

Received Date: January 2020

Revised: March 2020

Accepted: June 2020

Sexual and Reproductive Health Status of Adolescents in Nepal

Prabha Khanal (M. Phil.)*

Abstract

This article explores about the sexual and reproductive features of adolescence in the context of Nepal. Adolescence refers to the years of transition from childhood to adulthood. This study is a review based on secondary data source. Most of the data and information are carried out by demographic and health survey conducted by Ministry of Health and Population. Married adolescent 15-19 years of aged population are recognized as the study population for this study. The study finds the proportion of married adolescent women are decreased from 43 percent in 1996 to 27 percent in 2016. On the basis of sexual and reproductive health behavior of adolescent, female are more active than male. The result shows that the knowledge of family planning methods among adolescents are found universal. The demand of family planning seems to be insufficient to this group. The 15 percent of adolescents have utilized the family planning methods. The unmet need of family planning is higher in adolescent women than that of national level. The adolescent pregnancy is another serious problem. Nepal Demographic Health Survey 2016 states that 17 percent of adolescents are either mothers or are pregnant. This number was 43 percent in 1996. The trend of adolescent pregnancy seems to be decreasing. However, the sexual and reproductive health behavior of adolescent has become a social concern in developing countries like Nepal. In this way, the Nepalese government should prioritize in the contemporary issues of sexual and reproductive behavior of adolescents in the country.

Key words: Adolescent, reproductive health, antenatal care, family planning & sexuality.

Introduction

The transition from childhood to adulthood involves dramatic physical, sexual, psychological and social developmental changes, all taking place at the same time. In addition to opportunities for development this transition poses risk to their health and wellbeing. Adolescents are the great concern for any country. Adolescents are the most

*Ms. Khanal is a Lecturer at the Department of Population Studies, Patan Multiple Campus, TU, Lalitpur, Nepal.
Email: sanuprabha@gmail.com

productive age group. The socio-economic development of the country depends upon these groups for the future potential human resources of the country.

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. They are usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later (Williams, 2015). Adolescents are vary and conceived differently in different societies around the world, depending on political, economic, and socio-cultural contexts. These categories are associated with different roles, responsibilities and ages that depend on the local context. World Health Organization defines individuals in the 10-19 years age group are known as adolescent.

Approximately 1.2 billion adolescents make up 16 percent of the world's population. More than half of all adolescents live in Asia which is nearly one fifth of the world's population (WHO, 2019). Despite this, sub-Saharan Africa is the region where adolescents make up the greatest proportion of the population, with fully 23 percent of the region's population aged 10–19. They are growing up in circumstances quite different from those of their parents, with greater access to formal education, increasing need for such technological skills as computer and internet literacy, different job opportunities, and more exposure to new ideas through media, telecommunications and other avenues (UNFPA, 2008).

Adolescents, a vulnerable populations have multiple sexual and reproductive health problems including gender inequality, sexual coercion, early marriage, polygamy, female genital mutilation, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs) including HIV/AIDS. Lack of access to appropriate health care and access to information and communication are the most important factors hindering their health care (UNFPA, 2008).

Reproductive and sexual health is a major area of concern as the adolescents do not have adequate awareness and knowledge about these. The chances of having STIs, teenage pregnancy and unsafe abortions are much higher among adolescents. (Mehta, 2013). Especially younger (adolescent) girls, are particularly vulnerable because they face the risks of premature pregnancy and childbirth and maternal conditions are the top cause of mortality among girls aged 15-19 globally (UNICEF, 2019). Adolescent pregnancies are a global problem that occurs in all over the world. In 2018, UNICEF estimated that adolescent birth rate globally was 44 births per 1,000 girls for aged 15 to 19 years. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities (WHO, 2019).

Nepal is predominantly a young population country with a large proportion of population below age 30. Adolescents constitute 24 percent of the total population according to the census of 2011 (CBS, 2014). The practice of early marriage and childbearing is very common in Nepal. Among girls aged 15–19 years, 27 percent are already married and 17 percent are already mothers or pregnant (Ministry of Health and Population, 2017). This figure is much higher than that some SAARC countries such as Pakistan (8%) and India (8%). This means the reproductive health (RH) situation of adolescents is not satisfactory with reference to Nepal. It is worse in rural area than in urban area due to lack of education, information and awareness programs (MoHP, 2017).

