REPRODUCTIVE AND SEXUAL HEALTH PROBLEMS AND ITS COPING MECHANISM AMONG ADOLESCENTS AND YOUTH WITH DISABILITY OF BARDIA

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ABBREVIATIONS / ACRONYMS

AAM	-	Average Age of Marriage
AFS	-	Average Family Size
AIDS	-	Acquired Immunodeficiency Syndrome
BPEP	-	Basic Primary Education Program
BRCD	-	Bardia Rehabilitation Center of the Disabled
CBOs	-	Community Based Organization
CBR	-	Community Bases Rehabilitation
DDC	-	District Development Committee
FHI	-	Family Health International
HIV	-	Human Immunodeficiency Syndrome
HESD	-	Head, Neck and Spine Disorder
HF	-	Head of Family
LS	-	Lower Secondary
MA	-	Mean Age
MI	-	Median Income
MWCSW	-	Ministry for Women, Child and Social Welfare
NHRC	-	Nepal Health Research Council
PDs	-	People with Physical Disabilities
RH	-	Reproductive Health
RSH	-	Reproductive and Sexual Health
SD	-	Standard Deviation
SPSS	-	Statistical Package for Social Sciences
STIs	-	Sexually Transmitted Infections
UNICEF	-	United Nation Children's Fund
VDC	-	Village Development Committee
WHO	-	World Health Organization

EXECUTIVE SUMMARY

The study entitled "Sexual and Reproductive Health Problems and Its Coping Mechanism Among AYDs of Bardia" was a descriptive and cross-sectional study which has following objectives,

Objectives:

a. To describe the socio-demographic characteristics of Adolescents and Youth with Disabilities
b. To reveal causes of disabilities of AYDs,
c. To identify the reproductive and sexual health problems Adolescents and Youth with Disabilities.
d. To find out coping mechanism against reproductive and sexual health problems.

Methodology

The study was undertaken in Bardia district of Nepal. A total of 6327 (projected population) was the population of people with disability. A sum of 350 AYDs was sampled by using purposive sampling method. It was a total of 10 AYDs from each VDC and 40 from one municipality. The data collection tool was Interview schedule. The data was collected in the month of May 2008 by trained and experienced enumerators. The collected data was analyzed by the help of SPSS. Simple statistical calculation i.e. frequency, percent, mean, median, standard deviation etc have been done for discussion of the data.

Major Findings

a) The total number of male and female AYDs consists of 48.28 percent male and 51.7 percent female. The sex ratio was found to be 93.4 male per 100 female.
b) The average age of male and female respondents was 17.9 and 18.4 year respectively.
c) The large segment of respondents was in the age group 20-24, which consists of male 33.1 percent and female 41.1 percent.
d) The vast majority of respondents followed Hinduism (male 96 percent and female 95 percent) followed by Christianity (3.6 percent male and 0.6 percent female) and Islam (4.4 percent female).
e) The large number of respondents had primary education (24.3 percent male and 28.2 percent female) followed by LS level (32 percent male and 13.8 percent female) and illiterate (16 percent male and 28.2 percent female).
f) Majority of respondents belongs to single family (63.3 percent were male and 55.2 percent female)
g) The average size of family was 7.7. The majority of respondents had 6 to 10 (46.7 percent male and 47 percent female)
h) The majority of respondent's disability had LLD (85 percent male and 52.9 percent female) followed by Both LLD and ULD (26.6 percent male and 22.7 percent female), ULD (10.1 percent male and 7.2 female), blind (3 percent male and 5 percent female), visual impaired (8.9 percent male and 9.9 percent female) and HNSD (only 1.2 percent male).
i) The causes of disability were diseases (46.2 percent male and 42 percent female), congenital/birth defects (27.8 percent male and 30.4 percent female),

accidents (25.4 percent male and 27.6 percent female) and spine disorder (only 0.6 percent male).

j) A total of 16.6 percent male and 22.7 percent female respondents were married.
k) The unmarried respondents (61 percent male and 42.9 percent female) had a plan to get married in future.
l) The majority of respondents i.e. 71 percent male and 56.4 percent female had girl or boy friends respectively.
m) The minority of respondents (20.1 percent male and 26 percent female) had sexual contact.
n) A total of 3 percent male 19. 3 percent female faced pressure for sexual contact.
o) The coping mechanism against pressure were shouting/crying (60 percent and 31.4 percent respectively) complaining to family (25.7 percent female) becoming angry or showing angry face (14.3 percent female), request not to do so (40 percent male and 20 percent female) and complaining police (8.6 percent female).
p) A sum of 66.3 percent male and 43.1 percent female had sexual desire.
q) The ways to express or satisfying sexual desire were talking with opposite sex (56.8 percent male and 68 percent female), watching pornography (2.7 percent and 8 percent female), masturbation (21.6 percent male and 4 percent female) and reading porno literatures (18.9 percent male and 20 percent female).
r) The preferable sexual behaviour by respondents were abstinence (17.2 percent male and 23.2 percent female), masturbation (23.8 percent male and 5.5 percent female), vaginal intercourse (22.5 percent and female 11 percent), oro-genital sex (only 4.1 percent male), anal sex (0.6 percent male and 6.1 percent female).
s) Only 3 percent male and 20.4 percent female were found sexually exploited.
t) Various coping mechanism among AYDs were observed against sexual exploitation 40 percent male and 24.3 percent female used to ask help from other while, 40.5 percent and 8.1 percent females respectively used to run away and fighting. Similarly 40 percent male and 13.5 percent female used to request not to do so and finally 60 percent male and 37.8 percent female used to complaining to their friends.
u) The average of initiation of wet dream and menstruation in AYDs respondents was 15.16 and 13.8 years respectively.
v) The coping mechanisms against the problems were discuss with their friends (47.3 percent male and 21.1 percent female), check ups and treatment (8.9 percent male and 20.4 percent female), nothing done (43.7 percent male and 58.4 percent female)
w) A sum of 14.2 percent male and 19.3 percent female were sexually dysfunctional.
x) A total of 10.8 percent and 11.6 percent were perceived that they were infected by STDs.
y) The sources of knowledge related to SRH were friends/peers (59.5 percent male and 46.4 percent female), family (15.4 percent male and 40.3 percent female), school/teachers (29 percent male and 17.7 percent female), neighbors/relatives (3.6 percent male and 6.6 percent female) and other like media, newspaper, book, advertisement (11.2 percent male and 4.4 percent female).

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CHAPTER – I

INTRODUCTION

1.1 Background

In accordance with WHO guidelines, "disability" is defined as individuals with physical, sensory, intellectual, or mental health impairments that have a significant and long-lasting effect on the individual's daily life and activities The Constitution of Nepal defines persons with disabilities as persons who are mentally or physically unable or incompetent to lead a normal life. The term 'disabled' means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and or social life, as a result of a deficiency, either congenital or not in his physical or mental capabilities Ministry for Women, Child and Social Welfare (MWCSW), 2056 divided disability into the following seven categories and defines them separately in reference to Nepal. (www.ms.dk/sw17207)

a. Physical disability: Unable to work for living because of physical disability resulted from congenital or accidental causes.
b. Blind: Unable to read the first line of the Snell en's chart or who cannot be treated for his blindness as certified by a doctor.
c. Visually impaired: Someone with much less than complete function of the eye.
d. Mentally retarded: Someone who cannot perform normal mental activities.
e. Deaf: Unable to hear and using sign language
f. Hearing impaired: Hard of hearing and using hearing aid
g. Mental disease: Mentally deficient to function normally because of congenital or accidental damage.

Globally, World Health Organization (WHO) estimates that one person in every ten which accounts for 600 million individuals live with a disability significant enough to make a difference in their daily lives. Eighty percent live in the developing world, with a larger proportion in rural rather than urban areas. They are among the most stigmatized, poorest, and least educated of the entire world's citizens. The disability rate in United States was estimated at 15 percent composing 14.4 percent male and 15.7 female in 1994. In the same way, the prevalence of disabled people in United Kingdom in 1991 was 12.2 percent of total population out of which 11.6 percent was male and 12.6 percent was female. In Sri-Lunka, a national survey in 1986 estimated that there were 2 percent disabled people whereas disabled people of Pakistan in 1981 covered 0.5 percent of total population out of which 0.4 percent was male and 0.5 percent was female. In the same way, there was 2.7 percent Japanese disabled people in 1987 (Health, 2000). India has only 1.9 percent disabled Indian people in 1991. Similarly, there were 5, 4.9, and 4.4 percent disabled people in China, Pakistan and Philippines respectively. It was reported in 'Second South Asia Conference of CBR network, 3-6 December 1997, Dhaka, pp 68-78)' that Bangladesh has about 10 percent disabled people.

There is no authorized definition of disabilities in Nepal. Therefore, it is difficult to identify the exact number of disabled people. Nevertheless, different surveys of different organization have revealed varied perspective and magnitude of disabled people ranging from 1 to 13 percent of total population. The most largest surveys

showed to be BPEP survey which had covered 23 district of Nepal shows the prevalence of disability about 4.5 percent to 5 percent. About 93 percent of out of all disabilities physically disabilities were caused due to lack of treatment. Disabled people with leg and hand problems were found in 38.8 percent. 19.4 percent disabled people had spinal problem (UNICEF, 2001). The national prevalence rate is 163 per thousand people. This means there were 371,442 disabled people in the country, which contributes for 1.63 percent in national scale of disabled people (New ERA, 1999).

Reproductive and Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Senanayake, 1992 has defined 'Sexual Health' as "the state of well being in terms of expression of sexuality, the prevention of sexual transmitted diseases, prevention of unwanted pregnancy, the planning of wanted pregnancies and the achievement of safety and equality in sexual relationship" (Rana, 2061). This definition of reproductive and sexual health implies that sexual health is not confined within sexual intercourse only. It concerns to the state of sexual well being starting from birth and ending to death. Sexual health is multidimensional status of people relating to all aspects of the life like birth, marriage, family planning, reproduction, prevention and control of STDs/STIs and sexual expression.

1.2 Statement of the Problem

Disability is a global problem. This affects people of all nations and of all races. This is known to exit from the very beginning of human existence, and disabilities are mentioned in ancient books as well. Ganesh one of the Hindu god and a son of Lord Shiva is the first example of disabled person on whom reconstructive surgery was done. According to the Hindu mythology, the head of Ganesh was cut off by his father. Later, a head of an elephant was grafted on his neck. So, it is the oldest problem in the world.

