Baseline Study on EU/UNFPA Reproductive Health Initiative for Youth in Asia Program in Nepal (RHIYA)

(Findings on Quantitative Research)

Submitted to:

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January 2005

FOREWORD

The RHIYA expands upon the successful partnership already established under its predecessor (the RHI) between the European Union, UNFPA and a range of implementing and executing partners almost entirely composed of organizations from local civil society. Spanning seven countries in Asia (Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam), the RHIYA has as its central objective, improving the SRH of young people, particularly those from vulnerable and disadvantaged populations. Altogether it covers 36 projects, involves 29 civil society organizations and has an implementation period of 3 years starting from March 31st, 2003. It is designed around a series of interlinking logframes, which have the same basic structure of Goal, Purpose and Output statements at overall, country and project level operating in parallel. This design greatly facilitates coherence across the initiative and ensures that all projects and country programmes contribute towards the same overall goal. The emphasis placed by the EU and UNFPA in effectively demonstrating results according to output has meant that a comprehensive M&E framework based around the logframes has been set-up for the RHIYA.

This baseline survey has been carried out as a cornerstone of the overall monitoring and evaluation framework established for the RHIYA programme. It sets out benchmark records of data in key programme areas and will allow targets to be set for key indicators which will enable progress to be assessed during the lifetime of the programme. When baseline data is analysed in conjunction with data produced from the endline survey to be carried out at the end of the initiative, the effect of the RHIYA in Nepal can be realized.

Under the oversight and overall strategic guidance of the RHIYA Central Unit, the "Universite Catholique de Louvain la Neuve" (UCL) have provided hands-on technical assistance throughout all steps of the baseline exercise in each of the seven RHIYA countries. This has included development of a set of core indicators, drafting of generic questionnaires, development of Terms of Reference, production of a comprehensive set of tools and guidelines (including sampling techniques, data analysis framework, interviewer manuals, etc) and assistance in selecting the local survey group where needed. UCL has also provided constant technical assistance via in-country visits where needed and phone/email correspondence. A web-based performance monitoring system using standardised electronic reporting has also been developed and installed by MD Consulting for the RHIYA to allow progress to be tracked across all projects during the Initiative's lifetime.

In Nepal, Valley Research Group (VaRG) conducted the baseline study under the guidance and supervision of the RHIYA UPSU and UNFPA Country Office. VaRG deserves the appreciation for successfully completing the study. We are also thankful to UNFPA CST and RHIYA NGO partners who provided valuable comments, suggestions and supports at various stages of the study.

Finally, we hope that the findings of the study will not be useful only to the RHIYA programme and its NGO partners but also to the organizations and individuals working in the area of adolescent and sexual reproductive health programmes.

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Acknowledgements

Many persons and institutions have contributed to bring this study report in the present shape. Special mention must be made of the following:

First of all, we would like to extend our profound thanks to UNFPA for entrusting this study to VaRG. We are very grateful to the RHIYA Central Unit and the "Universite Catholique de Louvain la Neuve" (UCL), Brussels for their technical inputs and supports in different stages of the study. We express our sincere gratitude to Ms. Junko Sazaki, Country Representative, UNFPA for reviewing and approving the final report of the study. Special mention must be made of Dr. Hernando Agudelo, Deputy Representative, UNFPA for his continued support and encouragement during the study. VaRG would also like to thank Dr. Bhanu Niraula, Assistant Country Representative, Ms. Sudha Pant, Program Officer, and Ms. Harriet Hoffmann, Junior Program Officer from UNFPA Country Office for their comments and feedbacks on the research design and draft reports of the study.

We greatly appreciate Mr. K.P. Bista, RHIYA Advisor, Mr. Pushpa Lal Moktan, Monitoring and Evaluation Officer, Mr. Hom Raj Sharma, National Project Officer, and Mr. Rishi Chaudhari, Administrative and Finance Officer for their technical inputs and administrative supports throughout the study period. We would also acknowledge the valuable comments and suggestions of Mr. Bruno Schoumaker, UCL on the draft report, which helped in making the report more conclusive.

Our appreciation also goes to the RHIYA partner NGOs for their inputs in finalizing the questionnaires and reports, and for their kind cooperation during the fieldwork of the study. Last but not the least, we would like to extend our sincere thanks to all the respondents for their time and cooperation in providing information. Without their help the study would not have been complete.

Valley Research Group (VaRG)
January 2005

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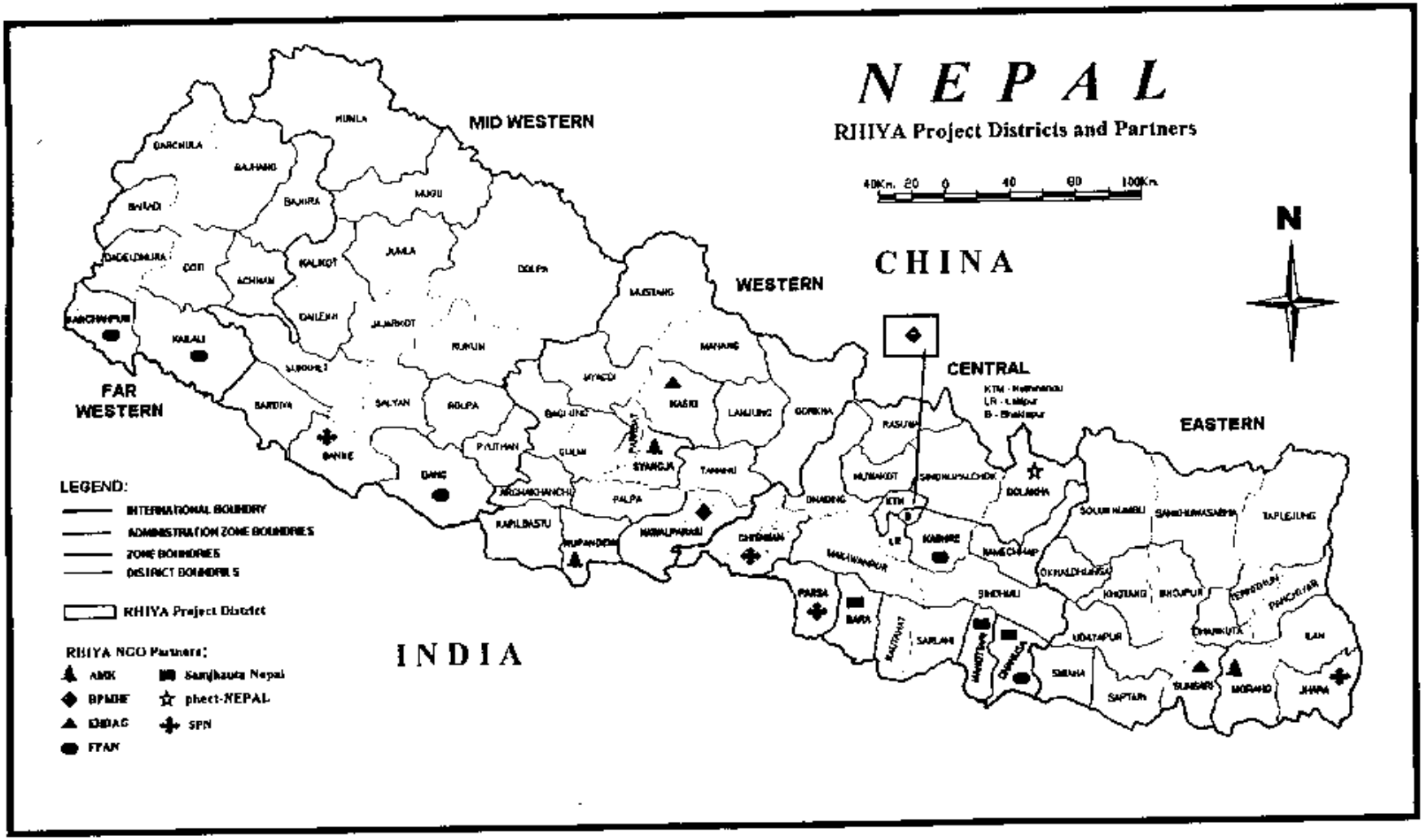

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Abbreviations

AHW	Auxiliary Health Worker
AIDS	Acquired Immuno Deficiency Syndrome
AMK	Ama Milan Kendra
ANM	Auxiliary Nurse Midwife
ARH	Adolescent Reproductive Health
ASRH	Adolescents Sexual and Reproductive Health
BPMHF	BP Memorial Health Foundation
CBO	Community Based Organization
CBS	Central Bureau of Statistics
CMA	Community Medical Auxiliary
CPR	Contraceptives Prevalence Rate
DHO	District Health Office
EHDAG	Environment, Health and Development Group
EU	European Union
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
FP	Family Planning
FPAN	Family Planning Association of Nepal
HIV	Human Immune Deficiency Virus
HMG/Nepal	His Majesty's Government, Nepal
HP	Health Post
HW	Health Worker
ICPD	International Conference on Population and Development
IEC	Information, Education and Communications
IDI	In-depth Interview
IEC	Information, Education and Communication
KAB	Knowledge, Attitude and Behavior
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MOH	Ministry of Health
NAHDS	National Adolescent Health and Development Strategy
NGO	Non-Governmental Organization
NPC	National Planning Commission
PHC/C	Primary Health Care Center
PHECT	Public Health Concern Trust Nepal
PLWA	Person living with HIV/AIDS
RDP M & M	Regional Dimension Project for Monitoring and Evaluation
RH	Reproductive Health
RHIYA	Reproduction Health Initiative for Youth in Asia
SHP	Subhealth Post
SLC	School Leaving Certificate
SPN	Sunaulo Pariwar Nepal
SRH	Sexual and Reproductive Health

STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid
TV	Television
UNFPA	United Nations Population Fund
UPSU	Umbrella Project Support Unit, RHTYA
VaRG	Valley Research Group
VDC	Village Development Committee
VHW	Village Health Workers

Executive Summary

The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) is a regional program that aims at improving the sexual and reproductive health of adolescents and youth in South and South East Asia. The RHIYA program in Nepal aims to empower adolescents and youth (10-24 years old) with life skills and appropriate information and education on sexual and reproductive health and rights issues.

The program is executed and implemented through seven local NGOs in close collaboration with concerned government agencies and organizations and aims to complement and supplement government SRH programs and other existing initiatives targeted at young people. The project is implemented outside the Kathmandu valley in rural areas of Nepal. The UNFPA/Umbrella Project Support Unit (UPSU) intended to conduct a comprehensive baseline study in 19 program districts using common indicators. The UNFPA/UPSU entrusted Valley Research Group (VaRG) to conduct the baseline study.

The overall objective of the study is to collect baseline information on knowledge, attitudes and behavior (KAB) on the sexual and reproductive health of adolescents and youth at the time of the start of the project.

Information was collected from adolescents and youth of both sexes between 10-24 years of age. A three stage stratified random probability sample design was utilized to collect information. A total of 40 VDCs and 6 municipalities from 19 study districts were selected for the purpose of the study. A total of 4,926 adolescents and youth (2,178 aged 10-14 years and 2,748 aged 15-24 years) were interviewed from 2,720 sampled households with an average of 1.81 persons per household. The data collection activity was carried out during May and June 2004.

A total of 2,748 young people (1,106 males and 1,642 females) aged 15-24 years were interviewed representing all caste and ethnic groups. Nearly 62% of them belong to disadvantaged groups. Overall, the mean age of the respondents was estimated at 19.0 years with the standard deviation of 2.9 years.

Less than half (45.2%) of all respondents were married but by gender more girls were married (56.2%) than boys (28.9%). The median age at marriage was estimated at 22 years for males and 18.4 years for females. Slightly over one-fifth (22.1%) of the respondents were reported to be illiterate which is higher among females (31.3%) than males (8.5%). More than three-quarters (77.2%) of the respondents reported ever attending school but only half (49.3%) were currently attending either school or college.

Overall, 60% of the respondents had reported ever reading newspapers, 95% had ever listened to the radio and 85% had ever watched TV. The above findings clearly indicate that young people of the study areas have more access to radio compared to TV and newspapers or magazines.

Almost all (96.0%) the respondents had exposure to at least one of the media (radio, television or newspaper/magazine). More than half (58.3%) of the respondents had exposure to all three media with a higher proportion of males (75.5%) than females (46.8%) falling into this category. More than a quarter of the respondents reported being exposed to "*two media only*" and another

11% mentioned "*one media only*". More than three quarters of the respondents had a radio and about half had a television set in their households.

A total of 2,178 adolescents aged 10-14 years were interviewed from the study districts. Among them, 49% were males and the rest were females. The mean age of the adolescents was 12.1 years. Only 1.2% of adolescents were married. Overall, nearly 9 in every 10 adolescents were currently attending regular school.

Youths and adolescents do not have adequate knowledge about menstruation, the menstrual cycle, first sex and its consequences and pregnancy. The median age at first pregnancy for the young females was estimated at 19.5 years. The youths and adolescents are, however, aware of several contraceptive methods and they value contraceptive information highly. The methods they are aware of are condoms, injectables (Depo Provera), oral pills and male and female sterilizations. Only a few of them knew about IUD and Norplant implants. Nobody mentioned the lactational amenorrhea method (LAM) or emergency contraception.

The young people mentioned radio as their main sources of information about contraceptives. The other sources of information about contraceptives were TV, friends and schoolteachers. Nearly half of youths discuss contraceptives with their friends but among the adolescents the corresponding figure is less than a quarter. Communication between parents and children on contraception and reproductive health is virtually non-existent.

Overall, 95% of youths had knowledge about the sources of supply of contraceptives. This knowledge is higher among urban, older, the more educated and those youths who are exposed to print and electronic media. The most frequently cited sources were hospitals (73.8%) and pharmacies (58.0%). Although pharmacies, health posts, sub-health posts, general shops, NGO clinics, youth centers and mobile clinics are the most accessible outlets for obtaining spacing methods the youths do not have adequate knowledge about these sources.

Overall, 48% of the sexually active youths had ever used modern contraceptive methods. Single respondents are more likely to have ever used modern contraceptives than the married ones. The most commonly used methods were Depo Provera (36.1%) and oral pills (10.5%). Interestingly, about 9% of the respondents reported having already adopted terminal methods (male or female sterilization). The majority (38.2%) of youths preferred to use condoms in the future followed by Depo Provera (21.9%) and female sterilization (17.1%).

More than one-fifth (21.0%) of youths perceived it to be difficult to access contraception. A significantly higher proportion of females (27.8%) than males (10.9%) perceived it to be difficult. NGO wise data indicate that a significantly higher proportion of the respondents in the program areas of phect NEPAL and Samjhauta perceived access to contraception difficult while in case of the respondents of EHDAG program areas only a few found it difficult. The unmet need for family planning among youths is 23.3% (19.2% for spacing and 4.1% for limiting births). This is lower than the national unmet need of 34.1% among currently married women aged 15-24 years estimated for 2001.

Overall, the level of awareness of HIV/AIDS among youths and adolescents is high and males and unmarried young people are more aware than females and married ones. The HIV/AIDS knowledge level is higher among the educated young people than their less educated

counterparts. Radio was reported as the main source of information about HIV/AIDS for the majority of young people followed by friends or relatives and TV. Only a few young people had received information about HIV/AIDS from health workers, youth centers, peer educators and local NGOs. All young people, however, greatly value information about HIV/AIDS.

Most young people are aware of the ways of preventing HIV/AIDS. Males, educated and urban young people are more knowledgeable about the measures of preventing HIV/AIDS than females, less educated and rural young people. However, still there are misconceptions among young people that HIV/AIDS can be transmitted from mosquito bites, sharing foods and through witchcraft or other supernatural means.

Nearly half of all young people interviewed have ever heard of STIs. Educated, unmarried and urban young people and males are more aware of STIs than their less educated, married, rural and female counterparts. The sources of information about STIs were radio, friends and relatives, TV and schoolteachers in that order. Only a few young people got information about STIs from peer educators, youth centers and local NGOs.

Most young people mentioned that they knew how to prevent STIs. Many of them could mention at least three preventive measures. Proportionately more urban, educated and unmarried young people knew about STI preventive measures. Those young people who had knowledge of STIs were also able to report where one could get treatment for STIs. However, only a few young people had actually experienced having STIs.

Apparently young people do not discuss much about STIs/HIV/AIDS with anybody. About half of the young people studied discussed about STIs/HIV/AIDS with their friends, teachers and spouses or partners. Only a few of them discussed about HIV/AIDS and STIs with their siblings, other relatives and health workers. The young people say that people in their areas are not comfortable with a persons living with HIV/AIDS (PLWHA) although when asked whether they would be willing to have tea together with PLWHA or buy things/goods from a shopkeeper even if s/he has HIV/AIDS, the majority said they would.

About half of all youths interviewed had had sex. Pre-marital sex is reportedly more common among males (17%) than females (2%). This may reflect females understating their sexual experience. Nearly one-fifth of youth have had sex before reaching 15 years of age and the median age at first sexual intercourse was estimated at 20.2 years for males and 18.3 years for females. Illiterate and rural youth are more likely to have sexual intercourse at an earlier age than literate and urban youth. Of those youth who have had sex, more than half (52.5%) had their first sex with their spouse, 32% with their steady boy/girlfriends, 9% with casual acquaintances and 6% with commercial sex workers. It shows that extramarital/premarital sexual activities are fairly common among the youth. Only 14% of youth who have had sex had used condoms during their first sexual intercourse; more unmarried youth used condoms compared to the married youth.

With respect to their last sexual act only 15% of the youth had used condoms and this was so primarily among the unmarried youth. Pharmacies were the main source of supply of condoms for the majority (46.8%) of youth followed by health posts (11.7%) and private clinics (11.2%).

Over 60% of youth (more females than males) reported that they could definitely refuse sex and another 10% said that they could probably refuse it if they did not want to have sex. Gender-wise, a higher proportion of males compared to females were uncertain in accepting or refusing sexual intercourse in case they did not have desire for it.

Nearly 43% of youth agreed that a woman should agree to sex whenever her partner wanted to have it. This was supported by a higher proportion of males (58.4%) than females (32.2%). The majority (86.9%) of youth did not agree that a man has the right to beat or discipline his female partner if she refused to have sex with him.

Overall, only 17% of youth had correct knowledge about sexual and reproductive health (SRH). More males (23.0%) than females (13%) had correct knowledge about SRH. The urban respondents are more likely to have correct knowledge on SRH than their rural counterparts. Nearly one quarter (22.7%) of the unmarried youth compared to only 10% of married ones had correct knowledge of SRH. Educated youth are more likely to have correct knowledge about SRH than their uneducated counterparts. Media exposure also contributed to a higher level of knowledge about SRH.

The majority of youth in the study areas are aware of tobacco, cigarette, beer, home made alcohol and *ganja*. Nearly one-fifth (18.1%) of them have ever taken any of those items. It is mostly males who have experienced them. Of those youth who have ever taken any drug or alcohol over 41% have tried home made alcohol, 40% tobacco, 37% smoked cigarettes, 22% have taken beer and 7% Ganja. Less than 1% of them (all males) have tried other drugs such as heroine, tidigesic and combined drugs. Most of them are consuming those items currently too. The majority (96.1%) of them, however, say that *it is bad* to use drugs.

About 5% of youth were beaten or mistreated by someone in the last 12 months. More males (6.1%) than females (4.1%) and younger youth than older ones reported so.

The majority (76.2%) of the youth have heard about sexual harassment or violence with girls or women. The majority of youth had heard about rape followed by trafficking. About two-fifths of youth also have heard about touching, physical abuse and sexual harassment. Nearly 4% of the youth have actually experienced physical abuse, touching, pinching, rape and sexual harassment in the last 12 months.

Poverty and illiteracy were reported as the main reasons for girl trafficking. Most respondents said that usually pimps are involved in trafficking but sometimes friends or neighbors or relatives of girls are also involved in it.

Overall, 30% of youth mentioned being aware of the availability of SRH services in their areas. The services included family planning, HIV/AIDS and STIs (18.9%) provided by health centers, youth centers or other people in the community. However, only 13% of the youth said they had taken part in such activities. Over a quarter (26.2%) of the youth said that they had known peer educators in their areas. The majority of them also expressed their willingness to get peer educator training in the future.

In conclusion, it is clear that the sexual and reproductive health indicators of adolescents and youth in the districts studied are poor. The young people do not only marry early they also want

to have their first child as early as possible. Consequently early sex and early childbearing lead girls to suffer physically and mentally and eventually die an untimely death. The unmarried girls are subject to sexual harassment and forced sex leading to unwanted pregnancy, which in turn compels girls to terminate the pregnancy. All these acts expose the poor woman to a number of health risks such as STIs and HIV/AIDS. Besides, due to poverty and girl trafficking girls are unknowingly and unwillingly made to work as sex workers. Given that girls are ill equipped with preventive knowledge and some do not even have the courage to negotiate for safer sex the risk of getting infected with STIs including HIV is very high.

The young boys, because of a relatively liberal sex life are increasingly exposed to unprotected sex early in life. It is also found that boys are indulging in premarital and extra marital sex. A few even have multiple sexual partners. All these behaviors are risky and as only a few males consistently use condoms when performing sex they are exposed to STIs and HIV. No wonder every year increasing numbers of young males fall prey to HIV/AIDS and die a premature death.

In order to prepare the young generation to lead a healthy sex life it is urgent to educate them on sexual and reproductive health. Although school curriculums now include these subjects they are not well taught and therefore it is necessary to train schoolteachers to teach the subject well in schools. However, many young people are out of school and they are the ones who have to bear the brunt of the sexual and reproductive health problems. Therefore, they need to be educated on SRH for which local peer groups need to be formed to reach the marginalized young people. It must be made clear that while designing programs for the community the intended groups need to be involved which means the local stakeholders and community leaders along with the target audiences should all work together.

The young people are also found to be indulging in various substance abuses. Smoking, drug and alcohol addiction all lead to violence including sexual violence. In these incidents women are hit the hardest. It is therefore necessary that while trying to address SRH problems the problems associated with substance abuses are also taken into account.

While empowering the local young people on sexual and reproductive health the service sector should also be addressed. Sexual and RH counseling centers, youth friendly centers, contraceptive supply centers should all be established and well managed in cooperation with the local young people.

Chapter 1

Introduction

1.1 Background

Nepal's population is characterized by a young age structure largely because of higher fertility in the past. According to the population census of 2001 of Nepal nearly two-fifths (39.4%) of the population is under 15 years of age and an additional 19.4% is between 15-24 years old[1]. In 2001, adolescents and youth (between 10-24 years of age) constituted about 32.5% of the total population. The young age structure will be the main source of a large percentage of the population growth over the next 20-25 years before it may begin to decline[2]. Overall, 24% of the female adolescents aged 15-19 years are already mothers or pregnant with their first child. The practice of early marriage (about 44% of women aged 15-19 years are already married) is the major factor accounting for the high proportion of teenagers who have begun child bearing, particularly in their late teens (MOH, 2002).

In any population adolescents and youth are the major sufferers of reproductive related health problems. They have two types of health problems. Firstly, adolescents and youth are vulnerable because of the lack of proper knowledge and information. They lack life skills to negotiate with their partners and make informed decisions about reproductive health behavior. They also have limited knowledge on sexual and reproductive health (SRH) rights. Adolescence/youth is the age when boys and girls have strong enthusiasm to learn and try out as many activities as they know or hear about. But they have little access to the proper knowledge about the issues they are interested in. As a result, they are always in a dilemma and/or in mental tension. Secondly, many adolescents and youth fall onto the wrong track and suffer physical problems. In Nepal the number of adolescents and youths suffering from sexual health problems is increasing day by day. In the absence of proper knowledge and information the proportion of adolescents and youth who suffer from such problems is likely to increase further.

RHIYA Program in Nepal

The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) is a regional program and aims at improving the SRH of adolescents and youth in South and South East Asia. The RHIYA program in Nepal aims to empower adolescents and youth with life skills and appropriate information and education on sexual and reproductive health and rights issues. Improving access to information and services, and equipping adolescents and youth with essential skills and information will assist young people to make informed decisions, develop, and practice responsible behavior, which is expected to reduce risky behaviors and help prepare them for a healthy life-style and future. This will be achieved through a concerted effort from government bodies, civil society and community actions.

The primary beneficiaries of the program will be the underserved population 10-24 years of age. The most vulnerable sections of this population such as out-of-school, illiterate/low-literacy

[1] CBS and UNFPA, Nepal (June 2002)

[2] Thapa, S. et al. 1997

adolescents and youth, those deprived of educational opportunities and skill development, will receive special attention.

The program is executed and implemented through seven local NGOs in close collaboration with concerned government agencies and organizations and aims to complement and supplement government SRH programs and other existing initiatives targeted at young people. The project is implemented outside the Kathmandu valley in rural areas of Nepal and has covered 93 Village Development Committees (VDCs) and 7 municipalities, located in 19 districts, mostly in Terai areas. The RHIYA program has been implemented by seven NGOs (AMK, BPMHF, EHDAG, FPAN, phect NEPAL, Samjhauta, and SPN).

The UNFPA/Umbrella Project Support Unit (UPSU) intended to conduct a comprehensive baseline study in 19 program districts using common indicators. The UNFPA/UPSU entrusted Valley Research Group (VaRG) to conduct the baseline study. The Regional Dimension Project for Monitoring and Evaluation (RDP M&E) based in Brussels has provided necessary technical assistance for the baseline study. The results of this study would be useful in the development and implementation of reproductive health programs, including information and education programs, for adolescents and youth. Similarly, the baseline survey would provide information on existing knowledge, attitudes and behavior (KAB) of the adolescents and youth on reproductive health and sexual behavior which could later be used as benchmark estimates to measure the impact of the project activities.

1.2 Objectives of the study

The overall objective of the study is to collect baseline information on knowledge, attitudes and behavior (KAB) towards sexual and reproductive health of adolescents and youth at the time of the start of the project. This is essential to ensure a proper monitoring and tracking of the results of the projects, as well as for evaluation of effects and impacts at the end of the project. In addition, the baseline study also assessed concerns, problems and needs of the target population, which could be used in revising the plans and programs of the projects, if necessary.

The specific objectives of the study are as follows:

a) to assess the knowledge, attitudes, and practices of adolescents and youth regarding SRH;

b) to assess the potential risk behaviors related to SRH currently practiced by adolescents and youth;

c) to assess the availability of SRH services for adolescents and youth;

d) to assess cultural and social norms, values, beliefs and perceptions of parents, community people, teachers, health workers and young people themselves with regard to SRH of adolescents and youth:

e) to identify key concerns and problems of adolescents and youth with regard to SRH; and

f) to identify key barriers to program implementation.

1.3 Methodology of the study

This study was based on primary sources of information. Information was collected through quantitative as well qualitative approaches. Quantitative information was collected using the structured and semi-structured questionnaires while qualitative information was collected through Focus Group Discussions and In-depth Interviews. The qualitative research report is presented in a separate volume. Information was collected from adolescents and youth of both sexes between 10-24 years of age The study was carried out in close coordination with RHIYA UPSU/UNFPA and the Regional Dimension Project M&E.

1.3.1 Sample design

There are 93 VDCs and 7 municipalities covered by the RHIYA program in 19 districts located in the hills and Terai regions. These program areas are covered by 7 NGOs namely, AMK, BPMHF, EHDAG, FPAN, phect NEPAL, Samjhauta, and SPN for implementation of RHIYA program.

As 7 NGOs are involved in the implementation of the program, it was felt necessary to have an adequate sample size from each NGO's area so that benchmark information by NGO could be generated and be helpful to asses the impact of the program during its mid-term and final stages. Hence, 2,720 households, 400 from each NGO's area, from the project areas were selected for the present study. From these sampled households all adolescents and youth aged 10-24 who slept the night in the household prior to the survey date were included in the study for interview. From these 2,720 households, 4,926 adolescents and youth (2,178 aged 10-14 years and 2,748 aged 15-24 years) were successfully interviewed from the study areas. On average, 1.81 adolescents and youth aged 10-24 were interviewed from each household.

A three stage stratified random probability sample design was utilized to collect information. In the first stage of sampling, the required number of VDCs was identified. In the second stage wards were selected, and within each ward the required number of households was selected systematically.

Selection of VDCs/Municipalities and wards

It was mutually agreed to select a total of 40 Village Development Committees (VDCs) from the program areas of all the partner NGOs to meet the required sample households. Depending upon the size of the working areas of an NGO a minimum of 3 VDCs to a maximum of 12 VDCs were systematically selected at the first stage. From each partner NGO areas, 400 households were selected in order to estimate various program indicators by partner NGO, thus, totaling 2,800 households from the study areas.

Subsequently all wards of the sampled VDCs covered by each NGO were listed separately according to the household size of each ward using the household listing of 2001 Census. Then from each of the previously identified VDCs/municipalities two to three wards were selected systematically. Selection of wards was undertaken in Kathmandu prior to the fieldwork. Thus, a total of 99 wards (80 in rural and 19 in urban areas) were selected from the sampled VDCs/municipalities.

Selection of households and adolescents/youth

The households within the sampled ward formed the sampling unit in the final stage of the selection. After the selection of wards, the list of households was obtained from the concerned ward office. The list was then updated upon consultation with the local key informants such as village leaders, social workers, schoolteachers, FCHVs, etc. Where such a list was not available, the field team prepared the list of the households in consultation with the key informants of the sampled ward. Then the required number of households was randomly selected from each of the sampled wards. Depending on the district/VDC coverage of partner NGOs, the number of households selected per ward varied from 15 to 40 households. The respondents of the study comprised all adolescents and youth aged 10-24 years of age who had slept in the sampled household the night prior to the interview date.

Table 1.1 shows the number of districts, VDCs, wards, households and young people covered by the study NGOs. Ninety-nine wards from a total of 46 VDCs/municipalities were selected for the purpose of the study. Four thousand nine hundred and twenty-six adolescents and youth from 2,720 households were successfully interviewed. Of which, 44.2% (N=2,179) were males and the rest (55.8%; N=2,747) were females. Among the 4,926 young people included in the study, 44% (N=2,178) were between 10-14 years old and another 56% (N=2,748) were between 15-24 years of age.

Table 1.1 Distribution of respondents by type and NGO

Name of NGOs	Number of districts, VDCs and wards covered			Number of house-holds	Number of young people interviewed		
	Districts	VDCs/Mun	Wards		Boys	Girls	Total
Ama Milan Kendra (AMK)	3	5	10	400	332	385	717
BP Memorial Health Foundation (BPMHF)	1	4	8	400	284	429	713
Environment, Health and Development Advisory Group (EHDAG)	2	2	11	400	314	390	704
Family Planning Association of Nepal (FPAN)*	4	11	22	320	283	342	625
Public Health Concern Trust Nepal (phect NEPAL)	1	3	6	400	326	380	706
Samjhauta	3	9	18	400	310	395	705
Sunaulo Pariwar Nepal (SPN)	4	12	24	400	330	426	756
Total	**18**	**46**	**99**	**2720**	**2179**	**2747**	**4926**

** One of the program districts could not be surveyed due to unfavorable political circumstances.*

Non-response rate

A total of 69 adolescents and youth could not be interviewed during the survey. Of these, 18 were adolescents aged 10-14 years and the rest (N=51) were young people aged 15-24 years. The overall non-response rate was 1.4%; the non-response rate was slightly higher (1.8%) among young people aged 15-24 years than those of adolescents aged 10-14 years (0.8%). The main reasons for non-response were: a) respondents were not at home at the time of interview, b) some refused, c) some

interviews were incomplete, and d) some respondents were incapacitated by sickness, mental disability etc.

1.3.2 Survey instruments

Two standard sets of questionnaires – one for the adolescents aged 10-14 and another for adolescents and youth aged 15-24 – developed by RHIYA were reviewed for their completeness and were translated into Nepali and pre-tested before administering them in the field. The questionnaire was pre-tested with 40 respondents (20 adolescents 10-14 years of age and another 20 adolescents and youth aged 15-24 years old) in the peri-urban and rural areas of the Kathmandu Valley. Based on the pre-test results, the questionnaires were modified and finalized upon consultation with RHIYA UPSU. The interviewer manual was also prepared as a reference kit for the field workers in order to standardize the questionnaire administration and information generation.

1.3.3 Data collection

The study was conducted under the overall supervision of the senior team members. There were a total of 7 teams; each team consisted of one supervisor and 4 interviewers (2 males and 2 females). Male field staff conducted interviews with male respondents and female staff with females.

All field staffs were given training for 8 days before mobilizing them to the field. Training topics included were a short presentation on RHIYA UPSU, and issues to be researched. VaRG senior researchers provided training to the field staff. The senior officials of RHIYA UPSU and UNFPA Country Office were also involved during the training of the field staff. The data collection activity was carried out during May and June 2004.

The senior team members also visited some of the study areas to supervise the fieldwork. They also observed the data collection activities and provided necessary guidance during field supervision. The senior officials of the RHIYA project also made field visit to supervise and monitor the data collection work.

1.3.4 Data processing and analysis

Data generated through structured interviews was coded for computer entry, data entered and validated by a computer processing team consisting of a computer programmer and data entry personnel. After data entry, the printout of raw data was generated and verified with the questionnaires for errors. Similarly, 10% of the entered data was verified in order to assess the extent of key punching errors. A very small proportion of key punching errors were observed specifically in the case of multiple responses where the code was in alphabet while in case of single-response type of questions there was numeric code in the questionnaire. In the second stage, machine editing of the data was done by developing a computer program in FOXPRO software. The cleaned data set was then transferred to SPSS and an SPSS system file was prepared for output generation. The clean data was analyzed using simple frequency tables and two/three way cross tabulations. Basic statistical tools including percentages, measures of central tendency, and measures of dispersion and degree of relationship between the selected variables have been used in the analysis. Similarly, the life table approach was used to estimate some of the indicators related to age at first marriage, sexual intercourse, childbirth, etc.

Chapter 2

Development of Adolescent Reproductive Health Policies in Nepal

In 1991 HMG, Ministry of Health promulgated the **National Health Policy 1991** (MOH, 1991), which dealt with health policies under 15 categories. Among other things, the government passed policies on family planning, maternal and child health, prevention and control of AIDS, health education and information, nutrition, environmental health and curative services. **The International Conference on Population and Development (ICPD)** held in Cairo, Egypt in 1994 (UN, 1994) was instrumental in raising the awareness and encouraging action on improving the reproductive health and sexual behavior of Nepalese. Consequently, His Majesty's Government (HMG) of Nepal, MOH prepared and approved **The National Reproductive Health/Family Planning Information, Education and Communication (RH/FP IEC) Strategy 1997-2001** in 1996 (MOH, 1996) which sought to improve the quality of family life and family planning services and to increase CPR among the married population. The strategy also aimed at increasing cooperation and coordination among different Ministries of HMG and with NGOs and private agencies. Among the 9 target audiences of the RH/FP IEC strategy the adolescent population was one of them.

The Ninth Five-Year Plan of Nepal for the first time included a program targeted to the population below 25 years of age (NPC, HMG, Ninth Plan -1997-2002). In order to implement the NPC policy the MOH has developed a **National Reproductive Health Strategy in 1998** (MOH, 1998), and in its scope of Reproductive Health it has included IEC and counseling for adolescents as well. Some efforts have been made in this direction by respecting their right to have information and knowledge regarding their physical development, health and sexual issues.

The NRHS 1998 has developed an Integrated Reproductive Health Care Package to be implemented at different levels from the community to the district. It has outlined several activities for the adolescents. A task force has been created for the development of reproductive health operational guidelines and clinical protocol.

The activities at the community level include:

- information on sexuality and gender information,
- increasing awareness on family planning methods, availability of contraceptives and the danger and risks of teenage pregnancy.

At the Sub-Health Post/Health Post (SHP/HP) Level, the activities consist of:

- free availability of oral pills, condoms and others,
- more accessible antenatal, delivery, postpartum and newborn services,
- conduct of family life education clinics,
- school health programs.

At the level of the Primary Health Care (PHC) Center, in addition to the above, the following activities are done:

- FP/STD/HIV infertility services modified and delivered as a package, e.g. family life education clinics in selected areas,
- Linkage with school system and NGOs,
- Publicity regarding family life education clinics in selected areas,

- Maintenance of privacy and confidentiality,
- Antenatal care, care during delivery, postpartum and newborn care.

HMG of Nepal in its **Tenth Plan (2002-2007)** approved among other population program objectives, two main objectives addressing the adolescent population (NPC, HMG, Tenth Plan - 2002-2007). The two objectives are:

- To make reproductive health services accessible, and encourage late marriage and breastfeeding.
- To adopt a policy to implement a special program targeting the adolescents and youth (10-24 years of age).

The Tenth Plan has 10 strategies addressing population and development programs and of them Strategy number 3 is as follows:

- To implement a special program targeting the adolescents and youth (10-24 years of age)

"For the development of adolescents and youth adolescent-friendly programs shall be formulated including health, education, skills and talent development, sexual and reproductive health and programs to counsel adolescents and youth on employment and self-employment."

In 2000 the MOH developed the **National Adolescent Health and Development Strategy** (MOH, 2000), which is a follow up to the **National Reproductive Health Strategy 1998** (MOH, 1998). The goal of the NAHDS is to improve the health and socio-economic status of adolescents. The main objectives of the Strategy are:

- To increase the availability and access to information about adolescent health and development, and provide opportunities to build skills of adolescents, service providers and educators,

- To increase accessibility and utilization of adolescents health and counseling services for adolescents,

- To create safe and supporting environments for adolescents in order to improve their legal, social and economic status.

