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Sexual and reproductive health status in Indian youth: Addressing the needs and their involvement

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Abstract
In India, the share of the youth population (15-24 years of age) is more than one-fourth of the country. Despite this large chunk of the productive population being in the 15-24 age groups, the health needs of youth have neither been researched nor addressed adequately. The objective of this paper is to examine the status of sexual and reproductive health of youth. Youth in India: Situation and needs, data has been used for this study. Bi-variate and multivariate technique have been used to fulfill the aforesaid objective. The result shows that the genital infection was three times more likely in female than male. The odds of sexual and reproductive problem decrease with increases the education. Not working was significantly and positively associated with the menstruation related problem and anxiety about swapndosh. There is need to execute some youth-centric policy that work to aware about sexual health with the social participation.

Keywords: Youth, Reproductive health, Genital Infection, Nocturnal emission, menstruation

1. Introduction

Despite the large chunk of the economically productive population being in the 15-24 age groups, the health needs of youth have neither been researched nor addressed adequately; particularly their sexual and reproductive health needs are often misunderstood, unrecognized or underestimated [1], and hence, this segment of population is not contributing in mainstream of our development process. While today's youth are healthier, more urbanized and better educated than earlier generations, social and economic vulnerabilities persist. With the time of the transition to adulthood, moreover, youth population face significant risks related to sexual and reproductive health, and many lack the proper knowledge and power to make informed sexual and reproductive choices [2]. So, to use this productive potential in wellbeing and strengthen the nation, we need to make them healthier, more opportunistic and more accessible towards acquisitions of resource for their betterment. Youth is at a stage in their lives when they are exploring and establishing their identity in society. As young people pass through puberty and adolescence, health needs related to sexual and reproductive health arise [3]. Adolescents and youth have been perceived to have few health needs and little income to access to health services [4]. As a result, they have been neglected by the health system through all need information on reproductive health, and some need targeted services [5]. The adverse outcomes such as early sexual debut, substance abuse, sexual and gender violence, multiple sexual partners, and inadequate access to and use of contraceptives curtail young people's ability to achieve their economic and social goals, which in turn affect the country's long-term development.

The International Conference on Population and Development (ICPD), held in Cairo in 1994, laid the groundwork for today's policies on the SRH of young people [6]. ICPD was a landmark event, and its Programme of Action, also known as the Cairo Consensus, was the first global policy document to use the term "reproductive health." It was also precedent-setting in making women's rights and reproductive health central to social and economic development, and in addressing the reproductive health needs of young people. Since 1994, youth advocators, health professionals, and governments around the world have worked to translate the goals of the Cairo conference into national policies and action plans [6].

In South Asian countries, current healthcare systems hardly address the health needs of the youth population. Moreover, they are inefficiently learned about the symptoms and consequences of reproductive health situation [7]. Although a major chunk of youths suffers from reproductive health problems, a vast majority of them do not seek health care for these conditions [8]. Because, in India, women with self-reported symptoms of reproductive morbidity do not seek treatment due to existing taboos and inhibitions regarding sexual and reproductive health. They hesitate to discuss their reproductive health problems primarily, due to shame and embarrassment [9, 10]. Therefore, RTIs are generally seen as a 'silent' epidemic and is one of the major public health problems significantly contributing to gynecological morbidity and maternal mortality in India and other developing countries [11].

The prevalence of RTI infections is low in India [12]; although, the number of youth affected by sexual/reproductive infections is a matter of concern due to the large population in the age group 15-24. India has the highest proportion of youth (more than 243 million) in the world [13], accounting for about 19 percent of the country's population [14]. Almost 340 million incidences of curable STIs are diagnosed each year, out of which 151 million are from South and Southeast Asia [15]. Furthermore, two third of all STIs occur among young and adolescent people who are in their early twenties [16, 17].

1.1. Need for the Study: Many research shows that youth are indulging in premarital sex more frequently at an early age [17], the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV and other several reproductive and sexual health problems [18-20]. Even after marriage they are also having such

problems, but their health seeking behavior is either less exposure towards health services or not sufficient services are available [21-23]. So for that, it feels a strong requisites to create a supportive environment that would positively influence knowledge, attitude, perceptions, skills and behavior of youth and also help in increasing access and use of sexual and reproductive health services. This enforce to make research to understand the need of sexual and reproductive health services and to search the easiest way through they will find more communicable towards their family, society and health providers regarding their sexual and reproductive health problems. The prime objective of this paper is to examine the status of sexual and reproductive health of youth population and their treatment seeking behavior.

