INTRODUCTION
Introduction:

'Reproductive Health' is a state of complete physical, mental and social well-being, and not merely the absence of Reproductive disease or infirmity. 'Reproductive Health' deals with the Reproductive processes, functions and system at all stages of life.

Definition of Youth, Adolescents, and Young People

The terms "youth," "adolescents," and "young people" are all used to describe people in the stage of life that marks the transition from childhood to adulthood. The World Health Organization defines "adolescents" as people age 10-19; "youth" as those age 15-24; and "young people" as those age 10-24 (World Health Organization, 1989). Defining this stage by age has several advantages; chief among these is that indicators based on age can be compared across countries and cultures.

The concept of "Reproductive Health"

'Reproductive Health' does not start out from a list of diseases or problems - sexually transmitted diseases, maternal mortality - or from a list of programmes - maternal and child health, safe motherhood, family planning. 'Reproductive Health' instead must be understood in the context of relationships: fulfillment and risk; the opportunity to have a desired child or alternatively, to avoid unwanted or unsafe pregnancy. 'Reproductive Health' contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation.
The most significant achievement of the Cairo Conference was to place people firmly at the centre of development efforts, as protagonists in their own ‘Reproductive Health’ and lives rather than as objects of external interventions. The aim of interventions is to enhance ‘Reproductive Health’ and promote Reproductive Rights rather than population policies and fertility control. This implies the empowerment of women (including through better access to education); the involvement of women and young people in the development and implementation of programmes and services; reaching out to the poor, the marginalized and the excluded; and assuming greater responsibility for ‘Reproductive Health’ on the part of men.

The concept of ‘Reproductive Health’ differs from existing family planning and maternal and child health programmes

Programmes dealing with various components of ‘Reproductive Health’ exist in some form almost everywhere. But they have usually been delivered in a separate way, unconnected to programmes dealing with closely interdependent topics. For example, the objectives, design and evaluation of family planning programmes were largely driven by a demographic imperative, without due consideration to related health issues such as maternal health or STD prevention and management. Evaluation was largely in terms of quantity rather than quality - numbers of contraceptive acceptors as opposed to the ability and opportunity to make informed decisions about ‘Reproductive Health’ issues. In general, such programmes exclusively targeted women, taking little account of the social, cultural and intimate realities of their Reproductive lives and decision-making powers. They tended to serve only married people, excluding, in particular, young people. Services were rarely designed to serve men even though they have ‘Reproductive Health’ concerns.
of their own, particularly with regard to sexually transmitted diseases. Moreover, the involvement of Men in ‘Reproductive Health’ is important because they have an important role to play as family decision-makers with regard to family size, family planning and use of health services.

The ‘Reproductive Health’ services include:

The precise configuration of ‘Reproductive Health’ Needs and concerns, and the programmes and policies to address them, will vary from country to country and will depend on an assessment of each country’s situation and the availability of appropriate interventions. Globally, however, both the epidemiological data and the expressed wishes of diverse constituencies indicate that ‘Reproductive Health’ interventions are most likely to include attention to the issues of family planning, STD prevention and management and prevention of maternal and perinatal mortality and morbidity. ‘Reproductive Health’ should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, Reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility, Malnutrition and Anemia, and Reproductive tract Cancers. Appropriate services must be accessible and include information, education, counseling, prevention, detection and management of health problems, care and rehabilitation.

‘Reproductive Health’ affects, and is affected by, the broader context of people’s lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and Reproductivebehaviours are governed by
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complex biological, cultural and psychosocial factors. Therefore, the attainment of ‘Reproductive Health’ is not limited to interventions by the health sector alone. Nonetheless, most ‘Reproductive Health’ problems cannot be significantly addressed in the absence of health services and medical knowledge and skills.

Biological factors alone do not explain youth’s disparate burden. Their social, economic and political disadvantages have a detrimental impact on their ‘Reproductive Health’. Young people of both sexes are also particularly vulnerable to ‘Reproductive Health’ problems because of a lack of information and access to services.