In 2002 HMG, MOH developed **National HIV/AIDS Strategy (2002-2006)** and it has given special attention to young people (MOH, 2003). The overall objective of focusing on young people is to protect young people from HIV/AIDS/STIs. The number of priorities set to address the young people includes:

1. Creation of supportive policy and community environment.
2. Awareness and behavior change communication.
3. Youth-friendly services.
4. Enhance young people's knowledge about HIV/AIDS/STI in formal and non-formal education settings.

Specific RH policies related to ARH

The major components of adolescent reproductive health include marriage, age at first pregnancy, pregnancy termination (abortion), family planning, STI, HIV/AIDS and sex education. Many government policy and strategy documents briefly discussed above deal with these aspects of adolescent reproductive and sexual health. These aspects are summarized below with respect to policy issues.

Marriage and pregnancy

According to the law the legal age of marriage for girls is 16 and for boys it is 18 with the consent of parents/guardians. Without the parental/guardians' consent girls have to wait for another 2 years and boys another 3 years (The Law of the Land, 1961). In 2002 HMG of Nepal has set legal minimum age at marriage for both boys and girls at 18 years with parental consent and 20 years without parental consent (MOPE, 2004). However, in reality most girls get married before 18 and many boys do so before 20. Early marriage leads to early sex and early childbearing, which is particularly risky for girls. Given that most girls have low nutritional status, early child bearing can damage the health of girls for life.

Although HMG has promulgated the Adolescent RH and Development Strategy there is no program that takes care of adolescent pregnancy. Given the low efficiency of the health infrastructure of the government, it is difficult to expect that what has been planned has been translated into practice.

Abortion

Abortion was illegal until recently. In March 2002, Nepal's parliament approved legislation to permit abortion on request (i.e., the woman, who is pregnant has to give consent to have an abortion) during the first 12 weeks of pregnancy for any reason, up to 18 weeks of pregnancy in cases of rape or incest and up to any gestation in case of disability or risk to the woman's life or fetus deformity (MOH, 2004). The other condition that must be met to have an abortion is that the health worker performing an abortion must be a skilled professional with a license from HMG. His Majesty's Government of Nepal has approved the Procedural Order for implementation of the National Safe Abortion Policy 2002 at the end of 2003 (HMG/N, DFID, Options, 2004).

As most abortions take place among young women the new legal provision for abortion should contribute to reducing maternal mortality and morbidity. According to the Ministry of Health, more than 7% of all pregnancies end in abortions (7.2% in 1996 and 7.7% in 2001). Of all abortions more than half take place among the young female population aged 15-24 (53.5% in 1996 and 57.9% in 2001 - MOH, 1997 and 2002). It must be noted here that these data do not include unmarried women. Also, because abortion is a sensitive matter, it is very likely that the prevalence of abortion has been under-reported.

Family Planning

Promotion of family planning methods has been a strong policy of HMG/N since the early 1960s. However, family planning is normally practiced by married couples who already have desired number of children. Socially and culturally, family planning is not allowed among unmarried young people. Even at a health facility the client seeking family planning services has to report that he/she

is married. This requirement discourages many young unmarried individuals from seeking family planning service although some young people lie to the health worker and get the service.

According to a study on adolescents (VaRG, 1999) it was found that most adolescent girls (79%) have to get approval from their partners to use contraception although the corresponding figure among the boys was much lower (46%).

STI/STD Policy

The National STD Case management guidelines incorporate information for controlling infection in order to prevent infectious diseases (MOH, 1997). However, despite these policies current Nepalese laws do not require medical and other health practitioners to observe Universal Infection Control Precautions – UICP (NCASC, Policy Project and FWLD, March 2004).

HIV/AIDS Policy

Since the global spread of the HIV epidemic, Nepal has been quick to set up structures for response. In 1987, the National Center for AIDS and STD Control (NCASC) based in the MOH was formed. The political commitment to prevent and control HIV/AIDS has been high. In 2002, Nepal established a National AIDS council, which is chaired by the Prime Minister. This body is completely multi-sectoral with representations from government, NGOs, private sector and civil society. It aims to give responsibility to a multi-sectoral response to HIV/AIDS in a coordinated manner.

HMG has given high priority to HIV/AIDS and STD prevention and control program (MOH, 2004) and it has promulgated 11 policies in this regard as follows:

1. HIV/AIDS/STD prevention activities will be conducted as a multi-sectoral program;
2. HIV/AIDS/STD prevention activities will be implemented on the basis of decentralization at the village, district and regional level;
3. HIV/AIDS/STD prevention activities will be implemented through both the government and NGO sector;
4. HIV/AIDS/STD prevention activities will be integrated with other programs in both the government and NGO sector;
5. HIV/AIDS/STD prevention activities will be coordinated, followed up and evaluated in both government and NGO sector;
6. Safer sexual behavior will be promoted;
7. Counseling and other services will be provided to people living with HIV/AIDS;
8. Discrimination on the basis of HIV/AIDS positive status will be discouraged;
9. All results of blood tests for AIDS/STD will be kept confidential;
10. Reports of blood tests will be made available to NCASC; and
11. All donated blood will be screened before transfusion.

For effective prevention and control of HIV/AIDS and STDs five priority areas have been identified and they include among others young people. Under the young people priority area 13 strategies have been identified:

1. Establishment of a mechanism for joint consultation between ministries, local authorities, NGOs, trade unions, educational and sports institutions, the private sector, CBOs and young people on policy making and programming affecting young people.
2. Advocacy for the needs and rights of young people with a focus on policy makers, decision-makers, parents and communities.
3. To conduct qualitative research about the determinants of young people's behavior.
4. Increase the use of mass and non-traditional media to promote safe sexual norms and healthy behavior among young people including the options of consistent condom use, abstinence, and delayed sexual activity.
5. Empowerment of young people, particularly girls, in decisions regarding their sexual and reproductive lives through a life skills approach.
6. Develop and implement programs with full participation of young people to support young people's development and healthy lifestyles.
7. Expand quality peer education programs for young people by building the capacity of implementing organizations.
8. Increasing information, education and communication (IEC) activities for recruits of uniformed services.
9. Support and expand social marketing of condoms and behavioral change interventions including safer sex practices, through NGOs and the private sector.
10. Promote condoms within family planning networks as the only method with a dual benefit of being able to prevent both HIV/STDs and unwanted pregnancies.
11. Strengthen the capacity of government and NGOs to provide services for young people in ways sensitive to their needs, particularly in the areas of counseling, reproductive health and STI treatment.
12. Development of an age-appropriate "healthy life styles" curriculum, including basic information about HIV/AIDS and sex education.
13. Incorporate HIV/AIDS/STI into the curriculum of Non-formal Education and educational/ training activities of employers and trade unions.

In addition, the government in its policy has ensured that a person with HIV/AIDS is not denied or excluded from getting support and treatment.

Sex education

Recently HMG has introduced population education including family planning education to children of grade 6 and above which is taken by parents and guardians positively overall. However, many schools, particularly government schools do not have the trained teachers to teach the population education curriculum. The out of school young population who are poor and vulnerable to sexual risks are left out. In a few districts this gap is filled in by some NGOs but the number of such programs is far too small.

Chapter 3

Characteristics of Respondents

Information related to the socio-demographic and economic characteristics of the young people including household possessions, roofing and the existence of toilet facilities was collected. This chapter presents the findings on these issues.

3.1 Characteristics of young people aged 15-24 years

A total of 2,748 young people aged 15-24 years were successfully interviewed from 2,720 households. Among them 60% (N=1,642) were females and the rest (N=1,106) were males. Such a difference in sex ratio among the young people may be attributed to seasonal migration or better employment opportunities within the country. On average, 1.01 young people aged 15-24 were interviewed from each household. The number of respondents interviewed by NGO is presented in Table 3.1. Almost equal proportions of young people were included from each of the partner NGO working areas with a slightly higher number of respondents from areas where Samjhauta Nepal and Sunaulo Pariwar Nepal work.

Table 3.1 Number of young respondents aged 15-24 years old by partner NGO

Name of partner NGO	Number of		Total	
	Males	Females	Number	%
AMK	166	241	407	14.8
BPMHF	128	258	386	14.0
EHDAG	148	198	346	12.6
FPAN	163	201	364	13.2
pheet NEPAL	132	197	329	12.0
Samjhauta	178	263	441	16.0
SPN	191	284	475	17.3
Total	**1106**	**1642**	**2748**	**100.0**

Ethnicity and age

The majority of the respondents were either Chhetri (18.9%) or Brahmin (14.2%) followed by Tharu (9.8%) and occupational castes (7.5%) respectively. The other ethnic groups included were Mongoloid (Gurung, Magar, Tamang), Newar, Muslim and other people of Terai origin (Tale 3.2). Nearly 62% of the young people included in the study belong to disadvantaged groups.

Table 3.2 Percent distribution of respondents aged 15-24 by ethnicity

Ethnicity	Males	Females	Total
Chhetri	19.5	18.4	18.9
Brahmin (including terai origin)	13.9	14.4	14.2
Tharu	9.7	9.9	9.8
Occupational caste	7.0	7.8	7.5
Gurung	4.3	4.3	4.3
Magar	3.8	4.6	4.3
Guwar/Yadav/Ahir	4.6	3.8	4.1
Newar	3.5	4.0	3.8
Tamang	3.3	4.0	3.7
Muslim	4.2	3.5	3.7
Shaha/Sudhi	4.0	2.5	3.1
Bote/Kumal/Majhi	2.4	3.1	2.8
Das/Mahato	2.4	1.5	1.9
Jogi/Sanyashi/Giri	1.2	1.2	1.2
Other*	16.2	16.8	16.6
Total	**1106**	**1642**	**2748**

** Other includes: Rai, Thakali, Thakur, Hajam, Kurmi, Patel, Kami, Kalwar, Kori, Kumhar, Kushwa, Bhuj, Mandal.*

Table 3.3 shows the age distribution of the respondents included in the study. More than half (56.3%) of the respondents were between 15-19 years old and the rest (43.7%) were between 20-24 years of age. The highest proportion (14.0%) of the respondents was 16 years of age followed by 12% each for 15, 18 and 20 years old. Overall, the mean age of the respondents was estimated at 19.0 years with a standard deviation of 2.9 years. Comparatively, the mean age of females is slightly higher (19.2 years) than that of males (18.8 years).

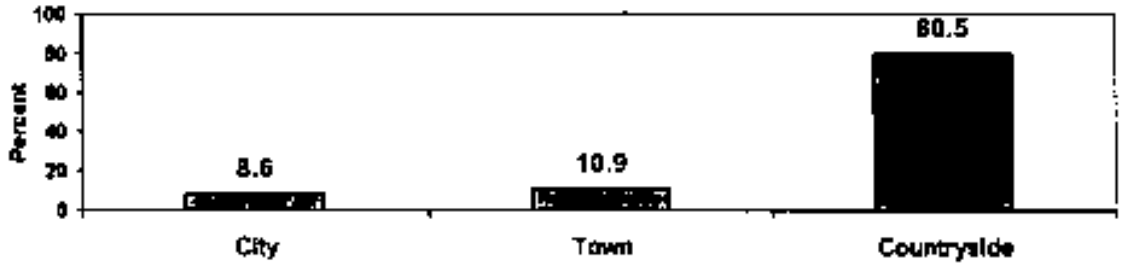
Table 3.3 Percent distribution of respondents aged 15-24 by single age

Age of respondent (in completed years)	Males	Females	Total
15	12.7	11.0	11.6
16	16.7	12.2	14.0
17	10.9	10.6	10.7
18	11.8	12.0	11.9
19	8.7	7.6	8.0
15-19	**60.8**	**53.3**	**56.3**
20	11.3	13.1	12.4
21	6.1	7.5	6.9
22	7.0	10.0	8.8
23	6.1	7.1	6.7
24	8.8	8.9	8.8
20-24	**39.2**	**46.7**	**43.7**
Mean	**18.8**	**19.2**	**19.0**
SD	**2.9**	**2.8**	**2.9**
Total	**1106**	**1642**	**2748**

Duration of stay in current place

Over half (56.3%; N=1547) of the respondents reported that they have been staying in the current place of residence since birth while about 44% had migrated from elsewhere in the country in most cases due to marriage. By sex, nearly 8 in every 10 males compared to about 4 in every 10 females have been staying in the current place since birth. Those respondents who had migrated from other places were further asked about their place of residence before moving to the current place. The results are presented in Figure 3.1. The majority (80.5%) of the respondents had moved from the countryside to their current place of residence (the place where they were interviewed). While only 10.9% had moved from towns but another 8.6% moved from city areas.

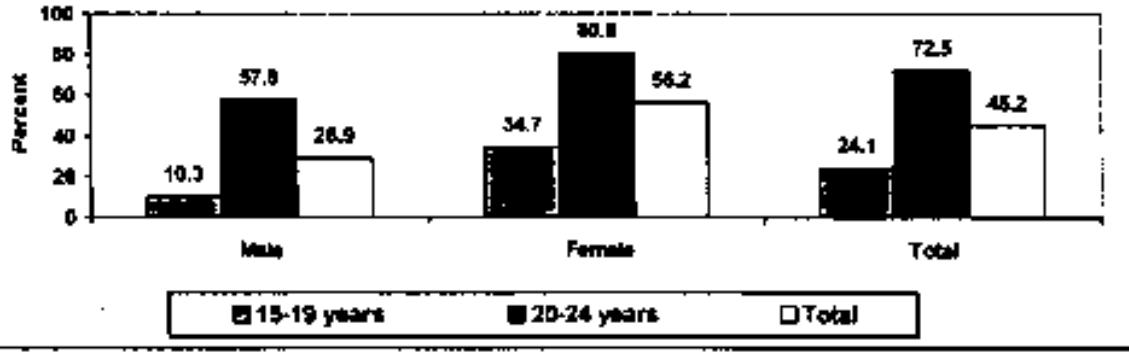
Figure 3.1 Percent distribution of respondents by place of residence before moving to the current place



N=1,201

Less than half (45.2%; N=1,243) of all respondents were married but by gender more girls were married (56.2%) than boys (28.9% - Figure 3.2). Nearly three-quarters of the respondents aged 20-24 years were married, while in case of adolescents aged 15-19 years 24% were reported to be married. More than four-fifths of the females aged 20-24 as against only 57% of males were reported to be married. In case of adolescents aged 15-19, about 34% females compared to 10% males were reported to be married. Among the married respondents, 43% were currently married, 2% were currently married but not living with their spouse and less than one percent were either widowed or divorced/separated. The above information clearly indicates that girls marry earlier than boys.

Figure 3.2 Percent distribution of young people aged 15-24 who were married



Marital status

Table 3.4 shows age at marriage of married respondents by sex. Although in Nepal, the legal age at marriage for both boys and girls is 18 years with the consent of their parents and 20 years without parents' consent (MOPE, March 2004), the survey results reveal that about 59% of the respondents got married before they were 18 years of age. This figure is much higher among females (70.3%) than males (25.9%) indicating the prevalence of early marriage in the program districts. About 30% of the young people got married between the ages 18-20 years. The above findings suggest the need of creating awareness among people regarding the consequences of early marriage.

Table 3.4 Percent distribution of respondents aged 15-24 by age at marriage

Age at marriage	Males	Females	Total
<18 years	25.9	70.3	58.9
18-20 years	45.3	23.6	29.2
21 and above years	19.1	3.9	7.8
No Gauna	9.7	2.2	4.1
Mean	**18.8**	**16.4**	**17.0**
SD	**2.3**	**2.2**	**2.5**
Total percent	**100.0**	**100.0**	**100.0**
Total Respondents	**320**	**923**	**1243**

The median age at marriage among the young people aged 15-24 has been estimated using the life table method, which takes into account the whole population, aged 15-24, exposed to the risk of marriage. The median age at marriage among males is estimated at 22 years and 18.4 years for females. Urban respondents are more likely to get married at a later age compared to their rural counterparts (Table 3.5). A positive relationship between the age at marriage and level of education of the respondents was also observed. NGO wise data indicate that young males in the program areas of BPMHF and EHDAG get married at later ages while in case of young females those residing in the areas of phect NEPAL and SPN get married at later ages compared to the young population of other NGO areas.

Table 3.5 Median age at marriage among the respondents aged 15-24 years by selected characteristics

Background characteristics	Males	Females
Place of residence		
Urban	23.0	19.5
Rural	21.5	17.9
Level of education		
Illiterate	19.6	16.2
Just literate/primary	19.9	17.6
Lower secondary	20.8	18.3
Secondary	22.2	21.1
SLC and above	24.0	22.5
Partner NGO		
AMK	22.9	19.2
BPMHF	23.2	18.8
EHDAG	23.8	18.6
FPAN	20.7	17.7
phect NEPAL	22.2	19.4
Samjhauta	21.2	16.5
SPN	22.0	19.4
Total	**22.0**	**18.4**

Family size

The number of persons living in each household was 5-9 persons in the majority of the households in the study areas as about two-thirds (64.5%) of the young people of both sexes reported that there were 5-9 persons living in the households at the time of the survey. Only about 18% of the respondents reported less than 5 persons living in their households while about the same proportion (17.2%) of the respondents mentioned 10 persons or more living in their households (Table 3.6). The mean number of persons living in the household was 7.2 with a standard deviation of 3.3 persons. This is much higher than the national average of 5.4 reported in 2001 by the 2001 Population Census of Nepal (CBS and UNFPA, June 2002) probably due to the fact that most of the study areas are located in the Terai region where the joint family system is more common than in the hill or mountain regions.

Table 3.6 Percent distribution of respondents aged 15-24 by number of persons living in the household

Number of persons living in the household (including the respondent)	Males	Females	Total
<5 persons	19.9	17.2	18.3
5-9 persons	64.4	64.6	64.5
10 persons or more	15.7	18.1	17.2
Mean	**7.0**	**7.2**	**7.2**
SD	**3.3**	**3.3**	**3.3**
Total	**40.2**	**59.8**	**100.0**

Almost three-fifths (59.0%) of the respondents mentioned both their father and mother living in the household. About 8% had their mother but not their father and 2% had their father but not their mother (Table 3.7). Similarly, nearly 9 in every 10 respondents also said other relatives also live in their households. Slightly over one-third of the respondents also mentioned their spouse is living in the household. A substantially higher proportion of male respondents compared to females reported living with either their father or mother probably because females go to their husband's house when they get married.

Table 3.7 Percent distribution of respondents aged 15-24 by type of persons living in the household

Persons living in the household	Males	Females	Total
Both mother and father	77.7	46.5	59.0
Only mother but not father	11.6	5.7	7.9
Only father but not mother	2.6	1.8	2.1
Other relatives*	89.4	87.1	88.1
Husband/wife or partner	23.3	44.3	35.8
Live alone	0.2	-	0.1
Total	**1106**	**1642**	**2748**

** Other relatives include: brother, sister, grandparents, uncle, aunt, brother-in-law, sister-in-law, parents-in-law, nephew, niece, maternal uncle, stepfather, step mother, etc.*

Literacy and education

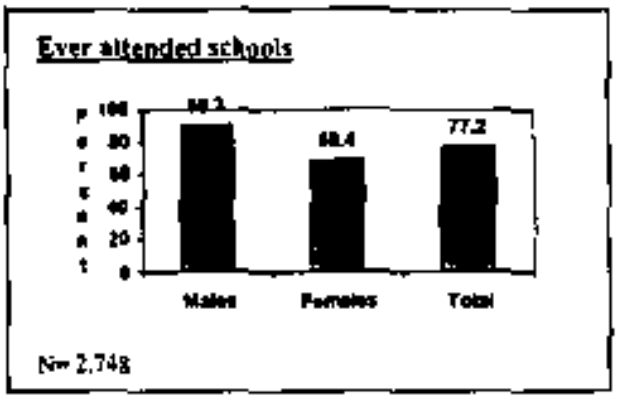
Overall, slightly over one-fifth (22.1%) of the respondents were reported to be illiterate. This figure is much higher among females (31.3%) than that of males (8.5%). Nationally 29.9% young people aged 15-24 were illiterate in 2001 and the corresponding figures for females and males were 39.9% and 19.4% (CBS and UNFPA, 2002). A higher proportion of young people aged 20-24 (31.4%) of both sexes compared to the adolescents aged 15-19 years (14.9%) were reported to be illiterate. Data presented in Table 3.8 shows that about 29% of the respondents had secondary level of education and about another quarter (23.4%) had lower secondary level of education. Those attaining SLC level of education or above amounted to only 13% of the respondents.

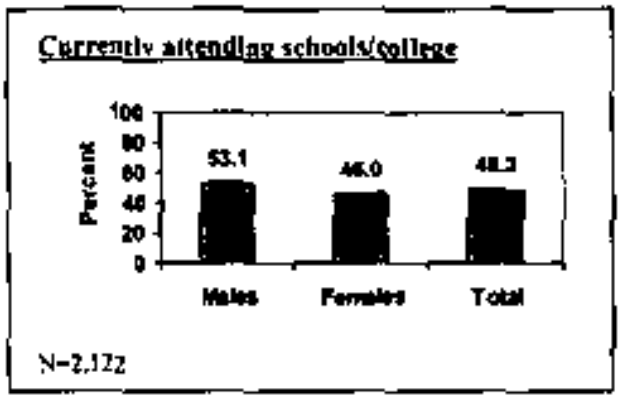
Table 3.8 Percent distribution of respondents aged 15-24 by level of education

Highest grade completed	Male			Female			Total		
	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24	Total
Illiterate	5.8	12.7	8.5	21.9	42.0	31.3	14.9	31.4	22.1
Just literate or primary	12.1	5.7	13.5	11.4	12.0	11.7	11.7	13.3	12.4
Lower secondary	30.4	21.0	26.7	26.3	15.4	21.2	28.0	17.4	23.4
Secondary	41.7	23.3	34.2	33.2	15.9	25.2	36.7	18.6	28.8
SLC and above	10.6	27.4	17.2	7.2	14.6	10.7	8.7	19.3	13.3
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**

More than three-quarters (77.2%) of the respondents reported ever attending school (Figure 3.3). Sex-wise data indicates that males are more likely to have ever attended schools than females. Over 90% of males compared to only 68% of females reported ever attending school. Of the respondents who reported ever attending schools (N=2,122) only half (49.3%) were reported to be currently attending either at school or college while more than half (50.7%; N=1,075) had discontinued schooling. Again this figure is much higher among males than the females (53.1% males and 46.0% females).

Figure 3.3 Percent distribution of respondents aged 15-24 ever attending school and current enrolment





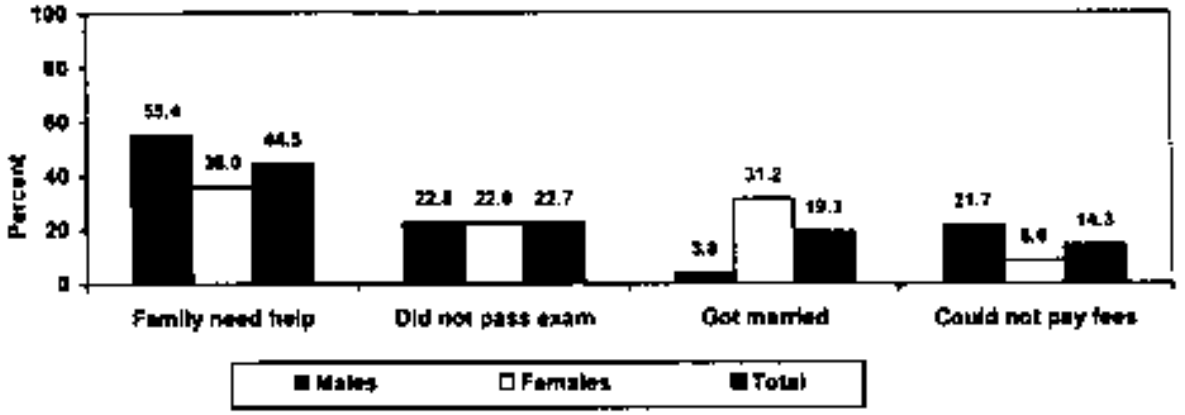
Those respondents who reported dropping out of school or college were further asked about the ages at which they discontinued school or college. The majority (54.4%) of them had dropped out of school or college at the age of 15-19 years followed by about 37% at the age of 10-14 years. The mean age at which they dropped out of school or college was about 15 years for both the male and female respondents (Table 3.9).

Table 3.9 Percent distribution of respondents aged 15-24 by age at which they dropped out the schools or colleges

Age when dropped out the schools or colleges	Males	Females	Total
<10 years	3.0	3.5	3.3
10-14 years	38.6	35.0	36.6
15-19 years	52.2	56.1	54.4
20-23 years	6.2	5.4	5.8
Mean	**15.0**	**15.1**	**15.0**
SD	**3.0**	**2.9**	**2.9**
Total	**469**	**606**	**1075**

The main reason for discontinuing school or college was to help the family (44.4%) followed by not doing well in school or college tests (22.7%) and marriage (19.3%). A sizeable proportion (14.3%) of the respondents mentioned that they were unable to pay school or college fees (Figure 3.4). Comparatively, a higher proportion of females discontinued school or college due to marriage (31.2% females and 3.8% males) while a greater proportion of the males discontinuing education gave the reason of helping their family (55.4% males and 36.0% females).

Figure 3.4 Percent of respondents aged 15-24 by reasons for stopping going to school or college



N=1,075 (469 males and 606 females)

The other reasons mentioned by some of the respondents were:

- Family did not allow to continue education (4.5% males and 5.6% females)
- Do not feel like studying (12.4% males and 2.8% females)
- School or college was not accessible (0.9% males and 3.1% females)
- Need to take care of younger siblings (2.0% females)
- Got pregnant (1.5% females)

The above findings clearly indicate that economic reasons (work in the family farm/business) were the main reason for discontinuing school or college by the young people of the study areas.

Employment

Overall, over one-fifth (21.1%; N=581) of the 2,748 young people included in the study reported ever working for pay and 17% (N=474) said that they were currently working for pay. These 581 respondents were again asked about the age when they started working for pay. The results are presented in Table 3.10. The majority (53.9%) of the respondents of both sexes had started working for pay between the ages 15-19 years followed by 30% who started to work even before they had reached the age 15 years. The mean age at starting to work for pay was estimated as 16.2 years.

Table 3.10 Percent distribution of respondents aged 15-24 by age when started working for pay

Age when started working for pay	Males	Females	Total
<15 years	31.9	25.4	29.9
15-19 years	54.5	52.5	53.9
20-24 years	13.6	22.0	16.2
Mean	**16.0**	**16.5**	**16.2**
SD	**3.0**	**3.3**	**3.1**
Total	**404**	**177**	**581**

Table 3.11 shows the working status of young people by their selected background characteristics. Male respondents are significantly more likely to have ever worked or currently be working for pay than their female counterparts. Similarly, those respondents residing in urban

areas and belonging to older age group are significantly more likely to get involved in work for pay than their female counterparts. By level of education, those who are just literate or who have primary level of education are significantly more likely to get involved in work for pay. A significantly higher proportion of respondents residing in the program areas of EHDAG followed by those in the areas of Samjhauta were involved in work for pay than the respondents of other areas.

Table 3.11 Percent distribution of respondents aged 15-24 who have ever worked for pay and are currently working by selected background characteristics

Background characteristics	Ever work for pay (N=2,748)	Currently working for pay (N=2,748)
Sex of respondent	*	*
Males	36.5	30.1
Females	10.8	8.6
Place of residence	*	*
Urban	24.8	20.1
Rural	19.9	16.1
Marital status		
Married	23.3	18.5
Unmarried	19.3	16.2
Age group	*	*
15-19 years	15.4	12.1
20-24 years	28.5	23.8
Level of education	*	*
Illiterate	16.0	14.3
Just literate/primary	37.2	31.7
Lower secondary	22.6	17.6
Secondary	15.0	11.8
SLC and above	25.5	20.0
Partner NGO	*	*
AMK	18.4	16.5
BPMHF	15.5	13.0
EHDAG	31.8	24.9
FPAN	22.0	16.2
phect NEPAL	17.6	14.0
Samjhauta	27.4	22.9
SPN	16.2	13.7
Total	21.1	17.2

** Significant at <0.05 level*

Exposure to media

Information regarding the exposure to different media (both print and electronic) was collected during the survey. Overall, 60% of the respondents had reported ever reading newspapers; this figure was much higher among males (79.2%) than females (48.5%). Quite a small proportion of the respondents (6.9%) reported that they read newspapers or magazines everyday while over a quarter of the respondents reported reading less than once a week (Table 3.12).

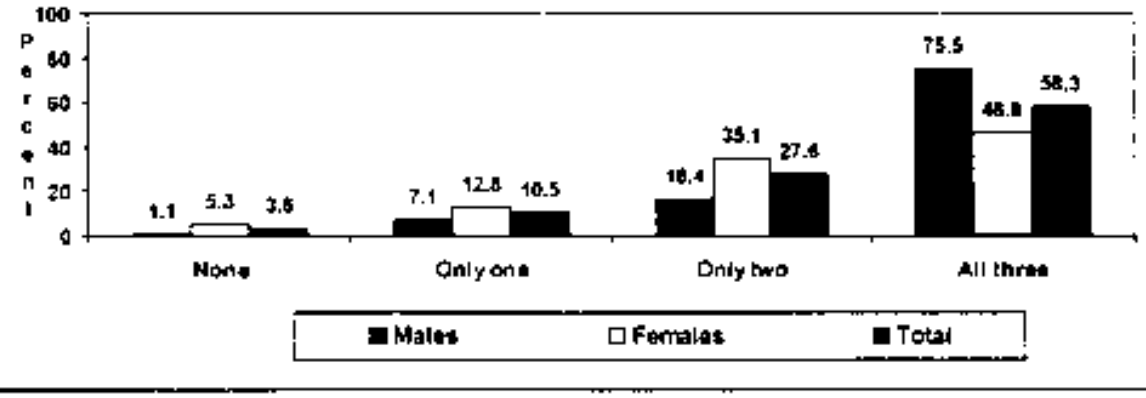
Table 3.12 Percent distribution of respondents aged 15-24 by frequency of reading newspapers/ magazines, listening to radio and watching TV

Description	Males (N=1,106)	Females (N=1,642)	Total (N=2,748)
Frequency of reading newspapers or magazines			
Every day	12.1	3.4	6.9
At least once a week	36.1	19.6	26.2
Less than once a week	31.0	25.5	27.7
Never	15.3	25.3	21.3
Can not read	5.5	26.2	17.9
Frequency of listening to the radio			
Every day	68.8	60.8	64.0
At least once a week	19.3	14.6	16.5
Less than once a week	9.6	17.8	14.5
Never	2.4	6.7	4.9
Frequency of watching TV			
Every day	43.8	45.5	44.8
At least once a week	23.7	16.8	19.6
Less than once a week	22.0	19.3	20.4
Never	10.6	18.4	15.2

The great majority (95.1%) of the respondents reported listening to the radio (Table 3.12). Nearly two-thirds (64.0%) reported that they listen to the radio everyday. By sex, a slightly higher proportion of males than females listens to the radio every day. Although the majority (84.8%) of the respondents reported watching TV, less than half (44.8%) reported that they watched TV everyday. Slightly more than one-fifth (20.4%) of the respondents watched TV less than once a week and almost the same proportion also said they watched TV at least once a week. The above findings clearly indicate that young people of the study areas have easier access to radio compared to TV and newspapers or magazines.

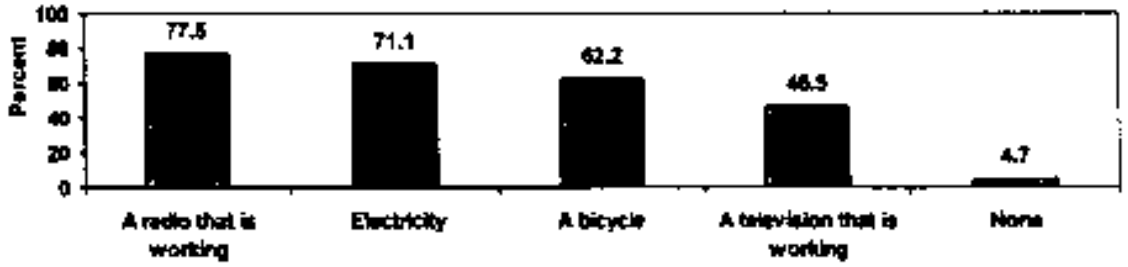
Figure 3.5 shows that almost all the respondents had exposure to at least one media (radio, television or newspapers/magazines) as only about 4% had no exposure to any of the three media. More than half (58.3%) of the respondents had exposure to all three media; this figure is much higher among males (75.5%) than females (46.8%). More than a quarter of the respondents reported getting exposure to "two media only" and another 11% mentioned "one media only".

Figure 3.5 Percent distribution of respondents aged 15-24 by exposure to media



Possession of household items was also considered one of the socio-economic indicators. Hence this study also collected information regarding the possession of household items during the survey. The majority (77.5%) of the respondents reported that they had a radio set in working condition in their households at the time of survey. Similarly, more than 7 in every 10 households had access to electricity and another 62% reported that they have a bicycle in their household. Nearly half (46.5%) of the respondents reported that they have a television set in their household (Figure 3.6). About 5% of the respondents did not have a radio, electricity, bicycle and television. A very small proportion of the respondents reported having a refrigerator (4.1%), a motorcycle (3.9%), a telephone (3.5%) and a car, truck or van (1.5%) (Table not shown).

Figure 3.6 Percent distribution of respondents aged 15-24 by possession of household items



Note: Less than 5% of the respondents had a refrigerator, a motorcycle, a telephone set and a car, truck or van.

About two-fifths (40.0%) of the respondents reported the roofing of their houses was of corrugated sheet followed by 16% thatched roofing and 14% having a concrete roof (RBC or RCC). The other types of materials used for roofing were clay tiles (12.4%), Khapada (10.0%), stones (4.5%) and cement tiles (2.7%). Slightly over half (56.1%) of the young people included in the study reported that they had a latrine in their houses while about 44% did not have latrines in their houses. Over two-fifths (42.4%) had a permanent direct or indirect pit while more than one in every 10 had temporary latrines (Table 3.13).

Table 3.13 Percent distribution of respondents aged 15-24 by type of roofing materials used and toilet facility in their households (N=2748)

Description	Percent
Type of roof (main material) on the house	
Corrugated sheet	40.0
Thatched	16.1
Concrete (RBC/RCC)	14.2
Clay tiles	12.4
KHAPADA	10.0
Stones	4.5
Cement tiles	2.7
Type of toilet facilities in the household	
Flush toilet	0.4
Temporary latrine	12.9
Permanent direct pit	20.6
Permanent indirect pit	21.8
No latrine	43.9
Public latrine	0.5

3.2 Characteristics of adolescents aged 10-14 years

For the current study 2,178 adolescents aged 10-14 years were interviewed. Among them, 51% (N=1,105) were females and the rest (N=1,073) were males. Table 3.14 shows the distribution of respondents by sex and partner NGOs. Of the total adolescents interviewed, more than 12% of the respondents (12.1% - 17.9%) were from each of the partner NGO areas. A higher proportion (17.3%) of adolescents was from the areas of phect NEPAL followed by 16% from EHDAG and 15% from BPMHF areas.

Table 3.14 Distribution of adolescents aged 10-14 years by NGO and district

Name of partner NGO	Number of		Total	
	Males	Females	Number	%
AMK	166	144	310	14.2
BPMHF	156	171	327	15.0
EHDAG	166	192	358	16.4
FPAN	120	141	261	12.0
phect NEPAL	194	183	377	17.3
Samjhauta	132	132	264	12.1
SPN	139	142	281	12.9
Total	**1073**	**1105**	**2178**	**100.0**

Table 3.15 presents the ethnic composition of the adolescents by sex. As in the case of the young people aged 15-24 years Brahmin or Chhetri were the predominant ethnic groups included in the adolescent age group of 10-14 years. About 10% of the adolescents belonged to occupational castes and another 8% were Tharu.

Table 3.15 Percent distribution of adolescents aged 10-14 years by ethnicity

Ethnicity of respondent	Males	Females	Total
Chhetri	22.6	21.2	21.9
Brahmin	16.0	15.8	15.9
Occupational caste	9.7	10.3	10.0
Tharu	7.5	7.6	7.5
Magar	4.5	4.5	4.5
Tamang	3.6	5.2	4.5
Newar	3.4	5.3	4.4
Gurung	5.1	3.4	4.3
Muslim	2.9	4.0	3.4
Guwar/Yadav/Ahir	3.8	3.0	3.4
Shaha/Sudhi	2.6	2.4	2.5
Bote/Kumal/Majhi	2.7	2.3	2.5
Jogi/Sanyashi/Giri	1.6	2.1	1.8
Das/Mahato	1.7	1.4	1.5
Other*	12.4	11.4	11.9
Total	**1073**	**1105**	**2178**

** Other includes: Rai, Thakali, Thakur, Hajam, Kurmi, Patel, Kanu, Kalwar, Kori, Kumhar, Kushwa, Bhuj, Mandal.*

Nearly a quarter (23.4%) of the respondents was 12 years old. About 22% each were 10 years and 14 years old. Higher percentages belonging to age 10, 12 and 14 are due to the Nepalese people's preference for even number digits. The proportion of respondents aged 11 years was much lower

(14.6%) compared to the respondents of other ages (Table 3.16). The mean age of the adolescents was 12.1 years with the standard deviation of 1.5 years. No big difference was observed in the mean age between the male and female respondents.