A limited number of studies have focused on reproductive tract infections (RTI) or sexually transmitted diseases (STIs) among adolescent women in developing countries such as India [24, 25]. Similarly, very few attempts have been made to study the health seeking behavior for reproductive morbidity of youth in India [24-27]. As above most of the studies are micro-level data. Therefore, the present study focuses on prevalence and treatment-seeking behavior of sexual and reproductive health among youth using a national level large-scale data with a particular attention to different categories of perceived RSH problem and treatment-seeking behavior in India along with its six states.

2. Methods and Materials

2.1. Source of Data: Youth in India: Situation and needs data has been used which was conducted during 2006-07 [28]. The Youth Study focused on married and unmarried young women and unmarried young men aged 15-24 and, because of the paucity of married young men in the younger ages, married men aged 15-29, in both rural and urban settings. The main objectives were to identify key transitions experienced by youth, including those pertaining to education, workforce participation, sexual activity, marriage, health and civic participation. The study was conducted in Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu. These states were purposively selected to represent the different geographic and socio-cultural regions within the country. The study comprised three phases and included both a survey and qualitative data gathering exercises prior to and after the survey. The surveys were undertaken in a phased manner and took place between January 2006 and April 2008. In all, 58,728 young people were contacted, of which a total of 50,848 married and unmarried young women and men were successfully interviewed.

2.2. Methodology: Bi-variate and multivariate technique have been used to fulfill the aforesaid objective. Bi-variate analysis used to examine the prevalence of sexual and reproductive health status of the youth population. Logistic regression was applied to examine the determinant of sexual and reproductive health among the youth population. To examine the significant impact of the socioeconomic and demographic characteristic on their treatment of sexual and reproductive health status chi-square test have employed.

2.3 Dependent Variable: For defining the status of sexual and reproductive health problems in youth, we have considered three important independent variables (which had taken in youth survey in India 2006-07) are *"Symptoms of genital infection in last 3 months"*, *"Anxiety about swapnadosh/ nocturnal emission in last 12 months"*, *"Menstrual problems in last 3 months"*. For analysis purposes, all above mentioned dependent variables categorized into binary/dichotomous form.

3. Results

3.1. ***Percentage distribution of youth by their background characteristics:*** Table 1 depicts sample characteristics of the youth population by selected background variables. About 52.4 percent youth were younger than 19 years of age, and more than half respondent were unmarried. More than two-third sample was from female category. The majority of respondent were residing in rural areas, and every one in five had no formal education. Only 40% of youth were educated up to secondary level. In terms of religion and social group, the majority of the respondents believed in Hindu and about two eight were from SC/ST/VJT group. More than half of the respondents were not working. Majorities were from the rich wealth quintile and were from the Maharashtra states.

Table 1: Percentage distribution of youth, men and women (15-24 years of age) by background characteristics

Background Characteristics	%	Total (n)
Age of Youth		
15-19 years	52.4	25041
20-24 years	47.6	20514
Sex		
Male	31.6	14281
Female	68.4	31274
Place of Residence		
Urban	29.7	21459
Rural	70.3	24096
Marital Status of Respondent		
Married	43.6	16671
Unmarried	56.4	28884
Religion		
Hindu	84.0	37384
Muslim	10.0	5275
Others	6.0	2896
Caste of the Respondent		
SC/ST/VJT	28.4	12332
OBC	50.2	23087
General	21.4	9878
Education Level		
No Education	19.9	7972
Primary	6.8	3006
Secondary	39.6	17937
Middle	24.6	11901
Higher	9.1	4739
Wealth Index		
Poorest	15.3	5629
Poor	18.4	7217
Middle	20.8	9142
Rich	23.1	10835
Richest	22.3	12732
Work Status		
Working	48.8	20215
Not working	51.2	25313
State		
Rajasthan	14.5	8961
Bihar	19.5	7471
Jharkhand	6.6	8051
Maharashtra	24.3	6824
Andhra Pradesh	19.6	7327
Tamil Nadu	15.5	6921
Total	100	45555

3.2. ***Menstruation problem, worry/anxiety about swapndosh /nocturnal emission and symptoms of genital infection among Youth:*** Overall, 12.3 percent women reported they have experience of menstruation-related problem in last three month prior to the survey (*Table 2*). Younger women belonged to rural areas, unmarried women, higher educated; women belonged to General caste, from the poorest household, working women and in Maharashtra states more women reported the menstruation related problem. About 13 percent women less than 19-year-old had experience menstruation related problem. 12.5 percent women from rural area, 13.5 percent unmarried women, 13.3 percent women from poorest wealth group,13.2 percent working women and 20 percent women from Maharashtra reported that they have ever faced menstruation related problem in last 3 month prior to the survey. Similarly, 22.5 percent youth men reported they have experience of worry/ anxiety about nocturnal emission in last 12 month prior to the survey.

