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Myths about Sex and Sexuality

Need for Sex Education

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For some time now, there has been a lot of debate on imparting sex education to adolescents in India. According to a powerful section of society, sex education will corrupt the minds of young people and will promote sexual act before marriage. Contrary to this belief, the present study on rural adolescent girls showed that girls become a prey to incest, rape, unwedded pregnancies and low self-esteem due to lack of sex education and relevant information about sexuality and reproduction. The study strongly advocates the need for sex education to understand the femininity and masculinity of sexuality, myths, misconceptions, questions and anxieties related to it. The sample consisted of 86 adolescent girls, 23 close relatives of these girls, and 31 community-based workers. Interviews, semi-projective tests, focus group discussions, and cognitive mapping, among others, were used to understand the psychosocial world of adolescent girls.

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INTRODUCTION

Adolescence has traditionally been considered as the most difficult period in an individual's development cycle. It has been aptly described, by a great scholar, as 'a ship launching out into the main ocean, without a helm or ballast or a pilot to steer her'. The changes that adolescents undergo (physical, psychological, physiological, hormonal, cognitive and sexual) are not only stressful, but also confusing since these changes occur simultaneously and rapidly in the absence of any kind of support and expert guidance to cope with the transition. The situation is aggravated with uncertainties of career, marriage partner, sex life and the 'self' itself. Confusion deepens with social definitions of adolescence and adolescence being perceived as a period requiring controls and restrictions.

Along with many researchers, Greene, Rasekh and Kali Ashet (2002) say that adolescence does not exist for girls in India — either as an eventful and well-documented interlude between childhood and adulthood, or as a concept in public imagination. According to them, it is a controversial notion in India, as linguistically females are girl children till they marry and after marriage become ‘reproductive beings’. They also observe that adolescence continues to be denied to them by parents and the society. The evidence of it can be found in the treatment of adolescent girls, leading to restrictions on their mobility, behaviour and strict monitoring of their interaction with males in comparison to their younger sisters. Statements like ‘*ab sayani ho gayi hai, ho, ghar me raha karo, akele mat ghomo*’ (now you are an adult, stay at home and do not roam alone) are often uttered to them. In many cases, girls are denied education once they reach puberty or are admitted into all girls’ college. Even bright girl students are not sent out of the city for fear of their security. There are also significant variations in norms, values and behaviour expectations from girls and boys of this age group across cultures. The question raised by Margaret Mead, in her study of girls of Samoa is that the social aspects of adolescence, even if ignored, continue to be relevant till this date (Mead, 1928).

In fact, when does a child cease to be a child and become an adolescent/adult is either not defined clearly or is defined only culturally. We use two terms only ‘*abhi tum bachche ho*’ (you are still a child) or ‘*ab tum bade ho gaye ho*’ (you are now an adult). Moreover, in many countries including those in South Asia and particularly India, the girls, and even boys, marry early and become parents during adolescence, in which case they are expected to behave like mature adults while they are still growing. Becoming a parent only aggravates the turmoil of the teens. Before these adolescents get over the plethora of changes occurring in them, they are burdened to cope with another big event of life — parenthood.

PRESENT SCENARIO

Whenever we talk about sex or sexuality, eyebrows are raised and people call it a Western concept. An adolescent education programme was launched in Uttar Pradesh (UP) on July 4, 2007, and by July 6 the issue was being discussed in the state Legislative Assembly by the Opposition. Hukum Singh, a Member of the Legislative Assembly (MLA) called it a ‘corrupting influence’ on young minds. Another MLA, Om Prakash Singh

demanded to know the logic behind introducing sex education in a state where co-education was still a taboo.

Talking about sex is taboo, studying in a co-education system is taboo and we wish to continue to live with these taboos rather than counter them and change the scenario. If sex education would corrupt the young minds, then child sex abuse, population growth, and maternal deaths due to teenage pregnancies should have been highest in West than in our country.

Sex and sexuality are universal biological truths with several social and psychological aspects associated with it. How can it be Western concept in a country with highest rate of population growth and highest rate of child sex abuse? Let us examine the social consequences of lack of this education and learn from the existing models instead of making a hue and cry and calling it 'against our culture'.

