

# Awareness of Sexual Health among Girls in College Hostel - A Critical Discourse Analysis

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Received May 9, 2024; Revised July 29, 2024; Accepted August 26, 2024

## Cite This Paper in the Following Citation Styles

(a): [1] V. S. Leena, V. Vijayalakshmi, "Awareness of Sexual Health among Girls in College Hostel - A Critical Discourse Analysis," *Universal Journal of Public Health*, Vol. 12, No. 5, pp. 828 - 835, 2024. DOI: 10.13189/ujph.2024.120505.

(b): V. S. Leena, V. Vijayalakshmi (2024). *Awareness of Sexual Health among Girls in College Hostel - A Critical Discourse Analysis*. *Universal Journal of Public Health*, 12(5), 828 - 835. DOI: 10.13189/ujph.2024.120505.

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**Abstract Background:** Every day, one million newly contracted sexual infections are acquired, and about 800 women die out of averted pregnancy- and childbirth-related causes (WHO, 2023). Young people require accurate information about the physical, psychological, and social changes that occur during childhood and adolescence as well as self-awareness about themselves and the people they interact with to protect themselves from reproductive health issues and to lead healthy, responsible, and fulfilling lives. **Objective:** To understand the awareness of hostel girls on sexual health and educate them on body development after puberty. To make them understand the parts of sex organs and their growth and create awareness that sexual health is a sexual right. **Methods:** The study is quantitative selecting the respondents using purposive sampling. In-depth analysis of qualitative method is used by critical discourse analysis. Hostel girls at a private college in Chennai were selected. Interested 13 hostel girls participated in the (FGD) Focus Group Discussion (Pre-discussion, and Post-discussion). **Conclusions:** The study identified the perception and understanding that respondents have towards sexual health. The study also found that girls are influenced by their own culture and religious aspects knowing sexual health and sex organ development.

**Keywords** Sexual Health, Sex Organ Development, Sexual Rights

## 1. Introduction

Social determinants of health, such as being from a

single-parent home, living in a home with frequent family conflict, early sexual activity, level of participation in volunteer or community service work, and low self-esteem, have been critical in understanding more risk factors for teen pregnancy. Adolescents aged 13 to 24 accounted for approximately two-thirds of newly diagnosed sexually transmitted infections (STIs) and 21% of new HIV diagnoses among men and women under the age of 25 in 2016. Adolescent mothers (aged 15-19) gave birth to 210000 babies in the same year [1]. Adolescents worldwide are sexually active, their sexual intercourse varies by region within a country regardless of their age, females and males, and other socio-cultural factors such as education and rural-urban residence are some of the factors involved. The global population of youth aged 10 to 24 years is estimated to be 1.8 billion, with 87% living in low and middle-income countries. Adolescence is distinguished by a series of biological, psychological, social, and behavioural modifications that expose adolescents to risky sexual behaviours such as early sexual experimentation and multiple sexual partners. Youth-friendly sexual and reproductive information, services, and products are required based on their specific needs and vulnerabilities. This will not only allow young people to acquire Sexual and Reproductive Health education and skills, but it will also minimise adolescents' exposure to sexual health risks such as unwanted pregnancies, early sexual debut, and sexually transmissible diseases (STDs) such as HIV/AIDS [2]. Adolescent girls have less access to health services for sexuality. They receive less education and information about sexuality. The knowledge of sexual and reproductive health among adolescent girls is less than boys. The risk of unsafe sex is worsened by adolescent girl's high risk of

intimate partner violence and sexual violence. Some harmful practices target adolescent girls in some regions like child marriage, female genital mutilation, etc. [3]. The child marriage leads to early childbearing which increases the complications of reproductive and sexual health outcomes. This also increases in maternal and child morbidity and mortality as well as Sexually Transmitted Infections (STIs) [4]. According to the findings of the review, adolescents engage in high-risk sexual behaviours for a variety of reasons, including a lack of knowledge, misconceptions about sexual performance, an adverse mindset towards high-risk sexual intercourse and behaviours, and a lack of refusal skills. Because of pubertal and menstrual changes, and the possibility of engaging in high-risk sexual behaviours, adolescent girls should learn the ways to care for their sexual and reproductive health. In this case, adolescent girls should have the ability to care for their pubertal and menstrual health. They should also be aware of the preventive practices for high-risk sexual behaviours. Acquire knowledge to reduce the cases of high-risk sexual encounters and the ways to seek treatment for sexual and reproductive complaints such as dysmenorrhea, genital infection and problems encountered after sexual relations [5]. It inclines young women to prevent gynaecological morbidities such as menstrual pattern irregularities, urethral discharge and burning urination, which results in negative health consequences. India has executed strategies such as the adolescent reproductive and sexual health strategy (ARSH-2005 to 2013) and replacing adolescent reproductive and sexual health (ARSH), “Rashtriya Kishor Swasthya Karyakram” (2014-still present) recognised the importance of protecting sexual and reproductive health [6].