Table 3.16 Percent distribution of adolescents aged 10-14 years by age

Age of respondent (in completed years)	Males	Females	Total
10	23.3	20.2	21.7
11	13.9	15.4	14.6
12	23.4	23.4	23.4
13	16.4	18.8	17.6
14	23.0	22.2	22.6
Mean	**12.0**	**12.1**	**12.1**
SD	**1.5**	**1.4**	**1.5**
Median	**12.0**	**12.0**	**12.0**
Total	**1073**	**1105**	**2178**

Only 27 (1.2%) out of 2,178 adolescents were married. Of these, 20 were females and the rest (N=7) were males. Among these 27 adolescents, 7 respondents got married before the age of 12 years and another 20 respondents got married between 12-14 years of age (Table not shown).

Duration of stay in current place

The majority (84.1%) of the adolescents had been living in the current place since birth while about 16% (N=346) had migrated to the current place of residence (Table not shown). Nearly 80% of the 346 respondents had migrated from countryside and the rest were either from city (11.3%) or town areas (9.2%) (Table not shown).

Family size

Nearly three-quarters of the respondents had 5-9 members in their household, and 15% had less than 5 persons in their household (Table 3.17). About 11% of the respondents reported living with 10 persons or more in their household. On average, there were 6.7 persons living in a household of the sampled respondents; this figure is consistent with the responses obtained from the young people aged 15-24 years.

Table 3.17 Percent distribution of adolescents aged 10-14 years by number of persons living in the household

Number of persons living in the household (including the respondent)	Males	Females	Total
<5 persons	15.9	13.1	14.5
5-9 persons	72.1	77.2	74.7
10 persons or more	11.9	9.7	10.8
Mean	**6.7**	**6.7**	**6.7**
SD	**3.0**	**2.6**	**2.8**
Total	**1073**	**1105**	**2178**

Nearly 9 in every 10 respondents had been living with both the father and mother and 6% had been living with "mother but not father" and another 1% had been living with "father but not

mother" in the household. Almost all (97.7%) of the respondents also mentioned that there were other relatives living in the household (Table 3.18). The above findings clearly reveal the practice of the joint family system in the program areas.

Table 3.18 Percent distribution of respondents by type of persons living in the household

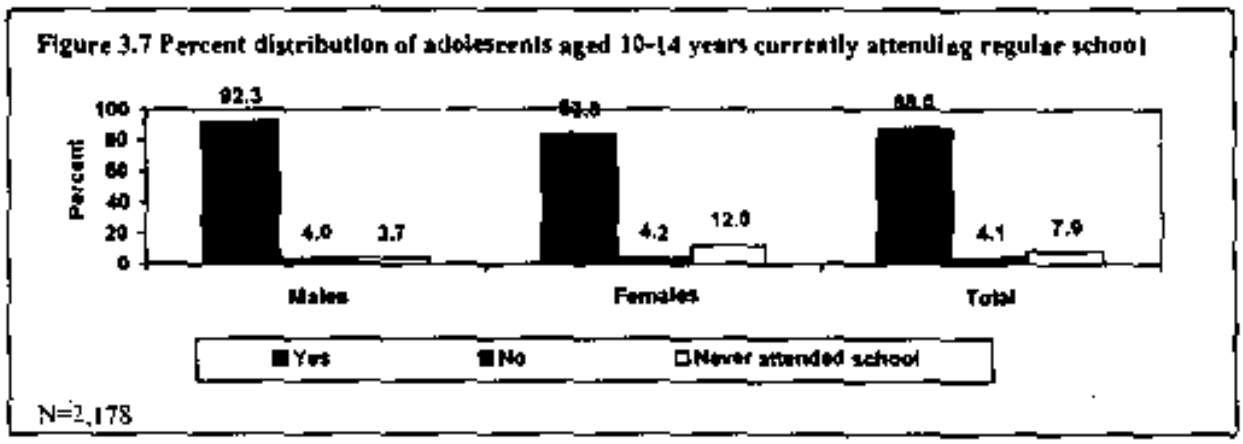
Persons living in the household	Males	Females	Total
Both mother and father	88.8	89.0	88.9
Mother only but not father	7.1	5.3	6.2
Father only but not mother	1.4	1.5	1.4
Other relatives*	97.8	97.6	97.7
Husband/wife or partner	0.2	0.3	0.2
Live alone	-	-	-
Total (N)	1073	1105	2178

** Other relatives include: sister, brother, grandparents, uncle, aunt, sister-in-law, brother-in-law, mother-in-law, father-in-law, nephew, niece, maternal uncle or aunt.*

Literacy and education

Overall, nearly 9 in every 10 adolescents were currently attending regular school (Figure 3.7). This figure is much higher among males than females (92.3% among males and 83.8% among females). Four percent of the adolescents (4.0% males and 4.2% females) had discontinued school and 8% reported that they had never enrolled in school; this figure is much higher among females (12.0%) than males (3.7%).

Figure 3.7 Percent distribution of adolescents aged 10-14 years currently attending regular school



The main reason for discontinuing school was for *family help in household work* (41.9% of boys and 50.0% of girls) followed by *lack of money to pay tuition fees* (32.6% of boys and 19.6% of girls) and *not passing final exam* (16.3% of boys and 13.0% of girls). Some other reasons mentioned by less than 10% of the respondents were: did not feel like studying, not allowed by family, harassment by male teachers, and teasing and harassment by boys (Table not shown).

Chapter 4

Knowledge about Reproduction and Contraception

For young people it is very important to be aware of reproduction and contraception, because they are the major sufferers of reproductive related health problems due to their lack of knowledge on these issues. This study attempted to assess their level of knowledge on these issues. Therefore, information regarding the knowledge of young people about the fertile period, contraceptive methods including sources of information about contraceptives, interpersonal communication on contraceptives and opinions on contraceptives was collected during survey. This chapter presents the findings on these aspects.

4.1 Knowledge of fertile period

Young people aged 15-24 years

In response to the question *can a woman get pregnant the first time she has sexual intercourse.* over 6 in 10 young people aged 15-24 years responded positively i.e. *yes she could get pregnant.* More than a quarter of the respondents said a woman could not get pregnant the first time she had sexual intercourse and about 9% said they did not know about it. By sex, a higher proportion of females (68.0%) than males (54.1%) opined that a woman could get pregnant the first time she has sex (Table 4.1). Likewise, the number of those giving this opinion was much higher among older age cohort than their younger counterparts. The majority (77.0%) of the respondents correctly mentioned that a girl could not get pregnant before she experienced her first menstruation. Not much difference was observed across the age groups of the respondents. However, some respondents (7.1%) were unaware about it saying, "*do not know*".

Table 4.1 Percent distribution of respondents aged 15-24 reporting when a woman could get pregnant

Description	Male			Female			Total		
	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24	Total
Can a woman get pregnant the first time she has sexual intercourse?									
Yes	51.6	57.8	54.1	67.2	68.9	68.0	60.5	64.9	62.4
No	37.5	33.6	36.0	23.9	24.0	23.9	29.8	27.5	28.8
Do not know	10.9	8.5	9.9	8.9	7.0	8.0	9.8	7.6	8.8
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**
Can a girl get pregnant before she experiences her first menstrual period?									
Yes	15.3	15.0	15.2	16.7	16.2	16.4	16.1	15.8	15.9
No	76.5	78.6	77.3	76.1	77.5	76.8	76.3	77.9	77.0
Do not know	8.2	6.5	7.5	7.2	6.3	6.8	7.6	6.3	7.1
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**

On the question of whether there is a time when a woman is more likely to become pregnant if she has sexual relations, about two-thirds (65.6%; N=1,804) of the respondents said there is a time a woman is more likely to become pregnant in case of sexual intercourse (Table 4.2). However, nearly a quarter of the respondents (21.3% of males and 26.9% of females) were reported to be unaware about it saying, "*do not know*". A higher proportion of male and female respondents aged 20-24 years compared to those between 15-19 years old reported having knowledge about the time when a woman is more likely to become pregnant if she has sexual relations. Those who responded affirmatively were further asked about the timing at which a woman is more likely to get pregnant between two menstrual periods. Only about two-fifths (42.5%) of the respondents correctly mentioned "*half way*" while almost the same proportion of respondents said a woman could get pregnant right after her period. Sex-wise data reveal that males are more likely to have correct knowledge about the likely time of getting pregnant between two menstrual periods than females (55.0% of males and 34.6% of females). Female respondents aged 20-24 years are less likely to have correct knowledge about the likely time of getting pregnant between two menstrual periods compared to the adolescent girls aged 15-19 years. However, there was not much difference in the level of correct knowledge according to the age group of the male respondents.

Table 4.2 Percent distribution of respondents aged 15-24 by knowledge about timing at which a woman is more likely to get pregnant between two menstrual periods

Description	Male			Female			Total		
	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24	Total
Knowledge about the time when a woman is more likely to become pregnant if she has sexual relations									
Yes	62.8	64.5	63.5	63.1	71.7	67.1	63.0	69.1	65.6
No	14.4	16.4	15.2	6.8	5.0	6.0	10.1	9.1	9.7
Do not know	22.8	19.1	21.3	30.0	23.4	26.9	26.9	21.8	24.7
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**
Time when a woman is more likely to get pregnant between two periods									
Just before her period	6.2	3.6	5.1	4.7	5.5	5.1	5.3	4.8	5.1
During her period	5.9	6.8	6.3	4.0	3.1	3.5	4.8	4.3	4.6
Right after her period	28.2	31.1	29.3	48.5	54.5	51.5	39.7	46.6	42.8
Half way	54.7	55.4	55.0	36.9	32.2	34.6	44.6	40.0	42.5
Other*	2.4	1.8	2.1	0.5	0.9	0.7	1.3	1.2	1.3
Do not know	2.6	1.4	2.1	5.4	3.8	4.6	4.2	3.0	3.7
Total	**422**	**280**	**702**	**553**	**549**	**1102**	**975**	**829**	**1804**

** Other includes: 20 days after her period/ within 7 days after period/ within 7-15 days after period/ within 10-14 days after period.*

Table 4.3 shows the correct knowledge of the respondents about *menstrual period* and *fertile period*. Those respondents who reported that "*a girl could not get pregnant before she experiences her menstrual period*" and "*there is a time when a woman is more likely to become pregnant if she has sexual relations*" were defined as the person having correct knowledge about menstrual period. Similarly, those respondents who reported that a woman is more likely to get pregnant half way between two periods were defined as having correct knowledge about fertile period.

Table 4.3 Percent distribution of respondents aged 15-24 by knowledge about menstrual and fertile period by selected background characteristics

Background characteristics	Knowledge of menstrual period [1] (N=2,748)	Knowledge of fertile period [2] (N=2,748)
Sex of respondent		*
Males	52.4	34.9
Females	53.2	23.2
Place of residence	*	*
Urban	58.3	38.7
Rural	51.0	24.2
Marital status		*
Married	52.9	23.1
Unmarried	52.9	31.9
Age group	*	
15-19 years	50.8	28.1
20-24 years	55.5	27.7
Level of education	*	*
Illiterate	39.5	14.5
Just literate/primary	38.1	18.5
Lower secondary	50.4	22.9
Secondary	62.2	37.2
SLC and above	73.2	47.9
Currently attending regular school or college	*	*
Yes	59.9	37.3
No	48.6	22.1
Exposure to media	*	*
None	42.4	13.1
Only one	36.5	12.2
Only two	42.2	16.8
All three	61.5	36.9
Partner NGO	*	
AMK	53.8	28.0
BPMHF	54.7	26.7
EHDAG	48.8	32.7
FPAN	47.8	28.8
pheet NEPAL	55.6	29.8
Samjhauta	49.4	27.0
SPN	58.7	24.2
Total	**52.9**	**27.9**

[1] Those who reported that a girl could not get pregnant before she experiences her first menstrual period and those who reported that there is a time when a woman is more likely to become pregnant if she has sexual relations.
[2] Those respondents who reported that a woman is more likely to get pregnant during half way between two periods
** Significant at <0.05 level*

Overall, about 53% of the respondents correctly understood the menstrual period and 28% correctly understood the fertile period. Knowledge about menstrual period and fertile period was significantly much higher among respondents living in urban areas, currently enrolled at school or college, and

having secondary level of education or more. Respondents in the older age group are significantly more likely to have correct knowledge about the menstrual period while unmarried respondents are significantly more likely to have correct knowledge about the fertile period than their respective counterparts. NGOs wise data reveal that respondents in the SPN project areas are more likely to have correct knowledge about the menstrual period and those residing in the areas of FPAN are less likely to have correct knowledge about it.

Adolescents aged 10-14 years

Information on the knowledge of adolescents aged 10-14 years old regarding pregnancy and the menstrual period was collected during the study. Their responses are presented in Table 4.4. Nearly two-fifths (38.9%) of the adolescents aged 10-14 years reported that they had knowledge about how a woman gets pregnant and the rest (61.1%) did not know about it. Comparatively, a significantly higher proportion of males (40.8%) than females (37.1%) had knowledge about it. Similarly, respondents who were currently enrolled at schools and belonged to the group13-14 years of age have more knowledge about menstruation than their counterparts (significant at <0.05 level). In the case of menstruation, nearly two-thirds (64.4%) of the adolescents had knowledge about it. This figure is significantly much higher among females (73.2%) than those of males (55.4%). Likewise, urban respondents and those aged 13-14 years old are significantly more likely to have knowledge about menstruation than their rural counterparts and those aged 10-12 years old.

Table 4.4 Percent distribution of adolescents aged 10-14 years by knowledge about pregnancy and the menstrual period by selected background characteristics

Background characteristics	Knowledge about how a woman gets pregnant (N=2,178)	Knowledge about menstruation (N=2,178)
Sex of respondent	*	*
Males	40.8	55.4
Females	37.1	73.2
Place of residence		*
Urban	39.0	72.4
Rural	38.9	61.1
Age group	*	*
10-12 years	20.0	49.0
13-14years	67.1	87.3
Currently studying	*	
Yes	39.8	65.1
No	32.4	59.2
Total	**38.9**	**64.4**

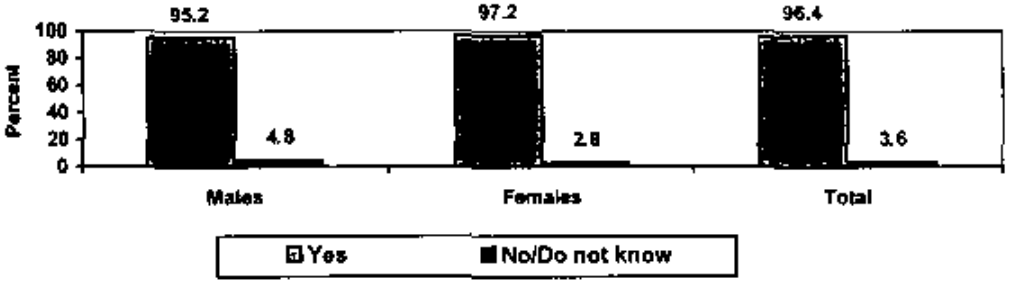
* *Significant at <0.05 level*

4.2 Knowledge of contraceptive methods

Young people aged 15-24 years

Information regarding the respondents' knowledge of contraceptives including their sources of information was collected by interviewing the young people of the study areas. To the question whether a woman or a man who has sexual relations can do something to delay or avoid getting pregnant, almost all (96.4%) young people aged 15-24 responded positively. By sex, females are more likely to be aware of contraceptives than males. Ninety-seven percent of the females compared to 95% males were found to be aware of such methods (Figure 4.1).

Figure 4.1 Percent distribution of young people aged 15-24 by awareness about the method that can delay or avoid pregnancy



N=2748

More than three-quarters (76.3%) of the respondents spontaneously reported that they had heard of condoms followed by Depo Provera (65.9%) and oral pills (63.2%). Spontaneous knowledge of other family planning methods was found to be relatively low. However, after probing, more than 90% of the young people in the study areas reported hearing of condoms and Depo Provera. The other most commonly known methods were female sterilization (87.9%), male sterilization (86.1%), and oral pills (85.6%). Those knowing about Norplant and IUD constituted 73% and 63% respectively. Data presented in Table 4.5 indicates that a higher proportion of females are more aware of different family planning methods, besides condoms, compared to their male counterparts.

Table 4.5 Percent distribution of young people aged 15-24 years by knowledge of different family planning methods

Contraceptive methods	Males (N=1,106)			Females (N=1,642)			Both sexes (N=2,748)		
	Spont-aneous (1)	Prob-ing (2)	Total (1+2)	Spont-aneous (1)	Prob-ing (2)	Total (1+2)	Spont-aneous (1)	Prob-ing (2)	Total (1+2)
Pills	55.2	28.2	83.4	68.6	18.5	87.1	63.2	22.4	85.6
Condom	93.4	1.6	95.0	64.9	29.3	94.2	76.3	18.2	94.5
Injection (Depo Provera)	52.9	32.5	85.4	74.7	18.5	93.2	65.9	24.1	90.0
Implants (Norplant)	23.8	39.0	62.8	34.3	45.8	80.1	30.1	43.0	73.1
IUD	21.3	35.9	57.2	28.0	38.6	66.6	25.3	37.5	62.8
Male sterilization	38.2	47.6	85.8	38.9	47.4	86.3	38.6	47.5	86.1
Female sterilization	37.1	49.4	86.5	42.9	45.9	88.8	40.6	47.3	87.9
Withdrawal	2.4	-	2.4	2.6	-	2.6	2.5	-	2.5
Calendar method/ periodic abstinence	1.0	-	1.0	1.1	-	1.1	1.1	-	1.1
Other*	1.8	-	1.8	1.0	-	1.0	1.3		1.3

** Other includes: Breastfeeding, breastfeeding more than 6 times a day, breastfeeding in every 2 hours interval, temperature method, foam tablet, female condom, urinating immediately after sex, herbs.*

Table 4.6 shows the knowledge about at least 2 modern contraceptive methods among the young people aged 15-24 by their selected background characteristics. Respondents residing in urban areas are significantly more likely to have knowledge about at least two modern contraceptive methods compared to those residing in rural areas. Similarly, unmarried respondents and those who are between 20-24 years of age are more likely to have knowledge about contraceptives than their counterparts married and aged 15-19 years old. A positive relationship between the level of knowledge of contraceptives and educational status of the respondents was also observed. For instance, nearly 96% of the males and all the females with SLC or above compared to only 36% illiterate males and 71% females reported having heard of at least two modern contraceptive methods. Similarly, respondents currently attending regular schools or colleges have significantly more knowledge about contraceptives than those who are not currently enrolled in schools or college. A strong positive relationship between the knowledge of at least two contraceptive methods and exposure to media was also observed. For instance, 84% of males and 94% of females who had exposure to all three media (newspapers/magazines, radio and TV) compared to only 8% of males and 72% of females who did not have exposure to any media reported having heard of at least two contraceptives. NGOs wise data reveal that respondents in the areas of phect NEPAL followed by those in the areas of BPMHF and EHDAG are significantly more likely to have knowledge of at least two modern contraceptives compared to the respondents in other NGOs areas. NGO wise data further reveal that male and female respondents aged 20-24 years are more likely to be aware of at least two contraceptive methods than those between 15-19 years of age in all NGO areas (***Annex Table 4.1***).

Table 4.6 Percent of young people aged 15-24 who know at least 2 modern contraceptive methods by selected background characteristics

Background characteristics	Males (N=1,106)	Females (N=1,692)	Total (N=2,748)
Place of residence	*	*	*
Urban	87.0	92.8	90.3
Rural	71.1	80.4	76.7
Marital status	*	*	*
Married	70.0	80.4	77.7
Unmarried	77.6	87.3	82.3
Age group		*	*
15-19 years	74.4	81.1	78.2
20-24 years	77.0	86.2	82.8
Level of education	*	*	*
Illiterate	36.2	71.0	65.6
Just literate/primary	64.4	76.0	71.0
Lower secondary	62.7	83.6	72.0
Secondary	89.2	95.2	92.3
SLC and above	95.8	100.0	97.8
Currently attending regular school or college	*	*	*
Yes	86.4	92.8	89.6
No	65.3	79.1	74.4
Exposure to media	*	*	*
None	8.3	72.4	64.6
Only one	46.2	77.6	69.1
Only two	53.6	73.3	68.6
All three	83.8	93.9	88.6
Partner NGO	*	*	*
AMK	72.3	77.2	75.2
BPMHF	93.0	82.9	86.3
EHDAG	79.7	89.9	85.5
FPAN	73.0	76.6	75.0
phect NEPAL	91.7	95.4	93.9
Samjhauta	53.4	79.1	68.7
SPN	74.3	85.2	80.8
Total	**75.4**	**83.4**	**80.2**

** Significant at <0.05 level*

Those respondents (N=2,649) who reported having heard of contraceptives were further asked about the sources from which they got their information. Radio (80.0%) was reported as the main source of information about contraceptives followed by friends or relatives (64.7%) and TV (59.1%, Table 4.7). Similarly, nearly half (45.7%) of the respondents obtained information about contraceptives from schools or teachers. More than a quarter of the respondents each had also obtained information from printed materials such as posters/pamphlets, newspapers/magazines and health workers. Sex-wise data indicate that a higher proportion of males compared to females obtained information

about contraceptives from different sources indicating that males have more access to various media than females in getting information about contraceptives.

Table 4.7 Percent distribution of young people aged 15-24 years by source of information about contraceptives

Source of information about contraceptives	Males	Females	Total
Radio	85.5	76.4	80.0
Friends/relatives	64.9	64.7	64.7
TV	65.3	54.9	59.1
Schools/teachers	55.4	39.3	45.7
Newspapers/magazines	46.6	23.4	32.7
Pamphlets/posters	40.2	25.6	31.4
Health workers	25.0	27.1	26.3
FCHV	7.8	17.7	13.7
Community meetings	11.8	5.5	8.0
Work place	13.6	3.1	7.3
Youth centers	6.0	3.1	4.2
Peer educators	5.5	2.1	3.4
Books/ RH related books	2.1	4.7	3.7
Spouse/ sexual partner	0.9	3.8	2.7
Health post/ health center/ hospital/ SHP	0.6	0.2	0.3
Other*	4.4	6.7	5.7
Total	**1053**	**1596**	**2649**

** Other includes: father, mother, neighbor, seminar, workshop, training, NGOs, hoarding board, shops, pharmacy, mobile camp, adult literacy class, elder persons, cinema hall, special events, flip chart, mothers' group, pocket calendar, street drama.*

All the respondents (N=2,649) who ever had heard about contraceptives were again asked if they had obtained any information on methods to delay or avoid getting pregnant in the last 6 months. The results are presented in Table 4.8. The majority (73.3%) of the respondents of both sexes (77.1% of males and 70.8% of females) had received information on such methods in the past six months from the radio followed by over half (52.6%) from TV and about one-third (31.1%) from their schools or teachers. Those receiving information from newspapers/magazines and posters/pamphlets constituted about a quarter of the respondents. Less than a quarter of the respondents reported receiving information from the health workers.

Table 4.8 Percent distribution of young people aged 15-24 years who have received any information on methods to delay or avoid getting pregnant from various sources in the last 6 months preceding the survey date

Receiving any information on methods to delay or avoid getting pregnant in the last 6 months	Males	Females	Total
Radio	77.1	70.8	73.3
TV	57.1	49.7	52.6
School/teacher	40.1	25.3	31.1
Newspaper/magazines	39.5	18.7	27.0
Pamphlets/posters	32.4	19.5	24.7
Health workers	19.3	19.9	19.7
FCHV	6.3	15.2	11.7
Friends	6.6	8.0	7.4
Community meeting	9.1	4.6	6.4
Work place	9.2	1.6	4.6
Youth center	4.8	2.4	3.4
Spouse/ sex partner	0.9	1.6	1.3
Other*	2.0	6.2	4.5
Total	**1053**	**1596**	**2649**

** Other includes: family members, brothers, sisters, mother, father, boarding board, neighbor, cinema hall, training, FPAN, adult literacy class, health post, subhealth post, peer educator.*

Information about any discussions about contraception the respondents had with others in the last 6 months was also collected. Nearly half of the respondents had discussed these methods with their friends or colleagues in the last 6 months followed by about one-fifth each who had discussed them with their spouse or sex partner (20.8%) or teachers (18.1%). Data presented in Table 4.9 indicate that males are more likely to have discussed it with their teachers and friends or colleagues while females are more likely to have discussed it with their friends, spouses or sex partners and siblings. Discussions with parents on these matters was reported to be quite low (3.8%) in the last 6 months. The practice of discussing contraceptives with a counselor or peer educator was also observed to be quite low (2.1%-4.6%).

Table 4.9 Percent distribution of young people aged 15-24 years who have discussed methods to delay or avoid getting pregnant with others in the last 6 months prior to the survey date

Discussing on methods to delay or avoid getting pregnant in the last 6 months	Males	Females	Total
Friends/colleagues	61.3	41.0	49.6
Husband/partner	15.0	24.7	20.8
Teacher	24.9	13.7	18.1
Other relatives	8.1	16.1	12.9
Brother/sister	2.9	15.8	10.7
Health worker	9.1	10.8	10.2
FCHV	3.9	11.0	8.2
Peer educator	6.9	3.1	4.6
Mother/father	1.0	5.6	3.8
Counselor	3.0	1.5	2.1
Other*	0.5	0.9	0.7
Total	**1053**	**1596**	**2649**

** Other includes: training, FPAN, mothers group, teacher, youth center.*

Adolescents aged 10-14 years

About two-thirds (66.7%) of the adolescents aged 10-14 reported that they knew about methods to delay or avoid getting pregnant. This figure was much higher among males (72.7%) than females (60.8%). Those adolescents who responded affirmatively were further asked to name the methods they knew about. The majority (80.5%) of these adolescents had knowledge about condoms followed by Depo Provera (42.0%). About one-third of the respondents each were also aware of oral pills, male sterilization and female sterilization. Knowledge about IUD and Norplant was quite low. By sex males have more knowledge about condoms while females have more knowledge about other temporary and permanent methods of contraception.

Table 4.10 Percent distribution of adolescents aged 10-14 by knowledge about methods to delay or avoid getting pregnant

Description	Males	Females	Total
Knowledge about a method a woman or a man who have sexual relations can use to delay or avoid getting pregnant			
Yes	72.7	60.8	66.7
No	8.0	13.6	10.8
Do not know	19.3	25.6	22.8
Total	**1073**	**1105**	**2178**
Type of methods heard of			
Pills	24.1	44.5	33.5
Condoms	91.8	67.4	80.5
Injections (Depo Provera)	29.4	56.7	42.0
Implants (Norplant)	5.6	16.4	10.6
IUD	2.8	11.6	6.9
Male sterilization	28.8	36.0	32.2
Female sterilization	22.8	42.1	31.7
Other	0.3	0.4	0.3
Do not know	0.4	1.0	0.7
Total	**780**	**672**	**1452**

All adolescents aged 10-14 were again asked if they had received any information on methods to delay or avoid getting pregnant. Nearly two-thirds (63.7%) of the respondents had received information on such methods from at least one source, while more than one-third (36.5%) of the respondents had not heard about it from any source (Table 4.11). Nearly half of the adolescents got information about it from the radio followed by about a quarter each from TV and schools. The other sources such as printed IEC materials, health workers, friends and neighbors were mentioned by less than 10% of the respondents. The above findings indicate that radio and TV could be an effective media to disseminate information about contraceptives to the adolescents.

Table 4.11 Percent distribution of adolescents aged 10-14 by source of information about methods to delay or avoid getting pregnant

Source of information about methods to delay or avoid getting pregnant	Males	Females	Total
Radio	56.0	41.2	48.5
TV	29.9	24.0	26.9
School	29.5	21.3	25.3
Friends	7.6	5.4	6.5
Pamphlets/ posters	5.7	4.7	5.2
Newspapers/ magazines	5.3	3.1	4.2
Family members (mother/ father/ sister/ brothers)	0.3	4.5	2.4
Neighbors	0.2	2.0	1.1
Health post/ subhealth post/ hospital	1.3	0.7	1.0
Other*	6.3	6.2	6.4
Not heard	30.7	41.8	36.3
Total	**1073**	**1105**	**2178**

** Other includes: community meeting, workplace, youth center, health workers, nurse, doctor, books, other relatives, training, FP camp, hoarding board, peer educator, street drama, child club, FCHV, shop, mothers group.*

All adolescents aged 10-14 years were also asked if they had ever discussed methods to delay or avoid getting pregnant with anyone in the past. More than three-quarters (78.0%) of them had never discussed it with others while only 22% had done so. They had mostly discussed with friends (16.5%) and teachers (10.9%). The proportion discussing about these methods with their parents and siblings was quite low (<2%) (Table not shown).

4.3 Opinion on contraceptive methods

Young people aged 15-24 years

The opinion of the respondents on the importance of getting information about methods to delay or avoid getting pregnant by the people of their ages was also collected during the survey. An overwhelming majority (about 93%) of the respondents opined that it is important to get information about such methods for both boys and girls of their age. A higher proportion of females compared to their male counterparts considered getting such information important (Table 4.12).

Table 4.12 Percent distribution of young people aged 15-24 by opinion regarding the importance of getting information on methods to delay or avoid getting pregnant for people of their age

Description	Males (N=1,106)	Females (N=1,642)	Total (N=2,748)
Opinion regarding importance of getting information by girls or women to delay or avoid getting pregnant			
Very important	89.6	94.7	92.6
Somewhat important	6.5	3.7	4.8
Not important	3.9	1.6	2.5
Opinion regarding importance of getting information by boys or men to delay or avoid getting pregnant			
Very important	90.8	94.5	93.0
Somewhat important	6.2	3.6	4.7
Not important	2.9	1.9	2.3
Do not know	0.1	-	0.1

About two-thirds (65.5%) of the young people aged 15-24 opined that it was easy for a woman or girl of their age to get information on methods to delay or avoid getting pregnant (Table 4.13). On the other hand, nearly one-third (32.1%) of the respondents perceived it to be difficult and less than 1% found it impossible to get information on such methods. A slightly higher proportion of females compared to the males found it easy to get information on such methods (66.7% females vs 63.7% males). Not much difference was observed across the age group in respondents of both sexes. NGO wise data reveal that male respondents from the program areas of BPMHF and phect NEPAL and female respondents from EHDAG, BPMHF and SPN opined that information on contraceptives is easily available (***Annex Table 4.2***).

Table 4.13 Percent distribution of young people aged 15-24 by opinion regarding the extent of easiness in getting information on methods to delay or avoid getting pregnant

Description	Male			Female			Total		
	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24	Total
Easy	63.8	63.4	63.7	65.1	68.5	66.7	64.5	66.7	65.5
Difficult	34.2	35.7	34.8	31.7	28.6	30.3	32.8	31.2	32.1
Impossible	0.6	0	0.4	1.1	0.3	0.7	0.9	0.2	0.6
Do not know	1.3	0.9	1.2	2.1	2.6	2.3	1.7	2.0	1.9
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**

Adolescents aged 10-14 years

The opinion of the adolescents aged 10-14 years regarding the importance for people of their age to receive information on methods to delay or avoid getting pregnant was also obtained during the survey. Slightly more than two-thirds (67.1%) of the adolescents perceived it to be very important followed by 18% who found it somewhat important. About one in every 10 respondents, however, did not think it important for people of their age to get information (Table 4.14). On the question of whether it was easy, difficult or impossible for people of their age to get information about methods to delay or avoid getting pregnant only one-third (34.3%) of the adolescents aged 10-14 years perceived it to be easy. While nearly half (48.8%) of the adolescents considered it difficult to get such information. About 16% of the respondents reported that they did not know about it.

Table 4.14 Percent distribution of adolescents aged 10-14 years by opinion on the importance of getting information about contraception

Description	Males (N=1,073)	Females (N=1,105)	Total (N=2,178)
Opinion regarding importance of getting information on methods to delay or avoid getting pregnant by people of their age			
Very important	66.7	67.4	67.1
Somewhat important	17.8	18.0	17.9
Not important	11.2	11.0	11.1
Do not know	4.3	3.5	3.9
Access to information on methods to delay or avoid getting pregnant for people of their age			
Easy	36.1	32.5	34.3
Difficult	47.8	49.8	48.8
Impossible	0.4	2.3	1.3
Do not know	15.8	15.5	15.6

Chapter 5

Access to Contraceptive Services and Contraceptive Use

Knowledge of reproduction and contraception alone is not enough unless the young people have access to contraceptive services. It was therefore important to collect information on contraceptive accessibility including knowledge on the use of contraception so that the program intervention could be implemented effectively. Information regarding the knowledge of adolescents and youth about the sources of contraceptives including whether they have ever used them or are currently using them was collected from the survey respondents (15-24 years of age). The first section discusses the level of knowledge about the sources of contraceptives among respondents, followed by knowledge about ways of using family planning methods in the second section. The third section discusses the use of contraceptive methods, the fourth section presents findings on preferred contraceptive methods among young people and the last section discusses contraceptive accessibility.

5.1 Knowledge about the sources of contraceptive methods

All young respondents aged 15-24 were asked if they were aware of places where one could find contraceptives. Overall, 95% (N=2,606) of the respondents had knowledge of supply sources (Table 5.1). No significant difference was observed regarding knowledge about the sources of contraceptives by the sex or marital status of the respondents. However, urban respondents, older ones, with schooling of SLC or above and those exposed to print and electronic media have significantly more knowledge about the source of supply of contraceptives than the other respondents.

Those respondents (N=2,606) who had knowledge about the sources of supply of contraceptives were asked to name them. Nearly three-quarters (73.8%) of the respondents mentioned that contraceptives could be obtained from hospitals followed by pharmacies (57.5%, Table 5.2). The other supply sources cited by a sizeable proportion of the respondents were health posts (46.4%), private clinics (25.7%), NGO health centers (24.2%), sub-health posts (15.7%) and shops or markets (10.6%).

A very small proportion of the respondents mentioned NGO clinics, youth centers, mobile clinics and health workers in their areas. As pharmacies, health posts, sub-health posts, general shops, NGO clinics, youth centers and mobile clinics are the most accessible outlets from which one could obtain spacing methods of contraceptives, particularly condoms and oral pills, the young people in the study areas still do not have adequate knowledge about these sources. Hence, efforts need to be made to disseminate this information among the young people of the study areas. This could be done through active mobilization of the volunteers and health workers of the partner NGOs and also through the distribution of printed IEC materials at the community level.

Table 5.1 Percent distribution of respondents aged 15-24 by knowledge about the source of supply of family planning methods by selected background characteristics (N=2,748)

Background characteristics	Percent
Sex of respondent	
Males	94.4
Females	95.1
Place of residence	*
Urban	96.4
Rural	94.3
Marital status	
Married	94.9
Unmarried	94.8
Age group	*
15-19 years	93.9
20-24 years	96.1
Level of education	*
Illiterate	89.3
Just literate/primary	90.9
Lower secondary	94.1
Secondary	99.0
SLC and above	100.0
Currently attending regular school or college	*
Yes	98.2
No	92.8
Exposure to media	*
None	83.8
Only one	89.2
Only two	91.2
All three	98.3
Partner NGO	*
AMK	88.9
BPMHF	99.2
EHDAG	95.1
FPAN	94.5
phect NEPAL	99.4
Samjhauta	92.3
SPN	95.6
Total	**94.8**

** Significant at <0.05 level*

Table 5.2 Percent distribution of young people aged 15-24 by knowledge about the source of supply of contraceptives

Knowledge about source of supply of method	Males	Females	Total
Hospital	63.9	80.3	73.8
Pharmacy	75.3	45.6	57.5
HP	42.1	49.3	46.4
Private clinic	25.0	26.1	25.7
Health center	26.0	23.0	24.2
SHP	10.8	19.0	15.7
Shop/market	20.8	3.8	10.6
PHC	6.4	5.2	5.7
FCHV	2.5	4.1	3.5
Friend	6.2	0.3	2.7
Other*	4.8	4.1	4.4
Total	**1044**	**1562**	**2606**

** Other includes: FPAN clinic, youth information center, mobile clinic, health worker, books, TBA, school, local clubs, EHDAG, traditional healers, VDC office.*

5.2 Knowledge about ways of using family planning methods

As discussed in Chapter 4, more than 96% (N=2,649) of young people aged 15-24 had heard of family planning methods. These respondents were further asked if they knew how to use any family planning methods. Overall, more than three-quarters (78.9%) of the respondents claimed that they knew how to use contraceptives. Table 5.3 presents the knowledge of respondents about ways of using any contraceptives by their selected background characteristics. Such knowledge was significantly much higher among males, those aged 20-24 years, the literate, those currently enrolled in school or college and those who had exposure to all three media (i.e. newspapers/magazines, radio and TV) compared to the other respondents. Gender wise data indicates that females in the rural areas are more knowledgeable about contraceptive use than their urban counterparts. By NGO area, respondents in the program areas of phect NEPAL and SPN are significantly more likely to have knowledge about ways of using contraceptives compared to the respondents of other NGO areas.

