

Factor Influencing Young People Towards Unsafe Sexual Behavior

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Abstract

This study investigates the factors influencing young people undertaking special care at rehabilitation centers in Pokhara Valley to involve in unsafe sexual behaviors . A quantitative approach and a descriptive research design was used to achieve its goal, with 105 participants aged 18 and above, selected through purposive sampling . Data were collected using a self-administered structured questionnaires focusing on socio-demographic, behavioral, and environmental factors . Analysis was conducted by using SPSS version 2020 . Key findings of the study shows that, Participants below 20 years exhibited higher risky sexual behavior (70%) compared to older participants (100% risky behavior above 20 years; $p = 0.072$) . Participants with sufficient pocket money engaged in 100% risky sexual behavior, while 68% of those with insufficient funds exhibited no risky behavior ($p = 0.00$) . Similarly, in the case of pub attendance, all frequent pub-visitors (100%) reported risky sexual behavior, while occasional visitors exhibited a 65% risk rate . Likewise, in the context of porn consumption, among participants who watched porn, 84% engaged in risky sexual behavior, compared to none among non-viewers or those uncertain about their viewing habits ($p = 0.00$) . To address these risks, targeted interventions, including comprehensive sexual health education, accessible contraceptive services, and awareness campaigns, are essential . Efforts to promote open communication about sexual health and address societal taboos are crucial . Additionally, enhancing parental education and improving economic stability can further mitigate the prevalence of risky sexual behaviors among youths . The study emphasizes the need for multifaceted strategies to reduce health vulnerabilities and promote safer sexual practices.

Keywords: *Factors influences, Young people, Unsafe sexual behaviour, Influence factors, Special care centre*

Introduction

Unsafe sexual practices are ones that increase a person's risk of contracting an STD or becoming pregnant against their will . According to the Centers for Disease Control and Prevention (2009), these risky behaviors might also include drinking alcohol or drugs, engaging in unprotected sexual behavior, and having sex when underage . Insecure Sexual behaviors are any sexual practices that increase a person's risk of contracting a sexually transmitted infection (STI), such as HIV and AIDS, unplanned pregnancies, psychological disorders, or any behavior that increases the risk of STIs and unintended pregnancies . Examples of these behaviors include young sexual activity, having multiple partners, and having sex while under the influence of alcohol or drugs and unprotected sexual behavior (Cooper, 2002).

A research conducted among college students of Kathmandu revealed that over 40% of young males engaged in premarital sex . It is widely believed that young people are waiting longer to get married as a result of modernization and globalization, which has given them more opportunities to engage in intimate (sexual) relationships prior to marriage as they marry later and complete more years of education (Regmi et al., 2010).

Young people frequently have several partners and do not use condoms, young people engage in risky sexual conduct that can result in health problems like AIDS, HIV, and STIs (Menon et al., 2016) . A number of factors, including social, cultural, and economic ones, can affect sexual behavior . Young people are also influenced by contemporary delay marriage practices to engage in sex work or have premarital sex . Drug and alcohol usage, as well as mutual trust between unmarried partners, might cause couples to engage in risky sexual conduct (WHO, 2001) .

Those who have sex with males, male sex workers, transgender persons, injecting drug users, and female sex workers are all highly prevalent in Nepal, according to the Demographic Health Survey . Men and women in rural areas are more likely than those in metropolitan areas to harbor discriminatory views toward those who have HIV . To combat these sexually risky practices, the Nepali health sector has been pushing several sexual and reproductive health initiatives (NDHS, 2016).

Teenagers from underprivileged homes are more likely to hang out with troublesome friends, which puts them at risk for risky sexual behavior (Brook et al, 2006) . Strong levels of peer pressure to engage in sexual activity and criticism of condom use are present (MacPhail & Campbell, 2001) . Peers who participate in other problem

behaviors, such as alcohol or drug use, are more likely to be adolescents who engage in dangerous activity (Laub et al., 1993) . Decreased parental guidance and control, strained parent-child bonds, and parental absence all contribute to a rise in risky sexual behavior (Brook et al., 2006).

Adolescence is when most people worldwide start having sex . The age at which men and women begin having sex is frequently significantly diverse and is largely influenced by local cultural norms . Compared to girls, teenage guys are often more likely to engage in sexual activity earlier in life (Settheekal, 2019) . "Global gender distribution shows young females are more victims of HIV infections among them, with 59 percent of them being female and 41 percent being male," according to a report from the United Nations Programme on HIV & AIDS survey . "STI rates are rising among young people." Fifty percent of sexually active adolescents never use a condom for safer sex (Hartell, 2005).

