

Conceptual Frameworks/Models/Theories In Research Related To Women's Studies: An Application In Girls' /Women Health Focusing On Empowering Sexual Health And Safety - Education

Beulah Premkumar

Ph.D., Scholar, Women's Studies, Mother Teresa Women's University, Kodaikanal

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I. Introduction

Conceptual framework is the researcher's own idea or proposition regarding the problem to be explored and its solution as specific direction. It is an organized way of thinking how and why a research or project takes place and how one understands its activity. It describes the overview of the researcher's thoughts, concepts or ideas of how a research plan is implemented. It gives complete direction to the study. A good review of literature will propose the relationship between the concepts or constructs and the factors influencing them. These terms of concepts or constructs may be clarified both in terms of researcher's conceptual definitions and the operational definitions. The terms theoretical framework, conceptual framework, theories, conceptual models are used interchangeably. But each one differs from each other in its meaning, scope, purpose, formulation and outcome.

The major **three components of conceptual framework** include **concepts/variables, relationship between two or more concepts** which is the focus of the conceptual framework and the **statement hierarchy** given in a schematic form. The variables are identified from the research problem statement. The relationship either positive, negative or unknown, which may be shown in shapes either as linear or curvilinear, symmetrical or asymmetrical relationship, sequencing of the occurrence of concepts either simultaneously or sequentially (effect seen one after the other concept), probability of occurrence, necessary relationship and sufficiency in relationship whether sufficient or contingent relationship. The statement hierarchy are the statements about the same two concepts may be made at various levels of abstractness either in the form of assumptions or hypotheses.

The **four main requirements needed** for developing a conceptual framework are one's own **experiential knowledge**, existing theory and research (**research background**), exploratory research (**sound literature review**) and the technical/**practical knowledge**. Conceptual mapping involves arranging the concepts in sequence of its occurrence from left to right, placing the outcome on the extreme right, linking closely the sets with arrows or lines, boxes that correlates with statement diagram, linking every concept to another.

Research in Women's studies: WOMEN'S STUDIES is a discipline existing from 1970s, three decades after attaining independence in India. In 1980s the curriculum was formed by involving around 30 universities as a marked improvement within the course of three years for undergraduate; extended for another two years course or the post graduates. Women's studies examine the world and the human beings from a feminist perspective. Women's studies was founded "to promote and sustain the educational strategy as a breakthrough in consciousness and knowledge that would transform individuals, institutions, relationships and ultimately the whole society". Women's studies is defined as the study of women, placing the own experiences of women as the centre of the process" It focuses on women's experiences in providing observations and assumptions for establishing women's reality. **In women's Studies academia and activism must complement each other**

.Academia will give activism the much needed theoretical framework for activism without which movements can go off track.(Sreemathi.H.S.2018)

Scope of Research in Women's studies is of three fold in its functions (**Research-Teaching -Action**). Encouraging the multi -disciplinary approach is its objective ; and its critical enquiry aims at transformation of the society, by sensitizing teachers and students towards the problems of women and is therefore research in women's studies is action oriented towards social change, demonstrating practical and personal use by creating self awareness , making decisions about human relationships and planning for future by knowing the issues and

implications of personal choices .It also incorporates concepts and methods of other disciplines as humanities ,social sciences, behavioural sciences and economics; functions as a source of strength for the women's movement and a basis for action for bringing social change and individual development. As an educational movement for change it empowers women as they most often feel as marginal-human beings, under privileged and neglected and exploited. They remain under the shadows of illiteracy, superstitions, insufficiency, poverty and insecurity.

Theoretical models, Conceptual models, Conceptual framework that can direct research in Women's studies.

The **Four essential components** or underlying concepts to focus in any research are **Person or group of people or community, Environment** internal i.e. biological, psychological, emotional factors external i.e., the

surroundings of one's home, school, society, community and working settings , **Welfare/Wellbeing / Health**

that demand attention for action and the Professional commitment or the civic responsibility of any sensitized person who can do any intervention by acting on those three components to bring a **change towards betterment in the form of improvement or development or empowerment** either in smaller group of individuals or a larger group in any community. Women Studies encourages the researchers to concentrate on women as they are often expected to live as under privileged and neglected and exploited. They remain under the shadows of illiteracy, superstitions, insufficiency, poverty and insecurity due to various forces around.

The ultimate aim of all the developmental schemes for women is to uplift the status of women and to remove the social evils against women. In the process of creating and implementing sexual health education programs, it is important for program planners and policy-makers to rely on well-tested and empirically supported theoretical models as a foundation for sound program development. Several theoretical models meet these standards and can be used to develop programs consistent with the Canadian Guidelines for Sexual Health Education. These models can be modified to the different countries since basic components of any model such as person ,environment ,health goal or any other welfare goal and the outcome as development may vary from country to country or from one individual to another individual depending on various socio cultural and ethnic factors.

In this article few models/theory that direct the theoretical basis for behaviourally effective programs are given in brief to motivate the researchers /research scholars in Women's studies for further exploration of their details and their applications for a scientific foundation of research in their focused fields of such Discipline. They are,

1. **Social Cognitive Theory,**
2. **Trans-theoretical Model,**
3. **Theory of Reasoned Action,**
4. **Theory of Planned Behaviour,**
5. **Integrated Ecological Model (IEM)**
6. **Health Empowerment Intervention Theory**
7. **Youth Empowerment Program model**
8. **Precede-proceed Health promotion model**
9. **Health Action Model**
10. **Model for Empowering School Teachers on Adolescent Reproductive Health Education (ARHE)**
11. **Capability Approach Theory for empowerment of Women**

1. SOCIAL COGNITIVE THEORY (SCT):

Health interventions informed by the Social Cognitive Theory can help to positively modify an individual's behaviour in a number of domains including preventing some diseases. The SCT states that people

learn from one another by observation, imitation and modelling. The theory provides a framework for understanding, predicting and changing human behaviour. It identifies human behaviour as an interaction of personal factors (e.g., knowledge, understanding, expectations, attitudes, confidences), behavioural factors (e.g., skills, practice, self-efficacy), and environmental factors (e.g., social norms, access in community, influence of others). Social cognitive theory can be applied to sexual health education in a number of ways e.g., A study applied SCT in an intervention of HIV prevention program for fathers and sons shows that the program activities for fathers were designed to promote the development of self efficacy, positive expectations and intentions to discuss sexual topics with their sons. The program included relevant and current information about listening and communication skills, adolescent development, puberty, HIV and STI prevention practices. Consistent with SCT, it was found that developing an understanding about HIV and STI prevention practices among fathers and increasing their communication skills, resulted in more positive outcomes such as higher levels of self efficacy in their son's decision making.