Body development is still a controversial talk among adolescent girls. Some girls lack the acceptance of body structure and development. Physical changes start in early adolescence when they become conscious about their body image. Cognitive development occurs during this period, abstract thinking and reasoning also grow. In the case of late adolescence, the sense of identity evolves through social involvement and peer interaction. Sexual interests develop at this adolescence stage. In a gender-specific pattern, biologically pubic and axillary hairs grow. For females breasts begin to develop, menstruation starts, and genital organs develop with physique changes of a feminine. Body image contributes more to self-esteem. Adolescents face lots of challenges with self-esteem and body image as they undergo lots of changes. The changes combined with a preference to be accepted by friends and society significantly impact the adolescent phase. Adolescents are influenced by unattainable body ideals formed by peers and the media; these trap them in comparison attitudes. In present societies, such pressures result in disappointment and issues in mental well-being. This mental stress dealing with body image and peer pressure leads to fad diets and psychiatric problems such as bulimia nervosa, obsessive-compulsive disorder (OCD) etc.

[7].

### Objectives of the Study

- To understand the awareness of hostel girls on sexual health and educate them on body development after puberty.
- To make them understand the parts of sex organs and their growth and create awareness that sexual health is a sexual right.

## 2. Materials and Methods

**Research design:** The study is qualitative selecting the respondents using purposive sampling. In qualitative research, a technique known as “purposive sampling” is employed to identify a selected group of the population for study. This study selects the hostel girls at a private college in Chennai. In-depth analysis of qualitative method used by Critical Discourse Analysis (CDA). “Critical discourse analysis” (CDA) is the pursuit of understanding critical societal challenges. It completely comprehends language functions in creating and transferring knowledge and structuring social institutions.

**Sample size:** 13 hostel girls aged 18-21 years (late adolescent) from a private college in Chennai were selected for discussion.

**Sample technique:** Non-probability purposive sampling method was used.

**Study approach:** Qualitative critical discourse analysis was performed (Verbatim- use of identical words, the same way the words in the text are exactly spoken).

**Inclusion criteria-** Interested adolescent girls of private college hostel in Chennai of age group 18-21 years.

**Exclusion criteria -**Girls who were not interested and age groups of 18 years below and 21 years above are excluded.

**Sampling procedure: Pre-discussion** was to understand the level of knowledge respondents have. (FGD)

**Focus Group Discussion** was to make the respondents understand in-depth knowledge about sexual health. **Post-discussion** was to know the level of awareness the respondents gained. The discussion duration was 2 hours.

### 2.1. Pre-Discussion

The pre-discussion emphasized the basic understanding of sex, sexuality, and maturity of body development. It is identified that out of 13 only 5 girls were aware of sex, sexuality and maturity of body development which is 38%, and 8 girls have poor knowledge of these concepts which is 61.5%.

### 2.2. Focus-Group Discussion (FGD)

Focus-group discussion questions were framed based on

the knowledge of sex, sexuality, body development after puberty, and body image acceptance. This is to help late adolescents ranging from age 18-21 years to adopt positive sexual health information, body construction, overcoming the stigma associated with body parts, and body part development.

