

Reproductive Health Knowledge, Nature and Extent amongst College Youth in Balochistan

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Abstract

The issue of reproductive health faced by adolescents in Pakistan is based on the reports of national conferences, research reports in medical sector and the research conducted by the non-governmental organizations in Pakistan. This study revealed that there is minimal level of awareness among adolescent regarding their physical and mental health. They don't know how to cope in emergence situation. Most of them have negligible information and awareness regarding sexual and sexually transmitted diseases. Health is the safe and sound mental, social and physical condition of human body. It is not only the absence of disease. It is also the condition of having protected sex living and the decision to duplicate and the autonomy of when, where and how to do so. The present study is quantitative in nature data were collected from the youth of public colleges of Quetta. The universe of the study was Quetta district. Population of the study was educated youth who were selected through sample random sampling method.

Introduction

It is right of adolescents to have the correct knowledge and education about reproductive health and sexual education. The adolescents should be informed about benefits, risks and all the methods of safe sex. All youths have the privilege to get to instruction and right data identified with their sexual and conceptive wellbeing. They ought to be educated of the advantages, dangers adequacy of the considerable number of techniques for ripeness control and safe sex. Education on reproductive health issues must start before school in the family and must continue during school. Furthermore, it is during this period when they became interested in sexual matters. They are sometimes engaged in sexual relations in an unhealthy

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environment. In some communities, adolescents health centre outside of the school are very effective in both reproductive health learning and forces. The services suppliers working in these centres should be well prepared to provide such education, counselling and services, and the centres adolescence friendly (Organization, 2004).

Reproductive health and sexual education must focus on lowering the anxiety and arming the adolescents with skills to overcome the problems by him. Sexual education in the formal sense, in school, must focus on lowering the anxiety that might form during adolescence, arms the adolescents with the skills to in independently overcome the problems and also support them in becoming healthy persons who can express themselves and are self-sufficient and open to improvement". (Gordon, Tschopp, & Feldman, 2004).

Education and communication is quiet important in controlling and preventing sexually transmitted infections and HIVs. Education and communication improves the reproductive health and sexual status of the youth and adolescents. Education is essential in order to encourage people to adopt safe sex practices to help those who are exposed to risks of infections by other people's behavior. The aim education is to ensure that treated patient remains free to infections and avoid transmitting sexually transmitted infections further (Ignatavicius & Workman, 2012).

Youth and adolescents of Pakistan have very little about reproductive health and sexual education. They have a lot of questions about the reproductive health and sexual education. They have a lot of questions related to their genital organs, masturbation, night emissions etc. Parents and teachers are not able to answer these questions in appropriate way. Indian guys are looking for answers to questions fixated on to male genital organs, masturbation, night emission, concerns sexual execution and accomplice relationships. Ladies report that they need their man to: assume liability to end liquor abuse, sex based savagery, assault and sexual mishandle of ladies and young lady kids; make sexual relations a mutual delight; acknowledges man's control in barrenness and recognize that the sex of the kid relies upon the contribution of the male sex accomplice. In workshops and gatherings that have been archived, it ends up noticeably clear that the two guardians and educators were insensible in the matter of how to bunch sexuality education to youth (Watsa & DHANU, 2013).

Youth and adolescents will have to make sexual decisions in their adult life. These decisions can be effected by social relations and pressure. The youth and adolescents have skills to contribute health development. Senderowitz

and Solter describe as, “social relations and pressures, along with issues of self perception can create psychosocial and behavior concern during adolescence that intern, influence sexual decision making and reproductive health. In understanding these issues and being aware of skills that empower young people, these providers\counselor can work with adolescents to help them learn and utilize skills that contribute to healthy development” (Senderowitz, Solter, & Hainsworth, 2002).

The importance of reproductive health is much more than normally thought. It was commonly understood as the issue which doesn't need emphasis, but if ignored the issue can bear much more dangerous repercussion in future of the adult. The case in Pakistan is much more severe. A study conducted from the youth in Karachi revealed some interesting results. Most of them had a limited knowledge about sexual health during puberty. 72 percent of them demanded that they should be provided education regarding the changes during puberty. It was also revealed that most of the fathers don't feel easy while discussing matters related to reproductive health with their kids and adolescents (T. S. Ali, Ali, Waheed, & Memon, 2006).