Table 2: Percentage of youth population, men and women (15-24 year of ages) experienced Menstruation problem[1], worry/ anxiety about swapndosh[2] and symptoms of genital infection[3]

Background Characteristics	Menstrual related problem[1]		Anxiety about swapndosh[2]		Symptoms of genital infection[3]	
	(%)	n	(%)	n	(%)	n
Age of the Youth						
15-19 years	12.7	17584	23.8	7457	11.3	25041
20-24 years	11.9	13690	21.0	6824	14.7	20514
Place of Residence						
Urban	11.9	13976	26.4	7483	10.0	21459
Rural	12.5	17298	20.8	6798	14.1	24096
Sex						
Male					4.5	14281
Female					16.8	31274
Marital Status						
Married	11.3	13912	8.8	2759	18.0	16671
Unmarried	13.5	17362	25.9	11522	9.0	28884
Education Level						
No Education	10.5	6857	13.9	1115	16.8	7972
Primary	12.1	2217	18.4	789	15.2	3006
Secondary	12.9	11987	22.1	5950	13.1	17937
Middle	13	7290	24.8	4611	10.5	11901
Higher	13.8	2923	26.2	1816	8.0	4739
Religion						
Hindu	12.2	25356	22.3	12028	12.9	37384
Muslim	11.9	3746	21.3	1529	13.3	5275
Others	14.8	2172	27.5	724	12.5	2896
Caste						
SC/ST/VJT	13.7	8423	22.4	3909	13.5	12332
OBC	10.9	16049	22.2	7038	13.5	23087
General	13.5	6641	22.9	3237	10.9	9878
Wealth Index						
Poorest	13.3	4327	20.7	1301	16.4	5629
Poor	11.6	5080	20.8	2131	14.4	7217
Middle	12.3	6356	21.1	2783	13.2	9142
Rich	11.8	7128	22.9	3706	11.4	10835
Richest	12.7	8371	25.6	4359	10.5	12732
Work Status						
Working	13.2	11104	21.9	9111	12.3	20215
Not Working	11.7	20158	23.7	5155	13.4	25313
State						
Rajasthan	6.0	5987	17.7	2974	11.6	8961
Bihar	11.3	5529	18.5	1942	17.4	7471
Jharkhand	11.5	5414	19.8	2637	15.2	8051
Maharashtra	20.0	4488	28.0	2336	11.9	6824
Andhra Pradesh	11.7	4848	18.2	2479	8.0	7327
Tamil Nadu	9.0	5008	29.8	1913	15.2	6921
Total	12.3	31274	22.5	14281	12.9	45555

Note: [1]menstrual problem among women (15-24 years of age) in last 3 month prior to the survey;
[2]Anxiety about swapnadosh/nocturnal emission among men in last 12 months prior to the survey and,
[3]Symptoms of genital infection among youth population (Men, Female) in last 3 months prior to the survey

Younger men belonged to urban areas, unmarried men, belonged to higher education; men belonged to other religion, from richest household, not working men from Tamil Nadu states more men reported worry/anxiety about nocturnal emission. About 24 percent men less than 19-year-old had experience worry/anxiety about nocturnal emission. 26.4

percent men from urban area, about 26 percent unmarried men, 26.2 percent higher educated men; 27.5 percent men belonged to other religion, about 24 percent was not working men and about 30percent men from Tamil Nadu reported that they have ever faced worry/anxiety about nocturnal emission in last 12 month prior to the survey. In total, 12.9 percent youth reported that they have experience of symptoms of genital infection in last three months given in table 4. Youth population belonged to rural areas, female sex, married, with no education; Hindu religion youth, from poorest household, not working, youth population from Bihar have reported they have genital infection in last 3 month prior to the survey.