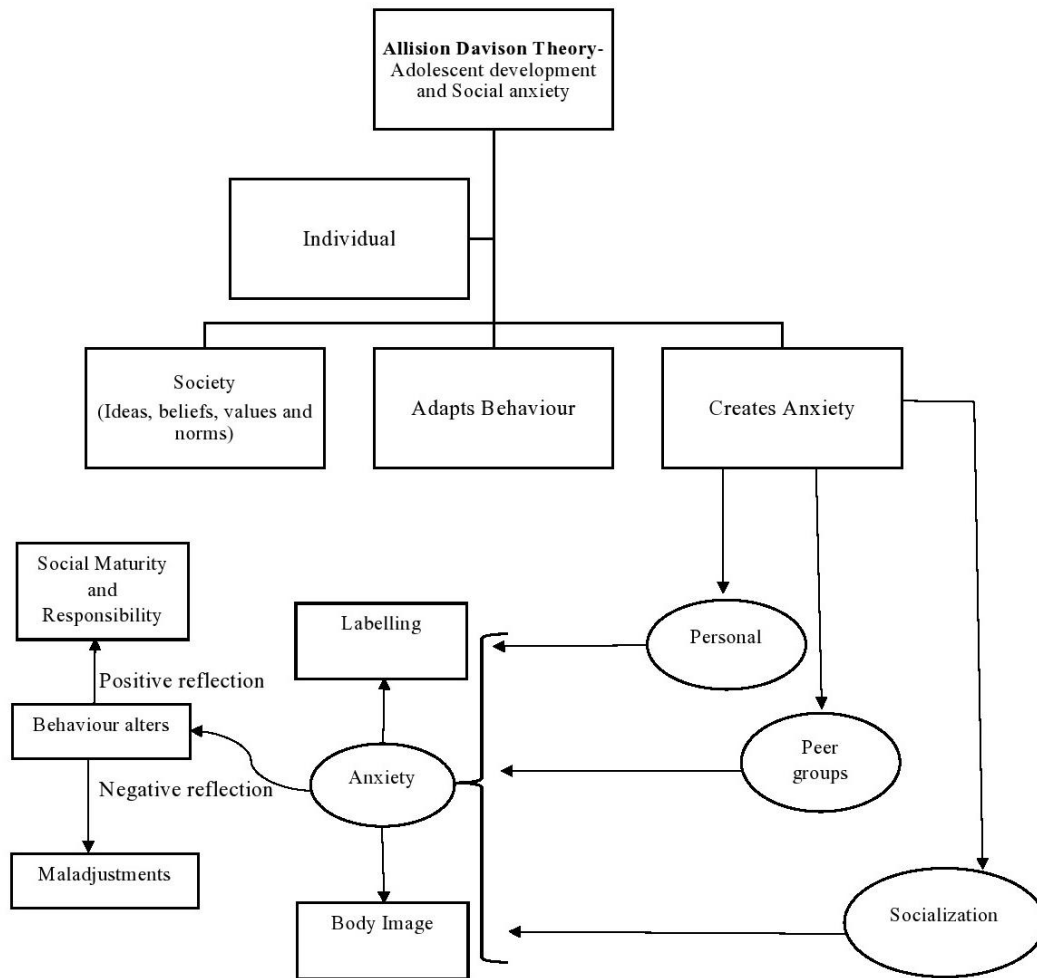
**2.3. Post-Discussion**

After focus group discussion respondents were able to understand the basic ideologies of sexual health, the importance of accessing sexual health services, sexual rights, self-analysis of body image and acceptance towards it.

**2.4. Theoretical Framework- Allison Davis Theory of Adolescent Development and Social Anxiety**

Allison Davis defines “socialization as the process by which an individual learns and adapts the ways, ideas, beliefs, values and norms of his culture and makes them part of his personality” According to him, development is

a never-ending process of learning from various ideologies. Adolescents adapt and learn behavioural management, which is an acceptable behaviour under certain social circumstances. Davis explains that social learning is impossible without cultural patterns. According to the studies, social anxiety develops because of dependency on peer groups. Adolescents experience body image pressures through comparison, which results in social anxiety of labelling poor socialized individuals and isolation from peer groups due to obnoxious body image. According to Davis, as given in Figure 1, social anxiety subsidizes the development of behavioural management mechanisms. With the help of society's support system, an individual accepts and affirms social anxiety. Adolescent behaviour is influenced by cognitive variables such as values, expectations, self-control, self-management, and self-esteem [8]. Davis also discusses the importance of socialization and social acceptance for adolescents as individuals. Social anxiety promotes social maturity and responsibility, but when it becomes excessive, it causes maladjustment [9].



**Figure 1.** Schematic representation of Allison Davison Theory-Adolescent Development and Social Anxiety

### 3. Findings and Results

The findings are preliminary. It was observed that respondents had mixed reactions to the knowledge of sexual health. They provide an intriguing glimpse into the sexual health issues that young people face. The questions were divided into ten concepts of sex, sexual health, and the concepts about sexual organ development. Also, there are misconceptions about sexual health and female body development.

