

Final Report

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NEEDS ASSESSMENT

FOR THE ESTABLISHMENT OF
ADOLESCENT FRIENDLY CLINIC IN BIR
HOSPITAL



2002

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Foreword

The social and health problem that adolescents face are serious. Their right to information, education and services to protect their reproductive health has been well understood and accepted now globally. If this is not provided adolescents will increasingly be at risk and fail to develop responsible and safe relations. Early and unprotected sex exposes adolescents especially the teenage girls to serious health risks. Globally more than 15 million girls between 15-19 give birth each year. In Nepal also there is the tradition of early marriage and child bearing, endangering the life of both mother and her child. Many pregnancies are unplanned and unwanted and the adolescents tend to resort to unsafe abortion illegally carried out under clandestine. STDs, HIV/AIDS are known to be on the increase among young people and again it is the girls who are at greatest risks. A serious complication of unsafe abortion and lack of early treatment of STDs is an increased risk of infertility. The social and emotional trauma of infertility is deep in our country.

Adolescents in developing countries seldom have access to proper SRH services or counselling. Consequently they often resort to private health services or ineffective and harmful self treatment. We do know that regular public contraceptive services are inaccessible to the unmarried adolescents. Moreover they are not willing to use the facility for fear or on moral grounds and they do not want to discuss their problems openly. Lack of confidentiality, anonymity and long waiting hrs. in the general OPD also discourages them to utilise the facility.

The present study has been carried out with the financial support of NHRC as an initial needs assessment survey on SRH of adolescents for the establishment of youth friendly clinic in Bir hospital.

Nepal Society of Obstetricians and Gynaecologists (NESOG) - a Professional Organisation has been working in the field of adolescent health and development. In this context the Society organised a sensitising seminar to the Health Authorities and other stakeholders in May 2000 and organised an International Conference in April 2001 with the Theme "Adolescent Health: Strength for National Development". Many papers related to Adolescent Health were presented by National and International Speakers and the problems were discussed.

NESOG is in the process of developing a manual and conducting a training programme for the counsellors in the field of Adolescent Health and Development with the financial support from FHD/WHO. The trained man power will be useful in the adolescent friendly health services.

We are thankful to the Director of Bir hospital for allowing us to conduct the survey in Bir Hospital and other staffs of the FP, MCH clinic of Bir Hospital who helped us in the research work. We would like to express our sincere thanks to the headmasters and class teachers of the respective schools for their help and for allowing us to conduct the interview and providing the necessary arrangements for the FGD.

We express our heartfelt thanks to the adolescents who participated in our study. We extend our sincere thanks to Mr. Ramesh Uprety and his team for the preparation of the questionnaires and Data analysis on the computer.

I am thankful to the members of our research team especially Dr. Sudha Sharma President NESOG without whose continuous support and input this paper would not have been possible to complete. I owe a great to Dr. Chanda Karki, and Dr. Chandra Hira Kansakar who have worked with me through out the research programme.

Last but not the least our sincere thanks goes to NHRC for providing us the financial support.

Dr. Meera Ojha
Principle Investigator.

Abstract

Adolescents in developing countries seldom have access to proper SRH services or counselling. Consequently they often resort to private health services or ineffective and harmful self treatment. We do know that regular public contraceptive services are inaccessible to the unmarried adolescents. Moreover they are not willing to use the facility for fear or on moral grounds and they do not want to discuss their problems openly. Lack of confidentiality, anonymity and long waiting hrs. in the general OPD also discourages them to utilise the facility.

The present study had been conducted by the members of NESOG with the financial support of NHRC as an initial needs assessment survey on SRH of adolescents for the establishment of youth friendly clinic in Bir hospital

It was observed from the study that although the knowledge on puberty, menstruation and menstrual hygiene were quite good, the practice on menstrual hygiene were very poor. More than 40% of the respondents received information regarding sex at the age of 15-19yrs. But in schools it was found that some of them knew at the age of 10yrs. There were some misconceptions regarding STDs and AIDS.

The knowledge and Attitudes regarding sex and sexuality were different among the girls from different background. The Adolescent girls in Bir Hospital were less knowledgeable than their counterparts in schools. Similarly the girls of Co-ed schools were less knowledgeable in some issues than their parts in girls school.

The results from the study will be utilised for the initiation of the establishment of Youth friendly clinics in Bir hospital, which will be a model clinic for the adolescent SRH services.

The prevailing attitude and misconception about sexual relations, customs of early marriage, sexuality can be changed by proper counselling in the youth centre.

The proposed study ultimately aims at protecting adolescent girls, one of the vulnerable group in Nepali society as well as boys from STD,HIV/AIDS infection and unwanted pregnancies. Indirectly this may have effect on health care costs saved as well as healthy days gained.

Executive Summary

1. Introduction

According to the action plan of the 1994 International Conference of Population Development (ICPD) in Cairo, HMG MOH has recognised adolescent health and development as one of the priority areas. Reports of unwanted pregnancy and unsafe abortion among teenage girls often resulting in serious complications and even deaths as well as the early age at which the boys and girls in particular are infected with STD and increasingly threatened by HIV infections have alerted the health policy makers. Sexuality is a sensitive topic and is not discussed in the public. The premarital sex is shrouded in silence and has connotations of extreme shame. Abortion is by law a crime.

2. Objective

The fundamental objective of the survey was to collect the adequate data on knowledge, attitude and practice of adolescents on SRH. The present study aims at carrying a survey of adolescents aged 14-19 yrs studying in some selected secondary school of Kathmandu Valley as well as the adolescent clients visiting FP, MCH OPD of Bir Hospital.

3. Methodology.

The survey was based on primary source of data collection through anonymous structured questionnaires. In depth questionnaires and FGD were used for sensitive issues like sex and sexuality. Three secondary schools, of which two were co-eds. (Durbar High School and Nandi Ratri High School) and one girls school (Padma Kanya High School) were selected to find out the difference among the knowledge attitude and perception on sex and sexuality of the adolescents and youth studying in homogenous and heterogeneous group. Altogether 300 forms were distributed only 269 responded.

Questionnaires were developed in Nepali.

Separate questionnaires were developed for the adolescent client visiting FP, MCH of Bir Hospital which was filled up by the interviewer. Altogether 200 clients interviewed.

Two FGD in Schools and three in Bir Hospital were undertaken for qualitative analysis.

4. Major findings of the survey

4.1. Hospital

Out of 200 adolescents interviewed about 80% were aged 16-19 yrs. and majority belonged to Brahmin, Chhetri, and Newars, and 47% were married. There were 20% teenage pregnant girls attending the clinic. Nearly 18% of the clients were illiterate and majority of them attended the clinic for some gynaecological problems and for ANC. There were 2% STD cases.

Majority of the clients were well informed about knowledge on puberty, but most of them were practising poor menstrual hygiene.

About 40% of the respondents received information regarding sex at the age of 15-19 yrs. Though the sources were varied they got the information mostly from friends. Majority said the right age of marriage for boys and girls should be between 20-24 yrs 60% said the girls should bear children at the age 20 or above.

Almost all of them knew at least one method of contraception.

About 54% were well informed about STD, HIV/AIDS and majority of them could correctly state the signs and symptoms of STD. Most of them had the knowledge of mode of transmission of HIV and how to prevent it. But there were some misconception like kissing and sharing the toilets and mosquito also leads to transmission of HIV. Majority of them agreed that sex education is essential.

4.2. School

Altogether 300 forms distributed, only 269 responded. There were 97 girls in Padma Kanya school, 75 students (46 boys and 29 girls) in Durbar school and 97 students (53 boys and 44 girls) in Nandi Ratri school. For qualitative analysis two FGD carried out. There were about 86% of the respondents between the age 15-19 yrs and majority were Newars and Brahmins. 63% of the respondents were from the urban areas and almost everyone of them were having at least one or more communication facility.

About 87% knew the physical changes in the body during puberty and about 90% could tell menstruation means the ability to procure and it has 28 days cycle. More than 80% of the girls experienced the first menstruation at the age 10-14 yrs.

About 64% did not know the meaning of night fall. Out of those who knew it 44% said it is due to excitement and 51% said it is due to hormones.

About 51% knew that the testicle is the organ responsible of producing sperms.

About 80% knew about sexual relations and sources were multiple like friends, magazines, radio, TV, cinema.. etc. Most of them knew at the age 13-15 yrs. About 80-90% could tell how pregnancy occurs and about 38% were having the knowledge of fertile period.

Almost all of them knew at least one method of FP. Pills and condoms were the most common answer..

Except five boys and two girls no body was in favour of premarital sex.

When asked about their experience on sexual intercourse 92% denied and out of 16 boys and one girl who confessed of having sex the age of first contact varied from 15-16 yrs. The partners were friend and lover.

About the right age of marriage and child bearing for boys and girls majority answered it should be 20 or above .

The age for giving sex education to both boys and girls should start from 13-19 was the answer from majority of them. and it should start from lower secondary class..

94% of the students were well informed about STD and AIDS and the major modes of transmission as stated by the students were varied ranging from multiple sex partner to mosquito bite and shaking hands. About 90% knew condoms is the only FP method to prevent STD transmission.. Majority could share their ideas about the means of protection from HIV like avoiding unsafe sex, avoiding multiple sex partner, and use of condoms. About 84% could name some of the STDs besides AIDS.

When asked about whether they have visited any health facility for SRH problems 86% denied whereas out of 20% who visited the facility 9% confessed they visited for the treatment of STD .

When asked about the necessity of sex education for the youth in the community about 84% answered yes.

About the kind of health facility for the SRH of the youths in the community most of them said it should be convenient, easily accessible, affordable, trained manpower, preferably of the same sex.

5. Conclusion and Recommendation

Although the knowledge on puberty, menstruation and menstrual hygiene were quite good, the practice on menstrual hygiene were very poor. More than 40% of the respondents received information regarding sex at the age of 15-19yrs. But in schools it was found some of them knew at the age of 10yrs. There were some misconceptions regarding STDs and AIDS .

The knowledge and Attitudes regarding sex and sexuality were different among the girls from different background. The Adolescent girls in Bir Hospital were less knowledgeable than their counterparts in schools. Similarly the girls of Co-ed schools were less knowledgeable in some issues than their parts in girls school.

Based on the findings of the study following recommendations are suggested

- Counselling services on puberty should be provided before puberty starts.
- Proper knowledge on growth and development should be given to the adolescents to allay fears and concerns regarding developmental variations which are otherwise normal.
- Information on safer sex should be provided during counselling
- Information on the contraceptive services should be given to prevent unwanted pregnancy thus preventing unsafe abortion.
- Education on STDs and HIV/AIDS should be given to the in-school and out of school adolescents to prevent and control STDs, HIV/AIDS.
- Adolescents have misconceptions regarding modes of transmission of HIV, therefore correct information should be provided to dispel fear and stress.
- Teachers and parents have negative attitudes towards sex education, therefore they should be counselled before starting sexuality education to the adolescents.
- SRH services should be provided through the youth friendly services.

ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome
ANC		Antenatal Care
FGD :		Focus Group Discussion
FHD :		Family Health Division
FGD :		Focus Group Discussion
FP :		Family Planning
FPAN:		Family Planning Association of Nepal
HIV :		Human Immune Virus
IUD :		Intrauterine Device
HMG :		His Majesty's Government
MCH :		Maternal and Child Health
MOH :		Ministry Of Health
NGO :		Non Government Organisation
NESOG:		Nepal Society of Obstetrician and Gynaecologist.
NHRC:		Nepal Health Research Council
OPD :		Out Patient Department
PNC :		Post Natal Care
SRH :		Sexual and Reproductive Health
STD :		Sexually Transmitted Disease
WHO:		World Health Organisation

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Introduction

1.1 Background

WHO defines adolescent as persons aged 10-19 yrs. and it is the period of transition between childhood and adulthood when young people experience biological maturation and cognitive growth. It is a period of emerging independence to explore one's identity, accept personal and social responsibility, exercise judgement and practice the skills necessary to become a productive member of society. Life behaviours developed during this stage of life have a profound impact on the health of young people, on their adult lives and on the health of their children. Therefore, young people need opportunities to learn about themselves and their sexuality, and they need access to services that will ensure their health. Moreover, young people need to feel hopeful about their own future.

Nepal is a multiethnic and multilingual society and is basically a Hindu Kingdom with 86% Hindus and 8% Buddhists and rest Muslims and Christians. The population of Nepal has grown 20.3 million in 1996 and is projected to 22.4 million in 1998. Out of this Teen population comprises 2.4 million with an F: M ratio -- 1.2. Age and sex distribution among 15 -19 age groups is in urban population --- 11.2 Male and females are equal whereas in rural population it is 9.5 males and 9.3 females.

Nepal's population dynamics are characterised by increase in adolescent population, decline in growth rate decline in maternal mortality and infant mortality, increase in life expectancy, decline in total fertility rate and increasing trend in urbanisation.

Adolescents are the largest block in the country. Usually they have no sex education or access to contraceptive supplies due to lack of awareness. Abortion is illegal in Nepal and any act of abortion is punishable by imprisonment to both the service provider and the woman who seeks abortion. This is the reason young adolescent with unwanted pregnancy land up with severe abortion related complications due to unsafe abortion.

