The Internet is a global system of interconnected computer networks that use the standard Internet Protocol Suite (TCP/ IP) to serve billions of users worldwide. It is a network of networks that consists of millions of private, public, academic, business, and government networks of local to global scope that are linked by a broad array of electronic and optical networking technologies. The Internet carries a vast array of health information resources and services, most notably the inter-linked hypertext documents of the World Wide Web (WWW) and the infrastructure to support electronic mail (Maczewski, M. (2002 Adolescence (from Latin: adolescere meaning “to grow up”) is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological (i.e. pubertal), social, and psychological changes, though the biological or physiological ones are the easiest to measure objectively (Maczewski, M. (2002. )According to Erickson, the fifth psychosocial crisis (adolescence, starts from about 13 or 14 to about 20) the child, now an adolescent, learns how to answer satisfactorily and happily the question of “Who am I?” But even the best - adjusted of adolescents experiences some role identity diffusion: most boys and probably most girls experiment with minor delinquency; rebellion flourishes; self - doubts flood the youngster, and so on. (UNFPA), 2010)

In traditional society, that knowledge gap was filled when adolescents reached puberty. In today’s modern setting, the ignorance spreads on, with the youth at the mercy of misinformed peers or pornographic and other media.

Adolescence investigation is a relatively new approach in Saudi Arabia. The overall conclusion to the available indicated that , Islam is central to most Saudi people and religion play an important role in regulating social behavior and practice . The young adolescents living in an environment of misunderstanding regarding reproductive health which puts the young adolescent girl in conflict.

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life. (United Nations Population Information Network

UN Population Division, Department of Economic and Social Affairs,with support from the UN Population Fund (UNFPA), 2010)

The adolescent poses a distinct array of reproductive and sexual health challenges. These challenges include the consequences of early marriage, unsafe abortions, highrisk behavior, lack of awareness about contraception and reproductive health issues, reproductive tract infections (RTIs) and sexually transmitted infections (STIs) including HIV/AIDS and non-consensual sex (WHO 1999). This creates an “unmet need” for reproductive and sexual healthcare. This unmet need varies among married and unmarried adolescents. The health seeking behavior also depends upon the marital status of the adolescent (WHO 2002). Moreover, reproductive health services under the public sector are more oriented towards adult married women, while unmarried adolescents hesitate to seek health services due to the fear that these services are not confidential, inability to pay, requirement of parents’ approval and negative or insensitive attitude of health providers. Even married adolescent girls shy away from seeking healthcare due to sheer embarrassment and the taboo associated with reproductive and sexual health problems. They relay on internet as a source of health information to meet their health needs (Arunachalam, 1998)

In developed countries, adolescents go online to find information about health; however, little is known about the online practices of youth from developing countries ( Borzekowski et al, 2006). Internet has become a popular socializing tool for adolescents. It is now well established that computer-aided learning (CAL) offers significant advantages over traditional methods of learning because it allows students to work on their own time and at their own pace—in other words, learning that is “anytime, anywhere. The Internet has been adopted by people all over the world as a primary medium for informat ion and entertainment. Estimates indicate that the number of sites on the World Wide Web doubles almost every year and that there are more than one billion regular users of the Internet (Gupta et al, 2004).

The terms “internet” (or “the net”) and “world wide web” (or “the web”) are often used interchangeably as if they were synonymous, without appreciating that the WWW is one of many services available on the internet. These other services include email, file transfer protocol (FTP), network news, Telnet (a means of accessing a remote, networked computer), and instant messaging (a means of detecting when others are connected to the internet and sending them a text message, approximating a real time conversation). The internet is not the main method used, so we will not deal with it further (Larkin, 2004).

Computer access and use among adolescents have grown exponentially over the past decade (McKenna, 2000). More than 80% of American youth 12 to 17 years of age use the Internet and nearly half log on daily (Lenhart et al., 2005). Once connected, adolescents engage in a wide variety of activities, including doing schoolwork, playing games, shopping, and downloading music. Research shows, however, that adolescents use the Internet primarily for social reasons (Roberts et al., 2005). The Internet has become a virtual meeting place where teens hang out with their peers to pass time.

According to data from the Pew Internet and American Life Project (Lenhart et al., 2005), the vast majority (89%) of teens use e-mail and 75% use instant messaging (IM), which allows them to have multiple simultaneous conversations with a defined group of peers. More than 50% of teens possess more than one e-mail address or screen name, which they can use to send private messages to friends or to participate anonymously in online forums, such as chat rooms (Alubo , 2000 , Gupta ,2004, & Yatest, 2004)

**Significance of the study**

There is an increasing awareness worldwide of the importance of sexual and reproductive health among adolescents (Wartella,, 2004). The internet combines positive features of traditional lay and professional, personal and impersonal sources. Although it is unlikely to supplant the role of trusted peers and adults, the internet has found an important place among adolescents’ repertory of health information sources. Therefore, meeting the adolescents’ reproductive health needs via different available sources including the internet will improve the health, increase adolescents awareness and decrease risk of unsafe and inaccurate health information may affect their reproductive health negatively. So, this study aimed at exploring the prevalence of Saudi adolescent girls’ experiences of using the internet to meet their reproductive health information needs and to identify the relationship between socio-demographic characteristics and internet usage.