The meaning of “sex” understanding was incompatible, 54% of respondents expressed “sex” as a physical and psychological difference between males and females. 31% of respondents believed “sex” is a biological form of species. 8% of respondents understood the “sex” as structural and functional body development. 7% of respondents believed that “sex” is a behavioural characteristic of an organism (Figure 2). Respondents expressed that;

*“ .....I was feeling very weird even to pronounce the word sex and sexual health....” (Girl 18 years).*

*“ ....I was thinking! why I should know about sexual health ....” (Girl 19 years).*

*“ ....I was feeling disgusting and embarrassed by the word sex....” (Girl 18 years).*

According to the World Health Organization (WHO), the meaning of “sex is the biological characteristics between males and females.”

For the meaning of “sexuality”, respondents’ understanding of sexuality was different. As given in Figure 3, 7.6% of respondents expressed that “sexuality” is an attitude towards having sex. 23% of respondents believed that “sexuality” is the process of reducing dependency on the opposite gender. 54% of respondents understood that “sexuality” is an attitude and desire towards physical intimacy and sex. 15% of the respondents expressed that “sexuality” is the condition of having sex. Respondents also explained that;

*“.... people in our society do not like to talk about sexuality ....” (Girl 18 years).*

*“.... the family, society, and surrounding make us to feel embarrassed and it is still a topic of stigma ....” (Girl 19 years).*

*“.... families and parents are not generally comfortable discussing and talking about sexuality moreover I do not differ between sex and sexuality both are the same....” (Girl 20 years).*

