

INFLUENCE OF SOCIO-ECONOMIC FACTORS ON THE UTILIZATION OF YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES BY THE YOUTH AND ADOLESCENTS IN MARIGAT SUB-COUNTY, BARINGO, KENYA

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Abstract

Sexual and reproductive health issues continue to plague youth and adolescent from Marigat Sub-County. Although several groups have long worked to address young people's sexual and reproductive health concerns, few young people actually make use of these programs. Reproductive health issues at Marigat Sub-County's higher education institutions continue despite everyone's best efforts. The study sought to assess the influence of socio-economic factors on the utilization of youth-friendly reproductive health services by the youth and adolescent in Marigat Sub-County. The target population was young people aged 19-24yrs drawn from three selected institutions of tertiary education in Marigat Sub-County, Baringo County. Determination of sample size for the youths was carried out using Andrew Fishers et al method to get a sample of 100 youths. The study utilized primary data collected through the use questionnaire. Data cleaning and validation was performed using SPSS version 22. Analysis of the data entailed use of descriptive statistical methods and were presented in form of tables. The study found that socio-economic factors influence the utilization of youth-friendly reproductive health services by the youth and adolescents in Marigat Sub-County. The youths from low income-earning families rarely seeks youth-friendly reproductive health services and some of the RH are too expensive for the youths. There is need to educate the youth to equip them with more knowledge on reproductive health. There is also the need for the government to ensure that there are functional reproductive health packages for the youth. The government alongside the ministry of health should undertake targeted health outreach campaigns on reproductive health.

Keywords: *Socio-Economic factors, Youth-Friendly, Reproductive Health Services*

INTRODUCTION

The World Health Organization (WHO) defines "youth" as young individuals who are between the ages of 15 and 24. Around 20% of the world's population falls into this group, with 85% of those people living in developing nations (Belachew & Alemyehu, 2015). The growth of any nation is observed to be impacted by young people's health and behavioral formation since they are seen as the future's hope across the world. Despite this, young people face particular dangers for their reproductive health, including unintended pregnancy and childbirth, unsafe abortion, and STIs such the Human Immuno Deficiency Virus (HIV). However, youth access to and usage of Reproductive Health services (RHS) is a major problem when it comes to reproductive health and rights promotion (Central Statistical Agency (CSA, 2017).

According to the Population Reference Bureau (2006), there are 1.7 billion young people in the globe between the ages of 10 and 24, or one-fourth of the whole population. More than 85% of them reside in developing nations. Youth make up around 40% of the population in Kenya, according to figures from the Kenya National Bureau of figures (KNBS) census report, while those between the ages of 10 and 24 account for 36% of the population (KNBS, 2010).

Because of the gaps and challenges that exist in the well-being young people living in developing countries, their reproductive health continues to be a priority. According to the World Health Organization's definition (2018), reproductive health is the condition of being physically, mentally, and socially healthy in all aspects of one's life that relate to one's reproductive system. This definition applies to all phases of one's life. Despite having friendly health personnel, good infrastructure and good equipment, and a conducive environment, a study in China found out that some of the youth were unable to use reproductive health services due to poor health care services, lack of full time health service providers, lack of publicity and a loose referral system (PATH, 2016). Russian research found that despite the country's attention on and concern for youth fertility issues, the country's healthcare and educational institutions were not well equipped to deal with some of the most common concerns raised by Russian youth about their own reproductive health. In this scenario, the Russian youth aged between 15-18 years chose to be cared to by non-health practitioners. Many young people who had a long-term connection with their doctor were more likely to feel humiliated because of what they saw as a lack of confidentiality, according to the different health reports examined. Such young people were not at ease to discuss their common reproductive health issues such as STIs and contraceptives (WHO, 2017).

The Kenya Demographic and Health Survey found that around 56 percent of women and 66 percent of men had some level of knowledge and comprehension of sexual and reproductive health. This is according to the Ministry of Health (KDHS, 2017). According to the ministry, over 46% of Kenyan married women use some form of family planning to control childbirth and achieve desired family size. As a consequence, the fertility rate in Kenya stands at about 4 children per woman, on average, a dramatic decrease from eight children per woman 30 years ago. The survey also found out that males had more sexual partners than women between the ages of 15years and 24years with 10% of men and 2% of women reporting having had two or more sexual partners, indicating the multiple obstacles that teenagers in Kenya. According to some research, some healthcare services may fail to prioritize face. Kenya. By acknowledging that teenagers have specific needs and vulnerabilities, the International Conference on Population and Development (ICPD) of 1994 signified a paradigm change, many teenagers are sexually active before they reach the age 20years. (WHO 2015), and many of them have difficulty in accessing reproductive health care. Youths are also often under-informed on how to avoid pregnancies and sexually transmitted illnesses. Youths in Kenya lack to sexual and reproductive health care, despite the ICPD appeal and Kenya's commitment to the Program of Action. In addition, despite evidence showing teenage sexual health is at danger, the stereotype of health youths prevails. As a result, the purpose of this study is to examine the determinants of youth and adolescent utilization of the youth-friendly reproductive health services by assessing health related factors, socio-demographic and socio-economic factors in Marigat Sub-County Hospital.