Some answers to these questions are hidden in the data available showing a grave reality. The national level Study on Child Abuse (India: Ministry of Women and Child Development, 2007) reported that 53.22% have faced some form of sexual abuse — the highest rate in the world. Thirty-five percent of all reported HIV infections are in India and, as per the Report of the Uttar Pradesh Network of Positive People, 40% of HIV-positive people in UP are below 25 years. In spite of the Sharda Act being in existence since 1929, the national average age of marriage for women is 16.4 years. Teenage pregnancies (mostly within marriage) are a major cause of poor reproductive health and health outcomes in adolescents. About 15% of pregnancies occur in girls under the age of 18 years, where the risk of maternal death is 2 to 5 times higher. Early pregnancies are also a major risk factor for high neo-natal mortality and 46 million abortions (26 million legal and 20 million illegal) were performed in 1995. The rate comes to 35 per 1,000.

The Netherlands, where abortion is legal and age-appropriate sex education is imparted from childhood itself, has the lowest rate of abortion. It is 7 per 1,000 as compared to 28 per 10,000 in South Central Asia (Henshaw, Singh and Hass, 1999).

The consequences of not working with adolescents is evident in development indicators. They are not equipped with informed choices due to lack of sex education and reproductive health education. It has serious consequences on high maternal mortality rate and neo-natal mortality — the

neo-natal mortality rate was 63.1 per 1,000 live births among infants of adolescent mothers as compared to those between 20–29 years. This is required as 34% adolescent girls are already married and supposedly sexually active. Less than 10% unmarried girls are also reported to be sexually active (IIPS and ORC Macro, 2000; Jejeebhoy, 2000). In comparison, 6% boys of 15–19 years are married, while 20–40% are reported to be sexually active (Kulkarni, 2002; Santhya and Jejeebhoy, 2003). At the global level, girls aged 15–19 years are twice as likely to die from childbirth as are women in their twenties (UNICEF, 2001).

The second and third National Family Health Surveys (NFHS) (conducted by the Ministry of Health and Family Welfare, Government of India) reveal that young people, who form 30% of the population are sexually active as early as 12 and 13 years, with 18–52 % of girls having their first pregnancy between 15–19 years of age. The NFHS-2 shows that 50% of young women are estimated to be sexually active by 18 years.

Girls are often married even before menstruation, but consummation normally takes place after attainment of puberty and a ritual called *gauna*. These statistics tell us that a large number of adolescents — both girls and boys — are sexually active, when they are most vulnerable and have very little information about an activity that may have a profound and disastrous effect on their lives.

The data reported above and those available from several studies and NFHS-2 and NFHS-3 makes us wonder why life skills education, including sexual and reproductive health education, is banned in Indian states.

AIMS AND OBJECTIVES OF THE STUDY

The study has following aims:

1. To explore the psychosocial world of adolescent girls of rural areas, belonging to economically and socially disempowered groups of the society
2. To identify the myths and misconceptions among adolescent girls of rural areas regarding their sexuality and reproductive life.
3. To identify areas for intervention, which will assist the girls with more choices and a better control over their lives, thereby enabling them to live a life of dignity.

The study is expected to influence the policy decisions and resource allocation for adolescents and facilitate development of appropriate

materials to deal with the myths and misconceptions they have about sexuality and reproductive life and help them acquire the life skills necessary to empower them in this context. In the backdrop of the findings, the author is looking for a support group to advocate a unique place for adolescents in policy making, independent of women and children.

METHOD

Sample

The study was conducted in the Gorakhpur and Sitapur districts of UP, and Nainital of Uttaranchal. These are the districts where the Mahila Samakhya — a non-governmental organisation working for women's empowerment through education — had focussed its interventions on adolescent girls and where a large number of adolescent collectives or Kishori Kendras have emerged in the past few years.

The sample consisted of 86 adolescent girls (33 in Gorakhpur, 41 in Sitapur, and 12 in Nainital), 23 close relatives of these girls (mother, sister, or sister-in-law), and 31 community-based workers of the Mahila Samakhya (12 in Gorakhpur, 10 in Sitapur, and 9 in Nainital). All girls and women belonged to the lowest socioeconomic strata in UP and from a rural background. The age of adolescent girls ranged between 12 and 20 years. In case of Sitapur and Gorakhpur, more than 90% of the girls belonged to the Scheduled Caste, Scheduled Tribe, and minority communities. But most of the girls in Nainital belonged to the general category as the overall population of the district consists of mainly upper caste people. The level of education and socioeconomic status of the girls from Nainital was also higher than those of UP.

