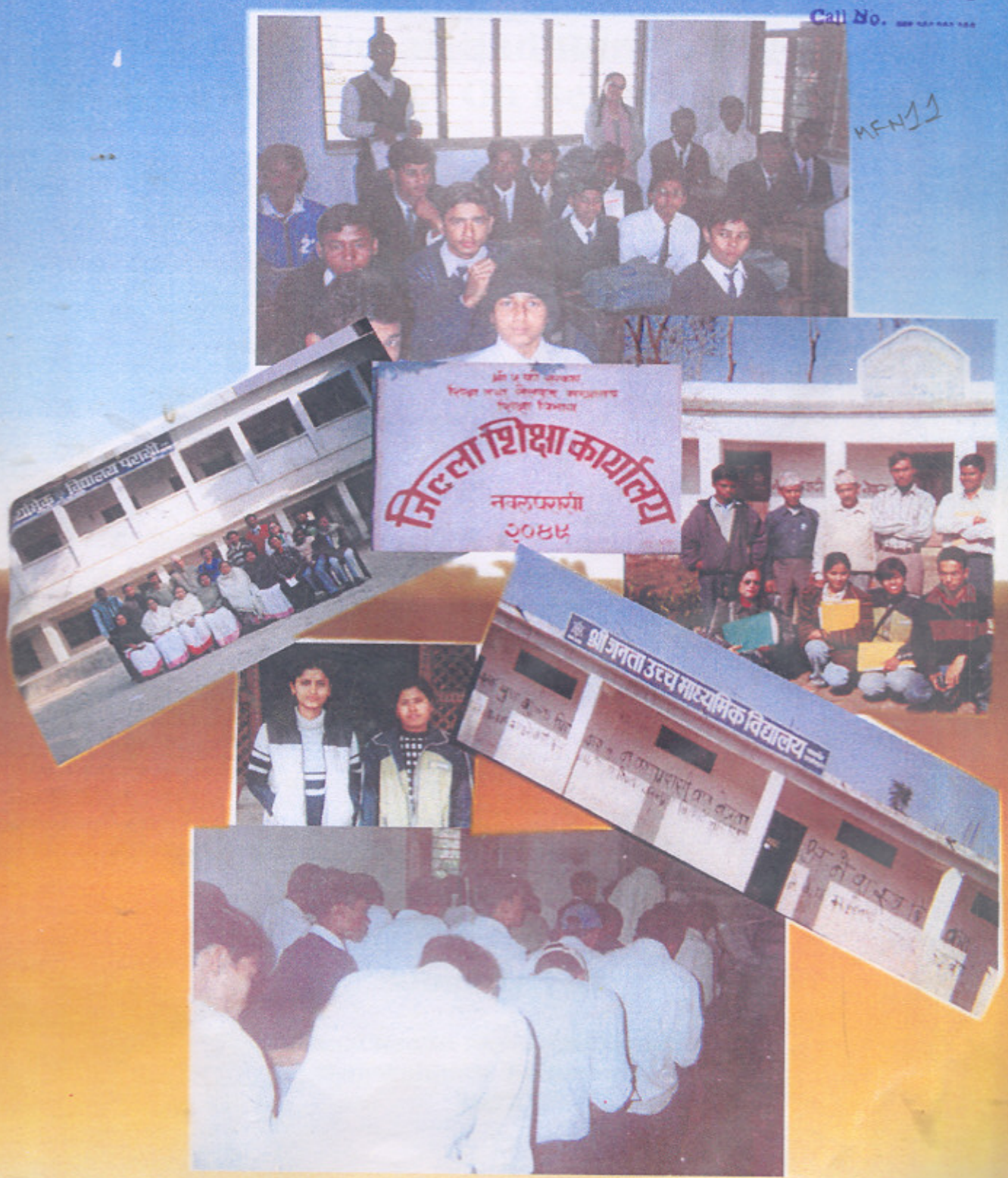
KAP Study of Urban and Rural Adolescents of Nawalparasi District on Reproductive Health



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Submitted by:
Shreejana Pokheral
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KAP Status of Urban and Rural Adolescent of Nawalparasi District On Reproductive Health

"A Comparative Study between Government/ Private and Urban/Rural Adolescents of Nawalparasi District"

Principal Investigators

Shreejana Pokharel
Sujeeta Shakya

Submitted to

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The research report submitted

by

Shreejana Pokharel
Sujeeta Shakya

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"KAP Status of the Urban and Rural Adolescent of Nawalparasi District On Reproductive Health "

has been approved and accepted as undergraduate level grant provided by Nepal Health Research Council.

Approved by:

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Date .....

Table of Content

Preface

It is indeed the great opportunity provided by the Nepal Health Research Council (NHRC) by supporting the students to conduct research on the relevant topics. It is pleasure as well as our rare privilege that we were awarded with such great opportunity. It is very encouraging that it had provided us a chance to apply our theoretical knowledge as well as provide us the platform to practice skills.

This study was conducted with the aim of constructing a profile of the rural and urban adolescents of Nawalparasi District. Probing into the minds of the 451 students randomly selected from 8 schools (including government and private) , the survey attempts to describe the KAP level on various aspect of Reproductive Health. Additional information regarding Reproductive Health was also collected from the specified health teacher in each school.

Adolescent, a largely neglected and undefined age group in Nepal is seeking a greater understanding of their concerns and need. It is hoped that the survey will shed light on programme planning and implementation of the Reproductive Health related programs for an important age group whose voices need to be heeded.

All the findings of the study are summarized comprehensively in this research. This research report contains 6 parts - Introduction, Literature review, Methodology, Finding and Discussion, Recommendation and Annex.

As we are students and are in learning phase there might be some errors /mistakes or may be some missing steps. There may be some technical errors and language related problems, which we hope will be considered. We would be highly obliged to you for your valuable comments and suggestions for the future improvements.

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We are grateful for the financial assistance provided by the NHRC as a research grant for this research. Lastly, our special and hearty thanks go to all our friends, organizations and our family members who provide constant encouragement and support and played vital role for the completion of this research.

- Shreejana Pokharel & Sujeeta Shakya
Principal Investigators

Abstract

The current study entitled "KAP Status of the rural and urban adolescents of Nawalparasi District on Reproductive Health" was conducted with the major objective of assessing and comparing the Knowledge, Attitude and Practice status of the school adolescent (Government and Private) regarding various Reproductive Health components. The components include Family Planning, STD, HIV/AIDS, Abortion, Reproductive system, Sexuality, Hygiene maintenance during menstruation etc. Beside these the study also identifies the need and demand of the adolescents.

The study design is Descriptive in nature. The study population is adolescents (male and female) of government and private schools of Nawalparasi district covering class 8 and 9. The study area includes 8 schools - 4 from urban area (2 government & 2 private) and 4 from rural area (2 government & 2 private). The sampling technique is Stratified random sampling. The main data collection is Self- administered questionnaire, FGD and Interview with the Health Teacher. In the survey altogether 451 students were included for the Self-administered questionnaire and 8 teachers for the key informant interview. In total 25 students participate in the 4 FGD, which include 2 in government, and 2 in private schools.

An analysis of the data reveals following findings: The age of the student falls in the range of 12 to 19 years. The sex distribution of the students includes 276 males and 174 females. Among them 126 males and 113 females are from government school while 150 males and 61 females are from private school. Out of 451 students, 27 (6%) of them were already married; among them 25 were from government school. In case of HIV/AIDs, although overwhelming majority about 99% said that they had heard about HIV/AIDs only 54.4% gave correct answer regarding its transmission. Media is the main source of information. In case of STD only 14.6% of the respondents can give correct answer while 3.6% said that they had no idea about sign and symptoms. In case of the family planning 43.46% and 37.55% gave correct answers for male and female contractive respectively. About 3.76% were currently using Family Planning devices. About 43% of the respondents had experienced sexual activities - 34% experienced holding hands, 13% experienced hug and kiss, 4% experienced that somebody get in touch without their interest, 5% had experienced sexual contact. Among those who experienced sexual contact 21 were male and 2 were female.

About the RH problems 6.4% had wound in the private parts, 2.7% had experienced pus discharge from their genital organs. Other specified problems are burning micturation, abdominal pain and itching in private parts. About 19% of the respondents said that they don't have facility for RH problems. Majority demand the places near in the village where it is more accessible and the service provided should be kept confidential. Analysis shows that 98% of the respondent said that they had RH class however only 56% said that the way & the subject matter taught were adequate. Regarding the attitude, it was found that 53% of the respondent had positive attitude, 31% had negative attitude toward FP while 16% were found to be neutral. This shows that although the knowledge about FP is satisfactory there is significant difference in the Knowledge and Attitude.

The study shows that the most of the student have general Knowledge about Reproductive health issues, there is lacking of the more specific information on it. From the survey it was found that they were very much enthusiastic to learn more about these issues. So the NGOs/INGOs/Government authority working in this field should develop adequate and appropriate programme in various settings so as to reach more adolescents for the betterment of their Reproductive Health.

List of Acronyms

ASFR	=	Age Specific Fertility Rate
BPH	=	Bachelor in Public Health
DEO	=	District Education Office
Depo	=	Depo-provera
DoHs	=	Department of Health Services
DPHO	=	District Public Health Office
FCHV	=	Female Community Health Volunteers
FGD	=	Focus Group Discussion
FP	=	Family Planning
FPAN	=	Family Planning Association of Nepal
HE	=	Health Education
HIV/AIDS	=	Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome
HMG/N	=	His majesty Government Nepal
HP	=	Health Post
ICPD	=	International Conference for Population and Development
IEC	=	Information, Education and Communication
IOM	=	Institute of Medicine
KAP	=	Knowledge, Attitude and Practice
MOH	=	Ministry of Health
NA	=	Not available
NFHS	=	National Family Health Survey
NHRC	=	National Health Research Council
PHCC	=	Primary Health Care Center
RH	=	Reproductive Health
RTI	=	Reproductive Tract Infection
SHP	=	Sub Health Post
STDs	=	Sexually Transmitted Disease
TFR	=	Total Fertility Rate
TOT	=	Training of Teachers
UNFPA	=	United Nations Fund for Population and Development
VDC	=	Village Development Committee
WHO	=	World Health Organization

Introduction

"Adolescents of today are adults of tomorrow. They are very promising human resources and can make great contribution for building tomorrow's society."

Adolescent, the second decade of the life (10-19), is a period of rapid development, when young people acquire new capacities and are faced with many situation that create not only opportunities for progress, but also risk to the health and well-being. It is a time when growth is accelerated, major physical changes takes place and differences between boys and girls are accentuated.

The term adolescent has been defined as including that age between 10 and 19. However true adolescent is the period of the physical, psychological and social maturity from the childhood to the adulthood. Adolescent and youth constitute the backbone for the development is obvious. Adolescent age is the most sensitive, vulnerable, less confidence, lack of decision making power etc which may lead them to the worst behavior and pushing into unsociable work.

The rapid growth that occurs in adolescence demands extra nutritional requirements. During this period, more than 20% of the total growth in stature and upto fifty per cent of adult bone mass are achieved. Adolescent girls also need additional requirements of iron, up to fifteen percent, to compensate for the physiological blood loss. Anemia is also a problem for the adolescent boys due to rapid growth and development of the muscle mass. The nutritional status of the young girls, prior to the pregnancy, is important and impacts on the course and outcome of their pregnancy. Entering motherhood in deficient nutritional state places both the mother and newborn at risk of an adverse outcome. Foundations of adequate growth and development are laid during childhood and adolescence.

Adolescence is also a time of mental and psychological adjustment; a situation of being no longer a child, but not an adult either. The main change is the development of an integrated and internalized sense of identity. This means, to some degree, drawing away from other members of the family and developing more intense relationship with peers. Involvement with groups of the same sex, to mixed groups and sexual pairing may takes place. In traditional societies, the earlier maturation of girls has been acknowledged by early marriage. However, the mean age of marriage is rising while the age of puberty in both sexes appears to be falling, creating a longer period during which premarital sexual relationship s may occur. Adolescence is also a time to explore new interests and influences, which can mould their thinking, ideas and actions. Adolescent behavior during these years could range from exploring sexual relationship to alcohol, tobacco and substance abuse. Young people may be tempted to emulate their role model characters in TV or in cinema, often with disastrous consequences. Peer pressure may lead to risk taking behavior. And adequate access to services and lack of a supportive environment may affect their health and development. Therefore, the support and understanding from family members during this phase is crucial in enabling them to meet their challenges.

While a holistic approach to adolescent health is advocated, with every effort being made towards a functionally integrated approach across sectors and disciplines, the Health Ministry in every country has to take a leading role. They must seek out and encourage multi-sartorial partnerships and ensure that they design specific need-based programmers to address the problems of youth.

Most UN agencies give high priority to the adolescent health programs. In the 1980s, the World Health Assembly passed resolutions urging member states to promote adolescent health. In 1989, UNICEF and UNFPA joined WHO and issued a joint statement on the reproductive health of adolescents. The 1994 International Conference on Population and Development (ICPD), Cario, Egypt, also re-emphasized and highlighted the needs of adolescents. The young people of today are the adults of tomorrow. While today's world offers remarkable opportunities for adolescents it also threatens their health. Therefore, it is of paramount importance that an environment be created in which adolescents can realize their full potential and grow to healthy and responsible adulthood.

Statement of the problem

"Today's world offer remarkable opportunities for adolescent but also threatens their health and development."

Adolescence is a period of transition from the childhood to the adulthood. These are the formative years when maximum amount of physical, psychological and behavior changes takes place. These years are also time of preparation for undertaking greater responsibilities, a time of exploration and widening horizons, and a time to ensure healthy all round development. Despite the biological and social significance of this phase of life, adolescent health has not received adequate attention, until recently in many developing countries.

Nearly half of the population is under 25. Over a billion are young people between the ages of 15 and 24, the parents of the next generation. Their decision about education, sexual relationship, marriage and childbirth will have an enormous impact on their lives and in turn, on their communities and nations.

Young women and men face many risks -unwanted pregnancy, HIV/AIDS and other sexually transmitted diseases, sexual exploitation and alienation - yet they receive inadequate information, guidance and services to help them negotiate the difficult passage to adulthood. Ignoring these issues incurs a high cost in ill health, wasted opportunities and social disruption.

More than 14 million adolescent give birth each year, and large proportions of these pregnancies are unwanted. Countless girls dropout from school each day because of pregnancy. Half a million people acquire a sexually transmitted disease each year. Each minute, six more young people become infected with the HIV virus, which causes AIDS.

In many countries the topic of adolescent sexuality and reproductive health is politically and culturally sensitive; as a result the reproductive health information and services don't reach most youth. However, some 55 countries have taken policy and program measures to address the health need of the adolescent s. Given the high level of demand, UNFPA is intensifying efforts to find acceptable and effective ways to help young people protect their reproductive health and their futures.

The spread of HIV/AIDS has highlighted the risk posed by the lack of reproductive health information and services for young people. Approximately half of all people who acquire HIV/AIDS become infected before they turn 25 and typically die before their 35th birthday. The disease is wiping out the years of progress, robbing nations of their most productive workers and children's of their parents. Left behind are more than 11 million AIDS orphans. In hard hit countries, AIDS is taking a disproportionate toll on young women who are becoming infected by older men.

As the largest ever generation of young people enters adulthood, education and information can affect when they marry, how many children they will have, and the well being of their future families and the nation in which they live. For young women, the right to exercise greater control over their sexuality and reproductive lives; free of coercion, discrimination and violence, is the key to better future.

All young people are not same. Many are sexually active and many are not; some are already married and some are not. Some live at home and others are on their own, even at an early age. Many go to school and many don't; some are in crisis or difficult circumstances. While their situations vary, all young people need and want information about their sexuality, their reproductive health and how they can plan their families.

In many parts of the world, school curricula are highly theoretical and not closely related to everyday life. Channels of communications between teachers and students are hierarchical, and discussion is limited. The concept of guidance and counseling from teachers to students is also lacking. School programs may fail to address certain sensitive issues because parents, educators, religious leaders or policy makers may be reluctant to address them. Consequently many youth centered programs don't offer the information and services that are needed; education on sexuality, women's health, family planning and nutrition is limited.

Studies shown that family life education should begin early, in some countries even before adolescence, to help young people through the years when they are learning about their sexuality and beginning to be interested in sexual matters. Messages for sexually active youth should be different from messages for youth who haven't initiated sexual activity and should be as specific as possible.

One of the most important parts is that information and education can be largely wasted if sexually active adolescent and youth don't have access to appropriate services. Many governments are increasingly aware of the necessity of providing such services if their other efforts at promoting adolescent reproductive health are to be effective.

Importance of giving more focus on the situation on adolescent health is strengthen by the fact that it is the period with the the optimal mix of physical, physiological and behavior potential, and thus the opportune time for laying the foundations for a healthy, responsible and productive life ahead. Healthy habits adopted during adolescent remain for life. They contribute in preventing premature deaths during and after the adolescents phase, among others. Similarly it is recognized that the adolescents is also the time of self-assertion, experimentation including initiation of certain health damaging risk behaviours. Complication of health problems in adolescents can last for life and they can even extend to the next generation. A well thought out and socio-culturally sensitive health strategy on adolescent health could, thus, effectively contribute to preventing the transmission of these health problems to the next phases of the people's lives and that of their babies.

Relevance of the study

"Investment in adolescent is the key source to future."

Nepal being the signatories of the ICPD plan of action is committed to improve the reproductive health of its people. According to the 9th five-year plan and second long term health plan has emphasis on developing special program in population and reproductive health. This is followed by development of the National Reproductive health strategy. In the National reproductive health strategy adolescent reproductive health has been identified as one of the important components of the overall reproductive health.

The global community, with the Cairo Program of Action at the International Conference on Population and development (ICPD) and again the at the fourth International Conference on women (ICW) in Beijing resolved "to protect and promote the rights of the adolescent to the sexual and reproductive health information and services"

Nepal is a country of great diversity with quite varied topography, culture and religions. There are over 200 ethnic and linguistic groups. All of these factors- physical accessibility, different social and cultural beliefs, varying health practices and health seeking behavior - influence adolescent reproductive health. Despite the decline in the Nepal's population growth (2.6 to 2.10) and a visible drop in TFR (from 6.33 to 4.6), adolescent constitutes the sizable proportion (about one fifth) of the total population (23 %), which will fuel future population growth. The proportion and rate of growth of the adolescent population vary substantially between urban and rural settings, ecological regions and ethnic groups. The effects of the adolescent growth rate, and ecological and cultural diversity with in the adolescent population, will pose the serious challenges for the government to meet the educational and health needs of the adolescent.

Furthermore, it has been recognized that adolescent sexual behavior is undergoing changes and there is an urgent need to cater to their RH services. The general status of the adolescents is poor and the RH services should be responsive to their needs. The main issues confronting the Adolescent Sexual and Reproductive Health are as follows:

- The adolescent fertility rate (1.31) contributes significantly to Nepal's TFR (28 percent). In addition, age specific fertility rates (ASFR) shows a shift n the fertility peaks to the younger age groups (15-19 and 20-24 years). This trend indicates that family planning and reproductive health services should be targeted to younger as well as older adolescents.

- The adverse sex ratio (108) among the younger adolescent population in rural areas (112) indicates the lower status of girls and women in rural areas as compared to urban areas (with an overall sex ratio of 99.5).

- The mean age of marriage is 18. An estimated 60 percent of marriage takes place to girls younger than 18 years.

- Child marriages, a traditional feature of the predominantly Hindu culture, are reportedly on the rise again after leveling off for a number of years.

- Evidence suggests that the age at menarche is decreasing, particularly in urban areas.

- There is evidence that polygamy is also increasing.

- Pre-marital sex appears to be increasing among adolescent of both urban and rural areas. The mean age of first sexual contact is reported to be 18 yrs.

- Maternal mortality is among the highest in the sub-region at 539 per 100,000. For adolescent girls (15-19 years), it is 864 per 100,000. Discussion revealed that adolescent girls 15-19 years represent the largest percentage of reproductive age deaths (19 percent). Adolescent girls from conservative and low cast communities are particularly at risk.

- Although abortion is legally restricted In Nepal, studies reveal that Nepalese women do resort to induced abortions (11 percent of all abortion) for various reason such as unwanted and out-of-wedlock pregnancies. Nearly 7 % of all abortions cases were attributed to adolescents younger than 20 yrs at age. In addition, recent study by the Department of Health services, of 1,1178 hospital admissions of women of women of reproductive age in three district of Nepal, found that the leading cause of morbidity was due to complication from abortion.

- The incidence of STDs and HIV/AIDS is increasing at an alarming rate. Among adolescent boys, 10 percent reported their first sexual contact was with commercial sex workers. Fifty percent of female adolescent STD patients are reportedly involved in the commercial sex trade. Just fewer than 1 in 5 of these patients (16-19 years) were found infected by the HIV virus.

- The adolescent literacy rate is low. Less than 40 percent of the adolescent are literate. The school dropout rate is high, especially among girls. There are wide gender disparities in educational attainment that increase over time.