Statement of Problem

When it comes to their sexual and reproductive health, adolescents confront a multitude of important obstacles, some of which include restricted access to youth-friendly services (YFS), which may include information about growth, family planning (FP), unsafe abortion, and gender-based violence. This has led to the youth's engagement in risky sexual behaviors,

which have often resulted into early pregnancy, high prevalence of STIs and HIV, and made them vulnerable to delivery complications that have often resulted into high death and disability rates. For instance, just 33% of young men and 20% of young women have a thorough grasp of HIV, according to the World Health Organization (WHO) Report (2020). Again, this information comes from the UNAIDS gaps report for 2019, which states that just 10 percent of young men and 15 percent of young women are aware of their HIV status.

The Adolescent Reproductive Health and Development Plan of Action 2005-2015 was written to help put the plan into action. A National Guideline for the Provision of Youth-Friendly Services was subsequently created and money was allocated to better serve the sexual and reproductive health needs of young people. Non-governmental organizations (NGO) in Kenya have collaborated with the government to expand young people's access to family planning services. For example, YFRHS have been implemented by Family Health Options of Kenya (FHOK) in a number of counties in Kenya, most recently in Bondo (2012). These counties include Meru, Muranga, Nairobi, Nakuru, Eldoret, and Bondo. In 1988, Pathfinder International established University Based Peer Education to address the informational, social, and reproductive health needs of young people enrolled in Kenya's Jomo Kenyatta University of Agriculture and Technology and Kenyatta University. These schools may be found in Kenya.

The young people of Marigat Sub-County, much like young people in other underdeveloped nations, continue to be at risk for sexually transmitted diseases and problems related to their reproductive health. Even while a variety of organizations have always been there to serve the reproductive health needs of young people, the percentage of young people who actually make use of such services is still rather low. The fact that reproductive health issues have not been resolved despite all of the efforts made at the educational institutions in the Marigat Sub-County is proof of this. The KDHS (2020), report noted that uptake of youth-friendly SRH services in Marigat Sub-County still face numerous challenges such as little or lack information regarding youth-friendly SRH services on part of the young people, or interference from community, negative perceptions on youth sexuality and reproductive health services as well as the perspective of health facilities with limited management support, no ownership of the services, poor staff attitude and poor funding. Therefore, there was need to conduct a study that focuses on the determinants of utilization of youth-friendly reproductive health services by the youth and adolescents in Marigat Sub-County.

Hypothesis

H₁: There is no significance relationship between socio-economic factors and utilization of youth-friendly reproductive health services by the youth and adolescent among Health Facilities in Marigat Sub-County.

LITERATURE REVIEW

Empirical Review

Khazaeian, Kariman, and Nasiri (2016) conducted an investigation on the influence that socioeconomic variables have on the reproductive health of Iranian women. The results of the research indicate that there is a connection between reproductive health and one's level of income, educational attainment, as well as the industry in which one works. The outcomes of the study indicated that the reproductive health of families headed by women was affected by socioeconomic variables, with financial stability being the most relevant of these factors. Therefore, in order to raise the amount of money earned by this group, careful preparation is essential.

Abekah and Aseweh (2016) aimed to research the ways in which Ghana's socioeconomic conditions influenced people's reproductive health. Specifically, they were interested in Ghana's fertility rates. The results of the research suggest that the sequence in which children are born, a person's religious affiliation, ease of access to medical treatment, and geographical

location are key factors that determine whether or not reproductive health services are used. The number of children who make it through childhood is another factor that influences how often modern contraception is used.

In addition, Chepkoech et al. (2018) found that socio-economic characteristics had a significant influence on the access that adolescent girls in Kenya had to reproductive health information as well as the use that they made of that knowledge. According to the results of the study, young women had a larger chance of having access to information on reproductive health if they had higher levels of education, parents who held formal jobs, and financial assistance from their parents.

According to Solanke (2017), the accessibility to monetary resources is a significant component in the RHS seeking behavior of those living in nations that are economically deprived. Because of the high direct cost, which includes RHS fees, and the high indirect cost, which includes the cost of missing income, those who are already having difficulties making ends meet may not be able to pay RHS because of the high direct cost and the high indirect cost. The high overall price is a result of both of these contributing elements.