Certain section of younger women is involved in commercial sex. Systematic programmes to educate them about the dangers of HIV/AIDS and STD are not adequate. At the same time large numbers of innocent young girls are being trafficked into India for commercial sex. They return home when they are infected by HIV/AIDS.

1.2 Rationale

Adolescents constitute nearly 23% of Nepal's population and are in greater need of information and services on sexual and reproductive health. Though early sexual intercourse is not very common in Nepal it exists in some of the societies. As the average age of puberty falls and that of marriage increases sexual activity before

marriage is more likely to occur. Cultural heritage and religious norms still prefer that girls should be married before their first menstruation.

Teenage pregnancy is one of the major problems in Nepal. 19% of women of age 15-19 have already had at least one birth among them. 44% had already 2-3 children before the age 20. (Family Health Survey)

STD is another problem in Nepal. Data of 1998 revealed that 165 of the HIV infected persons are in the age group 14-19. Abortion is illegal in Nepal. Anybody seeking an abortion or willing to do abortion and performing abortion is punishable under the prevailing laws (Muluki Ain 2020). Unmarried adolescents are in greater risks of unsafe abortion because of fear of punishment they seek the services of untrained persons.

Girl trafficking is serious problem in Nepal and is a major form of sexual exploitation. About 200,000 Nepalese girls have been working as commercial sex worker in different brothels of India. (Durga Ghimire 1994). When they are found with HIV infection expelled from the brothel only to return home with all the possibility of spreading the infection..

From the above facts adolescents are a group of persons having less access to information regarding puberty, marriage, human reproduction process and sexual relationships. Therefore they are at high risks of early marriage, unwanted pregnancy unsafe abortions STD and AIDS, rape and violence.

Needs assessment survey is the first and most important step of planning process. Information regarding sexuality are important that guide the curriculum designers, help to policy makers to formulate appropriate policy and strategies for the health improvement of young people. Similarly it helps to information ,education and communication strategies formulation. It identifies the areas of knowledge and attitudes where support is necessary.

1.3 Objectives

- ❖ To assess the knowledge of adolescents about normal physiological changes in the body (onset of menarche and development of secondary sex characters.)
- ❖ To assess the knowledge about pregnancy , premarital sex and contraception.
- ❖ To assess the knowledge of adolescents about STD, HIV/AIDS.
- ❖ To assess the knowledge on sexuality and sex education.
- ❖ To assess their ideas on the kind of service they would like to have in youth friendly clinic.

1.4 Scope or utilisation of the study

The study has done the initial need assessment study of SRH of the adolescent clients attending in the FP, MCH OPD of Bir Hospital and the students of Grade 8 9 10 of three secondary schools of Kathmandu valley.

In the hospital it covers both the married and unmarried adolescent girls only because the clients visiting the clinic are only females. Three Govt. schools were selected out of which one was girl's school and two were co-ed.

The results from the study will be utilised for the initiation of the establishment of Youth friendly clinics in Bir hospital, which will be a model clinic for the adolescent SRH services.

MOH has identified the adolescent health as one of the priority component of reproductive health and these type of youth friendly services will be more effective

in the long run in collaboration with MOH and can be expanded to other urban and rural settings

From the study of knowledge about STD,HIV/AIDS the on going program on STD,HIV/AIDS of MOH can be more strengthened and directed towards the adolescents.

The prevailing attitude and misconception about sexual relations, customs of early marriage, sexuality can be changed by proper counselling in the youth centre.

The proposed study ultimately aims at protecting adolescent girls, one of the vulnerable group in Nepali society as well as boys from STD,HIV/AIDS infection and unwanted pregnancies. Indirectly this may have effect on health care costs saved as well as healthy days gained .

1.5 Limitation

The present study covers 200 adolescents in Bir Hospital and 300 students of secondary schools. During the study period most of the schools were either closed or running irregularly due to some political reasons only six FGD could be arranged .The questionnaires for the Bir hospital clients and for the school children were different considering their educational status.

2 Methodology

2.3 Survey Design

The study is entirely based on primary source of information. Quantitative data are collected by structured questionnaires and qualitative data were collected through semi structured in depth questionnaires and focus group discussions.

Anticipating the inhibition from the school authorities in permitting this kind of research the schools were chosen were those whose head masters have had some training on SRH and sexuality education. The FPAN has provided RHSE training to the head masters of many schools of Kathmandu Valley.

Govt. schools were selected because they usually cater to the poorer sections of the community and are likely to reflect the knowledge of students of majority of the schools in the country.

2.4 Target Group

In Bir Hospital the adolescent girls aged 14-19 who attended the FP/MCH clinic for various gynaecological problems and also for ANC/PNC and contraceptives were selected

In schools Students of grade 8 9 10 were selected.

2.5 Sample size

In Bir hospital 200 adolescent girls were interviewed by structured and semi structured in depth questionnaires . For qualitative analysis three FGD were undertaken.

In schools 300 students interviewed

2.6 Collection of data / Information

A complete set of structured and semi structured anonymous questionnaires was developed covering the objectives. The research team were fully oriented on use of the formats. The questionnaires were pre tested among the school children and clients of Bir Hospital. The principal investigator and co researchers discussed the FGD methodology and prepared a guideline.

2.6.1 Bir hospital

The FP counsellor was instructed to select the clients aged 14-19 yrs. who have come to the OPD for various reasons. In the daily OPD hrs the selected clients were interviewed using the structured formats. On an average 4-5 clients were interviewed daily according to the patients flow. Interviews were taken after 12 PM, so that main rush of the patient will be over by that time.

Three FGD were undertaken, six in each group. The adolescent clients were selected randomly during the in depth interview. A guideline containing the lists of topics to be covered was developed on FGD. The guideline was discussed thoroughly with the Moderator, facilitator and note taker on the day before the date fixed for FGD. Time was fixed on the weekend. One FGD was undertaken in one week. Consent from the parent or the guardian who accompanied the client was undertaken.

At the outset they felt shy and reluctant and would not participate in the discussion. However the facilitators made several efforts to make the discussions more participatory. The discussion initiated with easier and lighter issues like their desire and aspirations and gradually moved towards more sensitive issues like sex and sexuality.

2.6.2 Schools

The Research team visited the schools (Durbar High School, Padma Kanya High School) on different dates and discussed the research proposal with the principles of the respective schools. The principals were very much enthusiastic and were interested in the relevance and utilisation of the results.

The research team visited the student of each class on the day fixed by the team. The principal investigator introduced the team and explained the students the purpose of the visit and requested their co-operation for the research. Rapport and confidence was built up and total confidentiality ensured. Anonymous self-administered questionnaires distributed to the students by the research team. All the filled up formats were collected at the end of session.

FGD from the randomly selected sample of students, separate for boys and girls were undertaken. Altogether eight students in each FGD were selected. By using the FGD guidelines the discussions concentrated on more sensitive areas like premarital sexual relations use of contraceptives, peer pressures, STD's etc. Case studies and open-ended questions were used as the tools of extracting their knowledge on sex and sexuality.

3. Ethical consideration

Informed verbal consent from the guardian of the adolescent client in the hospital and from the class teacher of the respective schools was taken before proceeding the interview. It was assured that the data collected would be kept confidentially and not to be used in any other purpose.

4. Methods of data analysis

Data were edited before entering the computer and analysed statistically.

5. Outcome of the survey

5.1.1 Profile of the respondents in Bir hospital

A total of 200 teenage girls attending the FP/ MCH clinic were interviewed. Out of 200 adolescents interviewed about 80% were aged 16-19 yrs. and majority belonged to Brahmin, Chhetri, and Newars, and 47% were married. There were 20% teenage pregnant girls attending the clinic. Nearly 18% of the clients were illiterate and majority of them attended the clinic for some gynaecological problems and for ANC. There were 2% STD cases.

Table 1. Age distribution (N=200)

Age in yrs.	No.	%
14-16	42	21
17-19	159	79.6

Table 2. Caste distribution (N=200)

Caste	No.	%
Brahmin	94	47
Chhetri	46	23
Newar	20	11.5
Others (Rai, Limbu , Magar, Kami , Damai, Tharu...etc)	40	37.5

Table 3. Address of the youth (N=200)

Address	No.	%
Outside Kathmandu valley	84	42
Kathmandu valley	106	58%

Table 4. Youth accompanied by (N=200)

Accompanying person	No.	%
Coming alone	24	12
With parents	54	27
With husband	42	21
With friends	42	21
Others (relatives)	38	19

Table 5. Marital status (N=200)

Marital status	No.	%
Single	106	53
Married	94	47

Table 6. Educational status (N=200)

Education	No.	%
Illiterate	38	19
Primary	32	16.5
Middle	75	37.5
Higher secondary	56	27

Table 7. Occupation (N=200)

Occupation	No	%
Student	90	45
Service	8	4
Business	17	8.5
Housewife	80	40
Others	5	2.5

Table 8. Reason for attending the clinic (N=200)

Reason	No.	%
Medical	17	8.5
OBGYN	177	88.5
Contraceptive advice	5	2.5
Others	5	2.5

Table 9. Diagnosis (out of the OBGYN cases) (N=177)

Diagnosis	No	%
Menstrual disorders	96	54.2
Teen pregnancy	35	10.7
W/d p/v	27	15.2
STD	5	2.5
Others	5	2.5

5.1.2 In depth interview in Hospital.

In depth knowledge were rated as well informed for those having good knowledge, less informed for those who could not answer anything and fairly informed for those who had some knowledge.

Majority of the clients were well informed about knowledge on puberty, but most of them were practising poor menstrual hygiene.

About 40% of the respondents received information regarding sex at the age of 15-19 yrs. Though the sources were varied they got the information mostly from friends. Majority said the right age of marriage for boys and girls should be between 20-24 yrs 60% said the girls should bear children at the age 20 or above.

Almost all of them knew at least one method of contraception.

About 54% were well informed about STD,HIV/AIDS and majority of them could correctly state the signs and symptoms of STD. Most of them had the knowledge of mode of transmission of HIV and how to prevent it. But there were some misconception like kissing and sharing the toilets and mosquito also leads to transmission of HIV. Majority of them agreed that sex education is essential.

Table 10. Knowledge of adolescents on puberty (physical growth) (N=200)

Knowledge	No.	%
Less informed	44	22
Fairly informed	50	25
Well informed	106	53

Table 11. Knowledge on menstrual hygiene (practices during menstrual cycle) (N=200)

Knowledge	No.	%
Poor	169	84.5
Good	31	15.5

Table 12. Knowledge on pregnancy, contraception, premarital sex, and dangers of unsafe abortions. (N=200)

Table 12. Knowledge on pregnancy, contraception, premarital sex, and dangers of unsafe abortions. (N=200)

Knowledge	No.	%
Less informed	44	22
Fairly informed	46	23
Well informed	100	50

Table 13. Adolescent first exposure to the information regarding sex. (N=200)

Age in yrs.	No.	%
10-14	51	25.8
15-19	81	40.6
No response	67	33.6

Table 14. Knowledge on family life (N=200)

Ideal age of marriage (boys) Age in yrs.	No.	%
10-14	1	0.44
15-19	11	5.4
20-24 yrs.	88	43.85
25-29 yrs.	64	31.83
No response	36	18.6
Ideal age for marriage (girls)	No	%
10-14 yrs.	3	1.54
15-19 yrs.	52	26.12
20-24yrs.	106	52.76
25-29yrs.	9	4.68
No response	30	15.14
Ideal age for child bearing	No.	%
15-19	19	9.88
20 -24	112	55.05
25-29	36	18.17
30-34	5	1.43
35 and above	3	1.43
No response	25	12.84

Table 15. Knowledge on FP methods.(N=200)

FP methods (Multiple answers)	No	%
Pills	114	57.36
Condoms	164	81.83
Injectable	106	53.29
Norpalnt	114	57.36
IUD	101	50.38
Sterilization	103	51.87
Knowledge of any one method of FP	200	

Table 16. Knowledge on STD,HIV/AIDS (N =200)

Knowledge	No.	%
Poorly informed	40	20
Fairly informed	51	25.5
Well informed	109	54.5

Table 17. Correct knowledge on STD (multiple answers) (N=109)

Symptoms	No.	%
Vaginal discharge	60	30
Urethral discharge	61	30.28
Genital ulcer	62	31.15
Lower abdominal pain	51	25.5
Burning micturition	57	28.06

Table 18. Knowledge on modes of transmission of HIV,AIDS (multiple answers) (N=109)

Modes of transmission	No.	%
Sexual contact with HIV infected persons	91	45.55
HIV infected blood transfusion	91	45.56
Sharing HIV infected needles by drug abusers	90	44.72
Infected mother to child	86	43.06

Table 19. Knowledge on prevention of AIDS (n=109) (Multiple answers)

	No.	%
Avoiding sex	75	37.5
Practising single sex partner	86	43.06
Using condoms	85	42.78
Avoiding sex with commercial sex worker	32	16.34
Avoiding sharing needles	33	16.75
Avoiding infected blood transfusion	23	11.62
Avoiding sharing shaving razor blades	10	5.06
Avoiding mosquito bite	1	0.14

Table 20. False beliefs on HIV,AIDS(N=117)

	No	%
Mosquito bite	41	20.86
Kissing	19	9.82
Sharing swimming pool	12	6.39
Shaking hands	11	5.7
Sitting together	15	7.6
With drawl	19	14.6

Table 21. Attitudes on needs of sex education(N=200)

	No.	%
Yes	178	88.89
No	5	3.06
Do not know	13	6.39
No response	4	1.7

5.1.3 Focus group discussions in Bir hospital

Altogether three FGD were undertaken, six clients in each group. The areas of discussions were,

5.1.3.1 Knowledge of puberty, menstruation and menstrual hygiene.

Almost all agreed that puberty meant growing up. 50% had the vague idea how the menstruation starts and almost all of them shared their bitter experience of being segregated during the first menstrual cycle in a separate dark room. Almost 90% were having the habit of using old rags to hold the menstrual blood.