Disability is an age-old problem, which has drawn little attention in Nepal. Due to ignorance, illiteracy, faith in super natural powers etc., the common attitude of the people towards the disability has to by-pass it as the curse of gods for the wrong done in the pre-birth. Very few people thought it to be the result of some disease or accident. A disabled person was thought to be a stigma to the family. Society looked down upon the disabled persons and their families and hated them. As a result, families felt humiliated and tried to hide the disabled person from the society as long as they could. Many of the disabled persons, particularly those belonging to poor families, met premature deaths due to neglect of diseases. Some of them, who were intelligent, became beggars, but others like deaf-mute mentally retarded persons passed their lives in miseries.

A sexual activity in our society is a taboo. PDs are oppressed in tag of sex and sexual activities. PDs themselves cannot express their sexual urge due to social structure and culture. They have confined their urge and desire with them so that people think that they do not have sexual urge and they also do not have reproductive capacity. Many

of the people have also concept that PDs cannot go ahead with family life. They cannot manage family life.

1.3 Rationale / Justification

Disability is a socio-medical problem, which is known to have been prevalent in ever corner of the world. Disabled people are incorrectly believed to be sexually inactive, unlikely to use drugs or alcohol, and at less risk of violence or rape than their non-disabled peers. For instance, it is written in an article that a mentally disabled girl who has been rehabilitating by Disabled Child Hospital and Rehabilitation Center was raped by an able youth. Later he was arrested and ordered to provide half of his total property. She was provided half of the property but she is still living with mental stress. The writers further write that a mentally retarded girl of Bhaktapur was trapped in the sexual exploitation. She was regularly trapped in sexual intercourse. In the beginning, the family did not know about it. Later, family came to know it but it was late because the girl was habituated for the sex (KC, 2005). If we judge this article, it can be summarized that disabled male and female have faced lots of sexual exploitation in their lives.

Disabled people are the members of a sexual minority group. This means that they are not expected to reproduce, and that their ability to have children is considered a threat to our cultures. Because of this, they have been sexually and socially segregated, and prevented from having and expressing their sexuality of their own free will. Sexuality and love has been the most painful parts of their lives. Many people and community have made the notion that people, who are disabled whether from birth or through accident or disease later in life, may find it difficult to express their sexuality in satisfying ways. Perhaps they have reduced sexual function or feeling, have body image concerns or are unsure how to negotiate the sexual act because of lack of knowledge or physical incapacity. Disabled people may suffer from reduced opportunities for sex for various reasons, including lack of privacy.

Disabled people are also human. As sexuality is the biological phenomenon, disabled people also have desire of sex and express sexual behaviour in different forms but our society has playing role to oppress their desire and will in terms of sexuality. If the desire and will of any persons, not only disabled is suppressed for the time of period, it may lead him/her to the path of crime. Of course, people with disability also have sexual necessity. The enabled people have different possibilities to express their desire and will if they have. But it is not easy to express their sexuality for the disabled people. Nevertheless, it is sure that they also find some way to express their views, desires and will and certainly they deal with sexuality.

1.4 Objectives

The objectives of the study were as follows.

a. To describe the socio-demographic characteristics of Adolescents and Youth with Disabilities.
b. To reveal causes of disabilities of AYDs.
c. To identify the reproductive and sexual health problems Adolescents and

Youth with Disabilities.

d. To find out coping mechanism against reproductive and sexual health problems.

1.5 Research Questions

The research questions of the study were as follows.

a. What are reproductive and sexual health problems of Adolescents and Youth with Disability?
b. How do AYDs cope against the problems they face?

1.6 The Significance of the Study

It is expected that following are the significance of the study.

1. The finding has given the clear picture of socio-demographic characteristics of AYDs that helps the policy maker to make the suitable policy.
2. The finding has given information regarding existing SRH problems of AYDs, which help for organization working in the same field to plan their program and implement it.
3. The fact about coping mechanism of AYDs may be useful to for those working for AYDs to increase awareness regarding sexual exploitation and other problmes.
4. The study findings may sensitize the people about SRH problems among people and organization working for people with disability.

1.7 Delimitation and Limitation of the Study

The limitations of the study were as follows.

a. This study was delimited among AYDs who had physical disabilities i.e. lower limb, upper limb disabilities, both lower and upper limb disability, neck, head and spinal disorder and visual disability i.e. blind and visual impaired only.
b. Only AYDs aging from 13 to 24 was included in the study.
c. Only AYDs with disabilities who could listen and speak was included in the study.
d. Only AYDs who was permanent residence of Bardia district was included the study.
e. The finding is based upon the response of respondents. The sample size is small and the study was undertaken in Bardia district only so that the finding may not be generalized to total AYDs of the nation.
f. Sexually Transmitted Diseases (STDs) was not diagnosed by using special clinical procedure. It was identified on the basis of symptoms the respondents told.

1.8 Operational Definition of Terms Used

Adolescents and Youth with Disability:
A person aging 13 to 19 years with disability is an adolescent with disability and a

person aging 20 to 24 years with disability is a youth with disability. The composition of these to is adolescents and youth with disability.

Boy or girl friend
A person having friendship with the opposite sex for any purpose or a person having love affair with the opposite sex.

Coping Mechanism
It is a way of getting rid/ being safe/ feeling comfortable from the SRH problems faced by AYDs.

Dating
It is a way of meeting between opposite sex at any time for any purpose.

Illiterate
A person who can not write or his/her name.

Physical Disability
A person who is unable to perform his/her daily activities due to the loss of the physical defects after, by births, by accidents or by any diseases. Physical disability is Lower Limb Disability, Upper Limb Disability, Both Lower and Upper Limb Disability and Head, Neck and Spinal Disorder.

a. Lower Limb Disability
A person who can not perform his/her daily work due to defects in lower limbs of the body.

b. Upper Limb Disability
A person who can not perform his/her daily works due to defects in upper limbs of the body.

c. Both LLD and ULD
A person who can not perform his/her daily work due to defects in both i.e. lower and upper limbs of the body.

d. Head, Neck and Spinal Disorder
A person with at least Head or Neck or Spinal disorder or combination of two or three disorder.

Sexual and Reproductive Health Problems
Any health problems related to sexuality and reproduction is sexual and reproductive health problems. They are mainly related to marriage, dating with boy or girl friends, menstruation, sexual desire, sexual contact, exploitation, dysfunction and STDs related problems.

Visual Disability
A person who cannot see or feels difficult to see, even after the operation, medicine and using glass, the finger from the distance of 10 and above is Visual Disability. The types of Visual Disability are Blind and Visually Impaired.

a. Blind

A person is blind who cannot see (even after the operation, medicine, and using glass) finger from the distance of 10 ft or who cannot read letters of first line (6/18) of the Snellen chart.

b. Visually Impaired

A person is visually impaired who can not see (even after the operation, medicine and using glass) finger from the distance of 20 feet or who can not read letters of fourth line of Snellen Chart.

CHAPTER – II

LITERATURE REVIEW

A study that was carried out by ILO in 1989 in six Asian and Pacific countries showed a relative higher incidence of disabilities among women between the age of 15 and 44 years when compared to men, Yet, over all, there are more disabled men than women. This could be explain the fact by that women in that particular age group suffer more from ill health caused by too many pregnancies, inadequate personal health and medical care as well as poor nutrition all of which put them at greater risk that women generally live longer than men, may indicate that girls and women with disabilities simply receive less care and support than men, leading to earlier death. Disabled women are facing discrimination from birth. The problems that confront women with disabilities are even more severe in rural community than urban community (ILO, 1989). From the above paragraph, it is found that the study was focused to identify the prevalence of the disabled people, its gender difference and the causes of being disabled. But this study was not implemented to assess the sexual health status or other sexual health component related matters.

Women with disabilities are one of the most marginalized group in society, as they are multiply disadvantaged through their status as women as person with disabilities and are over represented among persons living in poverty. Women and girls with disabilities, to a greater extent than boys discrimination within the family are denied access to health care, education, vocational training, employment and income generation opportunities, and are excluded from social and community activities. Women and girls with disabilities encounter further discrimination as they are exposed to grater risk of physical and sexual abuse, deprival of their reproductive rights and reduced opportunity to enter marriage and family life. In rural areas, girls and women are more disadvantaged, with higher rates of illiteracy and lack of access to information and services. Stigmatized and rejected from earliest childhood and denied opportunities for development, girls with disabilities grow up lacking a serve of self work and self esteem and are denied access to the roles of women in their communities (UN ESCAP). This second paragraph of above describes that Adolescents and Youth with Disabilities especially women and girls are more vulnerable for the sexual abuse and violence. They are not aware to their sexual and reproductive rights. They do not have any access to the health services provided by the government and other organization.

The incidence of marriage for disabled women is lower than men. In Nepal, a society where marriage is the normal for women, 80 percent of women with disabilities are reported to be unmarried. In China, the situation is comparatively better, 52 percent of disabled women over the age of 18 years are unmarried. Since women with disabilities are largely denied access to labour force participation, they are unable to acquire either the status or social identity of being wives, mothers or workers. (Poudel, 1995)

In some countries, parents of intellectually disabled children now report rape as their leading concern for their children's current and future well-being. Bisexuality and homosexuality have been reported among deaf and intellectually disabled adults, while awareness of HIV/AIDS and knowledge of HIV prevention is low in both these

groups. (Cambridge, 1997)

In a study entitled ‘Disability, Space and Sexuality: Access to Family Planning Services in Northern Ireland’ mentioned that from a social perspective and access to family planning for disabled people, was stated that disabled people are commonly understood to be either asexual, uninterested in sex or unable to take part in sexual activity, or sexual `monsters' unable to control their sexual drives and feelings. These understandings are reproduced through the use of cultural representations and myths, and are evidenced in the planning and design of family planning clinics and the information and services they provide. (Andorson, 2000)

Sexuality of persons with spinal cord injury has received increased attention especially in the Western countries. However, in the local context, studies pertaining to the sexuality of the disabled are almost nil. This paper utilized a qualitative approach in assessing sexual knowledge, attitudes and practices of persons with spinal cord injury. Eight focus group discussions consisting of 28 adult spinal cord injured persons were carried out. The results showed that the frequency of sexual activity decreased following injury. The disabled themselves have a negative self-concept and a low self-esteem and this affects their attitudes towards sexuality and their sexual behaviour. Health care professionals tend to neglect this issue perhaps due to their insensitivity to the sexual needs for the disabled or a lack of understanding and expertise in this area. A need for sexual information related to their disability is warranted in the areas of reproduction, contraception and their ability/disability in achieving an erection or ejaculation. (Low, 2000)

It is commonly assumed that disabled individuals are not at risk. They are incorrectly thought to be sexually inactive, unlikely to use drugs, and at less risk for violence or rape than their non-disabled peers. Yet a growing body of research indicates that they are actually at increased risk for every known risk factor for HIV/AIDS. He Further wrote citing to S Blumberg and W Dickey that analyze findings from the 1999 US National Health Interview Survey carried out adults with mental health disorders are more likely to report a medium or high chance of becoming infected with HIV, are more likely to be tested for HIV infection, and are more likely to expect to be tested within the next 12 months than are members of the general population. (Groce, 2003)