*“....I do not know anything about sexuality....” (Girl 19 years).*

*“.... feeling very weird even to pronounce sexual health....” (Girl 18 years).*

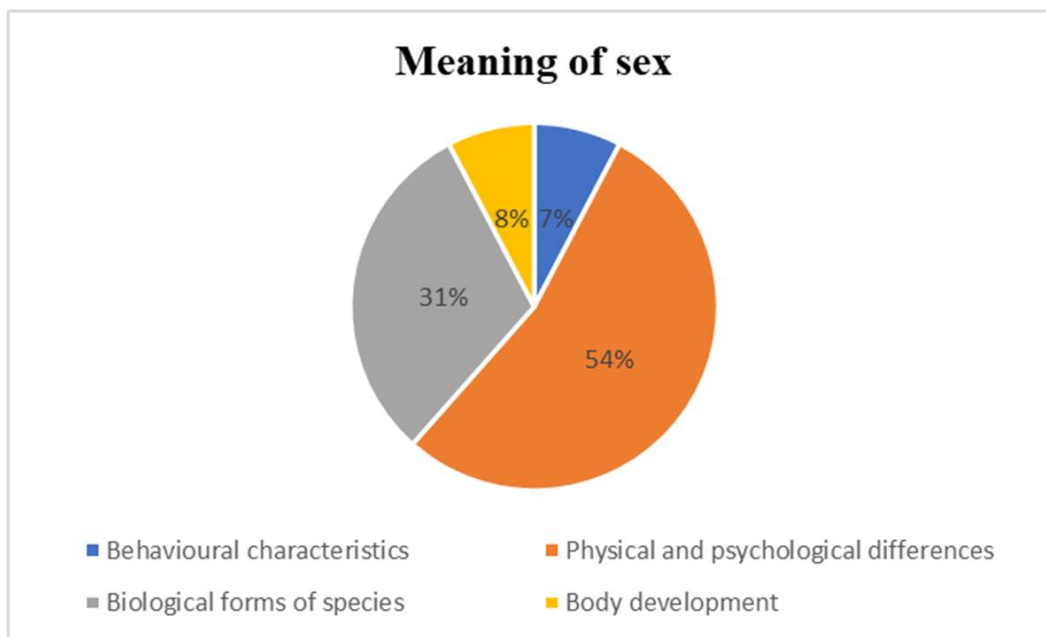


Figure 2. Meaning of sex

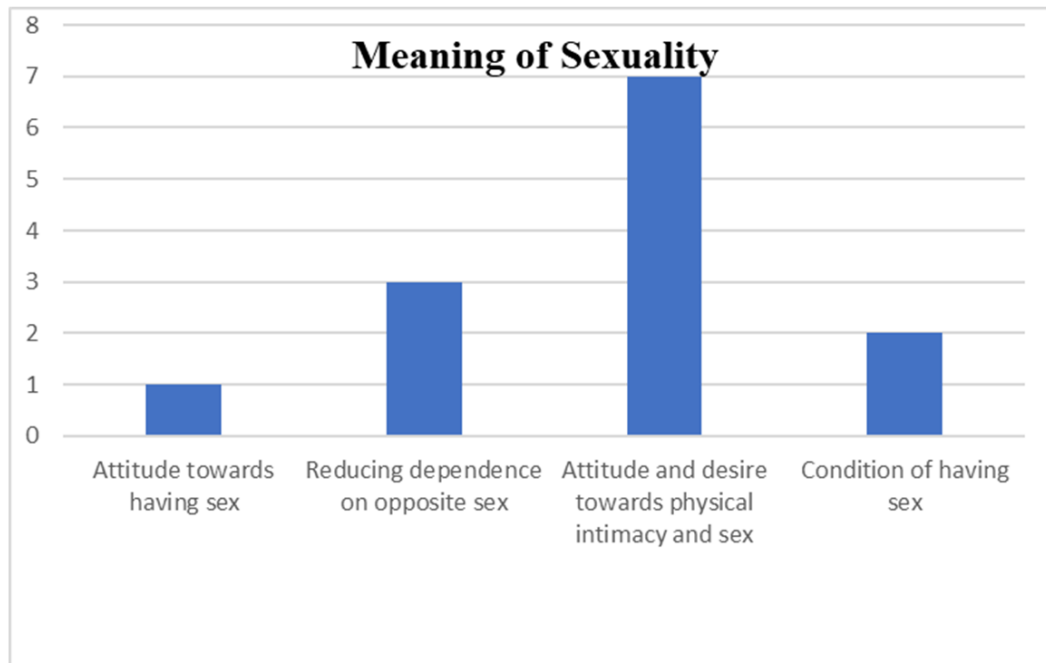


Figure 3. Meaning of sexuality

Understanding of “puberty” is whether the respondents were aware of puberty when they attained it. 69% of respondents expressed that puberty is the physical changes including reproductive organs. 15% of respondents expressed that “puberty” is the transformation from childhood to adulthood. 15% of respondents believed that “puberty” is the production of sex hormones. Respondents also expressed that;

*“... feeling embarrassed when I attained my puberty thinking I have some other internal organ issues as I was not aware of it...” (Girl 19 years).*

*“...I was not aware of puberty I felt alienated and feeble...” (Girl 18 years).*

For the knowledge and awareness on “first periods”, 15% of respondents have explained “first periods” can also be called as menstrual cycle. 46% of respondents have expressed that “first periods” are known as menarche. 7.6% of respondents believed that “first periods” are also called as ovulation. 30.7% of respondents expressed that “first periods” are called as menstruation. Menarche means the first menstrual period which indicates that the girl can reproduce [10].

*“... my first period was a disaster to handle for me and I am not aware of the word menarche...” (Girl 19 years).*

*“... Talking about periods and puberty is a taboo in my family, I am not allowed to touch anything and get inside other bedrooms during my periods. I will be staying alone in my room...” (Girl 18 years).*

It is a must for every individual to know about their body parts and sexual body parts. This question is to analyse the awareness of sexual parts among girls. 30.7% of

respondents expressed that they are not aware of their sexual body parts. 69% of respondents explained that they may know about their sexual body parts which is confusing knowledge, the information they gather about these subject matters is from the same peer groups and friends which is not true in many cases. These respondents also have many misconceptions about sexual body part development (Figure-1). These respondents also believe myths related to sexual body parts. Such as;

*“... sexual organs discussion should be done with only the life partner and should examine private parts after marriage...” (Girl 19 Years).*

*“... until menopause sexual parts will be developing...” (Girl 18 years).*

*“...I can't discuss anything related to body parts development with anyone in my family even to my cousins, they tell me why do you talk bad topics like this?...” (Girl 18 years).*

*“... I know my sexual body parts but I do not know the scientific terminologies...” (Girl 20 years).*

*“... I do not know sexual body parts and I am not interested to learn it...” (Girl 19 years).*

*“... there is no awareness on sexual health and sexual body parts development among my friend's crew...” (Girl 18 years).*

Young people need to be educated about the physical, psychological, and social changes during their adolescent years to lead healthy, responsible, and fulfilling lives, in addition to safeguarding themselves against disorders related to their reproductive systems (Figure-3) [11].

The external body parts of females in that the meaning of areola were expressed as breast tissue by 53.8%

respondents. 23% of respondents explained “areola” as a pigmented region encircles the nipples. 15.3% of respondents believed “areola” is a rounded spot where milk drains. 7.6% of respondents explained that “areola” is known as nipples. The circular patch of skin surrounding your nipple that has a darker colour is called the areola. A lubricating oil is secreted by Montgomery's glands, which are found in areolae. During nursing, this oil prevents chafing on your skin and nipple [12].