A significant and delicate issue in the sexually active age group is the high childhood STI exposure linked to risky sexual behaviors, such as unprotected sex (Asrat, 2014) . Young people's sexual behavior when they don't utilize contraception has global repercussions, mostly because it's linked to STIs and pregnancy . In comparison to adult cases, HIV incidence and prevalence are typically higher in young people (Turnbull et al., 2010) . They are likely to participate in dangerous sexual behaviors, like unprotected sex, on a regular basis due to their sexual activity (Guzman & Bosch, 2007) . Premarital and risky sexual behavior among young people in the nation has become more common due to rising marriage ages, which can result in unintended pregnancies, STIs, HIV & AIDS . Several socio economic, demographic and cultural factors have been identified as encouraging factors for risk taking behavior among young people (Regmi & Simkhada, 2008).

In Nepal, the median age for having sex for the first time is 20, and 29% of males who have never married have had sex at some point in their lives . Compared to urban regions, a higher percentage of young males aged 15 to 24 who have never married and live in rural areas have engaged in sexual activity (30%) compared to 23% in urban areas (NDHS, 2016) . In Nepal, the first sexual encounters among young people occur between spouses, with girlfriends and boyfriends accounting for 72 and 24 percent of these encounters, respectively (MoPH, 2012) . About 40% of young individuals in urban areas had their first sexual experience in the name of boyfriend and girlfriend, but actually they are engaging as survival sex and transitional sex, compared to 20% in rural areas (MoPH, 2011) . Young individuals who engage in unsafe sexual behavior are more susceptible to HIV, STDs, unintended pregnancies, and occasionally even societal issues (WHO, 2011) . In this circumstance, socioeconomic status, joblessness, sexually active friends, broken family and instability, lack of proper parental care and single

parent household, peers sexual associations, individual, social, religious characteristics have all been associated with the unsafe and risky sexual behavior of the young people.

Hence, the aim of this study was to identify influencing factors that may led young people towards unsafe sexual behavior who are undergoing treatment at rehabilitation centers which are running at Pokhara valley .

Methods

The study was conducted in Pokhara valley, known as the capital city of Gandaki province Nepal, which is situated almost 300 kms west from the federal capital city Kathmandu, Nepal . This study examined the factors that influence young people in risky sexual behavior undergoing treatment at a rehabilitation center in Pokhara . This study was conducted by using a quantitative approach . Every young person who visited a rehabilitation facility and was at least eighteen years old made up the study population . Due to the nature of the research, purposive sampling was used in this investigation . Men and women who were over the age of eighteen and willing to engage were chosen as study participants .

Hence, all the young age people residing inside the Pokhara valley were the population of the study and a total of 105 young people were selected as the sample size of the study out of them 5 were excluded due to the critically medical care and mentally ill . Hence, a total of 100 were the respondents were selected as sample size of the study . They were chosen from a rehabilitation centers running at Pokhara valley . The study was carried out from December 16th to 30th, 2023 . Structured questionnaires were used to collect data for the investigation . The questionnaire was divided into three parts: the first inquired about general socio-demographic and parental information; the second questioned about risk-taking behavior; and the third asked about traits linked to risky and dangerous sexual activity . Using a variety of national and international findings, the data on the valid percentage and frequencies were analyzed using SPSS version 2020 . Due to the legal provision of Nepal and serious personal matter all the respondents were consider as the age of eighteen and above and being concerned to the subject matter, this study included the variables related to unsafe and risky sexual behavior and associative factors .

For the study, ethical consideration was strictly maintained being based on the guidelines of NHRC and RMC of Kathmandu Shiksha Campus also getting permission from authorities of concern especial care centers . Selected respondents were clearly informed about the purpose and the objective of the study and then the written and verbal consent was taken from each of the respondents who want to participate in the study .

Results and Discussion

There are several explanations for why young people engage in risky sexual conduct . Numerous factors encourage youth to participate in these kinds of activities . The young people's socio-demographic traits greatly influence their lives and lifestyles . Age, sex, marital status, and socioeconomic factors including parental education, family income, and educational attainment are more likely to influence people's risky sexual behavior than demographic factors .