- Drug abuse among adolescent is increasingly emerging as an issue and threat. There is an estimated 50,000 drug dependent person s in Nepal.

- Girl trafficking and forced prostitution are increasing. Some estimates are that as many as 200,000 Nepali women and girls work as Commercial sax workers in India. Parents and relatives often act in collusion in the sex trade. Poverty and the low status of girls and women are the responsible factors.

- Child labor and sexual slavery - including prostitution, domestic abuse, incest, rape and the international trafficking of girls - are the most common forms of exploitation and violence against adolescent.

(Source: The South Asia Conference on Adolescents, July 1998, UNFPA)

Complicating this picture is the fact that adolescents tend to be poorly informed about their own sexuality and sex in general. There is so sex education provided in schools and college and this topic is not openly discussed in families. Girls are in particular vulnerable position because they have less access to the formal institutional structure, such as schools, college and health care system and are less incorporated into informal communication networks whereby information could be shared. Furthermore, the design and delivery of the appropriate services for the adolescent have been constrained by the long held traditional beliefs and ideologies.

Available studies in Nepal reveal that health and social indicators among the adolescent are much lower than those of the older people. Their poor knowledge and awareness about sexual and reproductive health and the high-risk behavior, poor health seeking behavior and inadequate access to information and services are all contributing factors. Moreover low educational levels and pertaining socio cultural situations and practices, including gender discrimination and sexual violence and coercion aggravates the situation and results that many adolescents are not reaching their full potential in health and development.

The limited experience with the Nepalese adolescents and youth shows that there is great demand of acquiring knowledge about reproductive and sexual health including HIV/AIDS and STDs. Different NGOs and INGOs experienced working with youth directly, through various channels (program, media) showed that there is enormous amount of demand to know about sexual issues but there is very little excess for such information. Again unfortunately there is very few studies on the adolescent attitude about reproductive health including sexuality, sexual relationship, sex education as well as family planning. Adolescent attitudes and practices are therefore not properly understood nor is it known the extent of the adolescent knowledge awareness about at risk sexual and health related behavior, STDs and HIV/AIDS. Considering the above facts, this study will more relevant to study the actual status of adolescent of particular district.

Utilization of the study

1. Adolescent population is the most neglected group and there is emerging concept of including adolescent as focused group in general health care services. Very limited studies are done regarding adolescents. So, this study will provide the baseline information to reveal the actual situation of the adolescent in a particular district.

2. It provides information on Knowledge, attitude and practice of the adolescent toward the reproductive health components such as HIV/AIDs, STDs, Abortion, Family planning, Reproductive system, sex education etc

3. It provides information on the obstacles and barriers that prevent them from utilizing their services.

4. This study will provide information regarding the views from teachers perspective on the classroom teaching on the topic reproductive health. It will provide information and factual evidence for the educatiuonal authorities to identify the positive and negative aspect regarding methodology, course curriculum etc which will help to self evaluate their situation and can make their own stratigies to overcome the problems.

5. This type of study provides background information for the policy makers and program planners to develop need specific policies and programs.

6. It provides recommendation s on action that can be taken to overcome such obstacles/barriers, there by making it easier for the adolescents to use the reproductive health services they need.

Literature Review

Reproductive health has been defined at the International Conference on Population and Development in Cairo as "a state of complete physical, mental and sexual well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and process. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant"

Adolescent and Reproductive Health

Adolescent is the dynamic transition in which many interrelated changes of body, mind and social relationship takes place. The adolescent's body develops in size, strength, stamina and reproductive capacity and becomes more sexually defines: psychologically, adolescent begins to become more capable of abstract thinking, foresight, empathy and internal control: and new relationship develop with individuals not only of their own age but in adult world too.

Of all the changes that occur none arouses more interest and anxiety than those surrounding sexuality. Sexuality is a fundamental quality of human life, important for health, happiness, individual development and indeed the preservation of the human race. It is a part of health, which WHO defines as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. While the sexual response system is present throughout life, puberty brings with it an intensification of response and the beginnings of sexual behaviors, which for most will eventually lead to sexual intercourse, and the possibility of procreation. The beginning of sexual behavior also leads to its sexual and reproductive health problems, some with grave consequences.

In addition to these, there are some health problems, which are consequences of childhood or other factors affecting the health status of growing children and adolescents. Other problems originate during adolescence itself and may have lifelong consequences (WHO- 1993). These can be grouped into two categories:

1. Problems originating in Childhood and affecting adolescent health

Fetal malnutrition causes health problems through out the reproductive years and beyond. It can result in stunted growth, obstructed labor and anemia during pregnancy. Differential access to food and care in infancy, child marriage, and

sexual abuse by adults or child prostitution can seriously affect the physical, mental and social well-being of adolescent.

2. ***Problems originating in adolescence and having lifelong health consequences***

The often lower status of women and their relative lack of physical, social and economic power make them more vulnerable, among others, to (a) physical violence, (b) economically coerced sex, (c) sexual harassment, (d) abuse at the workplace, (e) forced prostitution (IPPF-1992). This can be severely detrimental to physical and mental health. Unprotected sexual relations can often cause young people to contract sexually transmitted diseases, some of which can have serious consequences during adulthood and in later life. Some STDs like HIV/AIDS can prove fatal. They are the most common cause of unwanted pregnancies and also lead to abortion often in hazardous condition, with grave consequences: often untimely health.

The problem, which arises from early marriage and child bearing in adolescence put the life and health of both, the child and the mother at risk. Early marriage is also one of the major reasons, which puts an end to a girls education in South Asia. Many studies have demonstrated a high correlation between the age at which the women marry and their level of education, significant proportion of births is attributed to adolescent girls in the age group: 15-19, exposing them as well as their infants to a high risk of mortality. Every pregnancy faces risk. However, it is known that adolescent pregnancies pose higher risk for the mother and the child.

There is little information on the differentials in maternal mortality, by age, of the women. However, studies done in Maatlab, Bangladesh (FHE Database), and West Bengal, India (Misra and Dawn, 1996), showed that the level of maternal mortality, per delivery among adolescent women was nearly double that of women aged 20-34. In addition, however, unprotected sexual relations in unmarried adolescents have increased in countries where the age at marriage is high. This brings with I the danger of too early or unwanted pregnancy and induced abortion, often in hazardous conditions (Chabra, 1992, Solapunkar and Sangam, 1985).

Adolescent status in Global Context

The term adolescent has been defined as including that age between 10 and 19. However true adolescent is the period of the physical, psychological and social maturity from the childhood to the adulthood. Adolescent and youth constitute the backbone for the development is obvious. Adolescent age is the most sensitive, vulnerable, less confidence, lack of decision making power etc which may lead them to the worst behavior and pushing into unsociable work.

No longer children, not yet adults. More than 50% of the world is below the age of 25, of whom more than 80% live in developing countries (UN, 1993). The less economically developed the country the younger the population is. This makes

needless to say that the growing capabilities of the young people are simply the raw materials of human development and one of the most important investment a country can make is enabling its young to grow up as healthy citizen.

Reproductive Health issues of the adolescent have less access and knowledge as well as practice in their personal life and their livelihood. Information on the RH seem to be very important to deliver the message and educational information to the adolescent youth who are seeking them in the local level.

The adolescent are facing many more problems on the social, economical and Reproductive Health. The early marriage is one of the crucial problems that young girl s between 10-14 yr, 11% got married in 1961. According to the MOH it is 4% in 1991. Young women between 15-19 yrs old 47% get married in 1991. Similarly, child bearing, abortion, STD, RTI and HIV/AIDS and Girl trafficking are the major problems of the adolescent in Nepal. In this content, there is increase in the Maternal and Child Mortality.

Reproductive Health has for the long time had a very limited meaning. It is concentrated only on the married women of the reproductive age group in relation to the capacity of the giving birth to the child. Another major focus on the RH was pregnancy

Adolescent Status in Nepal

According to estimates made by Ministry of Population and Environment in 1998, Nepal's adolescents population was 4.7 millions, 22% of total population. The adolescent proportion of Nepal population is rising faster than of older age groups. Nepal's total population was 11.5 million in 1997 and increased to 18.5 million in 1991. While annual population growth rate was 2.66% between 1971 to 1981 and 2.1 % between 1981 to 1991, the annual growth of the adolescent population between 1981 to 1991 was 3.98%.

Age at marriage

In Nepal, marriage makes an important transition in a person's life. As marriage largely determines onset of sexual activity, age at marriage is consider important in this aspects. The mean age at marriage for women increase from 15 years in 1961 to 18 years in 1991. The change is more pronounced between 10 - 14 years among young girls. Family Health Survey 1996 MOH suggested that 47% of women were married by the age of 18 and percentage of those married increased rapidly between 15 and 18 years. Sexual activity among married adolescent according to FHS 1996 is as follows: among the currently married couple 63% were sexual active where as 67% of those age 20-24 years.

Fertility and Contraception

Between 1991 and 1996, fertility among women aged 15-19 and 20-24 was 1.31 and 2.71 respectively. Total fertility rate for women was 6.33 in 1976 declining to 4.6 in 1996 largely result of family planning services. The percentage of adolescent who are aware of family

planning is similar to women of reproductive age. The source of family planning knowledge in adolescent is same as the women and consist largely mass media (radio, television, newspaper, booklets etc.) Although the knowledge of family planning is equal to that of women of reproductive age, the use of contraceptive by the age of 15-19 remains significantly low. The use of family planning services among adolescent of 15-19 age group was 2.5 in 1991 and increased to 6.5% in 1996. Among married non-pregnant women use of modern contraceptive was 29% in 1996. Contraceptive use varied markedly by education level.

Abortion

Although abortion is illegal in Nepal, Nepalese women seeks access abortion for various reasons and unmarried women finds herself pregnant has the choice of either getting married quickly or terminating the pregnancy regardless of risk. Unqualified person performed most of the induced abortion with crude and primitive methods. This restrictive legal situation prevents all but a few Nepalese women from obtaining medically sage abortions provided covertly in various medical clinics in urban areas or legally in neighboring India.

Sexual behaviour and knowledge

Adolescent, especially in rural area have very little knowledge regarding sexual and reproductive health and insignificant proportion of adolescent girls links menarche with sex, pregnancy and reproduction. Before its onset, knowledge of puberty or menarche is virtually lacking in most adolescent girls in Nepal. They are unaware of the psychological changes and more over are often unable to discuss these issues with their parents. Negative perceptions and misinformation often continue throughout their reproductive years. Unhygienic practices during menstruation, rooted in misinformation, endanger the reproductive health and well being of adolescent girls and expose them to RTIs, pelvic inflammatory diseases and the other complications. The study on reproductive care, KAP among adolescent sponsored by plan International in Makawanpur district found a high level of ignorance among adolescent girls about genital hygiene or safe sanitation practices during menstruation. Over 67% of adolescent girls faced menstruation related health problems immediately before or at the end of the menstruational period and large majority of girls experience some symptoms of UTI.

HIV/AIDS and STDs

Recent studies reveal that more than half the female STD patients in Nepal were involved in commercial sex trade and casual or professional commercial sex workers were identified as the source if STDs in more than 86% of patients. A large number of young girl are trafficked out of the country to brothels in India or other SEAR countries, returning homes after they have found to have these types of diseases. As of April 1998, the total number of HIV/AIDS cases in Nepal was 1050 of which 34.4% were women. The highest percentage of HIV positive and AIDS were among people of both sexes in their twenties however 16% were between 14-19 years old and possibilities of HIV positive and AIDS among adolescent is higher due to girl trafficking.

There is an increasing awareness among community leaders that the future health of our communities and of our society as a whole depends on how we nurture and promote the health of our youth. "Health" is now recognized as more than the absence of chronic or acute physical conditions. The current generation of adolescents must negotiate their way to adulthood amidst pervasive problems of drug use, teenage pregnancy, sexually transmitted disease, suicide, unintentional injuries, and violent victimization.

Adolescent health care delivery systems have had a difficult time keeping pace with these trends. Health promotion used to be focused on health education for prevention of acute and chronic diseases. Health promotion now involves advocating for certain lifestyle choices, environmental conditions, and promoting the development of appropriate coping skills and social support system. The "agents" of health promotion include not only traditional health professionals such as physicians, nurses, and health educators, but also teachers, juvenile justice workers, social service workers, policy makers, and a host of others whose efforts impact youth.

The adolescent health promotion and delivery systems in many communities are straining under the demands imposed by the changing health needs of youth, as well as shifting organizational and funding environments. While there is an abundance of commitment, there is often a lack of resources to meet the needs of all adolescents who are in need. An overloaded system, a lack of resources, and poor inter-agency coordination can result in the "cracks" through which many adolescents fall.

Many surveys, needs assessments, and program evaluations are being conducted these days. Such studies should not be a hoop-jumping exercise. In these days of scarce resources, it is imperative that resources be targeted and delivered effectively to the areas where need is the greatest. This underscores the importance of high quality study procedures. A poorly done study may result in mis-identifying problems, and consequently mis-directing these scarce resources.

What is needed is a reliable data-based picture of the state of adolescent health, and of the state of the adolescent health promotion and delivery system and of the community environment in which both adolescents and the service delivery system exist. It is important to look at all of these levels within the system in order to successfully and efficiently implement change.

The best way to find out about the problems affecting youth is to talk to adolescents themselves. Statistics on mortality, morbidity, and health utilization reflect a limited part of the picture, and they say little about adolescents who are "at risk" for becoming these statistics.

The perspective of others who deal with youth on a daily basis--parents, health care providers, teachers are very important in assessing areas of need. These perspectives, however, may be limited, because these individuals may not be aware of all of the health risk behaviors in which the adolescents are engaged, nor are they aware of other threats to their health, such as home or school environments. There are thorny communications issues related to some of the most important health issues, such as substance abuse, sex, and

mental health. As a result, parents and these others who deal with youth may not be aware of all aspects of their lives.

A thematic workshop on Adolescent Reproductive Health organized jointly by UNESCO and UNFPA was held in Paris, February 10-14. The International Conference on Population and Development held in Cairo identified adolescents as a priority group needing special efforts and specific strategies regarding education, information and services. Participants reported on specific field situations regarding adolescent reproductive health in different parts of the world and presented conceptual and methodological papers. Some of the most important conclusions drawn by the discussion groups and some of the presentations are outlined below:

- Available data sources are of limited value to study adolescents' problems. Demographic and Health Surveys and other sources group together 15 to 19 year olds, hiding large heterogeneity in the problems and their consequences. For example, health risks can be very high at age 15 but decrease significantly by age 19.
- There is a felt need for socio-cultural research to tackle adolescents' heterogeneous needs and situations.
- Out of school adolescents are a priority group for educational and other programmes, since an estimated 80% in developing countries do not go beyond the primary level.
- Adolescents, in particular adolescent girls are an "especially vulnerable group" regarding HIV/AIDS.
- Service providers need special training to address adolescents' needs. Counselling needs to be culture- and gender-sensitive.
- In Latin America, two barriers to the implementation of programmes for adolescents were identified: 1) the large number and diversity of indigenous nations, each with different culture, beliefs, practices and language and 2) a strong religious influence from the Catholic Church. One of the major obstacles to draw adolescents to health service facilities is the medicalized approach and the lack of adequately trained personnel.
- In the Arab region, most of the services addressed to youth mainly cater male needs, focusing primarily on sports and recreation. Age at marriage continues to be very low, frequently under the legal age of 16 for most of the countries in the region. In Upper Egypt, for example, 44% of rural women were under 16 when they married.
- In the Arab region, teenage pregnancy is not seen as a problem by policy makers, who identify it as a "Western problem".
- Adolescent reproductive health is affected by a cumulative effect of malnutrition, especially among women. Due to social and cultural practices of food consumption and eating habits in the Arab region, a large proportion of the female adolescents is reported to have anaemia, a problem that is exacerbated with pregnancy and early child bearing.

- Recent data from Sudan, Egypt, Jordan and Morocco show that infant mortality rates are significantly higher (15 to 82%) among children of mothers aged between 15 and 19 than among those aged 20-29.
- In Africa, the key elements of success of ARH programmes are: 1) Designing the programme on the basis of a needs assessment exercise; 2) Holistic approach to adolescent health needs through the involvement of multisectoral partners; 3) Advocacy with the policy makers, opinion and community leaders to insure continuing support; 4) Development of relevant training materials and training at all levels; 5) Use of peer education with peers selected by the adolescents themselves; 6) Sense of ownership through the involvement of the adolescents in the development, implementation and management of project activities.
- There is a dearth of adolescent reproductive health indicators that truly reflect suitability and effectiveness of the programmes.

Four major subgroups of adolescents are suggested for the purpose of planning reproductive health education and promotion strategies: "in-school", "married or engaged", "in union" and "other sexually active". These categories are neither exhaustive nor exclusive, and each may have sub-categories. However, segmentation in this way is a first step towards the setting of priorities, gauging the feasibility of working with specific sub-groups and determining their location. Numerous organizations have an interest in, and work with, adolescents. Population organizations have a particular (albeit not exclusive) interest: their reproductive health, with emphasis on the prevention of early pregnancy. The age range for adolescence is generally between 10 and 19 years of age, but age alone is not sufficient to determine membership in this group. "True adolescence ... being the period of physical, psychological and social maturing from childhood to adulthood, may fall (outside this) age range. Adolescents are a diverse group comprised, for example, of in-school and out-of-school adolescents, married and unmarried adolescents, those at risk of early pregnancy, i.e. sexually active, and those who are not. This diversity requires that they be sub-divided (or segmented) into clear categories if their problems are to be clearly identified and adequately addressed.

Once properly segmented, what had been an unwieldy, large group, becomes a number of more easily definable, manageable, smaller groups. The following, four major sub-groups are suggested for the purpose of planning reproductive health education and promotion strategies: "in school", "married or engaged", "in union", and "other sexually active". This breakdown is intended to make it easier for reproductive health professionals and IEC specialists to establish a framework for meeting the reproductive health needs of adolescents, i.e. to determine the relative feasibility of working with specific groups, assign priorities, determine who is where (location), and prepare the path to reach them. These categories are not mutually exclusive.

(1) **In school:** The group that is easiest to identify (and locate) is made up of adolescents who are in school. One obvious way to reach them is through the school system. The details of how this is done are more complex than may appear on the surface. Policy-makers must be convinced, curriculum decisions made and materials developed, teachers trained properly to deal with new and sometimes sensitive topics, etc. Still, large numbers of adolescents may be reached through this channel. This particular group may be sub-divided again, into those who are at risk of early pregnancy and

those who are not. These two sub-groups' needs are different, and the educational responses to meeting those needs will be different. One identifiable factor associated with susceptibility to early pregnancy is difficulty adjusting to and learning in a classroom. These young people may leave school early and although they may be intelligent in non-academic ways, they may be drawn into situations where they may be at risk, both socially and physically (drug abuse, crime, early pregnancy). Special approaches will have to be developed to reach these adolescents make up a small group, but one that is at particularly high-risk.

(2) **Married or engaged:** A second major sub-grouping is made up of married adolescents. Marriage before age 20 is common in many parts of the world. The health risks associated with young maternal age are present whether or not the young mother is married. A great deal of work remains to be done to convince many individuals (including some health and education professionals) of this fact, due to many years of tradition, which encourages early marriage, and/or early pregnancy within marriage. Many in-laws and neighbours exert pressure on couples to have their first child early. Health workers who have not been trained adequately sometimes turn away young nulliparous couples who seek family planning, saying "Come back after you've had a few children". Young couples who learned in school that planning the first birth was good for them, may be frustrated when challenged by health personnel to justify their request for services. Still, married adolescents are a group that is reachable and a number of governments are actively pursuing them as a target audience.

(3) **In union:** Those couples who are "in union", i.e. living together without a marriage license, pose a more formidable challenge than the other two groups because they are less easy to identify. Outreach workers can be trained to find and work with couples in union. This is important because it involves one of the groups of adolescents that have always been difficult to reach: unmarried, out-of-school adolescents. Without contraception, young couples that are married or in union, with a monogamous and relatively stable relationship, are more likely to experience early pregnancy than their peers who are sexually active but not tied to one partner. On the other hand, individuals having more than one partner are more likely to contract STDs and HIV/AIDS, and pregnancy may occur as well.

(4) **Other sexually active:** This category may include individuals with very different characteristics. Some may be school students, others "street children". Some may be children of single mothers (daughters of women who become pregnant without being married, and who grow up without the support of a father, run a higher than average risk of repeating the pattern and becoming adolescent mothers). Some may be employed (and accessible through their workplaces). The category will include pregnant adolescents and adolescents who have delivered recently. While working with these particular young people will, by definition, not help them postpone the first pregnancy, which should be a primary concern, proper attention can help them postpone subsequent pregnancies. They are comparatively easy to identify, especially if they are undergoing prenatal care or if recent births are registered in some way. Part of the attention they require will be education regarding early child care and development. Each of these four main categories of adolescents, in particular, offers an entry point for reproductive health education. But further refinement is needed to determine (1) whether other such important "groups" exist

and (2) the extent of the problem in each group. Two types of data are needed: one to give an overview of the situation, eg. number of births to adolescents and/or age-specific fertility rate; the second, to physically locate the individuals/couples in need of attention, eg. through clinic records designed for the purpose, community surveys or censuses and health and social workers trained to observe and collect this information.