Kimani (2018) carried a research in Laikipia County, Kenya, to investigate the socio-economic factors that have an effect on young people's access to reproductive health care services. It was shown that social networks and support, interaction between service providers and adolescents, and the availability of information in social spaces such as households and schools were social factors that determined a young person's access to reproductive health care.

Mutua, Karonjo, Nyaberi, Kamau, and Muasya (2020) looked at the economic elements that play a role in determining whether or not young people in Nairobi County, Kenya have access to reproductive health care services. According to the findings of the quantitative data analysis, there was no correlation between the work or profession of the parent and the majority of YRRHS use. Only a person's employment status was considered for determining eligibility for treatment for sexually transmitted diseases and for family planning services.

Chepkoech, Ogola Cheptoo (2018) did study on the socioeconomic issues that teenage girls in Kaptebwo, Nakuru, Kenya confront when attempting to get access to information about their reproductive health. According to the results of the research, young people who were living in poverty had a more difficult time acquiring access to reproductive health information and making use of the knowledge once they had it. Access to and use of information on reproductive health was also impacted by socioeconomic characteristics among adolescent females.

Theoretical Review

It is widely agreed that the contributions that G. Stanley Hall (1904), who undertook pioneering work on the biological or problem-based approach of adolescence, made to this discipline are responsible for the field's current status. Hall's strategy for approaching the topic of adolescence was predicated on the idea that adolescence is a period of significant biological change that is marked by defiant behavior and defiance. This idea served as the basis for Hall's methodology. Hall believed Charles Darwin's Theory of Evolution to be a crucial lens through which to analyze the development of the adolescent person, and this theory had a significant impact on Hall's interpretation, which was highly influenced by the theory. Specifically, this interpretation was influenced by Hall's view that the theory may give light on how adolescents grow. This notion was a driving factor in the development of this interpretation.

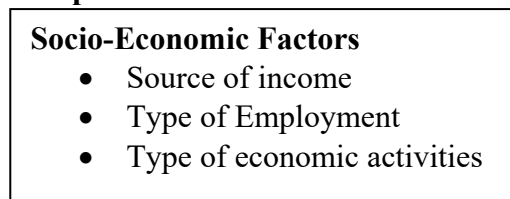
According to Kipke (1999), the biological or problem-based approach considers adolescence as a challenging stage of development that takes place within the course of the transition from childhood to adulthood. According to this point of view, the changes in one's body, both physically and hormonally, that occur in the course of puberty are the most significant parts

of the adolescent years. According to Green and Davey (2013), the changes that a person goes through when they are in their teenage years are regarded to be the outcome of the individual's biological state.

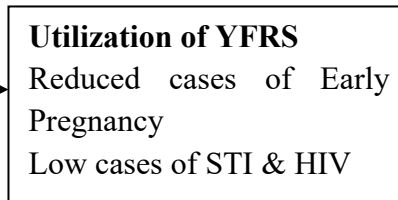
Conceptual Framework

The conceptual framework shows how the variables in the study are related, and it often shows this relationship in a diagram.

Independent Variable



Dependent Variable



METHODOLOGY

The researcher employed a correlational research design. The researchers in this study chose to use a descriptive cross-sectional method. The research was undertaken amongst youth aged 19-24 in Nehema Institute of Science and Technology, Bartek Institute and Elimu Resource Centre in Marigat, Baringo County. The population was less than 10,000, so the sample size for the adolescents was determined by using the approach developed by Andrew Fishers et al. in 1994. Therefore, the desired sample size for the youths =100. The study utilized primary data collected through the use questionnaire. The first step in managing the data was to clean the data that was gathered from the questionnaires. The data was cleaned and validated using SPSS version 22, which was used for the analysis. After that, the information was analysed through a descriptive statistical analysis and correlation analysis after which it was presented in the form of tables.

RESULTS AND DISCUSSIONS

Response rate

The research used 100 participants as a sample, and 91 of them completed and returned the questionnaires, yielding a 91% response rate. This response rate allowed for conclusion-making. According to Mugenda and Mugenda (2003), a response rate of fifty percent is appropriate for analysis and reporting, a response rate of sixty percent is acceptable, and a response rate of seventy percent or higher is extraordinary. The assertion asserts that there was a very high response rate overall.

Descriptive Analysis

Influence of Socio-Economic Factors on Utilization of Youth-Friendly Reproductive Health Services

The first objective if the study was to determine the influence of socio-economic factors on the utilization of youth-friendly reproductive health services by the youth and adolescents in Marigat Sub-County. The respondents indicated their levels of agreement on statements provided on socio-economic factors.