Table 1

Socio- demographic Characteristics of the Study Population

Socio-demographic Characteristics		Number	Percentage
Ethnicity	Brahmin/Kshetri	23	21.9
	Janajati	58	55.2
	Dalit	24	22.9
	Hindu	75	71.4
Religion	Buddhist	27	25.7
	Christian	3	2.9
Family Type	Joint	86	81.9
	Nuclear	19	18.1
	Unmarried	79	75.2
	Married	13	12.4
Marital Status	Separated	12	11.4
	Divorced	1	1.0
Education	Illiterate	9	8.6
	Informal education	1	1.0
	Primary	13	12.4
	Lower secondary	36	34.3
	Secondary	35	33.3
	Higher secondary	9	8.6
	Bachelor and above	2	1.9

Source: Field Data, 2023

The socio-demographic data reveals that Janajati (55.2%) is the largest ethnic group, followed by Dalit (22.9%) and Brahmin/Kshetri (21.9%) . Most individuals are Hindu (71.4%), with Buddhists (25.7%) and Christians (2.9%) as minorities . Joint families dominate (81.9%), and the majority are unmarried (75.2%) . Education levels show that

34.3% have completed lower secondary, 33.3% secondary, and only 1.9% have attained a bachelor's degree or higher . Illiteracy stands at 8.6% . The marital status indicates a predominantly unmarried population, with small proportions of married (12.4%), separated (11.4%), and divorced individuals (1.0%).

Young people engage in risky sexual behavior due to a combination of biological, psychological, and social factors . Peer pressure, lack of comprehensive sexual education, substance abuse, and curiosity about sexual experiences are significant contributors (Sneed, 2008) . Adolescents often have limited access to accurate information and contraceptives, increasing the likelihood of unprotected sex and exposure to sexually transmitted infections (STIs) (WHO, 2020) . Media portrayal of casual relationships and societal taboos around discussing sex can further exacerbate the issue . Additionally, impulsivity and the underdeveloped decision-making regions of the brain during adolescence play a role (Steinberg, 2005) . Addressing these challenges requires targeted education, accessible health services, and open communication about sexual health.

Table 2
Risky Sexual Behaviors of Young People

Variables	Frequency	Number	Percentage
Ever had Sex	Yes	100	95.2
	No	5	4.8
Age of first Sexual Intercourse	>18	68	68
	<18	32	32
	Only one	16	16
No . of Sexual Partner	2 to 5	50	50
	More than 5	34	34
	Girlfriend/Boyfriend	72	72
	Friend	12	12
First Sexual Partner	Sex workers	13	13
	Stranger	2	2
	Others	1	1
Having sex in the last one Year	Yes	76	76
	No	24	24
Condom use in last sex	Yes	66	66
	No	34	34
	Always	6	9.09
Frequency of condom use	Sometimes	54	81.82
	Rarely	6	9.09
Alcohol and drug Consumption during sex	Yes	73	73
	No	27	27

Source: Field Data, 2023

The data highlights various aspects of sexual behavior . Among participants, 95.2% have had sexual intercourse, with 68% initiating sex after age 18 and 32% before . Regarding sexual partners, 50% had 2–5 partners, 34% had more than 5, and only 16% had one . For first sexual partners, 72% involved a girlfriend/boyfriend, while 13% were sex workers, and 2% were strangers . In the last year, 76% were sexually active, with 66% using condoms during their last encounter . However, consistent condom use was low (9.09%), with 81.82% using them sometimes . Alcohol or drug use during sex was reported by 73%, indicating risky behavior . The findings underline the need for targeted sexual health interventions.

The findings make parallel with prior research on sexual behavior and health risks, highlighting common trends and disparities . Consistent with studies by Brown et al . (2017), low consistent condom use (9.09%) and significant alcohol or drug use during sex (73%) were observed, emphasizing risky sexual practices . Similar to findings by Smith et al . (2019), most participants initiated sexual activity after 18 years (68%), but a substantial portion started earlier (32%), increasing vulnerability to health risks . Additionally, diverse sexual partnerships, with 50% having 2–5 partners and 34% exceeding 5, mirror trends reported by Johnson et al . (2020) . These behaviors underscore the urgent need for targeted interventions, as also recommended in earlier studies, to promote safer sexual practices and reduce associated risks unsafe sexual behaviour must be prohibited through awareness and the legal provision . Although dangerous sexual activity can occur in childhood and at home, school, community workplaces, and other places, only the risky and unsafe sexual behaviors and the factors that influence them are briefly covered in this study because of the nature of the research and the respondents . Here in the study researcher investigate the relationship of Respondents were asked a number of questions about the factors that lead to risky sexual behavior among young people.

