

Bachelor's thesis
Degree programme
Nursing
2014

Emeana Chidimma, Kharel Nirmala ,Jia Xin and Tembo Sekesai

SEXUALITY AND CONTRACEPTIVE USE AMONG
ADOLESCENTS FROM CULTURAL POINT OF VIEW.

- DIGITAL STORY TELLING



TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

BACHELOR´S THESIS | ABSTRACT
TURKU UNIVERSITY OF APPLIED SCIENCES

Degree programme in Nursing

2014 /41

Instructors: Tarja Bergfors and Ellilä Heikki

Authors: Emeana Chidimma, Kharel Nirmala, Jia Xin and Tembo Sekesai

SEXUALITY AND CONTRACEPTIVE USE AMONG ADOLESCENTS FROM CULTURAL POINT OF VIEW

Most adolescent find it difficulties to access and use contraceptives due to their cultural and religious believes, family norms and environment where they belong. Hence it affects the attitudes and knowledge of contraceptives. (WHO 2004. 8)

The aim of this project is to share adolescents experiences about sexuality and contraceptives from a cultural perspective. And task is to use digital story telling method to share adolescent experiences of sexuality and contraception from cultural perspectives.

The project was carried out in Hermanni School, Salo, and was basically done under the MIMO project focusing on adolescents of age group 13-15 years old. Digital story telling method was used to show cultural background on the basis of sexuality and contraceptive method from four different countries.

Education about sexuality and contraceptives is still needed comprehensively in the above mentioned countries which have been studied in this study to prevent the possible negative outcomes.

KEYWORDS:

Sexuality, Contraceptives, Adolescents, Education, Teenage pregnancy, Cultural background, communication, decision making, abortion, Digital story telling,

CONTENT

LIST OF ABBREVIATIONS (OR) SYMBOLS	4
1 INTRODUCTION	5
2 CULTURAL PERSPECTIVE.	6
2.1 Contraceptives	13
3 AIM AND TASK	23
4 EMPIRICAL IMPLIMATION	24
5 DISCUSSION	29
5.1 Ethical considerations	30
5.2 Realiability and validity	31
5.3 Limitations	31
5.4 Conclusion	32
5.5 Recommendation	34
SOURCE MATERIAL	35

PICTURES

FIGURES

Figure 1. 15 years boys and girls who have had sexual intercourse	20
---	----

LIST OF ABBREVIATIONS (OR) SYMBOLS

DST	Digital Story Telling
ECPs	Emergency Contraceptive Pills
EU	European Union
HIV	Human Immunodeficiency Virus
IUD	Intra Uterine Device
MIMO	Moving In Moving On
STDs	Sexually Transmitted Diseases
WHO	World Health Organisation
YRBS	Youth risk bahvior survey

1 INTRODUCTION

Sexuality and contraceptives is an increasing topic in this 21st century around the world due to the adverse effects of unsafe sexual behaviors, such as unwanted pregnancies and sexually transmitted diseases among the adolescents as well as adults. Teaching adolescents about birth control may not be consistent with promoting abstinence. However, most adolescents are sexually active and have high tendency to engage in early sexual activities despite having knowledge of abstinence. According to the American Pediatric Association, nine in ten adolescents have had intercourse by the time they turn twenty and, more than 15 million girls between the ages of 15 and 19 give birth every year worldwide, and an additional 5 million have abortions. In Central America, 18% of all births are to women in their teens and in Africa this figure is 23% according to world health organization. Parents-adolescent communication also plays an important role in attitudes and behaviors of adolescents concerning contraceptives. (Pediatrics 1999.)

Our project is done under MIMO (Moving in moving on) which is 3 year research and development project with EU funding from the central Baltic program. The aim of the project is to improve professional team work and art based methods for social and youth work by carrying out various workshops for the target groups of 13-17 year olds. The project is targeted on youths who are at risk of isolation from society. (MIMO 2013.)

However, the aim of this project is to share adolescents experiences about sexuality and contraceptives from a cultural perspective. And task is to use digital story telling method to share adolescent experiences of sexuality and contraception from cultural perspectives.

2 CULTURAL PERSPECTIVE.

A large number of factors influence sexual activities during adolescence period. The most common factor is teenagers' ability to cope with the body changes in shape and size especially women. Teenagers are exposed to the risk of contracting STDs, including HIV/Aids and teenage girls are even more at risk, with early, unwanted and unplanned pregnancies.(WHO2013.)

This chapter is a review of different literatures of relevant articles, journals and texts related to adolescent sexuality and contraceptive experiences from cultural perspectives.

Adolescent Sexuality and Contraception.

A Zambian population has about 48% of adolescents below 15 years and 21 years. Most of adolescent who drop out from school engage themselves in drugs, alcohol, smoking and unprotected sex, risking their lives with diseases like HIV/Aids, sexual transmitted diseases and unwanted pregnancies. Sexual activities has become more passively to youths in rural areas that have less knowledge about sexuality and contraceptives, and have difficulties obtaining information and contraceptive services or they are poorly informed about sexual health issues. In the past Zambian parents could not talk to their children about sex because it was a taboo, however, it is the duty of a grandfathers or grandmother to instruct their grandchildren on sexual matters (Likwa 2009). This is so due to culture, religions, believes and values followed by Zambian traditions. Adolescents lack knowledge due to factors such as ignorance from service providers and negative staff attitudes at the centers also fear of being seen by neighbors who may communicate to parents or guardians. Some believe that contraceptive access is thought of promoting prostitution; pills cause cancer, infertility and other diseases among women. Parents, health care providers, teachers and the society are neglating adolescent's sexual activities. (Mukuka et al.2006. 488-494)

Many young women in African continent, generally living in sub-Saharan region face reproductive problems of poor health and death complications due to pregnancies and unsafe abortions (Brookman-Amissah & Moyo 2004). Most of the pregnancies are unintended among adolescent women and end up in induced abortions or unsafe abortions due to lack of motivation and self esteem for example, feeling ashamed, abandoned by their partners or not knowing who is the responsible for the pregnancy, feeling too young and unable to take care of the baby (Guttmacher Institute 2009. 1-2)

The ministry of health's standards and guideline for reducing unsafe abortions morbidity and mortality in Zambia listed a number of consequences of unsafe abortions and reasons for high number of unintended pregnancies. Abortions among adolescents younger than 20 years was 23%, Maternal deaths due to induced abortions in girls younger than 18 years was 25%. Unsafe abortions arise from a combination of factors such as age, unveiling information about access to legal abortions due to providers' bias, morals, cultural, social and religious norms. As a result, it remains one of the leading causes of maternal death. Health care providers have negative attitude towards sexual and reproductive matters which affects adolescent girls and women, as a result they go for unsafe abortions with traditional healers, or self-induced using malaria drugs or cassava sticks or roots into their cervix. (Mushabati 2012.)

Recent comprehensive interventions are basically targeted at adolescents in schools as well as out of school education programs for example Youth alive club, churches and community teaching which includes condoms/abstinence, use of contraceptives programs and decision making are in place to help adolescents. (UNFPA Zambia 2013.)

In Most African countries the situation is similar. In a country like Nigeria, sexual and reproductive health of adolescents is a very important topic. More than thirty million Nigerians are aged between 10 and 19 and young people between the ages of 10 and 20, account for about one third of the total population of Nigeria. (Adenike et al. 2011). Nigerian population in 2014 was estimated to be 178,571,721 (World population review 2014).