There was much difference in the level of education of girls in eastern UP and in Uttaranchal. Women of Uttaranchal are very active and mobilised as their male counterparts are usually away from home for jobs.

Research Tools

Interviews and semi-projective tests were used to explore the psychosocial world of the adolescent girls. They were either interviewed individually or met through focussed group discussions. In addition, cognitive mapping, future search dialogues (FSDs), chapatti diagram, life-sketch, anonymous slips of paper, and so on, were some other research tools. The research tools and methodology were based on the perspective that girls should be

given an open and free environment, which would enable them to speak about themselves. They should not be bombarded with questions which would hamper the quality of discussions. Hence, though an interview schedule was prepared, it was meant to be used only as a guiding tool to generate discussion. The emphasis was on maintaining the natural flow of a get-together discussion.

RESULTS AND DISCUSSION

To questions on physical and sexual relationships, the girls, initially, shied away from answering. They were at a loss for words and did not know 'what to say?' On continued probing, the Nainital girls, who had studied up to class 8–12, said that they had come across some references in their science book, but in personal life their knowledge was based on hearsay. For the uneducated girls of Sitapur and Gorakhpur districts, their sources of information were adult talks, adult jokes or something they saw in their own houses, where intimate relations were no secrets due to constraints of space. It needs thinking that such a serious matter, which affects the entire life of girls and boys, does not figure anywhere in our education system. Whatever is taught, as part of science in senior classes, does not really address the realities of life and the most elementary queries and concerns of adolescents. Should not their fears and anxieties relating to real life situations find a place in the curricula? Notions of sex and physicality among the girls were far removed from reality, which later created problems for them in coping with the demands of real life. Some of the younger adolescents, though quiet, did ask on anonymous slips, the meaning of marriage.

Both in Gorakhpur and Sitapur, the girls said that one of their biggest problems was 'whom to ask' and whom to address their queries about their disturbing first-time experiences, strange feelings and emotions occasioned by their physiological and psychological changes. The girls were intrigued by the contradictory messages emanating from within themselves, adding to their confusion. They could not understand that while the birth of a child was a joyful event, why menstruation, which a girl must have before experiencing motherhood, was considered bad and dirty? Why marriage was a must for every girl, but expressing the desire to get married was bad? Why was yearning for sex with husband a taboo? Why were girls often rebuked for applying makeup or wearing fashionable clothes? Why

was this acceptable after marriage? There was no one to answer these questions satisfactorily.

They had many more questions and they wanted answers to them. For example, how does one conceive? What is a physical relationship? What does a boy do after coming in close physical proximity with a girl? Why do physical changes take place during adolescence, like increase in breast size? What is menstruation? Why do girls have menstruation? Is it good or bad? Why does the stomach ache during menstruation? Should they worry about the problems arising during menstruation, such as discharge of blackish blood, non-stop flow, and so on? What happens on the *suhag raat* (wedding night)? How does a baby form? What is hysteria? The girls did not know who to address these questions as eliciting answers to them was considered bad and immoral. If they ever dared to ask their mothers or sisters-in-law, they would take it as a joke and evade the answer by saying 'let the time come, you will know everything'. No one had ever replied to their questions in a satisfactory manner till their association with Kishori Kendras and Kishori Sanghas, where the Mahila Samakhya staff, called Saheli, replied to most of their questions and doubts. This applied to all the adolescent respondents. New associates had yet to have their questions answered. Younger girls were more bothered with questions related to discrimination at home, while confusions of seniors were more related to their body and reproductive issues. Younger girls did ask about the meaning of marriage.

During our discussion with girls across the districts, it came out that many young adolescent girls got involved in love affairs with boys. This was happening in the case of both school going and non-school going girls. Some girls had even tried to elope with boys. Pregnancy outside marriage was also an issue and they identified 'incest' as the reason.

