are traditionally less accessible to health services, sex information and education it has become the role of Women and Gender Studies to address into this arena so that a tenable solution can be brought about in the near future. Also somehow talking about sex is a taboo subject in country like India still

parents, society and teachers altogether avoid this topic and which leads to various health issues and problems among adolescents.

3. OBJECTIVES OF THE STUDY

- 1) To explore the sexual health knowledge / perception and its sources among adolescents.
- 2) To examines the sexual health risk behaviours among the adolescent girls.
- 3) To explore the policies and programmes related to sexual health among adolescents.
- 4) To examine the impact of stigma and cultural norms on adolescents' attitudes and practices regarding premarital sex and sexual health behaviour.

4. METHODOLOGY

This study used the meta-analysis method to document the results of a systematic review of relevant and selected published research articles, Government reports etc. The analysis of the problems and its causes is presented below in findings. The main focus of the study is on the sexual health knowledge / perception and the sexual health risk behaviours among the adolescent girls. The existing policy and programmes related to sexual and reproductive health among adolescents.

5. DATA SOURCE

This paper critically examines the existing policies and programmes available on Government official websites and research articles published in International and National Journals with special focus on sexual health and adolescent girls. Articles or documents published on government websites, Google scholar, pubmed, jstor, science direct and Wikipedia were consulted for this study.

6. PREMARITAL SEXUAL HEALTH BEHAVIOR AMONG THE ADOLESCENT GIRLS IN INDIA

The key issues which have critically reviewed from existing literature about the premarital sexual behavior and practices among the adolescent groups.

There are number of studies that evidently suggests the premarital sexual behavior and practices among the adolescent groups are comparatively raised in India from the last decades, especially in urban areas. The percentage is 20-25 % male and 6-10% female estimated who have experienced premarital sex. This study explored that somehow adolescents' attitudes became liberal towards premarital sex and their knowledge is still poor about use of contraceptives and safe sex. The study on abortions and STDs also shows that adolescent constitutes sizable numbers and mostly adolescent abortion seeker is unmarried and the delay in seeking abortions, which leads to other health problems among them. There were proven study conducted in STD clinic were the patient were mostly from an urban center and belongs to the age group of 18-19 year old. The findings in this study clearly shown that male are more liberal and female have the restriction and also their belief is that sex should not happen before marriage because of no surety of marriage in this young age. Also if she gets involved in premarital sex, then the society will question her morality and stigmatized her. According to the Indian culture and norms, there is a belief that women should be loyal to her husband. In this study, girls also stated and agreed to that "virginity is most valuable possession" which shows general social norms in Indian culture. According to Indian tradition, women, the potential consequences of pre- marital sex, such as pregnancy, desertion by one's future husband, domestic discord and loss of "honor" for self and the family, may deter sexual activity. The male participants influenced by the patriarchal statements like their liberal attitudes towards premarital sex and behavior for the male but not for female. Here, male participants carried double standards like many of them believed that premarital sex is acceptable for men but not for women. And also young men have multiple partners including commercial sex workers. The ideology of male that is rooted with their culture and patriarchal system, which contradicts with dual standards. Their liberal attitudes allow them toward premarital sex is acceptable for men but not for women. "It is also commonly assumed that family and educational institutions exercise greater control over the sexual behavior of unmarried youth in India than in the West". (Pg.no.139). The gender and decision making power towards sexuality and rights relates to each other. The males are always privileged in this context and feel liberal towards their sexual rights (Leena Abraham and K. Anil Kumar (1999)).

Sexual practices and attitudes towards sex have raised concerns among the young in India. Globalization and changes in socio-demographic profiles also affects the differences between the attitude and behavior of the young and old people.