The worst situation of reproductive health services in Pakistan is the harsh reality. Females are as much affected as male because of the lack of their ability to have access to such resources and services. Male, on one hand, lake such information regarding reproductive health awareness but the women on the other hand faces mammoth humiliation to have access to such services. The study showed that there is a positive correlation between female unaccompanied mobility for health services and their prenatal care. Other findings states that there is negative correlation between female accompanied mobility and prenatal care. If a female has here male with her during her quest for health services, she can better manage to look after her babies. There is a high positive correlation between sole poor female unaccompanied mobility and threats to her life (Mumtaz & Salway, 2005).

Keeping in mind the growing concerns of both reproductive and health related issues, the developing nations have now increased their expenditures on health sectors. Their academic focus has now been shifted to this issue as well. There is extensive literature on health issues available but the satiation in Pakistan is miserable. The current study has been conducted in Pakistan for two objectives; to define the driving factors for health and reproductive health particularly and second is to formulate policy recommendation. The study have find that any health structure might depend on social structure, socio-demographic issues, height of learning, edifying viewpoint and rehearsals masculinity favouritism and environmental condition and the

nature of the diseases. The mentioned driving factors are the determinants for the policy makers to stay focused on. They need to increase awareness in the most disadvantaged sector of the society through intersect oral collaboration (Babar T Shaikh & Hatcher, 2005).

Developing countries are now adopting the health systems through public private partnership of franchises. These franchises providing reproductive and maternal health service in remote areas of the country. The current study focuses on the efficiency and the effectiveness of these health franchises. The regression analysis has been done in which two relationships have been focused; franchises versus reproductive health services and second one was the franchises versus maternal health services. The regression data showed that there is a optimistic relationship (correlation) among franchises and the maternal and family health services people availed. The second results showed that there is no such relationship between the franchises and the reproductive services peoples availed so far. The study recommended at the end that the focuses shall be converged to the reproductive services as well keeping in mind the importance of the reproductive health sectors (Stephenson et al., 2004).

Literature Review

The issue of reproductive health faced by adolescents in Pakistan is based on the reports of national conferences, research reports in medical sector and the research conducted by the non-governmental organizations in Pakistan. The study revealed that there is minimal level of awareness among adolescent regarding their physical and mental health. They don't know how to cope in emergence situation. Most of them have negligible information and awareness regarding sexual and sexually transmitted diseases. The most prominent reason for their lack of education is that, despite the advancement in developed nations, sex education is still considered a taboo in our society. These barrier need to be broken to save the future of the youth (Khan, 2000).

This study has been done to know the needs of the reproductive health by the adolescent's male in Pakistan. The primary idea of the learning was to examine and obtain the information and the perception of the said adolescents about puberty and adolescent in the country in qualitative form. To gain such knowledge, 78 adolescent unmarried males were chosen through purposive sampling from eight districts of Pakistan. In dept semi-structured interviews were done to know their attitude and perception about reproductive health. It was found that there is a gap; a misconception about puberty and reproductive health. Most of them have no information regarding sexually

transmitted diseases and there is a specific communication gap between the parents and their kids regarding this issue. To make available information for them, two prominent sources can be use; the schools and the media. These two are relatively two most easily available tools of awareness in them (M. Ali, Bhatti, & Ushijima, 2004).

The organization responsible for defining dentitions and figures regarding the whole world is called the world health organization. The organization on one side is working to increase health services in both developed and under-developed nations and on the other hand issues statistics and figures of world health indicators. The organization under these indicators defined the terms adolescent and youth. Adolescents are the peoples with age between 10 and 19, while peoples under frequency of 15 and 25 are called as youth (M. Ali & Ushijima, 2005).