Human problem	(Behavioural)	Professional commitment (Promotion/prevention strategies)	Transformational strategies	Outcome
Variables : Personal, behavioural, environmental factors: Existing knowledge, understanding, expectations, attitudes, confidence, present skills, practice, self efficacy, norms, access in community, Influence of others		Development of self efficacy, positive expectations, intentions to communicate, risk reduction practices, prevention of bad consequences	Observation, Imitation, Role modelling	Change in behavior Self efficacy Positive expectation Positive decision making Risk reduction practices

2. THEORY OF PLANNED BEHAVIOUR (TPB) MODEL:

It is the extension of another theory called Theory of Reasoned Action that Provides a framework for understanding people's behaviour & its psychological determinants. The propositions found in the construction of TPB: Voluntary behaviour is determined by people's intention to perform that behaviour and Intention to perform or not perform. A behaviour is determined by 3 factors as attitudes towards the behaviour, subjective norms & perceived behavioural control (self efficacy beliefs). Relative importance of these three factors in influencing intention varies across behaviour & situations, Behaviours, Intentions, Attitudes, Subjective norms, and perceived self control; Relationship between these concepts generate hypotheses related to health behaviour. Utilisation of Theory of Planned Behaviour: (TPB): Hypotheses can be formulated easily. e.g: compliance with the medical regimen could be enhanced by influencing people's attitudes towards TPB, that is used in studying wide range of health -decision making behaviours. e.g: contraceptive choice, condom use, preventive health screening, developing health promoting interventions reveal more compliance by increasing their sense of control. Theory of Reasoned Action & Theory of Planned Behaviour is a well-tested model that has provided the theoretical basis for effective interventions targeting STI/HIV prevention. It focuses on an individual's intention to behave a certain way. This intention is determined by one or both of two major factors: **Attitude as the individual's positive or negative feelings towards performing a specific behaviour and the subjective norm that is associated with the behaviour.** An individual's perception of other people's opinions regarding the defined behaviour will influence their behavioural intention.

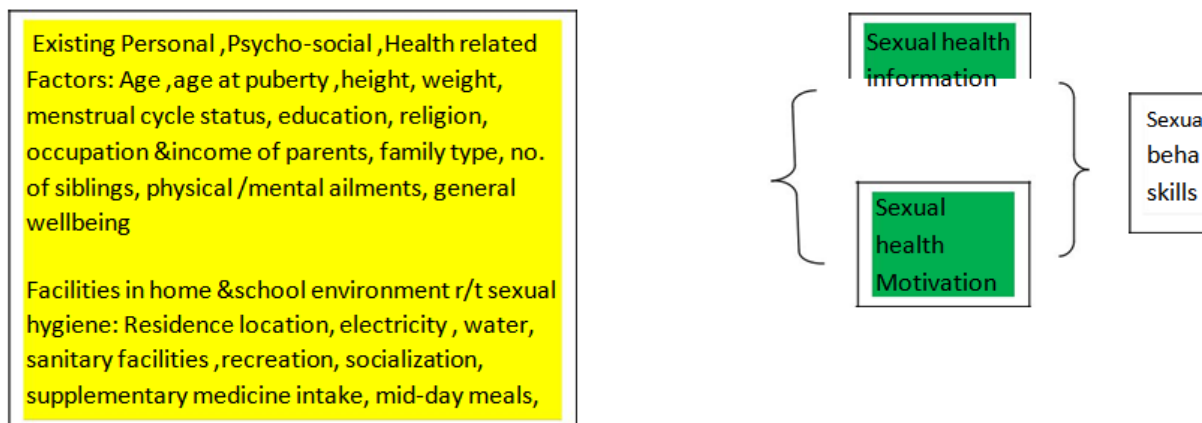
Existing behaviour/awareness	Intervention	Outcome (Achieving intended Behaviour)
Variables: attitudes, norms, self efficacy beliefs, influencing people's beliefs	Education/training on expected behavioural practices, empowering skills-decision making	Right decision making behaviour, preventing health problems, developing health promoting interventions

3. INFORMATION, MOTIVATION AND BEHAVIORAL SKILLS MODEL: IMB Model

Within sexual health education programs (including those informed by other models), evidence supports the inclusion of elements of information, motivation and behavioural skills. Information, motivation and behavioural skills are basic concepts that are easily understood by educators and program audiences. The

Information, Motivation and Behavioural Skills (IMB) Model is well supported by research demonstrating its efficacy as the foundation for behaviourally effective sexual health promotion interventions.

Integrating /Utilizing the IMB Model into sexual health and safety practice: While there are a number of very good theoretical models that can be used in the development of sexual health education curriculum and programming, the *Guidelines* are based on the IMB model because there is significant empirical evidence which demonstrates the model's effectiveness. Evidence of the IMB model's effectiveness in the area of sexual risk reduction has been demonstrated in a number of diverse populations including young adult men, low income women and minority youth in high school settings. Furthermore, a meta-analysis strongly supports the need to include elements of information, motivation and behavioural skills in interventions that target sexual risk behavioural change.



Using the IMB model, sexual health education programs are based on the three essential elements: 1. Information – helps individuals to become better informed and to understand information that is relevant to their sexual health promotion needs and is easily translated into action; 2. Motivation – motivates individuals to use their knowledge and understanding to avoid negative risk behaviours and maintain consistent, healthy practices and confidences; and 3. Behavioural skills – assist individuals to acquire the relevant behavioural skills that will contribute to the reduction of negative outcomes and, in turn, enhance sexual health.