Table 5.3 Percent distribution of respondents aged 15-25 by knowledge about ways of using family planning methods by selected background characteristics (among those who have heard of FP) (N= 2,694)

Background characteristics	Male	Female	Total
Place of residence		*	
Urban	90.5	68.6	78.0
Rural	86.7	74.5	79.2
Marital status			
Married	90.0	74.9	78.7
Unmarried	86.8	70.7	79.1
Age group	*	*	*
15-19 years	85.0	67.8	75.2
20-24 years	92.0	79.0	83.6
Level of education	*	*	*
Illiterate	79.5	68.5	69.9
Just literate/primary	82.5	68.9	74.7
Lower secondary	84.2	70.9	76.9
Secondary	89.8	75.5	82.3
SLC and above	95.8	88.6	92.3
Currently attending regular school or college			*
Yes	89.3	75.3	82.3
No	86.3	72.0	76.7
Exposure to media	*	*	*
None	60.2	41.3	42.4
Only one	90.2	77.7	65.9
Only two	74.2	63.1	76.4
All three	81.6	74.9	84.2
Partner NGO	*	*	*
AMK	85.9	78.8	81.2
BPMHF	96.9	69.8	78.8
EHDAG	90.5	60.5	73.4
FPAN	79.7	67.9	73.2
phect NEPAL	96.2	82.7	88.1
Samjhauta	78.2	69.8	72.9
SPN	89.7	80.9	84.4
Total	**87.3**	**73.1**	**78.9**

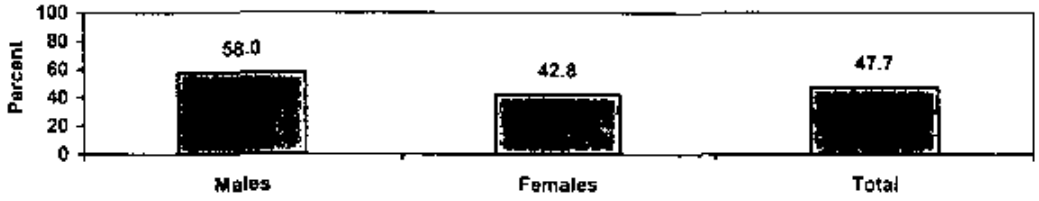
** Significant at <0.05 level*

5.3 Use of contraceptives

Of the 2,748 respondents aged 15-24 included in the study, 1,361 (49.5%) were found to be sexually active. Those respondents who have had sexual intercourse or who/whose wife had ever been pregnant have been defined as sexually active population for the purpose of analysis. Figure 5.1 presents the proportion of the sexually active population who had ever used contraceptives by sex. Overall, 48% of the sexually active respondents (58% males and 43% females - Figure

5.1) had ever used modern contraceptive methods. This figure is higher by 13 percentage points than that of national average of 34.9% (MOH, 2002) but the national figure refers to 2001.

Figure 5.1 Percent distribution of sexually active young people aged 15-24 who had ever used modern contraceptive methods



N=1,361
Significant at <0.05 level

Table 5.4 shows that a significantly higher proportion of urban respondents of both sexes compared to their rural counterparts have ever used modern contraceptives. Interestingly, single respondents are more likely to have ever used modern contraceptives than the married ones. Perhaps they want to prevent pregnancy and STIs since in Nepali culture childbearing outside of marriage is strongly discouraged. A higher proportion of respondents belonging to the age group 20-24 years and who were currently enrolled in schools or college had ever used modern contraceptives than their counterparts. There was a positive relationship between the level of education of respondents and use of modern contraceptive methods. The use of modern contraceptives was significantly much higher among the respondents of EHDAG areas and much lower among the respondents of Samjhauta areas. Except for the male respondents in the areas of AMK, a higher proportion of the male and female respondents aged 20-24 years than those between 15-19 years reported ever using contraceptives (***Annex Table 5.1***).

Table 5.4 Percent of sexually active[1] young people who have ever used modern contraceptives by selected background characteristics

Background characteristics	Males (N=440)	Females (N=921)	Total (N=1,361)
Place of residence	*	*	*
Urban	77.4	54.6	62.9
Rural	51.8	39.8	43.6
Marital status	*		*
Married	50.7	42.6	44.7
Unmarried	74.6	54.5	73.1
Age group		*	*
15-19 years	58.3	31.7	40.0
20-24 years	57.8	48.2	51.4
Level of education	*	*	*
Illiterate	35.8	36.4	36.3
Just literate/primary	43.0	48.0	46.0
Lower secondary	63.6	45.7	52.9
Secondary	69.3	52.8	60.9
SLC and above	72.1	53.1	62.9
Currently attending regular school or college	*	*	*
Yes	80.6	46.9	70.2
No	53.5	42.6	45.8
Exposure to media	*	*	*
None	22.2	30.3	29.4
Only one	39.5	33.8	34.9
Only two	42.5	44.2	43.9
All three	65.7	49.4	58.2
Partner NGO	*	*	*
AMK	64.6	36.5	46.7
BPMHF	70.0	40.0	47.1
EHDAG	81.0	62.8	70.1
FPAN	60.9	52.8	55.5
phect NEPAL	36.8	38.2	37.9
Samjhauta	34.1	29.5	30.9
SPN	62.2	51.0	55.1
Total	**58.0**	**42.8**	**47.7**

[1]Those respondents who have had sexual intercourse or who/whose wife had ever been pregnant are defined as sexually active population.

** Significant at <0.05 level*

Overall, the majority (59.8%) of the sexually active population aged 15-24 had ever used condoms followed by Depo Provera (36.1%), oral pills (10.5%), female sterilization (7.6%) and so on (Table 5.5). Interestingly, among the young population a rate of female sterilization at 10.7% seems very high. The use of female sterilization in the study areas is very high compared to the national figure of 2.6% for young females aged 15-24 (MOH, 2002). A high proportion of females have been sterilized perhaps because this study is largely from the Tarai region where virtually no husband accepts male sterilization. A higher proportion (90.6%) of males reported

ever using condoms while Depo Provera was reported to have been used by a higher proportion of female respondents.

Table 5.5 Percent distribution of sexually active young people aged 15-24 by type of modern contraceptive methods ever used

Contraceptive methods	Males	Females	Total
Pill	5.1	14.0	10.5
Condom	90.6	39.8	59.8
Injections (Depo Provera)	14.1	50.3	36.1
Implants (Norplant)	-	2.5	1.5
IUD	-	0.8	0.5
Male sterilization	0.4	2.3	1.5
Female sterilization	2.7	10.7	7.6
Total	**255**	**394**	**549**

5.4 Preferred contraceptive methods for future use

Of the 2,748 young people aged 15-24 included in the study 96% (N=2,649) reported having heard of methods to delay or avoid getting pregnant. These 2,649 respondents were further asked about their preferred method in the future. The question asked was *"which method do you think you would use if you needed to delay or avoid getting pregnant?"* Their responses are presented in Table 5.6. Overall, the majority (38.2%) of the respondents preferred to use condoms in the future followed by Depo Provera (21.9%) and female sterilization (17.1%). Those preferring to use oral pills, Norplant, IUD and male sterilization were quite few. Comparatively, a substantially higher proportion of males compared to females preferred to use condoms (82.0% males and 9.4% females). In case of using Depo Provera, female sterilization and oral pills this figure is much higher among females than males. The above information indicates that male respondents preferred to use male methods and female respondents to female methods. However, male sterilization was preferred by fewer respondents of both sexes. Since most of the study areas are located in the Terai, and the Terai people generally think that male sterilization makes the breadwinner (males) physically weak to do physical work, both male and females do not prefer this method. Hence, it is important to create awareness on the importance of all types of family planning methods among the respondents of both sexes so that they can make informed choices among the various contraceptives when they need or intend to adopt them.

Table 5.6 Percent distribution of young people aged 15-24 who have heard of contraceptives by type of contraceptive methods they would use if they needed to delay or avoid getting pregnant

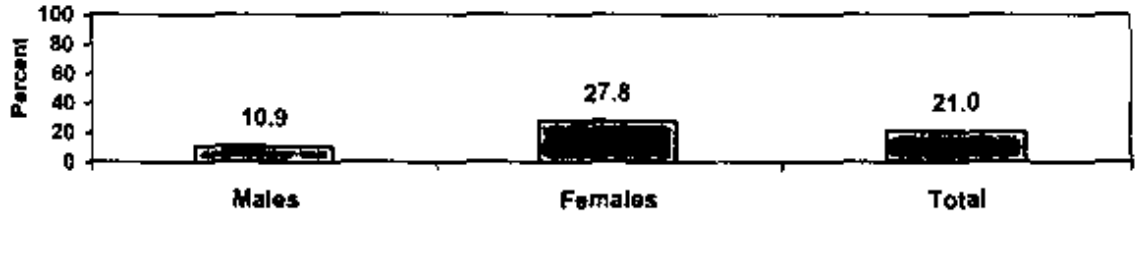
Contraceptive methods	Males	Females	Total
Pill	3.0	11.3	8.0
Condom	82.0	9.4	38.2
Injections (Depo Provera)	4.9	33.1	21.9
Implants (Norplant)	0.9	4.2	2.9
IUD	0.7	2.1	1.5
Male sterilization	4.1	3.5	3.7
Female sterilization	1.8	27.1	17.1
Withdrawal/ periodic abstinence	0.2	0.3	0.2
Have not thought about it	0.1	1.1	0.7
Other*	0.2	0.2	0.2
Do not know	2.2	7.6	5.5
Total	**1053**	**1596**	**2649**

** Other includes: undergone sterilization, widow, widower.*

5.5 Perceived access to contraceptives

All young people aged 15-24 were asked about their perceived access to the contraceptive methods in case they needed them. The question asked was, *"if you needed to use a method to delay or avoid getting pregnant, do you think it would be easy, difficult or impossible for you to get and use such a method?"* Data presented in Figure 5.2 indicate that more than one-fifth (21.0%) of the respondents perceived it to be difficult to get access to contraception. A significantly higher proportion of females (27.8%) than males (10.9%) perceived it to be difficult.

Figure 5.2 Percent distribution of young people aged 15-24 who perceived access to contraception to be difficult



N= 2,748
** Significant at <0 05 level*

Table 5.7 further shows the perceived difficulty of accessing contraceptives by selected characteristics of respondents. A significantly higher proportion of rural respondents perceived it to be difficult to access contraceptives. Comparatively, a significantly higher proportion of married males and females compared to their unmarried counterparts perceived it to be difficult to access contraception. This could be because unmarried males and females have more freedom to move around compared to married people particularly in the Terai region. Similarly, illiterate respondents and those currently not attending school or college said that it is difficult to get and use contraceptives compared to their respective counterparts; and this relationship is significant at $p<.05$ level. Similarly, exposure to media was also a strong factor in getting access to, and

using, contraceptives. For instance, a significantly smaller proportion of respondents who had exposure to all three media (newspapers/magazines, radio and TV) reported it to be difficult to get contraception compared to those who have no exposure to media or have exposure to less than three media. A significantly higher proportion of the respondents in the program areas of phect NEPAL and Samjhauta perceived access to contraception difficult while among respondents in EHDAG program areas quite a small proportion of the respondents found it difficult, probably because EHDAG program is limited to municipal areas (Pokhara and Dharan). Opinions of respondents regarding the perceived difficulty in accessing contraception by age group and sex for each NGO are presented in ***Annex Table 5.2.***

Table 5.7 Percent of young people aged 15-24 who perceive access to contraception difficult by selected background characteristics

Background characteristics	Males (N=1,106)	Females (N=1,692)	Total (N=2,748)
Place of residence	*	*	*
Urban	3.0	19.7	12.6
Rural	13.9	30.5	23.9
Marital status	*	*	*
Married	14.1	30.4	26.2
Unmarried	9.7	24.5	16.7
Age group			
15-19 years	11.2	27.4	20.3
20-24 years	10.6	28.3	21.9
Level of education	*	*	*
Illiterate	22.3	42.6	39.5
Just literate/primary	20.1	24.0	22.3
Lower secondary	12.2	24.1	18.7
Secondary	6.6	18.6	12.9
SLC and above	4.7	17.7	11.0
Currently attending regular school or college	*	*	*
Yes	7.0	21.9	14.3
No	14.6	30.6	25.2
Exposure to media	*	*	*
None	16.7	52.9	48.5
Only one	19.2	47.1	39.6
Only two	18.8	30.5	27.7
All three	8.4	17.7	12.9
Partner NGO	*	*	*
AMK	9.6	19.1	15.2
BPMHF	7.0	27.1	20.5
EHDAG	2.7	14.6	9.5
FPAN	14.7	27.9	22.0
phect NEPAL	9.1	46.7	31.6
Samjhauta	20.8	36.9	30.4
SPN	9.9	23.6	18.1
Total	**10.9**	**27.8**	**21.0**

** Significant at <0.05 level*

Chapter 6

Marriage, Pregnancy and Childbearing

Various studies reveal that early marriage is common in Nepal. However, early marriage is detrimental to young people's health. In order to find out about the current practices of early marriage and childbearing in the program areas information regarding friendship, marriage and fertility was collected from all young respondents aged 15-24 years. Similarly, information on friendship was also collected from adolescents aged 10-14 years. Based on this information the program could adopt appropriate strategies to address the consequences of early marriage and childbearing in its program areas.

6.1 Friendship and marriage

Of the 2,748 respondents aged 15-24 years 1,505 (54.8%) were unmarried. They were asked if they had ever had a boyfriend (for females) or girlfriend (for males). Overall, 16% of the respondents reported ever having such friends while the rest had had no girl or boy friends. Data presented in Figure 6.1 reveals that a substantially higher proportion of males (22.4%) than females (8.1%) reported having boy/girl friends. Of the 1,505 unmarried young respondents 12% reported that they had a boyfriend/girlfriend at the time of the survey. By sex, about 16% males currently have girlfriends and 7% females have boyfriends.

Figure 6.1 Percent distribution of unmarried young people aged 15-24 years having girl friend (among males) and boyfriend (among females)

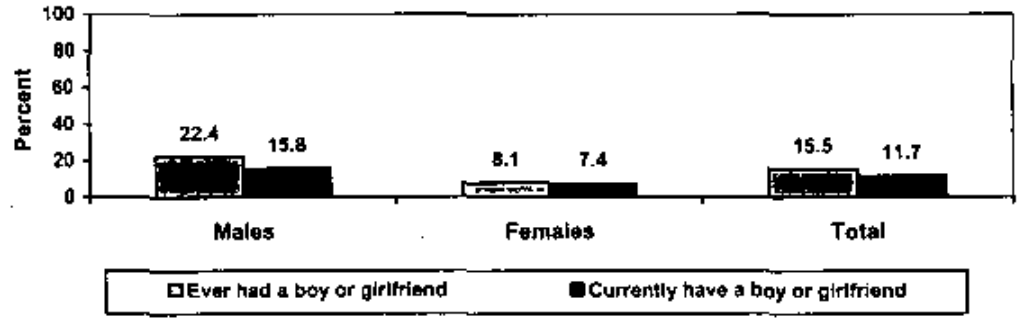


Table 6.1 shows the duration of relationship among the young people with their girl or boyfriends. More than a quarter (27.7%) of the respondents had relationships for less than one year and another 24% had relationships for 1-2 years. About one-third (33.9%) had affiliation with their boy or girlfriends for 2-3 years and another 15% had friendship for three years or more.

Table 6.1 Percent distribution of unmarried young people aged 15-24 by duration of relationships with their boyfriend/girlfriend

Duration of affiliation	Males	Females	Total
Less than one month	0.8	5.7	2.3
1-11 months	27.4	20.8	25.4
12-23 months	22.6	28.3	24.3
24-35 months	33.1	35.8	33.9
36 months or more	16.1	9.4	14.1
Mean	**19.6**	**17.2**	**18.9**
SD	**13.1**	**11.3**	**12.6**
Total	**124**	**53**	**177**

In case of adolescents aged 10-14 years, only 2% (N=43) out of 2,178 respondents reported ever having had girl/boyfriends. Among them 3% were males and 1% females. Similarly, 40 adolescents (30 males and 10 females) reported that they had a girl/boyfriend at the time of the survey (Table not shown).

6.2 Pregnancy and childbearing

All the females aged 15-24 years irrespective of their marital status were asked if they had ever been pregnant. In response, 45% (N=731) females reported ever have been pregnant (including current pregnancy) while the rest (55.5%; N=911) had not been pregnant. About 16% of the females aged 15-19 years and 29% between 20-24 years of age had been pregnant once. Only about 3% of the females between 15-19 years old had been pregnant 2 times or more. Among females aged 20-24 years about 45% had been pregnant for 2 times or more. On average, each female aged 15-19 had been pregnant for 0.23 times and those between the ages of 20-24 had been pregnant 1.40 times (Figure 6.2).

Figure 6.2 Percent distribution of young females aged 15-24 by number of times they had been pregnant

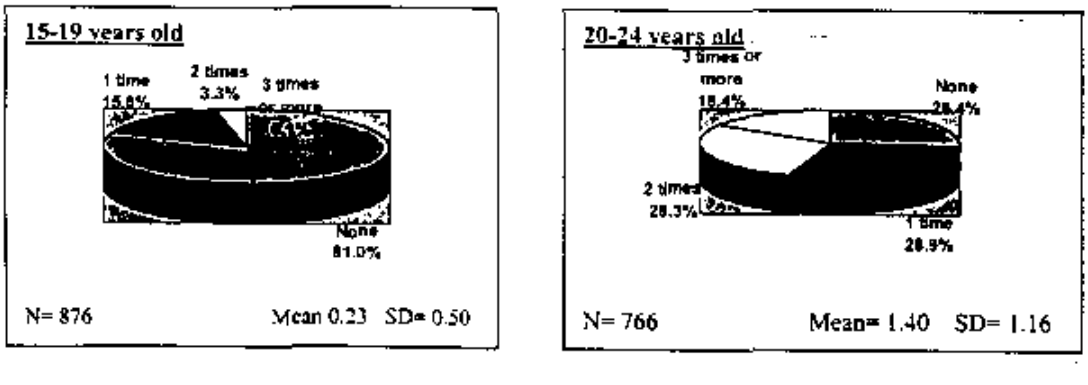


Table 6.2 further shows the proportion of young females who have ever been pregnant by their age and NGO area. A significantly higher proportion (58.9%) of young people in the program areas of Samjhauta followed by 52% in FPAN areas and 42% in BPMHF areas were reported to have ever been pregnant indicating that efforts need to be made to educate people of these

program areas on the consequences of early pregnancy. As expected, the older respondents (20-24 years) are more likely to have ever been pregnant than their younger (15-19 years old) counterparts in all NGO areas. (***Annex 6.1***)

Table 6.2 Percent distribution of young females who have ever been pregnant by age group and NGO area

Partner NGOs	15-19 years	20-24 years	Total
	*	*	*
AMK	13.7	68.2	38.6
BPMHF	14.3	73.7	41.5
EHDAG	21.6	65.8	37.9
FPAN	22.0	82.2	52.2
Samjhauta	28.8	86.2	58.9
phect NEPAL	12.5	72.0	40.6
SPN	20.5	63.9	40.8
Total	**19.1**	**73.6**	**44.5**

** Significant at <0.05 level*

Pregnancy at a young age was found to be quite common in the study areas, as about 16% of the females who had been pregnant became pregnant for the first time before reaching 16 years of age (Figure 6.3). Similarly, about 40% females were pregnant when they were 16-17 years old and another 30% got pregnant when they were 18-19 years of age. Only about 15% of these females got pregnant for the first time when they were 20 years or above. The median age at first pregnancy (calculated using life table technique) for the young females was estimated at 19.5 years. This finding clearly indicates the prevalence of early age pregnancy among the young females in the study areas. Hence, the program needs to address these issues for imparting knowledge about consequences of early pregnancy and childbearing.

Figure 6.3 Percent distribution of young females aged 15-24 by age at first pregnancy

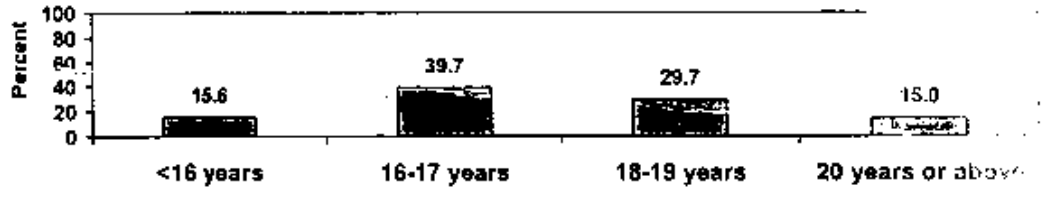


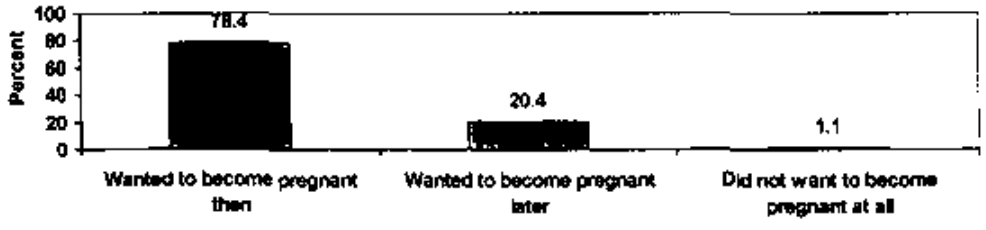
Table 6.3 further shows the median age at first pregnancy among female respondents aged 15-24 by their background characteristics. This was calculated using the life table method. The median age at first pregnancy among urban respondents is higher by about one year than those of rural ones. Urban females got pregnant at the age of 20.3 years while rural females got pregnant at the age of 19.3 years. Likewise, illiterate females are more likely to get pregnant at earlier age than their literate counterparts. NGO wise data indicate that young females residing in the program areas of Samjhauta are more likely to get pregnant at an earlier age than the respondents of other NGO areas (***Annex 6.2***).

Table 6.3 Median age at first pregnancy among young females aged 15-24 by selected background characteristics

Background characteristics	Age in years
Place of residence	
Urban	20.3
Rural	19.3
Level of education	
Illiterate	17.9
Just literate/primary	18.8
Lower secondary	19.4
Secondary	22.3
SLC and above	22.8
Partner NGO	
AMK	20.0
BPMHF	19.8
EHDAG	19.4
FPAN	19.1
phect NEPAL	20.3
Samjhauta	18.4
SPN	20.5
Total	19.5

In order to examine whether their first pregnancy was desired or not, all young females who were ever pregnant were again asked the question *"when you had your first pregnancy, did you want to become pregnant at that time, wait until later, or not want to have any children?"* Data presented in Figure 6.4 shows that over three-quarters (78.4%) of the pregnancies were reported to be deliberate. About 20% of the females reported that they wanted to wait until later and another one percent said they did not want to be pregnant at all. The above findings indicate that the unmet need for family planning is about 21.5% among the females aged 15-24 years. Hence, efforts should be made to fulfill the need of these people by making family planning methods and services easily available at the community level.

Figure 6.4 Percent distribution of young females aged 15-24 by opinion regarding their first pregnancy

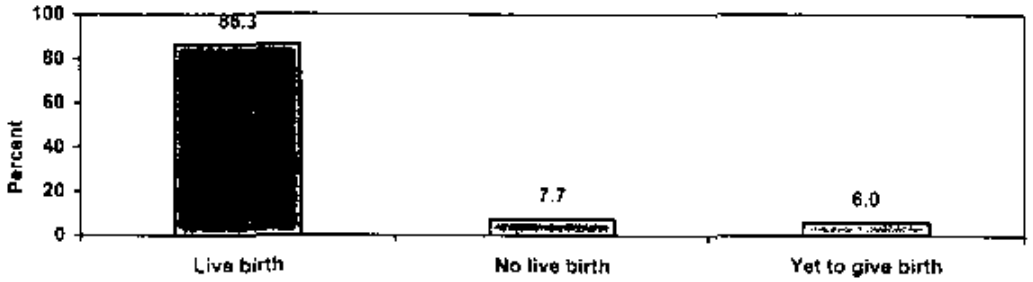


N=731

Information regarding the outcome of their first pregnancy was collected from all 731 young females who were ever pregnant. Of the 731 females, 86% reported that their first pregnancy

resulted in a live birth. About 8% respondents' first pregnancy did not result in a live birth and another 6% females had yet to give birth or were expectant mothers (Figure 6.5).

Figure 6.5 Percent distribution of young females aged 15-24 reporting the outcome of their first pregnancy



Of the 1,106 young males aged 15-24 included in the study 17% (N=182) reported that they had ever had children. Those females (N=687) and males (N=182) who reported having children were asked about their age when their first child was born. Over half of the males (52.7%) were 20 years or above when they had their first child. Thirty-six percent of the males were between 18-19 years of age (Table 6.4). Among females, 35% were between 18-19 years of age and another 34% were between 16-17 years old. Nearly one in every 10 females was less than 16 years of age when they had their first child.

Table 6.4 Percent distribution of young people aged 15-24 by age at first child birth

Age at first childbirth	Males	Females	Total
<16 years	1.1	8.3	6.8
16-17 years	9.9	34.2	29.1
18-19 years	36.3	35.4	35.6
20 years or above	52.7	21.1	27.7
Miscarriage	-	1.0	0.8

The median age at first childbirth among the young people of the study areas was computed using life table methodology and the results are presented in Table 6.5 according to the selected background characteristics of the respondents. The median age of husbands when their wives had their first child was 23.6 years and the median age at first birth of wives was 20 years indicating early child bearing among the young people of the study areas. This finding calls for creating awareness among young people in the program areas regarding the consequences of early childbearing especially for mothers and children. The median age at childbirth among urban respondents of both sexes was slightly higher than those of rural ones. A positive association between the median age at childbirth and the level of education was observed for both the male and female respondents. The median age at childbirth among male respondents is much higher among those residing in the areas of AMK followed by Samjhauta, phect NEPAL and SPN respectively. In the case of females this figure was higher among the respondents living in the areas of SPN and this is followed by those residing in the areas of phect NEPAL and AMK.

Table 6.5 Median age at first child among the respondents aged 15-24 years by selected characteristics

Background characteristics	Males	Females
Place of residence		
Urban	23.8	20.7
Rural	23.4	19.9
Level of education		
Illiterate	20.5	18.4
Just literate/primary	21.8	19.7
Lower secondary	23.1	20.0
Secondary	23.6	22.4
SLC and above	24.6	23.3
Partner NGO		
AMK	24.1	20.5
BPMHF	24.0+	20.3
EHDAG	24.0+	20.0
FPAN	21.9	19.5
phect NEPAL	23.7	20.8
Samjhauta	23.9	19.0
SPN	23.3	21.0
Total	**23.6**	**20.0**

+Note: The reason for being over 24 years is due to the fact that less than half of the respondents have had their first child before completing the age of 24 (exact age 25).

All 731 young females who were ever pregnant were again asked about the age at which they last became pregnant. The results are presented in Table 6.6. Nearly one-third (31.1%) of the respondents had become pregnant for the last time when they were 18-19 years of age followed by 28% when they were 20-21 years of age. About one-fifth of the respondents were 16-17 years old and 4% were even less than 16 years of age when they were pregnant last time. The mean age at last pregnancy was estimated at 19.2 years. Similarly, those females who had had more than one live birth were further asked about the age at last childbirth. Data presented in Table 6.6 reveal that the majority (75.5%) of the females had their last birth when they were 20 years or above. The mean age at last childbirth was estimated at 20.7 years with a standard deviation of 1.9 years.

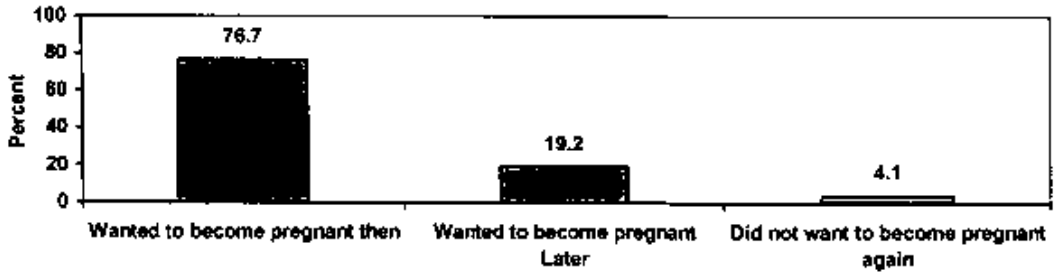
Table 6.6 Percent distribution of young females aged 15-24 by age at last pregnancy

Age group	% of females by age at last pregnancy	% of females by age at last child birth
<16	4.2	0.3
16-17	19.8	4.4
18-19	31.1	19.9
20 -21	28.3	41.3
22 and above	16.1	34.2
Mean	**19.2**	**20.7**
SD	**2.2**	**1.9**
Total	**731**	**366***

** Seven miscarriage cases are excluded in the table.*

All female respondents (N=731) who were ever pregnant (either once or more than once) were again asked whether their last pregnancy was desired or not. More than three-quarters (76.7%) of the females said that they wanted to become pregnant at that time while about 19% reported that they wanted to become pregnant later. Some females (4.1%) said their last pregnancy was undesired (Figure 6.6). The above findings show that the unmet need for family planning among young people is 23.3% (19.2% for spacing and 4.1% for limiting births). Although, this figure is still lower than the national average unmet need (34.1%) among currently pregnant women aged 15-24 years (MOH, 2002), program efforts should be made to meet the family planning needs among the young people of the program areas.

Figure 6.6 Percent distribution of young females aged 15-24 by opinion regarding their last pregnancy



N=731

NGO wise data reveal that the unmet need for family planning was much higher among the young females of EHDAG program areas compared to the young females of other program areas. Nearly half (49.3%) of the young females in the program areas of EHDAG followed by 36% in the areas of phect NEPAL and 32% in AMK areas reported that their last pregnancy was not desired, while the unmet need for family planning in other NGO areas was less than 20% (***Annex Table 6.3***).

Table 6.7 presents the number of children ever born to females irrespective of their marital status by age group. Nearly 85% of the females 15-19 years had never given a birth, 13% had given birth to one child and 2% had given birth to two children. Among respondents aged 20-24 years, 29% had not given birth. One in every 10 females had had one birth and another 28% had two births. More than one in every 10 females aged 20-24 had given birth to three children or more. The mean number of children born among the young females was 0.69 (0.18 among females aged 15-19 years and 1.28 among females aged 20-24 years).

Table 6.7 Percent distribution of young females aged 15-24 by number of children ever born

Number of children	15-19 years	20-24 years	Total
None	84.5	29.0	58.6
1	13.1	30.5	21.3
2	2.4	27.9	14.3
3	-	9.9	4.6
4 or more	-	2.6	1.2
Mean	**0.18**	**1.28**	**0.69**
SD	**0.44**	**1.10**	**0.98**
Total	**876**	**766**	**1642**

All males aged 15-24 irrespective of their marital status were asked if they had had children. In response, 17% of the young males said they had had children. A comparatively higher proportion of young males (>20%) in the program areas of FPAN and Samjhauta had had children (Table 6.8). Those respondents reported having children was quite low in the program areas of BPMHF, EHDAG and phect NEPAL. Age-wise data indicate that only 2% of the males between 15-19 years of age as against about 39% between the ages 20-24 had already become fathers.

Table 6.8 Percent distribution of young males aged 15-24 who ever had children

Name of partner NGOs	15-19 years	20-24 years	Total
		*	*
AMK	1.0	36.8	15.7
BPMHF	2.5	27.7	11.7
EHDAG	1.1	24.6	10.1
FPAN	2.9	54.2	21.5
Samjhauta	4.0	45.6	22.5
phect NEPAL	-	31.9	11.4
SPN	1.8	44.2	18.8
Total	**1.9**	**38.9**	**16.5**

** Significant at <0.05 level*

Table 6.9 further shows the median age at first fatherhood among the respondents 15-24 years of age, which was calculated using the life table technique. The median age at first fatherhood is estimated at more than 23 years in all NGO areas except for FPAN areas where the median age was estimated at 21.9 years.

Table 6.9 Median age at first fatherhood among young males aged 15-24 years by NGO area

Partner NGOs	Median age
AMK	24.1
BPMHF	25.0+
EHDAG	25.0+
FPAN	21.9
Samjhauta	23.9
phect NEPAL	23.7
SPN	23.2
Total	**23.6**

+Note: The reason for being over 24 years is due to the fact that less than half of the respondents have had their first child before completing the age of 24 (exact age 25).

Chapter 7

Knowledge of HIV/AIDS and other STIs

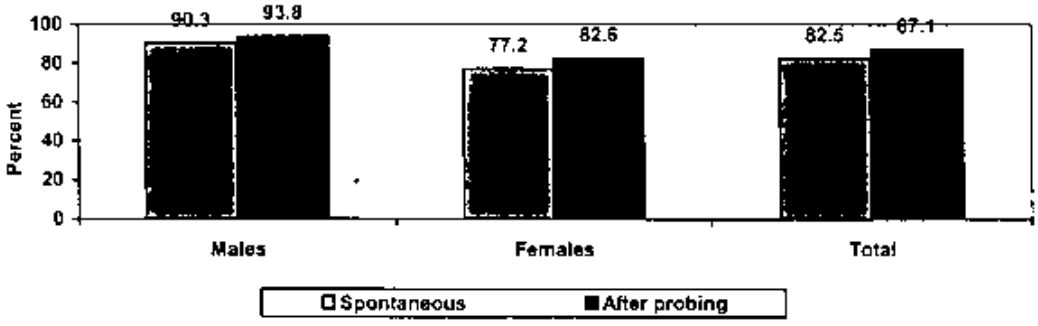
Adolescence is a time of sexual experimentation and sexual awakening. Adolescents are considered most vulnerable to STIs including HIV/AIDS. They need to be well informed about the causes and consequences of STIs and HIV/AIDS including preventive measures. It is therefore important to know the present level of knowledge of the young people on STIs and HIV/AIDS so that effective program intervention can be made to address the need of the young people in the program areas. Information on the level of knowledge of adolescents and young people aged 10-24 years on Sexually Transmitted Infections (STIs) and HIV/AIDS was collected in the present survey. Issues related to sources of information on STIs and HIV/AIDS, precautionary measures against transmission, discussions on STIs and HIV/AIDS, prevalence and treatment of STIs and stigma on HIV/AIDS are discussed in this chapter.

7.1 Knowledge about HIV/AIDS and sources of information

Young people aged 15-24 years

All young respondents aged 15-24 were asked if they had ever heard about HIV/AIDS. Overall, the level of awareness of HIV/AIDS among the young people was quite high as 83% of them spontaneously reported that they had heard about it; after probing this figure rose to 87%. Sex-wise, a higher proportion of males (90.3%) compared to females (77.2%) had heard about it and after probing this figure increased to 94% among males and 83% among females (Figure 7.1).

Figure 7.1 Percent distribution of young people aged 15-24 who have ever heard of HIV/AIDS



N=2,748
** Significant at <0.05 level*

Data on the level of awareness among young people aged 15-24 years old by selected background characteristics is presented in Table 7.1. A significantly higher proportion of urban respondents compared to their rural counterparts were aware about HIV/AIDS. A significant difference was also observed according to the marital status of the respondents, as unmarried respondents were more aware of it than married ones. A positive relationship was also observed between the level of education of respondents and their level of awareness of HIV/AIDS. Almost all the respondents who were currently enrolled in schools or colleges compared to only 80% of

the respondents who were not currently enrolled reported having heard about it. A strong positive relationship was also observed between the exposure of respondents to media and HIV/AIDS knowledge. For instance, almost all (98.8%) respondents who had exposure to all three media (newspaper/magazine, radio and TV) compared to 75% who had exposure to two media only and 69% who were exposed to only one media reported having heard of it. By partner NGOs, those respondents residing in the areas of FPAN, Samjhauta and SPN were significantly less likely to have heard of HIV/AIDS than the respondents of other NGOs' areas. Unmarried females are more likely to be aware of HIV/AIDS than their married counterparts. More than 94% of the unmarried females compared to about 74% married ones were found to be aware of HIV/AIDS.

Table 7.1 Percent distribution of respondents aged 15-24 who are aware of HIV/AIDS by selected background characteristics (N=2,748)

Background characteristics	Males	Females	Total
Place of residence	*	*	*
Urban	99.0	98.5	98.7
Rural	91.8	77.5	83.1
Marital status		*	*
Married	92.5	73.5	78.4
Unmarried	94.3	94.4	94.4
Age group			
15-19 years	93.6	83.9	88.1
20-24 years	94.0	81.2	85.8
Level of education	*	*	*
Illiterate	64.9	54.5	56.1
Just literate/primary	86.6	81.8	83.9
Lower secondary	94.9	96.0	95.5
Secondary	99.7	99.5	99.6
SLC and above	100.0	100.0	100.0
Currently attending regular school or college	*	*	*
Yes	98.5	99.6	99.0
No	89.4	74.8	79.8
Exposure to media	*	*	*
None	41.7	41.4	41.4
Only one	70.5	69.0	69.4
Only two	82.9	72.6	75.1
All three	99.0	98.6	98.8
Partner NGO	*	*	*
AMK	92.8	85.1	88.2
BPMHF	99.2	96.9	97.7
EHDAG	98.6	97.5	98.0
FPAN	93.3	76.6	84.1
phect NEPAL	99.2	96.4	97.6
Samjhauta	86.5	54.0	67.1
SPN	90.6	78.5	83.4
Total	**93.8**	**82.6**	**87.1**

* *Significant at <0.05 level*

Those respondents (N=2,394) who reported having heard of HIV/AIDS were asked about the sources from which they obtained information about it. Radio was reported as the main source of information for the majority (85.0%) of the respondents followed by friends or relatives (66.3%) and TV (65.2% -- Table 7.2). The other sources mentioned by a sizeable proportion of the respondents were: schools or teachers (49.1%), newspapers or magazines (35.2%) and posters or pamphlets (29.7%). Sex-wise data reveal that a higher proportion of males than females got information about it from newspapers or magazines and friends or relatives. Quite a small proportion of the respondents had received information about it from health workers, youth centers, peer educators and local NGOs indicating for the need for utilizing these information sources in order to disseminate messages on HIV/AIDS.