Sexuality among Nigerian adolescents is expressed in different ways, through dress code, manners and gifts. Men are usually more loud and have more domineering attitude in manners while women tend to be more calm and soft spoken. Some expressions of sexuality are considered irresponsible in Nigeria, especially among adolescents. Some of those are, wearing heavy make-up, putting multiple hair colors, wearing skimpy dresses, a male wearing an earring and kissing and hugging in public places. (Alubo 2000.)

Nigerian adolescents engage themselves in sexual activities for many different reasons. The most predominant reason is pressure from peer groups and economic gains. These adolescents rely mainly on advice from peers and self medication for prevention of pregnancy and for treatment of infection, respectively. (Alubo 2000.)

Among Nigerian adolescents, there is an obvious gap between students understanding of contraception and sexual behavior. Even though adolescents have knowledge about contraceptions, the rate of contraception is still very low. This results in unwanted pregnancies and risks of abortions (Tayo et al. 2010.)

Unplanned sexual intercourse is the main reason for unwanted pregnancies for Nigerian adolescents and many adolescents who end up with unwanted pregnancies usually resort to abortion. Abortion is illegal in Nigeria (except on the grounds to save the life of the mother), as a result, many abortions are done in unsafe environments and these illegal abortions have severe consequences that can be life threatening, sometimes, leading to maternal deaths. (Adogu et al. 2014.)

It was evident that adolescents rely more on abortions rather than contraceptives. The major reason being fear of future infertility resulting from the use of contraceptives, excluding condoms. (Otoide 2001.)

Condom is the most commonly used contraceptive among adolescent males and females in Nigeria. Condom use is estimated to be 43 percent and use of rhythm, 31 percent. Females are mainly concerned about prevention of pregnancy irrespective of the kind of sexual relationship they are in, while males are more worried about prevention of disease when the sexual relationship they have is unstable. (Araoye 1998.)

Fear of infertility in the future, is the main contributing factor why Nigerian adolescents choose induced abortion over effective contraception. Many adolescents perceive modern contraceptive to have negative prolonged and continuous adverse effect on fertility, as a result, they fall back on abortion which is an immediate solution to unwanted pregnancy so as to reduce the negative impact of infertility in the future resulting from contraceptive use. (Otoide 2001.)

Teenage girls in Nepal who have low education, poor economic background, love marriage, less social acceptance and poor family support are most vulnerable to accidental pregnancies. Traditionally premarital and extra marital sex is discouraged in Nepal, studies showed that 35% of unmarried boys and 16% of unmarried girls have experienced sex out of curiosity hence having sex before marriage. The use of family planning services by unmarried young people is not accepted by the community although provision of the contraceptives have not been restricted to married couples which could create a chance of having unwanted pregnancy. Limited access to information and service, lack of confidentiality, lack of life skilled based education, gender power imbalance, lack of youth- friendly services are the main barrier of using sexual health and service among teenage in Nepal. (Adhikari 2009.)

In Nepal, the awareness level of contraception in younger generation living in Kathmandu Valley is much higher than other parts of Nepal, males are 1.5 times more likely to be aware than female in case of using emergency contraceptives. Research has shown that the students who received health education in school or college are almost nine times more aware regarding the contraception than those who did not. (Adhikari 2009.)

In content of Nepal, sex becomes more sensitive topic among students and teachers to discuss together with. Most of the teachers and students feel uncomfortable to go through the topics. So there is always lack of enough knowledge and information regarding the sexual health among students in school level education. (Pokharel et al.2006.)

In research done by Puri & Cleland shows that 1 in five boys and 1 in 8 unmarried girls reported having experience of sexual intercourse before marriage even though there is cultural and religious restrictions. There is often a pressure in married girls to bear children immediately after the marriage from their family though they are immature for reproduction. (Puri & Cleland. 2006).

The use of contraceptives specially condoms varies according to the marital status whether married or unmarried, place of residence urban or rural and level of education in adolescent of Nepal. Early pregnancy and motherhood is a foremost social and health concern which is causing several health problems for both mother and child. Although the knowledge of contraceptives among adolescent and young people is higher, the rate of using contraceptives in practical life is far lesser. (Khatiwada et al. 2013).

In China, there is gradually increasing number of Chinese adolescents who have already experienced first sexual intercourse.(Li 2007). According to Beijing women and children hospital 2007 project, unprotected sexual behavior and less awareness on contraception are the main issues for unplanned pregnancies among Chinese teenagers. In addition, Chinese adolescents have negative attitudes towards contraceptive topics hence, increasing the risk of reproductive health among Chinese adolescents. (Wang et al. 2007.)

Chinese teenagers are vulnerable to contract sexual transmitted diseases and HIV/Aids infection due to lack of comprehensive sexual and contraceptive education. According to 2013 United Nations Population Fund survey on sexual and reproductive health carried out on young people aged 15 to 24 years in China, results shows that although majority of young people have had premarital sex, only less than 5% of young people know about reproductive health and less than 15% of people know how to properly prevent HIV infection. (Wan et al.2013.)

Contraceptive topic is still avoidance topic among the Chinese adolescents. As the cultural background, they feel embarrassment or uncomfortable to talk about the sexual or contraceptive topic in front of people or in public, especially Chinese girls. As the major of Chinese adolescents are a little refused to accept contraceptive knowledge in the public lectures, and feel ashamed to consult the contraceptive questions to professionals, teachers, and parents. Chinese schools and healthy adolescent organizations need to pay more attention to giving lectures about adolescents' contraceptive knowledge and reproductive health education. (Hertog et al.2005.)

However, in the poor economic areas, adolescents still cannot receive enough sources of contraceptive education from schools and adolescents organizations. Adolescents who withdraw early from schools are also vulnerable to lack of the contraceptive education.(Venkatraman et al.2013.)

Government, schools and parents have a significant role in promoting awareness of sexuality and contraceptives among these adolescents. More and more schools in China should be developed and implemented lectures on healthy sexual behaviors, contraception and prevention of STI, HIV and Aids. (Xinli et al.2012.)

2.1 Contraceptives

Contraception is a term used to describe the prevention of being pregnant or prevention of contracting sexual transmitted diseases including HIV/Aids. Contraceptives are various devices, drugs, agents and methods used during sexual practices. Contraceptive use has enlarged in many parts of the world, particularly in Asia and Latin American and it continues to be low in Sub-Sahara Africa. Worldwide modern use of contraceptives has risen slightly, from 54% in 1990 to 57% in 2012. The percentage of women aged 15 – 49 reporting using modern contraceptives has risen between 2008 –2012. In Africa it has raised from 23% to 24%, Asia, has remained at 62%, Latin America went slight up from 64 % to 67%. (WHO 2013)

A number of contraceptive methods have been approved by the Food and Drug Administration since the last review in 1980, including emergency contraceptives, and the cervical cap. The use of condoms and vaginal spermicides continues to be recommended for all sexually active adolescents to decrease the risk for contracting sexually transmitted diseases. In addition to the latex condom and other barrier contraceptives, the following are like diaphragm, cervical cap, vaginal sponge, female condom and vaginal spermicides are recommended for most adolescents. (WHO 2004.)

Oral contraceptive and hormonal contraceptive are using the same drugs but difference forms of administering. The hormones present are estrogen and or progesterone, these hormones may be taken orally, implanted into the body tissues, injected under the skin, patches or place in the vagina. (WHO 2004, 24.)