**The Aim of This study is:**

1. To explore the prevalence of Saudi adolescent girls’ experiences of using the internet to meet their reproductive health information needs.
2. To identify the relationship between socio-demographic characteristics and internet usage.
3. To identify the appliance extend of reproductive health information among Saudi adolescent girls’

**Research question:**

1. Why the adolescents girl using the internet as the source of Reproductive health information in Saudi Arabia
2. What are the common reproductive health information needed by the Adolescent’s girl?
3. What is the affect of internet information on adolescent’s girl health?

**Subjects and methods:**

***Design:*** A descriptive and prospective design was used in this study

***Setting:*** The study was conducted in Arar city, the north-east of Saudi Arabia, in all (five) Female Secondary Schools.

Duration of data collection was 4 months, starting from the beginning of February 2010 to June 2010). **Sample size**

63 students refused to participate in the study and also 46 students excluded after tool modification. So 416 out of (525) Saudi student adolescent girls from the third level year “in five schools” with the sample criteria , age 16-19 year , in third level from the secondary school , and were ability to dealing with the internet were requited in the study sample. They were chosen because the majority of them are still in the middle adolescent period (16-19 years). The total numbers of classes of the third level in Saudi Arar was 15, in which 3 classes in each secondary school. The average number of the students in each class of the third level of secondary school was around 34 -37 girls. Time required for data collection for each class ranged from 20- 30 minutes including the primary explanation of the purpose of the study. According to the educational plan of each female secondary school, data collection was established with each school’s headmistresses to avoid any negative interference with the educational process.

**Tools:**

***A questionnaire sheet was developed to elicit information about :***

***1- socio-demographic data such as*** (age, marital status , social living, with parents, mother only , father only , grand mother or father , educational level of father , educational level of mother, household appliances, etc…). Required modification was obtained from expertise and pilot study. ***2-Knowledge assessment sheet:***

1. Student’s knowledge about the reproductive health. Such as ;definition , importance of reproductive health , topics of reproductive health such as ; anatomy of reproductive , menstruation , breast self examination , pregnancy , etc.and assessed through two level , satisfactory = 60 % and unsatisfactory =40 % .
2. Knowledge about importance of internet usage as a source of reproductive health information.
3. Perception knowledge sheet included

the easy to read , relevant , accurate etc this assessed by the scoring system , agree, disagree , don; know.

***3. Health assessment sheet:*** To assess the students health practices , and are evaluate by the scoring system are good = correct , fair = incorrect , poor = less 50% .

***Operational design: it included pilot study and field work.*  Pilot study:**

A pilot study was carried out with 46 subjects. Some modifications in the questionnaire sheet were made based on the results of the pilot study. those subjects in the pilot study were excluded from the final study sample .

**Filed work:**

Data collection tool were developed by the researchers after reviewing the related literature and it was revised for content validity by 5 experts in the field 1 from of each female secondary school secondary school in Arar at Saudi Arabia.

The researcher were attended at the previous mentioned setting 3 days / weeks, the first day from 10 am to 11.30 am, the second day from

11.30 am to 1 pm, the third day from 12 am to 1.30 pm this time was designed according to the timetable of each school

The researcher was meet individually with 1 - 4 students / day during the activity lesson tell the end of the predetermined number was completed, study sample was selected according to the previous criteria.

Aim of the study was explained to studied adolescent female students then their consent was obtained.

The study was conducted during the period from beginning February 2010 to the end of May 2010). Data was collected through 4 month from all the study setting in Arar at Saudi Arabia.

**Ethical consideration**

The aim of the study was explained to all participants in the study before interviewing to gain their confidence and the trust. Verbal consent was obtained from all participants. Confidentiality and Privacy was considered during interviewing for all participants, interviewing questioner sheet it’s were burned after obtaining the data for statistics , the topic of this study did not touch the ethical, moral traditional and cultural and religious issue of all participants. All women have the right withdrawal at any time.

**Administrative Design:**

An official permission was obtained from the head mistress of each female secondary school prior to initiation of data collection. Aim of the study was explained for each class prior to data collection.

**Statistical analysis:**

The obtained data collected was coded manually by the researchers and presented in a descriptive form. The necessary tables were prepared and statistical formula was used as percentage, mean, standard deviation, chisquare test, P value and test of significant at

5 %.

**Validity and reliability:**

***Validity:*** questionnaire sheet it revised by professional in nursing.

***Limitation of the study:***

63 students refused to participate in the study because they were busy due to a lot of lessons, the interviewing questionnaire was stopped for the examination period , the researchers were postpone the interviewing tell the end their exam.

**RESULTS**

***Table (1):*** Shows that the sociodemographic characteristics of the students. The vast majority of the sample 72 % were in 16 – 17 years old while the rest of them were in 18 -19 years. This table also showed that 63.60 % had unmarried and 36.40 % had married and the student social level were 62.00% living with both parents and 18.80 % living with father only and 9.20 % living with mother only , 10 % living with your grand mother or father , and this table showed that 20.20 % , 20.40 % of the educational level of student father were both intermediate and primary school and university , while 39.20 % secondary school . 44.40 % the educational level of student mother were primary school, 30.00% were intermediate, and 19.00 % were finished secondary school, 6.60 % university. As regard using of internet, all the students used the internet as a source for information.

***Table (2):*** Shows that the majority (79.80%, 60.00%, 60.00%) of adolescent girls reported their agreement regarding availability of internet, useful, easy to read and relevant. mean while less than one third of them reported disagreement regarding all items of perception of adolescent girl about health information on the internet .

***Table (3) :*** Reveals that, shaming from parent , their parent unable to give correct or incomplete information’s , death one or both parent and confidentiality.