Married couples and those living together have already been mentioned. IPPF estimates that, in the less developed world, only about 17% of married women ages 15 to 19 use contraceptives. They can, and should, receive priority attention in all reproductive health programmes. These two groups will account for the largest number of births to adolescents.

In order to have an impact on adolescent fertility, each country will have to analyze its situation in terms of births to the groups mentioned here: married, in union, in school (with its sub-categories), and other sexually active (street children, pregnant youth and youth who have delivered recently). While this preliminary work will allow interventions to be more focused and, hopefully, more effective, all adolescents will need information on reproductive health, and these general needs should not be forgotten as we look for better ways to meet the specific needs of high-risk groups.

Some facts

1) Percent of women married by age 18: Bangladesh-90%, Indonesia-59%, Nepal-70%, Sri lanka-16%, USA-8%.
2) Percent of women giving birth by age 18: Africa-28%, Asia-18%, Latin America-21%.
3) Delivery in hospital: Nationwide- about 6% and Kathmandu valley- about 30%.

(Acc. to Assessment of needs for Research in Reproductive Health in Nepal (15th –17th December 1991)- Jointly organized by IOM/HMG/WHO)

Methodology

1. Objective of the Study

General Objectives

To study the existing Knowledge, Attitude and Practice (KAP) level of the Urban and Rural adolescents on the Reproductive Health.

Specific Objectives

1. To assess the Knowledge, Attitude and Practices level of the Urban and rural adolescents on the reproductive health, particularly on the Family planning, STD/HIV/AIDS, abortion, sexuality, health services utilization, hygiene maintenance and their source of information.

2. To compare the urban and rural adolescents on the existing KAP on the Reproductive Health.

3. To compare the existing KAP Level of the adolescent's students on the private and government schools.

4. To identify the needs and demands of the adolescents regarding the Reproductive Health.

5. To identify the positive and negative factors related to the adolescent KAP on the Reproductive Health.

2. Study design

The study is done in order to elucidate the general situation of the adolescents regarding the knowledge attitude and practice aspects of the reproductive health. As the study reveals and describe the adolescent KAP status the study is **Descriptive** in nature. Beside this it also attempts to compare the urban / rural and government /private school adolescents so the study design can be said as **Comparative study**.

3. Study area

The present study is conducted in the 8 schools of the Nawalparasi District. The study area had covered both the urban and rural areas where the urban represents the Municipality and rural represents VDCs. All together there is only one Municipality (Ramgram Municipality) as urban areas and four VDCs representing the 3 electoral constituencies.

S.N.	School's Name	Address	Govt./Pvt.
1	Adarsha Ma. Vi.	Parasi	Government
2	Shree Pawan Ma. Vi.	Parasi	"
3	Shiva Ma. Vi.	Kawasoti	"
4	Janata Ma.Vi.	Arunkhola	"
5	Sayapatri English Boarding School	Parasi	Private
6	Little Angels English Boarding School	Parasi	"
7	Newlife Boarding School	Barghat	"
8	Adarsh English Boarding School	Semari	"


NAWALPARASI
N
NARAM
DHOWADI
HUPSEKOT
RAKACHULI
DEURALI
MAINAPAT
BENIMANIPUR
JUNGLE
SHIVMANDIR
PRAGATI NAGAR
RAJAMAR
AMARPURI
MUKUNDPUR
RAMPUR
GAINDAKOT
DEUCHULI
DUBIYAPURI
PITHAULI
KAWA SWATI
JAGAULI
NAYA BELHANI
DUMKIBAS
NARAYAN
KOLHUWA
KUMARWARTI
SUNWAL
RAMNAGAR
PARASI
MAKAR
JUNGLE
LEGEND
VDC boundry
district beundary

4. Study population

The study population includes the urban and rural adolescents from schools of the Ramgram municipality and the selected VDCs of the Nawalparasi Districts respectively. Within the schools sample students were selected according to :

1. Male and female adolescents from class 8 and 9
2. Health teacher from the schools for interview
3. Both male and female students from a class for FGD.

Total 451 students from the selected 8 schools were included for the survey, where 276 (61.3%) were male and 174 (38.7%) were female. Out of them a total of 239 were from government school while 211 from private schools.

5. Unit of Analysis

The individual adolescents from the study population are treated as the unit of analysis.

6. Sampling Frame

Sampling frame of this study is the list of all the schools (running 8 and 9 classes) registered in District Educational Office (DEO) of the Nawalparasi District. The sampling frame was obtained from the DEO. According to sample frame, we found altogether 62 schools having both 8 and 9 class running in the district.

7. Sample size

In the study the sample size is 8 schools from the sample frame. Regarding students altogether 60 students were taken from one school representing 30 males and 30 females from class 8 and 9 respectively. One health teacher from each school is also included in the sample size. Our expected sample size is 480 student from 8 schools but in a study it is possible to include only 451 students because most of the private schools couldn't fulfill our criteria of including 60 students from 2 classes.

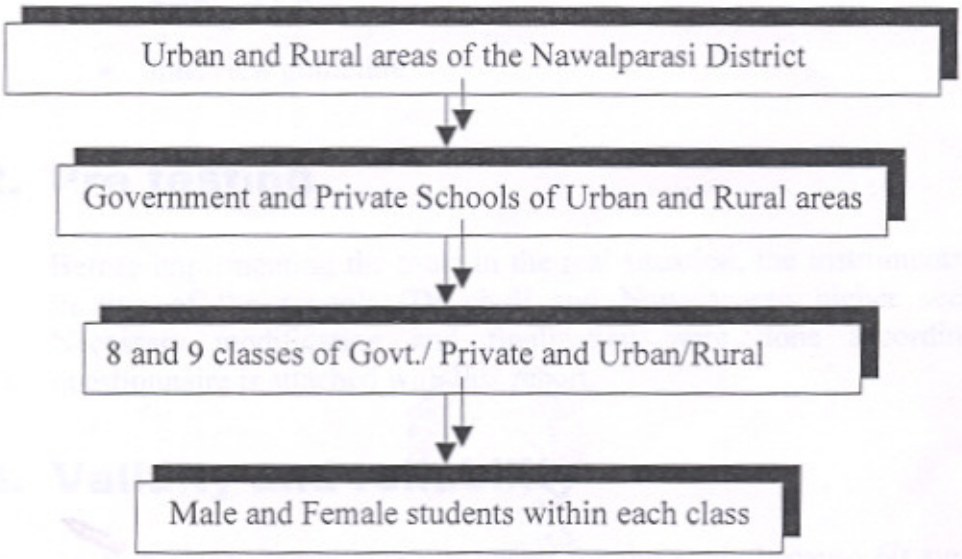
8. Sampling technique

The sampling technique is **Stratified Random Sampling**. Separate list of the government and private schools from the municipality as well as VDCs are developed. Hence the four separate lists were developed. From each separate list two schools were randomly selected. From each schools, students of class 8 and 9 were selected using systematic sampling with sample interval by using the formula :

/

$$= \frac{\text{Total number of students}}{\text{Required number of students}}$$

If there is more than one section in schools then one section was randomly selected. If the required number of the male and female students were not available then the students from either sex were included to fulfill the requirement. The strata in the study are as follows:



9. Data type

The data collected will be purely Primary data. Data include both the qualitative and quantitative data from the self-administered questionnaire, focus group discussion and interview with the teachers respectively.

10. Data collection techniques

The data collection techniques is selected according to the study objectives

- **Self-administered questionnaire**: This technique is selected because the study consists of the different sensitive issues.
- **Focus group discussion**: This technique is selected to get the qualitative information from the study.
- **Interview with the health teacher**: The main aim of using this technique is to get information of the students. As they spend more time with them, they can give more information about their existing situation. Through the interview , the information about the methodology of teaching the reproductive health, the depth of the content, problem and constraints during the teaching can be known.

11. Data collection tools

Basically three types of instruments were developed to collect the necessary data for this study. The data collection tools used is:

- Self administered questionnaire
- FGD guideline
- Interview guideline

12. Pre testing

Before implementing the tools in the real situation, the instruments were pre tested in two of the schools (Devchuli and Nawajagaran higher secondary school). Necessary modification and finalization were done accordingly. The final questionnaire is attached with this report.

13. Validity and reliability

1) Sufficient sample size was taken for the study because 60 students from each school, altogether 451students, were included.

2) Pre-testing of the questionnaire was done and modification was done accordingly.

3) Questionnaire was prepared in very simple and understandable language and proper instruction was given before filling the questionnaire.

4) Questionnaire were prepare in such a way that students don't need to endorse their name. Thus anonymity was completely assured and the confidentiality maintained which reduce the chance of the information bias.

5) We used male facilitator and recorder in the FGD with boys and female in the case of FGD with girls.

6) Data editing was done on the same day as the information collected.

7) To increase the validity and reliability of the study, 10 % of the sample forms were cross-checked after entering the whole data.

8) Check files were prepared while entering the data in Epi info 6 to minimize the data entry errors.

9) Verification of the research proposal, necessary guidance and the suggestion was taken from the co-experts.

10) There is less chance of the selection bias as the students are selected by using the systematic random sampling for each class.

14. Field administration

Three enumerators were hired for the data collection. They were two male and one female enumerator. Enumerators were from the health field (One is MBBS student, one worker from ABC Nepal and other one is social worker from the health field.) and they already had the experienced of doing such type research work. Two days orientation program was conducted for the research assistant by the investigators with the help of the co experts. Orientation program includes the theoretical concept of the data collection techniques as well as the practical aspects. Male enumerators deal with the questionnaire and FGD with male while female respondent deal with female respondents. Regular review meeting were arranged at the end of each day in the field to discuss about the problems so as to avoid errors and to ensure high quality of the data collection.

15. Data processing and analysis

Data was edited, coded, entered and analyzed into the EPI info 6 by the trained data entry personnel.

16. Limitation of the study

1. This survey covers only 8 schools 4 from urban area 4 from rural area so the study may not give the actual picture of the adolescents of the whole country.

2. The study population doesn't include the adolescents out of school.

3. The self-administered questionnaire may not be more reliable to identify the practice aspect of the target population. It may lead both to under or over reporting due to lack of clarification and probes.

4. In some of the cases there respondents didn't fill the questionnaire completely so we have to exclude them.

Study Variables

Demographic and Socio-cultural factor

- Age
- Sex
- Marital status
- Ethnic group
- Family type
- Number of family members
- Type of school
- Living with

HIV/AIDS

- Knowledge and attitude towards HIV/AIDS
- Source of information
- Knowledge about means of transmissions

STDs

- Knowledge, source
- Signs and symptoms
- Knowledge on means of transmission

Abortion

- Concept
- Consequences/ risk/ complications

Family Planning

- Knowledge about male and female contraceptive methods
- Knowledge about temporary and permanent methods
- Attitude towards Family Planning
- Source of information
- Availability of services
- Family Planning practices

Reproductive System

- Male and female reproductive organs
- Physical changes during adolescence of male and female
- Knowledge about chromosome and sex determination
- Experience of any sexual activity by somebody
- Person involved

Need and Demands

- Reproductive Health Problems
- Accessibility of services for solution
- Desired or expected facilities and services
- Priority source of information according to students
- Positive and negative factors

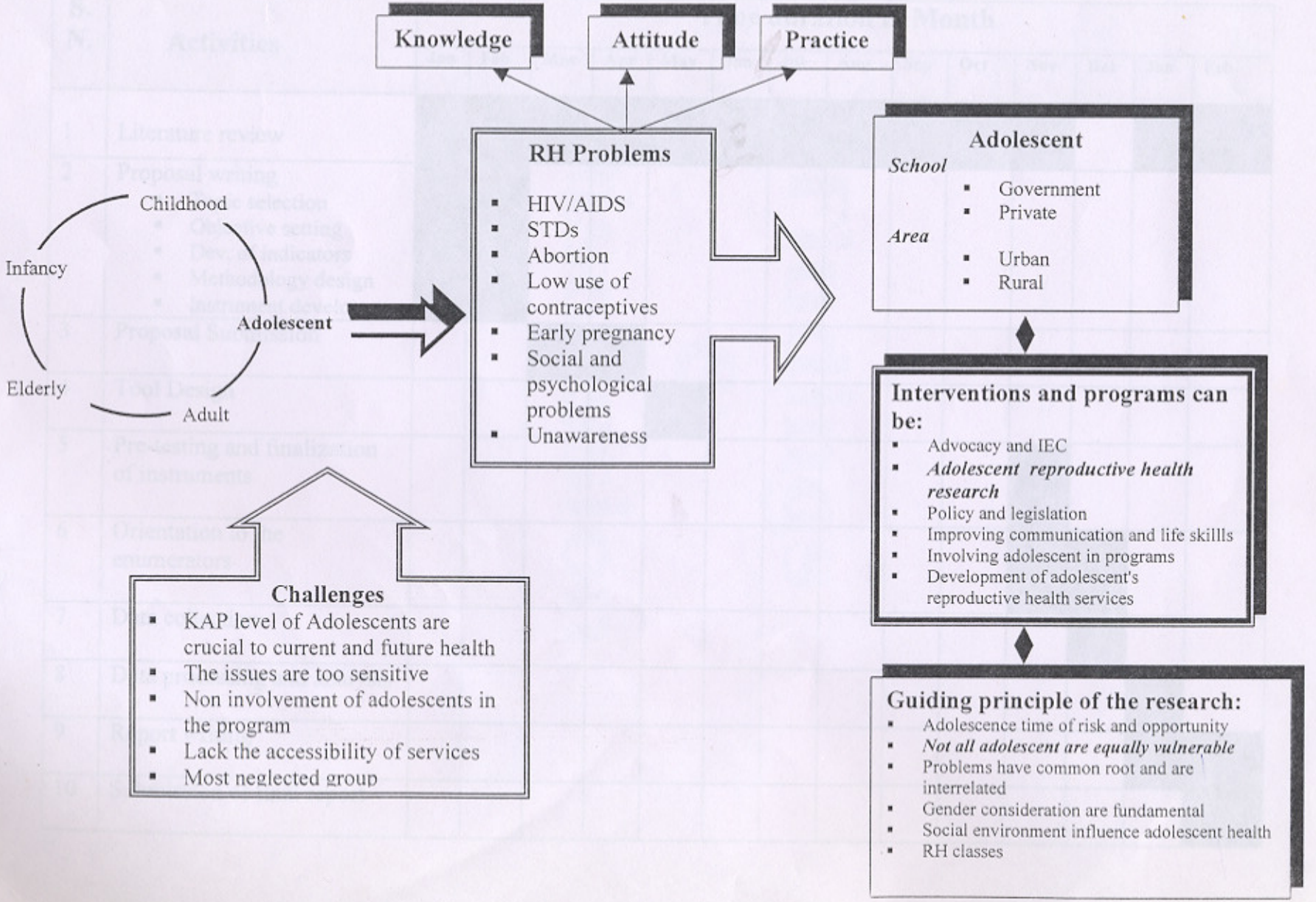
Education

- Reproductive health education in class
- Adequacy/methodology/clarity of RH teaching
- Source of sex education

Hygiene maintenance

- Knowledge on normal menstrual periods
- First person to communicate
- Problems arising during periods
- Material used
- Hygiene of material used

Conceptual Framework



OPERATIONAL CALENDER

S. N.	Activities	Time duration in Month													
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	Literature review	■	■	■	■	■	■	■	■	■	■	■		■	■
2	Proposal writing ▪ Topic selection ▪ Objective setting ▪ Dev. of indicators ▪ Methodology design ▪ Instrument develop	■	■												
3	Proposal Submission			■	■										
4	Tool Design					■									
5	Pre-testing and finalization of instruments											■			
6	Orientation to the enumerators											■	■		
7	Data collection												■		
8	Data processing and analysis													■	
9	Report writing													■	■
10	Submission of final report														■

Findings and Discussion

Introduction

This chapter examines the multidimensional situation, concerns and needs of the adolescent regarding Reproductive Health. This study was carried out to access the Knowledge, attitude and Practice of the urban and rural adolescent of the Nawalparasi district. The study employed both qualitative and quantitative methods. The qualitative method was a self-administered questionnaire survey among students especially 8 and 9 class students from 8 different schools. The qualitative method comprises d of key informant interview with health teachers in each school and focus group discussion with both male and female students.

In the survey all together 451 students were included for the self administered questionnaire and 8 teachers for the key informant interview. An analysis of the findings and evidence from existing surveys and studies, reveal the following major demographic, socio-cultural and reproductive health status defining the situation of adolescent s of Nawalparasi district.

Demographic & socio-cultural characteristics

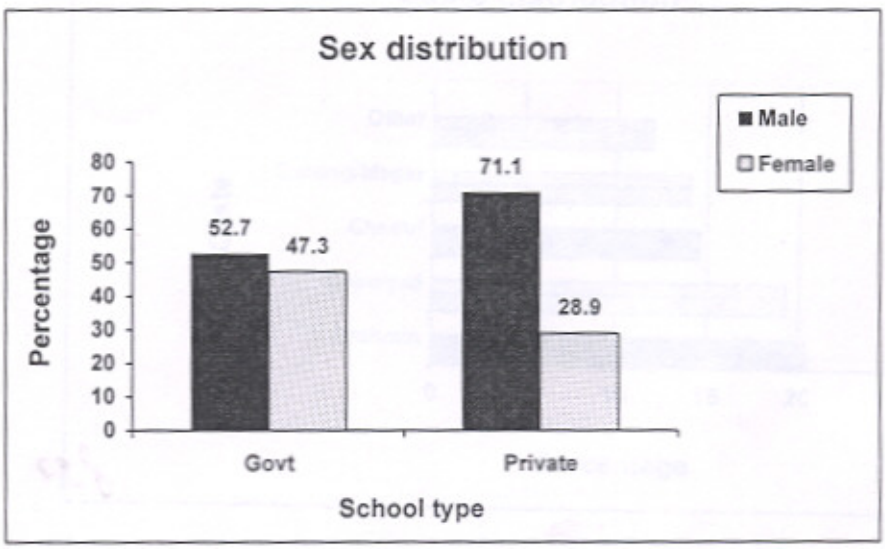
1. Age distribution

The age of the student fall in the range of 12 to 19 yrs. The age distribution of the study population shows that the mean age of the students is 15 yrs. The youngest student with the age group was 12 while the oldest age group includes 19.

S.N	Age group	Male	Female	Total	%
1	12	5	2	7	1.5
2	13	13	8	21	4.67
3	14	54	53	107	23.78
4	15	93	49	142	31.55
5	16	71	29	100	22.22
6	17	21	18	39	8.67
7	18	12	10	22	4.89
8	19	7	5	12	2.67
Total		276	174	450	100

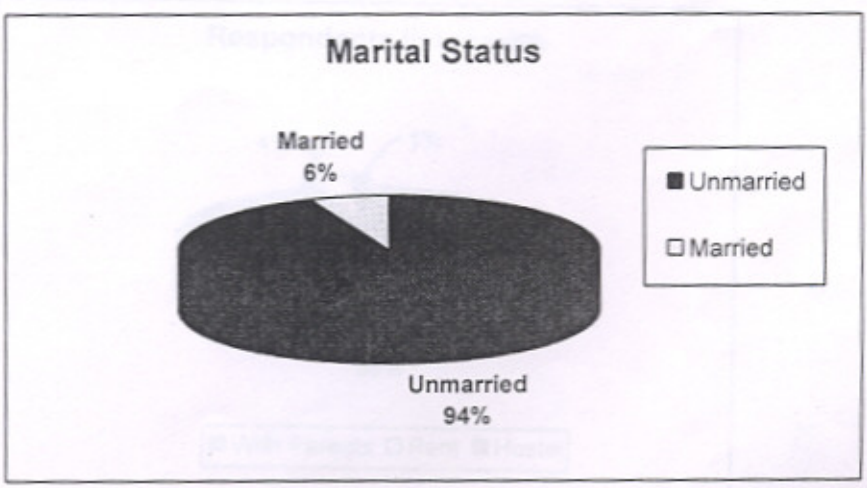
2. Sex distribution

The sex distribution of the student includes 276 (61.33%) males and 174 (38.67%) females where 239 (53.11%) students from government school and 211 (46.89%) from the private school. Among them 126 males and 113 females are in government schools while 150 males and 61 females are in private schools. The sex ratio is 159 males for each 100 females. In the government school the ratio of male and female is nearly equal while in the private it is in the ratio of nearly 3:1.