The prevalence rate of population under 20 years with disability was 0.95 percent out of which 0.39 percent was female under 20 years with disabilities and 0.56 percent were males under 20 years with disability. They have also mentioned two types of disability. One is function disability and next one is anatomical disability. (Sauve, 2005)

Adolescents with disabilities seem to be participating in sexual relationships without adequate knowledge and skills to keep them healthy, safe, and satisfied. Although their sexual development may be hindered both by functional limitations and by intentional or unintentional societal barriers, the formal and informal opportunities for teenagers with disabilities to develop into sexually expressive and fulfilled persons do exist. (Murphy, 2005)

The interim results of a study conducted among 57 countries has shown that HIV/AIDS is a significant and almost wholly unrecognized problem among disabled

populations worldwide. While all individuals with disability are at risk for HIV infection, subgroups within the disabled population—most notably women with disability, disabled members of ethnic and minority communities, disabled adolescents and disabled individuals who live in institutions, are at especially increased risk; and HIV/AIDS educational, testing and clinical programs are largely inaccessible to individuals with disability. (www.worldbank.org)

The fact and figure regarding HIV /AIDS and disabilities in different parts of the world can be found as follows. (www.globalsurvey.med.yale.edu)

- It is estimated that 1 in 7 deaf person has substance abuse problems, compared with 1 in 10 in the hearing population.
- The National Coalition on Deafness and HIV/AIDS estimate that 7,000 deaf people in the United States are infected with the virus and/or full-blown AIDS, and there have been 700 deaths so far.
- The deaf students had significantly lower scores on the HIV/AIDS Knowledge Index than the hearing students in a study involving 34 deaf undergraduates at Gallaudet University and 46 hearing undergraduates at the University of Maryland Baltimore. 70% of 204 deaf and hearing impaired adolescents surveyed did not realize that HIV and AIDS can not be contracted by giving blood; 46% were unaware that people who are not gay can get AIDS; and 43% were unaware that all gay people do not have AIDS. In addition, 62% thought that married people cannot get AIDS.
- A study on HIV among the mentally ill reported an infection rate in three inpatient, psychiatric hospitals in New York City that was double the rate in the general population in that same city. In a survey of 201 physically disabled persons, low discussion rates with health care providers were reported for sexuality (28.4%), STD's (14.4%), contraception

A global survey on HIV/AIDS and disability showed that individuals with disabilities are at equal or increased risk of exposure to all known risk factors for HIV, such as poverty, marginalization and stigmatization, lack of education, lack of information and resources to ensure safer sex, elevated risk for violence and rape and lack of legal protection, substance abuse, and being an orphan or vulnerable child. Women with disabilities are particularly vulnerable. Reaching disabled individuals with HIV and AIDS messages, clinical care and reproductive health services presents unique challenges. Even when AIDS messages do reach disabled populations, low literacy rates and limited education levels complicate comprehension of these messages. The global literacy rate for adults with disability is as low as 3% and 1% for women with disability but in Nepal hardly one percent of the persons with disabilities are educated. (World Bank, 2004)

A study has revealed the Adolescents and Youth having six types of disabilities; blindness (24.4%), visually impaired (11.1%), upper limb disabilities (17.8%), lower limb disabilities (33.3%), head, neck and spine disability (11.1%) and upper and lower limb disability (2.2%). Causes of disabilities were accident (20%), congenital (17.8%), eye disease (13.3%), leprosy (4.4 %), Polio (22.2%), smallpox (2.2%) and typhoid (4.4%). No female was married. Four out of ten respondents had boy or girl friends. Likewise, 37.8 percent respondents had made sexual contact. Majority of them had sexual contact with their wife. About 17.1 percent male and 40 percent

female were under pressure for sexual contact. The major coping mechanism against pressure was to request for not giving pressure. Due to social fear, 48.5 percent respondents never express sexual desire. Masturbation was main way to cope sexual urge. Furthermore, 31.4 percent respondents were found exploited sexually. The major coping mechanism against it was to request for not exploiting. Disabilities were the major factors leading for their exploitation. Similarly, 14.3 percent male had sexual dysfunction. (Rana, 2005)

CHAPTER – III

RESEARCH DESIGN AND METHODOLOGY

3.1 Research Method

It was a study, based on quantitative type of data so that it was a quantitative type of study.

3.2 Type of Study

The data was collected in single point of time and was analyzed and discussed in a descriptive way so that it was a Descriptive and Cross Sectional Study.

3.3 Study Site

Bardia was a study site selected purposively. It is a district located in the western part of Nepal. It boarders to India in South, Kailali District in west, Bankey district in east and Surkhet district in North, has 2025 square km. area. It is a district having the total population 382,649, which contributes 1.65 percent of total population of Nepal. Out of which 192,655 are male and 189,994 are female in this district. A total household of this district is 59,569 whereas Population Density is 189 Person/Sq. Km and average Household Size is 6.42. There are thirty-three VDCs and one municipality; Gularia. (HMG, 2001)

Bardia is a remote district of Nepal. It is a district of Nepal where more than 50 percent of total population is Tharu. Muslims, Madeshi, Janajati etc are also enjoying in this district. The socio-economic of the people in district is very low. Educational facilities and educational level in district is also very low. Majority of the people have to work day and night for their bread and butter. In this case, it can be assumed what is situation of people with disability. People with disability may have excluded from all aspect of the social phenomenon. Their basic need may not be fulfilled well. The sexuality and sexual desire and urge are far behind.

3.4 Target Population

All people with disabilities residing in Bardia districts were the target population of the study population. According to a study conducted by New Era, 1999, the national prevalence of people with disability is 1.63%. From this, it can be estimated that the prevalence of people with disabilities in Bardia district is 6327.

3.5 Sample Size

There was no actual study and research on prevalence of AYDs with physical and visual disability in the targeted area of the study. So, it was difficult to determine sample size respondents in the study. However, sample size of respondents was 350 AYDs. The composition of the respondents was as follows.

S.N.	Particular	Number	Sample size from each VDC/Municipality	Total
1	VDC	31	10	310
2	Municipality	1	40	40
	Total			350

3.6 Sampling Methods

A non-probability sampling method was used to sample the population. A total of 10 from each VDC and 40 from municipality were sampled purposively. It was done by the cooperation of. BRCD's motivators. BRCD is an organization that has a network among the people with disability of district. It has also formed the group of people with disability. During the course of the sampling, most of the respondents in VDC were selected as per the information provided by motivators.

3.7 Tools of Data Collection and Pre-testing

The tool of the study was Interview Schedule (See in Annex - A). The data collection tool was pre tested among 10 Adolescents and Youth with Disabilities who were found in Kathmandu. The feedback collected from the pre-test result was used to modify the questions.

3.8 Recruitment and Orientation of Enumerators

Mainly the staff of Bardia Rehabilitation Center of the Disabled (BRCD), Gulariya who were working in the file of disability in different VDC of Bardia district was recruited as enumerators for the study. There were a total of 11 enumerators and a supervisor who were recruited as field staff (See in Annex - E). One day intensive orientation was provided to the enumerators and a supervisor. The orientation was concentrated on objectives of the study, definition of disability, identification criteria of AYDs with disability (See in Annex - D), data collection tool and its procedure. The orientation was given by study team.

3.9 Data Collection in Field and Quality Control Mechanism

For the facilitation of data collection, a coordination meeting with BRCD, Gulariya was organized in Kalika VDC of district where objective and study procedure made clear among the participants. The enumerators after orientation were sent to field. Each respondents was given time to understand about the study. They were made clear about the study by enumerators or supervisor. Before interview with them, they were made or read for them an oral consent form. Only after their oral consent, interview was taken. For interview, enumerators went door to door of respondents. Respondents were given enough time to be clear about the question. Only question was said/asked. If respondents were not clear about the questions, questions were repeated and made them understood but no possible response given in tool was read. With the vote of thanks, an interview with respondents was stopped.

Research supervision was done by trained supervisor regularly and the study team also visited the field and monitored the field activities three times during the data

commotion. The data missed or any error in data was corrected immediately in the field after interview with the concerned respondents.

3.10 Data Management and Analysis

At the same day of data collection, all interviewed questions was checked and rechecked to maintain completeness, correctness, and internal consistency and exclude missing in data. Incomplete, incorrect and missed data was collected by next interview with the same AYDs in the same day or next day. Data was edited, coded, recoded and tabulated by the help of computer software i.e. SPSS. Data analysis was done with descriptive method, which was facilitated by the use of cross table. Simple statistical measure i.e. frequency, number, mean, median and standard deviation is used to analyze the data. Chi-square test was done to find out possible association between dependent and independent variables.

CHAPTER – IV

RESULTS AND DISCUSSION

It is a section in which the result of the study is presented and it is discussed under many heading as below.

4.1 Socio-demographic Characteristics

Out of 350 respondents, there were 169 male and 181 female. The sex ratio was found to be 93.4 male per 100 female. The larger number of respondents was in the age group of 20- 24, in which male and female consists of 33.1 and 41 percents respectively. Similarly, second larger age group was 16-19 years wherein 34.9 percent was male and 27.1 percent were female and in the age group 13 – 15 years 32 percent were male and 31.5 percent were female. Further, the mean age of marriage among male was found to be 17.9 years with standard deviation 3.8 years for male and 18.4 years with standard deviation 3.9 years for female (See Table No 1).

Hinduism was found to be predominant religion among respondents. Most respondents were Hindu, which consists of 96.4 percent male and 95 percent female. The respondents belonging to Christianity were 4.4 percent female. Similarly 3.6 percent male and 0.6 percent female were Muslims (See Table No 1).

Among total respondents, 16 percent male and 28.2 percent female were found to be illiterate and the male and female respondents who could only write their names consist of 2.4 percent and 12.7 percent respectively. The larger number of respondents i.e. 24.3 percent male and 28.2 percent female had primary education, 32 percent male and 13.8 percent female had lower secondary education, 20.1 percent male and 15.5 percent female had secondarily education and 5.3 percent male and 1.7 percent female had higher secondary education. Male respondents had relatively in good education status than female. (See Table No 1)

Majority of respondents belonged to single family, wherein 63.3 percent were male and 55.2 percent female. Sex distribution of respondents who belonged to joint family was 36.7 percent male and 44.8 percent female. Majority of male and female i.e. 46.7 percent male and 47 percent female were from the family having 6 to 10 family members. The family size was found to be 2 in smallest and 30 in biggest family. The average family size was 7.7 with standard deviation 4.1 (See in Table No 2). Bardia is a district where more than 50 percent is Tharu and they have practice of living in big sized family so that the size of family seems to be big.