5.1.3.2 knowledge about pregnancy, contraception, premarital sex, dangers of unsafe abortion.

About 50% could answer how pregnancy occurs and about 60% agreed that premarital sex is no good. Sex after marriage was an accepted comment from every one. There were four married teenagers who knew the hazards of unsafe abortion but they were not using any contraceptive methods to prevent pregnancy. Most of them remarked the right age of marriage for the girls is 20 and for the boys 24. two of them preferred love marriage for better understanding.

5.1.3.3 Knowledge about STD,HIV/AIDS

50% had heard about STD from friends, TV, magazines. It was quite interesting that almost all them considered white discharge P/V is a form of STD. Some of them about 2 or 3 in the group could name some other forms of STD like gonorrhoea syphilis besides AIDS. Almost every one contributed their ideas on modes of transmission of AIDS and how it is prevented. There was a young girl who feared that she might have contracted STD because she was having the under garments of her sister who was married and suffering from STD.

5.2 Profile of the respondents in the schools

Out of 300 formats 269 responded, out of which 170 were girls and 99 were boys. There were only 13.53% among the age group 10-14 yrs. Higher proportion of the youths i.e 86.47% were among 15-19 yrs. age group. 32.34% belong to the Newar community whereas 22.35% belong to Brahmin community, rest were in the minority group.

Majority of them came from urban society (63.5%)

31.23% fathers and 56.13% of the mothers of the respondents were illiterate.

20% of the respondent's parents were farmers whereas 25% of them were holding Govt. jobs.

Almost all of them were having one or more than one form of media at home

Table 22. Age Distribution

Age Group	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
10-14	12.00	12.12	24.00	14.37	36.00	13.53
15-19	87.00	87.88	143.00	85.63	230.00	86.47
Group Total	99.00	100.00	167.00	100.00	266.00	100.00

Table 23. Caste Distribution

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Brahman	26.00	26.26	34.00	20.00	60.00	22.30
Chhetri	15.00	15.15	32.00	18.82	47.00	17.47
Newar	20.00	20.20	67.00	39.41	87.00	32.34
Magar	5.00	5.05	1.00	0.59	6.00	2.23
Gurung	5.00	5.05	11.00	6.47	16.00	5.95
Rai	7.00	7.07	3.00	1.76	10.00	3.72
Limbu	0.00	0.00	1.00	0.59	1.00	0.37
Tamang	14.00	14.14	12.00	7.06	26.00	9.67
Yadav	0.00	0.00	1.00	0.59	1.00	0.37
Jha	0.00	0.00	1.00	0.59	1.00	0.37
Others	5.00	5.05	4.00	2.35	9.00	3.35
Not stated	2.00	2.02	3.00	1.76	5.00	1.86
Group Total	99.00	100.00	170.00	100.00	269.00	100.00

Table 24. Place of residence

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Urban	49.00	49.49	122.00	71.76	171.00	63.57
Rural	44.00	44.44	39.00	22.94	83.00	30.86
Not stated	6.00	6.06	9.00	5.29	15.00	5.58
Group Total	99.00	100.00	170.00	100.00	269.00	100.00

Table 25. Education of parents

Father Education		
	Frequency	Percent
Not Stated	66.00	24.54
Primary	34.00	12.64
Lower secondary	2.00	0.74
Secondary	42.00	15.61
Higher Secondary	13.00	4.83
Bachelor and Above	28.00	10.41
illiterate	84.00	31.23
Total	269.00	100.00

Mother Education		
	Frequency	Percent
Not Stated	37.00	13.75
Primary	33.00	12.27
Lower secondary	4.00	1.49
Secondary	32.00	11.90
Higher Secondary	12.00	4.46
illiterate	151.00	56.13
Total	269.00	100.00

Table 26. Occupation

Father

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Agriculture	31.00	31.63	20.00	11.76	51.00	19.03
HMG Service	18.00	18.37	51.00	30.00	69.00	25.75
NGO Service	28.00	28.57	24.00	14.12	52.00	19.40
Business	13.00	13.27	47.00	27.65	60.00	22.39
Daily Wages	5.00	5.10	17.00	10.00	22.00	8.21
Not Working	2.00	2.04	4.00	2.35	6.00	2.24
Others	0.00	0.00	2.00	1.18	2.00	0.75
Not stated	1.00	1.02	5.00	2.94	6.00	2.24
	98.00	100.00	170.00	100.00	268.00	100.00

Mother

	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Agriculture	35.00	35.35	21.00	12.43	56.00	20.90
HMG Service	6.00	6.06	15.00	8.88	21.00	7.84
NGO Service	8.00	8.08	9.00	5.33	17.00	6.34
Business	11.00	11.11	31.00	18.34	42.00	15.67
Daily Wages	5.00	5.05	12.00	7.10	17.00	6.34
Not Working	24.00	24.24	65.00	38.46	89.00	33.21
Others	1.00	1.01	1.00	0.59	2.00	0.75
House Wife	8.00	8.08	8.00	4.73	16.00	5.97
95.00	1.00	1.01	7.00	4.14	8.00	2.99
	99.00	100.00	169.00	100.00	268.00	100.00

Table 27. Physical facility at home

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Radio	92.00	94.85	133.00	80.12	225.00	85.55
Telephone	39.00	40.21	82.00	49.40	121.00	46.01
Television	78.00	80.41	148.00	89.16	226.00	85.93
	97.00	100.00	166.00	100.00	263.00	100.00

5.2.2 In depth interview

5.2.2.1. Knowledge of adolescents about normal physiological changes in the body (onset of menarche and development secondary sex organs)

Knowledge about menstruation

87% of the respondents knew about menarche, and about 90% stated that the significance of menstruation is ability to produce children. 96.47 % of the female students were having their menstrual periods regularly and 15% of the girls were very much depressed during their first menstrual cycle. About 78.24% of the girls could tell the no. of days in menstrual cycle are 28 whereas only 41% of the boys were having the correct knowledge

The Knowledge of days in a menstrual cycle among the respondents of coed school (47%) was less than the girls of Girls school.(79%)

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The Knowledge of days in a menstrual cycle among the respondents of coed school (47%) was less than the girls of Girls school.(79%)

78% of the female respondents and 41% of the males did not know about nocturnal emission(swapna dosh) and among those who knew it 44% said it is due to excitement and about 52% said it is due to hormones. Comparing the girls of co ed. school and girls school, the respondents of girls school (81%) were found more knowledgeable than the respondents of coed. School(47%). Among them 74% stated that the development of breast in females during puberty is due to hormones. Rest of the answers were mixed.

Out of the 269 respondents 45% of the females and 62 % of the males knew that testicles produce sperms. There were 16 boys and 54 girls who could not state anything. Among the girls respondents 19% of co-ed school and 17% of the girls school had the wrong idea that the organs involved in producing sperms are ovaries.

Table 28. Having knowledge

	Sex			
	Male		Female	
	Count	Col %	Count	Col %
Yes	74.00	74.75	162.00	95.29
No	21.00	21.21	7.00	4.12
Not stated	4.00	4.04	1.00	0.59
	99.00	100.00	170.00	100.00
Cause of menstruation	Sex			
	Male		Female	
	Count	Col %	Count	Col %
Wounds on sexual organ	4.00	5.41	1.00	0.62
Symptom of fecundity	66.00	89.19	147.00	90.74
Others	4.00	5.41	3.00	1.85
Not stated	0.00	0.00	11.00	6.79
	74.00	100.00	162.00	100.00
Had they experienced menstruation	Sex		Group Total	
	Female		Count	Col %
	Count	Col %		
Yes	164.00	96.47	164.00	96.47
No	5.00	2.94	5.00	2.94
Not stated	1.00	0.59	1.00	0.59
	170.00	100.00	170.00	100.00
Feelings during menstruation	Sex		Group Total	
	Female		Count	Col %
	Count	Col %		
Depression	25.00	15.24	25.00	15.24
Alleviation	6.00	3.66	6.00	3.66
Social boycott	9.00	5.49	9.00	5.49
Nothing	106.00	64.63	106.00	64.63
Others	1.00	0.61	1.00	0.61
Not stated	17.00	10.37	17.00	10.37
Menstrual cycle	Sex			
	Male		Female	
	Count	Col %	Count	Col %
15 days	10.00	10.10	2.00	1.18
20 days	2.00	2.02	1.00	0.59
28 days	55.00	55.56	124.00	72.94
30 days	8.00	8.08	40.00	23.53
Not stated	24.00	24.24	3.00	1.76
	99.00	100.00	170.00	100.00

Table 29. Knowledge about nocturnal emission (Wet dream)

knowledge	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	43.00	43.43	36.00	21.18	79.00	29.37
No	41.00	41.41	133.00	78.24	174.00	64.68
Not stated	15.00	15.15	1.00	0.59	16.00	5.95
	99.00	100.00	170.00	100.00	269.00	100.00

Reasons of wet dream

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Due to excitement	22.00	51.16	13.00	36.11	35.00	44.30
Due Hormone	20.00	46.51	21.00	58.33	41.00	51.90
Don't Know	1.00	2.33	0.00	0.00	1.00	1.27
Not Stated	0.00	0.00	2.00	5.56	2.00	2.53
	43.00	100.00	36.00	100.00	79.00	100.00

Table 30. Reasons for the physical changes during puberty

	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Eating Nourishing Food	2.00	2.02	0.00	0.00	2.00	0.74
Eating balanced diet	1.00	1.01	2.00	1.18	3.00	1.12
Due to Harmon	75.00	75.76	126.00	74.12	201.00	74.72
Eating too much food	1.00	1.01	0.00	0.00	1.00	0.37
Others	0.00	0.00	3.00	1.76	3.00	1.12
Don't Know	5.00	5.05	19.00	11.18	24.00	8.92
Not Stated	15.00	15.15	20.00	11.76	35.00	13.01
	99.00	100.00	170.00	100.00	269.00	100.00

About 75% of the respondents were having the knowledge of the reasons for the physical development. Rest of the answers were mixed.

Table 31. Organ responsible for the production of sperm.

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Testicles	62.00	62.63	77.00	45.29	139.00	51.67
Ovary	16.00	16.16	31.00	18.24	47.00	17.47
Prostate gland	5.00	5.05	8.00	4.71	13.00	4.83
Not stated	16.00	16.16	54.00	31.76	70.00	26.02
	99.00	100.00	170.00	100.00	269.00	100.00

62% of the boys 45% of the girls could answer that testicles are the organs responsible for the production of sperms. About 16% of the boys and 31% of the girls did not answer anything.

5.2.2.2 Knowledge about sexual relations

Table 32.

Knowledge	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	84.00	84.85	132.00	77.65	216.00	80.30
No	14.00	14.14	36.00	21.18	50.00	18.59
Not stated	1.00	1.01	2.00	1.18	3.00	1.12
	99.00	100.00	170.00	100.00	269.00	100.00

Source of knowledge

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Friends	39.00	46.43	35.00	26.52	74.00	34.26
Magazine	47.00	55.95	46.00	34.85	93.00	43.06
Radio	19.00	22.62	31.00	23.48	50.00	23.15
TV	30.00	35.71	36.00	27.27	66.00	30.56
Sisters	1.00	1.19	26.00	19.70	27.00	12.50
Brothers	2.00	2.38	0.00	0.00	2.00	0.93
Cinema	19.00	22.62	12.00	9.09	31.00	14.35
Books	6.00	7.14	5.00	3.79	11.00	5.09
Not Stated	0.00	0.00	1.00	0.76	1.00	0.46
	84.00	100.00	132.00	100.00	216.00	100.00

At what age did you know about physical relationship

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
9.00	1.00	1.19	0.00	0.00	1.00	0.46
10.00	5.00	5.95	3.00	2.27	8.00	3.70
11.00	4.00	4.76	1.00	0.76	5.00	2.31
12.00	9.00	10.71	7.00	5.30	16.00	7.41
13.00	14.00	16.67	28.00	21.21	42.00	19.44
14.00	16.00	19.05	31.00	23.48	47.00	21.76
15.00	17.00	20.24	33.00	25.00	50.00	23.15
16.00	12.00	14.29	11.00	8.33	23.00	10.65
17.00	1.00	1.19	1.00	0.76	2.00	0.93
18.00	1.00	1.19	0.00	0.00	1.00	0.46
Not Stated	4.00	4.76	17.00	12.88	21.00	9.72
	84.00	100.00	132.00	100.00	216.00	100.00

About 84% of the boys and 77% of the girls knew the meaning of sexual relationships and most of them knew at the age of 14, 15 16yrs. only 6 boys stated that they knew it from the age of 9-10 yrs. The source of information were mixed ranging from friends relatives and media. Out of the girls respondents 24% from co-ed school and 18% from girls school did not have any knowledge about sexual relationship.