The IMB model helps **individuals to reduce risk behaviours, prevent negative sexual health outcomes and guide individuals in enhancing sexual health.** Programs based on the three elements of model provide theory-based learning experiences that can be readily translated into behaviours pertinent to sexual and reproductive health. e.g., Acquiring information about how a specific form of birth control works, including how it is used effectively, how it may be paid for, how it may be discussed with a health care provider and with a partner, and information that is relevant to actual use of the method of contraception is essential for programs targeting pregnancy prevention. Acquiring such information may be directly linked to reducing cases of unintended pregnancies. **Easy to translate into the desired behaviour:** Creating a directory of all local, easily accessible sexual and reproductive health centres may translate into a desired positive behaviour when it results in individuals identifying accessible, appropriate, user-friendly sexual health care resources and visiting such a health centre or clinic more frequently. **Practical, adaptable, culturally competent and socially inclusive:** Programs targeting groups with diverse backgrounds must provide information that is clear, practical and situated within the social context and environment experienced by the target population. For example, a safer sex promotion program might identify risky behaviour—rather than membership in a sexual or ethnic minority—as the basis for the practice of prevention. **Age, gender and developmentally appropriate. Programs should be tailored to meet mental, physical and emotional needs of people at different ages and**

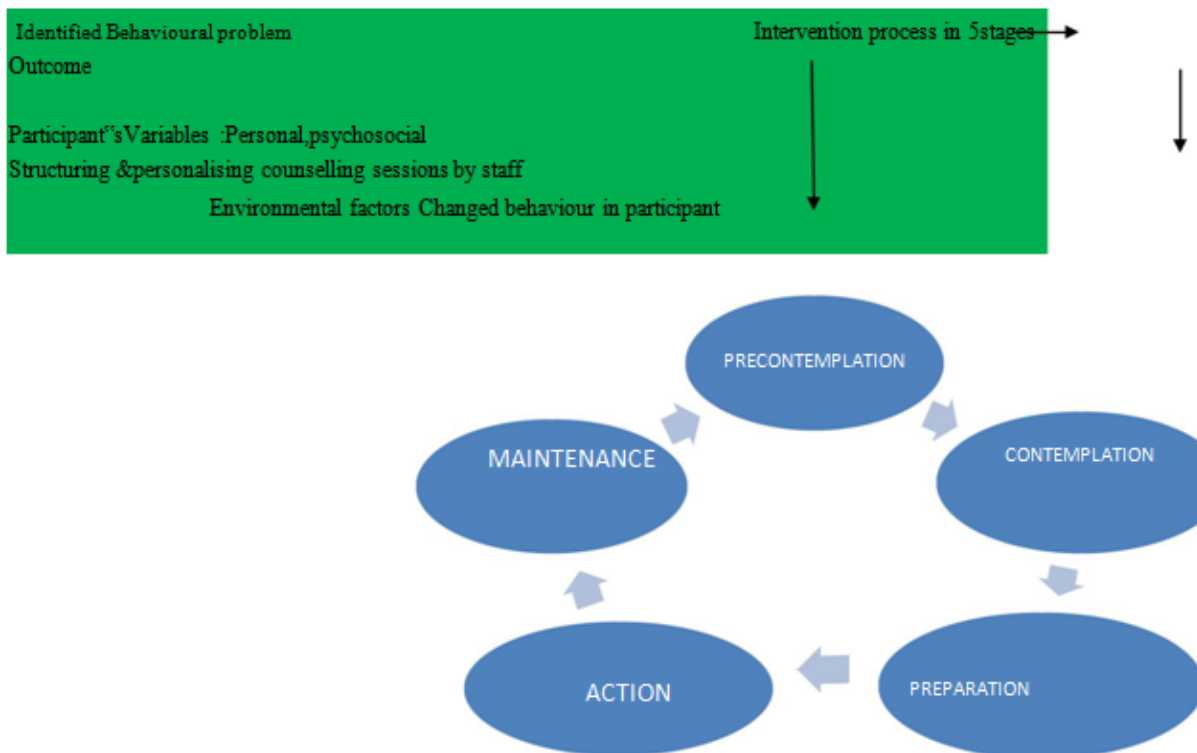
stages of their lives: Programs targeting prevention of STI/HIV risk behaviours among adolescents with disabilities must take into account their unique needs. Sexual and reproductive health behaviours are very much enhanced by motivation which plays an important role in three forms such as emotional, personal and social motivation. This brings out a change in their behaviour to avoid negative sexual health outcomes; attain and accept positive beliefs and attitudes personally that alter the negative attitudes. Individuals who are questioning their sexual orientation are more likely to seek out and speak openly in an environment they feel is supportive of all sexual orientations. In such a setting, they may realize that many individuals seek similar kinds of support which motivate them to receive information or service that they need. Thus an individual's beliefs regarding social norms, or their perceptions of social support pertaining to relevant sexual and reproductive health behaviours are also likely to influence behavioural change. **Behavioural skills are possible when**

individuals should be aware of and acquire practice enacting the specific behavioural skills that are needed to help them adopt and perform behaviours that support sexual health.

Basic three-step process of IMB Model: These foundational principles are: 1. **Inclusivity** – sexual health education must be inclusive of the population it is targeting. The target population will rarely be a homogeneous group. Account for intra-group diversity and differing health needs. 2. **Evidence-based – Sexual health education** should be grounded in a theoretical model that is applicable to the subject and target population being served. The most appropriate model will need to be used in order to meet the needs of the target population. 3. **Evaluation** – Ensure that an evaluation mechanism is included into program planning and curriculum development. Check to ensure that this mechanism is able to evaluate the intended goals and identifies areas that need to be addressed and changed to achieve the desired results. Continual evaluation, reflection and modification are the hallmarks of a successful health education program.