The vaginal ring called the NuvaRing and the transdermal patch are newest contraceptive options on the market and they are now available on the market from 2003. The two were intended to replace and be a better option for adolescents than pills as they do not require devotion to a daily routine. Teenagers may show a better fulfillment understanding of these methods. (WHO 2004. 23-30)

Emergency contraception. Methods of emergency contraception contain that emergency contraception pills to prevent certain cases, such as unprotected sexually behaviour, contraceptive failure such as condom break, slippage and miscalculation of safety period and error use of contraception or in sexual assault. (WHO 2004. 14.)

Condoms

Condoms are one of the few contraceptives methods that are effective against unintended pregnancy and sexual transmitted diseases and have no serious effects. Male condoms are the most popular used method of protection unlike the female condom among adolescents who are sexually active. According the American academic of pediatrics 2013 police statement, Youth risk behavior survey YRBS shows that condom use has increased from 46% in 1991 to 60% in 2011. In comparison to male 68.6% and female 53.9% condom use is higher in male. National survey of family growth results shows the use of condoms at last intercourse has improved between female from 31% in 1988 to 52% in 2006-2010 and males from 53% to 75%. Condom use is lower in women who use contraceptives like oral contraceptive pills, implants and intrauterine devices. (Pediatrics 2013. 975-978)

Withdraw method also known as coitus interrupts. It is a temporary method of birth control used among teenagers and young adults worldwide and common in U.S. Withdrawal is accomplished during intercourse, the man pulls out his penis just before ejaculation.. On average most teenagers and adults become pregnant during the first year of practice as a result Withdraw practice has been ignored and devalued as a viable contraceptive option by reproductive health in the USA because of negative effectiveness, (Whitaker et al.2010. 102)

According to the analysis data from the 2002 National survey of family growth (NSFG), indicate that 15% of sexual active male ages 15-19 years have used withdrawal at last sex while 10% were aged 20-25 . But the method had proven to have 27% failure rate annually among typical users, meaning that every year 1 in 4 people using withdrawal as their only method of birth control will get pregnant. The rate can lower for couples using withdrawal in combination with another contraceptive method (Wu et al. 2004.)

Attitudes towards the use of contraceptives

There is a high rate of unintended pregnancy among teenagers because of inconsistent use or no use of contraceptives. The research done Manlove et al.2003 shows that teenagers who had waited a longer time between the start of a relationship and their first sexual debut with that partner, is found discussed contraceptive before having sex. (Manlove et al.2003.)

Low condom use is usually common in older age due to partner using other forms of contraceptive but does not protect them from having STI's and HIV/Aids. Some adolescents may not use condoms due to wrong perception that using condoms reduces sexual pleasure. (Pediatrics 2013. 976)

Factors affecting the use of contraceptives

Early sexual activity, low expectation from education, ignorance about contraceptives, attitudes about the acceptability of abortion, beliefs about love and emotional attachment are the main cause of teenage pregnancy in developed countries. (Smith & Elander 2006). In European region there is a decreasing trend of teenage pregnancy rate. This may be due to the combination of factors such as increased importance of higher levels of education, improved knowledge and access to contraception, freedom from pressures of early marriage and childbearing and the introduction of sexuality education in school. (WHO.2007).

In comparison to developing countries several factors affect the use of contraceptives among adolescents. Lack of knowledge about sexuality and contraception has resulted in unplanned pregnancies and sexually transmitted infection (STIs) which has increased dramatically among the adolescents. (Bo et al.2005.) In the research done by Khan et al.2012, the use of contraceptives is higher in adolescent group who are in secondary or higher education level. In adolescents who are in early marriages, the contraceptive prevalence rate is found to be 86.3 percent when the duration of married life is more than 5 years, in other words, contraceptives use is positively related to the duration of married life. Communication between partners also affects the use of contraceptives among married adolescents. Research shows the use of contraceptives is very low in adolescent women who do not communicate with their husband regarding the family planning. (Khan et al.2012.)

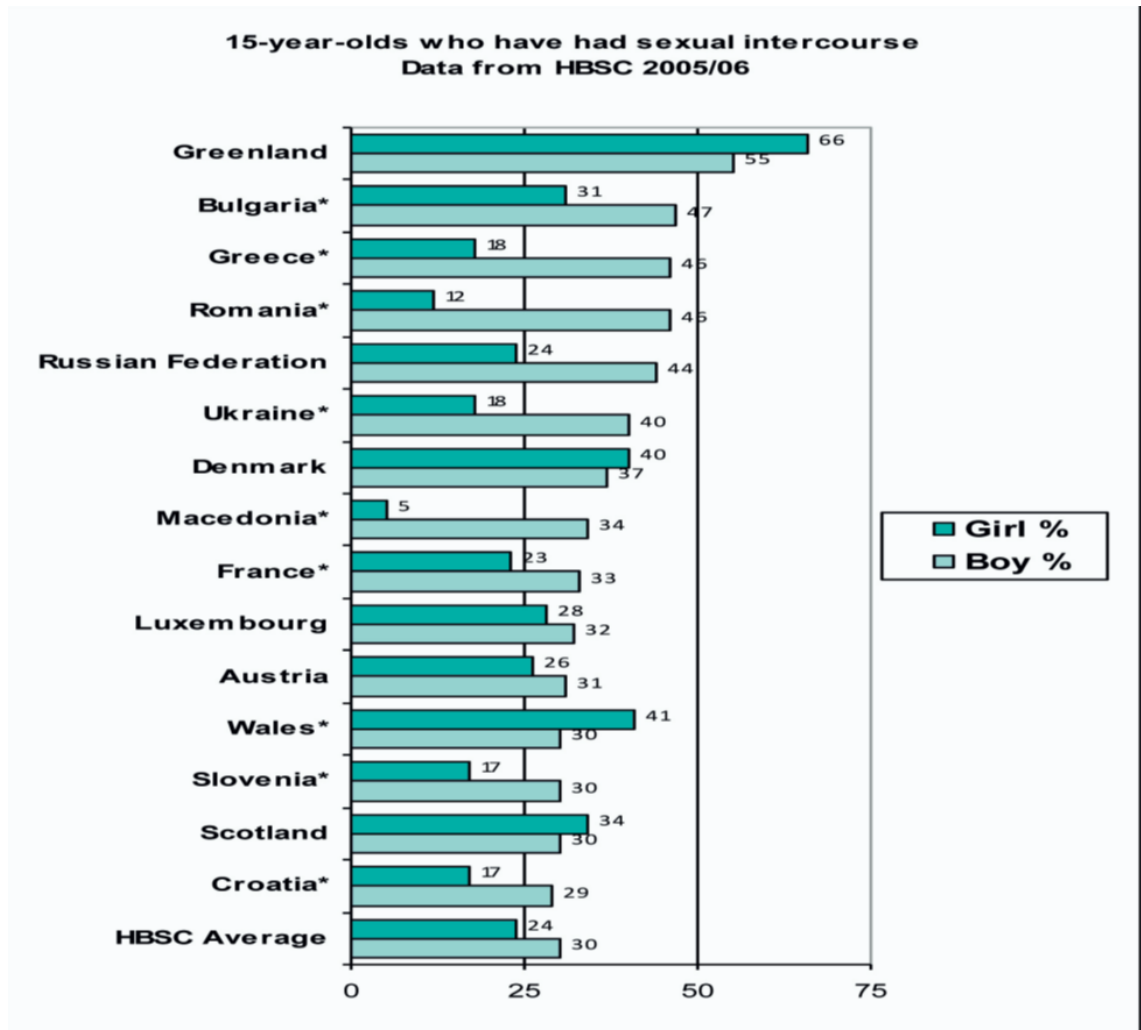
Contraceptives and education

Teenage contraceptive behavior is multi-dimensional and has been studied extensively with or without a theoretical basis. According to the research done in 2005 by Bender & Kosunen, it shows that teenage girls had more positive beliefs towards use of contraceptives. Having more positive friends and supportive parents regarding seriousness of pregnancy and easiness of making contraceptive plans it was found helpful for the teenager girls. (Bender & Kosunen 2005).