Nepal Demographic and Health Survey 2016 revealed that, almost 4 percent of girls aged 15 get married and 30 percent bear their first child between ages 15-19 years in which ages mostly a woman is not being well prepared to become a mother either physically or mentally. The married teenagers are more likely to expose to the higher risk of maternal mortality due to pregnancy, childbirth complications and unsafe abortion (Khatiwada et al., 2013).

Adolescent girls' issues have been widely recognized both at the national and international level. The Cairo Program of Action (1994) emphasized the services concerning reproductive and sexual health, including the prevention of HIV/AIDS and other STDs. Access to and confidentiality and privacy of their services were also emphasized, as well as parental guidance and support. The Beijing Plate Form of Action 1995 also emphasized the adolescent girls' reproductive and sexual needs (Subedi & Dwivedy, 2009).

Objectives

The main objective of this study is to identify the levels and trends of sexual and reproductive health of adolescent women in Nepal. The specific objectives of the study are to identify the knowledge of family planning, HIV and AIDS and maternal health care in the study area.

Statement of the Problem

Adolescents are the least protected group of people. Adolescence is a period of crucial age and full of curiosity about sexuality. They often lack information about sexual and reproductive health properly. Consequently, problems such as early marriages, early childbearing, unsafe abortions, STD/HIV/AIDS and domestic abuse have been observed in adolescents. Although, in Nepal, some progress in information, education

and communication has been made during the last decade. However, most of the societies are still closed and traditional surrounded with myth and misconceptions about sexuality, reproductive health, contraceptives, STDs/HIV/AIDS and sexuality education. Consequently, they are bound to follow these myth and misconception that put them in high risk for reproductive health behavior. As a result, adolescents are able to cope with various problems, which is a very serious issue. Therefore, it is very essential to understand the overall situation of sexual and reproductive health behavior of adolescent aged 15- 19 based on survey.

Methodology

This study of sexual and reproductive health behavior of adolescent population is based on secondary data source which that, tries to frame out different situations. A systematic search of published literature, research articles program and policy reports from WHO, UNFPA, UNICEF as well as census reports in Nepalese context were reviewed. In this study, most of the data and information were carried out by the Nepal demographic and health survey which was conducted by the ministry of health and population in different time period (since 1996 to 2016). This study has focused only adolescent population of male and female currently married aged 15-19 years. Simple frequency table and cross table have been used to analyze the data.

Data and Discussion

Marriage and Sexuality

Adolescent marriage is a critical dilemma that some of the societies are facing today. It deprives girls of their rights, subjects them to abuse, and forces them to assume responsibilities beyond their years. Adolescent marriage strips them of their chances and rights to an education, a healthy lifestyle, personal development and growth. A vicious cycle that results which can lead to their being widowed at a young age and shunned from society (Jarallah, 2011). The practice of early marriage or the child marriage is common in the most part of rural Nepal.

Table-1: Percent distribution of adolescents (aged 15-19) by current marital status in Nepal, 1996-2016

Years	Women		
	Never Married	Married	Number of Respondents
1996	56.0	43.3	2229
2001	59.7	39.8	2335
2006	67.7	32.2	2457
2011	71.0	28.8	2763
2016	72.5	27.1	2598
Men			
1996	-	-	-
2001	88.7	11.3	619
2006	89.5	10.4	911
2011	92.9	6.9	978
2016	93.6	6.4	931

Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 1 shows the trend of adolescent men and women who are currently married. The result shows that the proportion of currently married persons are in decreasing trend. The table also shows that among the proportion of currently married women aged 15-19 years, are decreased from 43 to 27 percent in 1996 to 2016 respectively while the proportion of currently married men were 11 percent in 2001 to 6 percent in 2016. The proportion of adolescents, both male and female, who have never married dropped remarkably in all survey years, indicating that this is an important period of marriage formation.

