Chapter – VIII

Summary and policy implications
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SUMMARY AND POLICY IMPLICATIONS

Preparing the young people for the transition to adulthood, a time when sexuality and relationships are central is a challenging issue. Currently, young people in most parts of the world especially in rural areas receive little accurate information about sexuality and protecting their health, leaving them vulnerable to coercion, abuse, unintended pregnancy and sexually transmitted infections including HIV. Sexuality and reproductive health (SRH) are among the most fundamental aspects of life. Yet they often receive little attention in public policy discussions because of cultural and political sensitivities. In India, traditional religious and family values designed to protect young people can restrict SRH education for youth. Indians commonly assume that young people do not need to know about SRH issues until they are married. This idea is rooted in traditional values and long-standing taboos surrounding sexuality that need to be examined in the light of protecting health.

In India, young people receive very limited SRH education through the formal school system. Both national and sub-national surveys have shown that young Indians lack basic information on Reproductive and Sexual Health topics and often receive information from sources that may be misleading or inaccurate which leads to serious health risks. Therefore, the present study shed a light on studying the knowledge, attitudes and practices on reproductive and sexual health matters among rural youth in relation to their background characteristics, which is crucial for policy formulation. This study is based on primary data collected in rural areas of Chittoor district, Andhra Pradesh. The total sample consists of
450 male youth in the age group of 15-24 years, from three differentially developed revenue divisions representing 150 from each.

**Background characteristics**

Nearly one-fifth of the respondents (20.2 per cent) were in 21-22 years age group and 44.5 percent were in 23-24 years age group. An overwhelming proportion (84.0 per cent) of youth were single and has less opportunity to know as well as discuss the reproductive and sexual health perspectives. Majority of youth were Hindus (83.3 per cent) followed by Muslims (9.3 per cent) and Christians (7.4 per cent). With regard to caste, one-third (33.1 per cent) of youth belongs to forward and backward caste, two-fifths (40.0 per cent) of the respondents belongs to scheduled caste and little over one-fourth (27.3 per cent) represents schedule caste. Majority (70.0 per cent) of youth belongs to nuclear families and around one-third (30.2 percent) hailed from joint families, which indicates the changes in the family structure of Indian society especially in rural areas. Little over one-fifths (21.6 per cent) of youth were studied up to secondary education and 44.0 percent had college education which shows the better educational level in the study area.

Among the school enrolled youth, an overwhelming proportion (89.8 per cent) of them was studied in government institutions and the remaining (10.2 percent) were studied in private educational institutions. In the study area, one-third (33.3 percent) of youth were non-agricultural laborers, 22.4 percent were cultivators, 20.7 percent were skilled workers, 12.7 percent were agricultural laborers and the rest (10.9 percent) were shopkeepers. Thus, majority of rural youth were engaged in non-agricultural occupation. The findings show that three-fifths of youth were representing higher income group in the study area. About two-fifths (40.0 per cent) were earning Rs. 3001-4000/- per month and
one-fifth (19.3 per cent) of them were earning Rs. 400/- and above. Therefore, majority of rural youth had better financial status, which may result in more purchasing power and, decision making in several aspects. Nearly three-fourths (73.3 per cent) of rural youth gave away all their earnings to the family which indicates responsibilities of youth towards family management in rural areas. Nearly half (47.8 per cent) of rural youth expressed that they were 'some extent religious' and a notable proportion (39.8 per cent) viewed that they were 'not at all religious'. Thus, these proportions of rural youth have positive attitude to get information on reproductive and sexual health issues, thereby having better reproductive health outcomes.

With regard to living arrangements, majority (71.1 per cent) of youth were living with both father and mother. However, almost (98.4 per cent) all the youth opined that it was difficult or lacking communication on reproductive and sexual health matters with their parents. More than three-fifths (62.9 per cent) of rural youth had no media exposure on reproductive and sexual health concerns. In the study area, majority of the sampled youth were scheduled caste and tribe with poor socio-cultural status. Little over one-fifth (22 per cent) had moderate health status and another one-fourth (25 per cent) opined that their health status was good. Regarding general health problems, nearly one-fourth (23.3 per cent) have suffered with high fever / malaria and one-fifth (21.6 per cent) of them have suffered with asthma. Among youth who had health problems, only three-tenths (30.2 per cent) had sought treatment. Rural youth who had health problems, little over one-third (35.0 percent) sought treatment from government facility. In the study area, nearly one-fourth (24.2 per cent) of youth were having the habit of smoking, one-fifth (19.3 per cent) with alcoholism, one-fourth (23.8 per cent) were having the habit
of chewing. Thus, in the present study, an overwhelming proportion of rural youth were having health risk barriers. Little over one-fifth (22.7 percent) of youth opined nutritious food and disciplined life can be treated as healthy life style. Another one-fourth (25.1 per cent) of youth considered healthy life is possible by way of avoiding tension and about one-fifth (17.5 per cent) of them viewed playing games is a healthy habit.