Those women (age 15-24 year) who had the problem related to menstruation the treatment-seeking behavior of their given in the table number 3. Overall, 50.9 percent women gone for the maturation related problem. From the table, it can be seen that only 57percent women gone for the treatment in the age group 20-24 and about 46 percent in the age group 15-19. 63 percent women went for the treatment from the urban area and only about 46 percent women from the rural area were gone for the treatment. 53 percent married, 57 percent women belonged to other religion and women belong to general caste category went for the treatment, those had maturation problem. 40 percent women with no education and 68 percent women with higher education had gone for the treatment for menstruation problem. Those women, who were currently working, about 47 percent went for the treatment and those who are not currently working about 54 percent gone for the treatment. 65.5 percent women from richest wealth index gone for the menstruation treatment very less number of women (37.1 percent) gone for the treatment from the poorest wealth index. 57.9 percent women from Tamil Nadu, followed by Andhra Pradesh (57.2 percent) and Maharashtra (56.7 percent) gone for the menstruation treatment and least in the Bihar 35.6 percent.

Similarly, overall, 54.2 percent men gone for the treatment for nocturnal emission related problem. From the table it can be seen that only 53percent men gone for the treatment in the age group 15-19 and about 55.7 percent in the age group 20-24. 56.8 percent men went for the treatment from the urban area and only about 52.7 percent men from the rural area were gone for the treatment. 44.2 percent married, 54.7 percent men belonged to Hindu religion and men belong to OBC caste category gone for the treatment, those who had the nocturnal emission problem. 31 percent men with no education and 60.2 percent men with higher education had gone for the treatment for nocturnal emission related problem. Those men, who were currently working, about 53.6 percent went for the treatment and those who are not currently working about 55.2 percent gone for the treatment. 62 percent men from richest wealth index had gone for the treatment less number of men (43.9 percent) gone for the treatment from the poorest wealth index. 71.6 percent men from Tamil Nadu, followed by Andhra Pradesh (59.9 percent) and Maharashtra (55.1 percent) gone for the nocturnal emission treatment and least in the Bihar 35.7 percent young men had gone for the treatment.

3.3. ***The youth, those had gone for treatment for Menstruation problem, worry/ anxiety about nocturnal emission and symptoms of genital infection:*** Treatment seeking behavior for genital infection is also given in Table 3. Overall, 49.6 percent youth had gone for the treatment for any genital infection related problem. From the table it can be seen that only 47.2 percent youth gone for the treatment in the age group 15-19 and about 51.7 percent in the age group 20-24. 49.5 percent men gone for the treatment from the urban area and about 49.6 percent youth from the rural area were gone for the treatment. 48.6 percent married, 62.4 percent youth belonged to Muslim religion and 52.8 percent youth belong to OBC caste group went for the treatment, those who had any genital related infection/problem. 34.8 percent youth with no education and 64.2 percent youth with higher education had gone for the treatment for any genital related infection/problem.

Table 3: Percentage of youth population, men and women (15-24 year of ages) who had gone for treatment for Menstruation problem[1], worry/ anxiety about swapndosh[2] and symptoms of genital infection[3]

Background Characteristics	Treatment for menstruation	Treatment for Anxiety about nocturnal emission	Treatment for genital infection
Age of youth	(49.989)***	(2.306) **ns**	(1.775) **ns**
15-19 years	45.6	53.0	47.2
20-24 years	57.0	55.7	51.7
Place of Residence	(103.707)***	(5.096)*	0.0
Urban	63.8	56.8	49.5
Rural	45.7	52.7	49.6
Sex			(38.876)***
Male	-	-	63.9
Female	-	-	42.0
Marital Status	(10.138)***	(11.325)***	-0.461
Married	53.4	44.2	48.6
Unmarried	48.3	55.1	51.0
Religion	(9.375)***	(2.079) **ns**	(9.088)***
Hindu	49.7	54.7	49.3
Muslim	54.8	50.4	62.4
Others	57.6	53.0	35.0
Caste	(32.077)***	(11.863)***	(2.974) **ns**
SC/ST/VJT	49.2	55.6	48.3
OBC	47.6	56.0	52.8
General	58.9	48.5	45.4