This study explored that the participants of this study identified opposite sex as a source of romance/attraction. Teenagers had crush on the opposite sex and mostly they were attracted by their neighbors, extended family, teacher, and classmates or with the family friends. Adolescent girls have fear of parents, unintended pregnancy, society are external control for urge of sexual activity among the girls individually comparatively boys. In this article interesting thing is that author explored innumerable concepts related to sexuality and sexual practices such as premarital sex, homosexuality, extramarital sex, masturbation, family planning, sexual fantasies, sex education, commercial sex etc. They have identified the concept of sexuality is attraction towards opposite sex among the young adults attraction was reflected towards their friends, classmates, teachers, extended family, neighbors. The adolescents admitted that they received sex education basically from their friends, family, cousins but they were mostly aware about the myths and taboos related to sexual practices and also mentioned that there was total absence of credible resources to understand sexual practices and behavior. The concept of premarital sex according to respondents it is taboo. There are two age group of respondents' older and younger age group. Both have different concept for the premarital sex the older age group explained that premarital sex lead to adverse effect and also not fully physically developed in adolescent age group. There can be physical harm as well because of this behavior namely: infertility and impotence etc. The younger age group mentioned that it lead to fear of pregnancy, trust of parents and their expectations, societal pressures which stops them to indulge in premarital sex. But they also acknowledged that within a stable or long term relationship with their partners there is no harm in having sex before marriage. The concept homosexuality among the both younger and older age groups. The younger age boys admitted that some of them experienced same-sex especially while watching pornographic films, but the younger girls found this concept horrified. Whereas the older age group respondents were more tolerant and acceptable than younger ones. And the female had different views on the same they were more negative they consider this as disease and relate it with untouchables. The homosexuality was more common among adolescent boys but gradually after marriage they grow out of this behavior. Here the concept of sexual fantasies among the adolescents it is very common and normal. Females were more reluctant to express their fantasies. They easily expressed about their crushes and fantasies etc. It expressed consensus and views of adolescent. There are clear gender differences in their attitudes, views and consensus to sexual practices and behaviours as discussed above. (Bhugra and Mehra et.al., (2007). There is gender disparity in the context of premarital romantic partnership choices and experiences. Somewhere males are more liberal than females and the reason is social norms. WHO indicated that much of the sexual activity that starts among adolescence is high-risk, most of the time non-consensual and unsafe. Because these groups are mostly not aware about the correct information related to safe practices, preventions from unintended pregnancy, STIs and not friendly reproductive health care services. Also the social norms condemn premarital sex, especially for women and there is a big gender disparity in sexual conduct. The increasing age at marriage and declining puberty somehow led the opportune window for young people who may get involve in premarital sexual and romantic relationship. There is double standards for males and females in India, social norms governs sexual behaviors of both. According to Indian culture and norms young women has to marry with her parent's choice and as a result they afraid to disclose their sexual activity. National Family Health Survey (2005-2006), revealed that 9% young men aged 15-19 and 13% aged 20-24 reported having had premarital sex and only 1 % females from both age groups were sexually active before marriage. The young people have so many expectations from these romantic partnerships like casual relationship turns into physical intimacy and then plan for marriages. Females reported that they considered their partnership more into casual relationship than males. According to this Males and females reported respectively 51% and 40 % would like to continue with their partner for marriage. The young people somewhere rely on the peer groups and cinemas for source of information related to sexual behavior and practices. They are poorly aware and misinformed on theses issues. Due to lack information they are prone to negative consequences like unsafe, non consensual sexual practices, unintended pregnancy, STI transmission etc. and our social norms discourage discussion on these topics so they totally rely on these sources. (Hindin & Michelle J. Hindin (2009).

In Indian society, there is a widespread gender inequality, which influence and posed more challenges for the adolescents to attain the knowledge they require. These vulnerabilities of adolescents lead them to various negative sexual and reproductive health outcomes such as unintended pregnancy, unsafe abortions, STD, STI, HIV/AIDS and sexual violence, which rates are increasing in a disturbing rate. The fact is that Indian culture and traditional norms, does not allowed space to discuss about sexual health. And due to this incorrect information, which creates a misunderstanding among the youth and making them less likely to adopt healthy sexual practices and attitudes toward sex enabling them to maintain lifelong sexual health. The right to education and the right to comprehensive sexuality education, says that everyone has the right to education and to comprehensive sexuality the World Association declared education in the statement-10 for Sexual Health (WAS, 2014). "Prevalence of sexual abuse, violence, and physical abuse are increasing

among the adolescence and are increasingly co-occurring with substance abuse. A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53% of boys and 47% of girls surveyed faced some form of sexual abuse” (pg.no. 335). There are some which covers these aspects but not limited to the following topics: Human sexual anatomy, sexual reproduction, reproductive health, reproductive rights and responsibilities, emotional relations, contraception, and other aspects of human sexual and nonsexual behavior. In Indian society, public discussion on sexual nature is totally a taboo. (Ismail and Shajahan et.al., 2015).