Knowledge on reproductive and sexual health matters

The overall results show that the knowledge on reproductive and sexual health matters is lower among the youth in younger age group than the older age counterparts. The mean score of knowledge among youth on female reproductive system is low at 4.74 for 15-18 years age group followed by 5.45 for 19-20 years, 6.44 for 21-22 years and 7.93 for 23-24 years age group. The mean score of knowledge on changes during adolescence is 8.64 for the youth in 15-18 years age group followed by 9.48 for 19-20 years, 10.10 for 21-22 years and 10.81 for 23-24 years age group. Mean score of knowledge on family planning is 4.43 for those who were in the age group of 15-18 years followed by 5.48 for 19-20 years, 5.18 for 21-22 years of age and 5.73 for 23-24 years age group. The mean score of knowledge on STD and HIV/AIDS is 8.60 for the youth who were in the 15-18 years of age group followed by 8.69 for 19-20 years, 8.70 for 21-22 years and 9.74 for 23-24 years age group. Similarly, mean score of knowledge on sexual aspects by age is also increasing with an increase in age. It is 3.58 for 15-18 years age group followed by 4.17 for 19-20 years, 4.77 for 21-22 years and 4.80 for 23-24 years age group. The mean score on knowledge on female reproductive system is high (6.67) for youth who belongs to Hindus followed by 6.55 mean score for Christians and 5.64 for Muslims. Similarly, the mean score of knowledge
on changes during adolescence is high for Hindus (10.22) than the Christians (9.64) and Muslims (8.93). The mean scores of knowledge on family planning are in between 5.14 - 5.40 for different religious groups. Higher mean score (9.33) of knowledge on STD and HIV/AIDS is noticed for Hindus followed by 7.55 for Christians and 7.36 mean score for Muslims. The mean score of knowledge on sexual aspects for youth who belongs to Hindu and Christian religion are 4.59 and 4.27 respectively while it is 3.95 for Muslim youth. The findings show that youth who belongs to Hindu religion have higher mean score of knowledge on reproductive and sexual health matters than the Christians and Muslims.

In nutshell, the findings reveal that unmarried rural youth were having less awareness on reproductive and sexual health concerns than the married youth. Higher mean score of knowledge (7.69) on female reproductive system is found for married youth than unmarried counterparts (6.44). Similarly, Unmarried youth are having lower mean score (9.76) of knowledge on changes during adolescence than the married youth (11.58). With regard to knowledge on family planning, un-married youth are having lower mean score (5.31) than the married youth (5.64). Un-married youth had less awareness on STD and HIV/AIDS than married youth and their mean scores are 8.53 and 11.57 respectively. However, the mean score of knowledge on sexual aspects of youth by their marital status is almost similar, that is 4.56 for married and 4.50 for unmarried.

The results shows that lower caste youth were having less awareness as compared to forward caste on reproductive and sexual health matters among the sample population. Forward caste youth have higher mean score (7.30) of knowledge on reproductive matters followed by backward caste (6.83), scheduled caste (6.02) and scheduled tribe (5.76). Forward caste youth have higher mean
score (10.28) of knowledge on changes during adolescence followed by youth of backward caste (10.19), scheduled caste (9.97) and scheduled tribes (9.42). Regarding the knowledge on family planning, youth who belongs to forward caste have higher mean score (5.79) of knowledge followed by backward caste (5.30), scheduled caste (5.14) and scheduled tribe (4.68). Higher mean score of knowledge (10.64) on STD and HIV/AIDS is observed among forward caste youth than the backward caste (9.09), scheduled caste (8.29) and tribes (7.82). As usual, forward caste youth were having higher mean score (5.05) of knowledge on sexual aspects followed by backward caste (4.61), scheduled caste (4.16) and tribes (3.91).