4. TRANS-THEORETICAL MODEL (TTM):

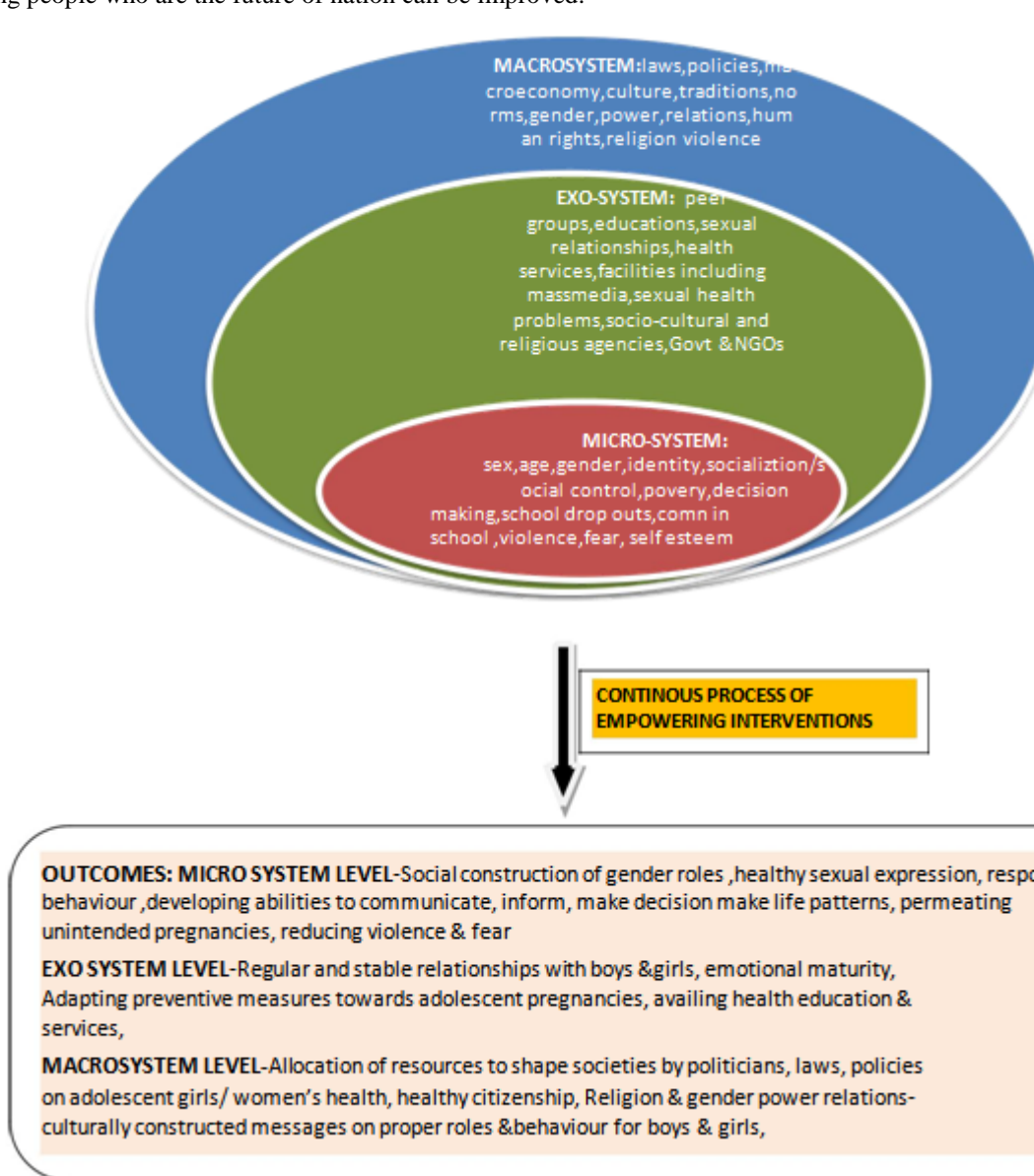
The model considers behaviour change as a process rather than as an isolated event. According to the model, individuals participating in behaviour change interventions should be guided through a five stage continuum of pre-contemplation, contemplation, preparation, action and maintenance. Pre-contemplation refers to little or no intention to change the behaviour in the near future; contemplation refers to intention to change behaviour in the near future (e.g., within six months); preparation refers to the intention to take steps to changes (e.g., within the next month) Action refers to the engaging in health behaviour and working to prevent relapse (e.g., 6 months to 5 years). The TTM has shown to have promise for use at an adolescent sexual health and STI/HIV clinic. A study shown ,having a supportive partner and being older in age made it more likely that the client would move forward through the stages of change. It was also noted that TTM helped clinic staff to structure and personalize their counselling sessions.



5. INTEGRATED ECOLOGICAL MODEL (IEM):

This IEM model (Heise-1998) comprises three levels of researcher to grasp aspects from the microsystem referring to an adolescent „s individual and immediate family context, and it includes factors associated with the individual and family level socialization and gender. The exo-system referring to other close relationships and the immediate social context as the person directly engage in or interact with and this includes the factors associated with relational and social context adolescent sexual relationships; and the macro-system referring to the broad the larger social context set of cultural values, beliefs, laws and policies formal and informal social institutions that constitute and permeate human and reproductive rights, provisions of health

education and similar issues and inform at all levels and sectors , so that with commitment the life conditions of the young people who are the future of nation can be improved.



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6. HEALTH EMPOWERMENT INTERVENTION THEORY AS A GUIDE FOR PRACTICE :(Roger's HEI framework):

The theory of health empowerment is based partly on Roger's science of Unitary Human beings, particularly with the principle of integrality perspective of human beings as integral with the environment in his or her daily living and health experiences. This is characterized by a pattern, self organization ,diversity and innovative change and holding individual values and views about health. Thorough various innovative approaches the students can be guided to take up action programmes to raise the consciousness of rural women and empower them. Developmental tasks connected worth health care ,environmental safety, promotion of population-education, welfare, citizenship roles and responsibilities, legal rights, combating atrocities and violence committed against women etc could be taken up in our community service, social service and adolescent/adult educational activities holding individual values and views about health. The Health Empowerment theory emerges from synthesis of personal resources and social context resources.