Table 1: Aspects of socio-economic factors on the utilization of youth-friendly reproductive health services

	SD	D	U	A	SA	Mean	Std. Dev
The nomadic nature of youths in Marigat Sub-County negatively affect the utilization of youth-friendly reproductive health services		9(9.9%)	8(8.8%)	49(53.8%)	25(27.5%)	3.99	0.88

Youths from low income earning families rarely seeks youth-friendly reproductive health services	2(2.2%)	7(7.7%)	1(1.1%)	63(69.2%)	18(19.8%)	3.97	0.85
Some of the RH are too expensive for the youths which negatively affects utilization of youth reproductive health.	2(2.2%)	3(3.3%)	9(9.9%)	71(78%)	6(6.6%)	3.84	0.69
Educated parents support their youths financially while seeking youth reproductive health.	1(1.1%)	3(3.3%)	17(18.7%)	55(60.4%)	15(16.5%)	3.88	0.76
N	91						

Source: Field Data (2022)

From the study findings, over half of the respondents 49(53.8%) agreed that the nomadic nature of youths in Marigat Sub-County negatively affects the utilization of youth-friendly reproductive health services. The responses had a mean of 3.99 and a standard deviation of 0.88 which shows a low variance in the responses. The majority of the respondents 63(69.2%) agreed that youths from low-income earning families rarely seek youth-friendly reproductive health services as also shown by a mean of 3.97 and a standard deviation of 0.85 which illustrates a low dispersion in the responses. The majority of the respondents, 71(78%) agreed that some of the RH services are too expensive for the youths which negatively affects the utilization of youth reproductive health. This is further shown by a mean of 3.84 with a standard deviation of 0.69. Furthermore, 55(60.4%) agreed that educated parents support their youths financially while seeking youth reproductive health. The response had a mean of 3.848 with a standard deviation of 0.76 which is less than 1 thus showing a low variance in the responses.

Utilization of Selected Youth-Friendly Reproductive Health Services

The study further sought analyzed the utilization of selected youth-friendly reproductive health services in Marigat Sub-County.

Table 2: Aspects of utilization of selected youth-friendly reproductive health services

	SD	D	U	A	SA	Mean	Std. Dev
I have the knowledge on the youth-friendly reproductive health services	4(4.4%)	3(3.3%)	11(12.1%)	57(62.6%)	16(17.6%)	3.86	0.90
I have utilized the youth-friendly reproductive health services	2(2.2%)	10(11%)	10(11%)	52(57.1%)	17(18.7%)	3.79	0.95
Utilizing the youth-friendly reproductive health services reduces cases of early pregnancy	1(1.1%)	9(9.9%)	9(9.9%)	47(51.6%)	25(27.5%)	3.95	0.94

The utilization of the youth-friendly reproductive health services lowers cases of STI & HIV	0	8(8.8%)	10(11%)	48(52.7%)	25(27.5%)	3.98	0.96
Youth-friendly reproductive health services are utilized by most of the youths in the institution	1(1.1%)	5(5.5%)	19(20.9%)	52(57.1%)	14(15.4%)	3.80	0.81
N	91						

The majority of the respondents 57(62.6%) agreed that they have the knowledge on the youth-friendly reproductive health services as also shown by a mean of 3.86 with a standard deviation of 0.90 which depicts a low variance response. From the findings, 52(57.1%) respondents agreed that they have utilized the youth-friendly reproductive health services as further demonstrated by a mean of 3.79 with a standard deviation of 0.95 which depicts a low variance response. Nearly half of the respondents 47(51.6%) agreed that utilizing youth-friendly reproductive health services reduces cases of early pregnancy as further demonstrated by a mean of 3.95 with a standard deviation of 0.94 which depicts a low variance response. In addition, 48(52.7%) agreed that the utilization of the youth-friendly reproductive health services lowers cases of STI & HIV as further demonstrated by a mean of 3.98 with a standard deviation of 0.96 which depicts a low variance response. More so, 52(57.1%) agreed that youth-friendly reproductive health services are utilized by most of the youths in the institution as further demonstrated by a mean of 3.80 with a standard deviation of 0.81 which depicts a low variance response.

Correlation Analysis

The relationship or association between two continuous variables was evaluated using a Pearson correlation analysis, which calculated the Pearson correlation coefficient (r) ranging from +1 to -1.