In brief, the findings show that illiterate youth were having less knowledge on reproductive and sexual health matters and it is vice-versa among youth with higher education. Illiterate youth have lower mean score (5.68) of knowledge on female reproductive system than the youth educated up to primary level (6.74), secondary level (6.84) and college level (7.01). Regarding the knowledge of youth on changes during adolescence, illiterates have less mean score (9.79) of knowledge as compared to those with primary education (9.83), secondary education (9.93) and college education (10.76). Rural youth who were illiterates have less mean score (4.86) on family planning awareness than youth with primary (5.28), secondary (5.42) and college level education (5.69). Illiterate youth are having lower mean score (8.25) of knowledge on STD and HIV/AIDS as compared to those who were educated up to primary (8.90) secondary (9.39) and college education (10.71). It can be also observed that illiterates have lower mean score (3.90) of knowledge on sexual aspects followed by youth with primary (4.18), secondary (4.69) and college education (6.89).
Based on the overall findings, it can be inferred that youth who studied in government institutions were having more knowledge on many aspects of reproductive health than the youth who attended private institutions. The youth who studied in government institutions have higher mean score (6.70) of knowledge on female reproductive system than the youth who attended in private institutions (5.84). Youth who studied in private institutions were having less knowledge on changes during adolescence (8.68) than the youth who studied in government institutions (9.97). Rural youth who attended government schools have higher mean score (8.83) of knowledge on STD and HIV/AIDS than youth who studied in private institutions (7.05). However, regarding the knowledge on sexual aspects, no significant difference has been observed for youth who studied in government and private institutions, being score of 4.74 and 4.55 respectively.

It can also be concluded that occupational category of youth have decisive influence on the knowledge of many reproductive and sexual health matters. Youth who were agricultural laborers have lower mean score (6.17) on female reproductive system as compared to youth who were cultivators (6.39), non-agricultural laborers (6.63), shopkeepers (6.64) and skilled workers (7.21). Lower mean score of knowledge on changes during adolescence is noticed among youth who were agricultural laborers (9.41) as compared to youth whose occupation was cultivation (9.81), non-agricultural laborer, shopkeeper (10.28) and skilled worker (10.42). Lower mean score of knowledge on family planning matters is found among youth who were agricultural laborers (4.94), than the cultivators (5.19), non-agricultural laborers (5.37), shopkeepers (5.47) and skilled workers (5.64). Regarding knowledge on STD and HIV/AIDS, lower mean score is noticed for agricultural laborers (4.36) followed by youth whose occupation was
cultivation (7.66), non-agriculture laborer (9.01), shopkeeper (9.59) and skilled worker (10.91). The mean scores of knowledge on sexual aspects ranges in between 4.43 to 4.90 only.

The mean score of knowledge on female reproductive system is low as 3.48 for youth who had an income of Rs. 2000/- or below followed by 6.51 for those in the income group of Rs. 2001-3000, 6.97 for those in the income category of Rs. 3001-4000 and 7.24 for those who were earning a monthly income of Rs 4001 and above. The mean score of knowledge on changes during adolescence is 9.00 for youth who earns a monthly income was Rs. ≤ 2000/- followed by 9.86 for those in the income group of Rs. 2001-3000, 10.18 for those in Rs. 3001-4000 income group and 10.48 for the youth whose income was Rs. 4001 and above. Lower mean score (3.90) of knowledge on family planning matters is found for the youth who were earning a monthly income of Rs. ≤ 2000/- as against 5.35 mean score for those in the income group of Rs. 2001-3000, 5.39 for those in Rs. 3001-4000 group and 5.60 mean score for those whose income was Rs. 4001 and above. Lower mean score (5.45) of knowledge on STD and HIV/AIDS is found for youth whose monthly income was Rs. ≤ 2000/- followed by 9.14 mean score for those in the income level of Rs. 2001-3000 income group, 9.28 for the youth in the income group of Rs. 3001-4000 and 9.35 for those whose income was Rs. 4001 and above. The least score (3.55) is noticed on the knowledge on sexual aspects for youth whose monthly income was Rs. ≤ 2000/- followed by 4.34 for those in the income group of Rs. 2001-3000, 4.56 for those in the income group of Rs. 3001-4000 and 5.04 for youth in the income group of Rs. 4001 and above.