*“...I thought areola is just the skin around the breast and was not aware of its functioning...” (Girl 20 years).*

*“... breast is the complete name for the organ I thought...” (Girl 18 years).*

Respondents lack an understanding of the meaning of lobule, an internal breast part. 30.7% of respondents have explained that “lobule” is a milk-secreting alveoli. 46% of respondents expressed that “lobule” is the cluster of milk-secreting cells. 23% of respondents have recognized “lobule” as the breast milk forming surface. There are 15–20 lobes, or sections, in each breast. They are positioned in a manner reminiscent of daisy petals. Lobules are the many smaller structures found within each lobe. These eventually yield dozens of small milk-producing bulbs [13].

*“... I do not know about the part lobule...” (Girl 18 years).*

*“... I am not aware of the term lobule...” (Girl 19 years).*

*“...I was grown up with the ideology that after marriage only I should know my body parts development...”*

*“... sometimes I wonder by knowing the functions of breast development...”*

The external part of the sexual organ “vulva” was understood as pubic hairs for 23% of the respondents. 15% of the respondents have explained “vulva” as the vaginal-inner lips. 46% of the respondents have expressed that “vulva” is the vaginal-outer lips. 15% of the respondents have explained that the “vulva” is the external genitalia. The external genitalia of a female are called “vulvas” [14].

*“... I have not heard of the term vulva...” (Girl 18 years).*

*“... I have never discussed about the external and internal parts of the reproductive organs...” (Girl 19 years).*

*“... Body parts development clarity is very less for me...” (Girl 18 years).*

### Expression towards Body Parts

Everyone is biologically formed with the connection of genetic and hereditary identities where the face and body structures are like any family member. The way people are introduced to their bodies is explained by the mental images they have of their bodies, according to Austrian psychiatrist Paul Ferdinand Schilder (1886–1940).

According to the psychiatrist, senses, ideas, and feelings—typically unconscious—shape an individual's mental image of their body. Throughout life, this representation is constructed and rebuilt. Body image is a multifaceted, dynamic construct that is influenced by external cultural and social variables in addition to internal biological and psychological components [15]. In this study, 76.9% of the respondents lack acceptance of their body parts development and body image. 23% of respondents are confident in their body image. Respondents have different opinions on their body image;

*“... I feel inferior and sad about my nose which is flat...” (Girl 18 years).*

*“... The development of my breast shape makes me to feel very bad and sad...” (Girl 18 years).*

*“... I am not interested moreover I do not know completely about my body image...” (Girl 18 years).*

*“... I am not confident in my body image...” (Girl 18 years).*

*“... not happy with body figure...” (Girl 18 years).*

*“... I need clarity on my body development where I lack most...” (Girl 19 years).*

*“... I have a confused understanding of my body image which I am not able to express it...” (Girl 19 years).*

*“... I feel disgusting when I see my body image and the private parts of my body makes me to feel very bad ....” (Girl 20 years).*

Most of girls are aware of the part uterus in the female sexual organ but they are not aware of the anomaly uterus which can be called an abnormal uterus formation. There is one form of anomaly uterus in which the uterus portion looks distinct into two portions. 38% of the respondents explained that it is a didelphys uterus. 23% of respondents believed that it is an arcuate uterus. 15% of respondents believed that it is a unicornuate uterus. 23% of respondents have explained that it is a bicornuate uterus. A rare disorder known as uterus didelphys causes a person to develop two uteruses. There is another name for it: a double uterus. One congenital abnormality for females born with is a double uterus. Compared to a typical uterus, the two uterine cavities are smaller. Every uterus possesses a unique ovary and fallopian tube [16].

## 4. Discussion

This study examined the knowledge and awareness of sexual health, body image development and made the respondents understand that sexual health is the sexual rights of each individual and it is a must to know it. The findings of the study indicated the misconceptions that hostel girls reflect in sexual health. The primary educational institutions for adolescents are the family and the college; as such, these institutions should be strengthened to offer suitable sexual health education that is in line with the stages of adolescent growth and