5.2.2.3 Knowledge about sexuality, pregnancy, premarital sex and contraception

Table 33. Knowledge about pregnancy, safe period

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
yes	93.00	94.90	159.00	94.08	252.00	94.38
No	5.00	5.10	10.00	5.92	15.00	5.62
	98.00	100.00	169.00	100.00	267.00	100.00
How does it occur	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
By kissing	0.00	0.00	1.00	0.63	1.00	0.40
By union of sperm and ova	86.00	92.47	132.00	83.02	218.00	86.51
By sexual interaction	7.00	7.53	25.00	15.72	32.00	12.70
Not Stated	0.00	0.00	1.00	0.63	1.00	0.40
	93.00	100.00	159.00	100.00	252.00	100.00
	Sex				Group Total	

Safe period	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
during first day to 8 th day	16.00	17.39	16.00	10.88	32.00	13.39
between seventh to 20 th day	26.00	28.26	65.00	44.22	91.00	38.08
after 22 days till next menstruation	8.00	8.70	12.00	8.16	20.00	8.37
Others	6.00	6.52	1.00	0.68	7.00	2.93
Don't Know	32.00	34.78	44.00	29.93	76.00	31.80
Not Stated	4.00	4.35	9.00	6.12	13.00	5.44
	92.00	100.00	147.00	100.00	239.00	100.00

Almost 94% were well informed about pregnancy and 86% could answer that union of ova and sperm is essential for pregnancy to occur.

38% of the total respondents said that the fertile days are in between 7th to 20th days. But there were 17% boys and 10% of the girls had the misconceptions regarding the fertile period.

Almost all of them knew at least one method of contraception. Majority of them were having the knowledge of condoms and pills and their use.

Only 2.6% of the respondents considered premarital sex is right whereas almost 93% considered sexual relation should be undertaken only after marriage. Among the girls respondents 4% from the co-ed school and 2% from girls school said sexual intercourse should occur after knowing each other. 93% had no experience about the sexual relation whereas only 6% (16 boys and one girl) confessed they were having sexual relationships from the age of 14, 15, 16 yrs. with lovers or friends.

Almost 96% considered 20 yrs or above is the right age of marriage for boys and 72.4% thought 20 yrs. would be the right age of marriage for girls. 95% of the respondents had the opinion of 20 yrs and above would be the right age for child bearing.

Almost 64% to 70% answered the right age for giving sex education for girls and boys should be between 13-19 yrs. Among the girls of co-ed school 65% and 71% of the girls school said the right age for giving sex education for girls should be between 13-19 yrs. There was a mixed answer for the right level of giving sex education from primary level to higher secondary level but majority accepted that it should start from lower secondary level.

5.2.2.4 Knowledge about FP methods

Table 34.

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Pills	62.00	65.26	100.00	63.69	162.00	64.29
Condom	87.00	91.58	106.00	67.52	193.00	76.59
Month cycle	26.00	27.37	27.00	17.20	53.00	21.03
Withdrawal	8.00	8.42	1.00	0.64	9.00	3.57
IUD	2.00	2.11	13.00	8.28	15.00	5.95
Vasectomy	31.00	32.63	51.00	32.48	82.00	32.54
Norplant	55.00	57.89	109.00	69.43	164.00	65.08
Laparascopy	17.00	17.89	32.00	20.38	49.00	19.44
Others	1.00	1.05	0.00	0.00	1.00	0.40
Depo Provera	1.00	1.05	4.00	2.55	5.00	1.98
	95.00	100.00	157.00	100.00	252.00	100.00

Knowledge of Condoms

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Pills for woman	1.00	1.01	1.00	0.59	2.00	0.74
FP method for man	94.00	94.95	151.00	88.87	245.00	91.08
FP method for woman	0.00	0.00	4.00	2.35	4.00	1.49
Don't Know	2.00	2.02	9.00	5.29	11.00	4.09
Not Stated	2.00	2.02	5.00	2.94	7.00	2.60
	99.00	100.00	170.00	100.00	269.00	100.00

Knowledge of pills

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Pills for woman	88.00	88.89	147.00	86.47	235.00	87.36
FP method for man	2.00	2.02	2.00	1.18	4.00	1.49
FP method for woman	5.00	5.05	8.00	4.71	13.00	4.83
Don't Know	2.00	2.02	8.00	4.71	10.00	3.72
Not Stated	2.00	2.02	5.00	2.94	7.00	2.60
	99.00	100.00	170.00	100.00	269.00	100.00

Table 35. Premarital Sex

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Before marriage	5.00	5.05	2.00	1.18	7.00	2.60
After marriage	89.00	89.90	160.00	94.12	249.00	92.57
After knowing each other	1.00	1.01	5.00	2.94	6.00	2.23
Not Stated	4.00	4.04	3.00	1.76	7.00	2.60
	99.00	100.00	170.00	100.00	269.00	100.00

Table 36. Experience of sexual intercourse.

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	16.00	16.16	1.00	0.59	17.00	6.22
No	82.00	82.83	168.00	98.82	250.00	92.94
Not Stated	1.00	1.01	1.00	0.59	2.00	0.74
	99.00	100.00	170.00	100.00	269.00	100.00

Age of first relationship

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
<=14	4.00	25.00	1.00	100.00	5.00	29.41
15 Years	5.00	31.25	0.00	0.00	5.00	29.41
16 Years	5.00	31.25	0.00	0.00	5.00	29.41
17 Years	1.00	6.25	0.00	0.00	1.00	5.88
18 Years	1.00	6.25	0.00	0.00	1.00	5.88
	16.00	100.00	1.00	100.00	17.00	100.00

With whom

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Lover	8.00	50.00	0.00	0.00	8.00	47.06
Friend	8.00	50.00	1.00	100.00	9.00	52.94
	16.00	100.00	1.00	100.00	17.00	100.00

Table 37. Appropriate age of marriage and child bearing

Men

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
18 Years	1.00	1.01	2.00	1.18	3.00	1.12
19 Years	1.00	1.01	3.00	1.76	4.00	1.49
20 or above	94.00	94.95	164.00	96.47	258.00	95.91
Not Stated	3.00	3.03	1.00	0.59	4.00	1.49
	99.00	100.00	170.00	100.00	269.00	100.00

Women

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Less than 15	1.00	1.01	0.00	0.00	1.00	0.37
16 Years	0.00	0.00	1.00	0.59	1.00	0.37
18 Years	20.00	20.20	13.00	7.65	33.00	12.27
19 Years	16.00	16.16	19.00	11.18	35.00	13.01
20 or above	59.00	59.60	136.00	80.00	195.00	72.49
Not Stated	3.00	3.03	1.00	0.59	4.00	1.49
	99.00	100.00	170.00	100.00	269.00	100.00

Child bearing age

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
18 Years	1.00	1.01	0.00	0.00	1.00	0.37
19 Years	2.00	2.02	0.00	0.00	2.00	0.74
20 or above	91.00	91.92	166.00	97.65	257.00	95.54
Not Stated	5.00	5.05	4.00	2.35	9.00	3.35
	99.00	100.00	170.00	100.00	269.00	100.00

5.2.2.5. Appropriate age and level of schooling for giving sex education

Table 38.

Girls

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
below 13	17.00	17.17	21.00	12.35	38.00	14.13
13 to 19	70.00	70.71	117.00	68.82	187.00	69.52
above 19	6.00	6.06	16.00	9.41	22.00	8.18
Don't Know	4.00	4.04	10.00	5.88	14.00	5.20
Not Stated	2.00	2.02	6.00	3.53	8.00	2.97
	99.00	100.00	170.00	100.00	269.00	100.00

Boys

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
below 13	18.00	18.18	20.00	11.76	38.00	14.13
13 to 19	62.00	62.63	111.00	65.29	173.00	64.31
above 19	11.00	11.11	13.00	7.65	24.00	8.92
Education is not essential	1.00	1.01	0.00	0.00	1.00	0.37
Don't Know	4.00	4.04	17.00	10.00	21.00	7.81
Not Stated	3.00	3.03	9.00	5.29	12.00	4.46
	99.00	100.00	170.00	100.00	269.00	100.00

School grades

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Primary level	20.00	20.20	16.00	9.41	36.00	13.38
lower secondary	40.00	40.40	74.00	43.53	114.00	42.38
Higher secondary	33.00	33.33	60.00	35.29	93.00	34.57
Ten plus two	3.00	3.03	8.00	4.71	11.00	4.09
Not Stated	3.00	3.03	12.00	7.06	15.00	5.58
	99.00	100.00	170.00	100.00	269.00	100.00

5.2.2.6 Knowledge about STD,HIV/AIDS

Table 39.

Knowledge of STD

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	94.00	95.92	158.00	93.49	252.00	94.38
No	4.00	4.08	11.00	6.51	15.00	5.62
	98.00	100.00	169.00	100.00	267.00	100.00

Knowledge of HIV/AIDS

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	96.00	97.96	168.00	99.41	264.00	98.88
No	2.00	2.04	1.00	0.59	3.00	1.12
	98.00	100.00	169.00	100.00	267.00	100.00

Transmission of HIV/AIDS

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Using comb,cloth etc of other	2.00	2.08	3.00	1.79	5.00	1.89
Not using sterilized needle	62.00	64.58	72.00	42.86	134.00	50.76
Sexual relation with multiple partner	87.00	90.63	150.00	89.29	237.00	89.77
Giving birth by infected mother	66.00	68.75	69.00	41.07	135.00	51.14
from infected blood	47.00	48.96	40.00	23.81	87.00	32.95
Shaking hand/ Kissing	1.00	1.04	0.00	0.00	1.00	0.38
Mosquito bite	5.00	5.21	4.00	2.38	9.00	3.41
	96.00	100.00	168.00	100.00	264.00	100.00

FP used for the protection of HIV/AIDS

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Condom	95.00	98.96	151.00	90.96	246.00	93.89
Don't Know	1.00	1.04	15.00	9.04	16.00	6.11
	96.00	100.00	166.00	100.00	262.00	100.00

Protection from HIV/AIDS

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Avoiding unsafe sex	70.00	72.92	87.00	51.79	157.00	59.47
Sexual relationship with single partner	66.00	68.75	114.00	67.86	180.00	68.18
Use of condom	75.00	78.13	99.00	58.93	174.00	65.91
Avoiding sex with commercial sex worker	60.00	62.50	69.00	41.07	129.00	48.86
Avoiding Sharing razor and blades	50.00	52.08	45.00	26.79	95.00	35.98
By keeping reproductive organ clean	8.00	8.33	2.00	1.19	10.00	3.79
Don't Know	1.00	1.04	5.00	2.98	6.00	2.27
Not Stated	0.00	0.00	2.00	1.19	2.00	0.76
	96.00	100.00	168.00	100.00	264.00	100.00

Types of STDs	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
HIV/AIDS	79.00	84.04	134.00	84.81	213.00	84.52
Syphilis	67.00	71.28	91.00	57.59	158.00	62.70
Gonorrhoea	34.00	36.17	33.00	20.89	67.00	26.59
Sujak	18.00	19.15	7.00	4.43	25.00	9.92
Not stated	6.00	6.38	17.00	10.76	23.00	9.13
	94.00	100.00	158.00	100.00	252.00	100.00

.94% to almost 99% have heard about STD, HIV/AIDS, but the knowledge of the girls of co-ed school were comparatively less than their counterpart in girls school. 89% could answer it is transmitted through sexual relation with infected partner. There were multiple answers regarding the modes of transmission. 94% knew condom is the best method of FP commodity for the prevention of HIV infection. Though there were 8.45% of co-ed girls and 9.28% of the girls school students did not know that use of condoms could prevent AIDS. There were multiple and mixed answers regarding the various means of protection of HIV, but majority replied avoiding unsafe sex, avoiding multiple sex partners and use of condoms could prevent AIDS.

