

Adolescent girls' perspectives on sexual and reproductive health illnesses and their care seeking behavior in rural Nepal

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Abstract

Aim: To study the knowledge and health seeking behavior of the adolescent on the sexual and reproductive health.

Methods: Unmarried adolescent girls aged 14-19 years representing four major ethnic communities of Nepal were covered in the study using both qualitative (focused ethnographic study) and quantitative (sample survey) methodologies.

Results: The results showed that the adolescent girls, irrespective of ethnic group, were poorly informed about reproductive health issues and held a range of misperceptions about their etiology. They are familiar with a range of menstrual problems, as well as symptoms of reproductive and urinary tract infections. The preferred sources of care among the adolescent girls tend to exclude the formal health system. Adolescent girls were more likely to prefer home remedies and traditional faith healers if action was sought.

Conclusion: The findings of this study, while exploratory in nature, are useful in designing culturally appropriate health intervention packages and adolescent friendly health services aimed at minimizing the risk of health complications associated with the experience of menstrual, reproductive and urinary tract problems.

Key words: adolescent girls, menstrual problems, reproductive health, urinary tract infection, white discharge

Introduction

The adolescent period is a time in which individuals explore and develop their sexuality, gender and sex role. These factors have a profound influence on a young person's current and future health, most directly through exposure to safe or unsafe sexual practices but also through the propensity of young people to be perpetrators or victim of violence or abuse. For many years, the health of young people has been neglected as they are less vulnerable to disease than children or the very old.¹ Sources of information and contraceptive advice are rarely available or accessible to them.²

Illnesses relating to sexual and reproductive health matters may receive inadequate attention as these problems are shrouded in a culture of silence, embarrassment and shame.³ When young people lack guidance, information and measures to prevent exposure are inadequate, they will be less likely to seek timely professional medical help and more likely to undertake dangerous self-treatment. This may lead to permanent impairment of health, infertility, psychological damage and even death, which may affect not only their families but also society as a whole.²

Adolescents learn about reproductive health and sexual matters by observing the behavior of the adults around them, by listening to peers and older siblings, through the media in all its forms and by acquiring the knowledge of parents or other trusted mentors. Such information, however, is limited

and sometimes even erroneous. Unprotected premarital sexual relations are taking place at earlier ages giving rise not only to problems of early pregnancy and childbearing, but also to induced abortion in hazardous circumstances, to sexually transmitted diseases including human immunodeficiency virus infection leading to AIDS.

A study conducted in India among married adolescent girls showed that general illnesses were quickly addressed, while reproductive health problems were usually not addressed. It was also seen that husbands played a major role in addressing the reproductive health needs of these adolescent women; the decision on whether women should seek treatment for illness rested largely with their husbands.³

A study in Nigeria reports that adolescents had some knowledge on STDs although they knew more about HIV and AIDS than about other STDs. Although treatment seeking behaviours varied, the majority of adolescents reported that they would disclose their symptoms to their friends. In focus group discussions, most participants agreed that adolescents with a STD symptom would seek care from a traditional faith healer, followed by patent medicine dealers, private doctors and hospitals; not mentioned were public doctors or other sources available in the area.⁴ A second study among Nigerian adolescents suggested that while knowledge of several aspects of reproductive health was widespread, few adolescents were correctly able to identify the monthly fertile period of a woman, suggesting knowledge remained incomplete and superficial.⁵

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In Nepal in contrast, studies suggest considerable gaps in young people's knowledge of reproductive health. A study conducted in Makwanpur district has shown widespread lack of awareness among adolescent girls about genital hygiene and safe sanitation practices during menstruation.⁶ Over two thirds of these adolescent girls faced some menstruation related health problems immediately before or at the time of their menstrual period. A majority reported the experience of symptoms of urinary tract infections. Another study carried out on adolescent girls in a rural district situated on the outskirts of Kathmandu Valley has shown that although adolescent girls lacked information on physiology and sexuality, they displayed considerable knowledge and awareness of changes during puberty, menstruation and pregnancy, reproductive functions and family planning methods.⁷

In Nepal, adolescents comprise more than one-fifth (22 percent) of the total population. Owing to high fertility and young age distribution of population, the proportion of adolescents in the total population is likely to increase in the coming years.⁸ However, information is lacking on the ways in which unmarried adolescent girls perceive health problems including sexual and reproductive health problems, their felt needs and patterns of health seeking behavior, and constraints to health care utilization. This gap in knowledge poses an obstacle to the design of appropriate and youth friendly programme strategies and interventions that meet their needs. The present paper is aimed at fulfilling these information gaps.