Table-2: Percentage of adolescents (aged 15-19) who were married by exact age 15 in Nepal,1996-2016

Years	Women	
	Percent	Number of Respondents
1996	14.4	2229
2001	-	-
2006	5.5	2437
2011	5.0	2753
2016	4.1	2598
Men		
1996	-	-
2001	-	-
2006	0.7	911
2011	0.0	978
2016	0.3	931

Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 2 shows that in 2011 no male adolescents had married by age 15, whereas 5 percent of females age 15-19 at the time of survey had married by age 15. In 1996, by comparison, 14 percent of females age 15-19 had married by age 15. Indicating that women get married earlier than men.

Age at First Sexual Intercourse by Adolescent

Early sexual intercourse initiation has been associated with an increased risk of having multiple lifetime sexual partners, unprotected sex, acquiring sexually transmitted infections (STIs), unwanted pregnancy and undesirable sexual outcomes, such as problems with orgasm and sexual arousal (Kaestle, Halpern, Miller, & Ford, 2005). Nepal Adolescent and Youth survey 2011 reported that 11 percent of adolescent before the age of 15 years were engaged in first sexual intercourse (MoHP, 2012).

Table-3: Percentage of adolescents (aged 15-19) by first sexual intercourse in exact age 15 in Nepal, 1996-2016

Years	Women	
	Percent	Number of Respondents
1996	-	2229
2001	-	2335
2006	5.5	2437
2011	4.6	2753
2016	3.7	2598
Men		
1996	-	-
2001	-	-
2006	3.1	911
2011	3.7	978
2016	3.1	931

Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 3 presents the percentage of men who, in 2006 and 2011 had sexual intercourse by specific ages, irrespective of marital status. The proportion of female adolescents aged 15-19 years who had sexual intercourse by age 15 decreased from 6 percent in 2006 to 4 percent in 2016. However, the proportions of male adolescents aged 15-19 years at the time of the survey, who had first sexual intercourse by exact age of 15, increased slightly between 2006 and 2016, from 3 percent to 4 percent but in 2016, that percent slightly decreased to 3 percent.

Sexual and Reproductive Health Behaviors of Adolescents

Adolescence period is full of turmoil. Unless it is addressed and guided by young people friendly social systems, public policies and service delivery systems, the risk of health increases because of changing sexual and reproductive health behaviors (Pathak & Pokharel, 2012).

Table-4: Percentage distribution of adolescents (aged 15-19) by sexual and reproductive health behaviors before age 15 in Nepal, 2016

Sex	Had Sexual Intercourse	Married	Give birth/fathered a Child	Number of Women/Men Age 15-19
Women	3.7	4.1	0.6	2,598
Men	3.1	0.3	0.0	931

Source: Nepal Demography and Health Survey, 2016

Table 4 presents the sexual and reproductive health behaviors of adolescents. Among women and men aged 15-19 years, 4 percent of women and 3 percent of men had their first sexual intercourse before age 15. Within this same age group, 4 percent of women and less than 1 percent of men were married by the age of 15. This indicates that most of the young women have not their first sexual intercourse before marriage. The result also shows that only less percentage of women aged 15-19 have gave birth before age 15.

Knowledge of HIV and AIDS

In Nepal, the prevalence of human immunodeficiency virus (HIV) is estimated to be 0.15 percent in the general population age 15-49. The report also denotes the estimates 32,747 adults and children have been living with HIV in Nepal (NCASC, 2017).

Table-5: Percentage of adolescent (aged 15-19) who have heard of AIDS in Nepal, 1996-2016

Years	Women	
	Percent	Number of Respondents
1996	24.3	238
2001	52.1	941
2006	81.8	2437
2011	88.7	2753
2016	83.3	2598
Men		
1996	-	-
2001	86.2	102
2006	95.8	941
2011	97.0	978
2016	98.8	931

Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 5 shows that men had heard more about AIDS compared to female adolescent. In 2001, 86 percent of male heard about AIDS and in 2016 it was increased is 99 percent. However, 52 percent of women heard about AIDS and in 2016, it was increased in 83 percent. That means Nepalese adolescent women’s had low exposure to media compared to men.

Comprehensive Knowledge of HIV and AIDS Transmission

Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy looking person can have HIV, and rejecting the two most common local misconceptions about transmission and prevention of HIV and AIDS- that HIV can be transmitted by mosquito bites and that a person can become infected by sharing food with someone who has HIV (MoHP, 2012).