About 62% have heard other forms of STD besides AIDS

5.2.2.7. Ideas on the kind of services they would like to have in youth friendly clinic.

Table 40

Ever visited health facility for SRH services

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	17.00	17.17	16.00	9.41	33.00	12.27
No	81.00	81.82	151.00	88.82	232.00	86.25
Not Stated	1.00	1.01	3.00	1.76	4.00	1.49
	99.00	100.00	170.00	100.00	269.00	100.00

Reason for visiting the health facility

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
General health checkup	10.00	58.82	6.00	37.50	16.00	48.48
Health education	7.00	41.18	9.00	56.25	16.00	48.48
Treatment of sexual diseases	2.00	11.76	1.00	6.25	3.00	9.09
	17.00	100.00	16.00	100.00	33.00	100.00

Is sex education is essential in your community

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	88.00	88.89	140.00	82.35	228.00	84.76
No	9.00	9.09	18.00	10.59	27.00	10.24
Not Stated	2.00	2.02	12.00	7.06	14.00	5.20
	99.00	100.00	170.00	100.00	269.00	100.00

Any change in sex education you would like

	Sex				Group Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
Yes	82.00	82.83	130.00	76.47	212.00	78.81
No	15.00	15.15	30.00	17.65	45.00	16.73
Not Stated	2.00	2.02	10.00	5.88	12.00	4.46
	99.00	100.00	170.00	100.00	269.00	100.00

Kinds of SRH services you would prefer in a health facility

	Sex				Total	
	Male		Female		Count	Col %
	Count	Col %	Count	Col %		
By providing service easily	49.00	59.76	65.00	50.00	114.00	53.77
By keeping confidentially while giving service	31.00	37.80	23.00	17.69	54.00	25.47
By giving service to youth in integrated manner	40.00	48.78	20.00	15.38	60.00	28.30
By providing service in convenient time	22.00	26.83	10.00	7.69	32.00	15.09
By Providing service to woman by woman	44.00	53.66	67.00	51.54	111.00	52.36
By providing service to man by man	52.00	63.41	62.00	47.69	114.00	53.77
Not Stated	0.00	0.00	1.00	0.77	1.00	0.47
	82.00	100.00	130.00	100.00	212.00	100.00

When asked about whether they have visited a health facility to receive SRH/FP services 86% replied in negative. Out of the 12% who visited the clinic only 10% went for the treatment of STD, rest for general health check up or for health education.

About 84% agreed that they need sex education in their community and 78% said they need some change in the sex education given to the youth.

About the type of the services there were multiple answers and more than 50% commented it should be open in their convenient time, easily accessible, female health workers were preferred for the female clients and vice versa

5.2.3 Analysis of FGD in school

Two FGD was undertaken. Each group had eight students selected randomly by the class teachers of the respective classes. Separate groups for boys and girls were arranged on different dates. The time was fixed in the lunch break. Privacy was maintained. Verbal approval from the class teacher and the head master was taken in advance. Each FGD took 45min to one hr.

The class teacher introduced the team to the group. The moderator did self-introduction of the group followed by a brief explanation of the topics and the rationality of the research.

The Moderator then discussed the various topics on Adolescent SRH following the guidelines prepared previously. Facilitator made the things easy and helped them to understand and the Note taker recorded every thing that was discussed.

Topics discussed

5.2.3.1 To assess the knowledge of adolescents about normal physiological changes in the body.

Almost all girls and boys noticed the changes in their bodies and also in their opposite sex during puberty. Most of them liked the change except two boys who did not like the beards and hoarseness of voice. Besides body changes they gave more emphasis on psychological and behavioural changes. All of them knew about menstruation but only 50% could explain the physiology behind it. Every one of them disliked the custom being segregated during periods. Though most of the girls were using old rags to hold menstrual blood they confessed that proper hygiene should be maintained during periods.

They did not feel like discussing the topic on masturbation and nightfall.

5.2.3.2 To assess the knowledge on sexuality, pregnancy, premarital sex, and contraception

Almost all knew about conception but only 50% could tell the physiology behind it. 75% of the girls and 50% of the boys knew about the importance of antenatal care and its components. About 50% of the girls and 25% of the boys have seen the complications during pregnancy and childbirth.. Almost all agreed that delivery should take place in a clean and safe environment with the help of trained manpower. But only 25% of them know about Trained TBA(sudeni). According to

them PNC is necessary and 50% of them could tell about the components of PNC. The right age of marriage for girls should be 20 or more than that. And for boys it should be more than 25 yrs. when they have completed their education. The right age of bearing child should be more than 20 yrs. They argued about the reasons behind it. Similarly they stressed about the spacing which should be at least 5yrs. But about 2% of the group said it should be 10yrs. All girls and boys are against premarital sex and none of them exposed to sex. Almost all of them name some of the temporary FP methods but only 10% had an clear idea of methods of permanent sterilisation.

5.2.3.3 To assess the knowledge on sexuality and sex education

Almost all boys and girls accepted the needs sex education and all of them said that sex education should start at the age of 14yrs. and the school curriculum must include all the components SRH. All of them know about abortion but none of them had an idea about safe and unsafe abortion.

5.2.3.4 To assess the knowledge of adolescents on STD, HIV/AIDS

Almost all of them know about STD, HIV/AIDS and they could name at least three kinds of STD like Syphilis, gonorrhoea besides HIV. About 50% of the group knew about the means of transmission of HIV and out of this about 90% have knowledge about the use of condoms for the prevention of the diseases. Source of information are teacher, parent friends, papers, books...etc. About 2% had the misconception about the transmission of HIV by mosquito bite.

5.2.3.5 To assess the ideas of adolescents on the kind of services they would like to have in a youth friendly clinic.

Almost all the members of the group felt need of a youth friendly clinic where they can discuss their problems freely. They stressed that the service should be accessible, time convenient, providers should be trained and competent. They felt that there should be privacy and health care providers should be of the same sex.

6. Conclusion and recommendation

It is understood that the onset of menarche does not state the maturity for child bearing. It only indicates the puberty. Still 22% of the respondents in the hospital setting and 10 % of the respondents from the school did not know about the cause of menarche. From the FGD it is understood that the clients in Bir hospital were very much ignorant about menstrual hygiene compared to their school counterpart who were aware of the proper hygiene. Even then they were also not practising proper methods to hold menstrual blood. The reported mean age at menarche is 13Yrs. Knowledge on nocturnal emission was very poor. In the FGD in school no body liked the idea of discussion on the topic of nocturnal emission though they were having the knowledge. Therefore the correct knowledge on puberty before 13 yrs. helps them to dispel the fear and mental stress.

First exposure to the information about sex is useful to design the course on sexuality education. About 25 % of the respondents in Bir Hospital got the information at 10- 14 yrs. whereas in school most of them received the information at the age 13 and above, but there were few boys (19) and girls (11) who got the information below 11yrs. Therefore education on sexuality should begin from 11yrs. onwards.

From the study it shows that the main source of information were friends magazines, TV, Radio. Therefore peer education programmes on sexuality should be developed and implemented through schools, youth clubs and in the youth friendly centres. Similarly selected important messages should be passed through electronic media such as Radio, TV, and through magazines and news papers which are frequently read by the adolescents. Some pictorial posters should be developed for those who cannot read.

Although the knowledge about pregnancy and safe period of the adolescents in school is satisfactory, but there were about 31.8% who did not know about safe period, whereas in hospital 22% of the respondents were less informed. Reported ideal age of marriage and for boys and girls was 20 yrs. and above. But in hospital about 26% said it should be between 15 -19 yrs. and they considered early child bearing is a desired norm of their family. This behaviour promotes teenage preg. Out of the 200 clients interviewed there were 20.5% teenage pregnant girls which is a high risk preg endangering the life of mother and child. Therefore correct knowledge on pregnancy, childbearing to adolescents should be given to prevent early marriage and early child bearing.

There were few boys (5) and Girls (2) were in favour of premarital sex and about 16 boys having sexual relations. Considering this there should be correct knowledge and information on FP methods for those who want to wait to get married till 20rs. and the contraceptives should be made easily accessible and available through youth centres.

In school though most of them were fully aware about STD, HIV/AIDS, 9% did not have the knowledge on STDs, some of them were having misconceptions about the mode of transmission.. About the use of condoms for the prevention of STDs the girls were more ignorant than boys. In hospital also 20% of the respondents were

poorly informed about STD and their modes of transmission and many of them had one or more than one forms of misconception .

So they need proper counselling about HIV/AIDS and different types of STDs, their modes of transmission , methods to prevent it and clarify the misconceptions.

Attitudes towards care during pregnancy and delivery were very encouraging, but still there were 25% of the boys and about 50% of the girls in school were ignorant about the importance of ANC and Safe delivery. Therefore proper knowledge on the importance of ANC, safe delivery by a trained manpower should be incorporated in the adolescent directed counselling programmes.

About 70% of the respondents in school 88.8% in school felt the need of sex education should start from 13 yrs. onwards which is a very positive attitude. In this regard we must raise the awareness of parents and teachers to include the sex education in the curriculum.

The overall knowledge of puberty , menstruation, pregnancy, premarital sex, FP, STDs and HIV were more in the girl respondents of coed school were less than the girls of girls school. The reason may be they have the inhibition of free talks on the sensitive issues.(See annexes.)

About the type of health services almost everyone of them desired that the service should be easily accessible , should be provided in an integrated manner with the maintenance of confidentiality . It should be open in their convenient time and the health worker of the same sex should provide the services. So with all these information there should be the participation of youths and peer groups during the designing and implementation of the youth friendly health services.

As NESOG has shown a keen interest on the issues of adolescent SRH we can suggest and recommend the following SRH package programme for the adolescents through its organisation with the help of HMG and other stake holders.

- ❖ Counselling services on physical development, menarche and seminal emission , sexuality should be provided to adolescents before puberty starts.
- ❖ Special orientation programme in schools on SRH by incorporating in the curriculum.
- ❖ Special orientation programmes for the principals and school teachers about the methodology of sexuality education.
- ❖ Peer education programmes should be initiated to impart the knowledge on sexuality to the youths in the community by mobilising the local youth clubs.
- ❖ Organise street drama and video shows in the community about SRH/STD/HIV/AIDS by mobilising the local youth clubs.
- ❖ Selected and essential information should be provided to the adolescents through Radio TV, Magazines and news papers
- ❖ Parents have negative attitudes towards sex education therefore they should be counselled before imparting sexuality education
- ❖ Establishment of Youth Friendly Services.

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ANNEXES

Variable Knowledge of the girls among homogenous and heterogeneous schools.

Table 41. Menstrual Cycle

	Co-Education		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
15 days	1.00	1.37	1.00	1.03	2.00	1.18
20 days	1.00	1.37	0.00	0.00	1.00	0.59
28 days	47.00	64.38	77.00	79.38	124.00	72.94
30 days	23.00	31.51	17.00	17.53	40.00	23.53
Not stated	1.00	1.37	2.00	2.06	3.00	1.76
	73.00	100.00	97.00	100.00	170.00	100.00

Table 42. Nocturnal Emission

	Co-Education		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Yes	9.00	12.33	27.00	27.84	36.00	21.18
No	63.00	86.30	70.00	72.16	133.00	78.24
Not stated	1.00	1.37	0.00	0.00	1.00	0.59
	73.00	100.00	97.00	100.00	170.00	100.00

Table 43. Reason for Nocturnal Emission

	Co-Education		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Due to excitement	6.00	66.67	7.00	25.93	13.00	36.11
Due Hormon	3.00	33.33	18.00	66.67	21.00	58.33
Not stated	0.00	0.00	2.00	7.41	2.00	5.56
	9.00	100.00	27.00	100.00	36.00	100.00

Table 44. Reason for Physical development

	School Type		Girls School		Table Total	
	Co-Education		Count	Col %	Count	Col %
Eating balanced diet	1.00	1.37	1.00	1.03	2.00	1.18
Due harmon	47.00	64.38	79.00	81.44	126.00	74.12
Others	1.00	1.37	2.00	2.06	3.00	1.76
Don't Know	14.00	19.18	5.00	5.15	19.00	11.18
not stated	10.00	13.70	10.00	10.31	20.00	11.76
	73.00	100.00	97.00	100.00	170.00	100.00

Table 45. Sperm is produced by

	School Type		Girls School		Table Total	
	Co-Education		Count	Col %	Count	Col %
Testicles	37.00	50.68	40.00	41.24	77.00	45.29
Ovary	14.00	19.18	17.00	17.53	31.00	18.24
Prostate gland	5.00	6.85	3.00	3.09	8.00	4.71
Not stated	17.00	23.29	37.00	38.14	54.00	31.76
	73.00	100.00	97.00	100.00	170.00	100.00

Table 46. Knowledge about Sexual relationship

	School Type		Girls School		Table Total	
	Co-Education		Count	Col %	Count	Col %
Yes	55.00	75.34	77.00	79.38	132.00	77.65
No	18.00	24.66	13.00	13.56	31.00	18.18
Not stated	0.00	0.00	2.00	2.06	2.00	1.18
	73.00	100.00	97.00	100.00	170.00	100.00

Table 47. Source of Knowledge

Source	School Type		Girls School		Total	
	Co-Education		Count	Col %	Count	Col %
Friends	12.00	21.82	23.00	29.87	35.00	26.52
Magazine	22.00	40.00	24.00	31.17	46.00	34.85
Radio	18.00	32.73	13.00	16.88	31.00	23.48
TV	22.00	40.00	14.00	18.18	36.00	27.27
Sisters	6.00	10.91	20.00	25.97	26.00	19.70
Cinema	7.00	12.73	5.00	6.49	12.00	9.09
Books	3.00	5.45	2.00	2.60	5.00	3.79
95.00	1.00	1.82	0.00	0.00	1.00	0.76
	55.00	100.00	77.00	100.00	132.00	100.00

Table 48. Knowledge at the age

	School Type				Table Total	
	Co-Education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
10-14	33.00	66.00	37.00	52.11	70.00	57.85
15-20	15.00	30.00	30.00	42.25	45.00	37.19
not stated	2.00	4.00	4.00	5.63	6.00	4.96
	55.00	100.00	77.00	100.00	132.00	100.00