Methodology and Data Source

This paper reports on data drawn from a descriptive study entitled "*Adolescent health maintenance behavior in Nepal: A focussed ethnographic study*" conducted by the authors with support from WHO. The study integrates qualitative and quantitative research designs. *Focussed ethnographic study* (FES) methodology was employed to solicit qualitative information on illnesses including sexual and reproductive health illnesses as perceived by the adolescent girls, their treatment seeking behaviour and constraints to utilisation of health care facilities. FES is a rapid assessment procedure which is best suited to construct explanatory models of a health problem or illness.¹

The study covered four major ethnic communities of Nepal – two from the hilly region (*Gurung* and *Tamang*) and two from the terai region (*Rajbanshi* and *Tharu*). These ethnic communities were drawn from six districts. Unmarried adolescent girls aged 13-19 years from both rural and urban areas constituted the sample. FES tools such as *Freelists*, *Free Pilelists*, *Severity Rating* and *Matrix* were employed among 20-25 adolescents in each ethnic community. Ethnographic data were analyzed using ANTHROPAC software packages. The survey data analysed in the present paper refer to 1092 unmarried rural adolescent girls aged 14-19 from the four ethnic communities – Gurung (262), Rajbansi (281), Tamang (271) and Tharu (278). A multi-staged sampling technique was employed for the selection of villages in the districts inhabited by these ethnic communities. Bivariate analyses are performed to study the influence of selected demographic and social variables such as age, education, ethnicity, work status and family structure on prevalence of specific SRH and their care seeking behavior.

Results from the focus ethnographic study

Types of Sexual and Reproductive Health Problems Identified

Rural adolescent girls identified as many as 78 health problems faced by adolescent females in the *Freelisting* exercises (Table 1). Problems reported included headache, fever, various problems associated with menstruation, as well as cancer, leprosy and AIDS. Of the 78 problems, four problems were most frequently identified: *headache* (70 responses), *lower abdomen pain during menstruation* (66 responses), *fever* (41 responses) and *cough and cold* (40 responses). One-fourth of the problems mentioned by the adolescent girls (25 problems) were sexual and reproductive health (SRH) related problems, including urinary tract infection (UTI) related problems. Interestingly, the majority of the SRH problems (16 out of 25 problems) were related to menstruation. Most common menstruation related problems mentioned were: *lower abdomen pain during menstruation*, *irregular menstruation*, *backache during menstruation* and *excess menstrual bleeding*.

SRH problems by ethnic groups

Comparatively, Tharu girls have cited larger number of SRH problem (16) than the rest of the ethnic groups. Gurung girls have cited 13, Tamang 11 and Rajbanshi 9. Five menstrual problems and one urinary tract problem were cited by adolescent girls from all the four ethnic groups. The commonly cited problems are: lower abdomen pain during menses, irregular menses, and backache during menses, excess bleeding during menses, lumpy discharge during menses and burning urination. Comparatively, the problem of 'lower abdomen pain during menstruation' has the highest salience as most adolescent girls from all the four ethnic groups have mentioned this problem (66 girls in all). 'Irregular menstruation' was cited by a considerable number of Gurung girls (10 out of 25 girls) and 'backache during menstruation' by Tharu girls (8/20 girls). Among the urinary tract problems, 'burning urination' was mentioned most frequently by Gurung girls (6/25 girls) and followed by the Tamang girls (4/16). Among the reproductive tract problems, white discharge and vaginal itching was frequently reported by the Tamang girls (4/16 and 4/7 respectively). The number of responses for rest of the SRH problems is low; 5 and below (Table 1).