4.2 Disability Types and Its Causes

It was a study focused on physical and visual disability. Out of total respondents, majority of respondents i.e. 50.3 percent male and 52.9 percent female had LLD, 10.1

percent male and 7.2 female were found having ULD and 26.6 percent male and 22.7 percent were found having ULD. Blind male and female were 3 and 5 percent respectively and the visual impaired among male and female was 8.9 and 9.9 respectively. The HNSD was found for 1.2 percent male only (See Table No 2). Majority of respondents had LLD followed by both type disability i.e. LLD and ULD. Blind case and HNSD were found to be prevalent in small number in compare to other type of disability.

There were many causes for disability among respondents. Out of them, disease was one that accounted 46.2 percent male and 42 percent female. Some of diseases expressed by respondents were meningitis/encephalitis, malaria and poliomyelitis. Further 27.8 percent male and 30.4 percent female respondents perceived congenital/birth defects as cause for their disability. Similarly 25.4 percent male and 27.6 percent female respondents became disable due to accidents and only 0.6 percent male respondents' cause of disability was spinal disorder (See Table No 2).

4.3 Occupation, Education and Monthly Income of the Head of the Family

Majorities of respondents' family were headed by their father (male 71 percent and female 79.6 percent). Likewise, 8.3 percent male and 9.9 percent female respondents' family was headed by their mother, 5.3 percent male and 6.1 percent female respondents' family was headed by their brother and 15.4 percent male and 4.4 female respondent's family was headed by other like grandfather/mother, uncle/aunty, sister in law etc (See in Table No 3). The data proves that there is still practice of male domination in family heading system in our society like Bardia.

In regard to occupation, agriculture was a major occupation of respondents' family head (male 52.7 percent and 66.3 percent). Daily wages was for 20.7 percent male and 22.7 percent female, business was for 10.7 percent male and 5.5 female respondent's head of family, government services was for 6.5 percent male and 2.2 percent female, teaching was for 0.6 percent male and 2.2 percent female and others like abroad job, carpentry, mason etc was for 7.7 male and 1.1 female respondent's head of family (See in Table No 3). This data also indicates that the prime occupation of Nepalese is agriculture and farming.

Among total number of the head of family of respondents, the biggest composition was illiterate i.e. 39.6 percent male and 48.1 percent female respondents' family head were illiterate. Rest of other head of family were found having primarily level education (male 28.4 percent and 27.6 percent female), LS level education (20.7 percent male and 9.9 percent female), Secondary level education (7.7 5 male and 10.5 percent female), proficiency certificate level education (2.4 percent male and 1.7 percent female) and bachelor level education (1.2 percent male and 2.2 percent female respondents) (See in Table No 3). The data has given the figure that the literacy level among head of family of respondents is satisfactory. It is found to be more than 60 and 50 percent among male and female respectively.

It was revealed that 90.5 percent male and 84.5 percent female respondents' head of family had monthly income below 5000 rupees. Similarly 7.7 percent male and 13.3 percent female respondents' family head monthly income was 5000 to 10000, 1.2 percent male respondents' family head have monthly income 10000 to 15000 and 0.6 percent male and 2.2 percent female respondents' family head had monthly income above 15000 rupees. The median monthly income of respondent's family head was 1000 rupees (See in Table No 3). The figure indicates that it is easy enough to say economy status of the respondents' family was poor.

4.4 Marital Status and its Associated Factors

It was revealed 16.6 percent male and 22.7 percent female respondents of total were married (See in Table No 4). The figure describes that incidence of marriage for female with disability is lower than men. The data is about to match with a report that 80 percent female with disability reported to be unmarried (Poudel, 1995), this study also shows that 77.3 percent female with disability were unmarried.

Among the respondent who got married, 7.1 percent male and 24.4 percent female got married in the age group 13-15 years, 42.9 percent male and 58.5 percent were female got married in the age group 16-19 years, 50 percent male and 17.1 percent female got married in the age group 20-24 years. The AAM for male was 19.1 years with SD 2.1 years and 17.4 years for females with SD 2.3 years (See in Table No 4). The figure explains that there is practice that female AYDs get married earlier than male AYDs. More female than male get married during adolescence but more male than female get married at youth stage.

It was found that they're many causes of being unmarried. Among them, 40.4 percent male and 35.7 percent female respondents did not get marriage because of that was not age for marriage, while 19.1 percent male and 14.3 percent female had no interest to get married. Similarly 2.1 percent male and 4.3 percent female respondent did not get married because of their family dislike/denial and 1.4 percent male and 2.9 percent female were due to their love tragedy. Further, 34.8 percent male and 42.1 percent female did not get due to their disability and 2.1 percent male and 0.7 percent female did not get due to other types of causes like no girl wants them and unable to rearing and caring family. The study further showed about future planning for marriage among those who were unmarried that 61 percent male and 42.9 percent female had plan to get married in future (See in Table No 4). The data exhibits that disability and related to this is one of the important causes to be unmarried and more male than female wanted to be married.

4.5 Having Boy/Girl Friend and Dating Places

Out of the total respondents, 71 percent male and 56.4 percent female respondents had girl and boy friend respectively. The study further revealed that 38.3 percent male and 40.2 percent females respondents out of those who had boy or girl friends used to go to the market for dating, 21.7 percent male and 24.5 percent female respondents went to cinema hall for dating. 9.2 percent male and 4.9 percent female went to parks for dating,

and only 9.2 percent males went historical places for dating with their girl friend Moreover, restaurants was also destination as dating place for 2.5 percent male and 2.9 percent female, 1.7 percent male and 3.9 percent females respondents used to go other places like friend's house, jungle, any place separated from dwelling places etc (See in Table No 5). It was found that majority of both boy or girl respondents had their girl or boy friends respectively, the figure proves that AYDs have also interest in opposite sex. They also want to be with opposite sex and they like to pass their time with their opposite sex in different places.

4.6 Sexual Contact, Pressure and Coping Mechanism

Among the total respondents, it was revealed that most of the respondents did not have sexual contact but 20.1 percent male and 26 percent female respondents had sexual contact or sexual intercourse. Among those who had sexual contact, 82.4 percent male and 87.2 percent female had sexual contact with their spouses, whereas 14.7 percent male and 12.8 percent female have sexual contact with girl or boy friends respectively and only one or 2.9 percent male had sexual contact with others i.e. sex worker (See in Table No 6). The fact shows that extra marital sex is also practicing among AYDs.

It was found that 3 percent male and 19.3 percent female got pressure for sexual contact (See in Table No 6). It was further observed that there is statistical significant difference between gender/sex for sexual pressure ($P< 0.05$). Thus it can be said that more girls than boys face pressure for sex.

Among the respondents who were facing sexual pressures, 25.7 percent female respondents were found complaining to family to get rid from sexual pressure. Similarly 14.3 percent and 8.6 percent female respondents used to be angry and complain to police against sexual pressure respectively. Further, 40 percent male and 20 percent female respondents used to request for not pressuring them for sexual activities, whereas the larger number of respondents i.e. 60 percent male and 31.4 percent female respectively used to cry/shout against sexual pressure (See in Table No 6). Sex distribution of respondents in relation to various coping mechanism was not observed statically significant ($P>0.05$) so that there was no gender/sex difference between different coping mechanism of AYDs.

4.7 Sexual Desire, Ways of Expression and Cause Not Express

It was assessed that 66.3 percent male and 43.1 percent female respondents had sexual desired (See in Table No 7) and there was statistical significant difference between sex and sexual desire ($P<0.05$). Moreover, it was that the majority i.e. 21.9 percent and 13.8 percent female of those respondents who had sexual desire used to express their sexual desire (See in Table No 7). There was significant difference between sex of respondents and their desire to express sexual urge ($P<0.05$). Thus, it can be concluded that male than female AYDs AYDs were more interested to express their sexual desire.

Out of those who expressed their sexual desire and urge, 56.8 percent male and 68 percent female expressed by talking with their peers. Similarly 2.7 percent and 8 percent female expressed their sexual desire by watching pornography, 21.6 percent male and 4 percent female used to masturbate to satisfy their sexual desire and 18.9 percent male and 20 percent female used to satisfy their sexual desire by reading pornography literatures.

Out of those who did not express their sexual desire despite of having sexual desire, urge and interest, 56 percent male and 62.3 percent female did not express due to shyness. Similarly 9.3 percent male and 18.9 percent female stated that they were compelled to not express their sexual desire, while 34.7 percent male and 18.9 percent female did not express because they had no person to express. There was no significant association ($P>0.05$) so that there was no difference between various causes and sex of respondents.

4.8 Sexual Behaviors, Sexual Exploitation and Coping Mechanism

According to the table data in response to preferred sexual behaviors, 17.2 percent male and 23.2 percent female preferred abstinence. Similarly 23.8 percent male and 5.5 percent female preferred masturbation, 22.5 percent male and 11 percent female preferred vaginal intercourse and 0.6 percent male and 6.1 percent female preferred anal sex. Furthermore, 11.8 percent male and 8.8 percent female had no preference to sexual behavior they like any one only 4.1 percent male respondents preferred oro-genital sex. There was proportional difference between sex over preferred (different) sexual behaviors ($P<0.05$) (See in Table No 8).

Among the total respondents, 97 percent male and 79.6 percent female had not faced any sexual exploitation but 3 percent male and 20.4 percent female were found sexually exploited. This was further observed that there was statistical significant difference that male and female had sexual exploitation differently ($P<0.05$) so that it can be concluded female AYDs than male AYDs were sexually exploited. Out of those who faced sexual exploitation, 40 percent male and 54.1 percent female faced verbal exploitation. In the same way, 60 percent male and 21.6 percent female AYDs were physically exploited, while only female respondents have faced visual exploitation that accounted for 24.3 percent (See in Table No 8). Among those who faced sexual exploitation, 40 percent male and 24.3 percent female used to ask help from other at the time of exploitation, while 40.5 percent and 8.1 percent females used to run away from the place and fighting against respectively. Similarly 40 percent male and 13.5 percent female used to request not to exploit and 60 percent male and 37.8 percent female used to complaining to their friends.

4.9 Menstruation and Wet-dream

It was found in respondents that 66.3 percent male and 78.5 percent female experienced wet dream and menarche respectively, while 33.7 percent male and 21.5 percent female did not experienced wet dream and menarche respectively. It was further identified that 71.4 percent male and 92.3 percent female experienced it in the age group of 13-15 years. Similarly, 19.6 percent male and 4.9 percent female experienced wet dream and

menstruation respectively in the age group of 16-19 years and 8.9 percent male and 2.8 percent female experienced it in the age group of 20-24 years. The mean age for experiencing wet dream was 15.16 years with standard deviation 2.6 years and the mean age for first menstruation was 13.8 years with the standard deviation 1.9 years (See in Table No 9).