How skewed are their perceptions is reflected in their description of 'what is rape'? They said that it was something wrong/bad done to the victim. But they could not exactly spell out 'what wrong or bad was done'. They agreed that such cases were rampant and could be attributed to two main reasons: (i) ignorance among girls regarding 'what really occurs during physical consummation'; and (ii) unchecked freedom allowed to the boys, who are brazen in their behaviour and subscribe to the popular view that boys/men can do anything they like.

The reason why the girls remained ignorant was that though they attained puberty at the age of 12, information about physical relationship and

its consequences came to them only after they themselves had experienced sex, either through marriage, molestation or criminal assault. The actual experience of sexual/physical relationship through marriage or molestation/rape, without prior knowledge of sex, can cause trauma and can have detrimental emotional impact on the girls, leading to maladjustment in marital relationship and vulnerability to assaults. In another discussion, 80 out of 150 village women revealed that they did not enjoy physical relationship, even after 10–15 years of marriage. They also disclosed that their husbands, generally, beat them if they failed to gratify them sexually. Due to lack of education and information system, absence of an environment where questions can be asked and answers given, the adolescent lacks the maturity to nurture physical and marital relationship. It takes its toll in terms of violence against women.

Despite these experiences on the question of the importance of counseling and educating adolescent girls about sexuality and reproduction and about the various changes that take place during puberty, women responded with a shrug saying: ‘everyone undergoes these experiences and learns just that way’. According to them, where was the need to inform and educate in advance?

Some Misconceptions

Some of the misconceptions the girls harboured before joining the Kishori Sanghas were that physical make-up by girls led to early onset of menstruation and that it was dirty. Entering the temple or kitchen during menstruation made it impure and girls doing so were condemned. They also believed that pickles, salt and small plants would be ruined if touched by a girl during her periods. A number of studies have documented the fact that many menstruation-related taboos are prevalent in India (Desai, Hazara and Hegde, 1990; Singh, 2001).

The perception of girls about physical relations and pregnancy too was very skewed. Some of them thought that kissing or sleeping on the same cot with a boy would cause pregnancy. Most of them did not have a clear idea that they could control pregnancy. A Mahila Samkhya study (2006), which, explored girls’ knowledge of pregnancy, reported that 11 out of 33 girls in Auraiya district said that they knew something about conception, but that their knowledge was incomplete or, at best, vague. They said, ‘it takes place only after you marry’ or ‘there are two eggs; something happens with them and a child is conceived’.

These girls were very curious to get answers to their queries and questions. Approximately 40% of adolescent girls talked to their friends about menstruation and about 12–15% to either their older sister or sister-in-law or mother. Their sources of information were as mythical and unauthentic as their own. The Mahila Samakhya study also demonstrated that 48.5% girls of Auraiya district and 53% girls of Sitapur district were convinced of the correctness of restrictions on girls during menstruation when they were impure and anything they touched was defiled. They even believed the myth that if restrictions were lifted, the girls might become pregnant.

Knowledge of reproductive health, physical relations and sexuality among girls was very poor, unscientific, mythical and distorted. This was true in case of all the girls, whether educated or uneducated. In a separate study organised for educated girls from both rural and urban settings, to evaluate their awareness of adolescent issues, the results were disappointing. The knowledge was minimal and far removed from the realities of life. Even among girls who had attended high school, awareness was limited to the chapter on ‘marriage’ taught in the home science class. Many girls admitted that they did not know anything about physical relationship until they got married. They were so carried away by myths based on films and run-of-the-mill books that they thought a girl would become pregnant if touched or kissed by a man.

It was the ignorance of sexuality among girls that led to pregnancies before marriage, for which they were punished, sometimes losing their life. Ironically, severe repression of the sexual urge, as expected by society, often led to the breakdown of marriage. There was no authentic source to address their adolescent queries of physiological and psychological changes and the strange feelings and emotions stirring in their breast.

Some of the reasons for lack of awareness on sex among girls were that they did not have any confidant in their close circle with whom to share their anxieties. Second, there was the fear of being branded wicked if they asked ‘those’ questions. Third, no one in the family possessed the right kind of knowledge. Fourth, elders did not have the ability to communicate effectively, even if they had some information worth its while. Last, the facts of married sex life were dealt with rather casually and not considered important enough for serious thought. They were treated as a kind of joke and the girls were free to interpret it in whichever way they liked.