Perceived Etiology of SRH Problems

Most SRH problems experienced by adolescents relate largely to menstruation, although urinary tract disorders and discharge and itching are also reported. In order to explore perceived etiology of each set of problems described and assess similarities and differences in such explanations across ethnic groups, we present below the explanations offered by adolescents about the five leading menstruation related problems as well as one each from the two remaining sets of problems described, namely, burning urination and white discharge.

By and large etiological explanations given by adolescent girls centre around two main factors and these are common across all ethnic groups, particularly with reference to menstrual problems (lower abdominal pain during menstruation, irregular menstruation) and burning urination:

Table 1. Free-listing of sexual and reproductive health related problems of rural adolescent girls by ethnic group*

S.N.	Problems	Rajbansi n=20	Tharu n=20	Gurung n=25	Tamang n=20	Total n=85
A	Menstrual problems					
1.	Lower abdomen pain during menstruation	15	16	18	17	66
2.	Irregular menstruation	3	6	10	4	23
3.	Backache during menstruation	1	8	5	4	18
4.	Excess bleeding during menstruation	2	5	3	5	15
5.	Fever during menstruation	-	4	-	2	6
6.	Lumpy discharge during menstruation	3	1	1	1	6
7.	Scanty bleeding during menstruation	2	2	-	-	4
8.	Diarrhoea during menstruation	-	2	-	-	2
9.	Giddiness/dizziness/headache during menstruation	-	4	-	-	4
10.	Scars/sores around cleavage/genital area during menstruation	-	1	1	-	2
11.	Thin white discharge accompanying menstruation bleeding	-	-	1	-	1
12.	Breast pain during menstruation	-	-	1	-	1
13.	Loss of appetite during menstruation	-	-	2	-	2
B	Urinary tract problems					
14.	Burning urination	3	3	6	4	16
15.	Urine blockage/urine retention	-	1	4	2	7
16.	Red coloured urination	1	-	-	1	2
C	Discharge/itching/ulcer					
17.	White discharge	-	1	2	4	7
18.	Vaginal itching	-	1	-	4	5
19.	Ulcer in the Uterus	-	1	-	-	1
20.	Ulcer around genital area	-	-	1	-	1
21.	AIDS	1	1			2

* Certain similar responses in the Freelists are clubbed in the present table

intakes of certain food items (sour and/or hot foods) and beliefs about witchcraft (bad spell of witch). Burning urination was commonly associated, moreover, with the perceived condition of the body (body heat). Only one group, Tamang girls, related the occurrence of white discharge with sexual intercourse.

Perceived Severity

The severity ranking exercise conducted among adolescents of each ethnic group (20-21 per group). A total of nine problems were included in the exercise. The number of problems rated as "severe" by 50 percent or more adolescent girls of Gurung. Clearly, reproductive health problems were not perceived as severe in most cases. For example, four conditions were rated severe by 50% or more respondents in the group in two communities: Gurung and Tamang; two conditions were rated severe by Rajbanshi girls and just one by Tharu girls. What was consistent however was that in all four ethnic communities, *excess bleeding during menses* was reported as a severe problem. Lumpy discharge during menses was rated severe by over 50 percent of all girls in three of the four groups (excepting Tharu girls among who 50% or more have rated only one problem as severe).

Scores were attributed to responses on severity of each condition, (if the condition was perceived as mild, 0, 1 if intermediate and 2 if severe). Aggregating these scores it

becomes clear again that *excessive bleeding during menstruation* ranks as most severe among three ethnic communities (Tharu, Gurung and Rajbanshi) and second by Tamang girls who ranked *white discharge* as most severe.