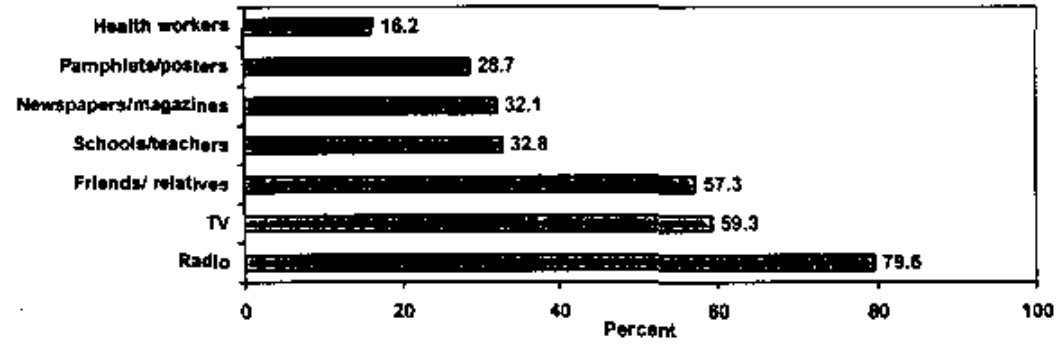
Table 7.2 Percent distribution of young people aged 15-24 by source of information about HIV/AIDS

Source of information about HIV and AIDS	Males	Females	Total
Radio	86.1	84.1	85.0
Friends/ relatives	75.8	59.1	66.3
TV	65.5	65.0	65.2
Schools/teachers	53.8	45.5	49.1
Newspaper/magazines	47.3	26.0	35.2
Pamphlets/posters	35.3	25.5	29.7
Health workers	18.0	15.0	16.3
FCHV	3.5	9.7	7.0
Work place	12.5	2.6	6.9
Community meetings	9.6	4.6	6.8
Peer educators	9.6	4.1	6.5
Books/ RH related books	3.4	6.0	4.8
Youth centers	4.4	2.9	3.6
Other*	5.1	9.3	7.5
Total	**1037**	**1357**	**2394**

** Other includes: spouse, father, mother, neighbor, training, seminar, workshop, health center, hospital, health post, subhealth post, local NGOs, hoarding board, shops, pharmacy, mobile camp, elder person, cinema hall, adolescent education, flip chart, mothers group, telefilm, miking, street drama.*

In order to know about the exposure of respondents to different sources of HIV/AIDS, the respondents were also asked if they had received any information on HIV/AIDS from any sources during the last 6 months. Here too, the majority of the respondents mentioned radio (79.6%) followed by TV (59.3%), and friends or relatives (57.3%). About one-third of the respondents each had got information about HIV/AIDS in the past six months from schools or teachers and newspapers or magazines. Similarly, more than a quarter of the respondents also obtained information about it from pamphlets or posters and another 16% got information from health workers (Figure 7.2). The other sources mentioned were FCHVs (9.0%), peer educators (8.3%), community meetings (5.9%), work place (5.6%) and youth centers (3.6%).

Figure 7.2 Percent distribution of respondents aged 15-24 reporting source from which they got information about HIV/AIDS in the last 6 months preceding the survey date



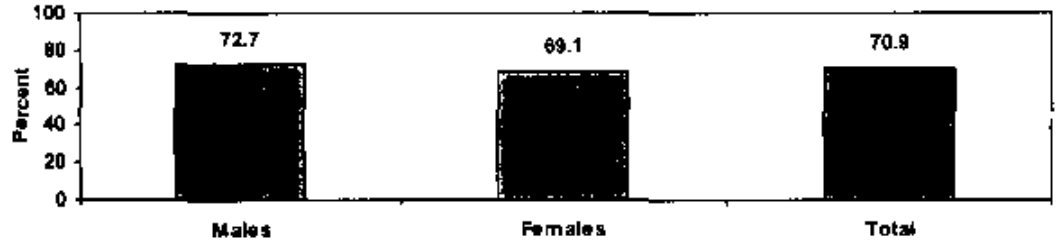
N=2,394

Note: Less than 10% of the respondents mentioned FCHVs, peer educators, community meetings, work place, youth centers, books, parents, neighbors, health facilities, local NGOs, shops, pharmacy, cinema, street drama, miking, mothers group, flip chart.

Adolescents aged 10-14 years

All adolescents aged 10-14 interviewed were also asked if they had heard of HIV/AIDS. The majority (70.9%) of them responded affirmatively. By sex, a slightly higher proportion of males (72.7%) than females (69.1%) reported having ever heard about HIV/AIDS (Figure 7.3).

Figure 7.3 Percent distribution of adolescents aged 10-14 years who have heard about HIV/AIDS



N=2,178

Table 7.3 further shows the level of awareness of adolescents by their place of residence, age group and school enrolment. A significantly higher proportion of urban respondents were found to be aware of HIV/AIDS compared to their rural counterparts. Respondents aged 13-14 years old were significantly more likely to be aware about it than those between 10-12 years old. Likewise, enrolment in school and awareness level of HIV/AIDS are positively associated. More than three-quarters of adolescents who were currently enrolled in schools compared to only 28% who were not enrolled reported having heard about HIV/AIDS.

Table 7.3 Percent distribution of adolescents aged 10-14 years who have ever heard of HIV/AIDS by selected characteristics (N=2,178)

Background characteristics	Percent
Place of residence	*
Urban	92.0
Rural	62.1
Age group	*
10-12 years	61.5
13-14years	84.8
Currently studying	*
Yes	76.7
No	28.2
Total	**70.9**

** Significant at <0.05 level*

Those adolescents aged 10-14 years old (N=1,544) who were aware of HIV/AIDS were further asked to mention the sources from which they got information about it. Nearly three-quarters (72.0%) of the adolescents reported that they got information about it from radio followed by 51% from TV and 44% from schools or teachers. Nearly one-third (31.0%) had obtained information about it from their friends or neighbors (Table 7.4). A very small proportion (<10%) of adolescents had obtained information about HIV/AIDS from posters or pamphlets, newspapers or magazines, health workers, peer educators or health workers.

Table 7.4 Percent distribution of adolescents aged 10-14 years by source of information about HIV/AIDS

Sources of information about HIV/AIDS	Males	Females	Total
Radio	74.2	69.6	72.0
TV	50.1	51.6	50.8
Schools/ teachers	47.6	39.8	43.7
Friends/ relatives	33.6	28.4	31.0
Pamphlets/ posters	7.8	7.2	7.5
Newspaper/magazines	6.8	5.6	6.2
Health workers	4.7	2.7	3.8
Peer educators	3.1	2.0	2.5
Youth centers	1.4	0.7	1.0
Community meetings	1.5	0.5	1.0
Other*	5.9	6.8	6.4
Total	**780**	**764**	**1544**

** Other includes: work place, books, RH related books, family members, street drama, training, adolescent education, Red Cross, health center, pharmacy, hoarding board, child center, FCHV, non-formal education class, picture, mothers group.*

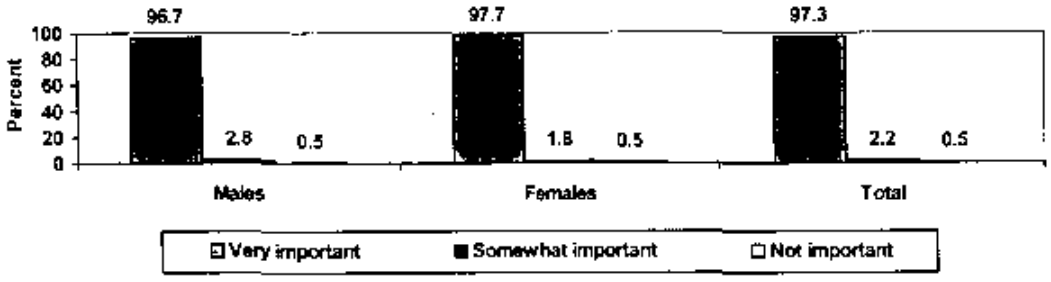
7.2 Opinion on importance of receiving information on HIV/AIDS

Young people aged 15-24 years

Almost all (97.3%) young people aged 15-24 years old who were aware of HIV/AIDS thought that it is very important for someone of their age to receive information about HIV/AIDS. Less than one percent of the respondents did not consider it important to get such information (Figure

7.4). The above findings indicate that every young person in the project areas is eager to get information about HIV/AIDS.

Figure 7.4 Percent distribution of young people aged 15-24 years by opinion regarding the importance of getting information on HIV/AIDS by young people



N= 2,394

In order to examine the opinion of young people regarding the accessibility of information about HIV/AIDS they were asked a question, *"in general do you think it is easy, difficult or impossible for someone of your age to get information on HIV/AIDS?"*. The opinion of the respondents regarding this subject is presented in Table 7.5 by their selected background characteristics. Overall, 57% of the respondents said that it is easy for them to obtain information about HIV/AIDS. A slightly higher proportion of males (60.1%) than females (52.9%) thought so. A higher proportion of urban respondents and those who were unmarried perceived it to be easy to obtain information on HIV/AIDS than their rural and unmarried counterparts. Likewise, a significantly higher proportion of respondents who were currently enrolled in schools or colleges, who have SLC or above level of education, and have access to all three media (newspapers or magazines, radio and TV) perceived it to be easy to get information on HIV/AIDS. By NGO area, a significantly higher proportion of respondents in the areas of EHDAG followed by BPMHF and AMK thought that it would be easy for them to obtain information about it.

Table 7.5 Percent of young people aged 15-24 years who think information on HIV/AIDS is easy to obtain by selected background characteristics

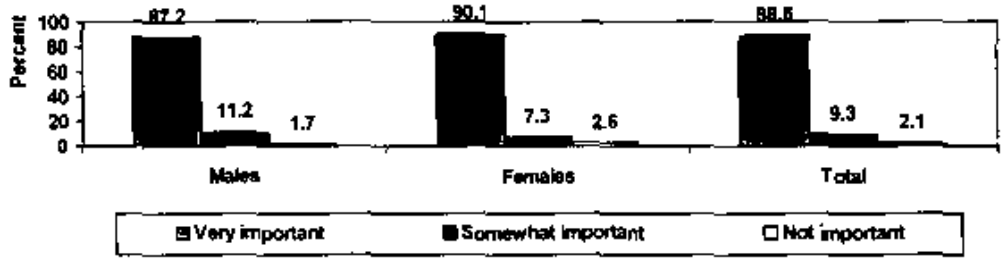
Background characteristics	Males (N=1,106)	Females (N=1,642)	Total (N=2,748)
Place of residence	*	*	*
Urban	74.6	72.6	73.5
Rural	59.5	46.5	51.6
Marital status	*	*	*
Married	54.4	42.1	45.3
Unmarried	67.3	66.6	67.0
Age group			
15-19 years	64.7	54.1	58.7
20-24 years	61.8	51.4	55.2
Level of education	*	*	*
Illiterate	22.3	20.4	20.7
Just literate/primary	51.0	47.4	49.0
Lower secondary	59.0	62.4	60.8
Secondary	73.5	75.1	74.3
SLC and above	81.1	82.9	81.9
Currently attending regular school or college	*	*	*
Yes	75.1	76.0	73.5
No	53.0	42.2	51.6
Exposure to media	*	*	*
Only one	28.2	22.4	24.0
Only two	39.8	40.6	40.4
All three	72.7	74.7	73.7
None	16.7	14.9	15.2
Partner NGO	*	*	*
AMK	64.5	63.9	64.1
BPMHF	80.5	59.7	66.6
EHDAG	64.2	75.3	70.5
FPAN	54.0	48.3	50.8
phect NEPAL	74.2	47.7	58.4
Samjhauta	45.5	26.2	34.0
SPN	68.6	53.2	59.4
Total	**60.1**	**52.9**	**57.2**

** Significant at <0.05 level*

Adolescents aged 10-14 years

All the adolescents aged 10-14 years who were aware of HIV/AIDS were also asked to give their opinion on the importance of receiving information about HIV/AIDS by the people of their age. Overall, about 89% of the adolescents considered it important and another 9% thought that it is somewhat important to get information about it. Quite a small proportion (2.1%) of the respondents did not think it important (Figure 7.5). The above findings indicate that adolescents have a positive attitude towards getting information on HIV/AIDS.

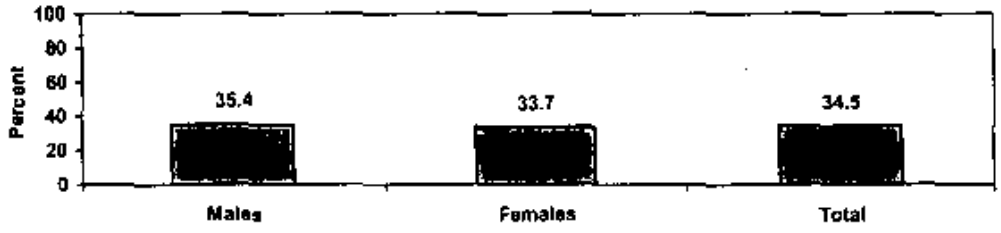
Figure 7.5 Percent distribution of adolescents aged 10-14 by opinion regarding the importance of getting information on HIV/AIDS by the people of their age



N=1,544

Overall, slightly more than one-third (34.5%) of the adolescents said that it would be easy for people of their age to get access to information about HIV/AIDS (Figure 7.6). A slightly higher proportion of males (35.4%) compared to females (33.7%) thought so.

Figure 7.6 Percent distribution of adolescents aged 10-14 years reporting that it is easy for people of their age to get information on HIV/AIDS



N=2,178

7.3 Knowledge about preventive measures on HIV/AIDS

A series of questions were put to the adolescents and young people in order to assess their knowledge about ways to avoid HIV/AIDS. The results are discussed in this section.

Young people aged 15-24 years

The majority of the respondents aged 15-24 were found to be aware of the ways of avoiding HIV/AIDS. More than 91% of the respondents (94.2% males and 89.2% females) said that a person could avoid getting AIDS or the HIV virus that causes AIDS (Table 7.6). More than 90% of the respondents correctly mentioned that *one can reduce the chance of getting infected with HIV by having just one sex partner who is not infected and who has no other partners (92.2%)* and *HIV is transmitted from an infected mother to a child (91.9%)*. Similarly, more than 80% of the young people believed that a) one could reduce the chances of getting HIV/AIDS by not having sex at all (87.3%), b) it is possible that a healthy looking person can have HIV/AIDS (83.0%), and c) one can reduce the chance of getting HIV/AIDS by using condoms every time

one has sex (82.0%). No big difference in these answers was observed between the male and female respondents. The above findings clearly indicate that a large proportion of the young people in the program areas are aware about the ways of avoiding HIV/AIDS transmission although a sizable minority are ignorant. There was still a misconception among the young people that HIV/AIDS could be transmitted from mosquito bites, sharing foods and through witchcraft or other supernatural means. For instance, about 36% and 20% of the respondents respectively believed that HIV/AIDS could be transmitted through mosquito bites and sharing foods with HIV/AIDS infected persons. Nearly one in every 10 respondents also opined that HIV/AIDS could be transmitted through witchcraft or other supernatural means. This finding highlights the need for imparting correct knowledge among the people of the study areas in order to overcome such misperceptions about the transmission of HIV/AIDS.

Table 7.6 Percent distribution of young people aged 15-24 reporting the ways to avoid getting HIV/AIDS (% yes only)

Description	Males (N=1,037)	Females (N=1,357)	Total (N=2,394)
Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	94.2	89.2	91.4
Can people reduce their chance of getting HIV/AIDS by having just one sexual partner who is not infected and who has no other partners?	92.1	92.3	92.2
Can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	79.7	83.8	82.0
Can people reduce their chance of getting HIV/AIDS by not having sex at all?	89.9	85.3	87.3
Is it possible for a healthy-looking person to have HIV/AIDS?	84.5	81.8	83.0
Can HIV/AIDS be transmitted from a mother to a child?	91.8	92.0	91.9
Can people get HIV/AIDS from mosquito bites?	33.6	38.2	36.2
Can people get HIV/AIDS by sharing food with a person who has HIV/AIDS?	18.6	21.7	20.4
Can people get HIV/AIDS because of witchcraft or other supernatural means?	6.5	11.1	9.1

Table 7.7 shows young people's knowledge on at least three preventive measures against HIV/AIDS transmission. The following four preventive measures were taken into consideration while analyzing the level of HIV prevention knowledge:

- Sex with only one uninfected partner
- Use of condom every time when having sex
- Complete abstinence
- Not allowing HIV/AIDS infected mother to become pregnant

Overall, nearly nine in every 10 young people who had ever heard about HIV/AIDS were able to mention at least three preventive measures against HIV/AIDS transmission. Sex-wise data indicate that males are significantly more likely to have knowledge of at least three preventive measures than females. The respondents who were likely to have knowledge of at least three preventive measures were urban dwellers, unmarried, had SLC or higher level of education, were

currently attending school or college and have had exposure to all three mass media (newspapers/magazines, radio and TV). By NGO, almost all (97.8%) young people of Samjhauta areas followed by about 93% from BPMHF areas and EHDAG areas reported having heard of at least three measures to prevent HIV/AIDS transmission.

Table 7.7 Percent of young people aged 15-24 years who knew at least three preventive measures against HIV/AIDS transmission by selected background characteristics

Background characteristics	Males (N=1,037)	Females (N=1,357)	Total (N=2,394)
Place of residence	*	*	*
Urban	95.9	92.2	93.8
Rural	89.1	86.1	87.4
Marital status	*	*	*
Married	85.1	84.4	84.6
Unmarried	93.4	91.3	92.4
Age group			
15-19 years	91.4	88.7	90.0
20-24 years	90.4	86.8	88.3
Level of education	*	*	*
Illiterate	86.9	80.4	81.5
Just literate/primary	84.5	88.5	86.7
Lower secondary	86.1	91.3	88.9
Secondary	95.0	91.2	93.0
SLC and above	96.3	84.6	90.7
Currently attending regular school or college	*	*	*
Yes	93.9	93.2	93.5
No	88.2	84.6	85.9
Exposure to media	*	*	*
Only one	60.0	63.9	63.4
Only two	83.6	86.2	55.5
All three	86.7	86.6	86.6
None	92.5	90.0	91.3
Partner NGO	*	*	*
AMK	84.4	95.6	90.8
BPMHF	83.5	98.4	93.4
EHDAG	94.5	92.7	93.5
FPAN	95.4	86.4	90.8
phect NEPAL	87.0	52.8	70.6
Samjhauta	99.2	96.8	97.8
SPN	93.1	80.3	85.9
Total	**91.0**	**87.8**	**89.2**

** Significant at <0.05 level*

Adolescents aged 10-14 years

Those adolescents aged 10-14 years who reported having heard of HIV/AIDS were also asked about their perceptions of HIV/AIDS. Of the 1,544 adolescents who were aware of HIV/AIDS

about three-quarters (75.1%) said that even a healthy looking person could have HIV/AIDS virus in the body. A nearly equal proportion (73.3%) of the adolescents correctly mentioned that a person can reduce the chance of getting HIV/AIDS by not having sex at all, and another 70% expressed that using a condom every time during sex could reduce the chances of getting HIV/AIDS. The above findings indicate that the level of knowledge among adolescents between 10-14 years about the ways to avoid HIV/AIDS was quite appreciable. However, as nearly a quarter of adolescents are not knowledgeable of HIV prevention every effort needs to be made to spread correct knowledge to the young population.

Table 7.8 Percent distribution of adolescents aged 10-14 on their views on how a person gets infected with HIV

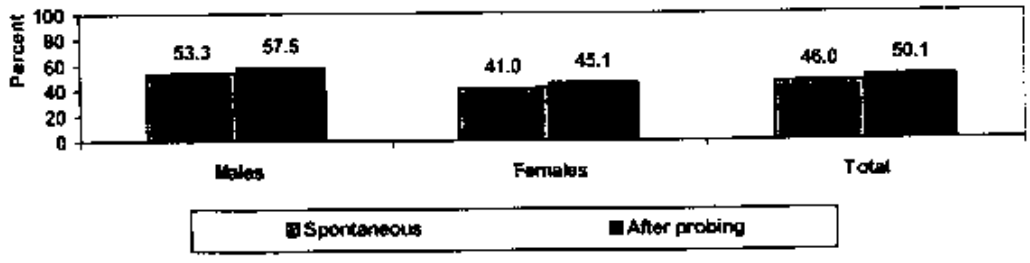
Description	Males (N=780)	Females (N=764)	Total (N=1,544)
Is it possible for a healthy-looking person to have HIV/AIDS?	77.4	72.8	75.1
Can people reduce their chances of getting the HIV/AIDS by using a condom every time they have sex?	72.6	67.5	70.1
Can people reduce their chance of getting the HIV/AIDS by not having sex at all?	76.0	70.5	73.3

7.4 Knowledge about STIs and sources of information

Young people aged 15-24 years

All young respondents aged 15-24 years included in the study were asked if they had heard of Sexually Transmitted Infections (STIs). Overall, 46% of the respondents spontaneously reported that they had heard about them and this figure increased to 50% after probing. Knowledge about other STIs among the young people was observed to be quite low compared to the knowledge about HIV/AIDS (50.1% vs 87.1%). A significantly higher proportion of male respondents (57.5%) compared to female respondents (45.1%) reported having heard about STIs (Figure 7.7).

Figure 7.7 Percent distribution of young people aged 15-24 who have ever heard of STIs



N=2,748
** Significant at <0.05 level*

Differentials in levels of awareness on STIs by selected background characteristics of the respondents are presented in Table 7.9. There is a significant difference in the level of awareness

according to the place of residence of respondents. About 62% of the urban respondents compared to only 46% rural ones reported having heard of STIs. Similarly, unmarried respondents of both sexes are more likely to have knowledge of STIs than the married ones. A higher proportion of male and female respondents aged 15-19 years compared to those aged 20-24 years reported having heard about STIs, probably because the young age group is currently learning about sexual and reproductive health in schools.

Table 7.9 Percent distribution of respondents aged 15-24 who are aware of STIs by selected background characteristics (N=2,748)

Background characteristics	Males	Females	Total
Place of residence	*	*	*
Urban	69.9	56.5	62.2
Rural	52.9	41.5	46.0
Marital status	*	*	*
Married	45.6	33.7	36.8
Unmarried	62.3	59.8	61.1
Age group	*	*	*
15-19 years	60.4	48.1	53.4
20-24 years	53.0	41.8	45.8
Level of education	*	*	*
Illiterate	16.0	22.0	21.1
Just literate/primary	36.2	30.2	32.8
Lower secondary	37.6	43.4	40.7
Secondary	77.2	70.0	73.5
SLC and above	86.3	74.3	80.5
Currently attending regular school or college	*	*	*
Yes	77.4	70.6	74.0
No	39.2	33.4	35.4
Exposure to media	*	*	*
None	16.7	13.8	14.1
Only one	20.5	29.0	26.7
Only two	26.0	28.6	28.0
All three	68.4	65.5	67.0
Partner NGO	*	*	*
AMK	57.8	64.7	61.9
BPMHF	64.1	46.5	52.3
EHDAG	50.7	46.0	48.0
FPAN	66.9	43.3	53.8
phect NEPAL	73.5	61.9	66.6
Samjhauta	32.0	29.3	30.4
SPN	62.8	31.0	43.8
Total	**57.5**	**45.1**	**50.1**

** Significant at <0.05 level*

Differentials in knowledge of STIs by level of education were also observed. A higher proportion of the respondents who have attained SLC or higher level of education had heard of STIs compared to those having a lower level of education or who were illiterate. Likewise,

positive association was observed between the exposure to media and level of awareness of STIs. For instance, more than two-thirds of the respondents who had exposure to all three media (newspaper or magazine, radio and TV) had heard about STIs compared to less than one-third who had exposure to less than three media or had no exposure at all. By NGOs, a higher proportion of respondents in the areas of pheet NEPAL and AMK reported having heard of STIs than the respondents in the areas of other NGOs. The respondents residing in the areas where Samjhauta is working had a low level of STI knowledge (Table 7.9).

Those respondents (N=1,377) who had heard of STIs were also asked to mention the sources of information. The great majority (81.5%) of the young people obtained information about STIs from radio followed by friends or relatives (67.5%), TV (60.6%) and schoolteachers (56.6% - Table 7.10). The other sources of information were newspapers or magazines (40.5%), pamphlets or posters (31.5%) and health workers (18.3%). As in the case of HIV/AIDS, a very small proportion of the respondents obtained information about STIs from peer educators, youth centers and local NGOs. A higher proportion of males compared to females had obtained information about STIs from print media such as newspapers or magazines and pamphlets or posters.

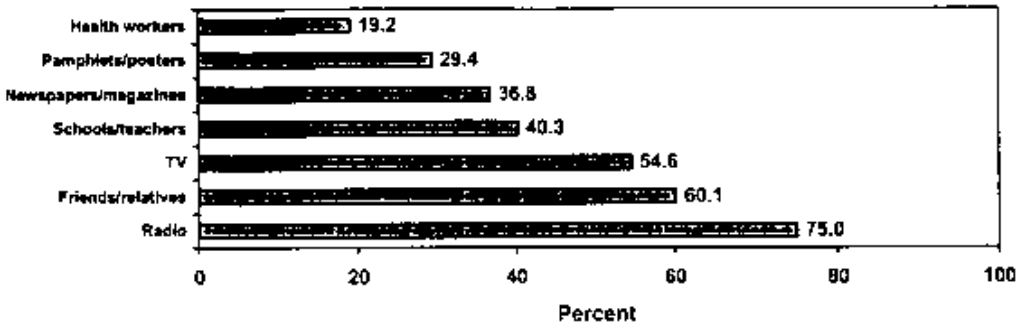
Table 7.10 Percent distribution of respondents aged 15-24 years by source of information about STIs

Source of information about STIs	Males	Females	Total
Radio	82.7	80.4	81.5
Friends/relatives	72.0	63.7	67.5
TV	62.6	59.0	60.6
Schools/teachers	60.2	53.6	56.6
Newspapers/magazines	53.0	29.8	40.5
Pamphlets/posters	34.0	29.4	31.5
Health workers	18.9	17.8	18.3
Peer educators	12.3	6.9	9.4
FCHV	4.7	11.7	8.5
Community meetings	8.0	5.4	6.6
Books/ RH related books	4.4	6.1	5.3
Work place	7.9	2.8	5.2
Youth centers	4.9	3.9	4.4
Spouse	0.5	2.8	1.7
Other*	3.5	6.1	4.9
Total	**636**	**741**	**1377**

** Other includes: mother, father, neighbor, training, seminar, workshop, health center, health post, subhealth post, hospital, local NGOs, hoarding board, shops, pharmacies, cinema hall, non-formal education class, flip chart, mothers group, pocket calendar, tele-film, miking, street drama.*

In order to find out about the current sources of information the respondents were also asked about the sources from which they got information on STIs in the past 6 months. The majority (75.0%) of the respondents said they obtained the information from radio and another 60% from friends or relatives (Figure 7.8). Slightly more than half (54.6%) of the respondents had received information from TV, 40% from schools or teachers, 37% from newspapers or magazines, and 29% received from pamphlets or posters. Nearly one in every 10 respondents also stated that they got information on STIs from peer educators and FCHVs.

Figure 7.8 Percent distribution of young people aged 15-24 years reporting the sources from which they got information on STIs over the past 6 months prior to the survey date



N=1,377

** Other sources mentioned by <10% of the respondents were youth centers, community meetings, workplace, spouse, other family members, boarding board, neighbors, health center, local NGOs, subhealth post, local clubs.*

Adolescents aged 10-14 years

All respondents aged 10-14 years were also asked if they had ever heard of infections or diseases that can be transmitted through sexual contact. In response, about 49% of the adolescents (48.8% males and 48.3% females) reported that they had heard about STIs (Table 7.11). This figure is surprisingly high compared to the people aged 15-24 years; it could be because these topics are included in the school curriculum and most of the adolescent respondents are currently enrolled in schools. This explanation is further supported by the finding that a significantly higher proportion of the adolescents who are currently enrolled in schools reported having heard of STIs compared to those who are out of school. A higher proportion of the respondents in urban areas had heard of STIs than those from rural areas. Similarly, those currently enrolled in schools and between 13-14 years old are significantly more likely to have heard about STIs than those currently not enrolled in schools and between 10-12 years old.

Table 7.11 Percent distribution of adolescents aged 10-14 years who have ever heard of STIs by selected characteristics (N=2,178)

Background characteristics	Percent
Sex of respondent	
Males	48.8
Females	48.3
Place of residence	*
Urban	63.2
Rural	42.5
Age group	*
10-12 years	35.5
13-14 years	68.0
Currently studying	*
Yes	52.4
No	20.6
Total	**48.6**

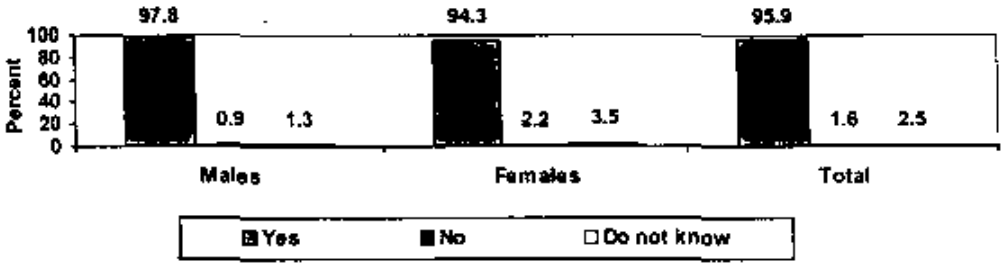
** Significant at <0.05 level*

7.5 Knowledge about preventive measures for STIs

Young people aged 15-24 years

Those respondents who have heard about STIs were further asked whether a person could avoid getting STIs. In response, the great majority (95.9%; N=1,321) of them reported that a person could avoid getting STIs (Figure 7.9). By sex, a higher proportion of males than females reported so (97.8% of males and 94.3% of females).

Figure 7.9 Percent distribution of young people aged 15-24 years by knowledge about avoid getting STIs



N=1,377

Those respondents who reported that a person could avoid getting STIs were further asked about the ways to avoid getting STIs. The results are presented in Table 7.12. The great majority (88.3%) of the respondents were well aware that a person could protect oneself from getting STIs by using condoms. The other ways of preventing from STIs were: limiting sex to one partner only or staying faithful to only one partner (60.9%), abstaining from sex (43.8%), avoiding sex with persons who have many partners (30.7%) and avoiding sex with prostitutes (25.4%). A higher proportion of males than females were able to mention these preventive measures.

Table 7.12 Percent distribution of young people aged 15-24 years by knowledge about ways of avoid getting STIs

Precautionary measures against STIs	Males	Females	Total
Use condoms	95.2	82.1	88.3
Limit sex to one partner/ stay faithful to one partner	57.4	63.9	60.9
Abstain from sex	44.4	43.3	43.8
Avoid sex with persons who have many partners	32.2	29.5	30.7
Avoid sex with prostitutes	25.7	25.0	25.4
Limit number of sexual partners	8.5	9.6	9.1
Not sharing needles	6.4	4.4	5.4
Should use sterilized needles	3.4	4.7	4.1
Not using contaminated blood/ should test the blood before transfusion	2.7	3.9	3.3
Avoid giving birth from an HIV infected mother	1.0	2.3	1.7
Avoid sex with homosexuals	1.0	0.7	0.8
Other*	1.1	1.9	1.5
Do not know	-	0.3	0.2
Total	**622**	**699**	**1321**

** Other includes: seek protection from traditional healers, should not share shaver or razor, avoid sex with HIV infected persons, cleaning the sexual organs properly, not sharing foods, timely treatment of STIs, no breastfeeding by an HIV infected mother, avoid sex at young age.*

Respondent's knowledge about different ways of preventing STIs was further analyzed. Data on respondent's knowledge about at least three correct ways of prevention of STIs are presented in Figure 7.10. While calculating at least three correct pieces of knowledge on the ways of prevention of STIs, the following facts were taken into consideration:

- Use condoms
- Limit sex to one partner/ stay faithful to one partner
- Abstain from sex
- Avoid sex with persons who have many partners
- Avoid sex with prostitutes
- Limit number of sexual partners

Of all the respondents aged 15-24 included in the study regardless of their knowledge of STIs, a quarter (24.6%) of them overall were able to mention at least three preventive measures against STI transmission (Figure 7.10). Sex wise data reveals that a significantly higher proportion of males (30.6%) than females (20.6%) were able to mention at least three ways of preventing STIs.

Figure 7.10 Percent distribution of young people aged 15-24 years by knowledge of at least three ways of preventing of STIs

N=2,748
** Significant at <0.05 level*

Table 7.13 further shows the differentials in knowledge of respondents regarding at least three ways of preventing of STIs by their selected background characteristics. A significantly higher proportion of urban males were able to mention at least three ways of preventing STIs compared to their rural counterparts while in the case of female respondents no significant difference was observed. Likewise, unmarried respondents of both sexes are significantly more likely to mention at least three ways than their married male and female counterparts. A positive relationship in the knowledge of respondents about at least three preventive measures against STIs by their level of education was also observed. More than half (52.1%) of the respondents who have passed the SLC compared to 40% having secondary level education, 17% with lower secondary and less than 10% with primary education or illiterates reported having heard of at least three preventive measures. By NGO area, respondents residing in the areas of EHDAG, Samjhauta and AMK are less likely to know at least three measures than the respondents of other NGOs' areas.

Table 7.13 Percent of young people aged 15-24 who know at least three ways of prevention of STIs by selected background characteristics

Background characteristics	Males (N=1,106)	Females (N=1,642)	Total (N=2,748)
Place of residence	*		*
Urban	48.5	17.4	30.7
Rural	23.9	21.6	22.5
Marital status	*	*	*
Married	23.8	11.1	14.3
Unmarried	33.3	32.8	33.1
Age group		*	*
15-19 years	31.5	23.1	26.7
20-24 years	29.0	17.8	21.8
Level of education	*	*	*
Illiterate	5.3	5.4	5.4
Just literate/primary	12.8	4.2	7.9
Lower secondary	16.3	17.5	17.0
Secondary	43.1	37.3	40.1
SLC and above	54.2	49.7	52.1
Currently attending regular school or college	*	*	*
Yes	42.6	41.4	42.0
No	19.4	11.0	13.9
Exposure to media	*	*	*
None	-	3.4	3.0
Only one	1.3	10.0	7.8
Only two	11.0	6.9	7.9
All three	38.0	35.7	36.9
Partner NGO	*	*	*
AMK	18.7	17.0	17.7
BPMHF	28.9	26.4	27.2
EHDAG	29.1	4.5	15.0
FPAN	27.6	26.4	26.9
phect NEPAL	58.3	35.0	44.4
Samjhauta	19.1	11.6	14.5
SPN	37.2	23.9	29.3
Total	**30.6**	**20.6**	**24.6**

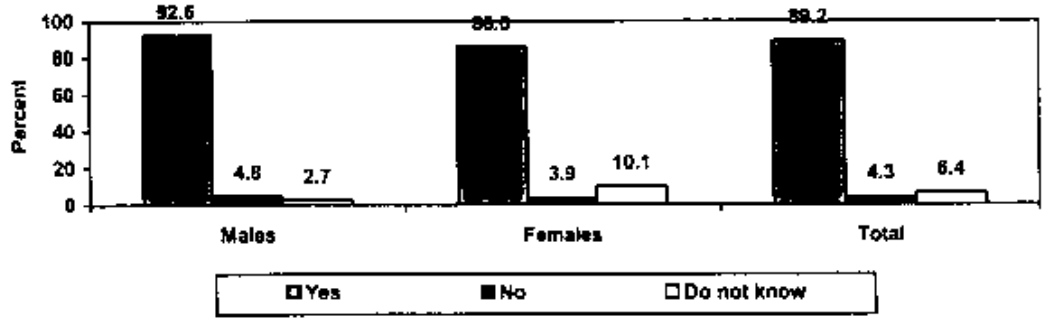
** Significant at <0.05 level*

Adolescents aged 10-14 years

As discussed earlier, 1,058 out of 2,178 adolescents included in the study reported having heard of STIs. These respondents were further asked if they had heard about anything a person could do to avoid getting STIs. In response, the majority (89.2%) of them said "*yes*," indicating a higher level of knowledge among the adolescents than in the older age group. Male adolescents were found to be more aware of the preventive measures than their female counterparts. About

93% of the male adolescents compared to 86% females reported having heard about such preventive measures (Figure 7.11).