Table-6: Percentage of adolescents (aged 15-19) who had comprehensive knowledge about HIV and AIDS in Nepal, 2006-2016

Years	Women	
	Percent	Number of Respondents
2006	29.1	2437
2011	25.0	2753
2016	18.3	2598
Men		
2006	45.3	941
2011	33.9	978
2016	24.3	931

Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 6 shows that the women and men age 15-19 who had comprehensive knowledge about HIV and AIDS. According to the 2016 NDHS, 18 percent of female adolescents and 24 percent male adolescents had comprehensive knowledge about HIV and AIDS. These values were lower than in 2006, and the decline was greater among males than among females.

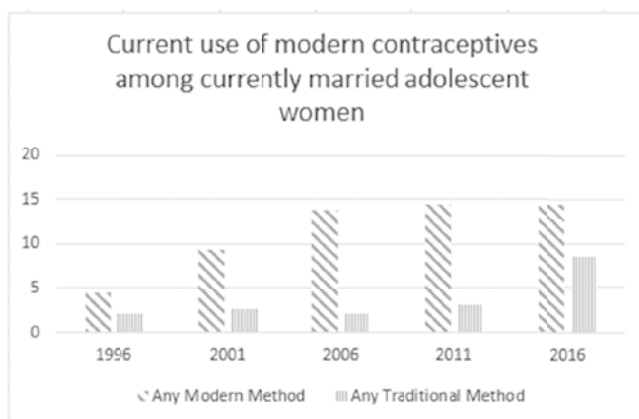
Family Planning and Contraception

Current Use of Modern Contraceptives

Family planning not only improves women’s chances of surviving pregnancy and childbirth but also contributes to gender equality, better child health, and improved education outcomes including poverty reduction. Among adolescents and youth, contraceptive use can prevent unintended pregnancy and early childbearing and their consequences. In Nepal, knowledge about family planning among adolescents is almost universal (99.9%). However, only 15 percent of married adolescent girls age 15-19 are currently using a modern contraceptive method (MoHP, 2017).

Table-7: Current use of modern contraceptives among currently married adolescent women (aged 15-19) in Nepal, 1996-2016

Years	Any Modern Method	Any Traditional Method
1996	4.4	2.2
2001	9.3	2.7
2006	13.8	2.1
2011	14.4	3.1
2016	14.5	8.6



Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 7 shows that among the currently married women age 15-19, current use of modern contraceptives increased from 4 percent in 1996 to 15 percent in 2016. However, the use of traditional method of this age group increased highly since 2011 to 2016 (e.g. 3 percent in 2011 to 9 percent in 2016). Data presents the modern contraceptive use raised between 1996 and 2006 and then was virtually unchanged in 2016. Still, the level in the more vulnerable 15-19 age group remains far below that of in other age groups.

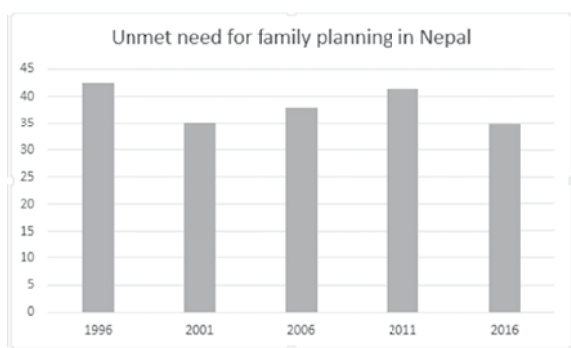
Unmet Need for Family Planning

Unmet need for family planning is an indicator of the unfulfilled demand for contraception among women of reproductive age. Ensuring universal access to reproductive health,

including modern contraception, is one of the priorities of NHSP II, as implemented by the MoHP. Among the age groups of women, unmet need for family planning is highest among adolescents than other groups (MoHP, 2012). Overall, 24 percent of married women in Nepal have an unmet need for family planning (8% for spacing and 16% for limiting) but are not currently using contraception (MoHP, 2017).