Increasing numbers of adolescents in Pakistan is becoming the hidden challenge for the state. The state had ignored the previous adult generation with results into severe issues connected to health and sexually broadcasted illness. The current study has been conducted to find the magnitude of knowledge both male and female adolescents have regarding the sexual reproductive health. The study has been conducted in 200 villages in Lahore by deploying stratified random sampling technique. 200 female adolescents and 200 male adolescents were interviewed in this regard. Comparison analysis of both male and female shows results certain differences. Overall results show that adolescents are relatively more aware for sexual and reproductive health issues than female. Male were more knowledgeable then female when a specific questions were asked from them regarding puberty, pregnancies, sexually transmitted infections, the use of contraceptives and family planning (Babar Tasneem Shaikh & Rahim, 2006)

Most of the regions in Pakistan are still not accessible for the information. The residents of remote areas are little aware of dangerous diseases. Certain diseases are curtailed for adolescents who are more prone to it. To discover the knowledge of HIV/AIDS among the adolescent youths, a community based research has been conducted in the coastal region of Balochistan, called Gidani. More than 1000 respondents were chose for this in-depth interview survey in the same costal region of Balochistan. The question related to the perception, attitude and knowledge were asked from them. It was discovered that more than half of them don't have knowledge of the causes and impacts of the mentioned diseases. It was identified that there is high likely for the stated disease to will spread in there in future (Sheikh, Sheikh, & Sheikh, 2003).

Both male and female undergo physiological and psychological changes when they reach to the age of 12 or 13. During this age, certain male's organs are transformed; hair appears on some parts of the body, excretion of whitish fluid and the change in voice pitch. Female also experience certain physiological changes, one of them called menstruation. The current study is especially conducted for the sole purpose to have an access to the perception of female adolescents regarding the cycle of menstruation. 1275 adolescent female were selected from small cities in Karachi for interviews. Two social sciences SPSS and Epi Info packages were used for the analysis of this primary level data. More than 50 percent lack the knowledge of the causes of this happening. And those who have knowledge about it, they gained this information from their mothers. Fear factor was also observed; few responded that they fear of the first experience of menstruation and bleeding and 50 percent didn't take bath during this cycle. (T. S. Ali & Rizvi, 2010).

Awareness regarding reproductive health in developing and less developing nations is a miserable one. The adolescents in there have less access to information required for their health. India too has no exception in this regard. A similar study conducted in one of the Indian state called the West Bengal for the purpose to find the gap of the attitude of the male and female adolescents toward sexual and reproductive health. Rural and peri-urban areas were selected and 111 male and female adolescent's schools kids were taken. 55 male and 56 female were interviewed in this regard. After interviews, it has been concluded that peri-urban adolescents have relatively more information than adolescents of the rural areas. They both exercise same behaviors regarding reproductive health (Das & Ray, 2007).

Youth Friendly Reproductive Health Services (YFRHS) have to be available, adequate and fitting for the youngsters to viably pull in them, counter serenely to their necessities and hold them for sustained concern. The administrations presented ought to incorporate relatives arranging (FP), sexual in order, pregnancy difficult, handling of Sexually Transmitted Infections (STI) and directing (International Planned Parenthood Federation (IPPF), (Berelie, 2017).

Obstructions to Utilization of Youth cordial Reproductive Health Services (YFRHS) Globally

Universally, existing hindrances to admittance and use incorporate deprived admittance, accessibility and agreeableness of the administrations. Absence of obvious instructions and administrations on proffer, swarming, absence of protection, arrangement period that don't suit youngsters' work and school

calendars, practically zero settlement for stroll in patients, and restricted administrations and preventative provisions and choices vocation for transfer are additionally obstructions in an investigation on fast appraisal of Reproductive Health Services revealed that huge hindrances position by the present condition of mainly RH administrations are seen unfriendly to the adolescent (Thabethe, 2012).

An examination in Cambodia demonstrated that the boundaries to adolescence admission to regenerative wellbeing administrations incorporated absence of privacy, timidity, deprived relatives with wellbeing personnel, lack of education and little prioritization by guardians for conceptive wellbeing administrations. An investigation to assess youth agreeable forces (YFS) in Shanghai originate that in spite of the fact that there was great foundation, gear, staff and great condition at the city, region, and school level, couple of young people utilized YFS because of inadequate exposure, deficient full time and gifted proficient wellbeing specialist organizations, poor administrations and a frail appointment framework (Boazman, 2014).

In the Russian Federation, whereas the administration has distinguished youthful people's reproductive health needs as a need, health concern and learning frameworks are not however appropriately prepared to deal with the adolescence's particular reproductive health frameworks. The adolescent matured 15-18 year olds in Russia are provided by paediatricians however health information demonstrate that these youngsters who had a lengthy association with paediatricians are frequently humiliated to talk about troublesome matters, for example, contraception or sexually broadcasted infection (STIs) and might likewise stress over breaks of confidentiality (World Health Organization, 2001).