Physical relations before marriage, including incest, was not uncommon. Girls reported many cases in which fathers were involved in sexual exploitation of their daughters. In such cases, the first move is to abort the pregnancy, usually through quacks, or else the girls are made to consume certain things which are harmful to them. If the pregnancy cannot be terminated, the girl may even be killed by her own parents. In UP, boys are not held accountable in such cases; in Uttaranchal, however, the boys are made to answer.

Even though the girls are brought up in a highly restricted and controlled environment, which disallows them to move out of the house or interact even with female friends, affairs with boys ensuring in physical relations do take place. In Sitapur district, the issue of pregnancy before marriage came up during a group discussion. Some of the girls, with old associations with Kishori Sanghas, could muster courage to talk about this tabooed subject. Also, it was timely to discuss this issue as only a few days back, a 16-year old girl had been poisoned by her own parents when her pregnancy was discovered. What was surprising, even alarming, was that almost the entire village knew about it but none dared to avert this gruesome deed. None informed the police either. If the parents had not poisoned their daughter, the villagers would, perhaps, have ostracised the girl and her family. In Nainital district, when a reference to this incident was made, it was taken very casually because such cases were not unusual. Unwed motherhood did not appear to hold any surprises for the girls. They had heard of it. They also knew that, generally, the culprits were within the family itself or from the *pattedari* — uncles, cousins and rarely, even father.

Come to think of it: if the girls are not allowed to go out of the house and we still hear of pregnancy among unmarried girls, who are then the culprits? (A community-based worker from Sitapur)

Seven of the 40 girls who joined residential literacy classes in Gorakhpur Mahila Samakhya, were found to be involved in physical relations with the men of their villages. On probing, it became evident that these girls were lured by small gifts and words of appreciation and love, something that was lacking at home. They also accepted that they had no knowledge of physical relations and its implications before their involvement. In one case, the parents themselves were responsible for such a relationship.

BOX 1

Nisha, a 15-year old girl from a village in Sitapur district was poisoned by her parents. Next day, they floated the story that their daughter had died of cholera. In reality, the girl was having illicit relationship with a boy from the neighbourhood. The matter came to light after Nisha had been pregnant seven months. Shockingly, the boy who was behind the affair had, meanwhile, developed a similar relationship with Nisha's younger sister. The villagers, despite knowing the truth, neither raised eyebrows over Nisha's mysterious death nor did they punish the boy. A popular local saying explained it all: *Ladka sau ghar laangh sakta hai par bachna ladki ko chahiye* (a boy can have any number of illicit liaison but the onus is on the girl to protect herself).

In Sitapur district, the incidence of incestuous relationships between the father and the daughter worked out to roughly one family per village. As there is no reliable data available, it is hard to authenticate the estimated number. However, there is no doubt that incest is not rare. The girls are lured into such a liaison at an age when they do not even know the meaning of it. Most of the time, they are threatened with dire consequences if they report anything about it to anyone. They know that they alone will be blamed and beaten, or hurriedly married off. Thus the freedom that they enjoy, however meagre, will be lost. It has been observed that when girls hint/tell their mothers about being touched or fondled by uncles, close family friends or relatives, it is completely ignored as incredible, or a gesture of affection misconstrued by the girls. May be, the mothers refuse to accept the involvement of kith and kin in such unsavoury relationships because of the unconscious fear that it would break relations and bring a bad name to the girl.

As to the fate of the unmarried, pregnant adolescent girls, the first move is to contact either a doctor or a *dai* for abortion. Sometimes, girls are married off. If abortion is not possible for different reasons, the girl is put to death by one of the family members or her life is made so unbearable that she is forced to commit suicide. Mothers, usually, do the dirty work because it is they who are blamed for not having imparted good *sanskars* (values) to their daughters, culminating in shame. In Nainital, the girls said that they had not heard of anyone being killed, but an unwed adolescent mother, was expelled from the village, along with her own mother, in Dhari Block. No one knows what happened to them thereafter.

The female relatives of the girls interviewed in the study, too, had several misconceptions even though they were married and had children. Eighteen out of 23 women said that their menstruation started 2–4 years after marriage. Meanwhile, they continued to have sex with their husbands. Five out of 23 women reported that they became pregnant without the experience of menstruation. These women did not know that menstruation was a precondition to childbirth. They got married before puberty and got pregnant without experiencing menstruation. It is also possible that since menstruation is considered impious they denied it or became amnesic of this experience. Curiously, some women went on to say that they did not menstruate even after giving birth to 2–3 children.