Personal resources reflect unique characteristics of adolescents as seeking intimacy, eager and willing to fuse her identity with others. In this most fascinating period the child marks the transition from being a

dependent child to independent functioning adult, finding changes in all aspects like physical, emotional, social, moral and spiritual dimensions of her life. This includes finding changes in physical stature, physiological and endocrinal functions, changes in patterns of thinking ,in attitude, ideals, relationships, moral standards and abilities regarding their future careers;

The social –contextual resources include support needed, available from the environment,(home, school, religious or social networks) and social service agencies (youth clubs, youth associations). Since the significant aspect of this stage is confusion and doubts which can arise due to sexual identity the social resources beginning from home, school, social clubs or religious organizations need to be supportive to these adolescents in order to impose some values, norms, rights and responsibilities to become efficient in making choice ,setting goals and achieving in their set goals and to get them prepared for marriage and aiming towards a productive member of the society with quality life.

Empowerment from this perspective is a dynamic health process that emphasizes purposeful participating in a process of changing oneself and one's environment, recognizing patterns and engaging inner resources for well being. The 4 principles of health empowerment are:

- i) Inherent exercising the power of self -esteem, self -confidence and will power in the adolescent girls,
- ii) On-going expressing mutuality between adolescent girls and at school/home,
- iii) Involving actively in the on-going goal setting and decision making,
- iv) Continuously practicing and evaluating as an expression of human health pattern of well -being.

Based on the findings in the literature and findings from preliminary research, purposeful participation in goal attainment is a mediator between the health empowerment relational process and the health outcome well -being. Purposeful participation in goal attainment is manifested through awareness, choices, freedom to act intentionally and involvement in creating change, which determine the health goals. From a nursing point of view, facilitating health empowerment in order to promote well -being represents a dynamic human health process to understand for betterment of society. Changes in well- being are expected to take place between six weeks and 12 weeks following initiation of the program and only after improvement in perceived resources, health empowerment and purposeful on-going participation in goal attainment are achieved.

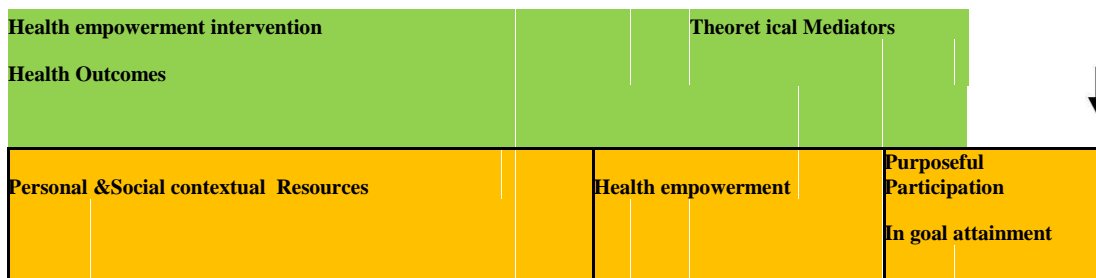
Material resources needed HEI that include: 1.A meeting area in a safe, quiet setting that allow for individual discussion and interaction;2.Written materials and picture diagrams that provide summarize information provided;3. A manual of protocol to guide intervention- delivery &evaluation of action accuracy/feasibility has been developed; Nurse intervener and the expert trainers to participate in the HEI program. As empowering reproductive health and sexual health educators/trainers are asked to adhere to the intervention protocol in order to maintain consistency in program in multi centric settings. Theory application to clinical practice emphasize engaging the personal resources for well being of adolescents who optimize the ability to transform self through relational process of teaching .This fosters awareness of and access to personal and social resources. The social networks make them aware that they are engaged with their resources in participating /working toward their goal.The trainer listens and encourages to talk and share their health goals; Uses constructive reminiscence to encourage the adolescents to talk about their situation so that they identify their personal strengths to reach current health goal. The health educator serves as a resource by providing support, information, feedback , open exchange of feelings and practice the problem solving skills; Facilitates on how to access to supportive persons, networks and agency resources.

Clinical application of Health Empowerment Intervention (HEI) Theory

Problem of Adolescent girls	Critical inputs	Mediating Processes	Expected Outcomes	Exogenous Factors	Implementation
Limited self awareness & limited engagement in personal resources	Personal resources: • Self capacity • Social	Health empowerment Purposeful	Perceived wellbeing	Participants' characteristics, Setting safety	Material reso Booklets Pamphlets

Limited awareness of and access to social -contextual resources	<ul style="list-style-type: none"> Resources Social network, Social Service utilization 	participation in goal attainment	Availability of resources	School - intervener
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ROGER'S SCIENCE OF UNITARY HUMAN BEINGS