Education Level	(108.304)***	(56.571)***	(39.923)***
No Education	40.1	31.1	34.8
Primary	44.2	43.9	38.4
Secondary	49.3	53.3	53.2
Middle	58.7	58.1	64.2
Higher	68.2	60.2	47.7
Work Status	(20.031)***	(-0.793) **ns**	(0.016) **ns**
Working	46.6	53.6	49.8
Not working	53.9	55.2	49.4
Wealth Index	(184.661)***	(58.688)***	(58.688)***
Poorest	37.1	43.9	49.7
Poor	40.5	44.8	38.8
Middle	46.7	55.2	52.6
Rich	59.3	56.4	48.9
Richest	65.5	62.0	64.0
State	(131.998)***	(174.416)***	(174.416)***
Rajasthan	37.0	49.0	63.3
Bihar	35.6	35.7	43.3
Jharkhand	41.4	40.3	47.0
Maharashtra	56.7	55.1	47.9
Andhra Pradesh	57.2	59.9	69.0
Tamil Nadu	57.9	71.6	61.2
Total	50.9	54.2	49.6

Note: [1]menstrual problem among women (15-24 years of age) in last three month prior to the survey;
[2]Anxiety about *swapnadosh*/nocturnal emission among men in last 12 months prior to the survey, and
[3]Symptoms of genital infection among youth population (Men, Female) in last three months prior to the survey
Figures in parentheses are the x^2 statistics; x^2 test applied for each variable.
Levels of significance: *$p < 0.01$; **$p < 0.05$; ***$p < 0.10$;
ns: not significant

There was no much differential in currently working and not working category youth in treatment seeking. 49.8 percent currently working youth and 49.4 percent not working the youth had gone for the treatment for any genital infection/problem. 64 percent youth population from richest wealth index had gone for the treatment and youth belong to poorer wealth index only49.7 percent gone for the treatment. 69 percent youth population from Andhra Pradesh followed by Rajasthan (63.3 percent) and Tamil Nadu (61.2 percent) gone for the genital infection treatment and least in the Bihar 43.3 percent youth population were gone for the treatment.

3.4. ***Determinant of sexual and reproductive health problem (Menstrual, Anxiety about nocturnal emission and Genital Infection) among youth population:*** The result of odds ratios and confidence intervals from the logistic regression analysis for all three sexual and reproductive health indicators is presented in Table 4. Compared with younger youth, the older youth was significantly more likely to have genital infection. The odds of sexual and reproductive health were more in the rural area than the urban area. The genital infection was three times more likely in female than male. The odds of sexual and reproductive problem decrease with increases the education level.

Table 4: Binary Logistic Regression Models Showing Odds Ratio (OR) and Confidence Interval (CI) for sexual and reproductive health problem (Menstrual[1], Anxiety about swapndosh[2] and Genital Infection[3]) for youth population (Aged 15–24 Years) in last 3 and 12 months prior to the survey, 2007-08, India

Background Characteristics	Menstrual			Anxiety about nocturnal emission			Genital Infection		
	OR	95%CI		OR	95%CI		OR	95%C I	
Age of Youth									
15-19®									
20-24	0.972	0.887	1.065	0.921	0.834	1.016	1.218***	1.133	1.309
Place of Residence									
Urban ®									
Rural	0.871***	0.800	0.948	1.042	0.949	1.144	1.216***	1.137	1.301
Sex									
Male®									
Female							3.555***	3.246	3.894
Marital Status									
Married ®									
Unmarried	0.908*	0.828	0.996	0.289***	0.249	0.336	0.642***	0.596	0.691
Education Status									
No Education®									
Primary	0.926	0.789	1.088	0.808*	0.627	1.040	1.147**	1.015	1.295
Secondary	0.883*	0.788	0.990	0.749***	0.618	.907	1.172***	1.074	1.279