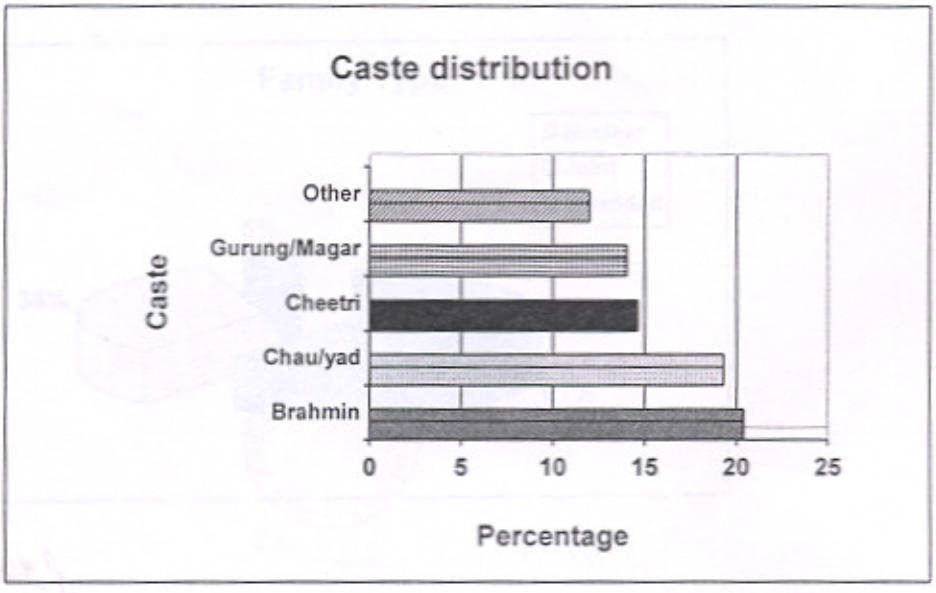
3. Marital Status

Marital status is on of the important factor, which determines the exposure to the risk factor of the reproductive health. Out of the 451 respondents, 6% (27) of them were already married. In the study it was found that more respondents from the government schools (25) were already married than that of private schools (2).



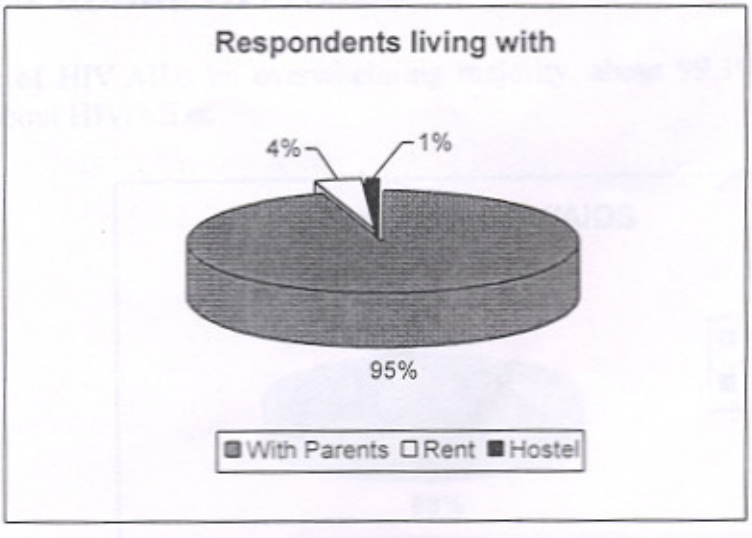
4. Caste Distribution

The various types of ethnic group found in Nawalparasi District are Brahmin, Chaudhari, Yadav, Cheetri, Gurung and Magar. Majority are Brhamin, Chaudhary/Yadav besides this other caste are Newar, Sunar, Sanyasi.



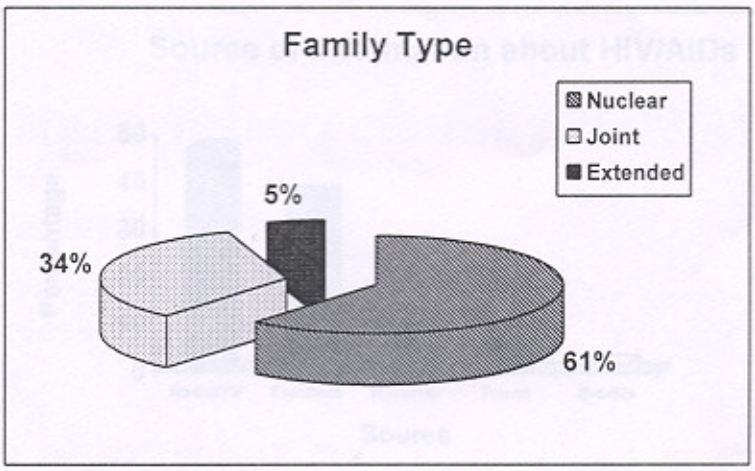
5. Family Number

In the survey, the average number of members in the family is 7 where as the most high number found was 20 and minimum 2. About 94 % are living with parents, 1% in hostel and while only 4% in rent. Largest family size was found in Brahmin and then in yadav and Chaudhary caste.



6. Family type

About 61% of the students had nuclear type of family while 34% and 5% had joint and extended family. Mostly nuclear family is found in type one caste and joint in type three castes.

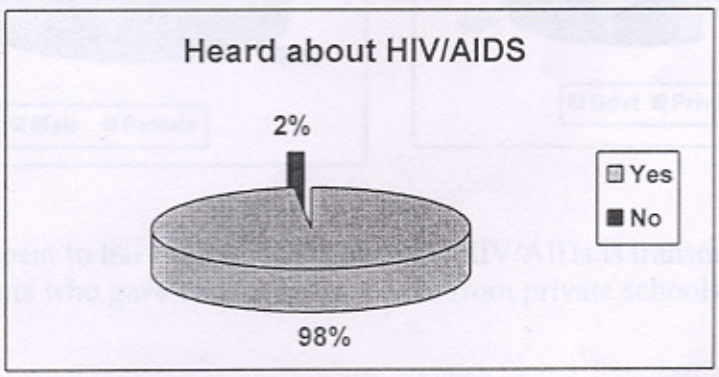


HIV/AIDs

The purpose of this to examine adolescent awareness on HIV, their knowledge of how it is transmitted and means of protection from HIV infection. The survey also wants to find out the source of information about HIV/AIDs.

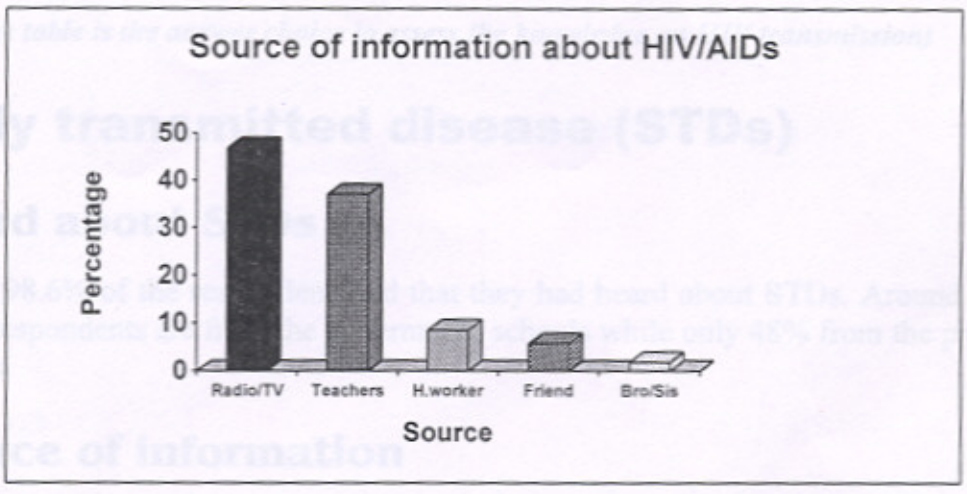
1. Heard about HIV/AIDs

In case of HIV/AIDs an overwhelming majority, about 99.3%, said that they had heard about HIV/AIDs.



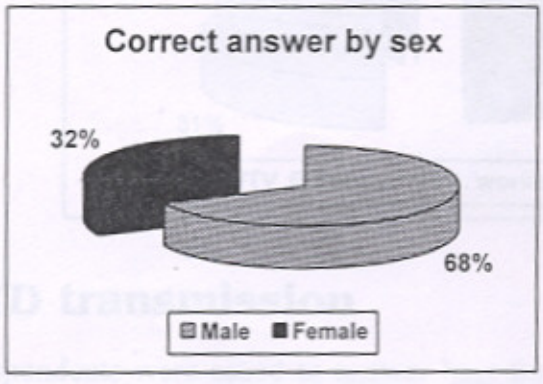
2. Source of information

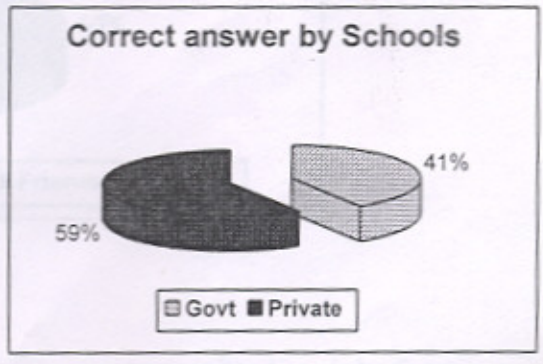
A large number of respondents (46.9%) said that they had heard about HIV on the media like Radio/TV/Newspapers. Teachers (37.1%) are the second important source of information. Only about 5.8% said that they had heard it from their friends.In the urban areas the main source of information is media while in rural area too the radio/tv/magazines are the main source of information.



3. HIV transmission

Although most of them said that they had heard about HIV only 54.4 % (245/450) were able to give the correct answer regarding HIV transmission. A significant number i.e. 24.8 %(51/205) had misconception that one can contact HIV through mosquito bite. A further 5% believe that they might get infected by hand shaking with persons contacted by HIV/AIDs.





Male students seem to have more idea about how HIV/AIDs is transmitted. About 58.7% of students who gave correct answer were from private schools.

Answer choices:

1. Hand shaking
2. Having food from same plate
3. Mosquito bite
4. Sexual intercourse with HIV positive
5. From HIV positive mother to the unborn child
6. Sharing un- sterilized needles
7. Don't know.

(Note:The above table is the answer choice to assess the knowledge on HIV transmission)

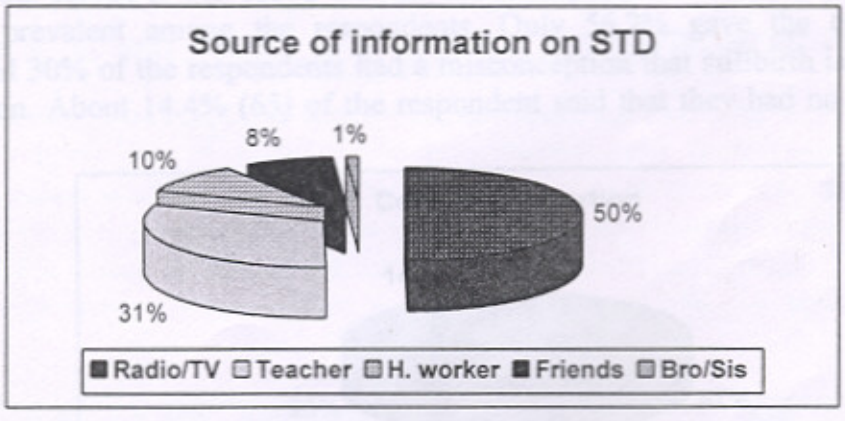
Sexually transmitted disease (STDs)

1. Heard about STDs

Nearly 98.6% of the respondent said that they had heard about STDs. Around 52% of the respondents are from the government schools while only 48% from the private schools.

2. Source of information

The main source of information for STD was found to be from the medias Radio/TV/Newspapers that is 49.7% where as the second most important source is Teachers (31.2%). Very negligible percent 1.12 %(5/445) of the respondents said that they heard from brothers and sisters. From this it is identified that this the poorest source of information.



3. STD transmission

Respondents were asked to answer how the STDs are transmitted mainly focusing on the media of transmission. Various multiple-choice options with few correct answers were given in the questionnaire. About 93% (420/450) of the respondents gave correct answer. 92% (221/239) and 94% (199/211) respondents from government and private schools gave correct answers respectively. On the average about 94.6% of the respondent said that sexual contact is the main media for transmission. Some of the respondent had misconception that sharing same cloth and toilet as well as kissing can be the media for transmission of STDs.

4. STD sign and symptoms

In case of STD, the question regarding its main three signs and symptoms was asked in the questionnaire, only 14.6% of the respondents can give the correct answer, 81.8% gave incorrect answer while 3.6% said that they had no idea about its signs and symptoms.

Answer choices:

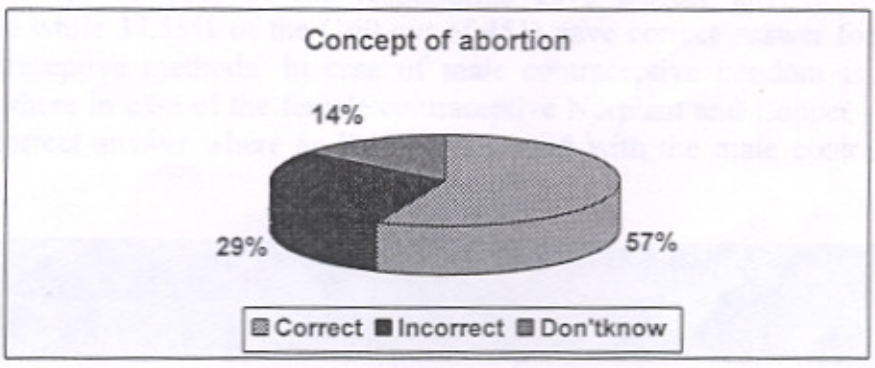
1. Fever
2. Lower abdominal pain in women
3. Wound in reproductive organs
4. Foul smelling water and pus discharge from reproductive organs
5. Physical weakness
6. Severe headache
7. Don't know.

Abortion

Abortion is one of the main prevalent reproductive health problem among adolescent. It is the one of the main factor regarding gynecological disease which later on lead to the maternal mortality and morbidity.

1. Concept of abortion

From the survey it was found that the misconception about the abortion was much more prevalent among the respondents. Only 56.2% gave the correct answer. Around 30% of the respondents had a misconception that stillbirth is also a kind of abortion. About 14.4% (65) of the respondent said that they had no idea about the topic.



2. Effects of abortion

Among 450 respondents, only 135 (30%) gave the correct answer regarding effects of abortion. About 13.5% (53) of the respondent had the misconception that abortion helps to reduce maternal mortality rate. All together 21.7% (98/450) of the respondent said that they had no idea about he effects of abortion.

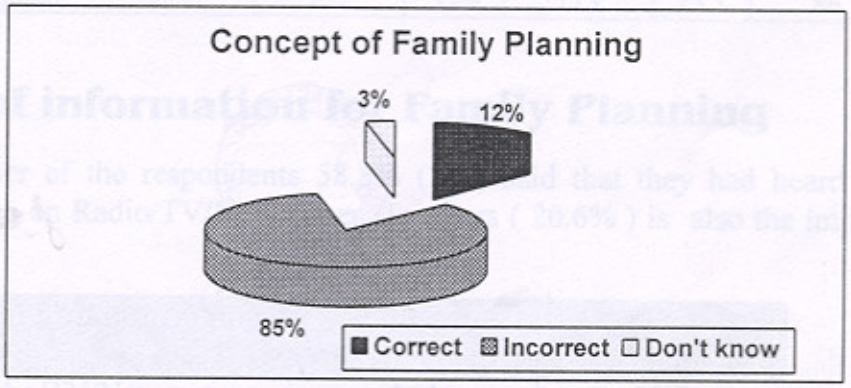
3. Risk of abortion

In the case of abortion, knowledge about risk factor was important question included in the questionnaire. Various options were given, among which only 258 (57.3%) of the respondent gave correct answer. Where as 84 (18.6%) of the respondent said that they had no idea about the risk of abortion.

Family Planning

1. Concept of Family Planning

To access the concept of Family planning, a multiple choice question with several answer were given to the respondents but surprisingly only 12.2 % (55 out of 451) could give the correct answer. About 3.45 %(16) student said they don't know about the concept of Family planning.



2. Concept on Male & Female Contraceptives

For assessing these types of concepts, cross matching questions were asked. About 43.46% (196 out of 451) of the respondents gave correct answer for male contraceptive while 37.55% of the (169 out of 451) gave correct answer for all the female contraceptive methods. In case of male contraceptive condom is mostly recognized where in case of the female contraceptive Norplant and Copper – t have maximum correct answer where as Depo is confused with the male contraceptive method.

Contraceptives		Respondents					
		Yes		No		Don't know	
		Number	%	Number	%	Number	%
Male Contraceptive	Condom	421	93.5	8	1.77	21	4.66
	Vasectomy	196	43.5	68	15.1	186	41.33
Female Contraceptive	Depoprovera	191	42.4	79	17.5	180	40
	Norplant	336	74.6	25	5.5	89	19.77
	Pills	285	63.3	35	7.77	130	28.88
	Copper-t	343	76.2	17	3.77	90	20
	Minilap / Laproscopy	169	37.5	73	16.2	208	46.22

3. Concept of Temporary & Permanent Methods

In the study about 42.35% (191 out of 451) and 39.02% (176 out of 451) of the respondents gave correct answer for the temporary and permanent method respectively. Among permanent and temporary method, the concept of Minilap/Laproscopy and the Depo-Provera is seems to be lacking in comparison with other methods.

Contraceptives		Respondents					
		Yes		No		Don't know	
		Number	%	Number	%	Number	%
Permanent Contraceptive	Minilap / Laproscopy	176	39	80	17.7	195	43.2
	Vasectomy	199	44.1	75	16.6	177	39.2
Temporary Contraceptive	Depoprovera	170	37.7	95	21.1	186	41.2
	Norplant	252	55.9	84	18.6	115	25.5
	Pills	191	42.4	81	18.8	179	39.7
	Copper-t	221	49.8	78	17.3	152	33.7
	Condom	252	55.9	113	25.1	86	19.1

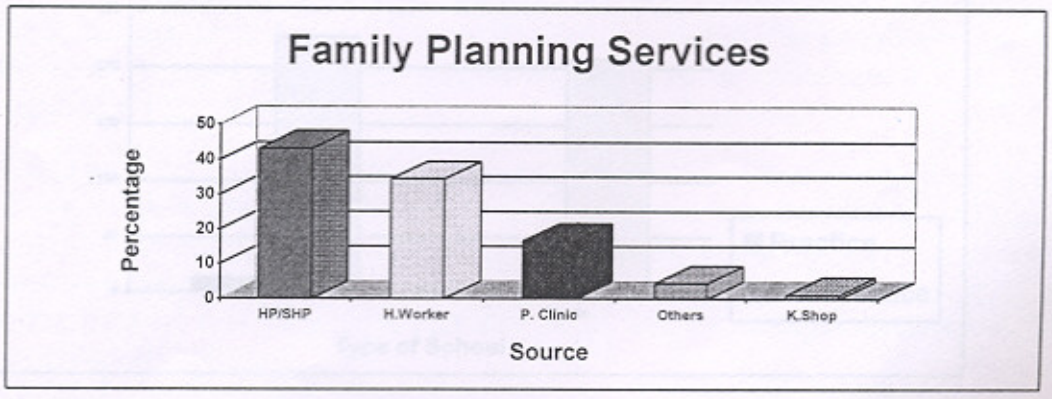
4. Source of information for Family Planning

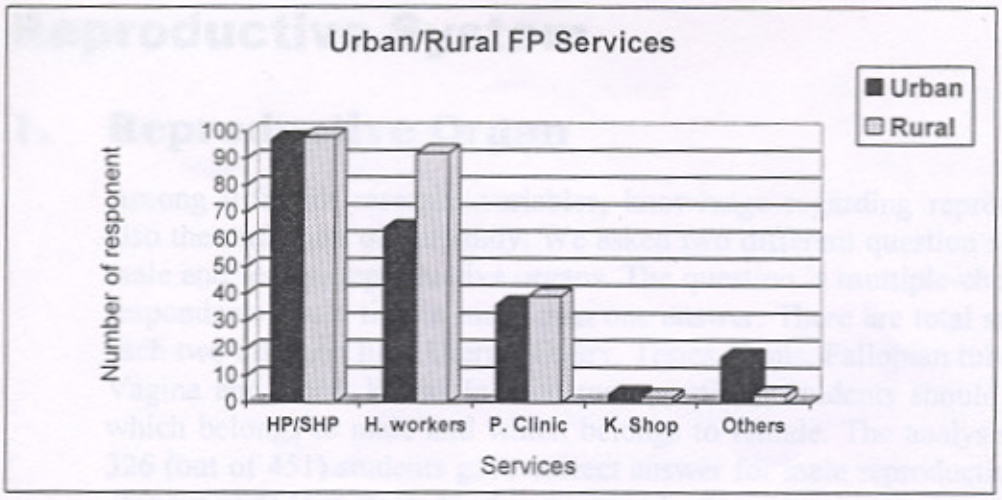
A large number of the respondents 58.5% (264) said that they had heard about family planning on Radio/TV/Newspaper, Teachers (20.6%) is also the important source.