With regard to the problems felt by the respondents at the time of wet dream and first menstruation, 31.7 percent female respondents had excessive bleeding during the menstruation period whereas weakness was the problems for 42 percent male and female consist of 35.2 percent. Likewise 12 percent female experienced vomiting during that period and pain in genital was experienced by 24.1 percent male and 28.2 percent female, laziness/dizziness was felt by 36.6 percent male and 29.6 percent female and 10.7 percent and 10.6 percent felt headache problems at the time of wet dream and menstruation (See in Table No 9).

To cope against problems, 8.9 percent male and 20.4 percent female went for check ups and treatment in that situation, while majority of respondents (47.3 percent male and 21.1 percent female) used to discuss with their friends. Likewise, 43.7 percent male and 58.4 percent female did nothing to cope against the problems. There was proportional difference between different coping mechanism against menstruation/wet dream with the gender differences of AYDs ($P<0.05$).

4.10 Knowledge of Physical Changes During Adolescence and its Coping Mechanism

A total of 74 percent male and 57.5 percent female were aware about changes occur during the adolescence period and rest of respondents did not know about changes of adolescence period. There was significant difference that different sex had different knowledge on changes ($P<0.05$) (See in Table No 10). The data also described that more male than female are aware to changes during adolescence period.

Among the respondents who were aware with the change of adolescents, 1.6 percent male and 69.2 percent female knew menstruation as a change in adolescence stage, likewise 38.4 percent male and 48.1 percent female reported increase in size of sex organ was a change. The majority of respondents i.e. 51.2 percent male and 49 percent female reported growing pubic hair was a change. Moreover, 38.4 percent male and 40.4 percent female reported that attraction towards opposite sex was a change and only 2.4 percent male perceived that menstruation, change in size of sex organs, attraction towards opposite sex and growing pubic hair are the changes of adolescence period (See in Table No 10). The figure explains that vast minority of respondents had right knowledge about changes of adolescents.

To cope against uneasy feeling due to physical changes during adolescence, 5.6 percent male and 32.7 percent female used to have discussion with their family, 70.4 percent male and 38.5 percent female AYDs used to discuss with their friends and 0.8 percent male and 1.9 percent female used to discuss with their teachers and neighbors. Rest of

other respondents i.e. 23.4 percent male and 26.9 percent female did nothing despite of feeling uneasy during the adolescence (See in Table No 10). The fact gives that there was good practice that AYDs discussed with family, friends, teachers and neighbour to minimize their tension or worry and also cope against the bad feeling during that stage of the life.

4.11 Sexual Dysfunctions its Types and Their Coping Mechanism

A total of 14.2 percent male and 19.3 percent female had got sexual dysfunctions. Among the respondents who had sexual dysfunction, erectile disorder was 25 percent male and 2.9 percent female. Similarly premature ejaculation was found among 25 percent male only and the rapid orgasm was found among 12.5 percent male and 8.6 percent female respondents. Furthermore, 5.7 percent female had got other type of other type of dysfunction like late orgasm. The distribution of different types of sexual dysfunctions was found statistical significant over sex ($P<0.05$) (See in Table No 11).

To get rid and feel comfort from the problems, 37.5 percent male and 28.6 percent female had health check up/treatment against their sexual dysfunction. Likewise 29.2 percent male and 14.3 percent female used to discuss with their friends, and 2.9 percent female discussed with their family and rest 33.3 percent male and 54.3 percent female did nothing to cope against their sexual dysfunctions. The large segmanet of the respondents did nothing. Probably, they did not have enough education or information about the problems that it can be treated or it can be prevented and make the life happy. There was not significant different over sex and coping mechanism ($P>0.05$) so that the proportionate distribution of sex over coping mechanism could not be linked.

4.12 Knowledge on STDs and types of STDs infections

Among the total respondents, the majority of the respondents (55 percent male and 52.5 percent female) had something knowledge about STD and rest did not have (See in Table No 12). There was no statistical difference between sex of respondents over having knowledge about STDs or not ($P>0.05$).

A total 10.8 percent and 11.6 percent reported that they were suffering from STDs and rest did not. There was statistical association between sex of respondents and infection ($P>0.05$). Out of those who were suffering from STDs, the large numbers (70 percent male and 18.2 percent female) were found suffering from genital herpes and 30 percent male and 27.3 percent female were suffering from Cancroids and 54.5 percent female were suffering from Gonorrhoea. There was statistical difference i.e. association between sex and types of STD suffering from ($P<0.05$) (See in Table No 12).

4.13 Source of Information and Respondent's Area of Interest related to SRH

It was assessed that friends and peers was source of SRH knowledge for 59.5 percent male and 46.4 percent female. Similarly family was a source of SRH information for 15.4

percent male and 40.3 percent female respondents. Likewise, school/teachers was a source of information for 29 percent male and 17.7 percent female respondents. Furthermore, neighbors/relatives was source of information for 3.6 percent male and 6.6 percent female and 11.2 percent male and 4.4 percent female respondents got knowledge about SRH from other type of sources like media, newspaper, book, advertisement etc.

AYDs have many issues to be known but many of them are still far behind of true information so that there SRH problems are exiting as usual. Regarding the areas to be known for AYDs, 32 percent and 51.4 percent were interested to know about safe sex, 42 percent male and 16 percent female had interest to know about STDs, 14.2 percent male and 9.4 percent female respondents need to know about SRH rights and 2.4 percent male and 17.4 percent chose pregnancy and child birth issues as their area of interest to be known. Similarly, 7.7 percent male and 5 percent female wanted to know about family planning and 1.8 percent male and 1.1 percent female had interest about other type of issues like abortion, safe motherhood, nutrition etc.

CHAPTER – V

FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 FINDINGS

Adolescents and Youths with disabilities (AYDs) is one of important and the minority segment of Nepalese society and population. It is also marginalized from main stream of our society. On other hand, sexuality is still one of the taboos in our society. In this situation, AYDs may not bring out their sexual problems and talk with other people so that it can be prevented or minimize these problems in time. The following are the findings of the study.

5.1.1 Socio-demographic Characteristics of AYDs and Their Family Head.

a) The total number of male and female AYDs consists of 48.28 percent male and 51.7 percent female. The sex ratio was found to be 93.4 male per 100 female.
b) The average age of male and female respondents was 17.9 and 18.4 year respectively.
c) The large segment of respondents was in the age group 20-24, which consists of male 33.1 percent and female 41.1 percent.
d) The vast majority of respondents followed Hinduism (male 96 percent and female 95 percent) followed by Christianity (3.6 percent male and 0.6 percent female) and Islam (4.4 percent female).
e) The large number of respondents had primary education (24.3 percent male and 28.2 percent female) followed by LS level (32 percent male and 13.8 percent female) and illiterate (16 percent male and 28.2 percent female).
f) Majority of respondents belongs to single family (63.3 percent were male and 55.2 percent female)
g) The average size of family was 7.7. The majority of respondents had 6 to 10 (46.7 percent male and 47 percent female)
h) The majority of respondents' family were headed by their father (male 71 percent and female 79.6 percent) followed by mother (8.3 percent male and 9.9 percent female), brother (5.3 percent male and 6.1 percent female) and others i.e. grandparents, uncle/aunty, sister in law etc (15.4 percent male and 4.4 female).
i) A total of 39.6 percent male and 48.1 percent female respondents' family head were illiterate.
j) The median income of head of family was Rs 1000 per month and The majority (90.5 percent male and 84.5 percent female respondents' head of family) had monthly income below 5000 rupees per month.
k) The occupation of head of family was agriculture (male 52.7 percent and 66.3 percent) followed by Daily wages (20.7 percent male and 22.7 percent female), business (10.7 percent male and 5.5 female), gov job (6.5 percent male and 2.2 percent female) teaching (0.6 percent male and 2.2 percent female) and other i.e. abroad job, carpentry, meson etc (7.7 male and 1.1 females)

5.1.2 Types of Disability and Causes

a) The majority of respondent's disability had LLD (85 percent male and 52.9 percent female) followed by Both LLD and ULD (26.6 percent male and 22.7 percent female), ULD (10.1 percent male and 7.2 female), blind (3 percent male and 5 percent female), visual impaired (8.9 percent male and 9.9 percent female) and HNSD (only 1.2 percent male).
b) The causes of disability were diseases (46.2 percent male and 42 percent female), congenital/birth defects (27.8 percent male and 30.4 percent female), accidents (25.4 percent male and 27.6 percent female) and spine disorder (only 0.6 percent male).

5.1.3 Marital Status and Its Associated Factors of AYDs

a) A total of 16.6 percent male and 22.7 percent female respondents were married.
b) The majority of male (50%) and female (58.5) got their marriage in age of 20 to 24 years and 16 to 19 years respectively.
c) The causes not to marry among those who did not get marriage were small age (40.4 percent male and 35.7 percent female), no interest (19.1 percent male and 14.3 percent female), family dislike/denial (2.1 percent male and 4.3 percent female), love tragedy (1.4 percent male and 2.9 percent female), disability (34.8 percent male and 42.1 percent female) and other causes (2.1 percent male and 0.7 percent female)
d) The unmarried respondents (61 percent male and 42.9 percent female) had a plan to get married in future.

5.1.4 Having Boy/Girl Friend and Dating Places

a) The majority of respondents i.e. 71 percent male and 56.4 percent female had girl or boy friends respectively.
b) The major destination for dating were market (38.3 percent male and 40.2 percent female), cinema hall (21.7 percent male and 24.5 percent female), parks (9.2 percent male and 4.9 percent female), historical places (only 9.2 percent male) and restaurant (2.5 percent male and 2.9 percent female) and other like friends house and jungle (1.7 percent male and 3.9 percent female)
c) A total of 34.2 percent male and 43.1 percent did not go for dating up to the date.

5.1.5 Sexual Contact, Pressure and Coping Mechanism

a) The minority of respondents (20.1 percent male and 26 percent female) had sexual contact.
b) The vast majority of respondents (82.4 percent male and 87.2 percent female) had sexual contact with their spouse, 14.7 percent male and 12.8 percent female had with their girl and boy friend and 2.9 percent male had sexual contact with female sex worker.
c) A total of 3 percent male 19. 3 percent female faced pressure for sexual contact.

d) The coping mechanism against pressure were shouting/crying (60 percent and 31.4 percent respectively) complaining to family (25.7 percent female) becoming angry or showing angry face (14.3 percent female), request not to do so (40 percent male and 20 percent female) and complaining police (8.6 percent female).