Mallika Alexander and Laila Garda et.al. (2007), emphasized on premarital sexual practices among young men and women and factors related to safe and unsafe sexual practices. The people who prefer safe and protective sex are mostly who have the skills in problem solving, decision making, and feeling of self worth. In other hand the people who go for unsafe sexual practices are mostly indulge with substance use, exposure to pornographic materials. In this young person’s family, peer-network, environment also plays important role for preventions from negative outcome. Financial condition, peer pressure and other social factors also play great role for adverse sexual and reproductive health outcomes among the youths. For both young women and young men involvement in romantic and sexual experiences mostly correlated with other variables such as exposure to alcohol, drugs or pornographic films, age, education, frequency of peer contact, positive attitudes toward premarital sex etc. Also gender differences are correlated with the premarital relationship. Shashi kumar Ramadugu and VSSR Ryali et al. (2011), It clearly showed that in their research the students from school have described sexual contact as having touched private parts, kissing, or sexual intercourse. It has reported that 30.08% of boys and 17.18% of girls were into the sexual contacts. About 37 (6.31%) boys and 03 (1.31%) girls had reported having had experienced sexual intercourse. There is average age of first intercourse was 15.25 years for boys and 16.66 years for girls.

Anju Dogra and Vinay Menia et.al. (2019) Highlighted very important points for the need of the study with the adolescent girls as compared to older women, adolescent girls are less likely to access the sexual and reproductive health care. Young people aged between 15 to 24 years account for 41% of new HIV infections worldwide. And 5.2 million HIV-infected individuals are present in India, which is the world’s second largest number. In India school educational systems are now responsible to imparting knowledge and education to students related to sexual health. The teachers are not very much comfortable and often embarrassed to give knowledge for the same to the students even when this exists in school curriculum to educate students about sexual and reproductive health.

Jaya Hindin and Michelle J. Hindin (2009)^[1] expressed in their study that there is gender disparity in the context of premarital romantic partnership choices and experiences. Somewhere males are more liberal than females the reason is social norms. WHO indicated that much of the sexual activity that starts among adolescence is high-risk, most of the time non-consensual and unsafe. Because these groups are mostly not aware about the correct information related to safe practices, preventions from unintended pregnancy, STIs and not friendly reproductive health care services. Also the social norms condemn premarital sex, especially for women and there is big gender disparity in sexual conduct. The increasing age at marriage and declining puberty somehow lead the opportunity window for young people may get involve in premarital sexual and romantic relationship. There is double standards for males and females in India, social norms governs sexual behaviors of both. According to Indian culture and norms young women has to marry with her parent’s choice and as a result they afraid to disclose their sexual activity. National Family Health Survey(2005-2006), revealed that 9% young men aged 15-19 and 13% aged 20-24 reported having had premarital sex and only 1 % females from both age groups were sexually active before marriage.

Recognizing the need for education, protection of rights, and access to healthcare especially for adolescents, the Indian government has come up with multiple policy and programs to improve the sexual and reproductive health of adolescents. These are important initiatives because India has the largest adolescent population in the world and addressing adolescent sexual health is essential to their development.

7. KEY POLICIES AND PROGRAMS INCLUDE THE FOLLOWING:

National Adolescent Health Program (Rashtriya Kishor Swasthya Karyakram — RKSK) The RKSK, launched in 2014, is regarded among the most expansive and multi-dimensional government programs to cater to the health and well-being of adolescents (ages 10–19 years) in India. The program is comprehensive and spreads across six crucial aspects:

1. Nutrition
2. Mental health
3. Substance abuse
4. Non-communicable diseases

5. Gender-based violence

6. Health related to sexuality and reproduction

Adolescents are the main target of RKSK where they can be provided with education regarding the sexual and reproductive health issues, counseling as well as safe space to express their concerns freely without any feeling of insecurity. Designed around peer educators, adolescent-friendly health clinics, and outreach efforts at schools and in communities, the programme seeks to increase awareness about safe sex practices, contraceptive use, and STIs.

The Adolescence Education Programme (AEP), which was jointly sponsored by the Ministry of Human Resource Development (now under the Ministry of Education) and the National AIDS Control Organization (NACO), seeks to impart age-appropriate sexual education in the schools. The program is centered on educating teens about:

- Safe sexual practices
- Understanding consent
- HIV/AIDS and Other STI Prevention

They offered specific suggestions for managing peer influence (for example, controlling one's own high risk) and indicated some general guidelines for making good decisions. The AEP is also a subset of the Life Skills Education programme, which aims to enable adolescents to make well-informed and safe decisions about their sexual health.