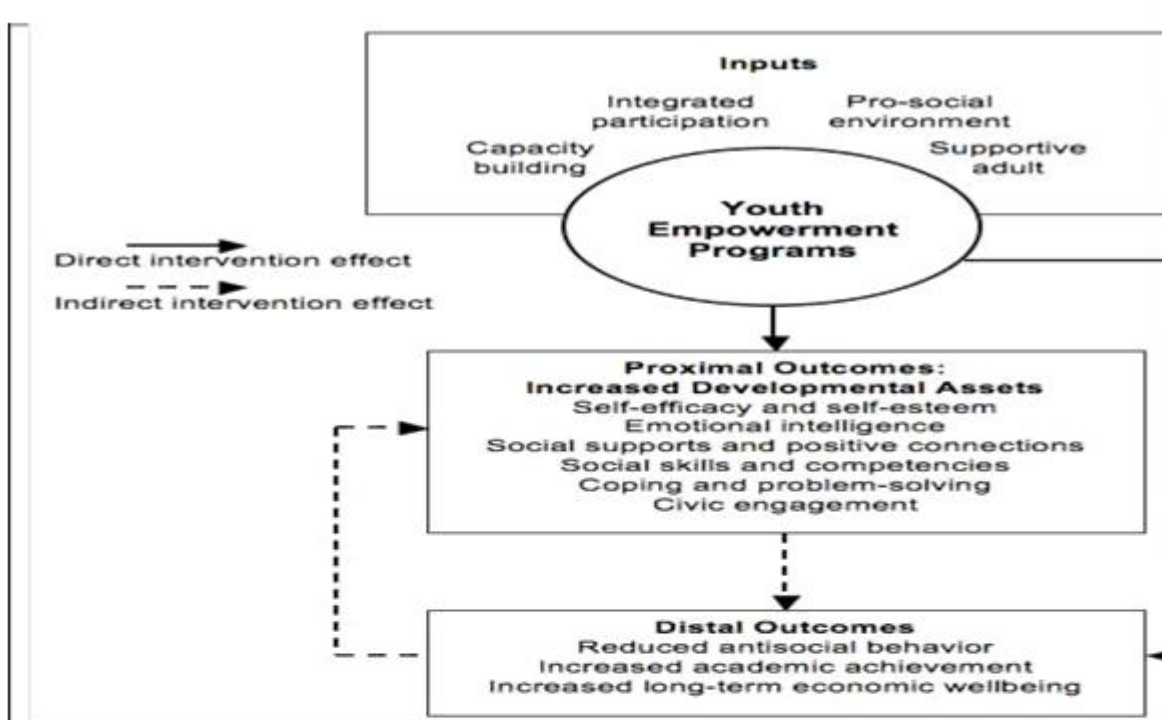


Self capacity building Reinforce strengths Social network building Reinforce recognition of social resources Promote problem solving Promote connection with networks Building Social Service Utilization Reinforce recognition of s/c resources Promote problem solving Provide information Educate on service resources	Personal growth Self acceptance Purpose in life Social support Social service utilization	Awareness, Choices Freedom to act intentionally Involvement in creating chang Individual health goals
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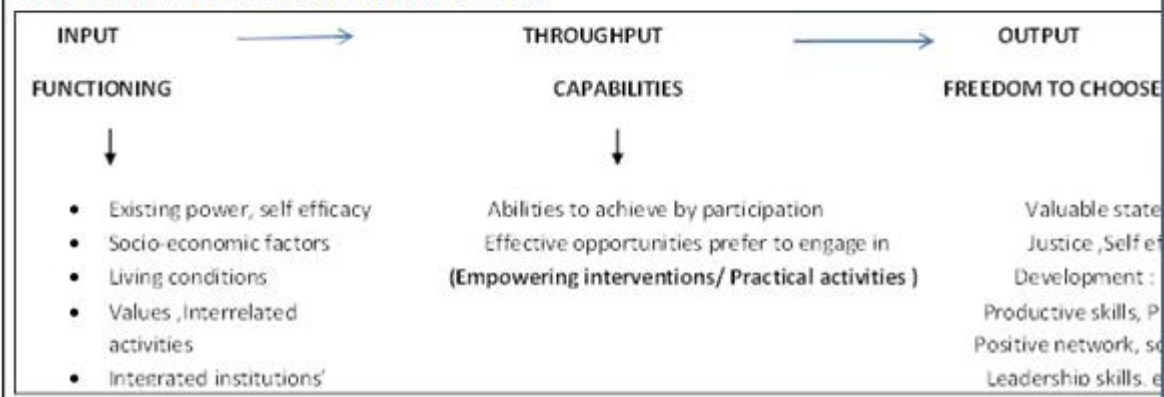
7. YOUTH EMPOWERMENT PROGRAM MODEL: BASIC THEORY OF CHANGE :

Theory of change is applied in the youth empowerment program to develop critical psychosocial assets among parti skill building and the integrated experiences of ownership, challenge and mastery associated with meaningful youth participatio behaviours among youth participants Mortan & Montgomery(2010). Youth Development programs expects that these assets serv academic achievement) and as protective factors against consequences of social exclusion(e.g., antisocial behaviour)This basic theor programs. The primary outcomes are the development of self -efficacy and self -esteem. The self efficacy was shown to predict better job satisfaction and persistence; improved safe sex practices and successful smoking cessation and prevention. The high self-- esteem esteem is related to depression, anxiety and suicidal ideation. The secondary outcomes as the impact of YEP include strengthening youth development, which may be indirectly impacted through YEPs. The personal assets has improved social supports and positive c and families as a central pillar of YEP models. Such relationships are considered as key process component as well as an expected and non-verbal responses that influence the perception and response of other people during social interaction. e.g., contribution Emotional

intelligence another outcome that include the aspects of processing, understanding and managing emotions as other ben help the youth to develop stronger assets in coping and problem solving, effectively navigating difficult situations; YEPs may also d activities are integrated in particular interventions that can be evidenced by standardized test scores, completion and grades. Distal behaviour.



Youth empowerment model another schematic heirarchy:



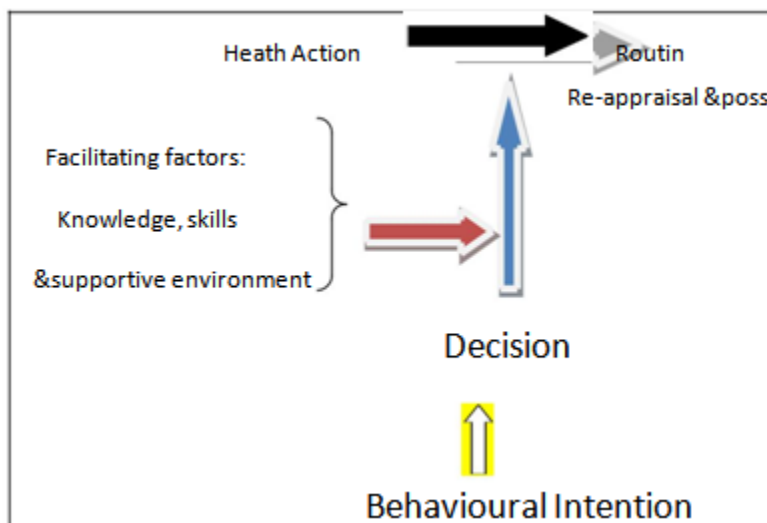
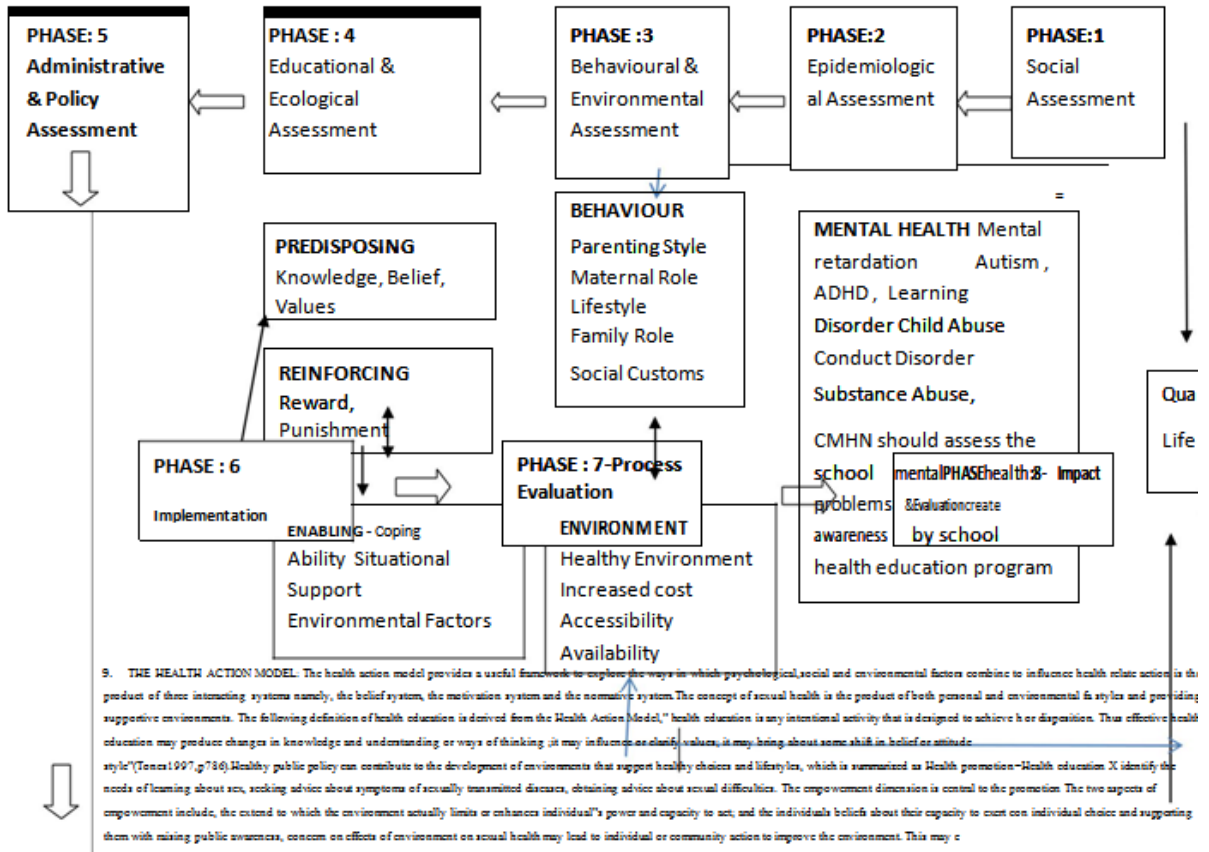
8. THE PRECEDE - PROCEED MODEL: The preceed model was originally conceived and presented by Marshall Krueter, developed by Green and Kreuter.(1999).The preceed model is a framework for the process of systematic development and evaluation

Appropriate health education is considered to be the intervention treatment for a properly diagnosed problem in a target populatio **Enabling, Causes in Educational, Diagnosis and Evaluation. PROCEED** was added to the framework in recognition of the emergen traditional educational approaches to changing unhealthy behaviours. **PROCEED** is an acronym for **P**olicy, **R**egulatory and **D**evelopment.

The purpose of the PRECEDE/PROCEEDE model is to direct initial attention to outcomes rather than inputs. This forces planners to b **PRECEDE** – The first 5 phases are : Phase 1 : social diagnosis phase; Phase 2 : Epidemiological Diagnosis Phase; Phase 3 : Behavio Organisational Diagnosis phase; Phase 5 : Administrative

and Policy Diagnosis. **PROCEED**- The second 4 phases are Phase 6 : Implementation phase ; Phase 7 : Process Evaluation; Phase 8 : Impact Evaluation P Phase 9: Outcome Evaluation.

