

Review Article

# Sexual and Reproductive Health of Adolescents and Youth: A Review of Knowledge Gaps, Service Utilization, and Policy Responses

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## ABSTRACT

Sexual and reproductive health (SRH) is a critical component of overall health and well-being for adolescents and youth, influencing not only their physical health but also psychosocial development, educational attainment, and future reproductive outcomes. In India, despite the existence of comprehensive policy initiatives and national programmes targeting adolescent and youth SRH—such as the Rashtriya Kishor Swasthya Karyakram (RKS)—significant challenges remain. These include persistent knowledge gaps, misconceptions about SRH, low utilization of available services, and barriers in implementation at community and facility levels.

This review synthesizes current evidence on SRH knowledge, perceptions, and behaviours among Indian adolescents and youth, highlighting variations across gender, socio-economic status, and geographic location. It also examines patterns and determinants of service utilization, including factors such as accessibility, affordability, cultural norms, and provider attitudes. Additionally, key policy responses are evaluated with respect to their design, effectiveness, and limitations, providing insights into areas that require strengthening.

The review underscores the need for integrated, evidence-based approaches that combine comprehensive sexuality education, community engagement, adolescent-friendly health services, and policy-level interventions to improve awareness, service uptake, and health outcomes. Recommendations for future research and policy development focus on closing knowledge gaps, addressing inequities in service access, and enhancing the implementation and monitoring of SRH programmes for adolescents and youth. Strengthening these areas is essential to empower young people, promote informed decision-making, and ensure their sexual and reproductive well-being.

**Keywords:** Adolescents, Youth, Sexual and Reproductive Health, Service Utilization, Policy, India

## Introduction

Adolescence represents a critical developmental stage characterized by rapid physical, emotional, and social changes, including sexual maturation and the gradual acquisition of autonomy. During this period, young people begin to form attitudes, behaviours, and knowledge related to sexual and reproductive health (SRH), which can have lasting implications for their overall well-being. Despite the importance of this stage, many adolescents in India lack accurate, age-appropriate information on SRH and face barriers in accessing confidential and youth-friendly health services.<sup>1</sup> Misconceptions, stigma, and fear often prevent adolescents from seeking guidance or care, contributing to risky behaviours and adverse health outcomes.

In India, the SRH needs of adolescents and youth are shaped by a complex interplay of socio-cultural norms, gender roles, economic disparities, and regional differences. Traditional norms often discourage open discussion of sexual health, particularly for girls, leading to limited awareness of reproductive rights, contraception, and sexually transmitted infections (STIs). Economic constraints, limited health infrastructure, and gaps in policy implementation further restrict access to quality services.<sup>10</sup> These challenges are compounded by variations in educational attainment, rural-urban disparities, and social marginalization, which together constrain adolescents' ability to make informed decisions regarding their sexual and reproductive health.

Recognizing these challenges, national policies and programmes—including the Rashtriya Kishor Swasthya Karyakram (RKS) and related initiatives—have sought to improve SRH education and service delivery for adolescents and youth. However, evidence suggests that gaps persist in knowledge, service uptake, and equitable access. A comprehensive understanding of adolescents' SRH knowledge, perceptions, behaviours, and the factors influencing service utilization is therefore essential for developing effective interventions. This review aims to synthesize current evidence on these aspects, evaluate policy responses, and provide recommendations to strengthen SRH outcomes for India's young population.

## Knowledge Gaps in Sexual and Reproductive Health

### Limited Awareness and Misconceptions

Research across community and school settings has consistently documented inadequate SRH knowledge among adolescents and young adults, including limited understanding of contraception, safe sex practices, and reproductive anatomy.<sup>1,4</sup> Studies show that knowledge tends to improve with age but remains insufficient overall,

with many young people unaware of basic sexual and reproductive health concepts.

### Barriers to Information Access

Limited parent-adolescent communication, social taboos, and lack of comprehensive sexuality education contribute to persistent information gaps.<sup>10,19</sup> Cultural norms often inhibit dialogue about sexuality and reproduction, resulting in misinformation and fear of seeking trustworthy information.

### Toolkits and Educational Materials

Globally, SRH educational toolkits for youth are often incomplete, with gaps in information on topics such as teenage pregnancy, LGBTQ+ sexuality, and safe abortion, pointing to inadequacies in educational resources that could be adapted to regional contexts.<sup>6</sup> This dearth underscores the need for locally relevant, inclusive, and youth-friendly SRH educational resources.

### Utilization of Sexual and Reproductive Health Services

#### Current Patterns of Service Use

Despite the existence of adolescent and youth-friendly services, utilization rates remain low in many Indian contexts. For example, a mixed methods study in rural West Bengal found that only about 29.4% of adolescents had ever utilized reproductive and sexual health services, with factors such as stigma and limited awareness acting as barriers to use.<sup>1,13</sup> Similar patterns are seen in other settings where SRH services are underutilized due to social and systemic barriers.

#### Determinants of Utilization

Low service uptake is linked to multiple determinants, including structural issues (e.g., inadequate privacy and confidentiality at clinics), socio-cultural norms (e.g., stigma associated with premarital sex), and individual factors (e.g., lack of awareness of available services). Fear of being seen seeking SRH care, negative provider attitudes, and inconvenient clinic hours further reduce willingness to access care.