Health Care Seeking Pattern

Most adolescent girls, irrespective of the type and nature of the SRH problem, do not generally seek medical attention from a health facility. Problems related to menstruation and white discharge are considered "normal" or conditions that "happen to girls" and are "due to weakness" (especially among the Rajbanshi and Tharu girls). As a consequence, no action is taken, and if the problem persists, they rely upon home remedies, and subsequently upon traditional faith healers. It is only if these actions prove ineffective and the problem is unbearable that a health post/sub-health post, hospital or private doctor or private medicine shops are consulted (Table 2).

Corresponding to perceptions of witchcraft as underlying menstrual problems, reliance on traditional faith healers for treatment is quite widespread among all the ethnic communities under study. Normally, the village faith healer is rarely bypassed even if alternative sources of treatment are sought, since these communities maintain that modern medicines will be ineffective unless the patient is first seen by a faith healer. Among the four groups, Gurung girls are

Table 2. Care seeking patterns in adolescent girls: 1st & subsequent sources of care for SRH

S.N.	Problems	Rajbansi		Tharu		Gurung		Tamang	
		First	Sub-sequent	First	Sub-sequent	First	Sub-sequent	First	Sub-sequent
1.	Low abdomen pain during menstruation	No action	TFH	TFH	Pharmacy	Home Remedy	TFH SHP	No action + Home	TFH
2.	Irregular menstruation	No action	SHP	No action	Pharmacy	TFH	TFH Hospital	No action	TFH + Pvt. Doctor
3.	Backache during menstruation	No action	TFH	No action	Pharmacy	Home Remedy	SHP	No action + Home	TFH
4.	Burning of urination	No action	Home Remedy	No action	TFH	Home Remedy	TFH SHP	Home Remedy	Pvt. Doctor
5.	Excess bleeding during menstruation	No action	TFH	TFH	HP	Home Remedy	SHP	No action	Hospital
6.	White discharge	-	-	No action	Hospital	TFH	-	No action	SHP + Hospital
7.	Lumpy discharge during menstruation	No action	TFH	No action	TFH	-	-	No action	TFH

TFH = Traditional Faith Healer, HP = Health Post, SHP = Sub Health Post

most likely to rely on home remedies (notably drinking sugar candy water, oil massage on abdomen, tying a shawl tightly round the waist, etc) as the first treatment option for such problems like burning urination, lower abdomen pain and excess bleeding during menstruation followed by faith healers or an outreach health facility (Sub-health post) if the problem becomes unbearable or serious. In contrast, Rajbanshi and Tharu girls report no action unless a problem is perceived to be severe and then preferred sources of treatment are private medicine shops, a traditional faith healer, health posts or hospitals or home remedies.

Finally, Tamang girls take a different course of action: typically they confide in their mothers about any problems they experience; mothers in turn prescribe herbal/home made remedies, or seek care from traditional faith healers. Shyness to reveal a SRH problem to a health facility and fear of insecurity in travelling alone prevent adolescent girls from seeking timely medical attention.

Results from quantitative study

The purpose of quantitative study is to compliment the results of the FES. The quantitative study was designed to cover wider geographical coverage for each ethnic population and the survey questionnaire was constructed based on the information collected from FES to validate the results.

Socio-demographic profile of Adolescent Respondents

Selected background characteristics of the 1092 unmarried rural adolescent girls aged 14-19 years interviewed in this study showed the respondents were largely young; with

almost half were aged 14-15 years except among Rajbansi (35%). The large majority of Gurungs, Tamangs and Tharus, moreover, were literate – over 70% – and over 40% of these groups were still in school. Among the Rajbanshis in contrast, about half were literate and only one quarter were still in school.