Parents play an important role in the growth of Adolescents; however, parental communication has been a positive effect on adolescent's decision making to delay intentions of sexual activities. Parental control, for example, setting rules, monitoring the child's daily activities plays a vital part in preventing a teenager from getting involved in early risk behavior like alcohol, drug abuse or sexual behaviors. Less parental monitoring of teenagers may lead to early sexual activities, less understanding of contraceptive use and teen's engagement in more than one partner (Commendador 2010. 147-149)

The research done by Larsson et al.2006 shows that the teenagers have good knowledge of how to use condom and about 96% were already heard about emergency contraceptive.(Larsson et al.2006). In a research done by Manolve et al.2003 more than 50% of the adolescent participants reported to have used condoms in their first sexual intercourse.(Manolve et al.2003).

According to the research done by Powell et al 2011 it shows that the larger number of participants adolescents obtained their sexual education from home and school both, and they had the knowledge of use of contraceptives in their first intercourse. But in comparison to developing countries it shows that there is a limitation of knowledge about contraceptives and sexuality in young people from their educational institutions. (Nguyen et al.2006).



(World Health Organization,2007)

Figure 1. 15 years boys and girls who have had sexual intercourse

The above statistical information has been extracted from World Health Organization, Europe. It can be clearly seen that the rate of teenagers who are of age 15 years old have had their sexual intercourse already and there might be always a greater risk of getting pregnant if they do so without contraceptives method.

Digital Story Telling

It is a method of combining the art of story telling with numerous types of digital multimedia, for example, images, video and audio. In general, digital stories is a combination of digital graphics, recorded audio narration, text, video and music to present information about a particular topic. (Robin, B.,University of Houston).

Just like traditional storytelling, a lot of digital stories focus on a specific area and usually contain a particular point of view. Most of the stories are used for educational purposes and usually lasts between 2 and 10 minutes. The topics can include personal tales, historical events, exploring life in a particular community, and many other things. (University of Houston,2013.)

In the past years, a good number of researches has examined the use softwares for video editing to make clips used for digital story telling. In this project, we used movie maker to create our video clips. With the development of technology widely used, schools and public have applied digital storytelling frequently as the effective teaching approach. The digital story telling is an effective manner which make students to open-mind, received the new information and advance the problems-solving capability. Students are more enjoyable the learning processing and increasing study passion. (Hung al. 2012.)

When digital storytelling is combined well with a story it helps improve adolescents to concentration, helping them to remember and digest the new knowledge easily. With the digital storytelling, adolescents are more eager to learn more new knowledge positively instead of passive learning. The learners can also get more innovative information with stimulating way through digital storytelling which can cultivate learners' independent thoughts, analysis and increase study passion. (Hung al. 2012.)

3 AIM AND TASK

The aim of this project is to share adolescents experiences about sexuality and contraceptives from a cultural perspective. And task is to use digital story telling method to share adolescent experiences of sexuality and contraception from cultural perspectives.

4 EMPIRICAL IMPLIMATION

The project of this thesis was done under the MIMO project which is a research and development project funded by EU funding from the central Baltic program. The aim of this MIMO project is to develop multi-professional model and art based method of youth. Moreover, it includes students and professionals of performing arts, communication, media education for youngsters. (MIMO,2013).

Adolescents represents a large amount of growing population worldwide, as we are from four different countries with different cultural background, we developed this idea to share the knowledge of sexuality and contraceptives use among adolescents in Finland and to compare the level of understanding of education in sexual health.

A literature review for this study was done by utilizing online sources and different journal articles in different topics concerning sexuality and contraceptives among adolescent as whole. It was collected according to the thesis guidelines from TUAS thesis template including articles from CINAHL databases and articles concerning cultural background has been sourced from Google search.

Keywords used for this study are, Contraceptives, types of contraceptives, knowledge, sexuality, adolescents, teenage pregnancy, abortion, cultural background, distal storytelling, education, communication, decision making.

Digital story telling method has been used in this study to express the sexuality and use of contraceptives from different cultural point of view. Four different stories from respective cultural background has been inserted in this study method.

The process of digital story telling was implemented in Hermanni School, Salo in 7th October 2013. Students from 9th grade were chosen for this project representing the age between 13-15. Overall 13 students were participated in our project. Among them 8 were boys and 5 girls.

The main objective of this study was to share the knowledge of contraceptives and sexuality in adolescent through digital story showing the adolescent experience of sexuality in different cultural point of view. The study was done under the MIMO project.

The first round of the project was done by showing the digital story telling video based on the use of contraceptives among adolescent from cultural perspective of four different countries China, Nepal, Nigeria and Zambia.

The content of digital story telling method has included four different stories which are as below.

Story 1 (Nigeria)

My name is Hadiza, I am 14 years old from Nigeria. I had a boyfriend, Dele, we were in the same class and we were like two love birds. Because of culture, we cannot kiss or hug in public. We always have sex with any little opportunity we have to be together alone, so it was not always planned and most times, Dele will not have condom. I did not have any knowledge of contraceptives at that time. A few months later, I was pregnant. My family were ashamed of me. The pregnancy has to be kept as a secrets so that the community members will not laugh at us. I was taken to another town during the period I was pregnant until I had the child. When I had the baby, my parents gave the baby out to motherless babies homes. My heart breaks and I feel bad for bringing an innocent child into the world and not able to take care of her. If I could turn back the hands of time, I would make sure that Dele uses condoms everytime we had sex.

Story 2 (Zambia)

I am mabvuto from Zambia. I was 14 years old when I had two boyfriends Moses and Joshua from the same community. I used to have sex with both of them without considering ourselves being at risk of Sexual transmitted disease or HIV/AIDS. Few months later, I felt pain when urinating, pain in the lower abdomen, bleeding during and after sex, changes in vaginal discharge and heavier periods than usual. I was scared to tell anyone or go to the hospital because I was worried that: My friends will laugh at me. I will lose Moses and Joshua. Who do I tell for advice, since I am not free to discuss sexuality issues with my parents? After I notice it was becoming worse I visit the hospital and I was found and treated for chlymedia. I became aware of my responsibilities of using condoms and contraceptives to prevent STI, HIV/Aids and unwanted pregnancies.

Story 3 (Nepal)

I am Sunita from Nepal, 17 years old .I was in love with my classmate (Ravi)

We could see each other at school time, but not after school due to the strict family discipline. When my parents went on holiday for 1 week, we met in my house in the late evening. We got carried away with emotions and excitement; we had intercourse without any protective barrier. Few months later I discovered I was pregnant.

I was so scared to share this incident with my friends and family but pregnancy couldn't hide. Later on when my parent came to know they decided to marry me with Ravi. Ravi's parent refused to accept me as I was from the lower cast and they were from upper cast, Ravi couldn't do anything against his family will.

Now, I am with a baby and I lost Ravi, my study, respect, and everything. Be aware of your own action and risks of not using condoms and contraceptives.