5.1.6 Sexual Desire/Sexuality Its Expression Ways

a) A sum of 66.3 percent male and 43.1 percent female had sexual desire. Among them, 21.9 percent and 13.8 percent female used to express their sexual desire.
b) The ways to express or satisfying sexual desire were talking with opposite sex (56.8 percent male and 68 percent female), watching pornography (2.7 percent and 8 percent female), masturbation (21.6 percent male and 4 percent female) and reading porno literatures (18.9 percent male and 20 percent female).
c) The causes not to express sexual desire among those who did not express were shyness (56 percent male and 62.3 percent female), compelling by other to not express (9.3 percent male and 18.9 percent female), there was no one to express (34.7 percent male and 18.9 percent female).

5.1.7 Sexual Behaviours, Exploitation and Its Types and Coping Mechanism

a) The preferable sexual behaviour by respondents were abstinence (17.2 percent male and 23.2 percent female), masturbation (23.8 percent male and 5.5 percent female), vaginal intercourse (22.5 percent and female 11 percent), oro-genital sex (only 4.1 percent male), anal sex (0.6 percent male and 6.1 percent female).
b) A sum of 11.8 percent male and 8.8 percent female had no special preferable sexual behaviour.
c) Only 3 percent male and 20.4 percent female were found sexually exploited.
d) Most of respondents' were verbal exploitation in which male consist of 40 percent and female consist of 54.1 percent and in the second position 60 percent male and 21.6 percent female were physically exploited while, only 24.3 percent female respondents have faced visual exploitation.

e) Various coping mechanism among AYDs were observed against sexual exploitation 40 percent male and 24.3 percent female used to ask help from other while, 40.5 percent and 8.1 percent females respectively used to run away and fighting. Similarly 40 percent male and 13.5 percent female used to request not to do so and finally 60 percent male and 37.8 percent female used to complaining to their friends.

5.1.8 Initiation of Menstruation and Wet-dream, Problems and Coping Mechanism

a) The minority of respondents i.e. 33.7 percent male and 21.5 percent female have not experienced menstruation yet.
b) The majority of male (71.4%) and female (92.3%) experienced their first wet dream and menstruation respectively at the age of 13-15 years.
c) The average of initiation of wet dream and menstruation in AYDs respondents was 15.16 and 13.8 years respectively.

d) The problems faced during wet dream and menstruation by respondents were excessive bleeding (only 31.7 percent female), weakness (42 percent male and 35.2 percent female), vomiting (only 12 percent female), genital pain (24.1 percent male and 28.2 percent female), laziness/dizziness (36.6 percent male and 29.6 percent female) and headache (10.7 percent male and 10.6 percent female).
e) The coping mechanisms against the problems were discuss with their friends (47.3 percent male and 21.1 percent female), check ups and treatment (8.9 percent male and 20.4 percent female), nothing done (43.7 percent male and 58.4 percent female)

5.1.9 Knowledge Regarding Sexual Changes and Coping Mechanism

a) A sum of 42.5 percent female were found unaware regarding changes that take place during adolescence.
b) The majority of male (51.2%) and female 69.2%) knew about growing puic hair and menstruation respectively as the changes that take place during adolescence.
c) The coping mechanism when respondents feel at the time of change were discussion with family (5.6 percent male and 32.7 percent female), discussion with friends (70.4 percent male and 38.5 percent female) discussion with teacher and neighbour (0.8 percent male and 1.9 percent female) and 23.4 percent male and 26.9 percent female did nothing.

5.1.10 Sexual Dysfunctions Its Types and Coping Mechanism

a) A sum of 14.2 percent male and 19.3 percent female were sexually dysfunctional.
b) The sexual dysfunctions among those who had that problems were erectile disorder (25 percent male and 2.9 percent female), premature ejaculation (25 percent male), rapid orgasm (12.5 percent male and 8.6 percent female) and late orgasm (2 percent female).
c) The coping mechanism against sexual dysfunctions were check ups and treatment (37.5 percent male and 28.6 percent female), discussion with friend (29.2 percent male and 14.3 percent female), discussion with family (2.9 percent female) and 33.3 percent male and 54.3 percent female didnothing,

5.1.11 Knowledge Related to STDs and Infection

a) The majority of the respondents (55 percent male and 52.5 percent female) have heard about the STDs.
b) A total of 10.8 percent and 11.6 percent were perceived that they were infected by STDs.
c) Among those who perceived to be infected, the infection were genital herpes (70 percent male and 18.2 percent female), Cancroids (30 percent male and 27.3 percent female) and Gonorhoes (54.5 percent female)

5.1.12 Source of Knowledge Related to SRH and Area of Interest for Knowledge

a) The sources of knowledge related to SRH were friends/peers (59.5 percent male and 46.4 percent female), family (15.4 percent male and 40.3 percent female), school/teachers (29 percent male and 17.7 percent female), neighbors/relatives (3.6 percent male and 6.6 percent female) and other like media, newspaper, book, advertisement (11.2 percent male and 4.4 percent female).
b) The area of interest to be known by respondents were safe sex (32 percent male and 51.4 percent female), STDs (42 percent male and 16 percent female), SRH rights (14.2 percent male and 9.4 percent female) pregnancy and child birth (2.4 percent male and 17.4 percent female), family planning (7.7 percent male and, 5 percent female) and other like abortion, safe motherhood, nutrition etc (1.8 percent male and 1.1 percent female).

5.2 CONCLUSION

Adolescence is on of the developmental stage of life wherein any normal individual face lots of changes to transform into adult and even in early adulthood, in this period, one has to be properly handled and guided to minimize their vulnerability. But the Adolescents and Youths with Disabilities (AYDs) who are one of the socially marginalized may comparatively face lots of problem for their livelihoods especially during adolescence and youth stage and may also not get much care from family and society as well.

This study concludes that average monthly income of the respondent's family was low. Diseases were the prime cause of disability among respondents and most of the diseases are communicable and could be preventable. Majorities of AYDs were not married despite of their interest and plan to get married and female's got marriage earlier than males.

Female respondents' were found more sexually active with their spouses but males were comparatively found more active in having sexual contact with their girlfriend. Most of the respondents used to go market for dating. Although majorities have not faced sexual pressure but females were facing significantly more pressure than males. Male respondents were having significantly more sexual desire and also they used to express their sexual desire more than females whereas as talking was found prominent means to satisfy their sexual desire in both male and female, similarly shyness was observed as a prime cause not to express their sexual desire.

Female were significantly more sexually exploited and most of them used to run away to cope the situation. Verbal exploitation was reported more by both group. Most of the respondents have already experienced menstruation and wet dream wherein females experienced menstruation about two years before male experienced wet dream and weakness was perceived by majority as a problem during menstruation and wet dream and further most of them used to discuss within their family and friends to cope this situation.

Regarding the knowledge of sexual changes majorities of respondents were aware of different kinds of sexual changes that occur during adolescence. Growing pubic hairs was known by majorities. The Coping mechanism during the period of sexual changes was found as discussion with friends/peers, family and teachers. Some sxual

dysfunctions and huge portion do nothing to cope against problems. The prominent source of SRH was respondent's friends/peers and the majorities of AYDs want to know more about safer sex which was their interest area of SRH.

5.3 RECOMMENDATIONS

On the basis of the findings and conclusion following recommendations can be drawn out:

a. Communicable diseases were observed as a prime cause of disability, which are mostly preventable. So, effective program should be developed and implemented which would be in reach of disabled people.
b. Majorities of AYDs have interest to get married and also much more were planning for it. So they should be properly counseled about their appropriateness of marriage in terms of their health and capacity and for these their guardians/ family members, school teachers should be involved.
c. The respondents usually go market, park, cinema hall and restaurant for their dating place so that various reproductive and sex educational message should be displayed by the means of posters, pamphlets and hording boards to aware about SRH related problems and coping mechanism.
d. The majorities of AYDs used to share their reproductive and sexual health problem with their friends, relatives and family members so the special and effective programs targeting to the AYDs should be carried out through peer approach as well as other collective or holistic method in various related issues i.e. sexual desire, exploitation, sexual dysfunction, STIs etc.
e. AYDs were found doing nothing against some kind of problems which is not good because it can bring any big problem in the future so that they should be encouraged and made aware about health seeking behaviour in time and they should be given enough information about the places where they get services about SRH.

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Annex-A

Interview Schedule

Id Number: …

Personal Information

Name (Optional) …… Sex: a) Male b) Female
Address: ……..…… Age:
……
Religion: …….……... Level of education:
…….……
Types of disability: …….…….. Cause of disability:
…….…..

Socio demographic and sexuality related information

SN	Question	Option/s	Code No	Skip
1	What is the type of your family?	1 = Single 2 = Joint		
2	How many members are there in your family?			
3	Who is the head of your family?	1 = Father 2 = Mother 3 = Brother 4 = Other……..……..		
4	What is the main occupation does head of your family involve?	1 = Agriculture 2 = Business 3 = Government Service 4 = Housewife 5 = Daily wages work 6 = Teaching 7 = Other (Specify) ……		
5	What is the level of education does the head of your family have?	1 = Illiterate 2 = Primary 3 = Lower Secondary 4 = Secondary 5 = Proficiency 6 = Bachelor and above		
6	Are you married?	1 = Yes 2 = No		If no, go to Q. No. 10
7	If yes, what age did you get married at?			
8	If yes, what factors enforced you to get married?	1 = Cultural norms/beliefs 2 = Family pressure 3 = Love affair 4 = Friends and neighbor 5 = Other (Specify) ……		