Table-8: Percentage distribution of currently married female adolescents (aged 15-19) with unmet need for family planning in Nepal, 1996-2016

Years	Percent	Number of Women
1996	42.4	964
2001	35.1	931
2006	37.9	784
2011	41.5	792
2016	34.9	704



Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 8 presents the percentage of currently married women age 15-19 with unmet need for family planning. Overall, the level of unmet need among currently married female adolescents has changed little in the last 15 years. In 1996, 42 percent of currently married women had an unmet need for family planning while in 2016, the level of unmet need was 35 percent. This percentage is much higher than the national data i.e. 23.7 percent (MoHP, 2017). There may be several reasons why young people have high unmet need. UNFPA (2004) points accessibility, choices, client-providers interaction, spousal or community support, follow-up and financial constraints as some reasons for low use of family planning services.

Adolescent Motherhood

Adolescent Fertility

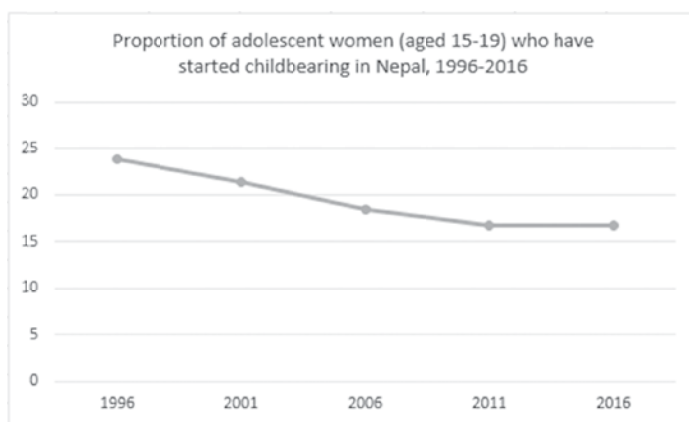
Early pregnancy and motherhood is a major social and health issue in Nepal. Early pregnancy can cause severe health problems for both the mother and child. Moreover, an early start to childbearing greatly reduces women's opportunities for education and employment and is associated with higher levels of fertility. Teenage mothers are more likely to suffer from complication during pregnancy and child birth, which determine the

health and survival of both mother and child (Subedi & Dwivedy, 2009).

Many research shows that adolescent mothers have higher risk of health outcomes such as eclampsia, puerperal endometritis, and systemic infections than aged 20 to 24 years mothers (Ganchimeg, Ota, & Morisaki, 2014). Nepal demographic and health survey 2016 revealed that the percentage of still births/miscarriages is higher among women age 15-19 (11%) than women age 20-34 years (MoHP, 2017).

Table-9: Proportion of adolescent women (aged 15-19) who have started childbearing in Nepal, 1996-2016

Years	Percent	Number of Women
1996	23.9	238
2001	21.4	941
2006	18.5	2437
2011	16.7	2753
2016	16.7	2598



Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

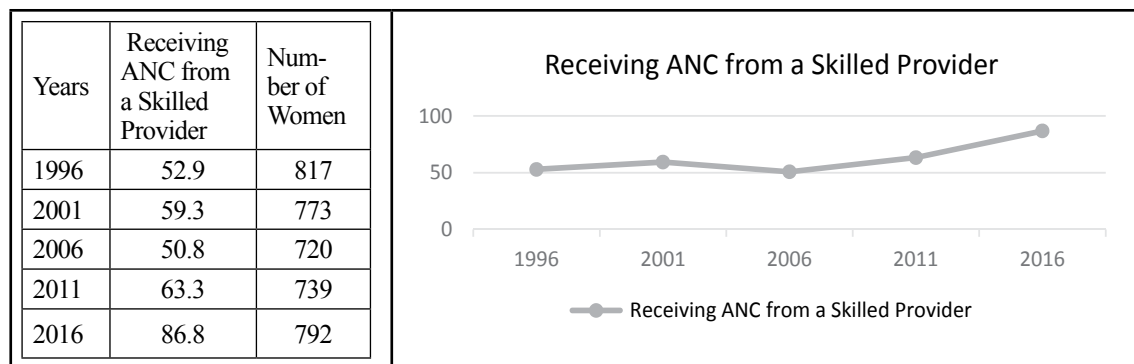
Table 9 presents the proportion of adolescent women age 15-19 who have started childbearing. Overall, 24 percent of adolescent women age 15-19 were already mothers or were pregnant with their first child in 1996, by the 2016 the percentage of adolescent who were mother or were pregnant was decreased in 17 percent.