Story 4 (China)

My name is Hong, 15 years old girl who come from China. I am falling love with boyfriend named Li. We experienced sexual behaviour after drunk. However, we have limited knowledge about contraception. Especially me, I was shamed to get contraceptive information, and quite to shy to ask contraceptive information from parents, teachers and friends. My boyfriend and me have not taken any contraceptive measures before and after intercourse.

After two months, i am always feel so dizziness , vomiting and tiredness. And my menstrual cycle is not coming this month .I am fainted during the PE course. I was sent to hospital to check health condition. The result is that i got pregnant. I am suffering from the miserable life when I noticed to be pregnant. I have to terminate my study, because I can not stand the great psychological pressure, i am thinking that all my classmates are talking about my pregnancy. and my parents are beginning to worried about my future life ,my boyfriend is leaving me. I loose the angel smile on my face, rather I become

Digital story presentation gave them an idea of what other adolescents go through due to lack of knowledge, access and support from their respective environment. Then after the whole group of 13 students were divided into four smaller groups of having four students in 1 group and three students in three groups to give each student an opportunity to explore the knowledge and curiosity towards other other cultural concepts of sexuality and contraceptive use among adolescents. Each group of students were having one member from our thesis group to share the information of contraceptives and discussion. The discussion was last for about 20 minutes. Overall it was taken about 45 minutes in Hermanni Koulu.

The discussion was mainly based on whether they find comfortable sharing information regarding contraceptives with friends, family members and teachers, using contraceptives for example condoms, any experiences of forgotten using contraceptives and the methods of contraceptives they are using. Besides these questions there was a discussion about the stories shown through digital story telling method.

QUESTION USED FOR DISCUSSION

1. Do you find comfortable using contraceptive i.e., condoms?

Answer: They have not no't used condome yet but they kow that it will protect them from HIV/Adis, STI's and unwanted pregnancies.

2. Have you had any experience of forgotten using contraceptives?

Answer: it is common for the girls to forget using contraceptive pill for a day but they already have full information on what to do.

3. What are the common contraceptives methods you are using?

Answer: Contraceptive pills, emergency contraceptive pill and condoms were commonly used.

4. Do you feel comfortable sharing information about contraceptives with friends, families and teachers?

Answer: They rely more on the school nurse for imformation concerning sex and contraceptive use and discuss little with parents because they feel it is weired. They discuss with friends and use social media to share information.

5. Do you think these types of cases might happen in Finland?

Answer: none

5 DISCUSSION

After numerous searches on internet and library, It was revealed that quite a good number of studies has been carried out in relation to adolescents sexuality and contraceptive use. Searches also show that there has been a good number of researches carried out on related topic in four countries of the writers of this project which are China, Nepal, Nigeria and Zambia. Some of the studies have been carried out on issues like adolescent sexuality, teenage pregnancies, sexually transmitted diseases and HIV/AIDS. These studies mainly focus on adolescents attitudes towards contraception, cultural influences on contraception teenage pregnancies and its consequences on adolescents and the society. Not so many studies or projects have focused on sharing cultural perspectives of adolescent experiences on sexuality and contraception using digital story telling method.

Through the Digital story telling method, adolescents from Hermanni School had a very good opportunity to achieve more knowledge and information regarding the sexuality and the uses of contraceptives in different cultures. It was noticed that the adolescents are more curious to know about other cultures knowledge and understanding regarding contraceptives. They were more concerned about knowing how other adolescents feel about sexuality and the accessibility of contraceptive. According to our discussions with students, it was found that most adolescent males feel comfortable using condoms during sexual intercourse. When compared with information gathered from previous researches done regarding the use of contraceptives, it shows that condom is the most commonly used method of contraceptives among adolescent male. (Conejos et al.2010.).

During our project with adolescents, it shows that adolescents in Finland have more source of knowledge about contraceptives from school teachers, the school nurse and the media. Adolescents are more comfortable communicating any sexual related issues with their school nurse, but some think it is embarrassing to discuss these issues with their parents, especially with adolescent boys. This is in comparison with Adolescents from China, Nepal, Nigeria and Zambia who get knowledge about contraceptives from peers, aunties, uncles and social media but are not comfortable discussing topic like sex and contraceptive use with their teachers or parents.

Sexual education for adolescent is a necessary tool in order to minimize the early pregnancy. According to the studies it found that most of the teenagers get their sexual education from school. Educating teenagers how to use of contraceptives method is very important. Education regarding contraceptives, effects of not using contraceptives, early pregnancy and its effect need to be teaches in every school especially where the sexuality topic has not been openly discussed.

Parental controlling and communication regarding the children's daily actions might help adolescent to postpone their sexual activities in early ages. Parents can control the children and notice their be the good educators and good friend to educate the adolescent. It also showed that teenage girls have more positive aspect of using contraceptive and easier to make contraceptive plan with the support of friends and parental advices. (Bender & Kosunen 2005.)

5.1 Ethical considerations

The approval of our participants was granted by the teachers and it was voluntary to participate in this project. Our project with adolescents was approached according ethical approach of promoting and protecting their wellbeing. Confidentiality in discussion was highly maintained as it involved sensitive topic of sexuality and contraceptive use and no personal information was disclosed.

5.2 Reliability and validity

Reliability can be defined as the extent to which outcomes and results of a research is consistent over a period of time and is an accurate representation of the population which is under study. Validity shows if the research actually measures that which it planned to measure. (Golafshani 2003. 598.)

The content of our questionnaires and the face to face interviews was straight to the point and clear enough to get the answers that was intended. The four writers of this thesis are nationals of the four countries represented in the thesis and have lived in their home countries during their adolescence years. In other words, they portray a good picture of what this article intends to share.

We assured that information shared in the empirical part was accurate as we carried out literature review before the project with the Hermanni students. It is important, however, to note that the results from the empirical part of this article may have been affected by the low number of participants, which is 13 adolescents.

5.3 Limitations

The writers of this thesis encountered some limitations. Some of the limitations are:

Language barrier: In the empirical part of the thesis, the project was carried out in English language. Even though the students have good understanding of English language, they could not fully express their point of view. We believe that there may have been loss of some information due to barrier in communication.

Size of participants: The number of participants were small to get an answer that can be generalized.

5.4 Conclusion

The stories shown in this study explained about the cultural point of view of four different countries in term of sexuality and contraceptives use among adolescent. The secret stories were easier to express in term of Digital Story telling method. Moreover, it helps the storyteller to share their painful life experiences. (Center for digital story telling 2013).

The main approach of this study was to share the knowledge of contraceptives incorporated with experiences from cultural background.

Digital story telling method might help adolescent to understand knowledge about sexuality activities from cultural point of view.

The literature review has been done from google search and CINAHL, PubMed. We gathered that the barriers to contraceptive use among adolescent was mainly acting in the moment for adolescents from the developed countries and lack of education, cultural and religious believes in case of adolescents from developing countries.

Generally, the most common contraceptive method has been found to be condoms and oral/hormonal contraceptives among the adolescents according to the literature review done for this study. Beside this, from the discussion carried out with the students from Hermanni School, Salo, it showed condom and contraceptives pills are common in Finland. If we compare the results of our literature review from respective cultural background of four different countries and Finland, it was found that the adolescents from Finland have had more knowledge about contraceptives and sexuality and they do use this method in their practical life.