THE PRECEDE-PROCEED MODEL:(SYSTEMATIC DEVELOPMENT & EVALUATION OF HEALTH EDUCATION M

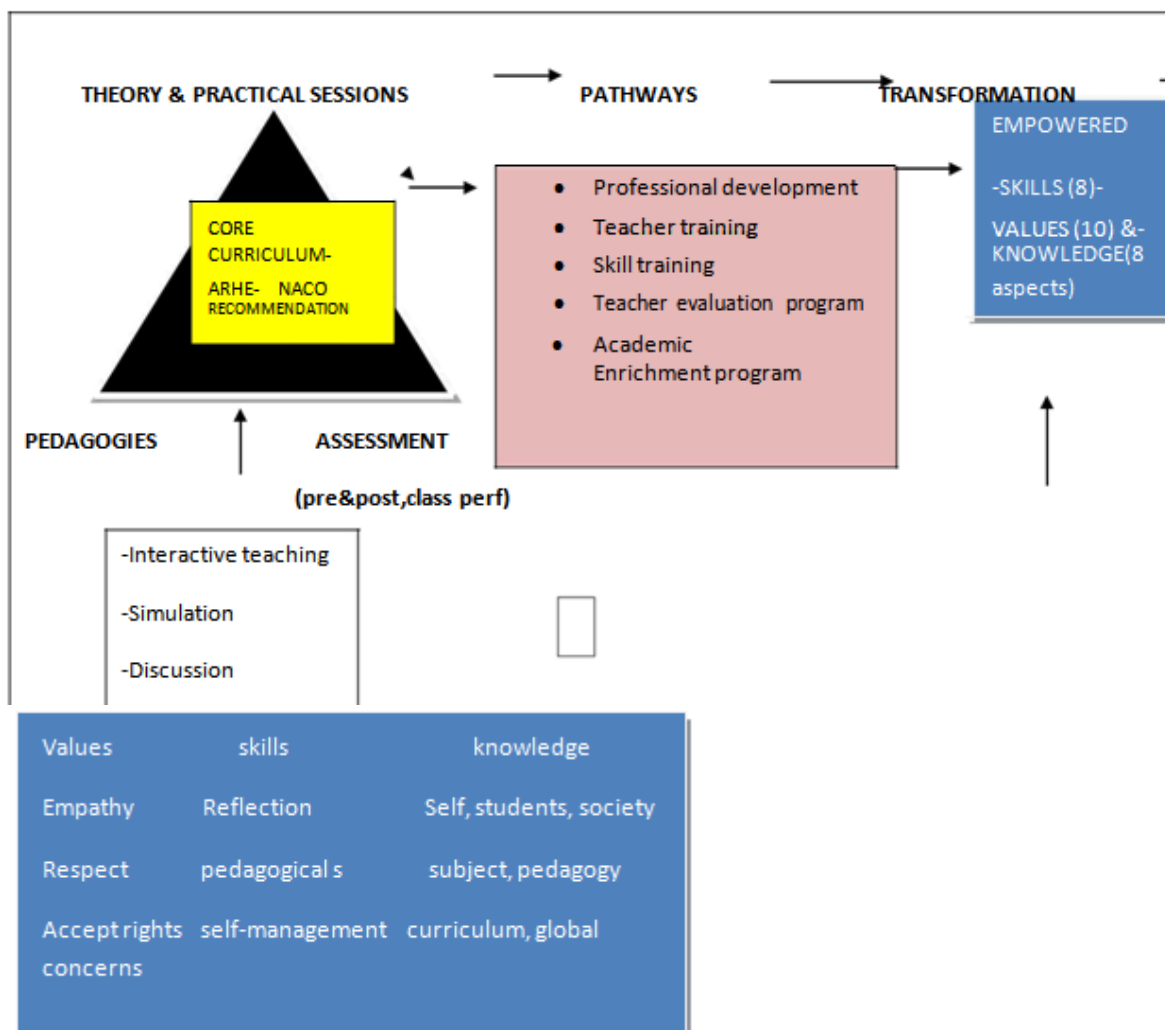




10.A Model for Empowering school teachers on Adolescent reproductive health education (ARHE)(Source:National Insti

This model was developed on the basis of teacher education model of National Institute of Education(NIE),preparing teachers designed tomove forward such as professional development,teachers'' training,skill training,teacher evaluation programme,acdem interrelated functions of assessment,pedagogies(educational technology) and theory cum practical sessions.These pathways lead to th the teachers''competencies to change them as the empowered schoolteachers **on ARHE**.

MODEL FOR EMPOWERING SCHOOL TEACHERS ON ADOLESCENT REPRODUCTIVE HEALTH EDUCATION

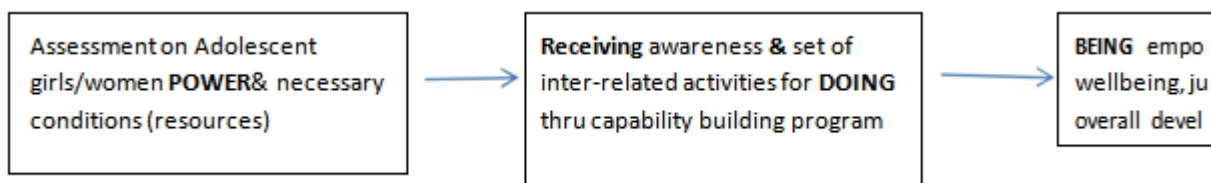


CAPABILITY BUILDING APPROACH THEORY of Justice-Amartya Sen. (2002,2005)-:

The key constructs used in this theory are functioning, capability, freedom to form a conceptual framework. This FUNCTIONIN income to capabilities, thereby allowing the poor to be seen as agents of change as opposed to victims requiring help. It also outlines t market, legal system, public interest groups and media to enhance the substantive freedom of individuals seen as active agents of chan to pursue their own way

of life, in which well-being is seen as person's ability to do valuable acts or reach valuable states of being. acts and reach valuable states of being. The ends of **well-being, justice and development** should be conceptualised in terms of pe

undertake the actions and activities that they want to engage in and be whom they want to be. These beings and doings is kno life. Receiving something in the crisis is not encouraged by the capability approach but it is seen as agents which can and should be can take their lives in their own hands. The sound informational base like the social ,economic factors, living conditions, set of inter-r and what they consider valuable for their fulfilment in their life. Wellbeing is to be considered in terms of human functionin empowering/developing interventions ;the process in this approach is knowing and doing. The freedom of choice is given to the learn the learners to be aware of the concerned issues, be sensitized, motivated and committed for their wellbeing, justice and developme



II. Conclusion

The conceptual framework in any research makes life easier for a researcher by their wider thinking on the reason of doing the causal relationships, organizing the scientific thoughts to promotes one's wellbeing, by controlling or improving the relat factors in and out of his environment by various strategies thereby the positive changes bring quality life primarily in women's studies one needs to recall the nessecities of multidisciplinary approach to win the cooperation of the community w brings the totality of wholeness not only in individual but in any community to build the strength of the entire nation.

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