9	If you are married, how many children do you have?	1 = No child 2 = One 3 = Two 4 = Three or more		
10	If you are not married, why haven't you got it?	1 = It is not age of marriage 2 = Do not have interest for marriage 3 = Family does not like 4 = Love tragedy 5 = Disability 6 = Other (Specify) …		
11	If you are not married, are you planning to marry in future?	1 = Yes 2 = No 3 = Do not know		
12	Do you have boy or girl friend?	1 = Yes 2 = No		If no, go to Q. No. 15
13	If yes, do you go for dating?	1 = Yes 2 = No		
14	If yes, where do you go?	1 = Restaurants 2 = Film halls 3 = Parks 4 = Historical places 5 = Markets 6 = Others (Specify) ……		
15	Did you have sexual contact with somebody?	1 = Yes 2 = No		If not, go to Q. No. 17
16	If yes, Who is partner of sex?	1 = Wife or Husband 2 = Boy or girl friend 3 = Other (Specify) ……		
17	Has anybody given pressure for sexual contact?	1 = Yes 2 = No		If not, go to Q. No. 21
18	If yes, how did you cope with that person?	1 = Complaining to family 2 = Becoming very angry 3 = Complaining to police 4 = Requesting not to give pressure 5 = Other ……		
19	Did you use family planning device or method at the last sexual intercourse?	1 = Yes 2 = No		
20	If not, why did not you use?	1 = It was not in need 2 = I do not know about it 3 = Partner did not want it 4 = I was not in access of it though I need it 5 = No availability 6 = Others……		
21	Do you have sexual	1 = Yes		If not, go to

	desire?	2 = No		Q. No. 25
22	If yes, have you ever expressed your sexual desire to anyone?	1 = Yes 2 = No		
23	If yes, how do you express it?	1 = Talking with opposite sex partner 2 = Reading or watching porn materials 3 = Masturbation 4 = Others ……		
24	If you do not express it, why do not you?	1 = Due to shy 2 = No desire of sex 3 =The society compels not to express 4 = There is no one to whom I can express it 6 = Others ……		
25	Which of the following sexual behavior do you like?	1 = Abstinence 2 = Masturbation 3 = Anal intercourse 5 = Orogenital sex 7 = Veginal intercourse 6 = Others…		
26	Does anybody exploit you sexually?	1 = Yes 2 = No		If not, go to Q. No. 29
27	If yes, what sorts of sexual exploitation you have faced?	1 = Verbal 2 = Visual 3 = Physical 4 = Others ……		
28	If somebody exploited you sexually, how did you cope with?	1 = By asking for help from others 2 = By keeping away 3 = By requesting not to do so 4 = By fighting against him/her 5 = By complaining it to friends/family and other respective person 6 = By complaining to police 7 = Others …		
29	Do you have experience of menstruation (female) or wet dream (male)?	1 = Yes 2 = No 3 = Do not know		If not, go to Q. No. 35
30	If yes, at what age?			
31	At the time of first menstruation (for female) and wet dream (for male), what did you do?	1 = I told family member 2 = I discussed with friends 3 = I talked to neighbor and teacher 4 = I kept it secret 5 = Others…		

32	Have you faced any problem during menstruation or wet dream?	1 = Yes 2 = No		If not, go to Q. No. 35
33	If yes, what sorts of problem did you face?	1 = Excess bleeding 3 = Back pain 2 = Abdominal pain 4 = Vomiting 5 = Untouchable 6 = Headache 7 = Lazy, dizziness and weakness 8 = Other …		
34	If you have faced any problem, how did you solve the problem?	1 = Physical examination & medicine 2 = By discussing in family and friends 3 = Nothing was done 4 = Other …		
35	Do you know about sexual changes that occur during adolescent period?	1 = Yes 2 = No		If not, go to Q. No. 38
36	If yes, what sorts of changes came to occur?	1 = Menstruation in girls and wet-dream in boys 2 = Increase in size of sexual organs 3 = Growing pubic hair 4 = Development of breast in girls 5 = Attraction towards opposite sex 6 = All of above 7 = Others …		
37	If you feel something uneasy while changes occurred, how did you overcome with it?	1 = I discussed with my parents 2 = I talked with my friends 3 = I told it to teachers and neighbor 4 = I did not expose about this matter 5 = Others …		
38	Do you think that you have some sexual dysfunction?	1 = Yes 2 = No 3 = Do not know		If not, go to Q. No. 41
39	If yes, what type of sexual dysfunction do you have?	1 = Erectile dysfunction (boys) 2 = Premature ejection (boys) 3 = Painful Intercourse 4 = Vaginismus (girls) 5 = Orgasmic dysfunction 6 = Rapid Orgasm 7 = Others …		
40	If you have any sexual dysfunction problem, how do you solve it?	1 = Health check up and treatment 2 = Discussion with family and friends 3 = Reading or watching porn materials		

		4 = Talking about pornographic matters 5 = Nothing to do 6 = Others …		
41	Do you know about STDs/STIs?	1 = Yes 2 = No		If not, go to Q. No. 43
42	If yes, which of the followings do you know about?	1 = HIV/AIDS 2 = Gonorrhea 3 = Syphilis 4 = Genital Warts 5 = Chancroid 6 = Genital Herpes 7 = Candidiasis 8 = Other ……		
43	Have you ever affected by any STDs/STIs?	1 = Yes 2 = No		If not, go to Q. No. 46
44	If yes, please mention the name.			
45	If you were affected, what did you do to cure it?	1 = Health examination and treatment 2 = I did as friend suggested 3 = Went to traditional treatment 4 = I kept secret and did nothing 5 = Other…		
46	What is the source of knowledge and information regarding sexuality that you have now?	1 = Friends 2 = Family 3 = Neighbor 4 = School 5 = Media 6 = All of these 7 = Others ...		
47	Which of the following area do you need information about?	1 = Safe sex 2 = Pregnancy 3 = Sexual and Reproductive rights 4 = Family planning 5 = HIV/AIDS and STIs 6 = Sexual Development 7 = Others …		

Name of interviewer : …….
Signature : …….
Date : …….

Annex – B

Table 1: Distribution of Respondents by Socio-demographic Characteristics

Demographic characteristics	Male		Female		Remarks
	Frequency	Percent	Frequency	Percent	
Age Group					MA = 17.9 Yrs (M)
13-15 Yrs	54	32.0	57	31.5	18.4 Yrs (F)
16-19 Yrs	59	34.9	49	27.1	SD = 3.8 (M)
20 -24 Yrs	56	33.1	75	41.1	3.9 (F)
Total	169	100.0	181	100.0	
Religion					
Hinduism	163	96.4	172	95.0	
Islam	6	3.6	1	0.6	
Christianity	0	0.0	8	4.4	
Total	169	100.0	181	100.0	
Education Level					
Illiterate	27	16.0	51	28.2	
Only can write name	4	2.4	23	12.7	
Primary	41	24.3	51	28.2	
LS	54	32.0	25	13.8	
Secondary	34	20.1	28	15.5	
Higher SL	9	5.3	3	1.7	
Total	169	100.0	181	100.0	
Types of Family					
Single	107	63.3	100	55.2	
Joint	62	36.7	81	44.8	
Total	169	100.0	181	100.0	
Family Size					ASF = 7.7 SD = 4.1
Up to 5	57	33.7	62	34.3	
6 to 10	79	46.7	85	47.0	
11 to 15	26	15.4	22	12.2	
16 to 20	5	3.0	8	4.4	
21 and above	2	1.2	4	2.2	
Total	169	100.0	181	100.0	

MA = Mean Age, SD = Standard Deviation, AFS = Average Family Size

Table 2: Disability Types and Its Causes by Sex Composition

Responses	Male		Female		Remarks
	Frequency	Percent	Frequency	Percent	
Disability types					
Blind	5	3.0	9	5.0	
Visual Impaired	15	8.9	18	9.9	
ULD	17	10.1	13	7.2	
LLD	85	50.3	100	52.9	
HNSD	2	1.2	0	0.0	
Both ULD & LLD	45	26.6	41	22.7	
Total	169	100.0	181	100.0	
Cause of Disability					
Accident	43	25.4	50	27.6	
Birth defects /congenital	47	27.8	55	30.4	
Diseases	78	46.2	76	42.0	
Spinal Disorder	1	0.6	0	0.0	
Total	169	100.0	181	100.0	

Table No 3: Occupation, Education and Monthly Income of the Head of the Family

Responses	Male		Female		P Value
	Number	Percent	Number	Percent	
Head of Family					
Father	120	71.0	144	79.6	
Mother	14	8.3	18	9.9	
Brother	9	5.3	11	6.1	
Others	26	15.4	8	4.4	
Total	169	100	181	100	
Occupation of HF					
Agriculture	89	52.7	120	66.3	
Business	18	10.7	10	5.5	
Gov Job	11	6.5	4	2.2	
Daily Wages	35	20.7	41	22.7	
Teaching	1	0.6	4	2.2	
Others	13	7.7	2	1.1	
Total	169	100	181	100	
Education of HF					
Illiterate	67	39.6	87	48.1	
Primary	48	28.4	50	27.6	
LS	35	20.7	18	9.9	
Secondary	13	7.7	19	10.5	
Proficiency	4	2.4	3	1.7	
Bachelor	2	1.2	4	2.2	
Total	169	100	181	100	
Monthly Income of HF					
< 5000	153	90.5	153	84.5	
5000-10000	13	7.7	24	13.3	MI = Rs 1000
10000-15000	2	1.2	0	0.0	
>15000	1	0.6	4	2.2	
Total	169	100	181	100	

HF = Head of Family, MI = Median Income, LS = Lower Secondary Level

Table No 4: Marital Status and its Associated Factors by Sex Distribution

Responses	Male		Female		Remarks
	Number	Percent	Number	Percent	
Marital Status					
Yes	28	16.6	41	22.7	
No	141	83.4	140	77.3	
Total	169	100.0	181	100.0	
Age at Marriage					AAM 19.1 Yrs (M) 17.4 Yrs (F) SD 2.1 (M) 2.3 (F)
13-15 Yrs	2	7.1	10	24.4	
16-19 Yrs	12	42.9	24	58.5	
20 -24 Yrs	14	50.0	7	17.1	
Total	28	100.0	41	100.0	
Cause (Unmarried)					
It is not age for marriage	57	40.4	50	35.7	
Do not have interest	27	19.1	20	14.3	
Family does not like	3	2.1	6	4.3	
Love tragedy	2	1.4	4	2.9	
Disability	49	34.8	59	42.1	
Other	3	2.1	1	0.7	
Total	141	100.0	140	100.0	
Planning for marriage					
Yes	86	61.0	60	42.9	
No	55	39.0	80	57.1	
Total	141	100.0	140	100.0	

AAM= Average Age of Marriage

Table No 5: Distribution of Respondents Having Boy/Girl Friend and Dating Places

Responses	Male		Female		Remarks
	Frequency	Percent	Frequency	Percent	
Having boy/girl friend					
Yes	120	71.0	102	56.4	
No	49	29.0	79	43.6	
Total	169	100.0	181	100.0	
Place for dating*					
Restaurant	3	2.5	3	2.9	
Cinema Hall	26	21.7	25	24.5	
Park	11	9.2	5	4.9	
Market	46	38.3	41	40.2	
Historical Places	11	9.2	0	0.0	
Other	2	1.7	4	3.9	
Do not go	41	34.2	44	43.1	

*Multiple Responses

Table No 6: Sexual Contact, Pressure and Coping Mechanism

Responses	Male		Female		Remarks
	Number	Percent	Number	Percent	
Sexual Contact					
Yes	34	20.1	47	26.0	
No	135	79.9	134	74.0	
Total	169	100.0	181	100.0	
Partner for Sex					
Spouse	28	82.4	41	87.2	
Boy /girl friend	5	14.7	6	12.8	
Other	1	2.9	0	0.0	
Total	34	100	47	100	
Pressure for sex					
Yes	5	3.0	35	19.3	P value 0.000
No	164	97.0	146	80.7	
Total	169	100.0	181	100.0	
Coping Mechanism					
Complaining to family	0	0.0	9	25.7	
Becoming angry	0	0.0	5	14.3	
Complaining to police	0	0.0	3	8.6	P value 0.376
Request for no pressure	2	40.0	7	20.0	
Shouting/Crying	3	60.0	11	31.4	
Total	5	100.0	35	100.0	