Youth who were ‘highly religious’ are having lower mean score (5.84) of knowledge on female reproductive system than the youth who opined ‘some extent
religious' and 'not at all religious' and their mean score of knowledge are 6.61 and 6.92 respectively. The mean score of knowledge among youth on changes during adolescence is almost similar (10.01 and 10.14) among all levels of religiosiy. Similarly, there is no difference in the mean score of knowledge on family planning matters in relation to their religiosiy level, being the mean score of 5.42 and 5.09 for those who stated 'not at all religious' and 'highly religious' respectively. Lower mean score (7.84) on STD and HIV/AIDS is noticed for those who were 'highly religious' than who stated 'some extent religious' and 'not at all religious' being the mean score of 8.88 and 10.02 respectively. Similarly, the mean score of knowledge on sexual aspects among rural youth significantly differ among all the three categories of religiosiy. The mean score is 4.04 for 'highly religious' youth followed by of 4.44 and 4.74 for youth who stated as 'somewhat religious' and 'not at all religious' respectively.

With regard to living arrangements, the respondents living with father alone have higher mean score of knowledge (8.14) on female reproductive system than those who live with mother alone (7.60) and with both father and mother (6.16). It is observed that youth who were living with father alone have higher mean score (10.56) of knowledge on changes during adolescence followed by youth who live with mother alone (10.44) and with both father and mother (9.88). Higher mean score of (5.88) knowledge on family planning matters is noticed for youth who were living with father alone followed by youth who were living with mother alone (5.86) and with both parents (5.15). It is observed that youth who were living with father alone are having higher mean score (10.71) of knowledge on STD and HIV/AIDS as compared to youth who were living with mother alone (8.81) and with both the parents (7.60). Youth who were living with their father
alone are having higher mean score (4.90) of knowledge on sexual aspects as compared to those who were living with mother alone (4.74) and with both parents (4.39).

Rural youth who had ‘regular exposure’ to media have higher mean score (7.77) of knowledge on female reproductive system as compared to those who had ‘occasional exposure’ (7.40) and ‘never exposure’ (6.17) to media. The mean score of knowledge on changes during adolescence among youth is similar among all categories without any significant variation by their level of exposure to media. Youth who had ‘regular’ media exposure are having a slightly higher mean score (10.22) as compared to youth who had ‘occasional exposure’ (10.15) and ‘never exposure’ to media (9.96). Youth with ‘regular exposure’ to media have higher mean score (6.36) of knowledge on family planning matters as against those who had ‘occasional’ (5.41) and ‘never’ media exposure (5.28). The mean score of knowledge on STI and HIV/AIDS is marginally varied (between 7.77 to 9.12) without any significant (F=0.95; p<0.387) difference.

Attitudes on reproductive and sexual health aspects

The results show that the mean score of attitudes on female reproductive system is low for younger age youth (15-18 years) than the older youth (23.24). The mean score of attitudes on reproductive health is 4.46 for youth who were in 15-18 years age group, 5.00 for 19-20 years, 6.64 for those in 21-22 years and 6.89 for the youth in the age group of 23-24 years. Lower the age of youth, lower the mean score of attitudes on family planning matters is observed in the present study. It is 4.32 for the youth in 15-18 years age group as compared to 5.76 for 19-20 years, 6.56 for 21-22 years and 7.20 for those in 23-24 years age group. The mean score of attitudes on STD and HIV/AIDS is increasing with increase in age
of the youth. It is 5.33 for 15-18 years age group, 5.89 for 19-20 years, 6.04 for 21-22 years and 6.65 for the youth in 23-24 years age group. Youth who were in younger ages have less mean scores of attitudes on sexual aspects as compared to youth who were in older ages. The mean score of attitudes is 5.33 for youth in 15-18 years age group, 5.89 for 19-20 years, 6.04 for 21-22 years and 6.65 for those youth in 23-24 years age group.

The mean scores of attitudes on reproductive health matters viz female reproductive system, family planning matters, STD and HIV/AIDS and Sexual aspects by religion of the respondents are more or less similar. Contrary to the expectations, the mean score of attitudes on female reproductive system, changes during adolescence, STD and HIV/AIDS and on sexual aspects did not show any significant difference.