development [17]. Contrary to these few respondents have basic knowledge of sexual health. As peer groups are their source of information that may not be valid. Muth and Cash identified two elements of body image satisfaction: experiencing distinct emotions and feeling satisfied or unsatisfied with one's physical characteristics. Teenagers' development of self-concept is heavily influenced by their body image since it forms the foundation for their own and other people's assessments of them [18]. A guidance and counselling teacher or counsellor is one of the professionals in the field of education who may impart knowledge on reproductive health. Counsellors enable adolescents to make decisions about their health and access to services, as well as to use their preferences when choosing a partner or getting married young [19]. Adolescents were constantly given information on STIs, mental health, and the use of alcohol and tobacco products. From this study, puberty development was common among girls but they have different beliefs and myths where the impact of culture plays its role. Each culture follows its practices after puberty but mostly the importance of menstrual hygiene, personal care and acceptance of body development is lacking. From this study, it is observed that still the stigma is towards puberty, and menstruation is flowing inside families. Adolescents are consequently deprived of the information and abilities required to make wise decisions. Knowing only the body parts is basic but the abnormalities and other sexual organs should also be educated from a proper source for the adolescent girls. The adolescent girls lack an understanding that knowing about sexual health is their right due to cultural practices, peer group understanding makes them feel that this topic needs to be discussed after marriage and sexual health is the topic for married couples. Adolescent education on sex, dating, and marriage was unusual, but lessons on pregnancy and family abuse were occasionally offered [20]. Mostly these adolescent girls are not supported for sexual health counselling, so they suffer and lack in taking self-protection measures. The confidence level for self-image reflecting on body and sexual health has been conquered.

**Strength of the study:** The study reached data saturation with 13 respondents. The study explores a quality understanding of many female students at hostel premises. It helps to break the stigma of discussing sexual health topics with college-going girls. Through proper sexual health awareness adolescent girls can prevent themselves from engaging or indulging in risky sexual behaviours. It helps adolescent girls to share valuable and proper knowledge of sexual health among their peer groups. It breaks the unwanted myths they were having in their mind. Adolescent girls learn differences between the concepts in sexual health that are important, for example, sex and sexuality have different meanings. This clarity is learned to enhance the knowledge of sexual health well-being. It also helps them to take immediate steps in case they face any illness due to unsafe sex.

**Weakness of the study:** The study was not able to

stretch much of the concepts. Unwanted or sensitive questions were avoided by asking directly.

**Limitations of the study:** The study was limited to only girl's hostels; future studies can focus on both girls and boys. A diverse college setting can be chosen for future study.

## 5. Conclusions

The vulnerability in knowledge towards sexual health may lead late adolescents to step into infectious and harmful diseases like sexually transmitted infections (STIs), and sexually transmitted diseases (STDs), which will be an irreplaceable slowdown for individuals, families, and society. More than gathering information adapting proper information values a lot so that institutions can conduct awareness programmes on sexual health, menstrual hygiene, and body parts development. Culture plays a vital role in sexual practices, beliefs, and knowledge. For future studies, community awareness and knowledge related to sexual health are needed.

## Acknowledgements

We are very grateful to the experts for their appropriate and useful suggestions to improve this paper.

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## REFERENCES

- [1] Brayboy, L. M., McCoy, K., Thamotharan, S., Zhu, E., Gil, G., & Houck, C., The use of technology in the sexual health education especially among minority adolescent girls in the United States. *Current opinion in obstetrics & gynecology*, vol. 30, no. 5, pp. 305–309, 2018. DOI: 10.1097/GCO.0000000000000485.
- [2] Nuwamanya, E., Qureshi, E. T., Pemunta, N. V., Adedze, M., Nalwanga, R., Nuwasiima, A., & Babigumira, J. B. Barriers to Sexual and Reproductive Health Information among University Students in Uganda: A qualitative study. *Research square*, pp. 1-15, 2020. DOI: 10.21203/rs.3.rs-42257/v1.
- [3] George, A. S., Amin, A., de Abreu Lopes, C. M., & Ravindran, T. S. Structural determinants of gender inequality: why they matter for adolescent girls' sexual and reproductive health. *British Medical Journal*, vol. 368, no. 16985, 2020. DOI: 10.1136/bmj.l6985.
- [4] Ramanaiik, S., Collumbien, M., Prakash, R., Howard-Merrill, L., Thalinja, R., Javalkar, P., & Bhattacharjee, P. Education, poverty and "purity" in the context of adolescent girls' secondary school retention and dropout: A qualitative study from Karnataka, southern India. *PLoS One*, vol. 13, no. 9, pp. 1-22, 2018. DOI: 10.1371/journal.pone.0202470.
- [5] Alimoradi, Z., Kariman, N., Simbar, M., & Ahmadi, F. Empowerment of adolescent girls for sexual and reproductive health care: A qualitative study. *African*

Journal of Reproductive Health, vol. 21, no. 4, pp. 80-92, 2017. DOI: 10.29063/ajrh2017/v21i4.9.