In South Africa exercises outfitted headed for the young are being executed however are as yet constrained. An investigation to assess features that demoralized the young from utilizing adolescence agreeable reproductive administrations in South Africa originate that tiresome hours or position threatening personnel and absence of protection were amongst the motives grown-ups provide for not utilizing YFRHS. The nation in combination with trailblazer worldwide is buckling down during an undertaking, „FOCUS on Youth Adults“ to set up procedures to expel those impediments (Comaroff, 2009).

An investigation on youth-accommodating administrations (YFS) use and issues in Harar, Ethiopia finished that mainly adolescence had inspirational

state of mind towards YFS however had poor learning on the administrations. A similar report likewise detailed that just single office gave YFS in Harar in this way directing the boundaries in donation YFRHS in that area.

The nationwide rule for stipulation of adolescence benevolent administrations in Kenya record additionally explains reproductive health matters for example, giving in sequence and administrations that are available, open, reasonable and adequate and completed accessible. These administrations are adapted on the way to conference neglected reproductive requirements of the young. Different activities incorporate youngster Reproductive Health and expansion approach Plan of Action 2005-2015 that looks to lead the want to give and quicken admittance and use of adolescence cordial administrations by youngsters. finished that use of adolescence cordial sexual and reproductive administrations in Kenya at rest visage various difficulties from the young who have close to nothing or need in sequence on adolescence benevolent reproductive health administrations, group unhelpful insight youth sexuality and reproductive health administrations to the adolescent and health office point of view where there is no responsibility for administrations, constrained administration support and poor financing and in addition poor staff state of mind (Wambui, 2004).

Family Health Options Kenya (FHOP) is an association banding together with different association for example, IPPF, FHI, DANIDA amongst others with a vital target of reinforcing responsibility on help for sexual and reproductive health and privileges and wants of youths/youngsters. To accomplish this vital range, FHOK utilizes different techniques, provision of youth well-disposed coordinated administrations, sexuality education, peer education, support and strengthening of youngsters. Through effort exercises, 477,901 young people were come to with youngster Sexual Reproductive Health (ASRH) in sequence, 23,536 with scientific administrations, 19,483 with VCT administrations whereas 1,574 got guiding administrations (Zabin, 1998).

Youth neighbourly reproductive health administrations are offered utilizing the incorporated model of administration conveyance both in broad daylight, Faith-based and private health offices inside the locale. Thika is one of the locale in Kenya which has a stand-alone youth agreeable office in Ruiru commissioned in 2008 and offers youth well-disposed reproductive health administrations. In spite of the fact that these administrations are accessible, the Thika District planned Plan 2005-2010 distinguished that there was deficient admittance to reasonable and superiority RH administration and

little admittance to Reproductive Health in sequence and administrations by the young and teenagers (Karnyski, 2009).

Traditional Beliefs and Ethnicity

The young sexuality issues are intensified by absence of satisfactory in sequence since in the past time this was specified by grandparents and close relatives and this is not true anymore because of expanded usage. Announced that collapse in conventional announcement waterway during which grown-ups worn to go by in sequence and direction to the youthful has separated because of urbanization along these lines leaving the adolescent defenceless against sexually connected issues, mainly cultural good/conventional cryptogram forbid premarital sex and pregnancy and any young found to utilize family arranging administrations is chastised subsequently terror is imparted amongst the adolescent particularly on family arranging use. At the point when there is group contribution whereby groups are occupied with optimistic discourse to advance the estimation of health benefits and energize parental and more extensive help for the provision of value administrations to adolescence, use is probably going to increment (Senderowitz, 2003).

Stipulation of superior superiority health administrations to the young could be accomplished throughout great arrangement surroundings, enhanced scientific and announcement abilities of suppliers and their strong mentality. The National Guidelines for provision of YFS in Kenya classifies characteristics of an office that craft it adolescence amicable and which are probably going to build use by the adolescent .These incorporates; the administrations ought to be in a position that is effectively open, have adaptable operational hours, proffer protection, tender extensive variety of administrations at reasonable price or gratis and cordial health specialist organizations (Young, 2001).