S.N	Source of information	Number of Respondent	% of Respondent
1	Radio/TV/Newspaper	264	58.5
2	Teachers	93	20.6
3	Health workers	67	14.9
4	Friends	20	4.4
5	Brother/Sister	7	1.6
Total		451	100

5. Availability of Family Planning Service

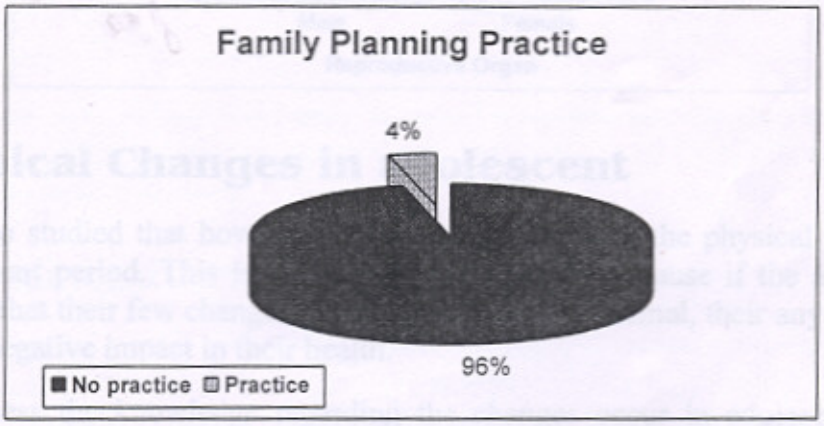
Out of 451 respondents 195(43.2%) said that they know the FP service is available at HP/SHP, and about 75 (16.6%) said that they will get service from the P. clinics.



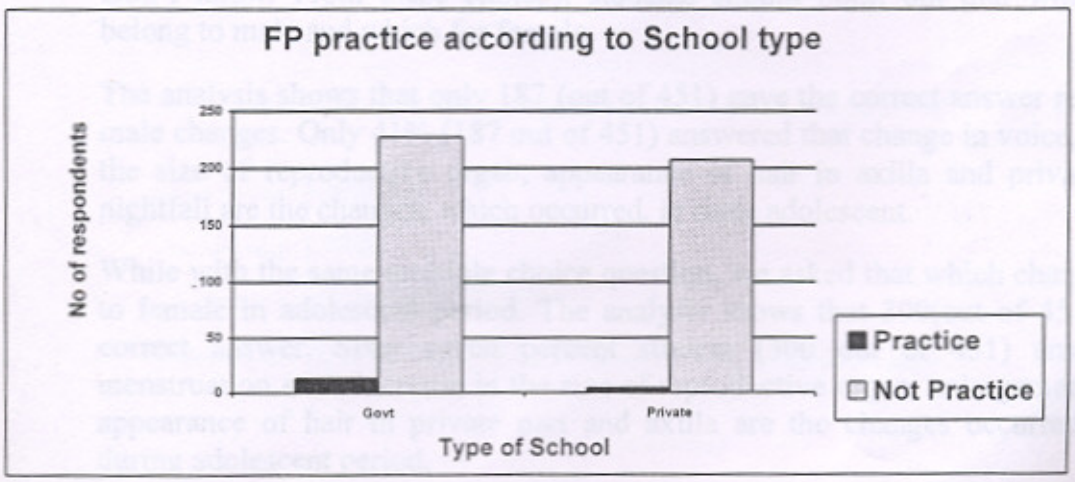


6. Family Planning Practice

Response for the family planning practice shows that about 3.76% (17) were using the FP contraceptives. Among them 15 were males and 2 were females. According to the marital status it is found that more unmarried (13) than married (4) were using Family planning methods.



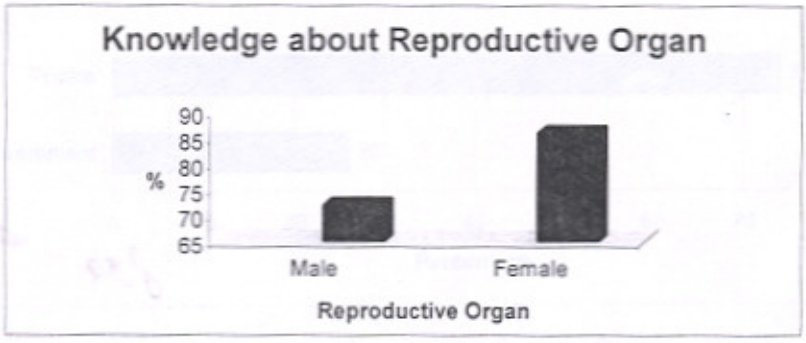
But comparing among government and private schools more respondents(13) from government school than private schools(4) were using the FP devices.



Reproductive System

1. Reproductive Organ

Among different research variables, knowledge regarding reproductive organs is also the main part of our study. We asked two different question separately for both male and female reproductive organs. The question is multiple-choice question. The respondents could tick in more than one answer. There are total same 8 choices for each two question like: Uterus, Ovary, Testes, Penis, Fallopian tube, Vas Deference, Vagina and Don't know. In each two questions, students should differentiate that which belongs to male and which belongs to female. The analysis shows that only 326 (out of 451) students gave correct answer for male reproductive organ and only 389(out of 451) students for female reproductive organs.



2. Physical Changes in adolescent

We also studied that how many students know about the physical changes during adolescent period. This is very important to know because if the adolescent can't realize that their few changes during adolescence is normal, their any action can lead to the negative impact in their health.

To assess the knowledge regarding the changes occur in adolescent period, we asked the same multiple-choice question for male and female. The choices are like: Changes in voice, Menstruation start, increase in the size of reproductive organs, enlargement of breast, appearance of hair in axilla and private parts, Night fall and Don't know. From these choices, students should point out that which changes belong to male and which for female.

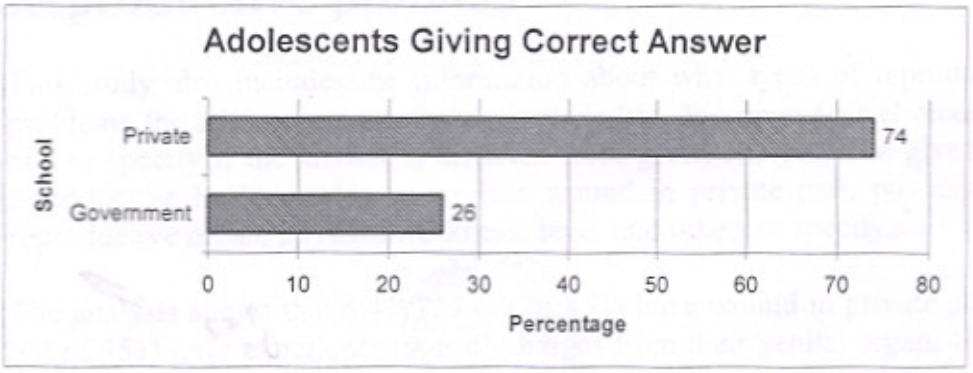
The analysis shows that only 187 (out of 451) gave the correct answer regarding the male changes. Only 41% (187 out of 451) answered that change in voice, increase in the size of reproductive organ, appearance of hair in axilla and private part and nightfall are the changes, which occurred, in male adolescent.

While with the same multiple choice question, we asked that which changes belong to female in adolescent period. The analysis shows that 300(out of 451) gave the correct answer. Sixty seven percent student (300 out of 451) answered that menstruation start, increase in the size of reproductive organ, enlargement of breast, appearance of hair in private part and axilla are the changes occurred in female during adolescent period.

3. Chromosome

Similarly, their knowledge on sex determination of the baby was assessed by the question on 'whose chromosome determines the sex of the baby'. After analysis, it was found that only 32% (144 out of 451) students gave the correct answer that father's chromosome determines the sex of the baby where majority that is 64% (289 out of 451) of the students gave the wrong answer where 4% (18 out of 451) said that they have no idea about this.

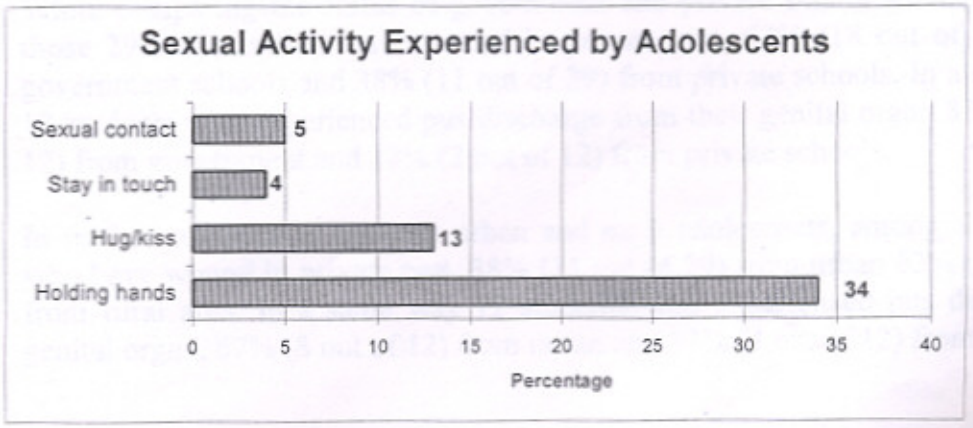
While comparing in government and private schools, it was found that among the 144 students who gave the correct answer, 37 (26%) from government schools and 107 (74%) from private. And among the 289 students, 199 (69%) from government schools and 90 (31%) from private schools gave wrong answer.



In a same way, while comparing in urban and rural adolescents, it was found that among the 144 students who gave the correct answer, 80 (56%) from urban area and 64 (44%) from rural area.

4. Sexual activity

Regarding the sexual behaviour experienced by the students, we asked the question like: whether they have experienced any type of behaviour during their life. It was found that 34% (155/451) students experienced the holding hand by the opposite sex, 13% (56/451) student experienced hug and kiss, 4%(18/451) experienced that somebody get in touch without their interest, 5% (23/451) experienced the sexual contact, and 57% (255 out of 451) answered that they experienced nothing in their life.



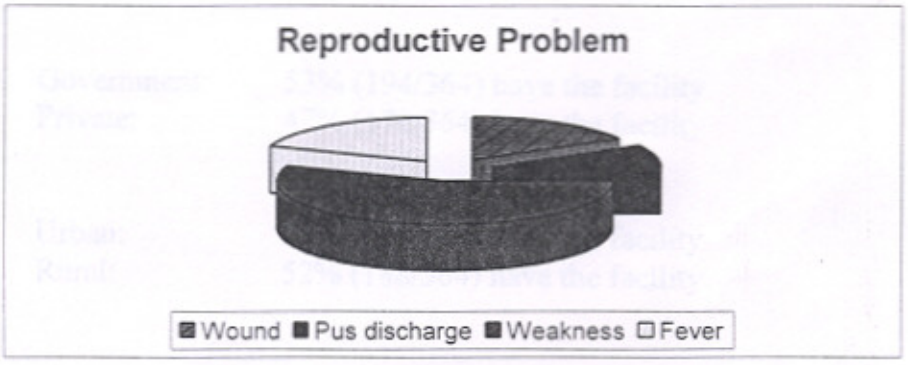
In further analysis, it was found that the students who experienced sexual contact that is among the 23 respondents, 21 are male and 2 female. Among them, 43% (10 out of 23) experienced from friends, 26% (6 out of 23) from relatives/ family members, 26% (6 out of 23) from Sadhu /jogi / unknown person and 4% (1 out of 23) from others which is not specified. Further, the respondents having this experience, 65% (15 out of 23) were from government and 35% (8 out of 23) from private schools. Similarly, 61% (14 out of 23) from urban area and 39% (9 out of 23) from rural.

Reproductive Health Problems

1. Reproductive problems

This study also includes the information about what types of reproductive health problems the adolescents are facing in their life. We gave four choices to tick and one to specify if the answer is different from given choices. The given choices for reproductive health problems are like wound in private part, pus discharge from reproductive organ, physical weakness, fever and others to specify.

The analysis shows that 6.4% (29 out of 451) have wound in private part, 2.7% (12 out of 451) have experienced pus discharges from their genital organ, 19.5% (88 out of 451) have physical weakness, and 7.1% (32 out of 451) have fever related with reproductive health problem. Others specified problems are burning micturation, abdominal pain, itching in private part.



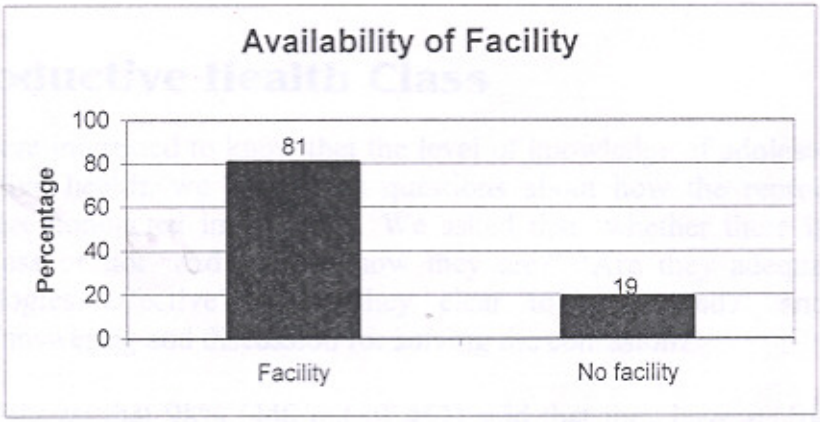
While comparing the status of government and private school students, among all those 29 students who have wound in private part, 62% (18 out of 29) are from government schools and 38% (11 out of 29) from private schools. In a same way the 12 students who experienced pus discharge from their genital organ 83% (10 out of 12) from government and 17% (2 out of 12) from private schools.

In further comparison between urban and rural adolescents, among all 29 students who have wound in private part, 38% (11 out of 29) from urban 62% (18 out of 29) from rural area. In a same way 12 students who experienced pus discharge from genital organ, 67% (8 out of 12) from urban and 33% (4 out of 12) from rural area.

2. Reproductive service outlet

One of the objectives of this research is to identify the need and demands of adolescents regarding reproductive health. To identify their demand, we asked different questions like: 'Is there any place/facility to go to solve the reproductive health problem', 'If yes, where do you go' and 'If no, what type of places you want to solve these problems'

Analysis shows that 81% (364 out of 451) respondents answered that they have facility to go where 19% (87 out of 451) respondents said they do not have. In further question, among those who said they have the facility, majority (86%) goes to health post/sub-health post/hospital followed by private clinic (6%), and health worker (4%).



- Government: 53% (194/364) have the facility
- Private: 47% (170/364) have the facility

- Urban: 48% (176/364) have the facility
- Rural: 52% (188/364) have the facility

Similarly, when we asked that if they do not have any place/facility, what type of place/facility they want. From this question, we tried to know that what is the exact demand of adolescent regarding reproductive health. From which we can understand that in what type of places the adolescent come with the problem and where they really trust and expose their problem with confident.

It was found that among all 87 students who answered that they have no place to go, majority demand the places, which is near the home, and the places should be in village area. We noticed that considerable number of adolescents demand that places which is in secret place and where the confidentiality is maintained. Details have been mentioned in the table below.

S.N.	Demand	Number	Percentage
1	Near home	16	18
2	Village area	15	17
3	Secret place	8	9
4	Health post	5	6
5	VDC office	3	4
6	Friendly staff	3	4
7	Same sex doctor	2	2
8	City area	2	2
9	School	1	1
10	Well equipped facility	1	1
11	Don't know	31	36
Total		**87**	**100**

3. Reproductive Health Class

As we were interested to know that the level of knowledge of adolescents regarding reproductive health, we asked few questions about how the reproductive health courses are conducted in the class. We asked that 'whether there is reproductive health class or not' and 'If yes, how they are?' 'Are they adequate?' 'Are the methodologies effective?' 'Are they clear to understand?' and 'Are there question/answering and discussion for solving the confusion?'

Analysis shows that 98% (440 out of 451) said that they have reproductive health class while 2% (11 out of 451) have not. Among those who have the classes, only 56% said that the classes are adequate while only 57% said that there are questions and answering regarding the subject matter.

S.N.	Questions	Yes	To some extent	No
1	Are they adequate?	56 %	35 %	9 %
2	Are the methodologies effective?	70 %	22 %	8 %
3	Are they clear to understand?	73 %	23 %	4 %
4	Are there question/answering and discussion?	57 %	34 %	9 %

In further analysis comparing with government and private school, 40 students who answered that the classes are totally inadequate, 17 from government and 23 from private schools. In a same way, the 17 students answering that the classes are totally not understandable, 14 students from government and 3 students from private schools. Similarly, the 38 students answering that there is no questions and answering in reproductive health classes, majority 24 from government schools and 14 students from private.

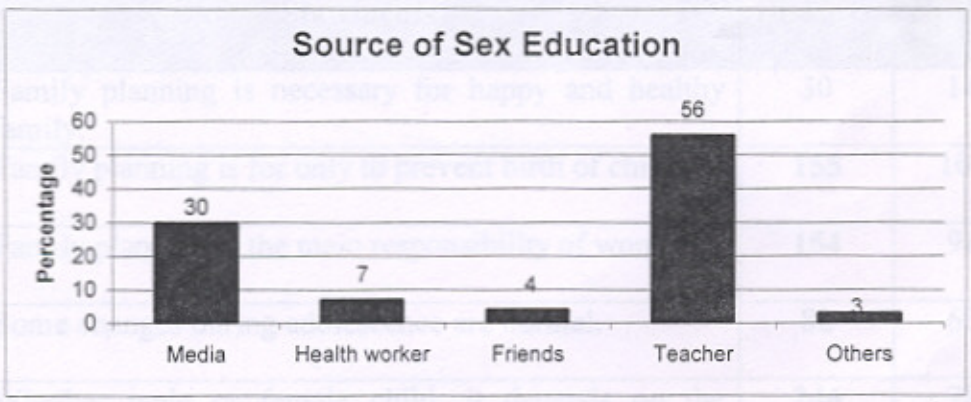
From all these findings, we can analysis that what is the difference between government and private schools. Even that the students from government school said that the teacher come to the class, just write down the topic in the black board and said that read this chapter yourself. While in the private school, students are very much satisfied with the teaching methodologies of teacher. The students from private schools said that - "there is no uncomfortable situation to talk about in the class, teachers are frank but sometime we feel ourselves uncomfortable but from teacher's side, there is no comment".

4. Sex Education

It was found that 84% (378 out of 451) have already got sex education from any source while 16% (73 out of 451) do not have.

Further, among 378 students having sex education, 193 government and 185 from private school. In a same way, among 378 respondents, 185 from urban and 193 from rural area.

It was found that majority got the sex education, now it is important to know that what is the source of the education. We found that majority that is 56% got the education from teachers, followed by 30% radio/TV/magazine and 7% from health workers.



5. Ranking of Source of Sex Education

We found that above these sources where they got the sex education but further we are interested to know that which sources they prefer must. For this we gave seven options as a source of sex education and wanted from them to rank those sources according to their priority.

Majority of the students (106) ranked teacher in first priority then, 104 student ranked teacher in second priority then 82 students ranked health worker in third priority, 71 students prefer friends in fourth rank and 72 students prefer brother and sister in fifth rank.

Rank	Mom/Dad	Bro/Sis	Friend	Teacher	H. Worker	Neighbour	Media
1st	93	19	52	**106**	88	20	60
2nd	25	42	62	**104**	81	28	77
3rd	37	27	78	77	**82**	35	70
4th	49	59	**71**	55	34	54	59
5th	36	**72**	65	29	52	66	30
6th	48	**84**	40	18	45	69	37
7th	75	59	22	8	9	**93**	55
Total	366	362	390	397	391	365	388

Attitude towards Reproductive Health

To measure the attitude of adolescents regarding reproductive health specially family planning, changes during adolescence, HIV/AIDS, abortion, and sex education, the respondents were asked to indicate whether they agree or not to the given statements. The questionnaire contained ten statements on reproductive health matter to identify the attitude of respondents.

S.N.	Statements	Disagree	Neutral	Agree
1	Family planning is necessary for happy and healthy family.	30	14	**406**
2	Family planning is for only to prevent birth of child.	**155**	104	191
3	Family planning is the main responsibility of women.	**154**	98	198
4	Some changes during adolescence are normal.	82	63	**305**
5	Whether male or female child, it depends on the chromosome of mother.	**246**	78	126
6	It is always necessary to confirm whether the blade is new or sterilized or not before using it.	58	39	**353**
7	HIV/AIDS can be transmitted to those only who have unsafe sexual contact.	**139**	64	247
8	We should outcaste the person with HIV/AIDS from our society	**284**	49	117
9	Abortion can effect mother's and coming child' health.	76	100	**274**
10	Sex education is very necessary thing during adolescence.	80	42	**328**

Note: Bold numbers represents the number of respondents having positive attitude to the given statements.