Identification of ‘Reproductive Health’ Needs and Assess Priorities:

A number of countries have expressed the desire to move forward with a new and comprehensive approach to ‘Reproductive Health’. Support to national authorities in carrying out a systematic review of ‘Reproductive Health’ needs at country level should focus on the importance of adding innovative and participatory approaches to more familiar epidemiological methodologies in which the process tends to be directed by experts and framed by biomedical approaches and indicators. The identification of ‘Reproductive Health’ Needs, the determination of priorities and the development of programmatic responses to those needs should be conducted through an inclusive process, soliciting the perspectives of a range of groups concerned with ‘Reproductive Health’ including, for example, women’s health advocates, youth groups, health care providers at the periphery as well as at the central level, health planners, researchers, and non-governmental organizations.
Several instruments have already been developed for situation analysis and needs assessment in different components of 'Reproductive Health', for example, family planning and safe motherhood. However, in the context of the new approach to 'Reproductive Health' it is necessary to ensure that assessment and prioritization reflect people's concerns as agreed at national and local levels and not the priorities of agencies or donors. It is important to avoid duplication and to develop tools that are appropriate for countries themselves. A number of such instruments already exist and are widely used. However, it is important to ensure compatibility and consistency among the various instruments currently available.

Similar considerations apply to the selection of priorities for action in 'Reproductive Health'. Criteria for identification of priority problems should include not only importance - prevalence, severity, public concern, government commitment, impact on family, community and development - but also the feasibility of addressing them - known interventions, cost-effectiveness, availability of financing, human resources and adequate equipment and supplies.

'Reproductive Health' Rights are Human Rights:

"Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and 'Reproductive Health'. It also includes the right to make decisions
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concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents." (Source: International Conference on Population and Development, Programme of Action, Para 7.3)

Reproductive rights should be an area where NHRIs (National human rights institutions) take charge, help set the public agenda and assist the state in living up to its responsibilities in a way that is transparent, participatory, non-discriminatory, empowering and sustainable.

Youth 'Reproductive Health' Needs:

Almost 1.8 billion people in the world today are between 10 and 24 years old. They have unique needs that must be addressed to promote social, economic and political progress. Despite the geographic, economic, and cultural diversity around the world, adolescents express similar concerns related to their education, economic life, and health. As part of the largest youth cohort in the history of the world, today's adolescents need information, services, and support to prevent unplanned pregnancies, unsafe abortions, HIV/AIDS and sexually transmitted infections (STIs). In addition to the negative physical consequences of poor 'Reproductive Health', adolescents also face social consequences from unplanned pregnancies and STI/HIV infection, including limited educational and employment opportunities. This ultimately leads to adolescents' inability to contribute to their communities and to society.

Each year, 15 million adolescents aged 15 to 19 years give birth, accounting for up to one fifth of all births worldwide. In the developing world, about 40 percent of women give birth before the age of 20, ranging from a low of 8 percent in East Asia to a high of 56
percent in West Africa. Annually, nearly 4.5 million adolescents in developing countries have abortions, most of which are performed under unsafe conditions. Young women frequently have limited knowledge of or trust in the health care system, which limits prenatal care and contributes significantly to pregnancy-related complications. Girls aged 15 to 19 who give birth — as well as their newborns — are twice as likely to die or have complications from childbirth compared to women in their 20s. Girls below the age of 15 are five times more likely to die from childbirth. A substantial portion of pregnancy-related mortality and morbidity is a direct consequence of unsafe abortions. Compared to older women, adolescents are more likely to have an abortion later in pregnancy (even in settings where abortion is legal) and to choose an unsafe provider, thus placing themselves at greater risk.