Women's reproductive health has long been considered both an indicator of population health and a benchmark of progress in a society. It has been a fulcrum of many large-scale public health UN Millennium Project, Implicit in this is the care of all members of a community, including those living in poverty. However, in the United States despite decades of attempts by the government and non-profits to provide accessible, affordable care, there is as yet a considerable shortage in the reproductive health of poor ladies. This shortfall shows from numerous points of view that adversely influence the two ladies and their kids. Regardless of the significant measure of writing specifying both the need and the consequences of the dissimilarity of

reproductive healthcare endured by low-wage ladies, there exists a hole in the examination disentangling the main driver (Zimmerman, 2017).

Research proposes that an advanced gap exists and that ladies of low socioeconomic status are regularly off guard by the consequences of this gap. One repercussion of this abyss is an absence of sufficient information, especially of exact and available reproductive health information which has been observed to be identified with poor reproductive health. The motivation behind this examination will be to look at the information-chasing examples, needs, and boundaries among low-pay ladies as they relate to reproductive health. Using a mixed methods approach, I will survey and then conduct interviews with low-income women assessing their information-seeking regarding reproductive healthcare (Ramanadhan and Viswanath, 2006).

Health information-seeking behaviour

Following a extensive survey of roughly 100 distributed articles and five books from 1982 to 2006, Lambert and Loiselle decided that health information seeking behaviour (HISB) is “conceptualized as a means of obtaining the type and amount of information needed to participate in medical decision making” (2007). The authors state that a person's HISB is originally enthused by an in sequence need or a apparent opening among what a person identify and what that person desires to know regarding their health goals (Lambert & Loiselle, 2007). While this explanation seems simple there is a tremendous breadth of research that has gone into HISB motivations, needs, and outcomes, as well as how individual groups of people engage in HISB. And, this is crucial, because effective HISB can not only increase an individual's health knowledge (Pasinlioglu, 2004), it is also associated with an increased use of preventative healthcare services and better outcomes. In pregnancy, specifically, seeking information may increase information, self-care, and health endorsement behaviours which ideally donate to enhanced pregnancy endings (Moorman & Matulich, 1993; Nicholson, 2005).

Research Methodology

The present study was is quantitative in nature and tables are shaped to break down the statistics. Likewise, frequencies and percentages of the data are displayed. The univariate and examination have been directed. The target population of the present study was youth between the age of 18-30. Two major sampling procedures were utilized as a part of research, for example, probability and non-probability sampling. In this study proportionate random

sample technique was utilized to draw a sample from the objective populace. Test estimate was around 400 respondents. A survey technique was used as a strategy for data collection. The survey of the investigation comprised of close ended and open ended questions and was set up with respect to specific targets of the research. After the collection of data, it was altered into coded frame to go into SPSS. SPSS was utilized to analyse the data