Figure 7.11 Percent distribution of adolescents aged 10-14 years by knowledge about preventive measures against STIs



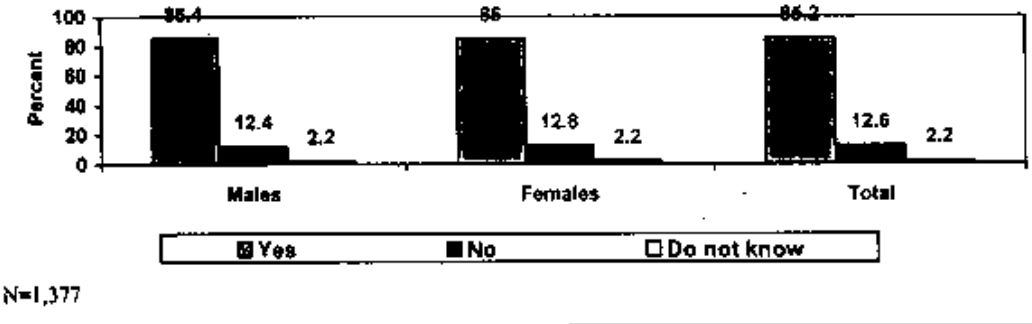
N=1,058

7.6 STIs infection and treatment

Young people aged 15-24 years

Those respondents (N=1,377) aged 15-24 years who reported having heard about STIs were further asked if a person could get treatment for STIs. In response, the majority (85.2%; N=1,173) of the respondents knew that a person could get treatment for STIs while about 13% of the respondents said "no" and another 2% said, "do not know" (Figure 7.12).

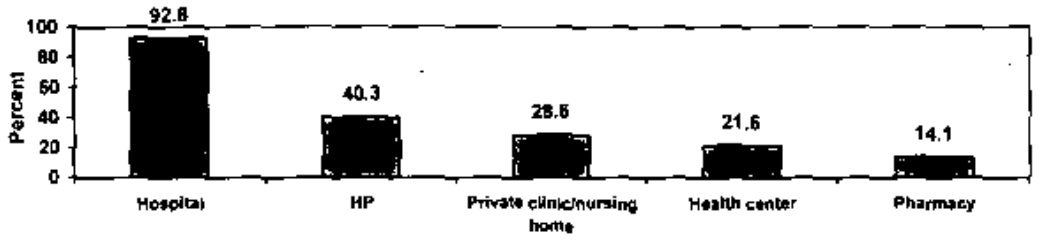
Figure 7.12 Percent distribution of young people aged 15-24 years by knowledge about treatment of STIs



N=1,377

Those respondents (N=1,173) who reported affirmatively were again asked where one could go for the treatment of STIs. The majority (92.8%) of the respondents mentioned hospitals followed by health posts (40.3%) and private clinics or nursing homes (28.6%, Figure 7.13). Slightly more than one-fifth (21.6%) of the respondents said health centers and another 14% mentioned pharmacies from where one could get STI services. The other sources of STI services known by less than 5% of the respondents were PHC, SHP, health workers, FCHVs, NGOs and traditional healers.

Figure 7.13 Percent distribution of young people aged 15-24 by knowledge about sources of STIs services



N=1,173

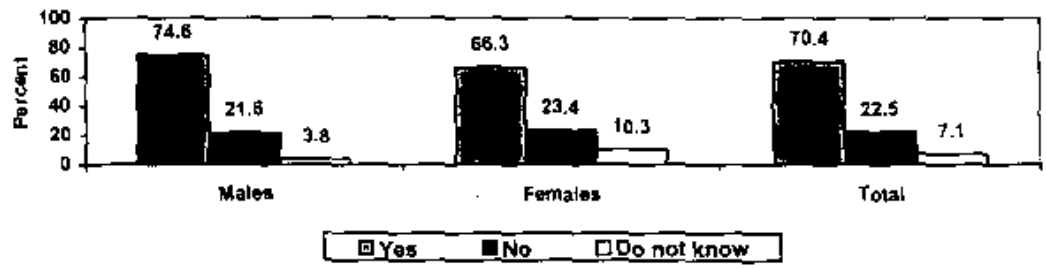
Less than 6% of the respondents mentioned sources such as PHC, SHP, health workers, FCHV, NGOs, and traditional healers.

Those respondents who reported having heard of STIs were again asked if they ever had suffered from such infections. In response, only 16 respondents (8 males and 8 females) reported that they had suffered from them (Table not shown). Fourteen out of the 16 respondents said they sought treatment for the infection (Table not shown). Among the 14 respondents, 7 respondents reported that they sought treatment within 7 days of infection and another 7 respondents sought it after 7 days (Table not shown). Of these 14 respondents, 5 respondents received treatment from private clinics, 4 from hospitals, 3 from pharmacies and 2 from health posts (Table not shown).

Adolescents aged 10-14 years

Those adolescents aged 10-14 years who reported having heard of STIs were also asked if such infections could be treated or not. Overall, 70% of the adolescents reported that they could be treated and 23% said they could not be treated. Seven percent of the adolescents said they did not know about it. By sex, a higher proportion of males (74.6%) compared to females (66.3%) reported that STIs could be treated (Figure 7.14)

Figure 7.14 Percent distribution of adolescents aged 10-14 years by knowledge about the treatment of STIs



N=1,058

7.7 Discussions on HIV/AIDS and STIs with others

Young people aged 15-24

Information regarding the level of interpersonal communication on HIV/AIDS and STIs among the young people aged 15-24 was also collected during the survey. In this context, all the respondents who had heard of HIV/AIDS were asked with whom they had discussed it in the last 6 months. Data presented in Table 7.14 reveals that a higher proportion (56.9%) of respondents had discussed it with their friends followed by teachers (21.3%) and spouses or partners (15.0%). About 10% respondents each had discussed about it with their siblings, other relatives and health workers. A higher proportion of males compared to females reported discussing HIV/AIDS with their friends or neighbors and teachers while a higher proportion of females than males reported discussing it with their siblings.

Table 7.14 Percent distribution of young people aged 15-24 years who discussed HIV/AIDS with other people over the last 6 months from the survey date

Persons with whom discussed about HIV/AIDS in the last 6 months	Males	Females	Total
Friends/colleagues	69.2	47.5	56.9
Teacher	25.1	18.5	21.3
Husband/partner	14.4	15.5	15.0
Brother/sister	3.4	19.1	12.3
Other relatives	9.5	10.8	10.2
Health worker	9.6	9.6	9.6
FCHV	4.1	8.8	6.8
Peer educator	7.3	4.1	5.5
Mother/father	0.9	5.4	3.4
Counselor	2.9	1.7	2.2
Other*	0.5	0.9	0.7
Total (N)	**1037**	**1357**	**2394**

** Other includes: neighbor, during training, during non-formal education classes, mothers' group members.*

Those respondents aged 15-24 years who reported having heard about other STIs were also asked if they had discussed them with any one in the last 6 months. The results are presented in Table 7.15. As in the case of HIV/AIDS, the majority (61.1%) of the respondents had discussed about STIs with their friends and another 27% had discussed them with their teachers. Slightly more than one in every 10 respondents had discussed them with their spouse (14.3%), health workers (13.9%), sisters (12.9%), and other relatives (11.5%). The proportion of those respondents discussing STIs with friends and teachers was higher among males than females (70.4% vs 53.2%). Nearly a quarter (23.2%) of the female respondents as against only about 1% of males reported discussing STIs with sisters. The proportion of respondents of both sexes discussing them with peer educators, counselors or parents was quite low.

Table 7.15 Percent distribution of young people aged 15-24 years who discussed STIs with other people over the last 6 months from the survey date

Persons with whom discussed on STIs in the last 6 months	Males	Females	Total
Friends/colleagues	70.4	53.2	61.1
Teacher	31.1	22.8	26.7
Spouse	12.6	15.8	14.3
Health worker	13.2	14.4	13.9
Sister	0.9	23.2	12.9
Other relatives	9.6	13.2	11.5
FCHV	4.2	12.1	8.5
Peer educator	9.7	6.6	8.1
Mother	1.1	9.3	5.5
Brother	5.5	1.8	3.5
Partner	4.7	1.9	3.2
Counselor	3.0	2.8	2.9
Father	0.8	1.6	1.2
Other*	0.9	0.8	0.9
Total	**636**	**741**	**1371**

** Other includes: mothers group member, sister-in-law, members of the clubs, community meetings.*

Adolescents aged 10-14 years

The adolescents aged 10-14 were also asked if they had discussed HIV/AIDS with anyone in the past. In response, more than half (56.8%) of the adolescents said they had not discussed it with anyone (Table 7.16). Nearly one-third (31.7%) of the adolescents had discussed it with friends followed by 25% with their teachers. Those discussing it with their parents, siblings or health workers was reported to be quite low (<5%).

Table 7.16 Percent distribution of adolescents aged 10-14 years who had ever discussed HIV/AIDS with other people

Persons with whom discussed about HIV/AIDS	Males	Females	Total
Never discussed	54.4	59.3	56.8
Friends	35.5	27.7	31.7
Teacher	29.2	21.5	25.4
Sister	0.5	9.2	4.8
Mother	0.6	4.1	2.3
Health worker	3.5	1.2	2.3
Father	1.3	0.8	1.0
Brother	1.2	0.7	0.9
Other*	0.9	0.8	0.9
Total	**780**	**764**	**1544**

** Other includes: other family members, FCHV, adolescent education, during seminar, during workshop, peer educators, child clubs.*

7.8 Stigma on HIV/AIDS

All young respondents aged 15-24 years who had ever heard of HIV/AIDS were asked several questions relating to stigma prevailing in the society. Slightly over half (52.7%) of the young people said that people in their area would be willing to have tea together with a person who has HIV/AIDS. The proportion giving this opinion is higher by 10 percentage points among males

than females. When further asked whether they themselves would be willing to have tea together with HIV/AIDS infected person the great majority (71.8%) of the respondents said *"yes"*. Likewise, more than two-thirds (67.3%) of respondents said that people would buy things/goods from a shopkeeper even if s/he has HIV/AIDS. More than 8 in every 10 respondents also said they themselves would buy things/goods from a shopkeeper who has HIV/AIDS. More than 80% of the respondents said that they would take care of their relative if s/he gets infected with HIV/AIDS. The proportion of respondents giving this response was slightly higher among males than females.

Table 7.17 Percent distribution of young people aged 15-24 years by opinion on HIV/AIDS infected persons (% yes only)

Description	Males (N=1,037)	Females (N=1,357)	Total (N=2,394)
Would people you know be willing to have tea together with a person who has HIV/AIDS?	58.0	48.7	52.7
Would you be willing to have tea together with a person who has HIV/AIDS?	74.8	69.4	71.8
Would people buy things from a shopkeeper who has HIV/AIDS?	71.7	63.9	67.3
Would you buy things from a shopkeeper who has HIV/AIDS?	83.5	80.0	81.5
If your relative becomes ill with an HIV related illness, would you be willing to care for him or her in your household?	83.0	80.0	81.3
If your relative were diagnosed with HIV, would you want it to remain a secret?	28.2	18.1	22.4
If a student has HIV/AIDS, should he or she be allowed to continue attending school?	85.8	80.3	82.7
If a teacher has HIV/AIDS, should he or she be allowed to continue teaching in school?	82.3	79.0	80.4
Do you think the health providers give good advice and care to a person who has HIV/AIDS?	78.9	83.3	81.4
If a person comes to know that his/her friend has HIV/AIDS would he/she behave differently with him/her now than before?	51.2	65.4	59.2

To the question, *"if your relatives were diagnosed with HIV, would you want it to remain a secret?"* 22% of the respondents said they would keep it a secret; this figure is much higher among males (28.2%) compared to females (18.1%). The majority (over 80%) of the respondents were of the opinion that an HIV/AIDS infected student/teacher should be allowed to continue attending/teaching in school. Likewise, over 80% of the respondents were of the opinion that health providers would give good advice and care to an HIV/AIDS infected person. To the question, *"if a person comes to know that his/her friend has HIV/AIDS would s/he behave differently with him/her now than before?"* nearly 60% of the respondents said that the friend would behave differently.

Chapter 8

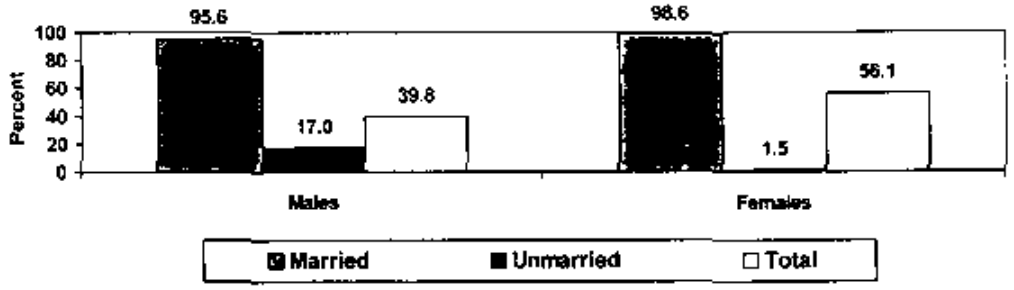
Sexual Behavior and Knowledge about Sexual and Reproductive Health

Several studies show that young people are exposed to high risk sexual behaviors such as early sex, sex for money, unprotected premarital and extra marital sex. These practices lead to a number of health problems such as STIs including HIV/AIDS. In order to assess the level of knowledge and practices with respect to the sexual behavior of young people it was essential to collect information on young people's sexual behavior and knowledge about sexual and reproductive health. This chapter analyzes the sexual behavior of the young people aged 15-24 years included in the present study. The focus here is mainly on sexual behavior and safe sexual practices including the use of condoms.

8.1 Sexual experience

All respondents irrespective of their marital status were asked if they had ever had sexual intercourse. Of the 2,748 respondents nearly half (49.5%; N=1,361) reported that they have had sexual intercourse; this figure is much higher among females (56.1%) than males (39.8%) as most females reporting this information are already married. Data presented in Figure 8.1 reveals that pre-marital sex is more common among males than females. For instance, 17% of unmarried males as against only about 2% unmarried females reported that they have had sexual intercourse.

Figure 8.1 Percent distribution of young people aged 15-24 years who have ever had sexual intercourse by marital status



N=2,748

Table 8.1 shows information on sexual relationships among young people by age and sex. Slightly over one-fifth (20.7%) of boys aged 15-19 and over one-third (34.6%) of girls in that age group reported having sexual intercourse. In the case of young people aged 20-24 years, this figure was 69% among males and 81% among females. Pre-marital sex among boys was reportedly quite high compared to girls. Thirteen percent of the unmarried boys aged 15-19 as against only 2% of girls in that age group, and about 30% of males aged 20-24 compared to about 1% females that age reported that they have had sexual intercourse outside marriage.

Table 8.1 Percent distribution of young people aged 15-24 years who ever had sexual intercourse by age, sex and marital status

Ever had sexual intercourse	15-19 years			20-24 years			Total		
	Marr-ied	Unma-rried	Total	Marr-ied	Unma-rried	Total	Marr-ied	Unma-rried	Total
Male									
Yes	85.5	13.3	20.7	98.4	29.5	69.4	95.6	17.0	39.8
No	14.5	86.7	79.3	1.6	70.5	30.6	4.4	83.0	60.2
Total	**69**	**603**	**672**	**251**	**183**	**434**	**320**	**786**	**1106**
Female									
Yes	96.4	1.7	34.6	99.7	0.7	80.7	98.6	1.5	56.1
No	3.6	98.3	65.4	0.3	99.3	19.3	1.4	98.5	43.9
Total	**304**	**572**	**876**	**619**	**147**	**766**	**923**	**719**	**1642**

The median age at first sexual intercourse (based on the life table technique) was estimated at 20.2 years for males and 18.3 years for females. The median age at first sexual intercourse is slightly higher among urban respondents than rural ones. Illiterate respondents of both sexes are more likely to have sexual intercourse at an earlier age than those who have primary or higher level of education. The median age at first sexual intercourse among the male respondents is the highest in the working areas of phect NEPAL while in the case of female respondents it is the highest in the working areas of SPN (Table 8.2).

Table 8.2 Median age at first sexual intercourse among the respondents aged 15-24 by selected characteristics

Background characteristics	Males	Females
Place of residence		
Urban	20.2	19.4
Rural	20.2	17.9
Level of education		
Illiterate	18.2	16.2
Just literate/primary	19.3	17.5
Lower secondary	19.3	18.2
Secondary	20.6	20.9
SLC and above	23.0	22.2
Partner NGO		
AMK	20.0	19.2
BPMHF	20.6	18.7
EHDAG	19.6	18.6
FPAN	20.0	17.8
phect NEPAL	21.0	19.0
Samjhauta	19.6	16.4
SPN	20.3	19.4
Total	**20.2**	**18.3**

Nearly one-fifth of the respondents have had sexual intercourse before reaching 15 years of age, 32% between the ages of 15-16 years and another 28% between 17-18 years of age. Only about a quarter of the respondents had sexual experience after the age 18 indicating the prevalence of

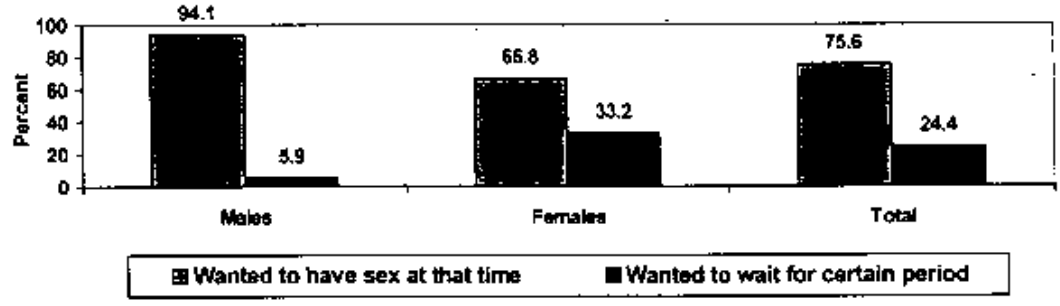
early sexual activity among young people of the study areas. Nearly three-fifths (57.8%) of the females compared to about one-third (34.4%) of males had sexual intercourse before 17 years of age (Table 8.3). The mean age at first sexual intercourse was slightly higher among males (17.4 years) than among females (16.3 years).

Table 8.3 Percent distribution of young people aged 15-24 years old by age at first sexual intercourse (among those who have had sexual intercourse)

Age at first sexual intercourse	Males	Females	Total
<15 years	13.9	19.7	17.8
15-16 years	20.5	37.1	31.7
17-18 years	30.9	26.6	28.0
19-20 years	23.6	13.0	16.5
21-22 years	8.6	2.9	4.8
23 years or above	2.5	0.7	1.2
Mean	**17.4**	**16.3**	**16.7**
SD	**2.6**	**2.2**	**2.4**
Total	**440**	**921**	**1361**

When asked whether their first sexual encounter was consensual or not, over three-quarters (75.6%) of the respondents said it was, while 24% of the respondents reported that they wanted to wait for some time. A higher proportion of females (33.2%) than males (5.9%) said they had wanted to wait for some time (Figure 8.2).

Figure 8.2 Percent distribution of young people aged 15-24 years by opinion regarding their first sexual intercourse



N=1,361

Of the 440 male respondents who had experienced sexual intercourse, more than half (52.5%) had their first sexual intercourse with their wife and another 32% had with their steady girlfriend. About 9% had their first sexual intercourse with a casual acquaintance and another 6% had it with a woman who they paid for sex. Table 8.4 further shows the differentials in types of first sexual partners by selected characteristics of the male respondents. A higher proportion of urban males had their first sexual intercourse with their steady girlfriends or other women while in the case of rural males they had their first sexual intercourse with their wives. A higher proportion of males aged 20-24 had their first sexual intercourse with their wives while the young males had sexual encounter with women other than their wives. Similarly, most of the illiterate or just literate males had their first sexual encounter with their wives while those who have attained secondary or above level of schooling had sex with other women. Likewise, a higher proportion

of male respondents who were currently enrolled in schools or colleges had their first sex with other women while those who were not currently enrolled had first sex with their wives. NGO wise data reveal that a higher proportion of respondents residing in EHDAG, SPN and AMK working areas had their first sexual intercourse with women other than their spouse compared to respondents from other NGOs areas. This indicates the need for encouraging young people use condoms in those areas.

Table 8.4 Percent distribution of male respondents aged 15-24 by type of sexual partner during first sexual intercourse

Background characteristics	Type of sexual partner			Total (N)
	Spouse	Steady girlfriend	Other*	
Place of residence				
Urban	34.0	37.7	28.3	106
Rural	58.4	29.9	11.7	334
Marital status				
Married	75.5	20.6	3.9	306
Unmarried	-	57.5	42.5	134
Age group				
15-19 years	31.7	45.3	23.0	139
20-24 years	62.1	25.6	12.3	301
Level of education				
Illiterate	62.7	26.9	10.4	67
Just literate/primary	65.1	23.3	11.6	86
Lower secondary	50.8	28.8	20.3	118
Secondary	42.6	38.6	18.8	101
SLC and above	44.1	42.6	13.2	68
Currently attending regular school or college				
Yes	26.4	50.0	23.6	72
No	57.6	28.3	14.1	368
Partner NGO				
AMK	46.2	43.1	10.8	65
BPMHF	52.5	37.5	10.0	40
EHDAG	30.2	31.7	38.1	63
FPAN	65.6	23.4	10.9	64
phect NEPAL	63.2	31.6	5.3	38
Samjhauta	68.2	18.2	13.6	88
SPN	42.7	41.5	15.9	82
Total	**52.5**	**31.8**	**15.7**	**440**

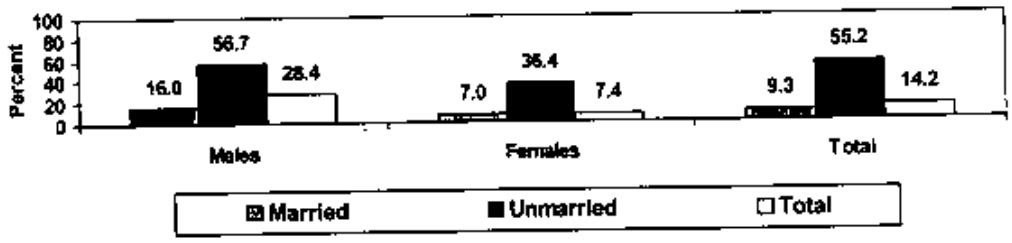
** Other includes: casual acquaintance, sex workers*

8.2 Use of condoms during first sexual intercourse

One thousand three hundred and sixty one respondents (440 males and 921 females) have had sexual intercourse. They were asked whether they had used condoms during their first sexual encounter. Overall, 14% (N=193) of the respondents reported using condoms; this figure was much higher among males (28.4%) than females (7.4%). A higher proportion of unmarried males

and females reported using condoms during their first sexual intercourse compared to married respondents. About 57% of unmarried males as against 16% of married ones and 36% of the unmarried females compared to only 7% of married females had used condoms when they had their first sexual encounter (Figure 8.3).

Figure 8.3 Percent distribution of respondents aged 15-24 who had used condoms during their first sexual encounter



N=1,361

Those respondents (N=1,168) who had not used condoms during their first sexual act were asked about the reasons for not doing so. The results are presented in Table 8.5. The majority of the respondents did not use condoms saying that they wanted to have a child (30.1%) and that they had sex with their spouse (26.8%). The other reasons for not using condoms as mentioned by a sizeable proportion of the respondents were: did not think it necessary (14.8%), lack of knowledge about condoms (10.5%), did not think of it (7.9%), and did not expect to have sex (4.2%).

Table 8.5 Percent distribution of young people aged 15-24 years by main reason for not using condoms during their first sexual intercourse

Main reason for not using condoms	Males	Females	Total
Wanted a child	15.6	35.4	30.1
Had sex with spouse	29.2	25.9	26.8
Did not think it necessary	16.5	14.2	14.8
Did not know about condoms	15.9	8.6	10.5
Did not think of it	6.7	8.3	7.9
Did not expect to have sex	7.0	3.2	4.2
Partner refused	0.3	1.9	1.5
Other*	8.8	2.5	4.2
Total	**315**	**853**	**1168**

** Other includes: respondent did not want to, did not know where to get it, too difficult, expensive, it is shameful, adopting withdrawal or periodic abstinence method, partner has not menstruated yet, trustworthy sex partner, already undergone sterilization, fear of breaking condom, fear of disease, first time having a sexual contact, not having condoms at that time.*

A higher percentage of females than males did not use condoms because they wanted to have a child (35.4% vs 15.6%) while a higher proportion of the males compared to females did not use condoms due to lack of knowledge about condoms (15.9% vs. 8.6%).

All young respondents aged 15-24 years who had ever had sexual intercourse were again asked if they had used any contraceptives other than condoms during their first sexual encounter to avoid getting pregnant. In response, only about 1% of the respondents (3 males and 13 females) reported that they had used other contraceptives (Table not shown). The contraceptive methods

they had used were oral pills (N=6), withdrawal (N=4), Depo Provera (N=3), sterilization (N=2) and Norplant (N=1) (Table not shown).

Of the 1,361 respondents of both sexes, 1,153 had not used any modern contraceptive methods during their first sexual intercourse. These respondents were asked about the reasons for not using any family planning methods. The majority of the respondents did not use any methods because they wanted to have a child (39.4%) or did not think necessary to use it (32.4% -Table 8.6). The other reasons mentioned were: did not think of contraception (9.5%), lack of knowledge (8.4%), and sex was not planned at that time (4.2%).

Table 8.6 Percent distribution of young people aged 15-24 years by reasons for not using modern contraceptives during their first sexual intercourse

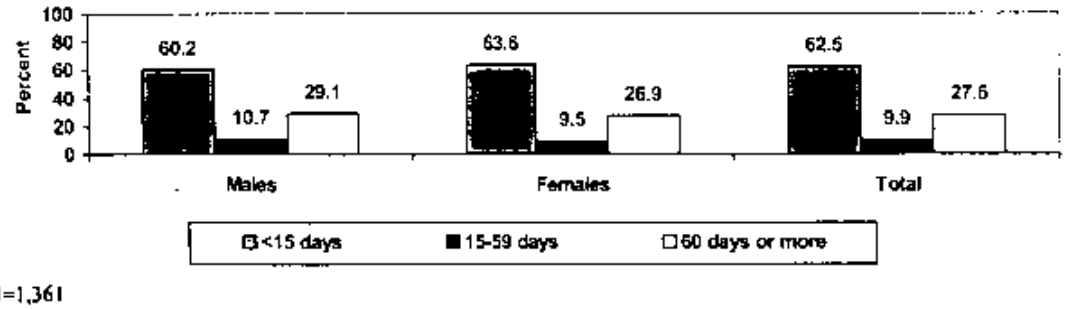
Reasons for not using any modern contraceptive methods during first sexual intercourse	Males	Females	Total
Wanted a child	30.4	42.7	39.4
Did not think it necessary	29.2	33.5	32.4
Did not think of it	9.0	9.6	9.5
Did not know any method	13.5	6.5	8.4
Did not expect to have sex	7.4	3.0	4.2
Partner refused	0.3	2.3	1.7
Respondent did not want	1.9	0.8	1.1
Other*	8.3	1.4	3.3
Total	**312**	**841**	**1153**

** Other includes: did not know where to get it, too difficult, expensive, adopting withdrawal or periodic abstinence method, partner has not menstruated yet, trustworthy sex partner, already undergone sterilization, inconvenient to use, due to illness, first time having a sexual intercourse, having sex only with spouse, not having condoms at that time.*

8.3 Use of condoms during last sexual intercourse

All 1,361 young people aged 15-24 who ever had sexual intercourse were again asked the time when they last had a sexual encounter. The majority (62.5%) of the respondents had sex within 15 days prior to the survey date and 28% had sex 60 or more days ago (Figure 8.4). No significant difference was observed in the responses given by the male and female respondents.

Figure 8.4 Percent distribution of respondents reporting the time when they have had last sexual intercourse



N=1,361

All male respondents (N=440) who have had sexual relations were asked about the type of their last sexual partner. Over two-thirds of the male respondents had sex with their wives, 18% had it with their steady girlfriends and another 14% had it with other women (Table 8.7). The majority

of the rural males had sex with their wives while in the urban areas more than half had sex either with steady girlfriends or other women indicating higher prevalence of extramarital/ premarital sex in the urban areas than in rural areas. Only a few (2.9%) of the married males had sexual relations with women other than their wives. Younger males (15-19 years old) are more likely to have premarital/extramarital sex than their older counterparts (20-24 years) indicating the need for promoting condom use in the program areas focusing on young people.

Of those males who have had sex, respondents currently receiving secondary or higher level education are more likely to have extramarital/premarital relations than the illiterate or just literate respondents. About 25% of the males who were currently not enrolled in school or college compared to about 70% respondents who were currently enrolled had their last sexual encounter with women other than their wives. A higher proportion of the respondents residing in the working areas of EHDAG and AMK compared to those of other NGO areas had their last sexual intercourse with women other than their wives (Table 8.7).

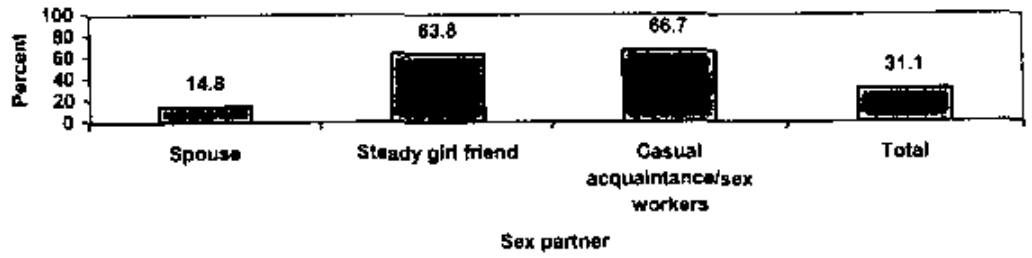
Table 8.7 Percent distribution of male respondents aged 15-24 by type of sexual partner during their last sexual intercourse

Background characteristics	Type of sexual partner			Total (N)
	Spouse	Steady girl friend	Other*	
Place of residence				
Urban	48.1	22.6	29.2	106
Rural	73.7	16.8	9.6	334
Marital status				
Married	97.1	2.3	0.7	306
Unmarried	-	54.5	45.5	134
Age group				
15-19 years	37.4	38.8	23.7	139
20-24 years	81.4	8.6	10.0	301
Level of education				
Illiterate	76.1	14.9	9.0	67
Just literate/primary	80.2	11.6	8.1	86
Lower secondary	65.3	16.9	17.8	118
Secondary	62.4	19.8	17.8	101
SLC and above	54.4	29.4	16.2	68
Currently attending regular school or college				
Yes	30.6	48.6	20.8	72
No	74.7	12.2	13.0	368
Partner NGO				
AMK	55.4	33.8	10.8	65
BPMHF	62.5	32.5	5.0	40
EHDAG	42.9	17.5	39.7	63
FPAN	81.3	9.4	9.4	64
pheet NEPAL	76.3	18.4	5.3	38
Samjhauta	84.1	4.5	11.4	88
SPN	65.9	20.7	13.4	82
Total	**67.5**	**18.2**	**14.3**	**440**

** Other includes: casual acquaintance, sex workers*

Figure 8.5 shows information by type of sexual partner on the use of condoms by male respondents during their last sexual intercourse. Overall, 31% of the males had used condoms during their last sexual intercourse. By type of sexual partners, a higher proportion (66.7%) of males who have had sexual intercourse with casual acquaintance or sex workers reported using condoms followed by about 64% using it when they had sexual intercourse with their steady girlfriend. However, only about 15% of the males reported using condoms when they have had last had sex with their wife. The above findings indicate that young males in the study areas are more aware about the need of using condoms when they have extra or pre-marital sex (i.e. with woman other than their spouses), however they do not consistently do so.

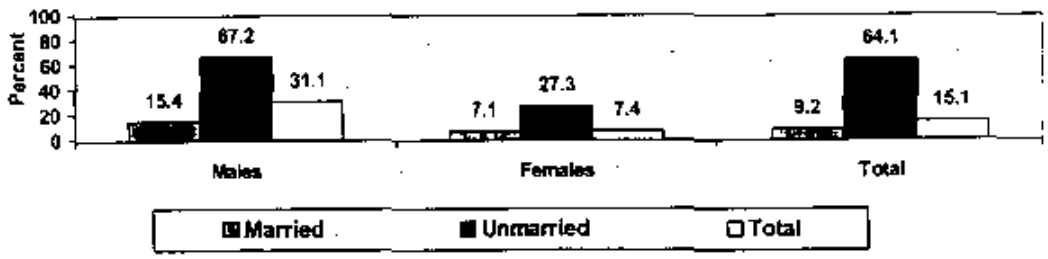
Figure 8.5 Percent distribution of male respondents who had used condoms during their last sexual intercourse by type of sexual partner



N=440

Overall, 15% of the respondents had used condoms during their last sexual intercourse. A higher proportion of unmarried respondents (64.1%) compared to 9% married ones reported that they had used condoms. By sex, more than three in every 10 males compared to less than one in every 10 females reported using condoms during their last sexual encounter (Figure 8.6).

Figure 8.6 Percent distribution of young people aged 15-24 who had used condoms during last sexual intercourse



N=1,361

Table 8.8 shows data on the use of condoms by young people by age group and NGO area. A higher proportion of young people of both sexes aged 15-19 years compared to those between 20-24 years had used condoms during their last sexual intercourse. For instance, 47% of the males aged 15-19 compared to only 24% aged 20-24 and 11% females aged 15-19 years as against only 6% females aged 20-24 reported using condoms during their last sexual intercourse.

NGO wise data indicates that young males of EHDAG and young females of SPN are more likely to use condoms than their counterparts of other NGO areas.

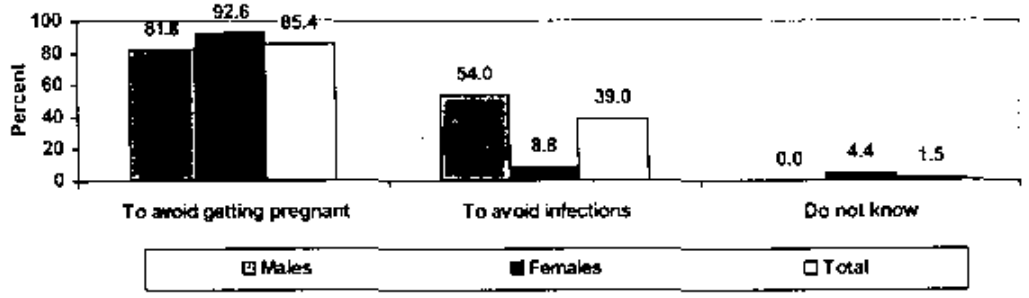
Table 8.8 Percent distribution of young people aged 15-24 years who used condoms during last intercourse by age group, sex and NGOs

Partner NGOs	Males			Females		
	15-19	20-24	Total	15-19	20-24	Total
	*	*	*			*
AMK	69.6	28.6	43.1	6.3	8.4	7.8
BPMHF	58.3	35.7	42.5	5.7	5.3	5.4
EHDAG	63.6	39.0	47.6	10.0	3.7	6.4
FPAN	38.9	21.7	26.6	5.1	2.3	3.1
Samjhauta	19.2	14.5	15.9	11.0	5.5	7.6
pheet NEPAL	37.5	13.3	18.4	15.4	2.6	5.9
SPN	46.7	19.2	29.3	22.4	9.6	14.0
Total	**47.5**	**23.6**	**31.1**	**11.2**	**5.5**	**7.4**

** Significant at <0.05 level*

Those respondents (N=205) who reported using condoms during their last intercourse were asked about the reasons for doing so. The majority (85.4%) of them had used condoms to avoid getting pregnant. This figure was much higher among females (92.6%) than males (81.8%). About two-fifths (39.0%) had used them to protect against infections. This reason was given by quite a high proportion of males (54.0%) compared to females (8.8%). About 2% of the respondents, mostly females, did not give any reasons for using it (Figure 8.7).

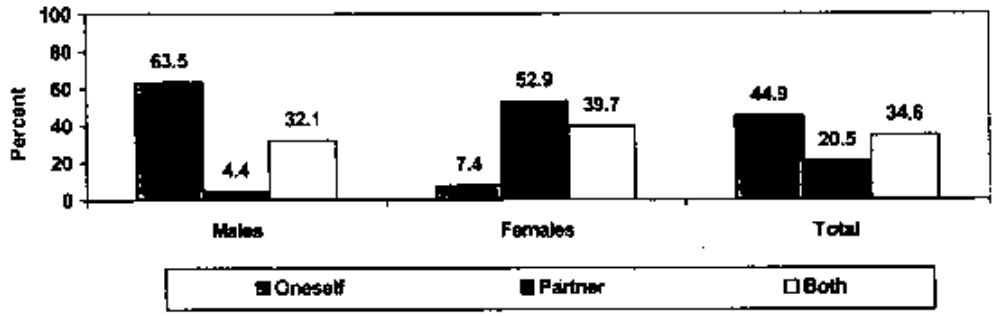
Figure 8.7 Percent distribution of respondents aged 15-24 by reasons for using condoms during their last sexual intercourse



N=205

Those respondents who reported using a condom during their last sexual intercourse were again asked about the person who made the decision to use it. Data presented in Figure 8.8 indicates that males have a dominant role in decision making as about 64% male respondents said they themselves decided to use it. Similarly, more than half of the females also said their partner decided to use a condom. Only about one-third of the respondents of both sexes reported that they jointly decided to use it.