STIs also pose significant risks for adolescents. The highest rates of infection for STIs, including HIV, are found among young people aged 20 to 24, with the next highest rate occurring among adolescents aged 15 to 19. Each year one out of twenty adolescents contracts an STI, some of which can cause lifelong health problems if left untreated. In many regions of the world, new HIV infections are heavily concentrated among young people aged 15 – 24. Among individuals 15 years and older, young people accounted for 40 percent of new HIV infections in 2006. Every day, more than 6,000 young people aged 14 through 24 become infected with HIV. And Young women are especially vulnerable to HIV infection. In sub-Saharan Africa, young women are at least three times more likely to be HIV-positive than are young men; and in the Caribbean, young women are 2.4 times more likely to be infected. Several factors contribute to poor ‘Reproductive Health’ outcomes among youth around the world, including:
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> Limited knowledge of the risks of unprotected sex and methods of contraception
> Lack of decision-making, negotiation, communication and other life skills needed to practice safer sexual behavior such as abstinence, delaying using condoms and contraceptives consistently and correctly
> Limited access to ‘Reproductive Health’ and family planning services, including STI and HIV/AIDS
> Inadequate support for adolescent ‘Reproductive Health’ from Communities and societies.

Youth-adult partnerships on HIV prevention

Youth-adult partnerships and programmes are an innovative way of involving young people in HIV prevention efforts. They are based on the understanding that young people have a right to participate in programmes that affect them and on the experience that programmes are more sustainable and more effective when youth are treated as partners. Because youth are often less powerful, articulate and knowledgeable than their adult partners, youth-adult partnerships focus on technical assistance and training that empower young people to make their voices heard.

Provided with necessary means and skills training, young people can be important advocates for their specific sexual and ‘Reproductive Health’ needs. Given the possibility to speak up, they can introduce more youth sensitive perspectives to policy-making processes. For example, in 2005, a UNFPA-supported pilot project and recruited young people in Botswana to contribute to the National AIDS Coordinating Agency through a midterm review of the National Strategic Framework for HIV/AIDS. In Thailand, young
people were recruited to contribute to the national development frameworks that guide all UN programming in those countries.

UNFPA’s commitment to youth participation is reflected in a wide range of initiatives from peer education to advocacy work. These initiatives build on and utilize the skills, knowledge and enthusiasm of young people. Increasingly, young people are participating in important events that help shape the global response to HIV/AIDS, such as the UN General Assembly Special Session on HIV/AIDS and the International AIDS Conference.

A number of major, regional programmes focusing on HIV prevention among young people were initiated with support from UNFPA and others since 2000, and the final reports from these programmes offer a number of lessons and good practices to be incorporated into future efforts. These include the African Youth Alliance, AfriYAN, the ‘Reproductive Health’ Initiative for Youth in Asia, and a major OPEC-Fund supported initiative to prevent HIV among vulnerable populations in Central America and the Caribbean.

The Research Problem

Although young people generally constitute one of the healthiest population groups, poor health resulting from disease, accidents or injury is not insignificant for them. Factors that influence the health of young people are numerous and interrelated. Consequently, successful health policies for this group must be interdisciplinary and intersectoral, taking into account not only their physical condition, but also their personal, social, emotional and mental development. It is therefore imperative that national youth health policies and
strategies extend beyond the health sector. Health professionals can contribute to the nurturing environment that should be provided by parents, community leaders and others who bear responsibility for the health of young people. Equally or even more important, however, is young people's participation in all stages of health provision including needs assessment, design, delivery and evaluation to ensure that health responses are appropriate, effective and efficient. Promoting good health for young people depends a great deal on providing appropriate information and on facilitating the development of life skills through which youth acquire the ability to deal with sexuality in a mature manner, to exercise good judgement, to build and maintain healthy self-esteem, to manage emotions and feelings, and to handle pressure. There is an urgent and ongoing need to address young people's sexual and reproductive health using a preventive, rights-based, gender-responsive and empowering approach. Relevant efforts should build on the creative energies of youth and respect their rights and capacities for participation and leadership in decisions that affect their lives. Sexual and reproductive health tied to emotional, mental and physical health as part of the holistic concept of overall well-being is an essential component of young people's ability to become well-adjusted, responsible and productive members of society. In the present study is aimed at understanding the sexual health behavior, nature of status of reproductive health among youth, and their awareness and concerns over HIV/STD.