Sexuality and contraceptive use remains a controversial subject in many countries. Parental involvement in education, performance and achievement of a child reduces the risk of STD's, HIV/AIDS and unwanted pregnancies, hence an increase in self-esteem, confidence as well as an increase in knowledge and social development among adolescents. To improve effective parent education and communication skills when puberty approaches, health care providers in sexual and reproductive health need to understand how parents, peers, communities and churches share the knowledge about contraceptives with adolescents and for example how to deal with the sexual growth.

Countries with cultural beliefs and values need to build comprehensive pathway of parent-child sexuality and contraceptive communication, for example, in America, black adolescents are involved in early sex at an early age, however, family communication about contraceptives need to be enforced by Health care providers. Parents and other family members can play an important role in answering adolescent's questions to improve attitudes, decision making, increased knowledge towards sexuality and contraceptive use.

The project analysis showed that the targeted adolescent group in Finland have had enough shared knowledge of contraceptives use from their peers, parent, media, and school nurse and they have positive attitude towards sexuality and contraceptive.

In Finland the use of oral contraceptives among adolescent girls is increasing (Hassani et al.2006.) It is important to note that not all women are suitable for contraceptive pills as it differs from person to person. Medical advice is required for safety (WHO 2004).

5.5 Recommendation

Digital story telling is an attractive way to share sensitive information with adolescents and open dialogue about sexuality and contraceptives, because it is a sensitive issue, in comparison to the traditional way of educating young people face-to-face or group discussion. This provides easy access, relaxed and interesting atmosphere for adolescents to gain and share the information regarding sexuality and contraception. With an increased use of social media, digital story telling can also create an opportunities to build learning communities among students and teachers within schools around the world.

In developing countries, families, healthcare providers and religious groups need to influence the use of contraceptives among young people. Providing sex education, including positive approach to sexual health before adolescent become sexually active would help to decrease teenage pregnancy.(WHO 2013).

Adolescents need to be ready and prepared for sex as attitudes and intentions play an important role in making decisions about when to initiate sexual intercourse.. Adolescents usually make decisions differently due to the psychological and physical changes that contribute to increased sexual desire and practicing sexuality.

The use of dual protection methods which is a combination of condoms, hormonal contraceptives and intrauterine devices may help reduce the risk of both unwanted pregnancies, STI and HIV/Aids

Early education on abstinence before puberty is encouraged and recommended in this study. Adolescents with high abstinence intentions may consistently make better personal choices by not negotiating sex, hence, delay sexual activities.

SOURCE MATERIAL

Adenike, O., Adolescent Sexual and Reproductive Health in Nigeria. Available at <http://www.eilsoncenter.org/sites/default/files/esiet%20presentation.pdf> Accessed 14.10.2014.

Adhikari, R.2009.Factors affecting awareness of emergency contraception among college students in Kathmandu Nepal. BMC women's health. BioMed central ltd.

Adogu,P., Udigwe,I., Udigwe,G., Nwabueze,A., Onwasigwe, 2014. Pattern, Types and Predictors of Contraception Among Female In-School and Out-of-School Adolescents in Onitsha, Anambra State, Nigeria. Available at file:///C:/Users/topten/Downloads/ASM_2014070716533197.pdf. Accessed 14.10.2014.

Advocates for youth. 2000. Young women and long-acting reversible contraception safe, reliable, and cost-effective birth control. Accessed 04.11.2013.

African Journal of Reproductive Health. Bioline International .2013. Women's Health and Action Research Center. Accessed 09.03.2013.

Akers.A.Y, Schwars B.E., Borrero.S.,Corbie-smith.G. Family discussions about contraception and family planning: A qualitative exploration of black parents and adolescent perspectives. Perspective on sexual and reproductive health. 2010. Vol.42, No.3,160-167.

Akers.A.Y.; Schwarz.E.B.; Borrero.S.; Corbie-Smith.G.; Family Discussion about contraceptives and family planning. A qualitative exploration of black parents and adolescents perspectives, Perspectives on sexual and reproductive health, 2010, Vol.42, No. 3,160-167

Alubo,O.,2000. The challenges of adolescent sexuality and reproductive health in Nigeria: Research Paper No.166, Takemi Program in International Health, Harvard School of Public health. Available at <https://www.hsph.harvard.edu/wp-content/uploads/sites/114/2012/10/rp166.pdf>. Accessed 14.10.2014.

Araoye,M., Fakeye,O., Jolayemi,E.,1998. Contraceptive method choices among adolescents in a Nigerian Tertiary Institution. Available at <http://www.ncbi.nlm.nih.gov/pubmed/9921086>. Asssed 14.10.2014.

Austin, C. 2000. Emergency contraception: improving availability to adolescents. Physician Assistant (PHYSICIAN ASSIST), 2000 Feb; Vol.24,No.2.

Bender,S.S.& Kosunen, E. 2005. Teenage Contraceptive Use in Iceland: A Gender Perspective. Public health Nursing. Vol. 22, No.1.

Bo W., Sara H.,Ann M., Chaohua L., and Ersheng G. 2005 .The Potential of Comprehensive Sex Education in China: Findings from Suburban ShanghaiInternational Family Planning Perspectives. Vol.31, No.2,63–72.

Brookma-Amisah.E; Moyo, J.B PubMed 2004. Abortion law reform in subsahara Africa: No turning back. www.ncbi.nlm.nih.gov/pubmed/15938178 Accesed 14.10.2014

Center for digital story telling.2013. Available at <http://storycenter.org/ethical-practice> . Accessed on 20.11.2013.

Claire, B. & Laura, D.1998. Improving Contraceptive Access for Teens. Advocates for

Youth .Washington, DC.1998.

Cleland, K.; Zhu,P.; Goldstuck,N.; Cheng,L.& Trussell,J.2012. The efficacy of intrauterine devices for emergency contraception. Accessed 03.11.2013.

Commendador. K.A. 2010. Parental Influences on Adolescent Decision Making and Contraceptive Use. *Pediatric Nursing* .2010. Vol. 36, No. 36, p.147

Commendador.K.A . 2010. Parental influences on adolescent's decision making and contraceptives use. *Pediatrics nursing* may-june 2010. Vol.36. No.3. pp. 148-149.

Conejos J, L .; Orea C, E. ; Plumed P, M. & Hernández Torres, A. 2010. Knowledge and attitudes regarding sexuality risk factors in adolescents [Spanish]. *Metas de Enfermería (METAS ENFERM)*, 2010 Oct; Vol.13, No.8, 58-65. Accessed 19.11.2013.

Coyle,K.K; Frank.,H.M.; Glassman,J.R. & Stanoff, N.M. 2012. Condom use: Slippage, Breakage and steps for proper use among Adolescents in alternative school setting. *Journal of school health*. 2012. Vol. 82, No.8,345-352.

Crepsi.S., Kerrigan.M.,& Sood.V. 2013.Budget Impact Analysis of 8 Hormonal Contraceptive Options. *Journal of American Managed care*. Vol.19,No.7,249-259.

Cropsy.K.L., Matthews.C., campbel.S. Ivey. S.& Adawadkar.S. 2010. Long-term, reversible contraception use among high-risk women treated in a university-based gynecology clinic: comparison between IUD.*Journal of Women's Health*. Vol.19, No.2, 349-353.

Dahlbäck.E.; Mabolwa.M.; Kasonka.L.; Bergström.S.; Ransjö-Arvison.A.; 2006. Induced abortion among adolescents girls in Lusaka. *Health care for women international*. Vol. 28, 654-673.