Attitude towards family planning

From the above table, it was found that 53% (715 out of 1350) respondents have positive attitude towards family planning, where 16 % neutral and 31 % have negative attitude. This shows that although the knowledge about the family planning is satisfactory there is significant difference in the knowledge and attitude.

Similarly,

Attitude towards changes in adolescents

Positive attitude: 68%
Neutral attitude: 14%
Negative attitude: 18%

Attitude towards HIV/AIDS

Positive attitude: 58%
Neutral attitude: 11%
Negative attitude: 31%

Attitude towards Abortion

Positive attitude: 61%
Neutral attitude: 22%
Negative attitude: 17%

Attitude towards Sex Education

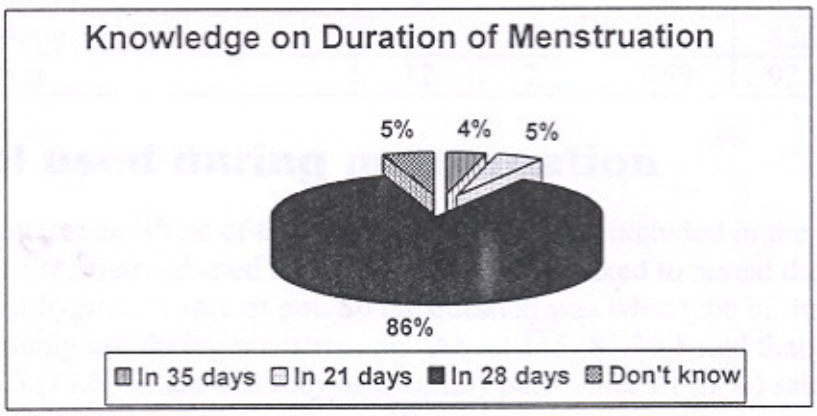
Positive attitude: 73%
Neutral attitude: 9%
Negative attitude: 18%

Findings from female respondents

In the study, we used the additional questionnaire for the female respondent particularly on the hygiene maintenance during menstruation. From this additional questionnaire, we tried to know about the particular female related reproductive health issues. This mostly included the Knowledge, hygiene maintenance, health problems during the menstruation period. All together 175 female respondents were asked those questions.

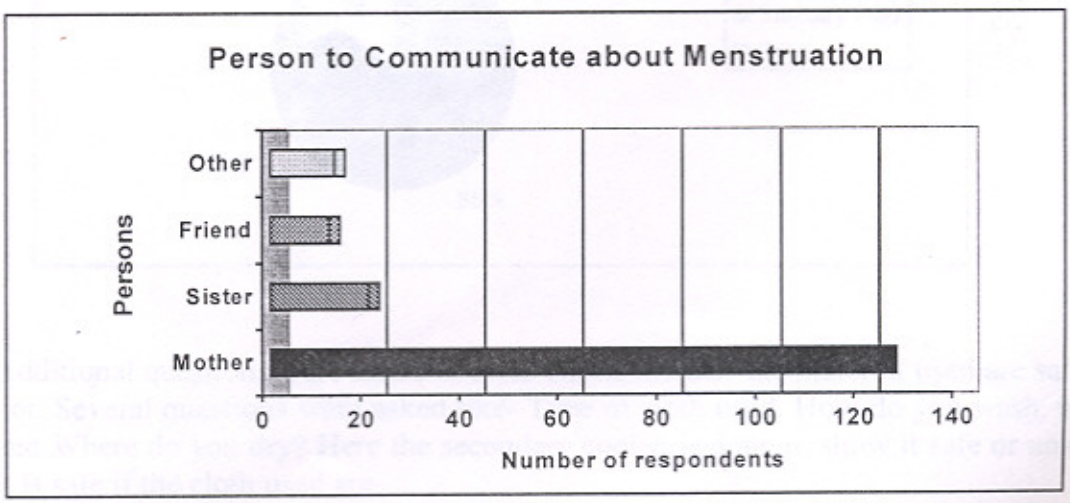
1. Knowledge about Duration of Menstruation

In the study the question was asked about the duration of menstruation. About 151 (86.3%) of the respondents gave the correct answer. Only 5.1% said that they had no idea about this matter. Among them 65.14 % were from government school and 34.86% from the private school.



2. Person to communicate about menstruation

There were 2 females who had had no menstruation until now. And rest of them said that they will say to mother, sisters, friends and others like sister in law, aunty etc. About 71.4% (125) said that they had first told to mother while only 6.9% (12) said that they had first told to their friends.



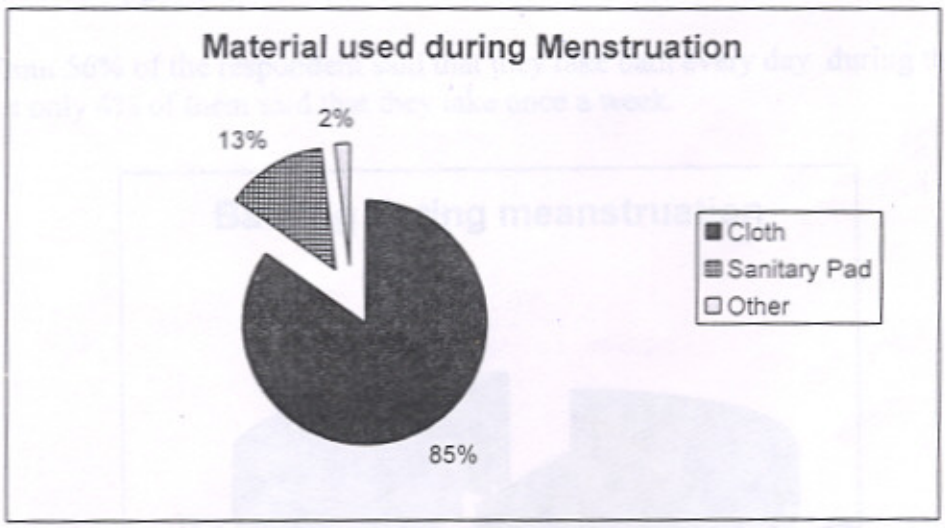
3. Health problems during menstruation

A very important question about the main health related problems occur during menstruation were asked to the respondents. Various multiple choice answer choices were given to them which include- Abdominal pain, Cramps, Backache, Vomit, No Problem, Others. Only 170 respondents gave the answer. The responses were as follows:

S.N	Type of Health Problems	Problem			
		Present		Absent	
		Num.	%	Num.	%
1	Abdominal pain	112	65.8	58	34.2
2	Cramps	8	4.7	162	95.5
3	Backache	59	34.7	111	65.3
4	Vomiting	5	2.9	165	97.1
5	Nothing	29	17.1	141	82.9
6	Others	12	7.1	158	92.9

4. Material used during menstruation

Hygiene maintenance is one of the important components included in the study. In the questionnaire, material used during menstruation is asked to reveal the situation that whether it hygiene is safe or not. So the question was what type of the material do you commonly use during menstruation? About 145 (85.3%) said that they use cloth while 23 (13.5%) said that they use sanitary pad. Other 2 (1.2%) said that they use most during menstruation.

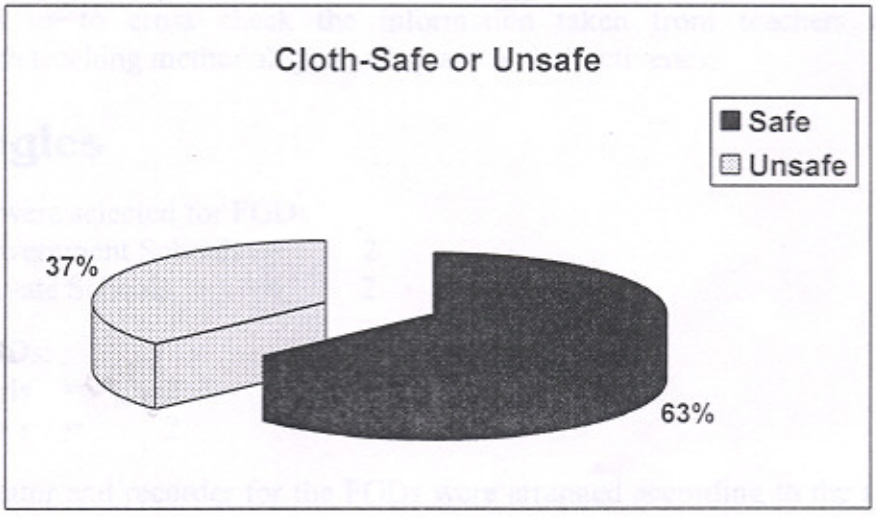


Additional questions were asked to cross check whether the material used are safe or not. Several questions were asked like- Type of cloth used, How do you wash, How and Where do you dry? Here the secondary coding is done to show it safe or unsafe. It is safe if the cloth used are-

Safe material used:

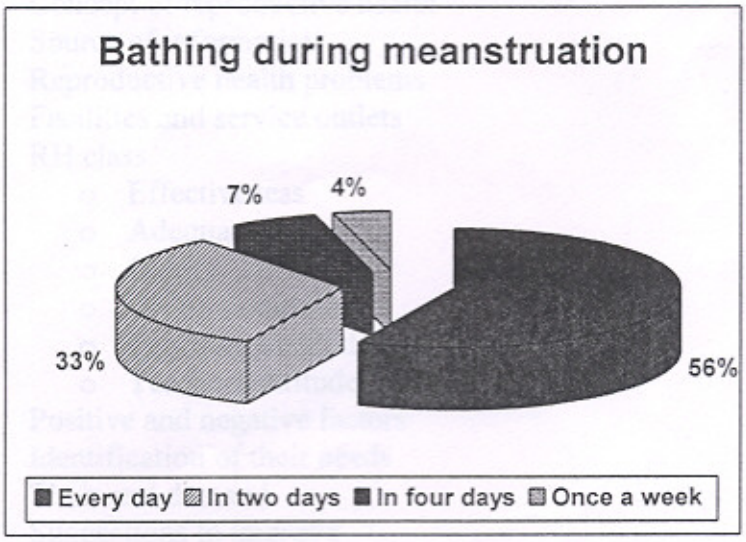
- Clean cloth
- Wash with soap or other disinfectants
- Dry in sunlight not inside the room or dark place.
- Place to dry is rope but not the ground or rods or other places.

The total respondents answer to this question is 147 as altogether 145 said that they use cloth while other 2 said that they use both. Among 147 respondents around 63% (92) are safe where 37.4% (55) were found to be unsafe.



5. Bathing

About 56% of the respondent said that they take bath every day during the period. But only 4% of them said that they take once a week.



FGD Findings

Focus Group Discussion (FGD) is the one of the data collection techniques to get the qualitative information. As our study is on sensitive issue, we have to probe and get the actual information regarding reproductive health. As the male and female reproductive health issues are quite different, we realized that it is very crucial to go to in-depth to both the male and female adolescent groups and get their individual as well as group view regarding various reproductive health issues. This focus group discussion has been very much utilized to get the information about their needs and demands, positive/negative factors they are experiencing, their problems and suggestions / recommendations. This technique helped us to cross check the information taken from teachers regarding reproductive health teaching methodologies, adequacy and effectiveness.

Methodologies

1. 4 schools were selected for FGD:
   - Government Schools = 2
   - Private Schools = 2

2. In four FGDs:
   - Girls = 2
   - Boys = 2

3. The facilitator and recorder for the FGDs were arranged according to the sex of the group. In total 4 trained personnels were involved in conducting the FGDs. Two males were involved in FGD with boys group and 2 females with girls group.

4. Before conducting FGDs, two days orientation program was provided for the facilitator and recorder. In orientation both the theoretical and practical aspects are included.

5. In FGD, subject matter included are as follows:
   - Concept of reproductive health
   - Source of information
   - Reproductive health problems
   - Facilities and service outlets
   - RH class
     - Effectiveness
     - Adequacy
     - Clarity
     - Group discussion
     - Teaching methodology
     - Teacher's attitude
   - Positive and negative factors
   - Identification of their needs
   - Their real demand
   - Suggestions to improve
   - Recommendations

Pawan Ma. Vi. Parasi (Govt.)

Facilitator : Ms. Shreejana Pokharel
Recorder : Ms. Bishnu Sapkota
Participants : 6 Girls Group

Little Angels English Boarding School (Pvt.)

Facilitator : Mr. Bishnu Psd. Lamichhane
Recorder : Mr. Milap Pokharel
Participants : 7 Boys Group

Adarsha Ma.Vi. (Govt.)

Facilitator : Mr. Bishnu Psd. Lamichhane
Recorder : Mr. Milap Pokharel
Participants : 6 Boys Group

Adarsha English Boarding School, Semari (Pvt.)

Facilitator : Ms. Sujeeta Shakya
Recorder : Ms. Shreejana Pokharel
Participants : 7 Girls Group

(Note: These are the list of schools and FGD participants involved in our study.)

FINDINGS

1. Concept of Reproductive Health

Different respondents have different concepts regarding reproductive health where majority believe that it is a knowledge only relating to the process of reproduction. Only few could give the proper concept of reproductive health. Some of the respondents even said that it includes of care of mother and child, reproductive health problems, safe sex etc. Surprisingly very few could include adolescent health as important component of reproductive health.

2. Source of information

Almost all of the respondents get the necessary reproductive health information from medias especially radio, TV, magazines. The second most important source is the teachers. Although these are the source of information, after probing the issues we found that most of the reproductive health problems are shared and discussed with nearest members like mothers and sister in case of female while brothers and friends in case of male.

3. Adolescent RH Problems

Adolescent reproductive health identified during FGD were ranged from minor health problems like pimples, headache, mentally distrubed, to wound in genital organs (Viringi ra dhatu jasto samasya bhairanchha). In case of male responses, interestingly, it was found that they consider the nightfall as a reproductive health problem but not as a normal phenomenon during adolescence. One of the female respondants said that:

- ***"Garmi testo thauma ghau khatira auchha tara mahila doctor nabhayera dekhauna janai laj lagchha."*** (In summer seasons, I usually face the problems like wound in private part but due to the lack of ladies doctor, I feel shy to consult).

4. Facilities

Almost all of them said that there is no appropriate reproductive health facility for adolescents. Those responding the availability of facilities are very much unsatisfied with the type of service they provide. They demanded that they should have facilities according to their need like having same sex service provider, counselor to discuss and share the problems clearly. Only facility to consult are health post/ private clinics. Some of the respondents said that FCHV could be the accessible source to consult during any emergencies.

5. RH Class

We found that both government/private and urban/rural schools includes the reproductive health course in their curriculum. The FGD done in government schools, it was found that students were not satisfied with the way of teaching. They said that the teachers are not willing to teach this topic as necessary as other. The fact is also proved from the interview taken with health teachers from government schools. They themselves admit that they feel uneasy to discuss each and every sensitive issues in a class where there is both male and female students. Students claims that the teachers usually skip the topic and said that - " read by yourself, some of the topic are only to read but not practical".
According to the respondents:
" Sir haru kalopati ma topic lekhera matrai janu hunchha."
"Kaha testo bisaya ma kura garnu, maile ta tyo topic purai panna stapler garera rakheko chhu."

5. Suggestions and recommendations

- Students recommend that course curriculum should include basic RH components right from the lower classes
- Development of peer education programmes.
- They demanded that these types of issues should be taught by trained guest teachers.
- The adequate IEC materials regarding reproductive health should be developed. IEC material in local languages will be more effective to reach to the most of rural adolescents.
- They want to recommend that concerned authority should develop adolescent focused program which will maintain their confidentiality, help to solve their problem more confidentially.
- Teachers should be frank, open and deal the issue more clearly/ detail.
- They expressed that it will be more effective if the same sex teacher is available to teach this topic.

Findings from Teachers Interview

1. General information

In this research, the interview with the health teacher is one of the important data collection techniques to overview the teaching of the reproductive health in the classroom setting. In-depth interview with the health teacher is more relevant to this study as health teacher is the key person to give formal information about reproductive health whish strongly determines the KAP status of the school adolescent. The subject matter in the interview mainly focuses on the teacher's qualification, Duration and experience of teaching, total allotted classes for reproductive health course, teaching methodology, positive and negative aspect of teaching and recommendation.

All together 8 interview with the health teachers is conducted where 4 interviews in Government schools and 4 in private. The principal investigators took all the 8 interviews. In the interview setting privacy and confidentiality was maintained with adequate probing to get the accurate and exact information.

2. Teacher qualification

Among the 8 health teachers, all of them are from the related biological science background except one. Out of 8, 6 of them had completed bachelors level while had intermediate level. Duration of the teaching experience as a health teacher range from 1 yr to 31 years. It is seen that government schools had more experienced teachers that that of the private schools. And also the teachers in the government schools had got various range of health related training like - TOT on Health, Training on the HIV/AIDs and Sex linked diseases, Seminar on Family Planning methods, Child survival training etc. Comparatively private schools health teachers are mostly lacking any type of training.

3. Allotted time for RH

All the teachers had responsibility for two teaching subjects - Science and Population & Environment Health for the three classes 8,9,10. The total classes allotted per week are found to be more in teachers of private schools than in government schools. So the workload for the private school teacher is much more comparatively. Teachers from the government schools said that they give 2-3 classes for reproductive health while in private schools teacher spent 5 classes on an average.

4. Methods and Materials used

The most common method in the class room teaching is Lecture method which they said include following steps. Firstly introduction of the topic, giving lecture, pictorial description and then note writing where the evaluation of the topic is mainly during the exams. Teachers themselves admit that the question answer in the class is significantly low. If student want to ask questions and solve the quarries students separately consult the teachers. This group rarely includes the female students as they seem to feel very uneasy to stay in RH classes.

The material used in teachings are Course book, Blackboard / Chalk and sometimes Flipchart. Almost all the teachers complain about the lacking of the appropriate teaching learning materials. They suggest the concerned authorities that it would have been more easy and effective to teach if they are provided with the visual aids like charts, graphs and other posters. It will make them even easier to teach the sensitive with little explaining them.

But very surprisingly one experienced and qualified teacher from the government school said that he/she don't prefer to teach RH course. Because he/she feels very uncomfortable and uneasy so he/she usually leave/ skip the entire course to the students to study themselves and the quarries personally if any. Some other teacher said that "I usually don't deal the part of the topic which is sensitive and confusing".

Teacher from Govt. School

- It is obvious for the girls to feel shy and uncomfortable in the class as there are more male students in addition they are taught by male teachers.
- "If I spend more time in RH classes students mostly boys show naughty attitude and behaviors which create difficult to control the class so I complete the course quickly."
- "It's very easy, read by your own if any difficulty then only ask me"- Self learning with the course books is the main material to learn reproductive health.
- Now a days students are not well disciplined. I have unpleasing experience of badly punishing one of my students for asking silly and naughty questions in front of all class.

Teacher from private School

- "I rarely pronounce the RH related terminologies in Nepali."
- "We have develop the technique of passing cheat secretly to the quarries in sensitive issues"
- "I usually don't deal the part of the topic which is sensitive and confusing"
- My students and even some of my colleague tease me calling "Reproductive Sir"

5. Positive and Negative factors

In the interview the positive and negative factors in adolescent reproductive health were asked to the teachers mainly concentrating on the teaching learning methodology.

Positive factor

- Students are very keen and interested to learn about the topic.
- Important and crucial issue for healthy life.
- If students are disciplined and teachers are qualified, it will be easy to teach and effective.
- Global problem-not much addressed in our country so should give priority.

Negative factors

- Narrow mindedness
- Social stigma- less openness in RH issues.
- If students are more sensitize on the issue, there is more chance of experimenting, which may expose them to the risk factor.
- More students in the class so difficult to evaluation.
- Tradition concept of teachers as well as students.
- Though teachers are trained on RH teaching they are not utilizing th e knowledge and skills.

6. Recommendations and Suggestions

Teachers were asked to give the suggestions and recommendations for the further improvement in teaching of reproductive health in the class. They were as follows:

1. School authority should provide the teaching learning materials like Pictorial aids (charts, posters, diagrams) , flipcharts, leaflets and other RH related reference books.
2. Number of students in the class have to be minimized.(In one govt. school they were teaching 102 students in a class)
3. Teacher's training relating health issues with teaching methodologies. Developing forum between schools to discuss and share the experience and technique of teaching.
4. "It will improve automatically with development of human society, so nothing can be done currently to improve."
5. Student should give more famalarity with the real situation than just giving the theoretical knowledge. eg. Student visit to health facilities.
6. Improvement in evaluaion methodology.

Recommendations

1. Though the study shows that maximum students had heard about the reproductive health components but they did not seem to have correct and adequate knowledge regarding RH components like concept of abortion, signs and symptoms of STDs, permanent and temporary family planning methods etc. Hence, the comprehensive and regular information on RH should be provided tot he students.

2. Misconception regarding STD/HIV/AIDS and other issues are prevalent in adolescent group. The program to be developed should focused on solving the misconception, positive behavioural change and developing life skills so as to protect them from risk of acquiring those disease.