Figure 8.8 Percent distribution of respondents aged 15-24 by persons making decision to use condoms during their last sexual intercourse



N=205

Pharmacies were reported as the main source of supply of condoms for the majority (46.8%) of the respondents followed by health posts (11.7%) and private clinics (11.2%; Table 8.9). Some respondents had obtained condoms from health centers (6.3%), general shops (5.9%) and subhealth posts (4.4%).

Table 8.9 Percent distribution of young people aged 15-24 by source of supply of condoms used during their last sexual intercourse

Source of supply of condoms used during last sexual intercourse	Males	Females	Total
Pharmacy	48.2	44.1	46.8
HP	12.4	10.3	11.7
Private clinic	15.3	2.9	11.2
Health center	6.6	5.9	6.3
Shop/market	6.6	4.4	5.9
SHP	2.9	7.4	4.4
Hospital	2.9	5.9	3.9
Friend	2.2	1.5	2.0
FCHV	1.5	4.4	2.4
Sex partner	1.5	1.5	1.5
Do not know	-	11.8	3.9
Total	**137**	**68**	**205**

The respondents (N=1,156) who did not use condoms during their last sexual intercourse were asked why they did not do so. About one-third (31.7%) of them did not use because they did not think it necessary and another 22% wanted to have children. About one in every 10 respondents gave the reason that they had sex with their spouses. Nearly 13% of the respondents were using other methods of contraception such as oral pills, Depo Provera and sterilization (Table 8.10).

Table 8.10 Percent distribution of young people aged 15-24 years by reasons for not using condoms during their last sexual intercourse

Main reason for not using condom during last sexual intercourse	Males	Females	Total
Did not think it necessary	23.4	34.6	31.7
Wanted a child	23.1	21.9	22.2
Had sex with spouse	18.8	8.1	10.9
Respondent did not want to	1.7	3.5	3.0
Did not think of it	4.3	4.1	4.2
Did not know about condoms	3.6	2.5	2.8
Did not expect to have sex	5.3	1.3	2.3
Partner refused	0.7	2.2	1.8
Pregnant at that time	4.0	4.9	4.7
Using other methods*	8.9	15.1	13.5
Other**	6.3	1.8	2.9
Total	**303**	**853**	**1156**

** Using other methods such as withdrawal, periodic abstinence, sterilization, Depo Provera, oral pills, Norplant, IUD.*
*** Other includes: did not know where to get it, too difficult, expensive, it is shameful, no resumption of menses since last birth, did not have condom, had sex for the first time.*

Those respondents (N=1,361) who have had sexual intercourse were asked if they had used any contraceptives during their last sexual encounter to avoid getting pregnant irrespective of their condom use status. About 19% of the respondents said they had used contraceptives at that time. A higher proportion of females (23.5%; N=216) than males (9.3%; N=41) had used contraceptives other than condoms (Table not shown). Nearly two-thirds (63.8%) of the respondents reported using Depo Provera followed by 17% who had undergone female sterilization and another 11% were on oral pills (Table 8.11).

Table 8.11 Percent distribution of young people aged 15-24 years who reported using contraceptives other than condoms during their last sexual intercourse

Contraceptive methods	Males	Females	Total
Injections (Depo Provera)	63.4	63.9	63.8
Pills	14.6	10.6	11.3
Female sterilization	17.1	16.7	16.7
Male sterilization	2.4	3.2	3.1
Implant (Norplant)	-	3.2	2.7
IUD	-	0.5	0.4
Withdrawal/ periodic abstinence/ natural method	2.4	1.4	1.6
Other	-	0.5	0.4
Total	**41**	**216**	**257**

Table 8.12 further analyzes the use of contraception during the most recent intercourse by selected background characteristics. Among the respondents who had sexual intercourse 34% (N=457) reported that they had used any modern contraceptive methods during their last sexual intercourse. Sex-wise data indicate that about 40% of the males compared to only 30% of females reported using contraceptives during their last sexual intercourse. A significantly higher proportion of urban respondents (47.4%) compared to those from rural areas (29.8%) had used contraceptives during their last sexual intercourse. Similarly, a significantly higher proportion of respondents belonging to the older age group (20-24 years), currently enrolled in school or

college, having secondary or higher level of education and with exposure to all three media (newspapers or magazines, radio and TV) reported using contraceptive methods during their last sexual intercourse compared to the other respondents. A significantly higher proportion of respondents belonging to the areas where EHDAG, FPAN and BPMHF are working reported using contraceptives during their last sexual act, while only 19% of the respondents in the areas where Samjhauta is working reported using contraceptives the last time they had sexual intercourse.

Table 8.12 Percent of sexually active young people aged 15-24 who used modern contraceptives the last time they had sex by selected background characteristics

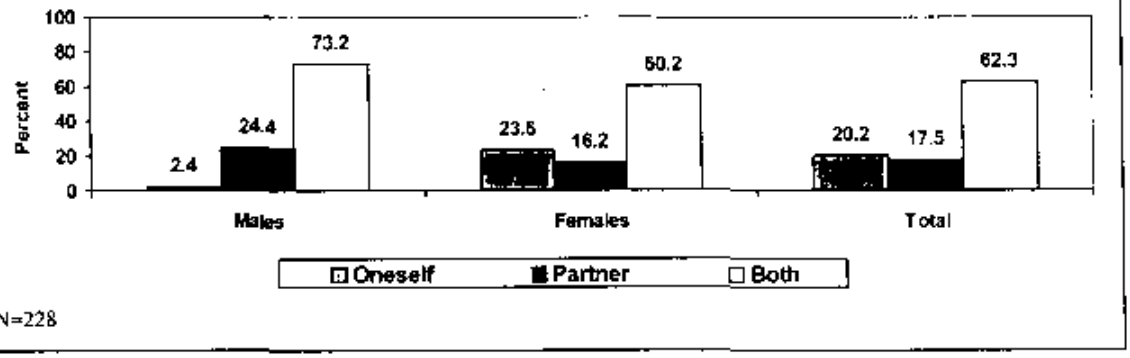
Background characteristics	Males (N=440)	Females (N=921)	Total (N=1,361)
Place of residence	*	*	*
Urban	56.6	42.2	47.4
Rural	35.0	27.4	29.8
Marital status	*		*
Married	28.1	30.2	29.7
Unmarried	67.9	45.5	66.2
Age group	*	*	*
15-19 years	47.5	19.1	28.1
20-24 years	36.9	35.9	36.2
Level of education	*		*
Illiterate	23.9	26.2	25.9
Just literate/primary	27.9	36.2	32.9
Lower secondary	44.1	32.4	37.1
Secondary	53.5	37.7	45.4
SLC and above	45.6	31.3	38.6
Currently attending regular school or college	*		*
Yes	65.3	34.4	55.8
No	35.3	30.3	31.7
Exposure to media	*		*
None	11.1	23.7	22.4
Only one	26.3	25.3	25.5
Only two	25.3	32.9	31.7
All three	47.1	31.2	39.7
Partner NGO	*	*	*
AMK	49.2	22.6	32.2
BPMHF	57.5	33.8	39.4
EHDAG	58.7	51.1	54.1
FPAN	50.0	43.3	45.5
phect NEPAL	31.6	26.5	27.9
Samjhauta	17.0	19.0	18.5
SPN	31.7	28.0	29.3
Total	**40.2**	**30.4**	**33.6**

** Significant at <0.05 level*

More than 62% of the respondents said they decided jointly (they and their sex partners) to use contraceptives. The proportion of respondents saying so was much higher among males (73.2%)

than females (60.2%). About 20% of the respondents said that they decided alone to use contraceptives and another 18% said their partner made decisions about it (Figure 8.9).

Figure 8.9 Percent distribution of respondents aged 15-24 reporting the person who made decision about using contraceptives during their last sexual intercourse



N=228

Among the young people, 30% and 26% of the respondents mentioned hospitals and health posts respectively as the main sources of supply of contraceptives. Similarly, 10% of the respondents obtained their contraceptives from health centers, 8% from pharmacies, 7% from subhealth posts, 5% from private clinics and another 5% from local NGOs (Table 8.13).

Table 8.13 Percent distribution of young people aged 15-24 years reporting their sources of supply of contraceptives used during their last sexual intercourse

Source of supply of contraceptives	Males	Females	Total
Hospital	31.7	29.2	29.6
HP	9.8	29.2	26.1
Health center	12.2	9.3	9.7
Pharmacy	7.3	7.9	7.8
SHP	7.3	6.5	6.6
Private clinic	9.8	4.6	5.4
Local NGOs	7.3	4.2	4.7
FCHV	-	2.2	1.9
PHC	-	1.4	1.2
Other*	14.6	5.6	6.6
Do not know	-	0.5	0.4
Total	**41**	**216**	**257**

** Other includes: spouse, mobile clinic, ward health office, adopting natural methods, VDC clinic.*

The 1,361 respondents who have had sexual intercourse but did not use any contraceptives during their last sexual intercourse were asked the reasons for not doing so. The main reasons given by the respondents were that they did not think it necessary (40.8%) or that they wanted a child (31.4%). The other reasons mentioned by a few respondents were: did not think of it (6.3%), were pregnant at that time (6.2%), did not expect to have sex (3.2%) and did not know any method (2.6%; Table 8.14)

Table 8.14 Percent distribution of young people aged 15-24 by reasons for not using any modern contraceptives during their last sexual intercourse

Reasons for not using any modern contraceptives	Males	Females	Total
Did not think it necessary	30.2	45.2	40.8
Wanted a child	32.8	30.8	31.4
Did not think of it	9.2	5.2	6.3
Did not expect to have sex	5.3	2.4	3.2
Did not know any method	4.2	1.9	2.6
Partner refused	1.1	3.0	2.4
Respondent did not want to	1.9	2.0	2.0
Too difficult/ expensive	0.4	0.5	0.4
It is shameful	0.8	0.2	0.3
Did not know where to get it	0.8	-	0.2
Pregnant at that time	5.0	6.8	6.2
Other*	8.4	2.2	4.0
Total	**262**	**637**	**899**

** Other includes: lack of condoms, no resumption of menses, due to illness, side effects from the use of Depo Provera, husband has gone to abroad, child too small.*

8.4 Saying "No" to sex

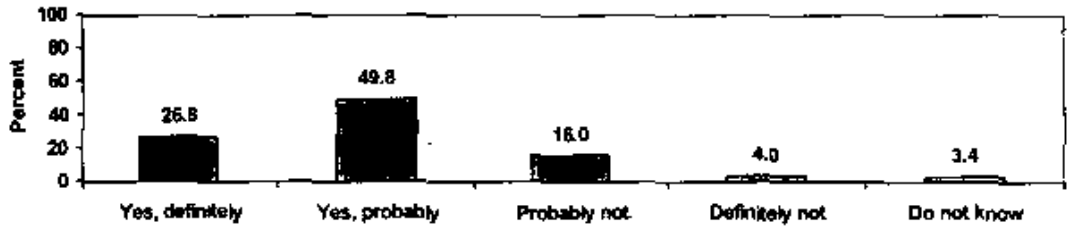
Information on the opinions of the respondents on sexual matters was collected during survey. When asked whether they could refuse having sex should they wish to, over 60% of the respondents (more females than males) reported that they could definitely refuse sex and another 11% said that they could probably refuse it. About 15% of the respondents (more males than females) said that they definitely could not refuse it and another 8% said they probably would not be able to refuse it. It is perhaps surprising that males feel less able to refuse sex than females (Table 8.15).

Table 8.15 Percent distribution of young people aged 15-24 expressing their opinions on whether they are able to accept or refuse a proposal to have sex when it is not wanted

Opinion regarding the acceptance or refusal of unwanted sex	Males	Females	Total
Definitely could not refuse	26.2	7.0	14.7
Probably could not refuse	10.9	6.2	8.1
Probably could refuse	13.1	9.4	10.9
Definitely could refuse	45.0	70.8	60.4
Not sure/do not know	4.7	6.6	5.8
Total	**1106**	**1642**	**2748**

In response to the question asked of male respondents, "*if you wanted to have sex and your partner did not want to, would you accept that she refuses to have sex?*" more than three-quarters (76.6%) of the males would probably or definitely accept their partner's refusal. However, 16% of the respondents said they "probably would not accept", another 4% said they "definitely would not accept" their partner's refusal, and another 3% did not give their opinion on it (Figure 8.10).

Figure 8.10 Percent distribution of male respondents aged 15-24 by whether they would accept their partners' refusal to have sex



N=1,106

On the question whether a woman should agree to sex whenever her partner wanted it, nearly 43% of the respondents agreed that a woman should agree to sex whenever her partner wanted to do it (Table 8.16). This statement was agreed by a substantially higher proportion of males (58.4%) compared to females (32.2%). However, the majority (86.9%) of the respondents did not agree that a man has right to beat or discipline his partner if she refuses sex to him. However, about 11% of the respondents (12.2% males and 10.2% females) agreed to this statement indicating the dominant roles of males in sexual matters.

Table 8.16 Percent distribution of young people aged 15-24 by opinion regarding the acceptance or refusal of undesired sex

Description	Males (N=1,106)	Females (N=1,642)	Total (N=2,748)
Opinion on whether a woman should agree to sex whenever her partner wants it			
Yes	58.4	32.2	42.7
No	37.2	65.3	54.0
Do not know	4.4	2.6	3.3
Opinion regarding whether a man has the right to beat or discipline his partner if she refuses sex to him			
Yes	12.2	10.2	11.0
No	84.6	88.4	86.9
Do not know	3.2	1.5	2.1

8.5 Knowledge about sexual and reproductive health

Knowledge of young people aged 15-24 years regarding sexual and reproductive health was further analyzed and the results are presented in Table 8.17. Those respondents who met the following criteria or were able to mention all of the following things correctly were considered to be persons having correct knowledge about sexual and reproductive health.

- Those respondents who reported that they know when a women is more likely to become pregnant from one menstrual period to the next,
- Those respondents who reported that a woman could get pregnant half way between two periods

- Those respondents who spontaneously mentioned they know at least two modern contraceptive methods, and
- Those respondents who knew about HIV/AIDS and at least one other STI (gonorrhea, or syphilis or herpes).

Overall, 17% of the respondents had correct knowledge about sexual and reproductive health (SRH). A higher proportion of males (23.0%) compared to females (12.8%) had correct knowledge about SRH. The urban respondents of both sexes are more likely have correct knowledge than their rural counterparts. Nearly one quarter (22.7%) of the unmarried respondents compared to only 10% of married respondents had correct knowledge about it. Those respondents who have completed SLC or higher level of education or were currently enrolled in schools or colleges are more likely to have correct knowledge about SRH than their less educated counterparts. Access to media also has a strong relationship with the level of correct knowledge about SRH. By NGO area, respondents residing in Samjhauta and SPN working areas are less likely to have correct knowledge about SRH than those residing in other areas.

Table 8.17 Percent distribution of respondents aged 15-24 by knowledge about sexual and reproductive health by selected background characteristics (N=2,748)

Background characteristics	Males	Females	Total
Place of residence	*	*	*
Urban	36.5	23.1	28.8
Rural	18.0	9.4	12.8
Marital status	*	*	*
Married	13.4	8.7	9.9
Unmarried	26.8	18.1	22.7
Age group			*
15-19 years	24.0	13.9	18.3
20-24 years	21.4	11.5	15.1
Level of education	*	*	*
Illiterate	2.1	2.9	2.8
Just literate/primary	7.4	5.2	6.2
Lower secondary	11.2	8.6	9.8
Secondary	33.2	23.7	28.3
SLC and above	43.2	32.6	38.1
Currently attending regular school or college	*	*	*
Yes	33.8	23.8	28.8
No	13.0	7.7	9.5
Exposure to media	*	*	*
Only one	2.6	3.8	3.5
Only two	5.0	4.9	4.9
All three	29.1	22.4	25.9
None	0.0	2.3	2.0
Partner NGO	*	*	*
AMK	19.3	21.6	20.6
BPMHF	37.5	7.0	17.1
EHDAG	20.9	17.2	18.8
FPAN	29.4	10.4	19.0
pheet NEPAL	31.1	21.8	25.5
Samjhauta	7.9	8.4	8.2
SPN	20.9	7.0	12.6
Total	**23.0**	**12.8**	**16.9**

** Significant at <0.05 level*

Chapter 9

Drug Abuse, Violence and Girl Trafficking

Drug abuse, violence and girl trafficking are prevalent among young people of both urban and rural areas of the country. In order to minimize these social evils it is important to know about knowledge, attitudes and practices of young people relating to these issues. Information regarding the drug abuse, knowledge about violence and girls trafficking among young people aged 15-24 was collected in the present study. This will help design appropriate preventive measures against these problems. This chapter is divided into three sections. The first section discusses knowledge, attitudes and behavior on drugs, alcohol and smoking, followed by violence among young people in the second section. The third section presents information on the knowledge and perceptions of young people on girl trafficking.

9.1 Drug abuse[1]

Table 9.1 presents data on the knowledge of young people about smoking, alcohol and drugs. All 2,748 respondents included in the study were asked to name drugs, alcohol or smoking items they knew. Knowledge of different kinds of drugs was assessed by analyzing spontaneous as well as probed responses. The majority (>89%) of the young people in the study areas spontaneously mentioned that they knew of smoking items such as tobacco and cigarettes. Likewise, about 78% of the respondents spontaneously mentioned that they knew of home made alcohol followed by nearly half mentioning beer (46.4%) and branded alcohol (42.5%). More than 6 in every 10 respondents also spontaneously mentioned that they knew of *Ganja* while only about 16% had knowledge about heroine and tidigesic. Nearly 10% of the respondents mentioned that they knew of combined drugs.

Table 9.1 Percent distribution of young people aged 15-24 who have heard about different kinds of drugs (N=2,748) (% yes only)

Types of drugs	Spontaneous (1)	After Probing (2)	Total (1+2)
Cigarettes	91.0	9.0	100.0
Tobacco	89.3	10.4	99.7
Home made alcohol (Jaand/ Raksi)	78.2	19.2	97.4
Ganja (marijuana)	62.9	33.0	95.9
Beer	46.4	45.8	92.2
Branded alcohol (Raksi)	42.5	38.9	81.4
Tidigesic	16.7	39.0	55.7
Heroine	16.0	27.2	43.2
Combined drugs	9.6	27.0	36.6
Charesh	7.9	-	7.9
Bhang/ Aphim (opium) /Dhaturo	6.2	-	6.2
Guthkha/ Pan Parag	4.3	-	4.3
Drugs/tablets/ phynsidel	2.9	-	2.9
Opium	1.5	-	1.5
Other*	3.7	-	3.7

** Other includes: betle nut, tadi, powder, shoe polish. MAUSULI. Dapin tablet which brings sexual desire. Chhorni. Popin. Liquid used for developing photonegative.*

[1] Use of drugs in this analysis includes generally understood drugs, smoking and alcohol use.

If the respondents did not mention a particular drug they were further prompted by the field staff on each of the drugs they did not mention spontaneously. After probing nearly every respondent reported (92.2%-100.0%) that s/he had heard of tobacco, cigarettes, beer, home made alcohol, and ganja (Table 9.1). Similarly, more than half of the respondents reported that they have heard of tidigesic and another 43% have heard of heroine. Likewise, more than one-third of the respondents also reported that they have heard of combined drugs. The above findings indicate that young people in the study areas are familiar with various kinds of drugs.

On the question of where they got information about drugs, the majority (76.9%) of the respondents reported that they got information from their friends followed by the radio (67.6%), TV (49.8%) and 37% mentioned schools or colleges (Table 9.2). Very few (<5%) respondents obtained information about drugs from printed IEC materials, health facilities, local NGOs and family members.

Table 9.2 Percent distribution of young people aged 15-24 reporting their sources of information about drugs

Source of information about drugs	Males	Females	Total
Friends	85.9	70.8	76.9
Radio	74.6	63.0	67.6
Television	52.6	47.9	49.8
School/college	42.7	32.7	36.7
Newspapers/magazines	6.4	4.8	5.4
Drug users	1.0	5.0	3.4
Neighbors	1.1	2.8	2.1
Other*	9.1	8.6	8.8
Total	**1106**	**1642**	**2748**

** Other includes: posters, pamphlets, workplace, health post, subhealth posts, hospitals, health centers, books, family members, training, seminar, workshop, local NGOs, shops, non-formal education classes, community meetings, pharmacy, doctor, health workers, FCHV, cinema hall, market, India.*

Overall, one-fifth (18.1%; N=498) of the respondents reported that they have ever taken any kinds of tobacco, drugs or alcohol. A significantly higher proportion of males (35.2%) than females (6.6%) had experienced these items. No significant difference was observed on the use of drugs and place of residence of respondents (Table 9.3). However, a significantly higher proportion of married respondents as against the unmarried ones had ever experienced drugs. The use of drugs among older respondents (20-24 years old) was significantly higher compared to the respondents aged 15-19 years. Association between the use of drugs and current enrolment at school or college was observed, as only 10% of the respondents who were currently enrolled at school or college compared to 23% of the respondents who were not currently enrolled reported ever using drugs. The practice of using drugs among young people in the areas of EHDAG and FPAN was found to be significantly higher than in the areas of other NGOs indicating the need to give more information to the young people of these areas about the consequences of drug use.

Table 9.3 Percent distribution of respondents aged 15-24 who have ever taken any kinds of drugs by selected background characteristics (N=2,748)

Background characteristics	Males	Females	Total
Place of residence			
Urban	37.8	5.7	19.4
Rural	34.2	6.9	17.7
Marital status	*	*	*
Married	55.9	9.3	21.3
Unmarried	26.7	3.2	15.5
Age group	*	*	*
15-19 years	24.0	4.1	12.7
20-24 years	52.5	9.5	25.1
Level of education	*	*	*
Illiterate	54.3	10.5	17.3
Just literate/primary	56.4	10.9	30.8
Lower secondary	30.2	6.0	17.1
Secondary	28.0	2.4	14.7
SLC and above	31.1	1.7	17.0
Currently attending regular school or college	*	*	*
Yes	17.1	2.5	9.8
No	51.9	8.5	23.2
Partner NGO			*
AMK	31.3	2.1	14.0
BPMHF	23.4	10.9	15.0
EHDAG	45.3	8.6	24.3
FPAN	38.7	15.9	26.1
phect NEPAL	33.3	4.1	15.8
Samjhauta	33.7	1.1	14.3
SPN	38.2	5.6	18.7
Total	**35.2**	**6.6**	**18.1**

** Significant at <0.05 level*

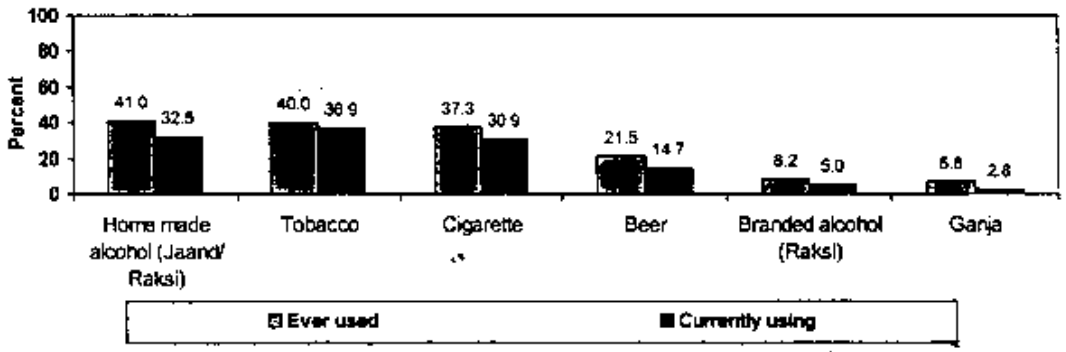
The respondents who reported ever using drugs, alcohol or smoking were also asked how they took these items. In response, more than 40% of respondents each reported that they take drugs through smoking or drinking. About a quarter of the respondents also reported that they take drugs by chewing them and other 13% said by ingestion. Nearly half of the males had taken drugs by smoking while about 58% of the females had taken drugs through drinking. Only 2% of male respondents said they took drugs through injecting or inhaling. The above information indicates that the use of intravenous drugs in the study areas is not pronounced.

Table 9.4 Percent distribution of young people aged 15-24 reporting the ways they have taken drugs

Ways of taking drugs	Males	Females	Total
Injecting	1.8	-	1.4
Smoking	49.9	16.5	42.6
Ingesting	12.9	11.9	12.7
Inhaling	1.5	-	1.2
Drinking (alcohol/ beer/ Tadi)	35.7	57.8	40.6
Chewing or keeping inside mouth (tobacco/Khaini/Gutkha/nut)	26.7	19.3	25.1
Other	0.3	-	0.2
Total (N)	**389**	**109**	**498**

Those respondents who reported ever taking drugs were asked about the kinds of drugs they had experienced. Over 40% of the respondents had tried home made alcohol (41.0%) and tobacco (40.0%). A sizeable proportion of the respondents also reported that they had also smoked cigarettes (37.3%) and drunk beer (21.5%). Some respondents also said they had drunk branded alcohol (8.2%) and smoked Ganja (6.8%). Less than one percent of the respondents (all males) had tried other kinds of drugs such as heroine, tidigesic and combined drugs (Figure 9.1).

Figure 9.1 Percent distribution of young people aged 15-24 years by kinds of drugs ever taken



N=498

Note: Other kinds of drugs such as heroine, tidigesic, combined drugs, etc. were mentioned by less than 1% of the respondents.

Those respondents (N=498) who had tried drugs were further asked what kinds of drugs they were currently using. About 37% of the respondents (39.3% of males and 28.4% of females) reported currently using tobacco followed by 33% (25.2% of males and 58.7% of females) using home made alcohol and 31% (36.2% of males and 11.9% of females) using cigarettes (Figure 9.1). About 15% of the respondents (16.5% of males and 8.3% of females) were currently using beer. Those currently using branded alcohol constituted 5% (5.9% of males and 1.8% of females) and 3% (all males) *ganja*. Less than one percent of the respondents (all males) were currently using heroine and tidigesic, and none of them mentioned combined drugs.

Those respondents who had experienced drugs were further asked about the age when they started taking drugs. Data presented in Table 9.5 shows that about 37% of the respondents (33.2% of males and 50.5% of males) had first taken drugs before reaching 15 years of age. Similarly, about 29% of the respondents had taken drugs for the first time when they were 15-16

years old. One-fifth of the respondents said they first took drugs when they were 17-18 years old. The mean age at which they started taking drugs was 15.2 years (males 15.5 years and females 14.1 years).

Table 9.5 Percent distribution of drug takers aged 15-24 years old by age when they first started taking drugs

Age when first took drugs	Males	Females	Total
<15 years	33.2	50.5	36.9
15-16 years	28.0	31.2	28.7
17-18 years	22.9	11.9	20.5
19-20 years	11.1	5.5	9.8
21 years and above	4.9	0.9	4.0
Mean	**15.5**	**14.1**	**15.2**
SD	**3.3**	**3.0**	**3.3**
Total	**389**	**109**	**498**

All respondents were asked if they had known any one of their age to use drugs or alcohol or smoke in their areas. More than 9 in every 10 respondents said that they knew such persons (Table 9.6). A higher proportion of males compared to females reported knowing persons who used drugs in their areas. The majority (93.4%) of the respondents said these people use cigarettes followed by tobacco (86.6%) and another 74% mentioned homemade alcohol. More than half (56.1%) of the respondents also said that people of their age use *ganja* and another 42% said beer.

Table 9.6 Percent distribution of young people aged 15-24 years old reporting that they had known people of their ages who use drugs

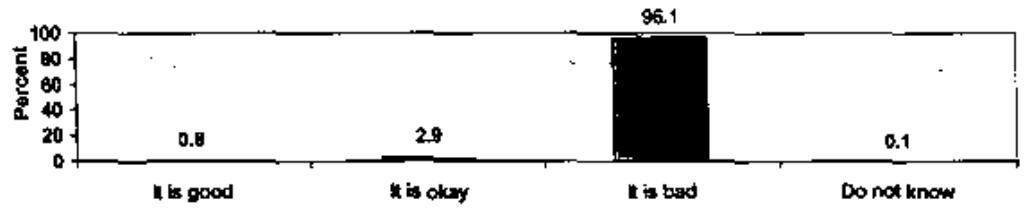
Description	Male			Female			Total		
	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24	Total
Known any one									
Yes	96.0	97.5	96.6	87.6	89.2	88.3	91.2	92.2	91.6
No	4.0	2.5	3.4	12.4	10.8	11.7	8.8	7.8	8.4
Total	**672**	**434**	**1106**	**876**	**766**	**1642**	**1548**	**1200**	**2748**
Kinds of drugs that person use									
Cigarette	93.0	95.3	93.9	94.1	91.9	93.1	93.6	93.2	93.4
Tobacco	86.4	90.8	88.1	85.0	85.9	85.4	85.6	87.8	86.6
Home made alcohol (JAD/Raksi)	72.2	75.5	73.5	74.2	73.1	73.7	73.3	74.0	73.6
Ganja	64.5	62.2	63.6	55.0	45.5	50.0	59.3	51.9	56.1
Beer	46.5	44.9	45.9	43.9	35.1	39.8	45.1	38.9	42.4
Branded alcohol (Raksi)	31.0	35.9	33.0	36.1	33.5	34.9	33.8	34.1	34.1
Tidigesic	11.9	9.5	11.0	11.1	6.4	8.9	11.5	7.6	9.8
Combined drugs	5.9	5.2	5.6	3.7	3.2	3.4	4.7	4.0	4.4
Heroine	6.0	7.1	6.5	2.0	1.6	1.8	3.8	3.7	3.8
Tablets	1.7	0.5	1.2	1.3	1.3	1.3	1.5	1.0	1.3
Bhang	0.6	0.2	0.5	1.0	0.6	0.8	0.8	0.5	0.7
Charas	0.6	0.5	0.6	0.5	0.1	0.3	0.6	0.3	0.4
Other*	6.7	2.6	5.8	3.3	3.5	3.7	4.8	3.2	4.1
Total	**767**	**683**	**1068**	**767**	**683**	**1450**	**1412**	**1106**	**2518**

** Other includes: gutkha, pan parag, iadi, heroine, Dhanuro, nuts, injection, Afim, Hukka, perfume.*

Although only a few respondents reported that they had used drugs like heroine, tidigesic and combined drugs, a sizeable proportion of the respondents, however, said young people in their areas take tidigesic (9.8%), combined drugs (4.4%) and heroine (3.8%). The above information indicates drugs problems existing in the program areas.

In order to examine the opinion of respondents regarding the use of drugs by people of their age, all respondents were asked, "*What do you think about the use of drugs by people of your age?*" the majority (96.1%) of the respondents said that *it is bad* for young people to use drugs. Only about 4% of the respondents thought that *it is okay* or *good* of their age to use drugs (Figure 9.2). The above findings indicate that young people in the study areas do not approve of drug use.

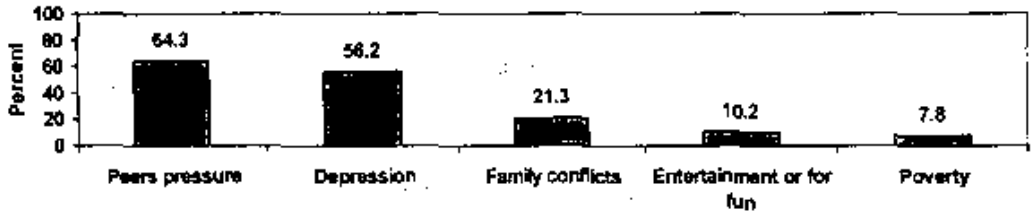
Figure 9.2 Percent distribution of young people aged 15-24 by opinion regarding the use of drugs by the people of their age



N=2,748

The majority of the respondents thought that people of their ages take drugs due to peer pressure (64.3%) and about 56% opined that they use drugs due to depression. Family conflicts were mentioned by about one-fifth of the respondents as a reason for using drugs by people of their age (Figure 9.3). About one in every 10 respondents also thought that they use drugs for fun or happiness. About 8% of the respondents opined that people of their age take drugs due to poverty. The other reasons for taking drugs as cited by a few (<5%) respondents were: due to tragedy in love affairs, curiosity, to get release from tiredness, tradition of the society, current fashion, religious reasons, to look smart, etc.

Figure 9.3 Percent distribution of young people aged 15-24 years giving opinion on reasons for using drugs for people of their age



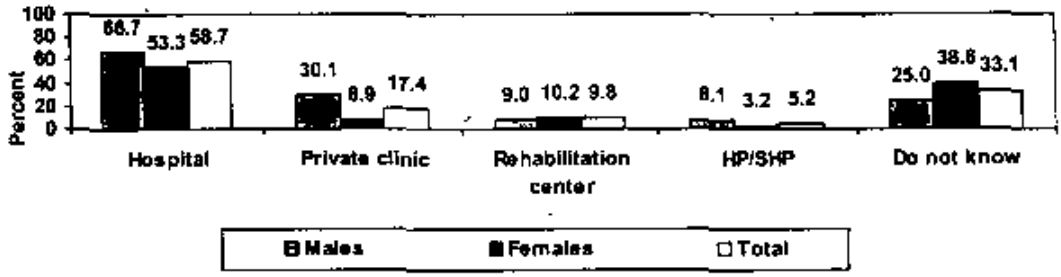
N=2,748

Note: Less than 5% of the respondents gave reasons such as due to tragedy in love affairs, for taste, due to tiredness, tradition of the society, fashion, religious reasons, to show smartness.

Data on the knowledge of respondents about sources of treatment services for drugs users is presented in Figure 9.4. Nearly three-fifths of the respondents reported that drug users are treated at hospital. A higher proportion of males (66.7%) compared to females (53.3%) had knowledge

about the availability of treatment services at hospital. About 17% of the respondents knew that treatment services are available at private clinics; the number mentioning this facility was higher among males than females (30.1% males and 8.9% females). Rehabilitation centers and health posts or subhealth posts were mentioned by 10% and 5% respondents respectively. Quite a small number (about 1%) of the respondents said treatment services for drug users are available at pharmacies, NGO clinics, traditional healers, FCHVs, mobile clinics, etc. About one-third (33.1%) of the respondents could not mention any sources from which treatment services are available.

Figure 9.4 Percent distribution of young people aged 15-24 years by knowledge about sources of treatment for drug users



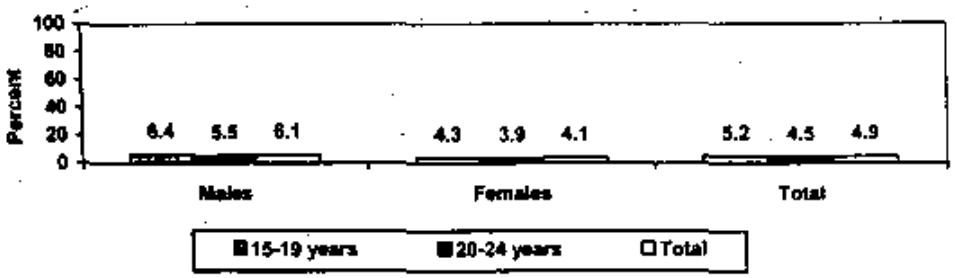
N=2,748

Note: About 1% mentioned sources such as pharmacies, NGO clinics, traditional healers, FCHVs, mobile clinics, etc.

9.2 Violence

All the male and female respondents included in the study were asked if they were beaten or mistreated physically in the last 12 months preceding the survey date. About 5% of the respondents said they were beaten or mistreated by someone in the last 12 months (Figure 9.5). A slightly higher proportion of males than females reported so (6.1% males and 4.1% females). By age group, a slightly higher proportion of young people aged 15-19 compared to those between 20-24 years old were reported to be physically beaten or mistreated in the last 12 months preceding the survey date.

Figure 9.5 Percent distribution of young people aged 15-24 years who were beaten or mistreated physically in the last 12 months



N=2,748

The majority (76.2%) of the respondents, however, reported having heard about negative behavior such as sexual harassment or violence against girls or women. A slightly higher

proportion of females (79.9%) compared to males (70.8%) reported having heard about such negative behavior (Table 9.7). The majority of them had heard about rape (82.3%) followed by trafficking (53.9%). About two-fifths each of the respondents also said they had heard about touching (38.7%), physical abuse (38.3%) and sexual harassment (37.3%).