#### Evaluation of Youth-Friendly Services

Evaluations of adolescent-friendly health services (AFHS) in India illustrate improvements in service quality and knowledge outcomes, but variability in evaluation design and inconsistent service delivery limit the comparability and overall impact of these interventions<sup>5,8</sup>. While some programs show enhanced quality and increased SRH knowledge and behaviours, rigorous and standardized evaluations are needed to validate long-term effectiveness.

## Policy Responses and Implementation Challenges

### Strategic Frameworks in India

India's initial Adolescent Reproductive and Sexual Health (ARSH) Strategy (2005) and the subsequent Rashtriya Kishor Swasthya Karyakram (RKS, 2014) represent policy commitments to adolescent SRH within a broader health agenda. These frameworks emphasize adolescent-friendly services, community involvement, and health education.

### Implementation Barriers

Despite policy frameworks, implementation gaps remain. Limited human and financial resources, insufficient training of health personnel, weak monitoring systems, and logistical barriers constrain program effectiveness.<sup>17</sup> Additionally, confusion around legal provisions related to adolescent sexuality, such as mandatory reporting laws, can deter providers from offering SRH services to adolescents.<sup>17</sup>

### Structural and Social Barriers

Cultural stigma surrounding adolescent sexuality, gender norms, and lack of supportive environments for open discussion of sexual health issues impede SRH service access and utilization.<sup>19,29</sup> Gender-based barriers and unequal access to education further exacerbate access inequities, particularly for girls and socially marginalized youth.

### Future Directions and Recommendations

#### Strengthening Education and Knowledge

Comprehensive sexuality education (CSE) is a cornerstone for improving sexual and reproductive health (SRH) outcomes among adolescents and youth. CSE should be systematically integrated into both school curricula and community-based programmes, ensuring that content is age-appropriate, culturally sensitive, and evidence-based. It should cover a wide range of topics, including contraception, pregnancy prevention, consent, sexually transmitted infections (STIs), menstrual health, and healthy interpersonal relationships. Beyond formal education, engaging parents, caregivers, and community leaders in open, non-judgmental dialogues about SRH can help reduce stigma, challenge harmful socio-cultural norms, and facilitate the dissemination of accurate information. Leveraging digital platforms and youth-centered communication channels can also enhance outreach and engagement, particularly among adolescents who may not be enrolled in formal schooling.

#### Improving Service Delivery and Accessibility

Health systems must be reoriented to provide adolescent- and youth-friendly services that are equitable, confidential, and non-judgmental. Ensuring privacy, respectful care, and culturally competent service provision is critical to building trust and encouraging service utilization. Targeted

outreach programmes should focus on underserved populations, including rural communities, marginalized groups, and out-of-school youth, to address disparities in access. Strengthening provider training on adolescent health, communication skills, and ethical service provision is essential, as is the establishment of systematic monitoring and quality assurance mechanisms to track service performance, uptake, and client satisfaction. Integrating SRH services with broader adolescent health initiatives—such as nutrition, mental health, and substance abuse prevention—can create a more holistic approach to adolescent well-being.

#### Policy Enhancement and Monitoring

Policy frameworks addressing adolescent and youth SRH must be robust, coherent, and evidence-based. Clear legal and regulatory guidance regarding confidentiality, consent, and service eligibility can reduce hesitation among providers and facilitate wider service coverage. Policies should incorporate standardized monitoring and evaluation mechanisms to assess both implementation processes and health outcomes, enabling timely course corrections and accountability. This includes the development of standardized assessment tools for adolescent- and youth-friendly health service (AFHS) interventions, allowing for data-driven decision-making. Multi-sectoral collaboration between health, education, social welfare, and youth development departments is essential to align policy goals with ground-level realities and ensure that SRH programmes are comprehensive, inclusive, and sustainable.

By strengthening education, improving service delivery, and enhancing policy frameworks, India can move toward a more equitable and effective SRH landscape, empowering adolescents and youth to make informed decisions, access essential services, and achieve optimal sexual and reproductive health outcomes.

#### Conclusion

The sexual and reproductive health (SRH) of adolescents and youth in India remains influenced by persistent knowledge gaps, limited awareness, low utilization of available services, and multifaceted challenges in policy implementation. Socio-cultural norms, gender disparities, economic inequalities, and regional variations further compound these barriers, limiting adolescents' ability to access accurate information and youth-friendly health services. These challenges not only affect immediate health outcomes but also have long-term implications for reproductive health, educational attainment, and overall well-being.

Addressing these complex issues requires coordinated, integrated approaches that combine comprehensive sexuality education, accessible and confidential health services, community engagement, and strengthened policy

frameworks. Health systems must be reoriented to provide adolescent- and youth-friendly services that are equitable, culturally sensitive, and responsive to the diverse needs of young people. Educational initiatives should focus on empowering adolescents with accurate SRH knowledge, promoting healthy behaviours, and fostering critical decision-making skills. Community and family involvement is equally crucial in creating supportive environments where adolescents feel safe to seek guidance and services.

At the policy level, there is a need for evidence-driven, well-monitored programmes that ensure consistent implementation, reduce disparities in service access, and address gaps in outreach and education. Prioritizing inclusive and holistic SRH strategies can not only improve reproductive health outcomes but also enhance the autonomy, agency, and overall well-being of India's adolescents and youth. By investing in the sexual and reproductive health of young people, India can contribute to healthier generations, stronger social development, and sustainable national growth.

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