- [6] Saha, R., Paul, P., Yaya, S., & Banke-Thomas, A. Association between exposure to social media and knowledge of sexual and reproductive health among adolescent girls: evidence from the UDAYA survey in Bihar and Uttar Pradesh, India. *Reproductive health*, vol. 19, no. 1, pp. 178, 2022. DOI: 10.1186/s12978-022-01487-7.
- [7] Parve S, Bose A, Chide P. Perception of Sexuality and Body Image among Adolescent Girls. *Indian Journal of Youth and Adolescent Health*. vol. 8, no. 1, pp. 22-26, 2021. DOI: 10.24321/2349.2880.202105.
- [8] Haider, S. I., Waqar, A., & Mehmood, S., Causes and Manifestations of the Perceived Behavioral Issues of Adolescents A Case Study of Learners in Secondary Schools Islamabad. *Global Regional Review*, vol. 4, no. 1, pp. 62-68, 2019. DOI: 10.31703/grr.2019(IV-I).07.
- [9] Davis, A. A Critical Analysis of Allison Davis: Adolescence and socialized Anxiety. Bartle Research. <https://www2.bartleby.com/essay/A-Critical-Analysis-Of-Allison-Davis-Adolescence-FJGBY6YLER>. (accessed on april.8 2024).
- [10] Rees M. The age of menarche. *ORGYN: Organon's Magazine on Women & Health*, vol. 4, pp. 2-4, 1995.
- [11] Rao, R. S., Lena, A., Nair, N. S., Kamath, V., & Kamath, A. Effectiveness of reproductive health education among rural adolescent girls: a school-based intervention study in Udupi Taluk, Karnataka. *Indian Journal of Medical Sciences*, vol. 62, no. 11, pp. 439-443, 2008. DOI: 10.4103/0019-5359.48455.
- [12] Breast anatomy. <https://my.clevelandclinic.org/health/articles/8330-breast-anatomy> Cleveland clinic. (accessed on Jan.20 2024).
- [13] Johns hopkins medicine. Anatomy of the breasts, <https://www.hopkinsmedicine.org/health/wellness-and-prevention/anatomy-of-the-breasts>.( accessed on Jan. 25 2024).
- [14] Mandal, D. A. The vulva (Human). *News medical life sciences*, <https://www.news-medical.net/health/What-is-the-Vulva.aspx>. (accessed on Feb.17 2024).
- [15] Goswami, S., Sachdeva, S., & Sachdeva, R. Body image satisfaction among female college students. *Industrial psychiatry journal*, vol. 21, no. 2, pp. 168-172, 2012. DOI: 10.4103/0972-6748.119653.
- [16] Uterus didelphys-overview.Cleveland clinic, <https://my.clevelandclinic.org/health/diseases/23301-uterus-didelphys>. (accessed on March 15. 2024).
- [17] Alimoradi, Z., Kariman, N., Simbar, M., & Ahmadi, F. Empowerment of Adolescent Girls for Sexual and Reproductive Health Care: A Qualitative Study. *African journal of reproductive health*, vol. 21, no. 4, pp. 80-92, 2017. DOI: 10.29063/ajrh2017/v21i4.9.
- [18] Tiwari, G. K. Body image satisfaction enhances self-esteem. *Vaichariki*. IV. <https://www.studocu.com/in/document/university-of-delhi/social-psychology/body-image-and-self-esteem/50674558>. (accessed on May 2.2024).
- [19] Sukmawati, I., Afdal, A., Fikri, M., Hariko, R., Zikra, Z., Suri, G. D., & Syapitri, D. Improving Research, and Practice to Reproductive Health Understanding: An Indonesian Perspective for Sexual Education. *Universal Journal of Public Health*, vol. 11, no. 4, pp. 441-447, 2023. DOI: 10.13189/ujph.2023.110408.
- [20] Tanaka, Y., Araullo, G. O., Tuliao, M. T., Yamashita, T., Okuda, K., Baua, E. C., & Matsuo, H. The current situation and issues of sexual health education by school nurses in Muntinlupa City, Philippines. *Universal Journal of Public Health*, vol. 8, no. 6, pp. 185-192, 2020. DOI: 10.13189/ujph.2020.080601.