Maternal Care

Antenatal Care

Antenatal care from a skilled provider is important to monitor pregnancy and reduce the risk of mortality for mother and baby during pregnancy and delivery (MoHP, 2012). The Ministry of Health and Population recommends that a pregnant woman have ANC visits at least four times during her 4th, 6th, 8th, and 9th months.

Table-10: Percentage distribution of adolescent women (aged 15-19) who had a live birth in the five years preceding the survey by receiving antenatal care from a skilled provider in Nepal, 1996-2016



Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Table 10 shows that the trend of women age 15-19 who had four times or more ANC visits for their most recent birth. In 1996, the adolescent women, received antenatal care from a skilled provider was 53 percent which was increased 87 percent in 2016. Due to the government policy and programme of safe motherhood, the proportion of receiving antenatal care from skill provider by adolescent aged 15-19 years was gradually increased.

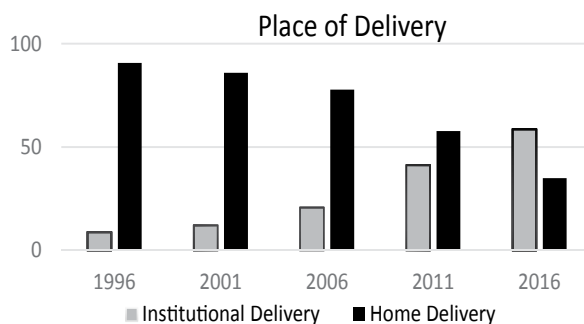
Place of Delivery

Traditionally and mostly, Nepalese children are delivered at home without assistance or with the assistance of TBAs or elders of the community. That cause high risk of infection of child and maternal complication. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death of the mother and the baby.

The Government of Nepal has implemented various strategies to improve the quality of safe motherhood services and thus reduce the number of maternal deaths. Encouraging deliveries in health care institutions is one priority of the safe motherhood program. A free delivery policy was launched nationwide in January 2009 to address the financial barriers that women face in attending health facilities for delivery. Hence, Nepal is promoting safe motherhood through initiatives such as providing financial assistance through maternity incentives schemes to women seeking skilled delivery care in a health facility (MoHP, 2012).

Table-11: Percentage distribution by place of delivery to adolescent women (aged 15-19) in the five years preceding the survey in Nepal, 1996-2016

Years	Place of Delivery		Number of Births
	Institutional Delivery	Home Delivery	
1996	8.8	90.7	817
2001	12.1	85.9	1290
2006	20.7	77.8	1156
2011	41.3	57.7	1101
2016	58.7	34.9	1117



Source: Nepal Demography and Health Survey, 1996, 2001, 2006, 2011 & 2016

Increasing the percentage of births delivered in health facilities is important for reducing deaths arising from complications of pregnancy of mother. Table 11 presents the place of delivery among live births of adolescent women age 15-19. In 1996, only 9 percent of adolescent mother delivered their birth in health facilities. Due to the government’s safe motherhood strategies or government policies of free delivery in health institution, the percentage of institutional delivery was gradually increased since 2001(41.4%) to 2016 (58.7%). The percentage of home delivery is gradually decreasing level since 2011. Data presents 35 percent of women delivered their birth at home in 2016. However, this is a high risk potential of maternal mortality.

Conclusion

Adolescent is the most productive age group having great concern of every country. The socio-economic development of the nation depends upon this group. Adolescence period is the future potential human resource of the country. During the last decade, substantial development in information, education and communication has been made in Nepal. Sexual and reproductive health services for adolescents are being implemented in Nepal, but many young people have yet to benefit. Due to lack of access to appropriate knowledge of sexual and reproductive health, this group of population are more vulnerable toward numerous sexual and reproductive health problems like early marriage, early child bearing, unsafe abortion, STDs/HIV/AIDS, domestic abuse and many more.