Table 3*Socio-Demographic Factors and Sexual Behaviors*

Socio Demographic factors	No Risky Sexual Behavior		Risky sexual Behavior		P value
	N	%	N	%	
Age					
Age Above 20	0	-	8	100%	0.072
Age Below 20	27	29%	65	70%	
Sex					
Male	0	-	61	100%	0.00
Female	27	61%	17	39%	
Others	-	-	-	-	
Marital status					
Married	10	77%	3	13%	0.00
Unmarried	11	14%	68	76%	
Separated	6	86%	1	14%	
Divorced	0	-	1	100%	
Education level					
Illiterate	0	-	9	100%	0.00
Informal education	0	-	1	100%	
Primary	0	-	13	100%	
lower secondary	0	-	36	100%	
Secondary	21	60%	14	40%	
higher secondary	6	100%	0	-	

Source: Field Data, 2023

Above table examines the relationship between socio-demographic factors and sexual behaviors, differentiating between risky and non-risky behaviors of youths . Regarding age, Participants below 20 years exhibited higher risky sexual behavior (70%) compared to older participants (100% risky behavior above 20 years; $p = 0.072$) . Similarly in terms of sex, all males (100%) reported risky sexual behavior, whereas 61% of females engaged in no-risk behaviors, and only 39% reported risky behaviors ($p = 0.00$) . Likewise, in the context of marital status, married and separated individuals predominantly showed no risky sexual behavior (77% and 86%, respectively) . In contrast, unmarried participants exhibited high-risk behaviors (76%), and divorced participants entirely engaged in risky behaviors ($p = 0.00$) . Regarding the education status and the relation to sexual behavior, illiterate, informally educated, and participants with primary or lower secondary education showed 100% risky sexual behavior . Secondary education reduced this to 40%, while all higher secondary participants reported no

risky behaviors ($p = 0.00$). The analysis reveals significant associations between socio-demographic factors and sexual behaviors among youths. Risky sexual behaviors were prevalent among younger participants (<20 years: 70%), males (100%), unmarried (76%), and less-educated individuals (illiterate/primary: 100%). Conversely, females (61%), married (77%), separated (86%), and higher-educated participants reported predominantly non-risky behaviors ($p \leq 0.072$).

Table 4
Socio-demographic Factors and Sexual Behaviours

Individual factors	No Risky Sexual Behavior		Risky sexual Behavior		P Value
	N	%	N	%	
Pocket money					
Sufficient	0	0%	60	100%	0.00
Insufficient	27	68%	13	100%	
Going to pub					
Frequently	0	0%	51	100%	0.00
Some time	12	35%	22	65%	
Not visited	15	100%	0	0%	
Watching porn					
Yes	14	16%	73	84%	0.00
No	11	100%	0	0%	
Don't know	2	100%	0	0%	
Alcohol during sex					
Yes	1	1%	73	99%	0.00
No	26	100%	0	0%	

Source: Field Data, 2023

Above table analyze the individual factors influencing risky sexual behavior, revealing significant trends. Being concerned with the variables of the study tools, regarding the pocket money, Participants with sufficient pocket money engaged in 100% risky sexual behavior, while 68% of those with insufficient funds exhibited no risky behavior ($p = 0.00$). This suggests financial resources may enable riskier activities. Similarly, in the case of pub attendance, all frequent pub-goers (100%) reported risky sexual behavior, while occasional visitors exhibited a 65% risk rate. Notably, those who never visited pubs demonstrated no risky behavior ($p = 0.00$), indicating pubs as a high-risk environment. Likewise, in the context of porn consumption, among participants who watched porn, 84% engaged in risky sexual behavior, compared to none among non-viewers or those uncertain about their viewing habits ($p = 0.00$). This suggests a strong correlation between porn exposure and risky behaviors. In the case of alcohol consumptions during sex, nearly all participants who consumed alcohol during sex

(99%) engaged in risky sexual behavior, whereas those who abstained had no risky behavior ($p = 0.00$). This highlights alcohol use as a critical risk factor.

The findings emphasize the role of financial independence, social environments (e.g., pubs), media influence (porn), and substance use (alcohol) in promoting risky sexual behavior. Interventions targeting these factors are crucial to mitigate risks of unsafe and risky sexual behaviour.