Table 3: Correlation Analysis

		Utilization	Socio-demographic
Utilization of youth-friendly reproductive health services	Pearson Correlation	1	.222*
	Sig. (2-tailed)		.034
	N	91	91
Socio-economic	Pearson Correlation	.576**	.275**
	Sig. (2-tailed)	.000	.008
	N	91	91

The findings of the study revealed that there were statistically significant associations between socio-demographic factors, socio-economic factors, and health system factors with the utilization of youth-friendly reproductive health services among youth and adolescents in health facilities within Marigat Sub-County. A statistically significant association was observed between socio-demographic factors and the utilization of youth-friendly reproductive health services ($r=0.222$, $p=0.034$). This result led to the rejection of the null hypothesis (H1) that stated there was no significant relationship between socio-demographic factors and the utilization of youth-friendly reproductive health services. Hence, it was concluded that there was a significant relationship between socio-demographic factors and the utilization of these services by youth and adolescents in health facilities within Marigat Sub-County.

Discussion

According to the findings of the research, there is a substantial connection between socioeconomic characteristics and the consumption of youth-friendly reproductive health

services by adolescents and young adults at Health Facilities in Marigat Sub-County. The transient lifestyles of the young people in Marigat Sub-County have a detrimental impact on their access to sexual and reproductive health care services designed for young people. The nomadic lifestyle prevents young people from developing social support and social networks since a significant amount of their time is spent traveling from one location to the next. Kimani (2018) found that adolescent access to reproductive health care is influenced by social variables such as social networks and support, the interaction between service providers and youths, and the availability of information in social places such as schools and homes. It is also more difficult for young people living nomadic lifestyles to have access to health care facilities, which has been observed to have an effect on the use of youth-friendly reproductive health services by Abekah and aseweh (2016).

According to a study by Ibrahim et al. (2017), there is a significant association between knowledge, attitudes, and practices of reproductive health and the utilization of youth-friendly reproductive health services among young adults in Nigeria. The study found that the level of knowledge and positive attitudes towards reproductive health issues among young adults had a significant impact on their utilization of youth-friendly reproductive health services. The study also revealed that young people who had received education on reproductive health were more likely to seek youth-friendly reproductive health services than those who had not. These findings support the findings of Khazaeian et al. (2016), who discovered a relationship between reproductive health, income, and occupation. The researchers found a connection between reproductive health, income, and occupation. The findings revealed that youths from low income earning families rarely seek youth-friendly reproductive health services. According to the findings of the study, the high cost of some reproductive health services for young people has a negative impact on the utilization of reproductive health services by young people. These findings are consistent with those of Solanke (2017), who found that a person's financial circumstances are a key driver of RHS seeking behavior. Those who are economically in need are unable to get proper RHS because of the high direct and indirect costs involved, such as RHS fees and lost wages.

In contrast, a study by Chirwa et al. (2019) in Malawi found that knowledge alone was not enough to influence the utilization of youth-friendly reproductive health services among young people. The study showed that young people's knowledge of reproductive health did not always translate into the adoption of appropriate reproductive health practices or the utilization of youth-friendly reproductive health services. The study emphasized the need for more comprehensive interventions that focus not only on knowledge but also on attitudes and practices related to reproductive health among young people. Another study by Odukoya et al. (2020) in Nigeria examined the role of parents and guardians in the utilization of youth-friendly reproductive health services by adolescents. The study found that parental knowledge and support for reproductive health issues had a positive impact on the utilization of youth-friendly reproductive health services by adolescents. The study emphasized the need for parents and guardians to be more involved in reproductive health education and service delivery to young people. Similarly, a study by Alemayehu et al. (2020) in Ethiopia found that community involvement and support for reproductive health issues had a positive impact on the utilization of youth-friendly reproductive health services by young people. The study recommended the involvement of community leaders, religious leaders, and other stakeholders in the design and delivery of youth-friendly reproductive health services to increase their utilization among young people.

Conclusion

The study concludes that socio-economic factors influence the utilization of youth-friendly reproductive health services by the youth and adolescents in Marigat Sub-County. The youths from low income-earning families rarely seek youth-friendly reproductive health

services and some of the RH are too expensive for the youths which negatively affects utilization of youth reproductive health. The nomadic nature of youths in Marigat Sub-County also makes it difficult for the youth to utilize the youth-friendly reproductive health services.

Recommendations

There is need to educate the youth to and equip them with more knowledge on reproductive health and increase the availability and affordability of youth-friendly reproductive health services. There is a need for the community to reduce their dependability on the traditional cultures that prevent the youths in the society from accessing education and knowledge like their counterparts in the urban areas. The study recommended that parents be involved in reproductive health education to enable them to support their children adequately. There is need to increase health outreach campaigns and to increase the availability of reproductive health packages.

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