3. In the school curriculum, RH topic is included but it was seen more from the FGDs and teacher's interview, the students are not properly taught in the class on this topic. So necessary modification is teaching methodology, course content and provided sound environment in class to discuss should be more focused by the concerned authorities.

4. As medias had been found to be highly effective and appearing to young people, it can be more utilized to create program and message and efforts should be made to produce and broadcast program with good messages. It can be used to create social awareness about RH in adolescents.

5. Adequate training facility should be given to the health teacher. The teaching learning materials should be adequately provided to the teachers and also for the students by the concerned authorities.

6. Other approaches seemed suitable are peer education through community program like youth clubs, sport club and through formal institutes like schools.

7. Further research on adolescent especially those adolescents out of schools have to conduct to get more representation and identify the exact situation of that group.

8. Lastly,

We would like to thank NHRC for providing us such a great opportunity to do this study. We personally like to recommend NHRC to keep on this good work of providing the platform for undergraduate students so that they can apply their theoretical knowledge and gain more practical skills.

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Operational Definition

Urban area	=	Municipality of Nawalparasi district
Rural area	=	All VDCs of Nawalparasi District
Adolescent	=	Age between 10-19 years
Nuclear family	=	Family where husband, wife and their children live together sharing common kitchen.
Joint family	=	Family where Uncle's and father's family (same grandparent's) live together sharing common kitchen.
Extended family	=	A family where the grandparent's family and father and uncle's family live together sharing common kitchen.
Source of information	=	Means of source from where information is mainly disseminated.
Source of FP service	=	Immediate source from where the services of FP are available.
Current users	=	Those couples who are using any one of the family planning devices (temp/perm) at present.
Disagree	=	Those who completely denies that statement is true.
Agree	=	Those who completely approves that the statement is true.
Neutral	=	Those who thinks that the statement is neither true nor false.
Positive attitude	=	Respondents giving satisfactory response towards the various question asked on reproductive health components.
Negative attitude	=	Respondents giving unsatisfactory response towards the various question asked on reproductive health components.

Contribution of the Research

1. Adolescent population is the most neglected group but now there is emerging concept of including adolescent as focused group in general health care services. In our country the topic of adolescent sexuality and reproductive health is politically and culturally sensitive; as a result the reproductive health information and services don't reach most of the adolescent. Very limited studies are done regarding adolescents. The best way to find out the actual situation and the problems affecting them is talk to the adolescent themselves. So, this study will identify the existing situation and problems of the adolescent of Nawalparasi district from the adolescent themselves.

2. The perspective of the teachers who deals with the adolescent daily in the school are very important in assessing the area of need. In this study 8 health teachers were interviewed and the findings of that responses can provide the insight on how teachers are dealing with RH components in the classroom and what are the positive and hindering factors affecting adolescent reproductive health. The recommendations provided by the teachers can be very helpful in developing the future programs.

3. Adolescents are the diverse group like in school and out of school, married and unmarried etc. Due to this diversity the study had divided into clear categories so that the problems are to be clearly identified and adequately addressed. This study had reached the adolescent through the school system. So the study will help the policy makers to introduce the adolescent reproductive health information's by analyzing content and method used in curriculum, classroom environment, teacher's qualification and demand of the students.

4. It provides information on Knowledge, Attitude and Practice of the adolescent toward the various Reproductive health components such as HIV/AIDs, STDs, Abortion, Family planning, Reproductive system, sex education etc.

5. This study had sensitized the students, teachers as well as the educational authorities in the sense that adolescent reproductive health issues are very important for the adolescent health. So they are responsible for exploring the problems and finding out the solutions to solve them. So this study will help to self evaluate their situation and can make their own strategies to overcome the problems.

6. This type of study provides background information for the policy makers and program planners to develop need specific policies and programs for either government or private school or for adolescents of rural or urban areas.

7. It provides recommendations on action that can be taken to overcome such obstacles/barriers, there by making it easier for the adolescents to use the reproductive health services they need.

8. This study can provide encouragement to the other research team to explore more and in-depth information in this topic "Adolescent Reproductive Health".

Annex 2

Nepal Health Research Council

NHRC

Date :

Ref. 310

Executive Committee

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Ministry of Finance
National Planning Commission
Ministry of Health
Chief, Research Committee, IOM
Chairman, Nepal Medical Council

Date: December 3, 2001

To Whom it May Concern

The research proposal entitled **"KAP Status of Urban and Rural Adolescents of Nawalparasi District on Reproductive Health"** (Principal Investigators – Ms. Shreejana Pokharel and Ms. Sujeeta Shakya) has been approved and is supported by the Nepal Health Research Council. Any help that can be provided to them by you for their research project will be appreciated.

Thank you,

Yours Sincerely,

Rajendra Kumar BC
Research Officer

Tel. (977-1) 254220, Fax: 977-1-262469, Email: NHRC@healthnet.org. np, Ramshah Path, P. O. Box 7626, Kathmandu, Nepal.

श्री ५ को सरकार
शिक्षा तथा खेलकूद मन्त्रालय
शिक्षा विभाग
जिल्ला शिक्षा कार्यालय
नवलपरासी

प.नं.८२१

मिति२०५८।१।८

विषयः सहयोग गरी दिनु हुन ।

श्री पछाडि उल्लेखित
विद्यालय हरु न.प.।

उपरोक्त सम्बन्धमा, नेपाल स्वास्थ्य अनुसन्धान परिषदले नवलपरासी जिल्लाका विभिन्न विद्यालयहरुमा KAP Status of Urban and Rural Adolescents of Nawal Parasi District on Repoductive Health विषयमा किशोरावस्थाका विद्यार्थीहरुको प्रजनन स्वास्थ्य सम्बन्धी ज्ञान, धारणा र व्यवहार वारे अनुसन्धान गर्न सुश्री सृजना पोखेल र सुजिता शाक्य आउनु भएकोले वहाँहरुलाई चाहिने सहयोग उपलब्ध गराई दिनु हुन अनुरोध छ ।

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शाखा अधिकृत

श्री ५ को सरकार
शिक्षा तथा खेलकूद मन्त्रालय
शिक्षा विभाग

☎: ०७८-२०१०५

जिल्ला शिक्षा कार्यालय

नवलपरासी

च० नं०:- ८२१
पत्र संख्या:-
प्राप्त पत्र संख्या र मिति:-

मिति ०५८।१२।८

विषय:- सहयोग गरी दिनु हुन् ।

श्री विद्यालय, न.प.

उपरोक्त सम्बन्धमा नेपाल स्वास्थ्य अनुसंधान परिषद्ले नवल परासी जिल्लाका विभिन्न विद्यालय हरुमा " KAP Status of Urban and Rural Adolescents of Nawal Parasi District on Reproductive Health विषयमा किशोरावस्थाका विद्यार्थीहरुको प्रजनन स्वास्थ्य सम्बन्धी ज्ञान धारणा र व्यवहार को अनुसन्धान गर्न लुम्बी सृजना पोखरेल र लुजिता शाक्य आउनु भएको वहाँहरुलाई - चाहिने सहयोग उपलब्ध गराई दिनु हुन अनुरोध छ।

ठकुरी
शाखा अधिकृत

KAP Status of Urban and Rural Adolescents on Reproductive Health

(Questionnaire for the Teacher)

Interviewer's name: .....
Teacher's name: .....
Educational background: .....
Qualification: .....
Duration of teaching: .....
School's name: .....

---

1) How long have you been teaching health topic?

2) How many classes (periods) do get for this topic in a week?

3) Normally, how many classes do you allocate and take for reproductive system?

4) Comparing with other systems, is the time allocated for reproductive system is enough?
   - If no, why and how?

5) What are the common teaching methodologies?
   - Methods
   - Materials

6) In your opinion, to what extent to the student understand while you teaching this subject matter? If they don't understand, to what extent they ask you the quarries?

7) Would you please tell the positive and negative factors while teaching the reproductive health class?
   - Positive factors
   - Negative factors

8) What do you suggest and recommend improving the adolescent's reproductive health in general and specially regarding the reproductive health course teaching?

FGD Guideline

School's Name: **Address:**

Facilitator: **Recorder:**

FGD with : Girls/ Boys **Date:**

---

1) What do you mean by Reproductive Health?
   - Components
   - Source
2) In your opinion, what might be the main reproductive health problems of adolescents in your area?
3) For solving these types of problems, where do you go and from whom do you take suggestions?
4) Do you think that available services are adequate for you?
   - If yes, how it is?
   - If no, what do you think is lacking? and what is the expectation and demand in order to fulfill those problems?
     i. Service outlet
     ii. Program Class
     iii. Teacher/ Health Worker
5) In your class room teaching, to what extent do you get information regarding reproductive health.
   - Adequate (content)
   - Effective
   - Clear (Methodology)
   - As expected
   - How many days normally they take to complete this topic comparing with other same topics?
6) What do you think are the most positive and negative thing regarding the reproductive health of adolescent in your community?
7) What are the recommendations you like to give to concern authorities to improve the adolescent's reproductive health?

Annex 5

क.न....

किशोरावश्थाका विद्यार्थीहरुको प्रजनन् स्वास्थ्य बारे
ज्ञान, धारणा र व्यवहार सम्वन्धी अनुसन्धान
नवलपरासी जिल्ला

(विद्यार्थीहरु स्वयंले भर्ने प्रश्वनावली)

नोट

हामीले तपाईहरुको परिक्षा लिन लागेको होइनौं । तपाईले यसमा आफ्नो नाम लेख्नु पर्दैन । यहाँ जति पनि प्रश्नहरु सोधिएको छ, ति प्रश्नहरुको उत्तर तपाईको परिवार, साथिहरु र शिक्षकहरु कसैले पनि तपाईले के लेख्नु भएको छ भनेर हेर्न पाउनु हुने छैन । तपाईहरुको इमान्दार र सही उत्तरले तपाईहरु जस्तै विद्यार्थीहरुको वास्तविक अवस्था जान्न, बुझ्न र समस्याहरुको सामाधान गरी स्वास्थ्यमा सुधार ल्याउन सहयोग पुऱ्याउनेछ ।

ठिक उत्तरमा सही (✓) चिन्ह लगाउनु होस । एक वा एक भन्दा बढीमा सही (✓) चिन्ह लगाउन सक्नु हुन्छ ।

१. सामान्य जानकारी

१.१ उमेर ..... १.२ जात .....
१.३. स्कूलको नाम .....
१.४ स्कूलको प्रकार: सरकारी/निजी/ १.५ कक्षा .....
१.६ ठेगाना
  १.६.१ स्थायी: गा.वि.स./न.पा. ..... वार्ड नं.....
  १.६.२ अस्थायी: गा.वि.स./न.पा. ..... वार्ड नं.....
१.७ बसोबास गर्ने
  क) घरमा आमा बुबा संग
  ख) छात्रवासमा
  ग) डेरामा
  घ) अन्य (उल्लेख गर्ने) .....
१.८ परिवार संख्या .....
१.९ परिवारको प्रकार: एकल/संयुक्त/बृहत

२. एच.आई.भी./एड्स

२.१ तपाईले HIV/AIDS को बारेमा सुन्नु भएको छ ?
  क) छ ख) केही हद सम्म ग) छैन (यदि छैन भने प्रश्न नं ३ मा जानुहोस्)

२.२ तपाईले HIV/ADS सम्वन्धि जानकारी कहाँबाट पाउनु भयो ?
  क) रेडियो/टि.भी./पत्रपत्रिका ख) स्वास्थ्य कर्मीबाट
  ग) साथीहरुबाट घ) दाजुभाइ/दिदी बहिनीहरुबाट
  ङ) शिक्षकहरुबाट च) अन्य (उल्लेख गर्ने) .....

२.३ यो रोग (HIV/AIDS) कसरी सर्छ ?
  क) हात मिलाउदा ख) जुठो थालमा खादा
  ग) लामखुट्टेको टोकाइबाट घ) HIV+ संग यौन सम्पर्क गर्दा
  ङ) HIV+ आमाबाट बच्चा जन्मदा च) एउटै चर्पी प्रयोग गर्दा
  छ) HIV+ को रगत लिंदा ज) निर्मलीकरण नगेको सुई प्रयोग गर्दा
  झ) थाहा छैन

२.४ यो रोग (HIV/AIDS) कसरी सर्दैन ?

क) हात मिलाउदा
ख) जुठो थालमा खादा
ग) लामखुट्टेको टोकाइबाट
घ) HIV + संग यौन सम्पर्क गर्दा
ङ) HIV+ आमाबाट बच्चा जन्मदा
च) एउटै चर्पी प्रयोग गर्दा
छ) HIV+ को रगत लिंदा
ज) निर्मलीकरण नगेको सुई प्रयोग गर्दा
झ) थाहा छैन

३. यौनजन्य रोगहरु

३.१ तपाईले यौन रोग भनेको सुन्नु भएको छ ?

क) छ ख) केही हद सम्म ग) छैन (यदि छैन भने प्रश्न नं ४ मा जानुहोस्)

३.१.१ यदि सुन्नु भएको छ भने, कहाँबाट सुन्नु भयो ?

क) रेडियो/टि.भी./पत्रपत्रिका
ख) स्वास्थ्य कर्मीबाट
ग) साथीहरुबाट
घ) दाजुभाइ/दिदी बहिनीहरुबाट
ङ) शिक्षकहरुबाट
च) अन्य (उल्लेख गर्ने) .....

३.२ मुख्यतया: यौन रोग कुन-कुन माध्यमबाट सर्छ ?

क) यौन रोगी संग यौन सम्पर्क गर्दा
ख) एउटै चर्पी प्रयोग गर्दा
ग) यौन रोगीको कपडा प्रयोग गर्दा
घ) यौन रोगी संग चुम्बन गर्दा
ङ) यौन रोगीको रगत लिएमा
च) थाहा छैन

३.३ यौन रोगका मुख्य तीन लक्षणहरु के-के हुन ?

क) ज्वरो आउनु
ख) महिलाहरुको तल्लो पेट दुख्नु
ग) गुप्ताङ्गमा घाउ आउनु
घ) गुप्ताङ्गबाट गन्हाउने पानी र पिप आउनु
ङ) शारीरिक कमजोरी हुनु
च) धेरै टाउको दुख्नु
छ) थाहा छैन

४. गर्भपतन

४.१ गर्भपतन भनेको के हो ?

क) ७ महिना अघि बच्चा खस्नु
ख) समय पुगेर मरेको बच्चा जन्मनु
ग) बच्चा जन्मे पछि मर्नु
घ) बच्चा पाउन नसक्नु (बाँझोपन)
ङ) थाहा छैन

४.२ गर्भपतन भएमा के-के हुन्छ ?

क) आमालाई रगतको कमि हुन्छ
ख) आमाको स्वास्थ्य क्रमीक रुपमा बिग्रन्छ
ग) पछि जन्मने बच्चालाई पनि असर पर्छ
घ) आमाको मृत्यु दर घट्छ
ङ) थाहा छैन

४.३ तपाईको विचारमा कस्तो अवस्थामा गर्भपतन हुने सम्भावना हुन्छ ?

क) आमालाई रगतको कमि भएमा
ख) यौन रोग लागेमा
ग) गर्भवती समयमा गह्रो काम गरेमा
घ) गर्भवती अवस्थामा सन्तुलित भोजन गरेमा
ङ) पहिला आमाको पनि गर्भपतन भएमा
च) थाहा छैन

५. परिवार नियोजन

५.१ परिवार नियोजन भनेको के हो ?

क) बच्चाहरु बिच अन्तर राख्ने
ख) बच्चा जन्मन नदिने
ग) महिला पुरुष दुवैको स्वास्थ्यमा सकारात्मक असर गर्ने
घ) बाँझोपन ल्याउने
ङ) थाहा छैन

५.२ महिला वा पुरुषले प्रयोग गर्ने परिवार नियोजनका साधनहरुको जोडा मिलाउनु होस ।

पुरुष	डिपो
	नरप्लान्ट
	कण्डम
	कपर–टी
महिला	भ्याक्सेक्टोमी
	पिल्स
	मिनील्याप/ल्याप्रोस्कोपी

५.३ स्थाई अथावा अस्थाई परिवार नियोजनका साधनहरुको जोडा मिलाउनु होस ।

स्थाई	डिपो
	नरप्लान्ट
	कण्डम
	कपर–टी
अस्थाई	भ्याक्सेक्टोमी
	पिल्स
	मिनील्याप/ल्याप्रोस्कोपी

५.४ तपाईले परिवार नियोजन सम्वन्धी जानकारी धेरै जसो कहाँबाट पाउनु हुन्छ ?

क) रेडियो/टि.भी./पत्रपत्रिका
ख) स्वास्थ्य कर्मीबाट
ग) साथीहरुबाट
घ) दाजुभाइ/दिदी बहिनीहरुबाट
ङ) शिक्षकहरुबाट
च) अन्य (उल्लेख गर्ने) .....

५.५ के तपाईलाई थाहा छ, परिवार नियोजन सम्वन्धी सेवा कहाँबाट उपलव्ध हुन्छ ?

क) हे.पो./स.हे.पो.
ख) प्राइभेट क्लिनीक
ग) किराना पसल
घ) स्वास्थ्य कर्मीबाट
ङ) अन्य (उल्लेख गर्ने) .....

५.६ तपाई के हुनुहुन्छ ?

क) विहाहित
ख) अविवाहित
ग) अन्य (उल्लेख गर्ने) .....

५.७ हाल सम्मम तपाईले कुनै किसिमको परिवार नियोजनको साधनको प्रयोग गर्नु भएको छ ?

क) छ
ख) छैन

६. प्रजनन् प्रणाली

६.१ तल दिइएको मध्ये पुरुष प्रजनन अंगहरु कुन–कुन हुन ?

क) पाठेघर (Uterus)
ख) डिम्वासय (Ovary)
ग) अइडकोष (Testes)
घ) लिङ्ग (Penis)
ङ) डिम्ववाहिनी नली (Fallopian Tube)
च) शुक्रावाहिनी नली (Vas Deference)
छ) योनी (Vagina)
ज) थाहा छैन

६.२ तल दिएका मध्ये महिला प्रजनन् अंगहरु कुन–कुन हुन ?

क) पाठेघर (Uterus)
ख) डिम्वासय (Ovary)
ग) अइडकोष (Testes)
घ) लिङ्ग (Penis)
ङ) डिम्ववाहिनी नली (Fallopian Tube)
च) शुक्रावाहिनी नली (Vas Deference)
छ) योनी (Vagina)
ज) थाहा छैन

६.३ पुरुषको किशोरावस्थामा कुन-कुन शारीरिक परिवर्तनहरु हुन्छन् ?

क) स्वरमा परिवर्तन हुनु
ख) महिनावारी शुरुवात हुनु
ग) लिङ्ग आकार बढ्नु
घ) स्तन वृद्धि हुनु
ङ) काखी र गुप्ताङ्गमा रौं बढ्नु
च) स्वप्नदोष (निंद्रामा विर्य झर्नु) हुनु
छ) थाहा छैन

६.४ महिलाहरुको किशोरावस्थामा कुन-कुन शारीरिक परिवर्तनहरु हुन्छन् ?

क) स्वरमा परिवर्तन हुनु
ख) महिनावारी शुरुवात हुनु
ग) लिङ्ग अकार बढ्नु
घ) स्तन वृद्धि हुनु
ङ) काखी र गुप्ताङ्गमा रौं बढ्नु
च) स्वप्नदोष (निंद्रामा विर्य झर्नु) हुनु
छ) थाहा छैन

६.५ छोरा वा छोरी जन्मने कसको वंशाणु (Chromosome) ले निश्चीत गर्छ ?

क) बाबुको वंशाणुमा
ख) आमाको वंशाणुमा
ग) बाबु र आमाको वंशाणुमा
घ) कसैको वंशाणुमा पनि होइन
ङ) थाहा छैन

६.६ हाल सम्म तपाईलाई कसैले (विपरित लिङ्गका व्यक्तिले) तल उल्लेखित कुराहरु गरेको छ ?

क) हात समातेको
ख) अंगालो मार्ने वा चुम्बन गर्ने
ग) इच्छा विपरित सम्पर्क राख्ने
घ) यौन सम्पर्क गर्ने
ङ) माथीका कुनै पनि कुरा गरेको छैन (छैन भने प्रश्न नं ७ मा जानुहोस)

६.६.१ माथी उल्लेखित कृयाकलाप कसैले तपाईलाई गरेको छ भने, कसले गरेको छ ?

क) साथीहरु
ख) शिक्षकहरु
ग) नातेदार वा परिवारको सदस्य
घ) साधु/जोगीहरु/ वा नचिनेको मान्छे
ङ) अन्य (उल्लेख गर्ने) .....

७. प्रजनन् स्वास्थ्य सम्वन्धी आवश्यक्ता र माग

७.१ तपाईहरुलाई प्रजनन् स्वास्थ्य सम्वन्धी कुनै किसिमको समस्या छ ?