Table 49. Knowledge about pregnancy

	School Type				Table Total	
	Co-Education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
yes	67.00	91.78	92.00	95.83	159.00	94.08
No	6.00	8.22	4.00	4.17	10.00	5.92
	73.00	100.00	97.00	100.00	170.00	100.00

Table 50. How pregnancy occurs

	School Type				Table Total	
	Co-Education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
By kissing	1.00	1.49	0.00	0.00	1.00	0.63
By union of sperm and ova	54.00	80.60	78.00	84.78	132.00	83.02
By sexual interaction	11.00	16.42	14.00	15.22	25.00	15.72
Not stated	1.00	1.49	0.00	0.00	1.00	0.63
	67.00	100.00	92.00	100.00	159.00	100.00

Table 51. Knowledge about Fertile period

	School Type				Table Total	
	Co-Education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
during first day to 8 th day	5.00	7.46	11.00	11.96	16.00	10.06
between seventh to 20 th day	30.00	44.78	35.00	38.04	65.00	40.88
after 22 days till next menstruation	9.00	13.43	3.00	3.26	12.00	7.55
Others	1.00	1.49	0.00	0.00	1.00	0.63
Don't Know	18.00	26.87	26.00	28.26	44.00	27.67
Not stated	4.00	5.97	17.00	18.48	21.00	13.21
	67.00	100.00	92.00	100.00	159.00	100.00

Table 52. Knowledge about FP Methods

	School Type		Girls School		Total	
	Count	Col %	Count	Col %	Count	Col %
Pills	47.00	67.14	53.00	60.92	100.00	63.69
Condom	52.00	74.29	54.00	62.07	106.00	67.52
Month cycle	17.00	24.29	10.00	11.49	27.00	17.20
Withdrawal	0.00	0.00	1.00	1.15	1.00	0.64
IUD	5.00	7.14	8.00	9.20	13.00	8.28
Vasectomy	26.00	37.14	25.00	28.74	51.00	32.48
Norplant	45.00	64.29	64.00	73.56	109.00	69.43
Laparascopy	11.00	15.71	21.00	24.14	32.00	20.38
Depo Provera	3.00	4.29	1.00	1.15	4.00	2.55
	70.00	100.00	87.00	100.00	157.00	100.00

Table 53. Knowledge about Condoms.

	Co-Education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
Pills for woman	1.00	1.37	0.00	0.00	1.00	0.59
Fp method for man	62.00	84.93	89.00	91.75	151.00	88.82
Fp method for woman	2.00	2.74	2.00	2.06	4.00	2.35
Don't Know	6.00	8.22	3.00	3.09	9.00	5.29
Not stated	2.00	2.74	3.00	3.09	5.00	2.94
	73.00	100.00	97.00	100.00	170.00	100.00

Table 54. Knowledge about FP. Pills

	School Type		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Pills for woman	66.00	90.41	81.00	83.51	147.00	86.47
FP method for man	1.00	1.37	1.00	1.03	2.00	1.18
FP method for woman	2.00	2.74	6.00	6.19	8.00	4.71
Don't Know	3.00	4.11	5.00	5.15	8.00	4.71
Not stated	1.00	1.37	4.00	4.12	5.00	2.94
	73.00	100.00	97.00	100.00	170.00	100.00

Table 55. Suitable Time for Sexual Intercourse

	School Type		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Before marriage	1.00	1.37	1.00	1.03	2.00	1.18
After marriage	67.00	91.78	93.00	95.88	160.00	94.12
After knowing each other	3.00	4.11	2.00	2.06	5.00	2.94
not stated	2.00	2.74	1.00	1.03	3.00	1.76
	73.00	100.00	97.00	100.00	170.00	100.00

Table 56. Experience of sexual Intercourse

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
Yes	1.00	1.37	0.00	0.00	1.00	0.59
No	71.00	97.26	97.00	100.00	168.00	98.82
not stated	1.00	1.37	0.00	0.00	1.00	0.59
	73.00	100.00	97.00	100.00	170.00	100.00

Table 57. Appropriate age of marriage for men

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
18 Years	1.00	1.37	1.00	1.03	2.00	1.18
19 Years	0.00	0.00	3.00	3.09	3.00	1.76
20 or above	71.00	97.26	93.00	95.88	164.00	96.47
Not stated	1.00	1.37	0.00	0.00	1.00	0.59
	73.00	100.00	97.00	100.00	170.00	100.00

Table 58. Appropriate age of marriage for women

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
16 Years	0.00	0.00	1.00	1.03	1.00	0.59
18 Years	11.00	15.07	2.00	2.06	13.00	7.65
19 Years	9.00	12.33	10.00	10.31	19.00	11.18
20 or above	52.00	71.23	84.00	86.60	136.00	80.00
not stated	1.00	1.37	0.00	0.00	1.00	0.59
	73.00	100.00	97.00	100.00	170.00	100.00

Table 59. Appropriate age of child bearing

	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
20 or above	70.00	95.89	96.00	98.97	166.00	97.65
not stated	3.00	4.11	1.00	1.03	4.00	2.35
	73.00	100.00	97.00	100.00	170.00	100.00

Table 60. Appropriate age for giving sex education for girl

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
below 13	10.00	13.70	11.00	11.34	21.00	12.35
13 to 19	48.00	65.75	69.00	71.13	117.00	68.82
above 19	4.00	5.48	12.00	12.37	16.00	9.41
Don't Know	7.00	9.59	3.00	3.09	10.00	5.88
not stated	4.00	5.48	2.00	2.06	6.00	3.53
	73.00	100.00	97.00	100.00	170.00	100.00

Table 61. Appropriate age for giving sex education to boys

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
below 13	12.00	16.44	8.00	8.25	20.00	11.76
13 to 19	44.00	60.27	67.00	69.07	111.00	65.29
above 19	5.00	6.85	8.00	8.25	13.00	7.65
Don't Know	8.00	10.96	9.00	9.28	17.00	10.00
not stated	4.00	5.48	5.00	5.15	9.00	5.29
	73.00	100.00	97.00	100.00	170.00	100.00

Table 62. Level of standard to give sex education

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
Primary level	11.00	15.07	5.00	5.15	16.00	9.41
lower secondary	27.00	36.99	47.00	48.45	74.00	43.53
Higher secondary	25.00	34.25	35.00	36.08	60.00	35.29
Ten plus two	3.00	4.11	5.00	5.15	8.00	4.71
not stated	7.00	9.59	5.00	5.15	12.00	7.06
	73.00	100.00	97.00	100.00	170.00	100.00

Table 63. Knowledge about STD

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
Yes	65.00	90.28	93.00	95.88	158.00	93.49
No	7.00	9.72	4.00	4.12	11.00	6.51
	73.00	100.00	97.00	100.00	170.00	100.00

Table 64. Knowledge HIV/AIDS

	School Type				Table Total	
	Co-education		Girls School			
	Count	Col %	Count	Col %	Count	Col %
Yes	71.00	98.61	97.00	100.00	168.00	99.41
No	1.00	1.39	0.00	0.00	1.00	0.59
	73.00	100.00	97.00	100.00	170.00	100.00

Table 65. Knowledge about modes of transmission

	School Type				Total	
	Co-education		Girls School		Count	
	Count	Col %	Count	Col %		Col %
Using comb,cloth etc of other	1.00	1.41	2.00	2.06	3.00	1.79
Not using sterilized needle	38.00	53.52	34.00	35.05	72.00	42.86
Sexual relation with multiple partner	59.00	83.10	91.00	93.81	150.00	89.29
Giving birth by infected mother	37.00	52.11	32.00	32.99	69.00	41.07
from infected blood	22.00	30.99	18.00	18.56	40.00	23.81
Mosquito bite	3.00	4.23	1.00	1.03	4.00	2.38
	71.00	100.00	97.00	100.00	168.00	100.00

Table 66. Protection from HIV/AIDS

	School Type				Total	
	Co-education		Girls School		Count	
	Count	Col %	Count	Col %		Col %
Avoiding unsafe sex	49.00	69.01	38.00	39.18	87.00	51.79
Sexual relationship with single partner	50.00	70.42	64.00	65.98	114.00	67.86
Use of condom	49.00	69.01	50.00	51.55	99.00	58.93
Avoiding sex with commercial sex worker	37.00	52.11	32.00	32.99	69.00	41.07
Avoding Sharing razor and blades	22.00	30.99	23.00	23.71	45.00	26.79
By keeping reproductive organ clean	1.00	1.41	1.00	1.03	2.00	1.19
Don't Know	4.00	5.63	1.00	1.03	5.00	2.98
Not stated	1.00	1.41	1.00	1.03	2.00	1.19
	71.00	100.00	97.00	100.00	168.00	100.00

Table 67. Types of STDs

	School Type		Girls School		Total	
	Count	Col %	Count	Col %	Count	Col %
HIV/AIDS	55.00	96.49	79.00	94.05	134.00	95.04
Syphilis	35.00	61.40	56.00	66.67	91.00	64.54
Gonorrhoea	14.00	24.56	19.00	22.62	33.00	23.40
Sujak	2.00	3.51	5.00	5.95	7.00	4.96
	57.00	100.00	84.00	100.00	141.00	100.00

Table 68. Ever visited a health facility to receive SRH services

	School Type		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Yes	8.00	10.96	8.00	8.25	16.00	9.41
No	63.00	86.30	88.00	90.72	151.00	88.82
not stated	2.00	2.74	1.00	1.03	3.00	1.76
	73.00	100.00	97.00	100.00	170.00	100.00

Table 69. Reason for visiting

	School Type		Girls School		Total	
	Count	Col %	Count	Col %	Count	Col %
General health checkup	4.00	50.00	2.00	25.00	6.00	37.50
Health education	4.00	50.00	5.00	62.50	9.00	56.25
Treatment of sexual diseases	0.00	0.00	1.00	12.50	1.00	6.25
	8.00	100.00	8.00	100.00	16.00	100.00

FORMAT OF A FOCUS GROUP MODERATOR GUIDE

I. Warm up and Introduction

A. Introduction.

1. Moderator to Group
2. Purpose of the session
3. Planned activities

B. Ground Rules

1. Time : One Hour
2. Speak Clearly
3. Participation of all in conversation
4. Everyone's opinion is taken.
5. No Right /Wrong answers.
6. Encourage everyone to speak.

C. Introduction of Participants to group.

1. Name
2. Education or class
3. Where from
4. Marital status.
5. No. of children.
6. Anything else eg. Hobby....etc.

II. Discussion.

A. General Questions.

1. Easy to Answer
2. Rapport Building.

B. Specific Questions

C. Interventions (eg: posters , logos, messages etc.)

III. Wrap up summary

- A. Summary of the points covered and group opinion.
- B. Acknowledgements.

FOCUS GROUP DISCUSSION

TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ABOUT NORMAL PHYSIOLOGICAL CHANGES IN THE BODY

- Age
- Organs that changes by gender
- Use of organs
- Understanding of the term 'puberty'
- Awareness of the term 'Masturbation' and attitude or perception towards the practice of masturbation
- Age of 'Menarche' for any girl
- Source of information about 'Menstruation'
- Types of social behavior when a girl menstruates for the first time and place of behavior
- Attitude towards the social behavior (satisfaction or dissatisfaction with reason)

TO ACCESS THE KNOWLEDGE ABOUT PREGNANCY, PREMARITAL SEX AND CONTRACEPTION

- Understand by the term 'conception' & 'pregnancy'
- Knowing about how pregnancy occurs
- What a women is expected to do during pregnancy
- Problems that a women face during delivery
- Place of delivery
- Competency of staff who involve in the delivery
- Components of ANC/PNC
- Whether receive ANC/PNC services and place of services
- Right age for marriage for girls
- Right age for marriage for boys
- Right age for a women to give birth to her first child and the reason behind this
- Opinion towards the birth spacing and the number of years to be spaced between births
- Age at which boys and girls come in sexual contact for the first time
- Age at which boys and girls come in sexual maturity

TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ON SEXUALITY AND SEX EDUCATION

- Ever been exposed to sex education
- Opinion towards sex education
- Is it must for youth
- Is it an essential elements for youth development
- Willingness to get sex education
- Interest in recommending other people to get sex education
- Most appropriate platform/media for providing sex education
- Aspects of reproductive health to educate adolescent
- Involvement of community members towards awareness of the SRH issues of the adolescents
- Even visited to a health facility to receive SRH services
- If yes, reason for visiting the facility
- If No, reason
- Who decide to go to the facility (yourself or somebody else)

TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ABOUT STD/HIV/AIDS

Have you heard about AIDS ?

Do you know the modes of Aids transmission ?

Tick (✓) in the routes of AIDS transmission you heard .