Doyle.J, Sttern.I. Hagan.M. Hao.J.& Gricar.J. 2008.Advances in contraception: IUDs from a managed care perspective. *Jouranal Of women's Health*. Vol .17,No.6,987-992.

Ellen,K.; Ghazale,S.; Helen.,P.K. & Christine,T. 2011. Adolescent mother's postpartum contraceptive use: A qualitatve study. *Journal of Wiley-Blackwell*, Vol.43,No.4,233-236.

Evidence for gender responsive actions to prevent and manage adolescentpregnancy.WHO.2007. Available at http://www.euro.who.int/__data/assets/pdf_file/0008/158093/316637_WHO_brochure_226x226_5-AdolecentPregnancy.pdf. Accessed 24.10.2014

Falah-Hassani,K.; Kosunen,E.; Shiri,R. & Rimpela,A. 2010. The use of vaginal ring and transdermal patch among adolescents girls in Finland. *The European Journal of contraception and Reproduction Health Care*, 2010, Vol. 15, 31-34.

Folotiya.J.J. 2013. *Academia edushare* resarch 2011. Available at http://www.academia.edu/306457/Adolescence_in_Zambia. Accessed 09.03.2013.

Gallo. M.F., Grimes.D.A., Lopez.L., Schulz K.& Arcagues.C 2008. Combination injectable contraceptives for contraception. *Journal of women's health*.Vol. 4, No.7, 23-38.

Greydanus.D.E.; Patel.D.R, & Rimsza.M.E. Contraception in the adolescents: An update. *Pediatric* Vol. 107,No.3,563-573.

Golafshani,N.,2003. Understanding reliability and validity in qualitative research. 2003, vol. 8, p. 598.

Guttmacher institute. 2009. Unsafe abortions in Zambia No 3. www.guttmacher.org/pubs71B-unsafe-abortion-zambia. Accessed 14.10.2014

Guttmacher Institute: Why Nigerian Adolescents Seek Abortion Rather than Contraception: Evidence from Focus-Group Discussions. Available at <http://www.guttmacher.org/pubs/journals/2707701.html> Accessed 24.11.2014

Hassani ,KF. ; Kosunen, E . & Rimpelä, A. 2006. The use of oral contraceptives among Finnish teenagers from 1981 to 2003. *Journal of Adolescent Health (J ADOLESC HEALTH)*, 2006 Nov; Vol.39,No.5,649-55.

Hertog. S, Meier.A, Lou. Gao. E. The potential of comprehensive sex education in China: findings from suburban Shanghai. 2005 vol. 1.,No.2, 63-72.08.09.2014

Hung, C.-M., Hwang, G.-J., & Huang, I. 2012. A Project-based Digital Storytelling Approach for Improving Students' Learning Motivation, Problem-Solving Competence and Learning Achievement. *Educational Technology & Society*. Vol.15 (4), 368–379

"I Am Happy that God Made Me a Boy": Zambian Adolescent Boys' Perceptions about Growing into Manhood.. *African Journal of Reproductive Health* .2003. Vol. 7, No. 1, 49-62.

Isenberg.M. 2011. Talking a walk with the birds and the bees: A study on parent teenage sexual communication in Zambia. Lund University. p.7- 50

Key correspondents team 2012. Teenage pregnancy still a challenge in Zambia. Available at <http://www.keycorrespondents.org/2012/03/21/teenage-pregnancy-still-a-challenge-for-zambia/> Accessed 09.03.2013.

Khan,M.M.; Hossain,M.E.& Hoq.M.N.2012. Determinants of Contraception Use among Female Adolescents in Bangladesh.*Asian social sciences*.Vol.8,No.12.

Khatiwada,N.; Silwal,P.;Bhadra,R. & Tamang,T.2013. Sexual and Reproductive Health of Adolescents and Youth in Nepal: Trends and Determinants. Further Analysis of the 2011 Nepal Demographic and Health Survey. Kathmandu.

Klitsch.M. 1994.Hormonal IUD has five-year life. *Journal of Family planning perspectives*.Vol.26, No.2, 51-57.

Kraszewski.S. 2008.Contraception update: part 1: combined hormonal contraception . *Journal of Practice nurse*.Vol. 11, No. 35, 27-29.

Larsson,M.;Eurenius,K.;Westerling,R .& Tyden, T. 2006. Evaluation of a sexual education intervention among Swedish high school students. *Scandinavian Journal of Public Health*, Vol.34,124–131.

Li.w.& Kathleen A. 2012. Qualitative Inquiry into Premarital Sexual Behaviours and Contraceptive Use among Multiethnic Young Women: Implications for Education and Future Research. Vol.7,No.12,30-45.

- Likwa.R.N. 2009. Unsafe abortion in Zambia. In brief, New York: Guttmacher institute 2009. No 3, 1 – 3.
- Ling.W. 2010. A Survey on the Knowledge, Attitude, and Behavior Regarding Contraception Use among Pregnant Teenagers in Beijing, China. Peking Union Medical College, Beijing, People's Republic of China. *Clinical Research* Vol.19, No.4,403-415.
- Liu. F.Y., Liu. W. J. 2004. Natural family planning. *Journal of chinese practical gynecology and obstetrics*. Vol.17, No.9,20-35.
- Manlove, J. ; Ryan, S.& Franzetta, K.2003. Patterns of contraceptive use within teenagers' first sexual relationships. *Perspectives on Sexual and Reproductive Health*.
- Marrying too Young. UNFCA. 2012. United Nations Population Fund. <http://www.unfpa.org> > Home> search>teenage pregnancy in nepal Available at <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/MarryingTooYoung.pdf> Accessed 11.11.2013
- Masters. T.N; Beadnell.B.A.; Morrison. D.M.; Hoppe.M.J.; Gillmore.M.; 2008. The opposite of Sex? Adolescents' thoughts about abstinence and sex, and their sexual behavior. *Perspectives on sexual and reproductive health*.2008. Vol.40,No.2, 87-93.
- Masters.T.N.; Beadnell.B.A.; Morrison.D.M.; Hoppe.M.J.; Gillmore.M.R.; 2008. The opposite of sex? Adolescents' thoughts about abstinence and sex, and their sexual behavior. *Perspective on sexual and reproductive health*, 2008. Vol.40. No.2. pp 87-9
- Meekers,D.; Ahmed,G. & Molatlhegi, M.T. 2001. Understanding constraints to adolescent's condom procurements: The case of urban Botswana. *AIDS care* .2001.Vol.13, No. 3, 297-302.
- MIMO – Moving In, Moving On. Application of Art Based Methods to Social and Youth Work. Available at <http://mimo.turkuamk.fi/> Accessed 01.02.2013.
- Mukuka.L.; Slonim-Nevo.V. 2006. AIDS-related knowledge, attitude and behaviour among adolescents in Zambia. *Ethnic & diseases* 2006. Vol. 16, 488-494.
- Mushibati.N. 2012. Open society's initiative for southern Africa. Abortion in Zambia. <http://www.osisa.org>>Home>Publications>sex and health>abortion in Zambia. Available at <http://www.osisa.org/buwa/zambia/abortion-zambia> Accessed 20.11.2013
- Nguyen, H.N. ; Liamputtong, P.& Murphy, F.2006. Knowledge of contraceptives and sexually transmitted diseases and contraceptive practices amongst young people in Ho Chi Minh City, Vietnam. *Health care for women International* . 2006. Vol. 27, No.5, 399-417.
- O'Donnell.L.; Stueve.A.;Argronick.G.; Wilson-Simmons.R.; Duran.R.; Jeanbaptiste.V. 2005. Saving sex for later: An evaluation of parent education intervention. *Perspective on sexual and reproductive health*, 2005. Vol.37. No.4. pp 166-173.
- Otoide, V. Oronsaye, F. Okonofua F. 2001. Why Nigerian Adolescents Seek Abortion Rather than Contraception: Evidence from Focus-Group Discussions. *International Family Planning Perspectives* 2011.Vol. 27, No. 2.
- Pancham.A.& Dunn.S. 2007. Emergency contraception in Canada: an overview and recent

developments. *Journal of Canadian Human Sexuality*. Vol.16, No.3 ,129-133.