Table 9.7 Percent distribution of young people aged 15-24 who have heard about negative behavior against girls or women

Description	Males	Females	Total
Heard about any type of negative behavior (sexual harassment/violence) against girls/women			
Yes	70.8	79.9	76.2
No	29.2	20.1	23.8
Total	**1106**	**1642**	**2748**
Types of negative behavior heard of			
Rape	91.7	76.8	82.3
Trafficking	45.7	58.8	53.9
Touching	38.4	38.8	38.7
Physical abuse	25.3	46.1	38.3
Sexual harassment	38.6	36.6	37.3
Pinching	16.9	9.7	12.4
Other*	0.9	2.6	2.0
Do not know	0.3	0.2	0.2
Total	**783**	**1312**	**2095**

** Other includes: discrimination, domination from husbands and parents-in-law, domestic violence, not sending daughters to school, keeping mistress outside, mental torture, domination by males*

Nearly 4% (108 out of 2,760) of the respondents reported experiencing any form of sexual violence in the last 12 months preceding the survey date (Table not shown). These 108 respondents (51 males and 57 females) were again asked about the kinds of violence they had experienced. The most frequently cited violent activities experienced by the respondents were (Table not shown):

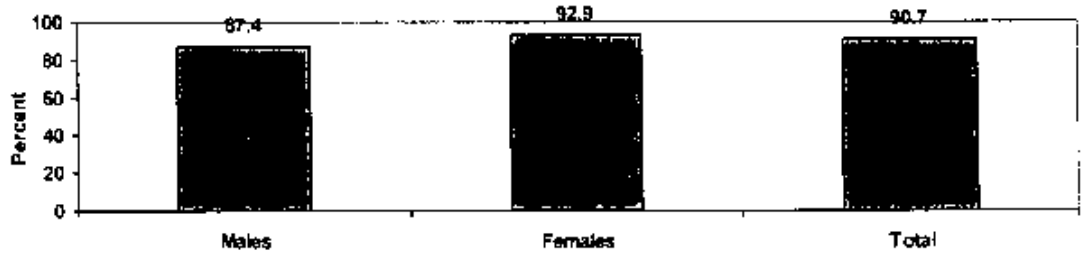
- Physical abuse (45.4%; both males and females)
- Touching (41.7%; mostly females)
- Pinching (8.3%; both males and females)
- Raping (2.8% all females)
- Sexual harassment (1.9%; both males and females)
- Trafficking (1.9%; all females)

Over 40% of the respondents said their friends were the perpetrators of the above mentioned violence. About 30% of the females said their husbands were involved. The other persons were parents (13.9%), siblings (6.5%), relatives (5.6%) and unknown person (4.6%). Some respondents also said employer, drug addicts, mothers-in-law, neighbors; boyfriends or girlfriends were involved in such violence (Table not shown).

9.3 Girl trafficking

More than 90% of the respondents had heard of girl or women trafficking. A slightly higher proportion of females (92.9%) compared to males (87.4%) had heard of girl or women trafficking (Figure 9.6). About 10% of the respondents had not heard of it.

Figure 9.6 Percent distribution of young people aged 15-24 years who have heard of girls or women trafficking



N=2,748

Those who had heard of girl or women trafficking were asked what could be the reasons for such an activity. The majority of the respondents gave reasons related to poverty and illiteracy. For instance, over three-quarters (76.4%) of the respondents said that girls or women are trafficked because they are poor and another 70% gave the reason of being illiterate (Figure 9.7). About 15% of the respondents gave the reason that girls are socially disadvantaged. Some respondents (6.0%) also gave the reasons that girls or women are trafficked due to the influence of their friends, the lure of good food and clothing, with the expectation of marriage and love with traffickers. Less than 5% of the respondents mentioned reasons such hope of getting good jobs, lack of awareness, discrimination between son and daughter, drug abuse, beating from husbands and domination from parents and family members.

Figure 9.7 Percent distribution of young people aged 15-24 years by opinion regarding the reasons for girl or women trafficking

N=2,492

Note: Less then 5% mentioned lack of money, hope to getting good jobs, lack of awareness, discrimination between son and daughter, due to drug use, beating from husbands and domination from parents and family.

Most of the respondents said that pimps are usually involved in girl or women trafficking (89% of the males and 85% of females). Similarly about one-third respondents each mentioned friends or neighbors (34.1%) and relatives of girls (32.3%) involved in girl trafficking. Some other respondents also mentioned that husbands (14.7%), truck drivers (9.9%) and parents (5.9%) are involved in trafficking (Table 9.8). Only about 5% of the respondents said they did not know who is involved.

Table 9.8 Percent distribution of young people aged 15-24 years by opinion regarding persons generally involved in girl or women trafficking

Opinion regarding type of persons generally involved in trafficking	Males	Females	Total
Pimps	88.8	84.6	86.2
Friends/neighbors	27.1	38.6	34.1
Relatives	21.2	39.3	32.3
Husbands	11.8	16.5	14.7
Truck drivers	8.1	11.0	9.9
Parents	6.3	5.7	5.9
Fraud boys/ bad boys	2.4	2.5	2.4
Drugs users/ alcoholic persons	1.4	2.1	1.8
Other*	3.1	2.2	2.4
Do not know	2.9	5.4	4.5
Total	**967**	**1525**	**2492**

** Other includes: persons who frequently travel abroad, female friends, young boys, boyfriends, hotel personnel, persons who work in government offices, politicians, witchcraft (Bokshi), stranger, businessperson, rich person, illiterate persons.*

Chapter 10

Youth Activities in Program Areas

Information regarding knowledge of young people about youth activities carried out in their areas and their level of participation in such activities was collected from all young people included in the study.

10.1 Knowledge about youth activities on SRH

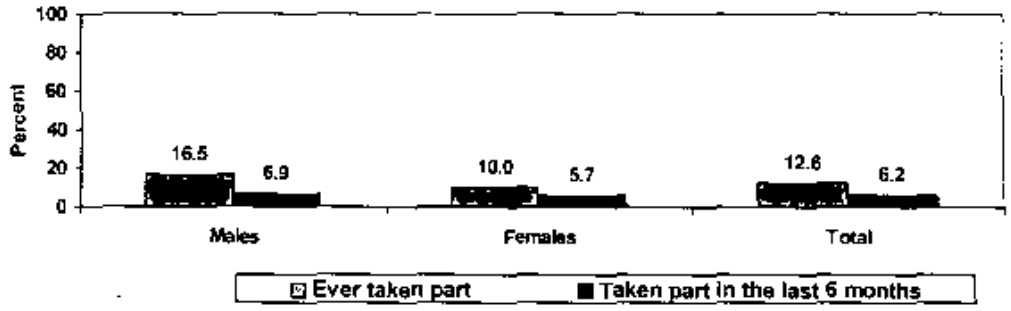
Overall, 30% of the young people aged 15-24 were found to be aware of youth reproductive health services being implemented in their areas. A slightly higher proportion of males (32.5%) compared to females (27.9%) were reported to be aware of such activities (Table 10.1). The respondents were again asked if they were aware of any activities organized by health centers, youth centers or other people in their community. In response, the majority (38.5%) of the respondents reported that they were aware of activities related to family planning followed by HIV/AIDS (32.2%) and other STIs (18.9%). A higher proportion of males than females were found to be more aware of such activities being carried out in their areas.

Table 10.1 Percent distribution of young people aged 15-24 who have heard of youth reproductive health services being carried out in their areas

Description	Males	Females	Total
Heard about youth-friendly reproductive health services			
Yes	32.5	27.9	29.7
No	67.5	72.1	70.3
Total	**1106**	**1642**	**2748**
Knowledge about types of activities or information organized by health centers, youth centers or other people			
Family planning	46.1	33.3	38.5
HIV/AIDS	41.2	26.1	32.2
STIs	26.3	13.8	18.9
Total	**1106**	**1642**	**2748**

The participation of young people in such activities was found to be quite low as only about 13% of the respondents said they had taken part in such activities. The participation of males in such activities was slightly higher than of females (16.5% vs 10.0%). The respondents were again asked if they had taken part in such activities in the last 6 months. In response, only 6% of the respondents said they had taken part in the last 6 months. Nearly 7% of the males and 6% of females reported taking part in the last 6 months (Figure 10.1).

Figure 10.1 Percent distribution of young people aged 15-24 who have taken part in the activities related to family planning, HIV/AIDS and STIs



N=2,748

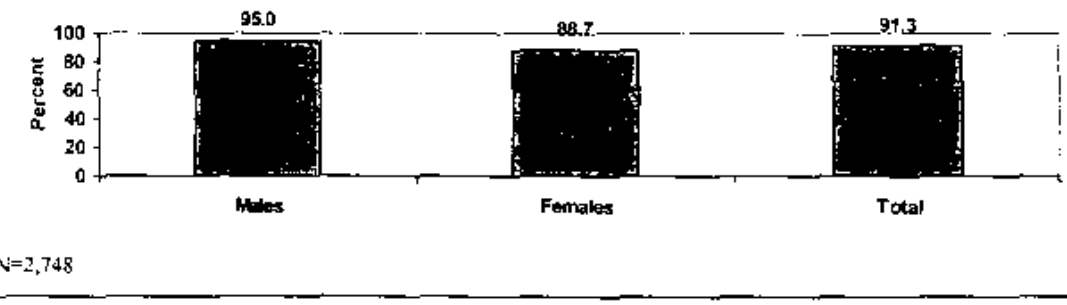
All respondents aged 15-24 years were again asked if they had personally known anyone working as a peer educator in their areas. Over a quarter (26.2%) of the respondents said they had known such persons. By sex, nearly one-third of males compared to about 22% of females reported knowing peer educators in their areas (Table 10.2).

Table 10.2 Percent distribution of young people aged 15-24 who had personally known a peer educator of their area

Personally known the peer educators	Males	Females	Total
Yes	32.4	22.1	26.2
No	67.6	77.9	73.8
Total	**1106**	**1642**	**2748**

The respondents were also asked about their willingness to get peer educator training in the future. The majority (91.3%) of them said that they would be interested in it. Slightly more males (95.0%) than females (88.7%) wanted to get peer educator training (Figure 10.2).

Figure 10.2 Percent distribution of young people aged 15-24 years who showed willingness to get peer educator training



N=2,748

9.2 Friendship

Information regarding close friendships, types of activities pursued during free time and the things they preferred to do was collected from all 2,178 adolescents aged 10-14 years included in the study. Data presented in Table 10.3 shows that about 44% of the adolescents had 1-2 close friends followed by 33% who had 3-4 friends and 17% who had 5-6 close friends. On average,

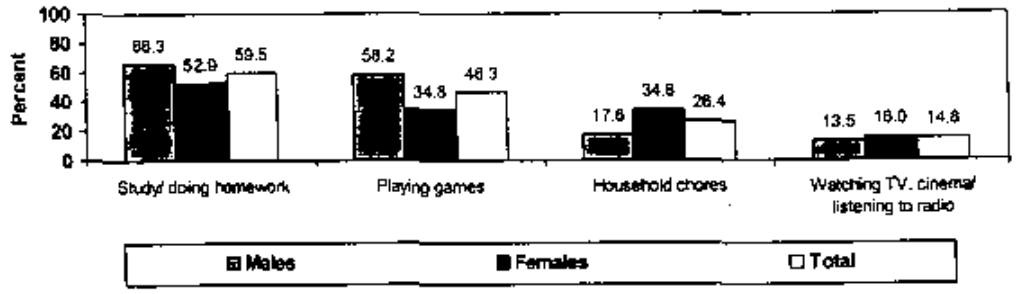
each adolescent had 3.3 friends with a slightly higher number of close friends among males than females (3.8 among males and 3.2 among females).

Table 10.3 Percent distribution of adolescents aged 10-14 years reporting the number of close friends

Number of close friends	Males	Females	Total
1-2	41.7	45.7	43.7
3-4	34.3	32.1	33.2
5-6	17.7	16.6	17.1
7 or more	6.3	5.6	6.0
Mean	**3.8**	**3.2**	**3.3**
SD	**2.2**	**2.2**	**2.2**
Total	**1073**	**1105**	**2178**

The majority of the respondents said they do homework (59.5%), play games (46.3%), do household chores (26.4%) and watch TV, go to the cinema or listen to the radio (14.8%) during their free time. Sex-wise data shows that a higher proportion of males utilize their free time doing homework or studying and playing games while a higher proportion of females compared to males do household chores and watch TV/cinema or listen to the radio (Figure 10.3). The types of games young people in the study areas play are cricket, football, badminton, hide and seek (*Lukamari*), table tennis, carom board, marbles and with toys. The other things done during free time by a sizeable proportion of respondents were visiting friend's place (7.0%), cattle herding (6.1%), collecting firewood/cutting grass (5.9%), cooking food (4.2%), and working in the fields or farmland (2.7%).

Figure 10.3 Percent distribution of adolescents aged 10-14 years reporting the things they do during free time



N=2,178

All adolescents were also asked about the things they would like to do during their free time. In response to this the majority of the adolescents preferred to play games (39.0%) followed by reading and writing stories or poems (28.4%), traveling (17.3%), doing household chores (15.1%), and watching TV or listening to the radio (14.6%). A small proportion of the respondents (<5%) also expressed their interest in doing activities such as having fun with friends, listening to music/playing guitar/singing, watching movies, reading newspapers and magazines, chatting with friends, swimming, discussing health, condom use and HIV, drawing pictures or paintings, cattle herding, cutting grass or collecting fodder, cleaning the house, and cooking food (Table not shown).

Chapter 11

Conclusions and Recommendations

11.1 Conclusions

Of the total 2,748 youths (1,106 males and 1,642 females) aged 15-24 years interviewed for the current baseline study from 19 districts, over one-fifth (22.1%) were illiterate (31.3% females and 8.5% of males). More than three-quarters (77.2%) of them had ever attended school and only about half (49.3%) of them were currently in school or college. In comparison, of the total 2,178 adolescents (1,073 males and 1,105 females) aged 10-14 years interviewed nearly 9 in every 10 adolescents were currently in school.

Among the youth 77.0% correctly mentioned that a girl could not get pregnant before she experienced her first menstruation while the others had incorrect knowledge. Among the adolescents only 38.9% knew how a woman gets pregnant.

Overall, about 53% of the youths had correct knowledge of the menstrual period. Only about 43% of them (55.0% of males and 34.6% of females) correctly mentioned that "*half way*" between two menstrual periods woman could get pregnant if she had sex. Nearly two-thirds (64.4%) of the adolescents had knowledge about menstruation and girls were more knowledgeable (73.2%) about it than boys (55.4%).

Contraceptive awareness was nearly universal (96.4%) among the youths while the corresponding figure for the adolescents was 67%. The most commonly known methods were condoms, Depo Provera, male sterilization, female sterilization and oral pills in that order.

For the young people (10-24) radio was the main source of information about contraceptives, followed by TV, friends or relatives and schoolteachers. Hardly any young person got information about contraceptives form a counselor or peer educator. Nearly one-third (32.1%) of youth and half of adolescents (48.8%) perceived it to be difficult to get information on contraceptive methods.

Almost every youth is knowledgeable about contraceptive sources. They are available in government, private and NGO health facilities.

Overall, 48% of the sexually active youths had ever used modern contraceptive methods. Single respondents are more likely to have ever used modern contraceptives than the married ones perhaps they wanted to avoid getting pregnant and save their faces from all types of societal ostracism resulting from illegitimate births. The most commonly used methods were Depo Provera (36.1%) and oral pills (10.5%).

The majority (38.2%) of the youths preferred to use condoms in the future followed by Depo Provera (21.9%) and female sterilization (17.1%). A higher proportion of males compared to females preferred to use condoms (82.0% of males and 9.4% of females). Higher proportions of females preferred to use Depo Provera, female sterilization and oral pills than their male counterparts.

More than one-fifth (21.0%) of the youths perceived it to be difficult to access contraception. Significantly higher proportion of females (27.8%) than males (10.9%) said so.

Nearly half (45.5%) of females aged 15-24 reported ever getting pregnant. The median age at first pregnancy was estimated at 19.5 years. The median age at first birth of wives was 20 years while the median age of husbands when their wives had their first childbirth was 23.6 years

The unmet need for family planning among youth was 23.3% (19.2% for spacing and 4.1% for limiting). This figure is lower than the national unmet need of 34.1% among currently married women aged 15-24.

Most youths (87%) and adolescents (70.9%) have ever heard of HIV/AIDS. Sex-wise, a higher proportion of males (90.3% of youth and 72.7% of adolescents) compared to females (77.2% of youth and 69.1% of adolescents) had heard of HIV/AIDS.

For both youth (85%) and adolescents (72%) radio is the main source of information about HIV/AIDS. Other sources of information are friends and relatives and TV. Most youth (97.3%) and adolescents (89%) thought that it is very important for persons of their ages to be aware of HIV/AIDS. More youth (57%) thought that it is not difficult to access information about HIV/AIDS than adolescents (34.5%).

The proportions of youths and adolescents who have ever heard of STIs are similar – 50% youth and 49% adolescents. The main source of information about STIs is radio although the young people also learn about STIs from friends/relatives, TV and schoolteachers. The young people discuss STIs/HIV/AIDS mostly with friends and sometimes with schoolteachers.

Overall, nearly nine in 10 youth and seven in 10 adolescents who had ever heard of HIV/AIDS were able to mention at least three measures for preventing HIV/AIDS transmission (sexual abstinence, condom use, have sex with only one faithful partner, avoid sex with commercial sex workers, etc) and among them more males knew preventive measures than their female counterparts. Similarly most adolescents and youth were aware of how to prevent STIs. The knowledge of preventing STIs/HIV/AIDS was higher among the male youth and adolescents than females. However, some youth hold the misconceptions that HIV/AIDS can be transmitted from mosquito bites, sharing foods and through witchcraft or other supernatural means. The young people are also aware that STIs can be treated just as any other disease.

Sex before marriage is a taboo in Nepal. However, some 17% of young males have had pre-marital sex while it was reportedly very low (2%) among girls. The average age at first sex is 18.3 years among girls but it is around 20 among boys. Sex begins earlier among illiterate young people (at age 16 among girls and 18 among boys). It was also found that only a few (14%) used condoms the first time they have sex.

Of all young males who have had sexual relations 67.5% had sex with their wives, 18% had it with their steady girlfriends and another 14% had it with other women such as casual acquaintances and sex workers.

Overall, 15% of young people used condoms during their last sexual encounter with a higher proportion of unmarried young people (64.1%) than married ones (9%) doing so. Pharmacies were the main source of supply of condoms (46.8%) followed by health posts (11.7%) and private clinics (11.2%) respectively.

Over 60% of youths (more females than males) reported that they could definitely refuse sex and another 10% said that they could probably refuse it. Gender-wise data indicates that more males compared to females were uncertain in accepting or refusing sexual intercourse in case they did not desire it.

Nearly 43% of youths agreed that a woman should agree to sex whenever her partner wanted it. But the majority (86.9%) of youth did not agree that a man has the right to beat his female partner if she refused to have sex. Overall, only 17% of youths had correct knowledge about sexual and reproductive health and it was higher among males (23.0%) compared to females (13%).

Most youth were aware of various substances such as tobacco, cigarette, beer, home made alcohol, and *ganja* and nearly one in five (18.1%) of them have ever taken any kinds of smoke, drugs or alcohol. Drug abuse was more common among males (35.2%) than females (6.6%). However, the majority (96.1%) of the youths said that *it is bad* to use drugs.

About 5% of youth said that they were beaten or mistreated by someone in the last 12 months. Slightly more males than females reported so (6.1% of males and 4.1% of females). By age group, a slightly higher proportion of young people aged 15-19 compared to those between 20-24 years old were reported to be physically beaten or mistreated in the last 12 months.

The majority (76.2%) of the youth have heard about sexual harassment or violence against girls or women. The majority of them had heard about rape followed by girl trafficking. Nearly two-fifths of youth also said that they had heard about touching (38.7%), physical abuse (38.3%) and sexual harassment (37.3%). Nearly 4% of the youth reported experiencing any form of violence in the last 12 months. The types of violence they had experienced were physical abuse, touching, pinching, rape and sexual harassment.

More than 90% of youth had heard about girl or women trafficking. More females (92.9%) than males (87.4%) had heard of girl or women trafficking. Poverty and illiteracy were reported as the main reasons for it.

Overall, 30% of youth were aware of the availability of SRH services in their areas. These services were family planning (38.5%), HIV/AIDS (32.2%) and STIs (18.9%). Local health centers, youth centers or other people in their community were providing these services. However, only 13% of the youths had taken part in such activities.

Over a quarter (26.2%) of the youths had known peer educators in their area. The majority (91.3%) of the youths expressed their willingness to get peer educator training in the future.

In conclusion, it is clear that the sexual and reproductive health indicators of adolescents and youth in the districts studied are poor. The young people do not only marry early they also want to have their first child as early as possible. Consequently early sex and early childbearing lead

girls to suffer physically and mentally and eventually die an untimely death. The unmarried girls are subject to sexual harassment and forced sex leading to unwanted pregnancy, which in turn compels girls to terminate the pregnancy. All these acts expose the poor woman to a number of health risks such as STIs and HIV/AIDS. Besides, due to poverty and girl trafficking girls are unknowingly and unwillingly made to work as sex workers. Given that girls are ill equipped with preventive knowledge and some do not even have the courage to negotiate for safer sex the risk of getting infected with STIs including HIV is very high.

The young boys, because of a relatively liberal sex life are increasingly exposed to unprotected sex early in life. It is also found that boys are indulging in premarital and extra marital sex. A few even have multiple sexual partners. All these behaviors are risky and as only a few males consistently use condoms when performing sex they are exposed to STIs and HIV. No wonder every year increasing numbers of young males fall prey to HIV/AIDS and die a premature death.

In order to prepare the young generation to lead a healthy sex life it is urgent to educate them on sexual and reproductive health. Although school curriculums now include these subjects they are not well taught and therefore it is necessary to train schoolteachers to teach the subject well in schools. However, many young people are out of school and they are the ones who have to bear the brunt of the sexual and reproductive health problems. Therefore, they need to be educated on SRH for which local peer groups need to be formed to reach the marginalized young people.

The young people are also found to be indulging in various substance abuses. Smoking, drug and alcohol addiction all lead to violence including sexual violence. In these incidents women are hit the hardest.

11.2 Recommendations

The baseline quantitative indicators generated from the study clearly show that a lot of activities need to be carried out to address the sexual and reproductive health problems and concerns of adolescents and youths. Based on the above findings, the study makes the following recommends to improve the sexual and reproductive health of adolescents and youths of the study districts:

1) The adolescents in particular need to know the consequences of sex at an early age. Therefore, the program should impart knowledge to young people on these issues.

2) Although the young people are aware of several birth control methods; they need to know about all 8 commonly used methods such as condoms, pills, injectables, Norplant implants, IUDs, male sterilization, female sterilization and the lactational amenorrhea method (LAM). In addition it is equally important to impart knowledge about the ways of using contraceptives, specifically spacing methods such as condoms and oral pills.

3) Nobody mentioned emergency contraception. Given that young people have risky sexual behavior it is highly beneficial if girls know about emergency contraception to avoid becoming pregnant unwillingly. The program needs to promote emergency contraception in the project areas.

4) Sexual and reproductive health information should be disseminated using the radio and TV. This should be reinforced by establishing peer groups at the grassroots level.

5) Although contraceptives are available at hospitals, pharmacies, health posts, sub-health posts, general shops, NGO clinics, youth centers and mobile clinics many young people are not well aware of this. There should, therefore, be massive education about the sources of supply of contraceptives. This could be done through active mobilization of the volunteers and health workers of the partner NGOs and also through the distribution of printed IEC materials at the community level.

6) Marriage takes place early and as a result first pregnancy also takes place early in life. Hence, the program needs to address these issues by imparting knowledge about consequences of early marriage and childbearing.

7) Efforts are needed to mobilize health workers, youth centers, peer educators and local NGOs to disseminate messages on HIV/AIDS.

8) The young people hold misconceptions about HIV/AIDS transmission. They say HIV is transmitted through mosquito bites, sharing foods and witchcraft or other supernatural means. Programs need to overcome such misperceptions about the transmission of HIV/AIDS.

9) The young people in the program areas only know a little about measures of preventing STIs. This calls for an extensive IEC program to give proper knowledge to young people on preventive measures against STI transmission.

10) The young people discuss about HIV/AIDS and STIs mostly with their friends, teachers and spouses or partners. Discussions with parents, siblings and other relatives were found to be quite rare. Hence the program should also focus on parents to motivate them to communicate with children on SRH matters. Likewise, peer education training should be conducted both in schools and for young people who are out-of-school.

11) The survey results indicate that pre-marital sex is common among young people particularly in the urban areas. The use of condoms during pre-marital or extramarital sex was quite low. This finding suggests for creating awareness among the young people on the importance of safe sexual practices. Hence, efforts should be made to promote condom use in the program areas focusing on young people.

12) Survey results reveal that only about 17% of the young people had correct knowledge about sexual and reproductive health (SRH). It is therefore recommended that more information about sexual and reproductive health is given to young people.

13) The survey results reveal that the majority of the young people in the study areas are familiar with various kinds of drugs including smoking and alcohol. Nearly one-fifth of them reported that they have ever taken any kinds of tobacco, drugs or alcohol. This finding indicates that there is a need to give more information to young people about the consequences of drug abuse.

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Annexes

Selected indicators

Annex 4.1 Percent of young people aged 15-24 years who know at least 2 modern contraceptive methods by age, sex and NGO

Partner NGO	Males			Females			Both sexes
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*
AMK	71.4	73.5	72.3	79.4	74.5	77.2	75.2
BPMHF	91.4	95.7	93.0	83.6	82.2	82.9	86.3
EHDAG	74.7	87.7	79.7	88.0	93.2	89.9	85.5
FPAN	70.2	78.0	73.0	73.0	80.2	76.6	75.0
Samjhauta	54.5	51.9	53.4	72.8	84.8	79.1	93.9
phect NEPAL	92.9	89.4	91.7	95.2	95.7	95.4	68.7
SPN	71.9	77.9	74.3	76.8	94.7	85.2	80.8
Total	74.4	**77.0**	**75.4**	**81.1**	**86.2**	**83.4**	**80.2**

** Significant at <0.05 level*

Annex 4.2 Percent of young people aged 10-24 years who think information on contraception is easily available by age, sex and NGO

Partner NGO	10-14 years			15-24 years						
	Male	Fem-ale	Total	Males			Females			Both sexes
				15-19	20-24	Total	15-19	20-24	Total	
	*	*	*		*	*	*	*	*	*
AMK	37.3	30.6	34.2	59.2	58.8	59.0	66.4	70.0	68.0	64.4
BPMHF	39.1	42.1	40.7	74.1	74.5	74.2	75.0	74.6	74.8	74.6
EHDAG	42.8	33.9	38.0	68.1	70.2	68.9	73.6	89.0	79.3	74.9
FPAN	23.8	40.4	32.6	56.7	50.8	54.6	58.0	59.4	58.7	56.9
phect NEPAL	43.3	31.1	37.4	72.9	80.9	75.8	51.9	53.8	52.8	62.0
Samjhauta	19.7	21.2	20.5	52.5	53.2	52.8	56.0	60.9	58.6	56.2
SPN	39.6	25.4	32.4	66.7	64.9	66.0	68.9	75.9	72.2	69.7
Total	**36.1**	**32.5**	**34.3**	**63.8**	**63.4**	**63.7**	**65.1**	**68.5**	**66.7**	**65.5**

** Significant at <0.05 level*

Annex 5.1 Percent of young people aged 15-24 years who have ever used contraception by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*
AMK	87.0	52.4	64.6	25.0	43.4	38.3	46.7
BPMHF	66.7	71.4	70.0	28.6	44.2	40.0	47.1
EHDAG	77.3	82.9	81.0	35.0	83.3	62.8	70.1
FPAN	44.4	67.4	60.9	33.3	62.5	53.5	55.5
phect NEPAL	37.5	36.7	36.8	30.8	40.8	38.2	37.9
Samjhauta	30.8	35.5	34.1	20.7	35.9	30.0	30.9
SPN	56.7	65.4	62.2	53.1	50.0	51.0	55.1
Total	**58.3**	**57.8**	**58.0**	**31.7**	**48.9**	**43.2**	**47.7**

** Significant at <0.05 level*

Annex 5.2 Percent of young people aged 15-24 years who think access to contraception is difficult by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*
AMK	9.2	10.3	9.6	19.1	19.1	19.1	15.2
BPMHF	8.6	4.3	7.0	23.6	31.4	27.1	20.5
EHDAG	2.2	3.5	2.7	19.2	6.8	14.6	9.5
FPAN	14.4	15.3	14.7	28.0	27.7	27.9	22.0
phect NEPAL	11.8	4.3	9.1	45.2	48.4	46.7	31.6
Samjhauta	18.2	24.1	20.8	36.0	37.7	36.9	30.4
SPN	12.3	6.5	9.9	25.2	21.8	23.6	18.1
Total	**11.2**	**10.6**	**10.9**	**27.4**	**28.3**	**27.8**	**21.0**

** Significant at <0.05 level*

Annex 6.1 Percent of young females aged 15-24 years who have ever been pregnant by age and NGO

Partner NGOs	15-19 years	20-24 years	Total
	*	*	*
AMK	13.7	68.2	38.6
BPMHF	14.3	73.7	41.5
EHDAG	21.6	65.8	37.9
FPAN	22.0	82.2	52.2
phect NEPAL	12.5	72.0	40.6
Samjhauta	28.8	86.2	58.9
SPN	20.5	63.9	40.8
Total	**19.1**	**73.6**	**44.5**

** Significant at <0.05 level*

Annex 6.2 Median age at first pregnancy among females aged 15-24 years by NGO

Partner NGO	Age (in years)
AMK	20.0
BPMHF	19.8
EHDAG	19.4
FPAN	19.1
phect NEPAL	20.3
Samjhauta	18.4
SPN	20.5
Total	**19.5**

** Significant at <0.05 level*

Annex 6.3 Percent of unintended pregnancies of females aged 15-24 years among last pregnancies by NGO

Partner NGO	Percent
	*
AMK	32.3
BPMHF	16.8
EHDAG	49.3
FPAN	14.3
phect NEPAL	36.2
Samjhauta	14.8
SPN	15.5
Total	**23.3**

** Significant at <0.05 level*

Annex 6.4 Percent of young males aged 15-24 years who have ever had children by age and NGO

Partner NGOs	15-19 years	20-24 years	Total
		*	*
AMK	1.0	36.8	15.7
BPMHF	2.5	27.7	11.7
EHDAG	1.1	24.6	10.1
FPAN	2.9	54.2	21.5
phect NEPAL	-	31.9	11.4
Samjhauta	4.0	45.6	22.5
SPN	1.8	44.2	18.8
Total	**1.9**	**38.9**	**16.5**

** Significant at <0.05 level*

Annex 6.5 Age at first fatherhood among young males aged 15-24 years by NGO

Partner NGO	Age (years)
AMK	24.1
BPMHF	25.0+
EHDAG	25.0+
FPAN	21.9
phect NEPAL	23.7
Samjhauta	23.9
SPN	23.2
Total	**23.6**

+Note: The reason for being over 24 years is due to the fact that "less than half" of the respondents have had their first child before completed age 24 (exact age 25).

** Significant at <0.05 level*

Annex 7.1 Percent of young people who have heard about HIV/AIDS by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*
AMK	94.9	89.7	92.8	87.0	82.7	85.1	88.2
BPMHF	98.8	100.0	99.2	97.1	96.6	96.9	97.7
EHDAG	97.8	100.0	98.6	97.6	97.3	97.5	98.0
FPAN	94.2	91.5	93.3	80.0	73.3	76.6	84.1
phect NEPAL	98.8	100.0	99.2	96.2	96.8	96.4	97.6
Samjhauta	84.8	88.6	86.5	56.8	51.4	54.0	67.1
SPN	88.6	93.5	90.6	74.2	83.5	78.5	83.4
Total	**93.6**	**94.0**	**93.8**	**83.9**	**81.2**	**82.6**	**87.1**

** Significant at <0.05 level*

Annex 7.2 Percent of young people aged 10-24 years who think access to information on HIV/AIDS is easy to them by age, sex and NGO

Partner NGO	10-14 years			15-24 years						
	Male	Fem-ale	Total	Males			Females			Both sexes
				15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*	*	*	*
AMK	47.0	37.5	42.6	70.4	55.9	64.5	61.1	67.3	63.9	64.1
BPMHF	39.7	42.7	41.3	76.5	87.2	80.5	60.7	58.5	59.7	66.6
EHDAG	39.2	43.2	41.3	64.8	63.2	64.2	75.2	75.3	75.3	70.5
FPAN	26.7	31.2	29.1	56.7	49.2	54.0	52.0	44.6	48.3	50.8
phect NEPAL	35.6	28.4	32.1	71.8	78.7	74.2	51.0	44.1	47.7	58.4
Samjhauta	13.6	15.2	14.4	45.5	45.6	45.5	29.6	23.2	26.2	34.0
SPN	40.3	32.4	36.3	70.2	66.2	68.6	48.3	58.6	53.2	59.4
Total	**35.4**	**33.7**	**34.5**	**64.7**	**61.8**	**63.6**	**54.1**	**51.4**	**52.9**	**57.2**

** Significant at <0.05 level*

Annex 7.3 Percent of young people 10-24 years aware of STIs (other than HIV/AIDS) by age, sex and NGO

Partner NGO	10-14 years			15-24 years						
	Male	Fem-ale	Total	Males			Females			Both sexes
				15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*	*	*	*
AMK	43.4	46.5	44.8	64.3	48.5	57.8	68.7	60.0	64.7	61.9
BPMHF	36.5	40.4	38.5	63.0	66.0	64.1	55.0	36.4	46.5	52.3
EHDAG	42.8	72.9	58.9	57.1	40.4	50.7	46.4	45.2	46.0	48.0
FPAN	56.7	41.8	48.7	69.2	62.7	66.9	41.0	45.5	43.3	53.8
phect NEPAL	78.4	56.8	67.9	76.5	68.1	73.5	62.5	61.3	61.9	66.6
Samjhauta	28.8	28.8	28.8	31.3	32.9	32.0	29.6	29.0	29.3	30.4
SPN	47.5	40.1	43.8	63.2	62.3	62.8	35.1	26.3	31.0	43.8
Total	**48.8**	**48.3**	**48.6**	**60.4**	**53.0**	**57.5**	**48.1**	**41.8**	**45.1**	**50.1**

** Significant at <0.05 level*

Annex 7.4 Percent of young people aged 15-24 years who know ways of prevention of STIs by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	*	*	*
AMK	19.4	17.6	18.7	21.4	11.8	17.0	17.7
BPMHF	32.1	23.4	28.9	32.9	18.6	26.4	27.2
EHDAG	33.0	22.8	29.1	5.6	2.7	4.5	15.0
FPAN	27.9	27.1	27.6	25.0	27.7	26.4	26.9
pheet NEPAL	62.4	51.1	58.3	38.5	31.2	35.0	44.4
Samjhauta	13.1	26.6	19.1	10.4	12.3	11.4	14.5
SPN	36.8	37.7	37.2	28.5	18.8	23.9	29.3
Total	**31.5**	**29.0**	**30.6**	**23.1**	**17.8**	**20.6**	**24.6**

** Significant at <0.05 level*

Annex 8.1 Percent of Sexually initiated young people aged 15-24 years who used a condom at last intercourse by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	NS	NS	*	*
AMK	69.6	28.6	43.1	6.3	8.4	7.8	20.6
BPMHF	58.3	35.7	42.5	5.7	5.3	5.4	14.1
EHDAG	63.6	39.0	47.6	10.0	3.7	6.4	22.9
FPAN	38.9	21.7	26.6	5.1	2.3	3.1	11.0
pheet NEPAL	37.5	13.3	18.4	15.4	2.6	5.9	9.3
Samjhauta	19.2	14.5	15.9	11.0	5.5	7.6	10.1
SPN	46.7	19.2	29.3	22.4	9.6	14.0	19.6
Total	**47.5**	**23.6**	**31.1**	**11.2**	**5.5**	**7.4**	**15.1**

** Significant at <0.05 level*

Annex 8.2 Percent of young people aged 15-24 years who used contraception at last sex (contraceptive prevalence) by age, sex and NGO

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	NS	*	*	*
AMK	69.6	38.1	49.2	9.4	27.7	22.6	32.3
BPMHF	58.3	57.1	57.5	22.9	37.9	33.8	39.4
EHDAG	63.6	56.1	58.7	25.0	70.4	51.1	54.1
FPAN	38.9	54.3	50.0	17.9	54.5	43.3	45.5
pheet NEPAL	37.5	30.0	31.6	23.1	27.6	26.5	27.9
Samjhauta	19.2	16.1	17.0	13.4	22.7	19.0	18.5
SPN	46.7	23.1	31.7	26.5	28.7	28.0	29.3
Total	**47.5**	**36.9**	**40.2**	**19.1**	**35.9**	**30.4**	**33.6**

** Significant at <0.05 level*

Annex 8.3 Composite indicator of sexual and reproductive health among young people aged 15-24 years by sex

Partner NGO	Males			Females			Both sexs
	15-19	20-24	Total	15-19	20-24	Total	
	*	*	*	*	NS	*	*
AMK	23.5	13.2	19.3	24.4	18.2	21.6	20.6
BPMHF	35.8	40.4	37.5	6.4	7.6	7.0	17.1
EHDAG	22.0	19.3	20.9	18.4	15.1	17.2	18.8
FPAN	29.8	28.8	29.4	11.0	9.9	10.4	19.0
phect NEPAL	32.9	27.7	31.1	28.8	14.0	21.8	25.5
Samjhauta	7.1	8.9	7.9	8.0	8.7	8.4	8.2
SPN	20.2	22.1	20.9	4.6	9.8	7.0	12.6
Total	**24.0**	**21.4**	**23.0**	**13.9**	**11.5**	**12.8**	**16.9**

** Significant at <0.05 level*