What is the name of contraception that can be used during sexual contact to prevent from AIDS / STDs

How can we protect ourselves from STD/HIV

Have you heard about STDs except AIDS ? If yes, write the name of STDs

TO ACCESS THE IDEAS OF ADOLESCENT ON THEIR IDEAS ON THE KIND OF SERVICES THEY WOULD LIKE TO HAVE IN A YOUTH FRIENDLY CLINIC

- Availability of services
- Accessibility of services
- Confidentiality of the services
- Maintenance of privacy
- Atmosphere of the service center
- Timing of the Services
- Type of Health Personnel required
- Sex of Health Personnel required

Name of the Participants of FGD in School

1. Urmila Shahi
2. Rashmi B.K
3. Dev Narayan Mondal
4. Saraswati Shrestha
5. Sambhu Gyawali
6. Gyanendra Karki
7. Neeta Uprety
8. Srijana Subedi
9. Savita Ghale
10. Deepak Yami
11. Ritika Shakya
12. Ramesh Pant
13. Shyamsunder Gaire
14. Uma Neupane
15. Nirmal Kharel
16. Kumari Gurung

Name of the Participants in the FGD (Hospital)

- 1 Deepa Shrestha
- 2 Teeka Devi
- 3 Nisha Ale
- 4 Neelam Koirala
- 5 Sundari Chhetri
- 6 Aiti Maya
- 7 Reeta Regmi
- 8 Kopila Rai
- 9 Bishnu Devi
- 10 Maiya Manadhar
- 11 Sunita Bajgain
- 12 Ram Devi
- 13 Ranjana Adhikari
- 14 Devi Dahal
- 15 Sushma Bhandari
- 16 Savitri Shrestha
- 17 Ganga Devi Khatri
- 18 Suravi Baral

किशोर किशोरीहरूको यौन तथा प्रजनन स्वास्थ्य सम्बन्धि
ज्ञान,धारणा तथा व्यवहार सम्बन्धि अध्ययन

प्यारा विद्यार्थी भाई वहिनीहरू,

प्रसुति तथा स्त्रिरोग विशेषज्ञहरूको समाज (NESOG) द्वारा किशोरावस्थामा यौन तथा प्रजनन स्वास्थ्य सम्बन्धि ज्ञान,धारणा तथा व्यवहार वारे अध्ययन गर्न यस स्कूलका कक्षा ८, ९ र १० का किशोर किशोरीहरू चयन गरिएको छ । प्रस्तुत प्रश्नावलीबाट संकलन गरिएका तथ्यांकहरूका आधारमा दिईएका सुभावहरू तथा शिफारिस अनुसार युवा स्वास्थ्य केन्द्रको स्थापना गर्ने उद्देश्य यस अध्ययनले राखेको छ । प्रश्नहरू यौन तथा प्रजनन स्वास्थ्य सम्बन्धि भएकाले आफुले जानेका उत्तरहरू पूर्ण ईमान्दारीका साथ दिनु भई सहयोग गरि दिनु हुन अनुरोध गर्दछौ । प्रश्नावलीमा तपाईंको नाम उल्लेख हुने छैन र पूर्ण गोपनियताको पालना गरिने विश्वास पनि दिलाउन चाहन्छौ ।

सहयोगको लागि धन्यवाद

NESOG

किशोर तथा किशोरीहरूको यौन तथा प्रजनन स्वास्थ्य सम्बन्धि ज्ञान
प्रश्नावली

विद्यालयको नाम

पृष्ठभूमि

प्र.नं	प्रश्नहरू	संभावित उत्तरहरू	कोड
००१	तपाईं अहिले कुन कक्षामा अध्ययन गरिरहनु भएको छ?	कक्षा	१
००२	तपाईं अहिले कति वर्षको हुनुभयो?	उमेर	१
००३	लिंग (कृपया चिन्ह लगाउनु होस)	.....पुरुष.....महिला	१ २
००४	तपाईं कुन जातीको हुनुहुन्छ?	ब्राह्मण क्षेत्री नेवार मगर गुरुङ राई लिम्बु तामाङ यादव भा अन्य.....(उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६ ७ ८ ९ १० ११
००५	तपाईंको घर कहाँ छ?	.....शहर.....गाउँ	१ २

१. पारिवारिक विवरण

प्र.नं	प्रश्नहरू	संभावित उत्तरहरू	कोड
१०१	तपाईंको बुवाको शैक्षिक योग्यता के हो?	.....अशिक्षित.....तह	८८
१०२	तपाईंको आमाको शैक्षिक योग्यता के हो?	.....अशिक्षित.....तह	८८
१०३	तपाईंको बुवाको मुख्य पेशा के हो?	.....कृषि .....सरकारी नोकरी .....गैरसरकारी नोकरी .....व्यापार.....दैनिक ज्यालादारी .....गृहणी .....काम गर्नु हुन् .....अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६ ७ ८
१०४	तपाईंको आमाको मुख्य पेशा के हो?	.....कृषि .....सरकारी नोकरी .....गैरसरकारी नोकरी .....व्यापार.....दैनिक ज्यालादारी .....काम गर्नु हुन् .....अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६ ७
१०५	तपाईंको घरमा तल दिइएका सुविधाहरू कुन कुन छन्?	रेडियो टेलिफोन टेलिभिजन	छ १ २ १ २ १ २

२. शरिरमा हुने शाररिक परिवर्तनका सम्बन्धमा किशोर तथा किशोरीहरूको ज्ञान

प्र.नं	प्रश्नहरू	संभावित उत्तरहरू	कोड
२०१	केटीहरूको पहिलो पटक हुने नछुनी(महिनावारी) को बारेमा तपाईंलाई केही थाहा छ?	.....छ.....छैन	१ २
२०२	यदि छ भने, नछुनी भन्नाले के बुझ्नु हुन्छ?	..... यौन अगमा घाउ हुनु महिलाहरूमा गर्भाधारण गर्न सक्ने शक्तिको संकेत अन्य (उल्लेख गर्नुहोस)	१ २ ३
(प्रश्न नं २०३ र २०४ महिलाहरूका लागि मात्र सोध्ने)			
२०३	के तपाईं महिनावारी भईसक्नु भएको छ?	.....छ.....छैन	१ २
२०४	यदि छ भने महिनावारी हुदा कस्तो अनुभव भयो?	..... डिप्रेसन एलिभेसन समाजबाट बहिस्कार भएको अनुभव केही पनि अनुभव भएन अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५
२०५	साधारणतया महिला कति दिनको फरकमा नछुनि हुन्छन्?	..... १५ दिन २० दिन २५ दिन ३० दिन	१ २ ३ ४
२०६	तपाईंलाई स्वप्नदोषको बारेमा केही थाहा छ?	.....छ.....छैन	१ २
२०७	यदि छ भने, स्वप्नदोष हुनाका कारणहरू के होलान्?	..... तातो खाना खानाले उत्तेजित(excitement) भएर शरिरमा हार्मोन पैदा भएर अन्य (उल्लेख गर्नुहोस) थाहा छैन	१ २ ३ ४ ५
२०८	केटा तथा केटीहरूमा हुने शाररिक परिवर्तन (जस्तो केटाहरूको जुगा आउनु, केटीहरूको स्तन बढ्दै जानु) के कारणले गर्दा भएको होला?	..... पोष्टिक तत्व भएको खाना खानाले सन्तुलित खाना खानाले शरिरमा हार्मोन पैदा हुनाले धेरै खाना खानाले अन्य (उल्लेख गर्नुहोस) थाहा छैन	१ २ ३ ४ ५ ६
२०९	तल दिईएका अंगहरू मध्ये कुन चाहिँ अगले शुक्रकिट पैदा गर्दछ?	..... अण्डाशय डिम्बाशय पोस्टेट ग्याण्ड	१ २ ३

३. किशोर तथा किशोरी हरूमा विवाह पूर्व यौन सम्बन्ध, गर्भाधारण र गर्भ निरोध सम्बन्धि ज्ञान

प्र.नं	प्रश्नहरू	संभावित उत्तरहरू	कोड
३०१	के तपाईंलाई शाररिक यौन सम्बन्धका बारेमा जानकारी छ?	.....छ.....छैन	१ २
३०२	यदि जानकारी छ भने कहावाट थाहा पाउनु भयो?	..... साथीहरूवाट पत्र पत्रिकावाट रेडियोवाट टिभीवाट दिदी । बहिनिवाट दाजु । भाईवाट फिल्म हेरेर अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६ ७ ८
३०३	तपाईंले पुरुष र महिला बीच हुने यौन सम्बन्धका बारेमा तपाईं कुन उमेरको हुदा उक्त कुरा थाहा पाउनु भयो? कृपया उमेर लेख्नुहोस	..... उमेर	१

३०४	तपाईंलाई गर्भावधारण भन्ने कुरा थाहा छ?	_____ छ _____ छैन	१ २
३०५	यदि छ भने महिला कसरी गर्भवती हुन्छिन्?	_____सुम्बन गरेर _____ शरिरमा स्पर्श गरेर _____ शुक्रकिट र डिम्बको मिलन भएर _____ यौन सम्पर्कबाट _____ अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५
३०६	तल दिइएका मध्ये कुन चाँडै समयमा यौन सम्पर्क भएमा महिला गर्भवती हुन्छिन्?	नखुनि भएको _____ पहिलो दिन देखि आठ दिन भित्र _____ ७ दिन देखि २१ दिन भित्र _____ २२ दिन देखि जसको पटक नखुनी नभए सम्म _____ अन्य (उल्लेख गर्नुहोस) _____ थाहा छैन	१ २ ३ ४ ५
३०७	विवाहित दम्पतिले वल्वा नजन्माउन तथा हिलो गरि सन्तान जन्माउनको लागि प्रयोग गरिने निम्नलिखित परिवार नियोजनका अस्थायी साधनहरू मध्ये कुन कुन साधनहरूका बारेमा थाहा पाउनु भएको छ, कृपया चिन्ह लगाउनु होस?	_____पिल्स _____ कण्डम _____ सुरक्षित समयमा गरिने यौन सम्पर्क _____ वाह्य स्वस्रलन _____ आर्ट यू डी _____ भ्यासेक्टोमी _____ नरप्लाष्ट _____ मिनील्याप _____ सकलकालीन प/नि साधन _____ अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६ ७ ८ ९ १०
३०८	परिवार नियोजनको अस्थायी साधन कण्डम भनेको तल दिइएका मध्ये के हो?	_____ पुरुषले साने चककी _____ महिलाले साने चककी _____ पुरुषले प्रयोग गर्ने साधन _____ महिलाले प्रयोग गर्ने साधन _____ अन्य (उल्लेख गर्नुहोस) _____ थाहा छैन	१ २ ३ ४ ५ ६
३०९	परिवार नियोजनको अस्थायी साधन पिल्स (निलोकन, गुलाफ) भनेको तल दिइएका मध्ये के हो?	_____ पुरुषले साने चककी _____ महिलाले साने चककी _____ पुरुषले प्रयोग गर्ने साधन _____ महिलाले प्रयोग गर्ने साधन _____ अन्य (उल्लेख गर्नुहोस) _____ थाहा छैन	१ २ ३ ४ ५ ६
३१०	तपाईंको विचारमा एउटा व्यक्तिले कहिले देखि यौन सम्बन्ध राख्नु पर्दछ?	_____ विवाह भन्दा पहिले _____ विवाह पछि _____ एक बर्कोसग परिचय भए पछि _____ अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४
३११	के तपाईंले कहिल्यै शारीरिक यौन सम्बन्ध राख्नु भएको थियो?	_____ छिए _____ थिएन	१ २
३१२	यदि थियो भने त्यति बेला तपाईंको उमेर कति थियो?	_____ १४ भन्दा मुनि _____ १५ वर्ष _____ १६ वर्ष _____ १७ वर्ष _____ १८ वर्ष _____ १९ वर्ष _____ २० भन्दा माथि	१ २ ३ ४ ५ ६ ७
३१३	तपाईंले को सग सौ सम्बन्ध राख्नु भएको थियो?	_____ प्रेमी _____ साथी _____ अपरिचित ब्यक्ति _____ नेशया _____ श्रीमान । श्रीमती _____ अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४ ५ ६

२१४	तपाईंको विचारमा केटाहरूले विवाह गर्नु पर्ने उपयुक्त उमेर कुन होला?	..... ११ भन्दा कम उमेरमा १ ११ वर्षमा २ १६ वर्षमा ३ १७ वर्षमा ४ १८ वर्षमा ५ १९ वर्षमा ६ २० वर्ष पछि ७
२१५	तपाईंको विचारमा केटीहरूले विवाह गर्नु पर्ने उपयुक्त उमेर कुन होला?	..... ११ भन्दा कम उमेरमा १ ११ वर्षमा २ १६ वर्षमा ३ १७ वर्षमा ४ १८ वर्षमा ५ १९ वर्षमा ६ २० वर्ष पछि ७
२१६	तपाईंको विचारमा एउटा महिलाले आफ्नो पहिलो बच्चा जन्माउने उपयुक्त उमेर कुन होला?	..... ११ भन्दा कम उमेरमा १ ११ वर्षमा २ १६ वर्षमा ३ १७ वर्षमा ४ १८ वर्षमा ५ १९ वर्षमा ६ २० वर्ष पछि ७
२१७	तपाईंको विचारमा केटीहरूलाई कुन उमेर देखि यौन शिक्षा दिन उपयुक्त हुन्छ होला?	..... १३ वर्ष भन्दा कम उमेर देखि १ १३ देखि १९ वर्ष भित्र २ १९ वर्ष नाघे पछि ३ शिक्षा नै दिनु हुदैन ४ थाहा छैन ५
२१८	तपाईंको विचारमा केटाहरूलाई कुन उमेर देखि यौन शिक्षा दिन उपयुक्त हुन्छ होला?	..... १३ वर्ष भन्दा कम उमेर देखि १ १३ देखि १९ वर्ष भित्र २ १९ वर्ष नाघे पछि ३ शिक्षा नै दिनु हुदैन ४ थाहा छैन ५
२१९	तपाईंको विचारमा विद्यालयका कुन तह देखिका विद्यार्थीहरूलाई यौन शिक्षा दिन उपयुक्त हुन्छ होला?	..... प्राथमिक तह १ निम्न माध्यमिक तह २ माध्यमिक तह ३ दश जाड दुई ४