Self-reported experience of menstrual and reproductive or urinary tract problems

Two-fifths of the rural adolescent girls (40%) reported the experience of one or more menstrual problems and about one fifth (21%) reported the experience of a reproductive or urinary tract problem, including burning urination, white discharge or sores/itching in the genital area (Table 3). Menstrual problems were more likely to be reported by adolescent girls from hill ethnic communities (Gurung 47% and Tamang 47%) than by those from the terai (Tharu 34%; Rajbansi 32%). Among those reporting a menstrual problem, lower abdomen pain is almost universally reported (89% to 94%). Less uniformity is reported with regard to reproductive and urinary tract complaints: white discharge is the chief complaint reported by those reporting a problem in three of the four ethnic groups (over 60%) while Tamang girls are overwhelmingly (80%) more likely to report burning or painful urination than any other reproductive tract complaint. In the FES, as many as 78 health problems were identified. Similarly in the FES, lower abdomen pain was the most frequently mentioned menstruation problem and among the urinary tract and reproductive tract problems, burning urination and white discharge was frequently mentioned by the adolescent girls.

Table 3. Adolescent girls reporting menstrual and reproductive or urinary tract problems

	Rajbanshi	Tharu	Gurung	Tamang	Total
Currently experiencing menstrual problem?	n=281	n=278	n=262	n=271	n=1092
Yes	32.0	34.2	46.9	46.9	39.8
No	64.8	57.6	39.5	39.5	49.9
Never experienced menstruation	3.2	8.2	16.5	13.6	10.3
Types of Menstrual problem experienced	n=90	n=95	n=123	n=127	n=435
Lower abdominal pain	88.9	89.5	94.3	92.9	91.7
Backache/body-ache	16.7	41.1	45.5	29.9	34.1
Irregular menses	10.0	14.7	13.0	7.9	11.3
Excess bleeding	14.4	22.1	16.3	7.1	14.5
Other*	13.3	10.3	16.1	6.3	11.6
Currently experiencing RTI or UTI problem?	n=281	n=278	n=262	n=271	n=1092
Yes	18.5	17.3	28.6	19.9	21.0
No	81.5	82.7	71.4	80.1	79.0
Types of RTI/UTI problem	n=52	n=48	n=75	n=54	n=229
Burning/painful urination	36.5	29.0	33.3	79.6	44.1
White discharge	75.0	83.3	61.3	27.8	61.1
Sores/itching around genital area	1.9	4.2	9.3	13.0	7.4

Care seeking behaviour for menstrual problems

Table 4 explores the association between socio-demographic factors and care seeking behaviour among adolescents reporting a menstrual problem. Findings suggest that no more than 7 percent of respondents aged 14-15 years had taken any action from any source, as compared to 17 and 12 percent among older adolescents, respectively. In terms of education, it is the best educated and those who are still in school who are most likely to have sought care, but even among this group, no more than one sixth have done so (16% and 15% respectively). Findings suggest that education plays a significant role in the care seeking behavior of adolescent girls, perhaps because there is more likely to be awareness among them or their parents that the problem can be addressed. Among the ethnic groups, Gurung girls were most likely to seek treatment (24%), while Tamang girls were least likely to do so (4%). This finding was corroborated by the FES findings. In the FES, it was seen that since the adolescent girls consider problems related to menstruation and white discharge as “normal”, no action is taken and reliance upon home remedies and traditional faith healers is widespread.

Care seeking behaviour for reproductive or urinary tract problems

Table 5 explores the association between socio-demographic factors and care seeking behaviour among respondents experiencing these problems. Findings corroborate those observed in the qualitative phase suggesting that few rural adolescents take action when confronted by one or more symptoms of RTI/UTI. Findings suggest that older and better educated adolescents were more likely than others to seek care; those working for pay were, conversely, systematically less likely than others to seek care. Unlike in the case of menstrual problems, now it is Tamang girls who are most likely to seek care (31%, not shown here) compared to 20%,

6% and 0% among the Gurung, Rajbanshi, and Tharu girls respectively.