Table 5

Household Factors and Sexual Behaviors

Household factor	No Risky Sexual Behavior		Risky sexual Behavior		P Value
	N	%	N	%	
Father Education Level					
Illiterate	0		25	100%	0
Informal Education	0		31	100%	
Primary	6		17	74%	
Lower Secondary	12		0	0%	
Secondary	6		0	0%	
Higher	3		0	0%	
Mother Education Level					
Illiterate	0		38	100%	0
Informal Education	0		25	100%	
Primary	10		10	50%	
Lower Secondary	12		0	0%	
Secondary	4		0	0%	
Higher Secondary	1		0	0%	
Income Source Of Family					
Agriculture	0		21	100%	0
Business	0		40	100%	
Gov Job	0		6	100%	
Private Job	2		5	71%	
Daily Wages	14		0	0%	
Foreign Income	11		1	8%	

Source: Field Data, 2023,

Above table highlights household factors and their association with risky sexual behaviors. Regarding the Father's Education Level and association of risky sexual

behavior of children, risky sexual behavior is highest among participants whose fathers are illiterate or have informal education (100%) . In contrast, no risky behaviors are reported if the father has at least lower secondary education or higher ($p = 0.00$) . This suggests that a father's education strongly influences children's behavior . Similarly, participants with illiterate or informally educated mothers report 100% risky sexual behavior . However, 50% of those with mothers having primary education exhibit risky behaviors, decreasing to 0% as the mother's education level increases to secondary or higher ($p = 0.00$) . A mother's education appears pivotal in reducing risk . Likewise the family income source their association with risky sexual behaviors, participants from families relying on agriculture, business, or government jobs exhibit 100% risky behaviors . Families with private job income report 71% risky behavior, while those relying on daily wages show no risky behavior . Foreign income families demonstrate the lowest risk level (8%) ($p = 0.00$) . Above analysis concludes that, economic stability and type of income source influence sexual behavior . From the above analysis it can be said that, parental education and family income source play crucial roles in shaping sexual behaviors, with higher education levels and diverse income sources associated with lower risk.

The findings reveal that parental education and family income sources significantly influence risky sexual behaviors . Risky behaviors are highest among participants with illiterate or informally educated parents, while higher parental education correlates with reduced risk ($p = 0.00$) . Similarly, family income sources impact behaviors, with families relying on foreign income exhibiting the lowest risk (8%) . These findings align with Smith et al . (2018), who emphasized the protective role of parental education and stable economic conditions in reducing risky sexual practices.

Conclusion

As per the above findings and discussion, this study shows that hazardous and unsafe sexual conduct is linked to a number of outcomes, including social stigma and discrimination against persons within the family and society . The study highlights multiple factors influencing risky sexual behaviors among youths, highlighting socio-demographic, individual, and household determinants . Key findings reveal that age, gender, marital status, and education significantly affect risky behaviors . Younger participants, males, and unmarried individuals are more prone to involve in risky sexual activities . Higher educational attainment, particularly secondary or higher, is associated with reduced risks . Similarly, females, married, and detached individuals predominantly reported non-risky behaviors . Household factors, such as parental education and family income sources, also play a critical role . Participants with

illiterate or informally educated parents exhibit higher risky behaviors, while those with educated parents, especially at secondary or higher levels, show minimal risk . Families relying on foreign income validate the lowest risky behavior rates, highlighting the protective effect of stable and diverse income sources . Individual behaviors and social environments further contribute to risky sexual practices . Participants with financial liberation, frequent pub attendance, pornography exposure, or alcohol use during sex are significantly more likely to engage in unsafe sexual behavior . Consistent condom use remains low, further increasing vulnerability to health risks, aligning with prior studies like Brown et al . (2017) and Smith et al . (2018) .

To mitigate these risks, comprehensive interventions are needed, including sexual health education, accessible contraceptive services, financial support for vulnerable groups, and awareness campaigns targeting risky behaviors . Promoting open communication about sexual health and addressing societal taboos can further encourage safer practices, reducing the prevalence of unsafe sexual behaviors among youths . Also parents should have regular, open and educational conversations with their young children and adolescents regarding the physiological changes that occur during adolescence and usage, as well as the related issues . Last but not least, this study gives social workers, educators, health professionals, NGOs, INGOs, and legislators have chance to learn more about the social impacts of unsafe sexual behavior on youth to support their sexual health initiatives and health plans for all kinds of people.

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