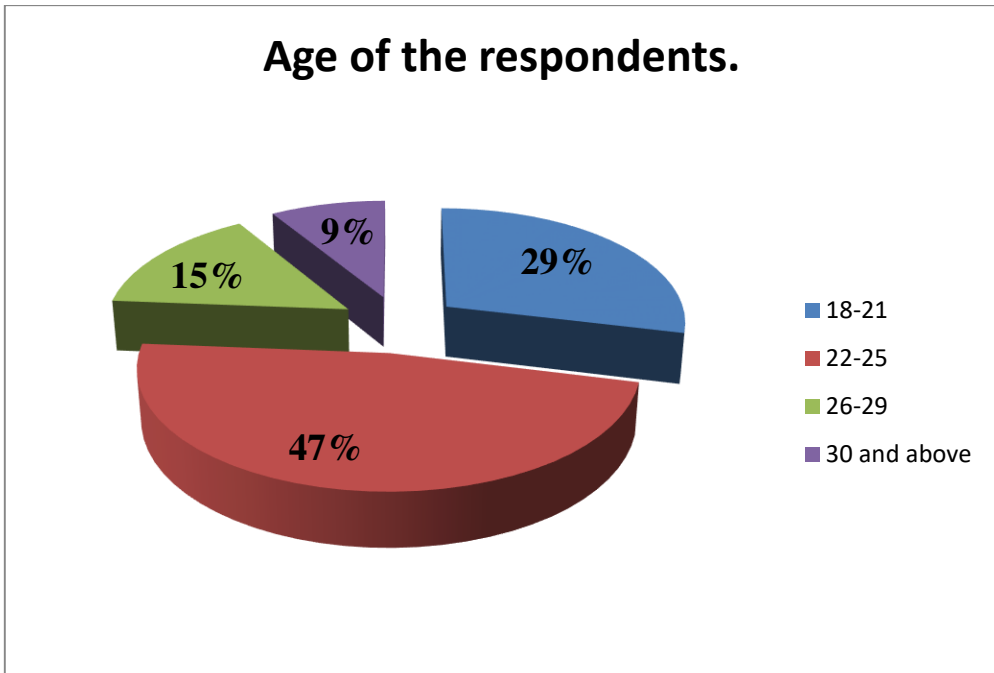


Table 4.1 demonstrates the age of the subjects of this study. Majority of the respondents 47% were in the age group of 22-25 years, while 29 % were in the age group of 18-21 years. 15 % were in the age group of 26.29 years whereas only 9 % were in the age of 30 and above

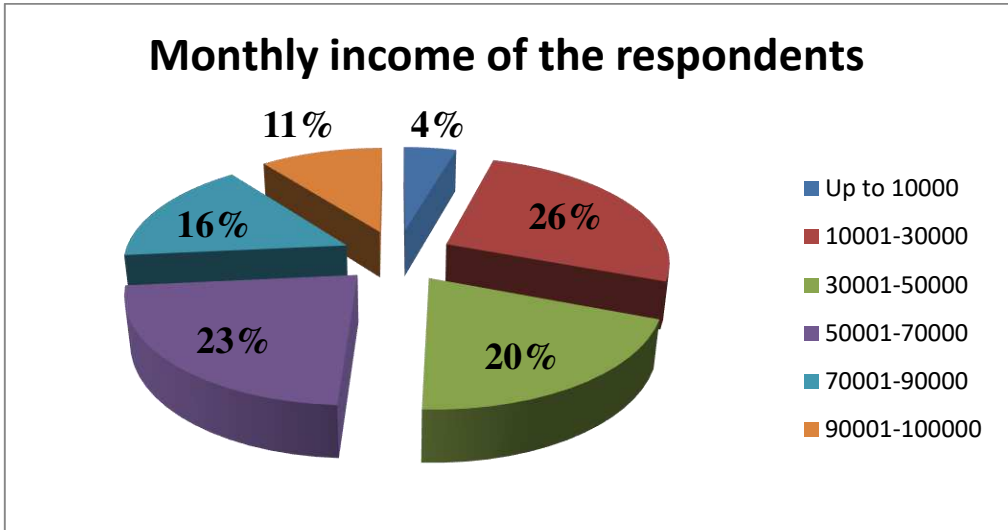


Table 4.2 demonstrate monthly income of the respondents. Data shows that majority of the respondent's 26% monthly income were 10001-30000 rupees, 23% of the respondent's monthly income were 50001-70000 rupees while 20% of the respondent's monthly income were 30001-50000. Data further shows that 16% of the respondent's monthly income was 70001-90000 rupees, 10 % of the respondent's monthly income were 90001-110000, whereas 5 % of the respondent's monthly income was up to 10000 rupees.