Discussions

Findings have suggested that rural adolescent girls, irrespective of ethnic group, are poorly informed about reproductive health issues, including menstruation. Adolescents are familiar with a range of menstrual problems, as well as symptoms of reproductive and urinary tract infections; however they hold a range of misperceptions about their etiology, attributing mainly to diet and spells cast by witches. There is also a perception that these disorders are “normal” and “happen (routinely) to girls” and are caused by “weakness”. Furthermore, feelings of shyness and lack of awareness that these problems require medical attention are frequently reported and may pose an obstacle to timely treatment seeking. Preferred sources of care, moreover, tend to exclude the formal health system — adolescents were more likely to prefer home remedies and traditional faith healers if action was sought. Quantitative analysis has shown that older and better educated adolescents tend to be somewhat better off in this scenario. Yet a relatively large proportion of adolescents reported the experience of menstrual problems, or reproductive or urinary tract disorders (e.g. white discharge and burning/painful urination) and, corresponding to the above perceptions, few adolescents experiencing these conditions had sought care.

These findings argue for action at two levels: raising awareness and dispelling misperceptions among adolescents themselves and the adults who care for and serve them, and timely and acceptable counseling and services for adolescents experiencing menstrual and other reproductive tract problems. Timely counseling and treatment of problems are undoubtedly necessary in order to avoid complications in the later stages. Findings highlighting considerable variation by ethnic groups suggest the need to tailor programmes to suit the needs of individual ethnic groups.

Table 4. Care seeking behavior of adolescents over menstrual problem and the relationship between socio-demographic characteristics.

Question asked was “Have you done anything to overcome the menstruation problem?”				
Variables	Yes (n=53)	No (n=382)	Total (n=435)	c ²
Age				
14-15 years	7.1% (11)	92.9%(144)	100%	7.28* df=2
16-17 years	17.0% (28)	83.0% (137)	100%	
18-19 years	12.2%(14)	87.8%(101)	100%	
Education				
Never been to school	10.6%(9)	89.4%(76)	100%	8.00** df=2
Primary and below	5.8%(7)	94.2%(113)	100%	
Above primary	16.1%(37)	83.9%(193)	100%	
Schooling Status				
In-school	15.3%(33)	84.7%(183)	100%	3.84* df=1
Out-of-school	9.1%(20)	90.9%(199)	100%	
Currently working for pay				
Yes	11.7%(12)	88.3%(91)	100%	0.03 df=1
No	12.3%(41)	87.7%(291)	100%	
Family Structure				
Nuclear family	12.3% (33)	87.7%(235)	100%	0.01 df=1
Joint family	12.0%(20)	88.0%(147)	100%	
Ethnicity				
Gurung	23.6%(29)	76.4%(94)	100%	23.74*** df=3
Rajbanshi	11.1%(10)	88.9%(80)	100%	
Tamang	3.9%(5)	96.1%(122)	100%	
Tharu	9.5%(9)	90.5%(86)	100%	

n=435

*p<0.05 **p<0.01 ***p<0.001

Table 5. Relationship between socio-demographic characteristics and care seeking behavior of adolescents reporting a reproductive or urinary tract problem

Have you done anything to overcome UTI/STDs problem?			
Variables	Yes (n=35)	No (n=194)	c ²
Age			
14-15	14.7%(11)	85.3%(64)	0.30
16-17	14.4%(14)	85.6%(83)	df=2
18-19	17.5%(10)	82.5%(47)	
Education			
Never been to school	7.8%(5)	92.2%(59)	3.90
Primary and below	17.2%(11)	82.8%(53)	df=2
Above primary	18.8%(19)	85.6%(82)	
Schooling Status			
In-school	15.2%(15)	84.8%(84)	0.00
Out-of-school	15.4%(20)	84.6%(110)	df=1
Currently working for pay			
Yes	7.7%(5)	92.3%(60)	4.03
No	18.3%(30)	81.7%(134)	*df=1
Family Structure			
Nuclear Family	17.3%(24)	82.7%(115)	1.07
Joint Family	12.2%(11)	87.8%(79)	df=1

* p<0.05 **p<0.01 ***p<0.001

Note: Ethnicity wise relationship is not mentioned due to cells having less than 5 respondents.

Conclusions

The findings of this study, while exploratory in nature, are useful in designing culturally appropriate health intervention packages or services aimed at minimizing the risk of health complications associated with the experience of menstrual, reproductive and urinary tract problems among adolescent girls in rural areas of Nepal.

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