The mean score of attitudes on female reproductive system is being 7.23 for forward caste, 6.83 for backward caste, 6.02 for scheduled caste and 5.78 for scheduled tribe. Mean score of attitudes on family planning matters is 7.19 for the youth of forward caste, 6.83 for backward caste, 6.32 for scheduled caste and 5.03 for the scheduled tribe youth. Forward caste rural youth have slightly higher mean score of attitudes on STD and HIV/AIDS as compared to backward caste, Scheduled Caste and Scheduled Tribes. The mean scores of attitude is 6.62 for youth of forward caste youth, 6.13 for backward caste, 6.11 for scheduled caste and 5.78 for scheduled tribes. Forward caste youth have higher mean score (13.64) of attitudes on sexual aspects as compared to youth of backward caste (mean score, 12.92), scheduled caste (mean score, 11.99) and scheduled tribe (mean score, 11.45).
The mean score of attitudes on female reproductive system among youth with college education is higher (6.49) than the illiterates (4.73), youth with primary education (5.15) and secondary education (6.49). Illiterate youth have lower mean score (5.44) of attitudes on family planning matters as compared to youth who educated up to primary (6.34), secondary (6.51), and college education (6.70). The mean score is 5.82 for illiterate youth followed by 6.11 for primary educated youth, 6.63 for secondary educated and 6.51 for college educated youth. Thus, the mean scores of attitudes on STD and HIV/AIDS among youth are marginal without any significant difference. Illiterate youth have lower mean score (11.58) of attitudes on sexual aspects as compared to youth who had primary education (11.70), secondary education (13.01) and college education (13.43).

Regarding attitudes on reproductive and sexual health aspects in relation to type of educational institutions attended, it can be concluded that youth who studied in government institutions have higher mean score of attitudes on reproductive and sexual health matters as compared to youth who studied in private institutions. Youth who studied in government institutions have higher mean score (6.84) of attitudes on female reproductive system as compared to those who attended private institutions (6.31). The higher mean score (6.76) of attitudes on family planning aspects is found among youth who studied in government institutions than those who studied in private institution (6.45). Similarly, higher mean score (6.53) of attitudes on STD and HIV/AIDS is found among youth who studied in government institutions as compared to youth who attended private institutions (6.15). Regarding attitudes on sexual aspects, higher mean score (12.83) is noticed for rural youth who studied in government institutions as compared to youth who attended private institution (12.13). However, the
differentials in the mean scores of attitudes on STD and HIV/AIDS as well as on sexual aspects are not statistically significant.

Based on the results, it can be concluded that occupation category of rural youth have its influence only on attitudes on STD and HIV/AIDS. Rural youth who were agricultural laborers have lower mean score (5.97) of attitudes on female reproductive system followed by cultivator (5.65), non-agricultural laborer (6.01), shopkeeper (6.07) and skilled worker (7.23). Similarly, the mean scores of attitudes on family planning matters are similar to all irrespective of their occupational category. The mean scores are in between 6.03 and 6.70. Regarding attitudes on STD and HIV/AIDS, youth who were agricultural laborers have lower mean score (5.79) than the cultivator (5.85), non-agricultural laborer (5.94), shopkeeper (6.51) and skilled worker (7.31). The mean scores of attitudes on sexual aspects by occupation are similar without any significance. The mean scores are in the range of 12.32 to 13.54.

Based on the overall findings, it can be concluded that with an increase in the level of income, the mean score of attitudes is also increasing. The respondents who had an income of Rs. ≤ 2000/- have lower mean score (3.82) of attitudes on female reproductive system as compared to those who had an income of Rs. 2001-3000 (mean score of 6.05); for those with an income of Rs. 3001-4000 (mean score of 6.31) and those with an income of Rs. 4001 and above (mean score of 6.41). Lower mean score (3.69) of attitudes on family planning matters is noticed for youth whose income was Rs. ≤2000 as compared to mean scores of 5.99 for those in Rs 2001-3000 group, 6.48 for those in Rs 3001-4000 group and 7.48 for those who were earning an income of Rs 4001 and above. Regarding income and attitudes on STD and HIV/AIDS, differentials in the mean score of
attitudes is found. It is 4.83 for rural youth whose income was Rs. ≤ 2000, 5.85 for those in the income group of Rs 2001-3000, 6.06 for Rs. 3001-4000 income group and 6.70 for those who were earning Rs. 4001 and above. The mean score on sexual aspects is 10.79 for those whose income was of Rs. ≤ 2000, 12.71 for those in the income group of Rs. 2001-3000, 12.71 for the income group of Rs. 3001-4000 and 12.63 for those who were earning Rs. 4001 and above.