The Government of Nepal has recently started some of strategic programs focused on the adolescent. Government institutions, policies, services delivery mechanisms and institutional

arrangements play an important role to address the sexual and reproductive health of adolescents. In order to reduce the problems of reproductive health practices in adolescents, issues like sexual and reproductive health and sexuality of adolescents should be addressed in a sustainable way by incorporating into school education and higher education.

References

- Central Bureau of Statistics (CBS). (2014). *Population monograph of Nepal. Volume I*. Kathmandu: National Planning Commission Secretariat, Central Bureau of Statistics, Government of Nepal, Nepal.
- Ganchimeg, T., Ota, E. & Morisaki, N. (2014). Pregnancy and childbirth outcomes among adolescent mothers: A world health organization multicounty study. *An International Journal of Obstetrics & Gynecology*. <https://web.archive.org/web/20130403080324/https://www.nlm.nih.gov/medlineplus/ency/>.
- Jarallah, R. (2011). *Adolescent marriage: Crossroad or status*. <https://unchronicle.un.org/article/adolescent-marriage-crossroad-or-status-quo/>.
- Kaestle, C. E., Halpern, C. T., Miller, W. C., & Ford, C. A. (2005). Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *American Journal of Epidemiology*.
- Khatiwada N., Silwal P. R., Bhadra R., and Tamang T. M. (2013). Sexual and reproductive health of adolescents and youth in Nepal: Trends and determinants: *Further analysis of the 2011 Nepal demographic and health survey*. Calverton, Maryland, USA: Nepal Ministry of Health and Population, New ERA, and ICF International.
- Mehta B. (2013). Adolescent reproductive and sexual health in India: The need to focus. *Journal of young medical researchers*. <https://www.researchgate.net/publication/271241458>.
- Ministry of Health and Population (MoHP). (2012). *Nepal Adolescent and Youth Survey 2010/11*. Kathmandu: Ministry of Health and Population, Nepal.
- Ministry of Health (MoH). (1997). *Nepal Family Health Survey 1996*. Kathmandu: Ministry of Health, New ERA and ICF International, Nepal.
- Ministry of Health and Population (MoHP). (2007). *Nepal Demographic and Health Survey 2006*. Kathmandu: Ministry of Health and Population, New ERA and ICF International, Nepal.
- Ministry of Health and Population (MoHP). (2012). *Nepal Demographic and Health Survey 2011*. Kathmandu: Ministry of Health and Population, New ERA and ICF International, Nepal.
- Ministry of Health and Population (MoHP). (2017). *Nepal Demographic and Health Survey 2016*. Kathmandu: Ministry of Health and Population, New ERA and ICF International, Nepal.

- National Centre for AIDS and STD Control (NCASC). (2017). *Fact sheet 1: HIV epidemic update of Nepal*: Teku. Ministry of Health and Population. Kathmandu, Nepal.
- Pathak, R. S. & Pokharel, T. (2012). Sexual and reproductive health status of adolescents and youth in Nepal. *Nepal Population Journal*, Kathmandu. Population Association of Nepal, Nepal.
- Subedi, G., & Dwivedy, R. K. (2009). Adolescent girl's reproductive health situation in Nepal: A case study from Mahottari District. Kathmandu: *Nepal Health Research Council*, Nepal.
- United Nations International Children's Emergency Fund (UNICEF). (2019). *Early childbearing*. <https://data.unicef.org/topic/child-health/adolescent-health/>.
- United Nations Population Fund (UNFPA). (2008). Making reproductive right and sexual and reproductive health. *Reproductive right and sexual and reproductive health framework*. New York: United Nations Population Fund, United States.
- United Nations Population Fund (UNFPA). (2019). *Strategy on adolescents and youth towards realizing the full potential of adolescents and youth*. New York, United States. <https://www.unfpa.org/sites/default/files/resource-pdf/>.
- United Nations Population Fund (UNFPA). (2004). *Program of action: Adopted at the international conference on population and development*. New York. United States.
- Williams, Y. (2015). *What is adolescence? - Definition, stages & characteristics*. <https://study.com/academy/lesson/what-is-adolescence-definition-stages-characteristics.htm>.
- World Health Organization (WHO). (2019). *Maternal, newborn, child and adolescent health*. https://www.who.int/maternal_child_adolescent/adolescence/universal-health-coverage/en/.