Pediatrics 1999. Contraception and adolescents. Committee on Adolescents. Official Journal of the American academy of perdiatrics. 1999. Vol.104, No. 5, 1161-1165.

Pediatrics 2013. Contraception and adolescents official journal of the American academy of pediatrics:. 2013. Accessed on 01.03.2013. *Pediatrics* Vol.104. No. 5. 1161-1166. <http://pediatrics.aappublications.org/content/104/5/1161.full>. Accessed 24.10.2013

Pediatrics official journal of the American academy of pediatrics: Contraception and adolescents. 2013. *Pediatrics* Vol.104 , No.5, 1161-1166. Available at <http://pediatrics.aappublications.org/content/104/5/1161.full> Accessed on 01.03.2013.

Pokharel, S.; Kulczycki, A. & Shakya, S.2006. School-based sex education in Western Nepal: uncomfortable for both teachers and students. MedStar Research Institute, Hyattsville, MD, USA.

Powell, T.;Bass,S.& Longo,J.2011. The Association Among Sex Education, Age, and Contraception Use at First Intercourse. University of Florida. Undergraduate Research in Psychology and Behavioral Science, Spring 2011.

PubMed: Sexual behaviour and contraceptive use among secondary school adolescents in Benin City, Nigeria Available at <http://www.ncbi.nlm.nih.gov/pubmed/12521865>. Accessed 24.10.2013

Puri, M. & Cleland, J.2006.Sexual behavior and perceived risk of HIV/AIDS among young migrant factory workers in Nepal.PubMed.2006 Mar; Vol.38, No.3,237-46.

Regmi, P.;Simkhada,P.& Tejjilingen,V.Sexual and reproductive health status among young peoples in Nepal: Opportunities and barriers for sexual health education and services utilization.2008.Kathmandu University Medical Journal .2008.Vol. 6,No.2,1-5.

Robin, R. The Educational Uses of Digital Storytelling. University of Houston. Available at <http://digitalliteracyintheclassroom.pbworks.com/ff/Educ-Uses-DS.pdf>. Accessed 24.10.2013

Ropsy.K.L., Matthews.c., Ivey.S.& Adawadkar.S. 2010.Long-term, reversible contraception use among high-risk women treated in a university-based gynecology clinic: comparison between IUD. *Journal of Women's Health*. Vol.2, 349-353.

Santelli,J.S. ; Morrow, B. ; Anderson, J.E. & Lindberg, L.D. 2006. Contraceptive Use and Pregnancy Risk Among U.S. High School Students, 1991–2003. *Perspectives on Sexual and Reproductive Health*.

Sharma,A.;Verma,K.;Khatri,S.&Kannan,A.2002.Determinants of pregnancy in Adolescents in Nepal.*Indian Journal of Pediatrics*,Vol.69.

Shi, Y,Zuo,D. Xu. Yun, Zhang .D.X., Lu. zulu. 2006. A survey on the sexual and contraceptive behaviors in Chinese female college students Vol.26,No.6,759-763.

Smith, E.& Daley,A.M. 2012. A clinical guideline for intrauterine device use in adolescents. Journal of American Academy of nurse practitioners. Vol.24,No.8, 453-462.

Smith,D.M. & Elander,J.2006. Effects of area and family deprivation on risk factors for teenage pregnancy among 13-15-year-old girls. Psychology, Health & Medicine, November 2006. Vol.11, No.4,399 –410.

UNFPA Zambia. 2013. Prioritizing reproductive health issues for adolescents and youths. http://countryoffice.unfpa.org/zambia/2013/01/03/6041/prioritizing_reproductive_health_issues_for_adolescents_and_youth/. Accessed 16.10.2014

Venkatraman .C, Donna. R , McCarraher, Sharon J. P, Nancy E .W. **and** Gwyn., H.**2013**. Contraception for adolescents in low and middle income countries: needs, barriers, and access. Available at <http://www.reproductive-health-journal.com/content/11/1/1> Accessed 18.10.2014.

Wan-Yim Ip., Janita P. C. Chau., Anne M. Chang., May H. L. Lui. 2013.Knowledge of and Attitudes Toward Sex among Chinese Adolescents. Western journal of nursing research. Vol. 23,No.2., 211-223.

Whittaker,P.G.; Merkh, R.D.; Henry-Moss,D. & Hock-Long, L. 2010. Withdrawal Attitudes and experiences: A qualitative perspectives among young urban adults. Perspectives on sexual and reproductive health. 2010. Vol. 42, No. 2, 102-109.

Womens Health.Org. Birth Control Methods and Fact Sheets. Available at <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.html#i>. Accessed 14.11.2013.

World health organization .2010. The sexual and reproductive health of young adolscents in developing countries. > http://www.who.int/immunization/hpv/target/the_sexual_and_reproductive_health_of_young_adolescents_who_2011.pdf. p. 8. Accessed 28.11.2014.

World health organisation 2013. Accessed 1.03.2013. [http://www.who.int/Programmes_and_projects>A-Z>Maternal, newborn, child and adolescent health > Document centre>list by topic>completed list>listed by year of publication>2007>WHO discussion paper on adolescent>Contraception in adolescents](http://www.who.int/Programmes_and_projects>A-Z>Maternal,_newborn,_child_and_adolescent_health>Document_centre>list_by_topic>completed_list>listed_by_year_of_publication>2007>WHO_discussion_paper_on_adolescent>Contraception_in_adolescents). Available at http://www.who.int/maternal_child_adolescent/documents/discussion/en/index.html

World Health Organisation.2013.Available<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/hen-summaries-of-network-members-reports/what-are-the-most-effective-strategies-for-reducing-the-rate-of-teenage-pregnancies>. Accessed on 13.11.2013.

World Health Organization 2012 Emergency contraception. Accessed 06.11.2013. World Health Organization 2013. Family Planning. Available at <http://www.who.int/mediacentre/factsheets/fs351/en/> Accessed 11.11.2013.

World Health organization. 2004. WHO discussion paper on adolescents. Contraception: Issues in Adolescent Health and Development.

Xiaoming. Li., Bonita .S., Vafa. K., ylvie Naar.K., Iqbal S._Bo. W., Ronald T. 2007. Sexual

attitudes, pattern of communication, and sexual behavior among unmarried out-of-school youth in China. Vol.7, No.3, 188-195. Accessed 01.10.2014

Xinli,C., Lu.,Y. Sam.W.,2012. Prevalence and correlates of sexual behaviors among university students: a study in Hefei, China. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3527150/>. Accessed 24.10.2013

Zambia. 2013. Prioritizing reproductive health issues for adolescents http://countryoffice.unfpa.org/zambia/2013/01/03/6041/prioritizing_reproductive_health_issues_for_adolescents_and_youth Accessed 20.11.2013.