NPP 2000 (NATIONAL POPULATION POLICY)

Adolescent health is a key element of the fourth objective on population stabilization in the NPP 2000. The policy promotes delayed marriage, better maternal and child health services, and access to contraceptives for the married adolescents. Although it does not target unmarried adolescents specifically, it does emphasize the need for sexual health education to help young people make informed decisions.

THE NATIONAL AIDS CONTROL PROGRAM (NACP)

The NACP, which is being implemented by the Indian government with assistance from NACO, has been able to create a lot of awareness regarding HIV/AIDS among the adolescents and young adults of today. Although this program was originally created to stem the spread of HIV, it has changed over the years to take into account broader areas of adolescent sexual health. NACO focuses on adolescent awareness by creating partnerships with schools, colleges and community centers to slowly introduce youth to the concept that sex should be safe, and condoms can prevent HIV/AIDS and other STIs if used correctly, as well as regular health check ups by a medical professional.

MINISTRY OF WOMEN AND CHILD DEVELOPMENT INTEGRATED CHILD PROTECTION SCHEME (ICPS)

The ICPS, launched by the Ministry of Women and Child Development, seeks to safeguard the rights of children, including adolescents. Although their primary concern is the prevention of child exploitation, abuse and neglect, the ICPS also contains elements of protection and education for adolescents. Allows the establishment of safe spaces to provide adolescents with information and services on sexual health.

NATIONAL YOUTH POLICY (NYP) 2014

The National Youth Policy is built on an understanding that young people including adolescents need to be empowered and enabled to have access for their health, education, employment and skill development. Although not primarily a sexual health policy, the NYP emphasizes adolescent health and supports health education, a component of sexual and reproductive health, as a critical part of youth development.

MENSTRUAL HYGIENE SCHEME

The Menstrual Hygiene Scheme for adolescent girls was launched on August 10, 2011 by the Ministry of Health and Family Welfare, Government of India to facilitate proper management and hygiene during menstruation especially among the girls in rural areas of India. Although this campaign deals with menstrual health, it indirectly promotes sexual and reproductive health through decreasing stigma towards menstruation, and promoting hygienic practices among adolescent girls.

OBSTACLES AND WEAKNESSES

While these policies exist on paper, the challenge of on-ground implementation remains, primarily due to the social stigma surrounding disabilities, a lack of trained workforce and financial resources, especially in rural regions. Sexual health, despite being an indispensable aspect of quality of life, continues to be a sensitive issue in many parts of the India and adolescents face several cultural barriers that limit their access to information, education and services that they need. Next steps include broadening the fulfillment of these policies to better reflect the unrealized needs of unmarried adolescents, and investing in comprehensive sexual education that is free of stigma. Key Policies on Adolescent Sexual and Reproductive Health in India The Indian government has in general maintained a focus on improving adolescent sexual health, recognizing that empowering young people with the right information and services are crucial for their development and well-being. Efforts to ensure that these programmes remain accessible, inclusive, and non-judgemental, will be critical to the sexual and reproductive health of India's large adolescent population.

8. CONCLUSION

This paper analysed that thus, knowledge of sexual health in adolescent girls plays an important role for a healthy and well-informed youth in all aspects of life. The actions and choices taken amongst the teen years can have lasting effects on health, self-image, and overall wellness. Identification of missing knowledge(s), offering detailed sexual education sessions and eliminating barriers in the social environment will put our young girls in an empowering position to take safer decisions. Families, educators, healthcare providers, and policymakers all have critical roles in enhancing sexual health and in preventing early, unprotected sex. We can all work toward a healthier future by prioritizing education, access to resources, and open, stigma-free discussions about sexual health, thereby moving toward a culture that understands the importance of youth well-being and autonomy and incorporates such values into our social fabric. The various findings of the studies on the sexual health behaviour of adolescent girls from pre marital sexual health point of view clearly reveal the influence of culture and social factors along with few individual factors on their sexual health behaviour. A few studies have shown that early communications about sexual health are beneficial for sexual health knowledge and related behaviors. Likewise, the school in our story cannot lose sight of the fact that free health-care services and mental health support are imperative to help adolescent girls make better choices. Together, the research emphasises the importance of integrated strategies that link education, parenting, and community. A better approach would be to educate adolescent girls to make informed choices with knowledge about safer and non-abusive alternatives leading to a healthier and more aware generation if this information is heeded.

CONFLICT OF INTERESTS

None.

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None.

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