The overall findings show that religiosity of youth influences attitudes on female reproductive system as well as family planning matters and the remaining aspects are not significant. ‘Highly religious’ youth have lower mean score (4.66) of attitudes on female reproductive system as compared to youth who stated as ‘some extent religious’ (5.52) and ‘not at all religious’ (7.20). Rural youth who were ‘highly religious’ have lower mean score (5.68) of attitudes on family planning matters as compared to youth with ‘some extent religious’ (6.30) and ‘not at all religious’ (7.11). Regarding the attitudes on STD and HIV/AIDS, the mean score of attitudes are more or less similar and it ranges in between 6.06 and 6.30 without any significant. The mean scores of attitudes on sexual aspects of youth are being 12.22 for ‘highly religious’, 12.79 for those who stated ‘some extent religious’ and 13.07 for ‘not at all religious’.

The findings on living arrangements show that rural youth who were presently living with father alone have higher mean score of attitudes on sexual aspects as compared to youth who were living with mother alone and with both father and mother. The mean scores of attitudes on female reproductive system are marginally varied without any significant difference in relation to their living arrangements. The mean scores on attitudes ranges between 5.93 and 6.66. However, youth who were presently living with father alone have higher mean
score (7.45) of attitudes on family planning issues as compared to the mean score of those who were living with mother alone (5.98) and with both father and mother (6.74). Youth who were presently living with father alone have higher mean score (7.53) of attitudes on STD and HIV/AIDS as compared to the mean score of those who were living with mother alone (5.84) and with father and mother (6.06). Similarly, youth who were living with father alone have higher mean score (14.06) of attitudes on sexual aspects than those who were living with mother alone (12.40) and those living with both parents (12.64).

The overall findings show that the rural youth who had ‘regular’ media exposure have higher mean score of attitudes on family planning matters as well as STD and HIV/AIDS issues as compared to youth who had ‘occasional’ and ‘never’ exposure to media. The mean scores of attitudes on female reproductive system are being 6.40, 6.08 and 5.91 for rural youth who had ‘regular’, ‘occasional’ and ‘never’ exposure to media respectively. Therefore, the findings reveal that the level of media exposure has no influence on attitudes of youth on female reproductive system. However, regarding the attitudes on family planning matters, youth who had ‘regular’ exposure to media have high mean score (7.23) of attitudes on family planning matters as compared to the attitudes of those who had ‘occasional’ media exposure (6.81) and ‘never’ media exposure (6.03). Regarding the attitudes on STD and HIV/AIDS, youth who had ‘regular’ media exposure have higher mean score (7.00) of attitudes than the youth who had ‘occasional’ (6.70) and ‘never’ exposure to media (5.84). The mean scores are 13.54, 12.68 and 12.47 for rural youth who were having ‘regular’, ‘occasional’ and ‘never’ exposure to media respectively. Therefore, the findings reveal that the media exposure has no significant influence on attitudes of sexual aspects.
Practices on reproductive and sexual health aspects

The overall findings of the present study shows that most of the background characteristics viz age, education level, income etc of youth are positively associated with the reproductive and sexual health practices of youth. The mean score on practices of reproductive and sexual health aspects is lower for younger age youth as compared to older age youth. The mean score of practices for youth who were in the age group of 15-18 years is 4.52 as compared to 5.28 for 19-20 years, 6.15 for 21-22 and 6.21 for 23-24 years age group. The mean scores on reproductive and sexual health practices of youth are 5.91, 5.20 and 5.24 for Hindus, Muslims and Christians respectively. The findings reveal that the mean score on reproductive and sexual health practices of youth is not significant in relation to their religious category. Youth who were married have high mean score (5.52) on reproductive and sexual health practices than those who were unmarried (3.86). The mean score of practices on reproductive and sexual health matters is more or less similar among rural youth by their caste. The mean scores are in between 5.46 and 5.21 and is not significant. The mean score on reproductive and sexual health practices is lower among illiterates (4.58) as compared to youth with primary (5.26), secondary (5.28) and college education (5.74).