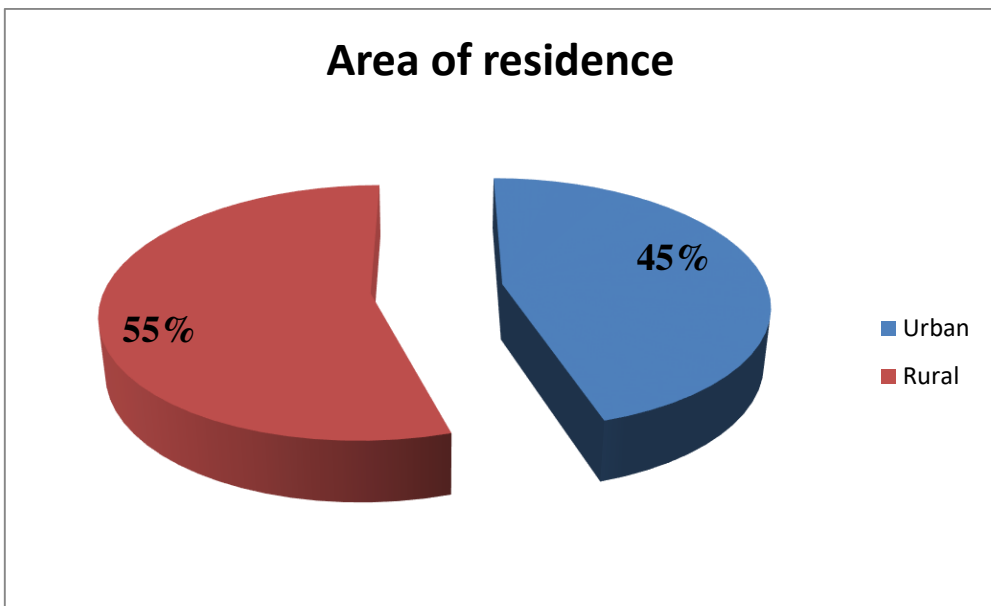


Table 4.3 illustrates the residence area of the respondents. The statistics illustrates that majority 55% of the respondents were from Rural area while 45% of the subjects of this study were from Urban area.

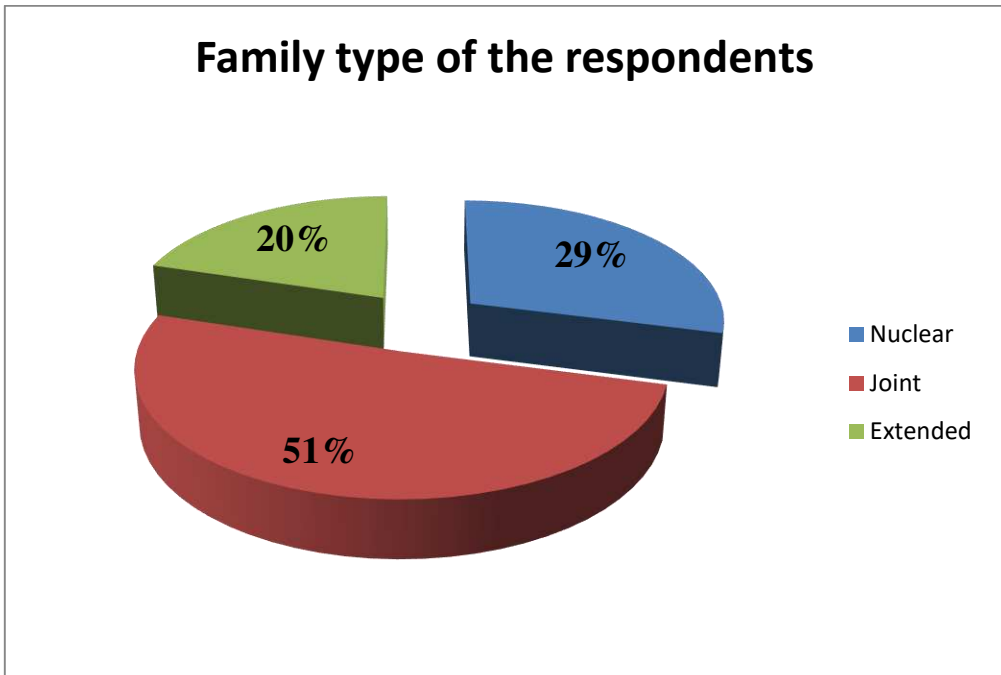


Table 4.4 demonstrates the family type of the respondents. The statistics explains that about 51% of the respondents were from Joint family, 29 % of the respondents were from Nuclear family whereas only 20 of the respondents were from Extended family.

Conclusion

Literature uncovered that regardless of the activities set up towards enhancing of reproductive health knowledge among the Youth, hindrances motionless survive which influence the use of administrations by the young. Concentrates over the sphere direct to the habits the administrations are known and the young unpleasantness of the offices. This is confirming in elements; for example, benefit conveyance hours, cost of administrations, absence of confidentiality and office organization. Others are singular factors, for example, absence of information and demeanor. Writing likewise uncovered that there is concentrated exertion by numerous nations to achieve the young with reproductive health administrations and however modest has

been accomplished; significantly additional should be complete to achieve a decent limit to free the adolescent from reproductive health issues. Kenya is among the nations a considerable measure of exertion is going ahead in the range of reproductive health benefit conveyance however minimal confirm is appeared for the school youth.

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