We cannot expect these women to transmit authentic information to their daughters, sisters, or sisters-in-law necessitating the need to sensitise and train them on critical issues of life as they will always be a major source of information to the new generation.

Some Harmful Practices

A practice common in villages, as shared by group, was that whenever girls felt pain in their breasts their mothers tightly bound them with a hot chapatti or applied ointment. Increase in the size of breasts was considered bad and provocative. It attracted undue attention from men and had, therefore, to be stopped.

They further stated that they hid from their mothers or mothers-in-law that their adolescent granddaughters were menstruating, for fear that they would pressurise for the early marriage and *gauna* of the girls. They said that, for the same reason, even the daughters sometimes did not tell their mothers about their menstruation possibly because it meant intensification of restrictions. Sometimes, they came to know of this fact after their daughters had given birth to children.

Visualising Their Own Adolescent Days

The researchers tried to lead some women back to their adolescence using some self-realisation exercises. This helped them to open up a bit and come forward to narrate their experiences. Their ignorance about critical facts of life and the tremendous difficulties they had to encounter on account of lack of information was shocking. They were still bearing the brunt of it. There was a U-turn in their opinion about adolescent education and training after this self-realisation. It took a while before these women, shedding

their rigid stance, showed genuine concern for their daughters. They also made many suggestions to equip their daughters with the necessary facts of life to enable them face an uncertain future with confidence and courage.

The women said that, normally, at time of marriage, girls were in their early teens and the grooms in their early or mid-twenties. Men being older and having had greater opportunities of socialisation were aware of many things of which their wives were not. The gap between the high expectations of the husband and the inexperience of the wife creates a rift that rarely mends. Many times, husbands leave their wives for other women (that is, second wife or a mistress). This statement of the women showed that while they were aware of the crux of the problem, the rigours of the social system had forced them to turn a blind eye to the link between sexual satisfaction and a healthy relationship between married partners. They strongly expressed themselves in favour of providing information and education to their daughters/sisters-in-law to prepare the nubile girls to meet the exigencies of sex and marriage in life. This contrasted with their earlier stand that the girls did not have any problems or that their problems ended with their marriage.

On the first night (after wedding) my husband tied my hands and legs to the bed and raped me repeatedly. My husband and I had to undergo a lot of unnecessary pain and trouble because of my inexperience and lack of understanding. (32 years old woman from Gorakhpur)

CONCLUSION

There is an urgent need to work with Indian adolescents as they constitute a large section that is, 21.4% of the population (India: Ministry of Human Resource Development, 2000). The young people (10–24 years) are soon going to be 30% of the world population. Also, the process of social change is much faster if one works with adolescents because working with adolescents means working with three generations simultaneously: adolescents themselves and their peers; the adults that is, their parents, elder brothers and sisters-in-law, uncles and aunt; and the generation to come for whom these adolescents will become a model of help directly and consciously. In the backdrop of lack of awareness of the characteristic physiological, hormonal and psychological changes that adolescents undergo and the challenge of adjustment it poses for them, they are seen as troublesome and a threat to the family and society. Hence, there are efforts to control and leash their adolescence instead of channelising their energy and providing the required support. Indeed society needs to capitalise on their

immense energy, excitement to take risks, and the capacity to innovate. The present study on rural adolescent girls showed that they have lots of myths and misconceptions about menstruation, sexuality, child birth, contraception, and so on, making them highly vulnerable to incest, rape, unwedded pregnancies and low self-esteem. The author strongly advocates the need for imparting sex education to the adolescents to equip them with life skills necessary to empower them in this context. The study also highlights the importance of imparting sexuality-related education to the parents of the adolescents as well. They are sources of information for adolescents, but since they are themselves misinformed they pass their own myths and misconceptions to the young generation.

Adolescents should be recognised as a separate age group as its needs are unique. Presently, they are merged with women or children under the Ministry of Women and Child Development or with Youth under the Ministry of Youth Affairs with diverse focus. A national policy on adolescents needs to be developed, which addresses their psychological, social as well as physiological needs.

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