Table No 7: Sexual Desire, Ways of Expression and Causes Not to Express

Responses	Male		Female		Remarks
	Number	percent	Number	percent	
Sexual Desire					
Yes	112	66.3	78	43.1	P value
No	57	33.7	103	56.9	0.000
Total	169	100.0	181	100.0	
Expression of Sexual Desire					
Yes	37	21.9	25	13.8	P value
No	132	78.1	156	82.2	0.048
Total	169	100.0	181	100.0	
Ways to express/satisfying desire*					
Talking	21	56.8	17	68.0	
Watching pornography	1	2.7	2	8.0	
Masturbation	8	21.6	1	4.0	
Reading porno materials	7	18.9	5	20.0	
Causes not to express sexual desire					
Due to shy	42	56.0	33	62.3	
Other compels to not express	7	9.3	10	18.9	P value 0.091
No body for expression	26	34.7	10	18.9	
Total	75	100	53	100	

*** Multiple responses**

Table No 8: Sexual Behaviors, Sexual Exploitation and Coping Mechanism

Response	Male		Female		Remarks
	Number	Percent	Number	Percent	
Preferred Sexual Behaviors					
Abstinence	29	17.2	42	23.2	
Masturbation	74	43.8	10	5.5	
Vaginal intercourse	38	22.5	102	11.0	P value
Anal Sex	1	0.6	11	6.1	0.000
Oro-genital	7	4.1	0	0.0	
No preference	20	11.8	16	8.8	
Total	169	100.0	181	100.0	
Sexual Exploitation					
Yes	5	3.0	37	20.4	P value 0.000
No	164	97.0	144	79.6	
Total	169	100.0	181	100.0	
Types of Exploitation					
Verbal	2	40.0	20	54.1	
Visual	0	0.0	9	24.3	
Physical	3	60.0	8	21.6	
Total	5	100	37	100	
Coping Mechanism*					
Asking help from other	2	40.0	9	24.3	
Keeping away	0	0.0	15	40.5	
Fighting against	0	0.0	3	8.1	
Requesting not to do so	2	40.0	5	13.5	
Complaining it to friends	3	60.0	14	37.8	

* Multiple Responses

Table No 9: Menstruation, Wet-dream and its Age Distribution of AYDs by Sex

Responses	Male		Female		Remarks
	Frequency	Percent	Frequency	Percent	
Experiencing Menstruation and Wet dream					
Yes	112	66.3	142	78.5	
No	57	33.7	39	21.5	
Total	169	100.0	181	100.0	
Age for Means/Wet dream Initiations					
13-15 Yrs	80	71.4	131	92.3	
16-19 Yrs	22	19.6	7	4.9	
20-24 Yrs	10	8.9	4	2.8	
Total	112	100.0	142	100.0	
Mean age	15.16 Years		13.8 Years		
SD	2.6		1.9		
Types of Problem menarche Or wet dream*					
Excessive Bleeding	0	0.0	45	31.7	
Weakness	47	42.0	50	35.2	
Vomiting	0	0.0	17	12.0	
Genital pain	27	24.1	40	28.2	
Laziness /dizziness	41	36.6	42	29.6	
Headache	12	10.7	15	10.6	
Coping Mechanism					
Checkup/Treatment	10	8.9	29	20.4	
Discussion with family/friends	53	47.3	30	21.1	
Nothing done	49	43.7	83	58.4	
Total	112	100.0	142	100.0	

* Multiple Responses

Table No 10: Knowledge of Physical Changes During Adolescence and its Coping Mechanism

Responses	Male		Female		Remarks
	Frequency	Percent	Frequency	Percent	
Knowing changes During adolescence					P value 0.001
Yes	125	74.0	104	57.5	
No	44	26.0	77	42.5	
Total	169	100.0	181	100.0	
Types Changes*					
Menstruation in girls	2	1.6	72	69.2	
Increase in size sex organ	48	38.4	50	48.1	
Growing pubic hair	64	51.2	51	49.0	
Attraction towards opposite sex	48	38.4	42	40.4	
All of above	3	2.4	0	0.0	
Coping mechanism when uneasy feeling during adolescence					
Discussion with family	7	5.6	34	32.7	
Discussion with friends	88	70.4	40	38.5	
Discussion with Teachers/neighbors	1	0.8	2	1.9	
Nothing done	29	23.4	28	26.9	
Total	125	100.0	104	100.0	

* Multiple Responses

Table No 11: Sexual Dysfunctions its Types and Their Coping Mechanism

Responses	Male		Female		Remarks
	Frequency	percent	Frequency	percent	
Having sexual dysfunctions					
Yes	24	14.2	35	19.3	P value 0.200
No	145	85.8	146	80.7	
Total	169	100.0	181	100.0	
Types of Sexual Dysfuntions					
Erectile Disorder	6	25.0	1	2.9	P value 0.001
Premature Ejaculation	6	25.0	0	0.0	
Rapid orgasm	3	12.5	3	8.6	
Other	0	0.0	2	5.7	
Total	24	100.0	35	100.0	
Coping Mechanism					
Health Check Up/Treatment	9	37.5	10	28.6	P value 0.266
Discussion friends	7	29.2	5	14.3	
Discussion family	0	0.0	1	2.9	
Nothing done	8	33.3	19	54.3	
Total	24	100.0	35	100.0	

Table No 12: Knowledge on STDs and types of STDs infections

Responses	Male		Female		Remarks
	Frequency	Percent	Frequency	percent	
Knowing About STDs					
Yes	93	55.0	95	52.5	P value 0.633
No	76	45.0	86	47.5	
Total	169	100.0	181	100.0	
Infected by any STDs					
Yes	10	10.8	11	11.6	P value 0.898
No	83	89.2	84	88.4	
Total	93	100.0	95	100.0	
Types of STDs					
Gonorrohea	0	0.0	6	54.5	P value 0.013
Chancroid	3	30.0	3	27.3	
Genital herpes	7	70.0	2	18.2	
Total	10	100.0	11	100.0	

Table No 13: Respondents source of information and their interest area of SRH

Responses	Male		Female		Remarks
	Frequency	percent	Frequency	percent	
Source of Information*					
Family	26	15.4	73	40.3	
Friends	100	59.2	84	46.4	
School/teacher	49	29.0	32	17.7	
Neighbors/relatives	6	3.6	12	6.6	
Other	19	11.2	8	4.4	
Areas of Interest					
Safe sex	54	32.0	93	51.4	
Pregnancy and development	4	2.4	31	17.1	
STDs	71	42.0	29	16.0	
Family Planning	13	7.7	9	5.0	
SRH rights	24	14.2	17	9.4	
Other	3	1.8	2	1.1	
Total	169	100.0	181	100.0	

* Multiple Responses

Annex – C

Information Sheet and Oral Informed Consent Form

I have read or was read the forgoing information. I had the opportunity to ask any question about it. All of my queries were answered satisfactorily. I have understood that it is a research work for finding level of awareness on HIV/AIDS among people with physical disabilities of Bankey and Bardia district, Nepal. I have fully understood the purpose and duration of this research. I have got a clear idea of this research including the procedures to be followed.

I have understood that my personal identification and other social information will be kept highly confidential and the records connected with my participation in this research will be safeguarded. My name will not be revealed in any publication that may arise from the study. I will not have any risk and discomfort of participating into this research.

It is clearly known me that I will not be benefited financially or will not get incentives for my involvement in this research. I have been informed that if I have further questions concerning the research conducted. I have understood that I have the right to leave this research at any time for any reason what so ever. I may cancel my consent and withdrawn from the study without penalty. I have been informed that I will be given a copy of this consent.

I do, hereby, oral consent voluntarily to participate as a subject in this.

Annex – D

Criteria for Identification of AYDs in Field

Adolescents and Youth meeting at least one criteria of the following can be the respondent for the study.

AYDs with Physical Disability

Lower Limb Disability

a. Defect in any part of lower limb of the body.
b. Unable or loss of function of organ or any part of lower limb.
c. Congenital defects in lower limb.
d. State in lower limb produced by accident or injury
e. Uncontrolled movement of lower limb structure or any part of lower limb.

Upper Limbs Disability

a. Defect in any part of upper limb of the body.
b. Unable or loss of function of organ or any part of upper limb.
c. Congenital defects in upper limb.
d. State in upper limb produced by accident or injury
e. Uncontrolled movement of upper limb structure or any part of upper limb.

Both Lower and Upper Limb

a. Defect in any part of both lower and upper limb of the body.
b. Unable or loss of function of organ or any part of both lower and upper limb.
c. Congenital defects in both lower and upper limb.
d. State in both lower and upper limb produced by accident or injury
e. Uncontrolled movement of lower limb structure or any part of both lower and upper limb.

Head, Neck and Spinal Disorder

a. Defect in Head or Neck, or Spine or combination of both or three.
b. Unable/feeling difficult to work daily due to physical problems in Head, Neck and Spine.
c. Congenital defects in Head or Neck, or Spine or combination of both or three.
d. Any state in Head or Neck, or Spine or combination of both or three.
e. Uncontrolled movement of Head or Neck, or Spine or combination of both or three.

AYDs with Visual Disability

Blind

a. Can not see (even after the operation, medicine, and using glass) finger from the distance of 10 feet.
b. Can not read letters of first line (6/18) of the Snellen chart.

Visually Impaired

a. Can not see (even after the operation, medicine and using glass) finger from the distance of 20 feet.
b. Can not read letters of fourth line of Snellen Chart.

Annex – E

The Team of the Study

SN	Key Member of Team	Position/Responsibility
1	Ramesh Rana	Principal Investigator
2	Subash Adhikari	Co-Investigator
3	Bishnu Prasad Poudel	Co-Investigator
4	Mina Neupane	Data entry
	Field Level Staff	
1	Dal Bahadur Sunar	Supervisor
2	Rana Bahadur Chaudhari	Enumerator
3	Rabina Chaudhari	Enumerator
4	Ganeshi Chaudhari	Enumerator
5	Bijaya Sunar	Enumerator
6	Jayashara K.C.	Enumerator
7	Shyam Chaudhari	Enumerator
8	Sabita Chaudhari	Enumerator
9	Tika B.K.	Enumerator
10	Shiva Khanal	Enumerator
11	Harikala B.K	Enumerator
12	Muna B.K	Enumerator