Middle	0.867*	0.756	0.994	0.653***	0.533	.799	1.126**	1.011	1.254
Higher	0.822**	0.687	0.983	0.684***	0.543	.860	.840**	.721	.978
Religion									
Hindu®									
Muslim	0.939	0.832	1.060	0.938	0.816	1.078	1.227***	1.118	1.347
Others	1.117	0.966	1.290	1.019	0.844	1.229	0.959	0.846	1.086
Caste									
SC/ST/VJT®									
OBC	1.148***	1.046	1.260	1.054	0.949	1.170	0.880***	0.818	0.947
General	1.212***	1.078	1.362	1.216***	1.069	1.383	0.792***	0.717	0.875
Work Status									
Working®									
Not Working	1.223***	1.127	1.327	1.252***	1.135	1.382	0.846***	0.792	0.904
Wealth Index									
Poorest®									
Poor	1.096	0.960	1.252	1.102	0.922	1.317	0.992	0.895	1.099
Middle	1.043	0.914	1.191	1.151	0.965	1.372	1.031	0.929	1.144
Rich	1.089	0.946	1.253	1.077	0.903	1.284	1.003	0.898	1.121
Richest	1.005	0.863	1.170	1.010	0.839	1.216	0.941	0.833	1.064
States									
Rajasthan®									
Bihar	0.524***	0.452	0.606	1.011	0.865	1.180	1.842***	1.663	2.040
Jharkhand	0.467**	0.404	0.538	0.967	0.839	1.113	1.609***	1.453	1.781
Maharashtra	0.237***	0.206	0.272	0.638***	0.556	0.731	1.379***	1.234	1.541
Andhra Pradesh	0.434***	0.376	0.500	1.124	0.975	1.295	0.783***	0.696	0.880
Tamil Nadu	0.609***	0.523	0.710	0.668***	0.579	0.771	1.809***	1.629	2.008

Note: [1]menstrual problem among women (15-24 years of age) in last three month prior to the survey;
[2]Anxiety about swapnadosh/nocturnal emission among men in last 12 months prior to the survey and,
[3]Symptoms of genital infection among youth population (Men, Female) in last three months prior to the survey
®: *$p < 0.01$; **$p < 0.05$; ***$p < 0.10$;
ns: not significant

Youth who belonged to general caste were more likely to have menstruation related problem and anxiety about nocturnal emission than its reference category. However, it is less likely in genital infection. Not working was significantly and positively associated with the menstruation related problem and anxiety about nocturnal emission. However, it was negatively associated with genital infections. There was no significant differential found in sexual and reproductive health problem and wealth status of the household. Sexual and the reproductive problem were significantly associated with states. Odds of menstrual related problem seventy-five percent less likely in Maharashtra and it was forty percent less likely in Anxiety about nocturnal emission. The odds of youth reported any genital infection was about 20 percent less likely in Andhra Pradesh than its counterparts.

4. Discussion: The result has illustrated that sexual and reproductive health status of youth are varied by their background characteristics. The most important variables that influence the reproductive and sexual status were age, sex, place of residence, marital status, educational level, wealth status and their states of residence. Females were much at verge of threat in their heath condition and reported that they were four times more sufferers of genital infections than their counterparts. It might be their shyness of exposure of their health problem [29]. While in receiving the health treatment, literatures of developing countries suggested that generally girls were paying more attention in their health status and health care services [30, 31] which is looking contrast in this study. Urban resident and as well as unmarried youth were about three times higher prevalence of nocturnal emission. This might be because of having higher exposure of porn movies and port websites in unmarried and urban youth. Education and wealth has positively associated with nocturnal emission and negatively related with genital infections. Uneducated or less educated and poor wealth quintile youth population had higher risk of sexual and reproductive health problems and it shows that education and economic condition are the key factors for health status as well accessing the health services. Caste has associated with genital infection and results shown that lower caste has higher Sexual and reproductive health problem reported than general caste. The similar result has been found that other literatures [32-34]. Married youth were about double reported having the problem of genital infections and similar finding occurred for older aged youth too [35, 36]. It might be cause that they were less aware about the hygienic practices of sexual and reproductive health and being indulge into sexual relation higher chances of infection by through their respective partners. By state, it was found that menstruation problem was highest in Maharashtra and lowest in Rajasthan; Maharashtra and Tamil Nadu has higher nocturnal emission reported than other remaining states and genital infection were highest reported in Bihar and lowest in Andhra Pradesh. It might be the possibility that the state have higher level of education in youth and much awareness about sexual and reproductive health problems, they had well reported their problem like Maharashtra and Tamil Nadu, which contrast to that Rajasthan where only 6% youth females had reported menstruation problem were the cause of under-reporting due to their shyness [29].

5. Conclusion: This study advocates that, youth population has at the verge of threatening of sexual and reproductive health problems. This is not only because of the scarcity of health facility but also the lack of proper knowledge about sexual reproductive health and a huge barrier of shyness in the way of proper communication about sexual and reproductive health problem towards health providers, society along with inside as well as outside the family. Study suggest that the Government should execute some youth concentric policy which may work at ground level to educate about sexual health and also make sure the involvement of school, family and society to reduce the communication barrier about sexual health with their youngsters.

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