The mean score on reproductive and sexual health practices is higher (5.40) for youth who studied in government institutions as compared to those who studied in private institutions (5.19). The mean score on reproductive and sexual health practices is higher (5.61) for skilled workers as compared to youth whose occupation was shopkeeper (5.38), non-agricultural laborer (5.29), cultivator (5.13) and agricultural laborer (4.54). Youth who were in the lower income groups (Rs ≤ 2000, and Rs 2001-3000) have lower mean score on reproductive and sexual
health practices (4.83 and 5.04) as compared to those youth who were in the higher income groups (Rs 3001-4000 and Rs 4001above) and their mean scores are 5.57 and 6.24 respectively. The mean scores on reproductive and sexual health practices is more or less similar by their level of religiosity with marginal difference and the mean score ranges between 5.11 and 5.44. Regarding the living status in relation to practices on reproductive and sexual health aspects, higher mean score (5.50) on reproductive and sexual health practices is noticed for youth who were living with father alone as compared to youth who were living with mother alone (5.50) and with both mother and father(4.30). Youth who were having ‘regular’ exposure to media have higher mean score (5.54) on reproductive and sexual health practices as compared to those who were having ‘occasional’ (5.15) and ‘not at all’ media exposure (4.75). The overall findings show that most of the background variables have decisive influence on reproductive and sexual health matters of the youth.

Recommendations and Policy Implications

Based on the overall findings, the following recommendations are suggested for policy makers and program managers in order to promote reproductive and sexual health matters among the youth especially in the rural areas of Andhra Pradesh.

- In order to fulfill the unmet needs of youth on reproductive and sexual health matters, clinics and counseling centers especially for youth in rural areas at all Mandal Head Quarters may be opened up with the help of State Government, Rural Local Bodies or Non-Governmental Organizations.
- Health providers and the mass media need to set up a two-pronged approach, promoting the demand for family planning and reproductive
health services while strengthening the supply side through outreach programs and the creation of youth-friendly health centers.

- Young men and women feel free to talk about various subjects with their parents, but many parents or peer groups do not feel that they can discuss family planning or reproductive and sexual health issues with them which is lacking in the study area. A communication campaign that include the promotion of parent-child communication to remove the stigma on reproductive and sexual health topics are to be planned and implemented.

- Trained Social workers/Counselors in the field of Agriculture, Animal Husbandry, Medical Sociology, Maternal & Child (MCH) Services etc, are to be appointed in their centers. It is important to see that separate clinics are introduced for males and females.

- Health education should be promoted through adult education and extension programmes among younger youth especially in rural areas to create awareness on reproductive and sexual health consequences of pre-marital sex as well as to prevent complications of reproductive and sexual health risks. As most of the youth in the study area were having less knowledge on female reproductive system, it is necessary to organize awareness campaign on this aspect among rural youth.

- As the findings reveals that most of youth were not utilizing government facilities for their illness, they should be motivated to seek treatment in government hospitals by organizing awareness campaigns. Also, utilization of health services among youth in government hospitals may be encouraged by offering better and high quality services.
Programmes that aim to educate youth about sexual and reproductive health need to be combined with programmes aimed at motivating them to apply what they have learnt in their lives. They should also be combined with efforts to make it easier for youths to obtain any preventive or curative health services that they may need from competent and empathetic health workers.

Youth are frequently denied the opportunity to participate in decision making processes and activities that affect their lives and their future. Privacy and confidentiality are essential prerequisites to address youth's issues especially with regard to reproductive and sexual health, relationships, emotions etc. It is therefore necessary to provide Health Education especially for youths, in order to make them to understand and appreciation of a person's body, its reproductive functions, with an aim to be able to take better personal care and decisions about it, which is lacking in the study area.

The life skills building package by way of specialized training could be given to youth, which will embrace self awareness, self esteem, coping mechanisms, friendship formation, peer pressure resistance, negotiation, effective communication, decision making, creative thinking and problem solving in reproductive and sexual health issues.

As the majority of youth in the study area were either dropped out of school or have never enrolled, it is necessary to encourage multiple affiliations and possible entry points for adolescents and youth to continue study while working. Education for them must be linked with empowerment (including enhancing their self-esteem, self-confidence), with survival and
employment, with better health and sexuality, with awareness about their rights and social, political and community issues and with mobilisation for community action.

Suggestion for future research

Though, the present study is useful for many purposes, an in-depth research is recommended, consisting both male and female youth of in and out-of-school for having comprehensive information on reproductive and sexual health issues at macro level.