क) गुप्ताङ्गमा घाउ हुनु
ख) गुप्ताङ्गबाट पीप आउनु
ग) शारीरिक कमजोरी हुनु
घ) ज्वरो आउनु
ङ) अन्य (उल्लेख गर्ने) .....

७.२ यी समस्याहरु परेमा साधाधानको लागि जाने ठाउँ छ कि छैन ?

क) छ
ख) छैन

७.२.१ यदि छ भने, कुन ठाउँमा जानु हुन्छ ? (उल्लेख गर्नुहोस)

_____

७.२.२ यदि छैन भने, कस्तो ठाउँमा भई दिए हुन्थ्यो जस्तो लाग्छ ?

_____

७.३ तपाईहरुको प्रजनन् स्वास्थ्य सम्वन्धी कक्षा कोठामा पढाई हुन्छ कि हुदैन ?

क) हुन्छ
ख) हुदैन

७.३.१ यदि हुन्छ भने

क्र.सं.	प्रश्नहरु	छ	केही हद सम्म	छैन
७.३.१.१.	पढाएको कुरा प्रयाप्त छ ?			
७.३.१.२.	पढाउने तरिका ठिक छ ?			
७.३.१.३.	पढाएको बुझिन्छ ?			
७.३.१.४.	प्रश्न उत्तर हुन्छ ?			

७.४ तपाईहरुले कुनै माध्यमबाट यौन शिक्ष पाउनु भएको छ ?
क) छ ख) छैन

७.४.१ यदि छ भने, कहाँ बाट ? (उल्लेख गर्नुहोस)
_____

७.५ के तपाईको स्कूलमा साथी शिक्षा "Peer Education" को व्यवस्था छ ?
क) छ ख) छैन

७.६ तपाईहरुको विचारमा तलका मध्ये कुन श्रोत यौन शिक्षा दिन प्रभावकारी हुन्छ ?
(कृपया तलको आधारमा नम्बर दिनु होला)

श्रोत	श्रेणी
क) बुवा/आमा	.....
ख) दाजुभाइ/दिदीबहिनी	.....
ग) साथीहरु	.....
घ) शिक्षकहरु	.....
ङ) स्वास्थ्य कर्मी	.....
च) छिमेकी	.....
छ) Radio/TV/ पत्रपत्रीका	.....

८. प्रजनन् स्वास्थ्य सम्वन्धी धारणा

तलका वाक्यहरु राम्ररी पढ्नुहोस् र पढेपछि ती वाक्यहरु प्रति तपाई कुन हद सम्म सहमत/असहमत हुनु हुन्छ ठीक (✓) चिन्ह लगाउनु होला ।

क्र.सं	वाक्यहरु	असहमत	तथष्ट	सहमत
१	परिवार नियोजन सुखी परिवारको लागि चाहिने कुरा हो			
२	परिवार नियोजन भनेको बच्चा पाउन रोक्नु मात्र हो ।			
३	परिवार नियोजनको साधन प्रयोगमा पुरुष भन्दा महिलाको बढि दायित्व हुन्छ ।			
४	किशोरावस्थामा पुरुष तथा महिलामा शारिरीक परिवर्तन हुनु साधारण कुरा हो ।			
५	छोरा वा छोरी जन्मनु भनेको आमाको वंशाणुले निश्चित गर्छ ।			
६	हजाम कहाँ कपाल तथा दारी काट्दा नयाँ Blade फेरेको/निर्मलिकरण गरेका हो कि होइन भनी पक्का गर्नु जरुरी हुन्छ ।			
७	धेरै जनासंग यौन सम्पर्क राख्ने व्यक्तिलाई मात्र HIV/AIDS को जीवाणु सर्न सक्छ ।			
८	HIV/AIDS लागेको मानिसलाई समाजबट बहिष्कार गर्नु पर्छ			
९	गर्भपतनले आमा र फेरी जन्मने बच्चालाई समेत नराम्रो असर पार्छ			
१०	यौन शिक्षा भनेको किशोर अवस्थामा किशोर किशोरीहरुलाई चाहिने अति आवश्यक कुरा हो ।			

०५८।९।९३

प्रजनन स्वास्थ्य के हो ?

प्रजनन स्वास्थ्य के हो बुझ्न जरुरी छ
महिला पुरुष दुवैलाई असले प्रभाव पार्छ !
गाँउ गाँउमा प्रजनन स्वास्थ्य शिक्षा दिनु पर्छ
स्कुलमा तालैदेखी विषय राख्नु पर्छ !!

मानवशरिर बनाउने काम यसले गर्छ
सुरक्षित मातृत्व यसै मित्र पर्छ !
यति मात्र कहाँ होर ! थेरै कुरा आउछन्
यौन सम्बन्धि रोग जति सबै यसमा पर्दछन् !!

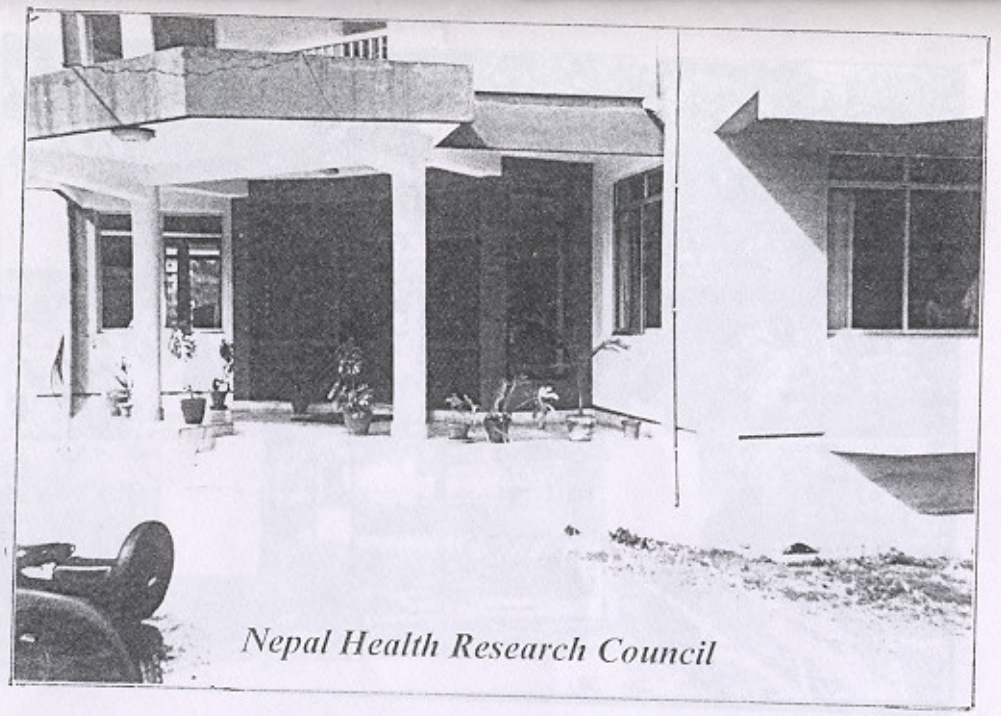
रजस्वला गर्भपतन घाउ खटिरा पानि
यौन सम्बन्धि रोग हुन् सबै HIV/AIDS पानि !
हाम्रो शरिर स्वास्थ्य सफा राखि राख्नु पर्छ
किशोर र वृद्ध स्वास्थ्य पनि यसै मित्र पर्छ !!

बिवाह गर्ने बेला कुन हो नियम हुनु पर्छ
बच्चा पाउने अवस्थाको ज्ञान दिनु पर्छ !
हाम्रो समाज संस्कारले यसको बिरोध गर्दछ
त्यसै कारण धेरै आमा बच्चा पाउदा मर्दछन् !!

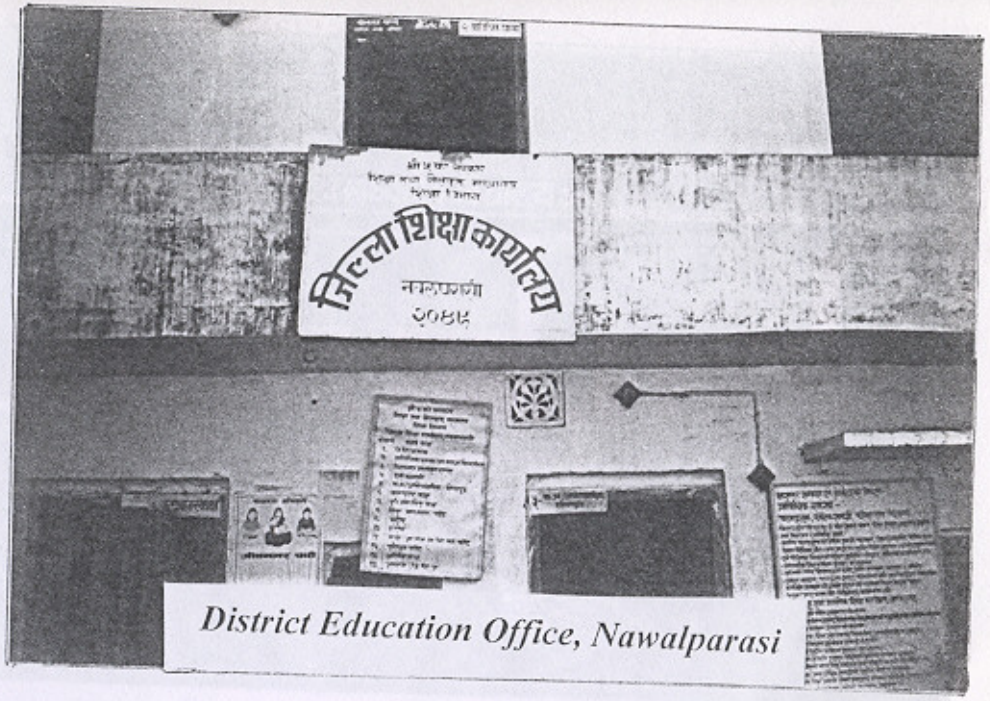
नबुझेका कुरा सोध्न लाज मान्नु हुन्न
रोगहरु लुकाएर राख्न पानि हुन्न !
हामी जति रोग लुकाउछौं त्यति असर गर्छ
त्यसैले त्यस्ता कुरा बुझि राख्नु पर्छ !!

धन्यवाद !

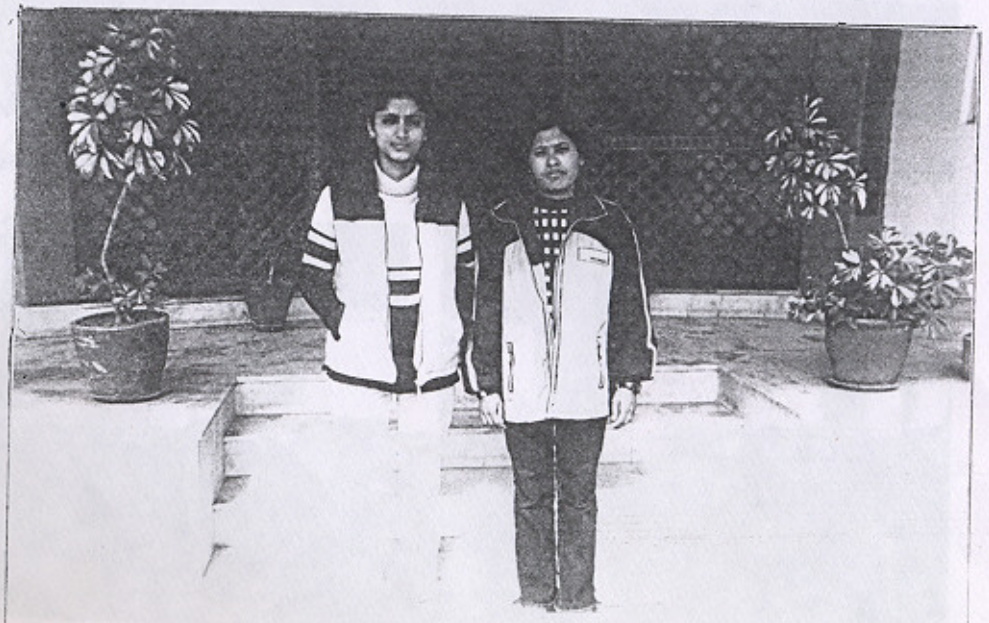
Note: This song is prepared & used by one of our Research Assistants.



Nepal Health Research Council



District Education Office, Nawalparasi

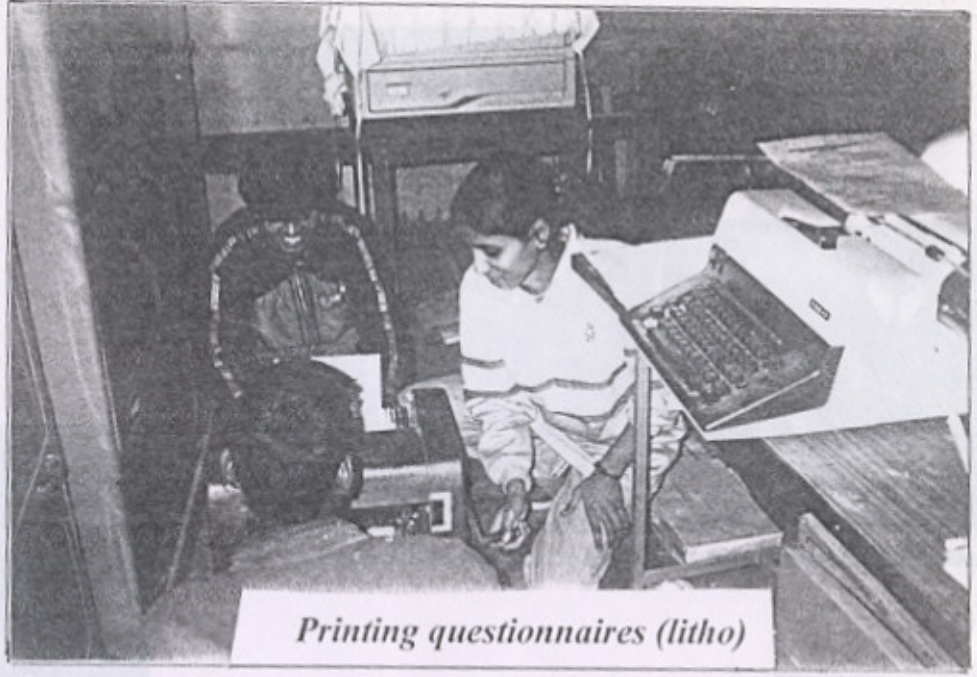


Priniciple Investigators

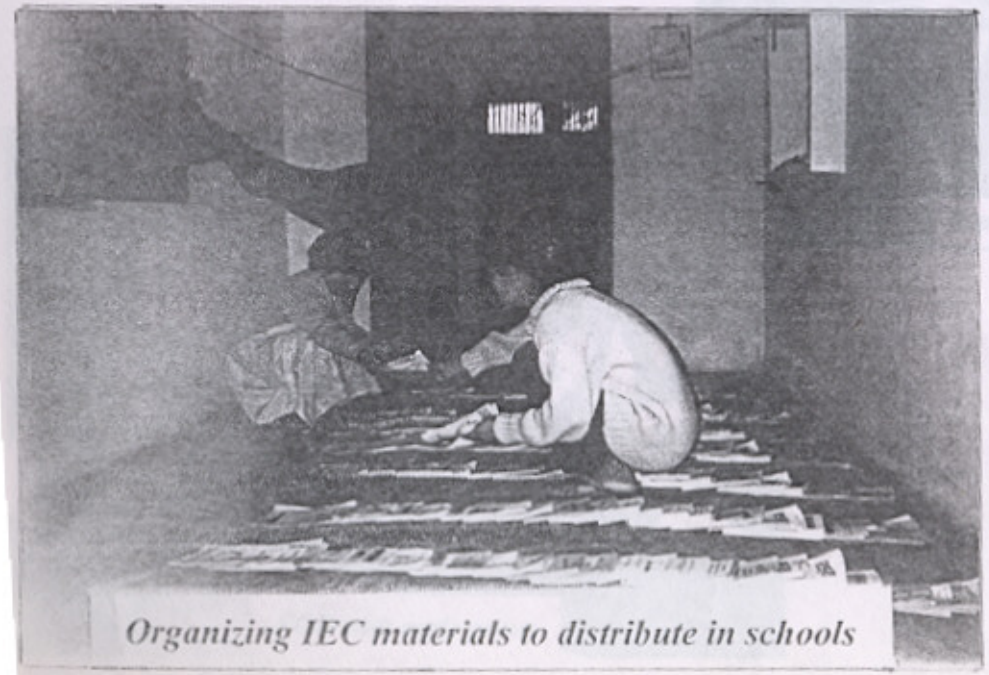
Research team

Sampled schools of the study
(2 govt. and 2 Pvt.)

Team members with DEO staffs



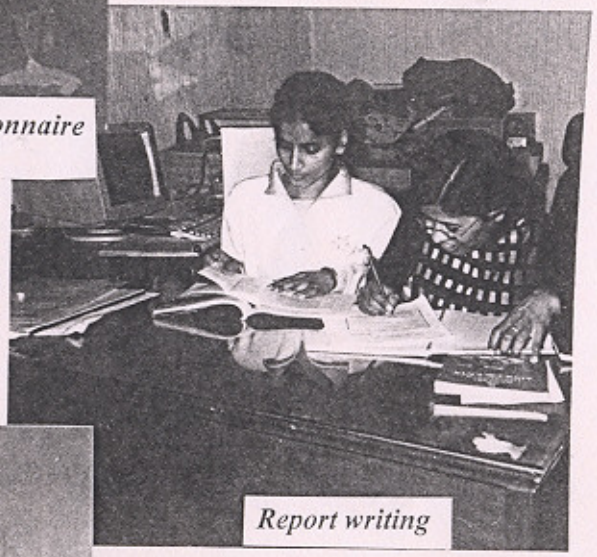
Printing questionnaires (litho)



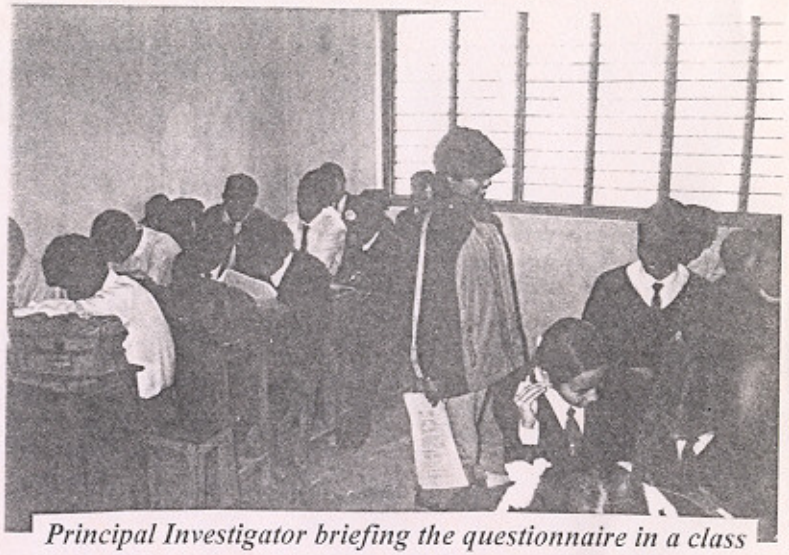
Organizing IEC materials to distribute in schools

Team members in school with teachers

Research assistants collecting self-administered questionnaire in private school

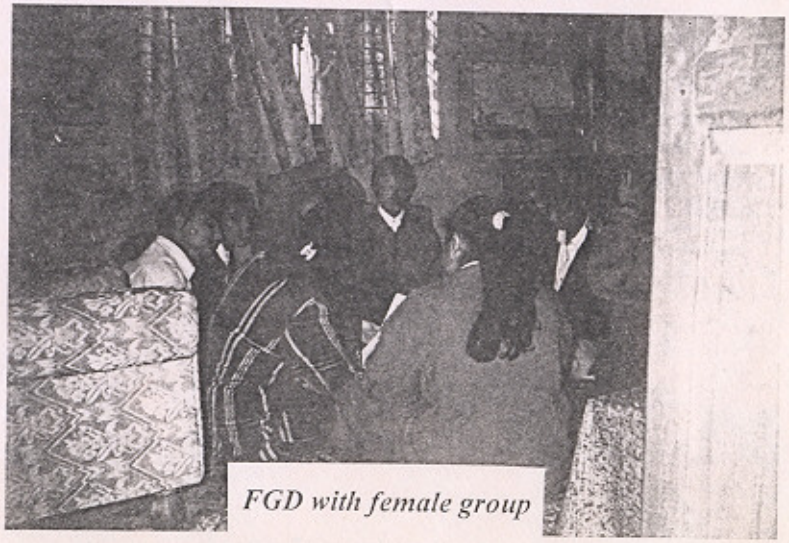


Report writing



Principal Investigator briefing the questionnaire in a class

FGD with male group



FGD with female group