४. यौन जन्य रोग । एच आई वी । एड्स बारे किशोर तथा किशोरीहरूको ज्ञान

प्र. नं.	प्रश्नहरू	सम्भावित उत्तरहरू	कोड
४०१	के तपाईंलाई यौनजन्य रोगका बारेमा थाहा छ?	..... छ १ छैन २
४०२	यदि छ भने, एच आई वी । एड्स को बारेमा थाहा पाउनु भएको छ?	..... छ १ छैन २
४०३	के तपाईंलाई थाहा छ एच आई वी । एड्स कसरी सर्छ?	..... एक जर्कोको कटिगोचुरमा स्नायु प्रयोग गरेर १ निर्भक्षित तवरिण्डा तिरिन्छ तथा सुईको प्रयोग गरेर २ धेरै जनासग यौन सम्पर्क राखेमा ३ एड्स लागेको महिलाबाट जन्मिएको बच्चा ४ अरुद्र रगतको प्रयोगबाट ५ खत मिलाउदा । चुम्बन गर्दा ६ सामसुटेको टोकाइबाट ७
४०४	के तपाईंलाई एच आई वी । एड्सबाट बच्नको लागि प्रयोगमा ल्याइने साधनको बारेमा थाहा छ?	..... कन्डम १ आई यू डी २ कण्डम ३ डिपोप्रोभेरा ४ अन्य (उल्लेख गर्नुहोस) ५ थाहा छैन ६

४०२	एच.आई.भी.। एड्सवाट बच्नको लागि के करता सावधानीहरु अपनाउनु पर्ला?	....अपुरसित योन सम्पर्कबाट टाढा रहेर ....एक जनासंग मात्र शाररिक सम्बन्ध राखेर ....कण्डमको प्रयोग गरेर ....वेरवावृत्तिबाट टाढा रहेर ....अरुले प्रयोग गरेको ब्लेडको प्रयोग नगरेर ....प्रजनन अंगहरु सफा गरेर ....अन्य (उल्लेख गर्नुहोस) थाहा छैन	१ २ ३ ४ ५ ६ ७ ८
४०६	यदि थाहा छ भने तपाईंले के करता योन रोगहरुको बारेमा थाहा पाउनु भएको छ? उल्लेख गर्नुहोस्	(क)..... (ख)..... (ग)..... (घ)..... (ङ).....	१ २ ३ ४ ५

५ युवाहरुका लागि संचालन गरिने क्लिनिकमा युवाहरुका लागि व्यवस्था गर्नु पर्ने सुविधा तथा सेवाहरु सम्बन्धि जानकारी

प्र.नं	प्रश्नहरु	संभावित उत्तरहरु	कोड
१०१	के तपाईं कहिल्यै कुनै स्वास्थ्य संस्थाहरुमा योन तथा प्रजनन स्वास्थ्य र पनि सम्बन्धि सेवा लिन जानु भएको छ ?	.....छ .....छैन	१ २
१०२	यदि छ भने कति कारणले जानु भएको हो?	.....साधारण स्वास्थ्य परीक्षण .....स्वास्थ्य शिक्षा ....योन रोगको उपचारका लागि .....अन्य (उल्लेख गर्नुहोस)	१ २ ३ ४
१०३	के तपाईंको विचारमा योन तथा प्रजनन स्वास्थ्य र परिवार नियोजन सेवा तपाईं जस्तै किशोर तथा युवाहरुका लागि तपाईंको समुदायमा सेवा दिने व्यवस्था गर्नु पर्छ?	.....पर्छ .....आवश्यक छैन	१ २
१०४	के तपाईंको विचारमा युवाहरुलाई प्रदान गरिदि आएको योन तथा प्रजनन स्वास्थ्य र परिवार नियोजन सेवामा केही परिवर्तन गर्न आवश्यक छ?	.....आवश्यक छ .....आवश्यक छैन	१ २
१०५	यदि आवश्यक छ भने, कृपया तपाईंको विचारमा कस्तो किसिमको व्यवस्था गर्नु पर्छ जस्तो लाग्छ	.... सेवा सजिलो सग उपलब्ध गराएर सेवा प्रदान गरिदा गोपनीयता हुनु पर्ने युवाहरुलाई आवश्यक पर्ने सम्पूर्ण सेवा एकैठाउँमा उपलब्ध गराएर ....अनुकुल हुने समयमा सेवा प्रदान हुनु पर्ने महिलाका लागि महिला स्वास्थ्यकर्मीको व्यवस्था पुरुषहरुका लागि पुरुष स्वास्थ्यकर्मीको व्यवस्था	१ २ ३ ४ ५ ६

Dear Students,

You kindly requested to read the following questions carefully and put a circle in an appropriate answer box, then return it back to us. Thank you very much for your cooperation.

Background:

Q.No	Name of the School	-----	
001	Class you are studying now	Class	[-----]
002	Age: of respondent (Your age)	Age in completed years	[]
003	Your Sex:	Male	1
		Female	2
004	Caste /ethnicity:	Brahman	1
		Chhhetri	2
		Newar	3
		Magar	4
		Gurung	5
		Rai	6
		Limbu	7
		Tamand	8
		Yadav	9
		Jha	10
005	Place of residence	Urban	1
		Rural	2

1.. Family background

101	What is the level of education your father has completed?	Illiterate	88	
		Grade completed	[]	
102	What is the level of education your mother has completed?	Illiterate	88	
		Grade completed	[]	
103	What is your father's main occupation?	Agriculture	1	
		Daily wages	2	
		Govt. Office Holder	3	
		Non-govt Office Holder	4	
		Business	5	
		Do not work	6	
104	What is your mother's main occupation ?	Agriculture	1	
		Daily wages	2	
		Office Holder	3	
		Business	4	
		Do not work	5	
		House wife	6	
		Other specify-----		
105	Do you have following facilities in your home ?	Yes	No	
		Radio	1	2
		Television	1	2
106	Do you live in your house (owned by a family member) or in a rented house	Telephone	1	2
		Own house	1	
		Rained house	2	

2. Knowledge of adolescents about normal physiological changes in the body (onset of menarche and development of secondary sex characters)

201	Have you heard about menarche or onset of menstruation?	Yes No	1 2
202	If Yes, What does it signify?	Injury in genital organ Capable to procreate Other (Specify)..... Don't Know	1 2 3 4
203	Have you already experience menstruation?	Yes No	1 2
204	What was your experience of the onset of menstruation	Depression Elevation Feeling of Outcast Did not feel anything Other (specify.....)	1 2 3 4 5
205	How many days are there in a menstruation cycle	15 days 20 days 28 days 30 days	1 2 3 4
206	Do you know about nocturnal emission	Yes No	1 2
207	What is the cause of nocturnal (night time) emission?	Eating hot food Excitement Production of Hormones Other specify Don't know	1 2 3 4 5
208	Why do the breast of girls increases in size and boy has moustache ?	Due to the production of Hormones Eating much Other specify Don't know	1 2 3 4
209	Which of the following organs produces the sperms ?	Testes Ovary Prostate gland Other specify Don't know	1 2 3 4 5

3. Knowledge about pregnancy, premarital sex and contraception

301	Do you know about sexual relationship	Yes No	1 2
302	If Yes, from what source do you know about this	Friend Teacher Magazines TV Radio Other (specify.....) Don't know	1 2 3 4 5 6 7
303	At what age you were aware of the sexual relationship between male & female? Write age	.....age	1
304	Do you know about pregnancy	Yes No	1 2
305	If yes, How does woman get pregnant?	Kissing Touching Meeting of ovum with sperm following sexual intercourse Other specify Don't know	1 2 3 4 5

306	Which is the high-risk period of getting pregnant from sexual contact?	First to 8th day of menses 7-21 days of menses 22 days to next menses Other specify Don't know	1 2 3 4 5
307	Tick () mark in the following FP method you have heard to delay or stop child bearing by married couples ?	Withdrawal Safe period method Pills Condom IUD Minilap Vasectomy Depo-Provera Norplant Emergency Contraceptives Other specify Don't know	1 2 3 4 5 6 7 8 9 10 11 12
308	Condom, a temporary method of FP is	Oral pills for male Oral pills for female For male use For female use Other specify Don't know	1 2 3 4 5 6
309	Pills (Nilocan, Gulaf), a temporary method of FP, is	Oral pills for male Oral pills for female For male use Other specify Don't know	1 2 3 4 5
310	In your opinion when should a person should establish sexual relationship	Before marriage After marriage Knowing each other Other (specify.....) Don't know	1 2 3 4 5
311	Do you have the experience of sexual intercourse	Yes No	1 2
312	If Yes, what is your age at that time?	.....age	1
313	Who was your sexual partner	Lover Friend CSWs Stranger Spouse Other (specify.....) Don't know	1 2 3 4 5 6 7
314	What is the ideal age of marriage for boys	Less than 15 15 years 16 years 17 years 18 years 19 years 20 years	1 2 3 4 5 6 7
315	What is the ideal age of marriage for girls	Less than 15 15 years 16 years 17 years 18 years 19 years 20 years	1 2 3 4 5 6 7
316	What is the ideal age for child bearing	Age	.....

317	What is the appropriate age for a girl to provide sexual education at school?	Below age 13 Between age 13-19 Above age 19 Never Do not know	1 2 3 4 5
318	What is the appropriate age for a boys to provide sexual education at school?	Below age 13 Between age 13-19 Above age 19 Never Do not know	1 2 3 4 5
319	Which level would it be more appropriate to give sexuality education	Primary Lower secondary Secondary 10 + 2	1 2 3 4

4. Knowledge of adolescent about STD/HIV/AIDS

401	Have you heard about STDs?	Yes No	1 2
402	If yes, have you heard about HIV/AIDS ?	Yes No	1 2
403	Tick marks in the routes of AIDS transmission you heard.	Sharing combs, cloths and towels Using unsterilized syringes and needles Having sex with multiple sex partner Child born by mother of AIDS victim Blood transfusion Shaking hand and Kissing Mosquito bite.....Other specify Don't know	1 2 3 4 5 6 7
404	What is the name of contraception that can be used during sexual contact to prevent from AIDS / STDs.	Pills UD Depo-Provera Condom Other specify Don't know	1 2 3 4 5 6
405	How can we protect ourselves from STD/HIV	By avoiding sex Practicing single sex partners Using condoms Cleaning genital organs Withdraw Other (specify.....) Don't know	1 2 3 4 5 6 7
406	Have you heard about STDs except AIDS ? If yes, write the name of STDs.	1..... 2..... 3..... 4..... 5.....	

5. Ideas on the kind of services they would like to have in a youth friendly clinic

501	Have you ever visited a health facility to receive SRH/FP services?	Yes No	1 2
502	If yes, what was your reason for visiting the facility?	General health check-up Health Education STD treatment.....other (specify)	1 2 3 4
503	In your opinion, do you think that there is need for making provision to provide information services to adolescent and youth like you in your community for SRH services	Necessary Not necessary	1 2
504	In your opinion, do you think that there is need for changes in the kinds of SRH services provided to adolescent and youth like you in your community	Yes No	1 2
505	If yes, what kinds of Reproductive Health Services would you prefer?	Should be easily accessible Privacy & Confidentiality is well maintained Friendly atmosphere where all services are available Suitable timings Preferable female health workers including Doctors for a female clients	1 2 3 4 5 6

Table 70. Is sex education essential to youth like you in your community

	School Type		Girls School		Table Total	
	Count	Col %	Count	Col %	Count	Col %
Yes	56.00	76.71	84.00	86.60	140.00	82.35
No	12.00	16.44	6.00	6.19	18.00	10.59
not stated	5.00	6.85	7.00	7.22	12.00	7.06
	73.00	100.00	97.00	100.00	170.00	100.00

Table 71. Kind SRH services they like

	School Type		Girls School		Total	
	Count	Col %	Count	Col %	Count	Col %
By providing service easily	27.00	46.55	38.00	53.52	65.00	50.39
By keeping confidentiality while giving service	13.00	22.41	10.00	14.08	23.00	17.83
By giving service to youth in integrated manner	9.00	15.52	11.00	15.49	20.00	15.50
By providing service in convenient time	3.00	5.17	7.00	9.86	10.00	7.75
By Providing service to woman by woman	35.00	60.34	32.00	45.07	67.00	51.94
By providing service to man by man	35.00	60.34	27.00	38.03	62.00	48.06
	58.00	100.00	71.00	100.00	129.00	100.00