



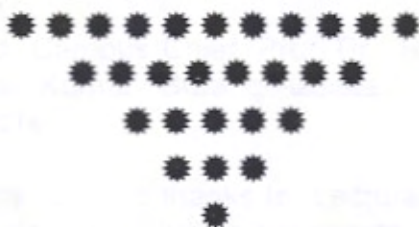
**KNOWLEDGE, ATTITUDES AND PRACTICES  
OF SECONDARY AND HIGHER SECONDARY  
STUDENTS TOWARDS SEXUALITY AND  
REPRODUCTIVE HEALTH BEHAVIOURS**

Submitted to:  
**NEPAL HEALTH RESEARCH COUNCIL**  
Ramshahpath, KTM., Nepal

Submitted by:  
**SATISH BISTA**

Decemer, 2001

# KNOWLEDGE, ATTITUDES AND PRACTICES OF SECONDARY AND HIGHER SECONDARY STUDENTS TOWARDS SEXUALITY AND REPRODUCTIVE HEALTH BEHAVIOURS



SUBMITTED TO:

NEPAL HEALTH RESEARCH COUNCIL  
RAMSHAHPATH, KATHMANDU

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# Abstract

Despite the fact that adolescents constitute a sizeable proportion of the total population of the country, their sexual and reproductive health are poorly understood and their needs are undeserved. There is very little information on the reproductive health status of adolescents in Nepal. Therefore, with the objective of assessing the knowledge, attitudes and practices of adolescents of age group 14-19 in the field of sexuality and reproductive health behavior, a non experimental, cross-sectional descriptive study was conducted.

A total of 500 adolescents (345 males and 155 females) from three secondary and two higher secondary school of Kathmandu metropolitan city of Kathmandu district were interviewed using self-administered questionnaire. Similarly 4 single sexed Focus Group Discussions (2 in males and 2 in females) were conducted to explore the inner feeling and viewpoints of adolescents.

Of the total, 60% of the students were from secondary schools and more than a half of (55.6%) were of Brahmin/Chhetri. Majority (93.2%) students knew about the sexually transmitted diseases. 75.4% of respondents knew about use of condom, 70.4% about using single sex partner as the preventive measures of STDs. Nearly 2/3<sup>rd</sup> of (63.76%) males and 70% of female students could said foul smelling discharge from genital as the major symptoms of STDs. More than nine out of ten respondents (94%) stated that they go to health system if get STD.

Majority of students knew about the mode of transmission of HIV/AIDS. Multiple sexual partner (87.6%), infected blood product (88.4%), non-sterile needles and syringe (86.8%) and infected mother to child (69.8) are the major mode of transmission of HIV/AIDS as reported by students. Books/Newspaper (80.4%), Radio/TV (68%), Teachers (40.4%) and friends (35.4%) were the major sources of information regarding STDs including HIV/AIDS and reproductive health.

Although 89% students claimed that they knew safer sex; 78.8% understand it as sex with single partner and 66.6% as condom use during intercourse. More than a half of both sexes, 51.88% males and 55.48% females didn't know that abortion is illegal in Nepal.

About 4/5<sup>th</sup> of males (79.4%) and all female students stressed that sexual relation should be established after marriage only. The mean age at menarche was 13.2 and the mean age of first sexual contact was found to be 14.97. Experience of

sex was found only in male students. 22.31% of boys had had first sexual relation with lover(57.14%), intimate person(25.97%), commercial sex workers and unknown persons(5.19%). 57.14% of them had used condoms during the first sexual contact and 58.44% of them had sexual contact within last one year. Except very few ,almost all(96.4%) of respondents said that they need reproductive health education and services. School(88.8%), Governmental hospital (37.8), local clubs (35.2%) and Private clinic\hospital(34.8) were identified as appropriate places for providing education to adolescents. 95.2% of students felt that marriage counseling is necessary for them which result into the better life after marriage.

The statistical analysis shows that there are no significance difference in the knowledge on various aspects of sexuality but male of higher secondary level were active in sexual activity .The students stressed for the practical approach of education on reproductive health such as demonstration on FP methods. They identified school and mass media as the best places to disseminate information regarding sexuality and reproductive health.

Thus the students need more knowledge than they possessed and they should be provided with adequate and correct information which help them to adopt positive sexual and reproductive health behavior.

## ACRONYMS

ADH	: Adolescent Health
AIDS	: Acquired Immuno-Deficiency Syndrome
CBS	: Central Bureau of Statistics
DoHS	: Department of Health Services
FHD	: Family Health Division
HIV	: Human Immuno-Deficiency Virus
HMG	: His Majesty's Government
ICPD	: International Conference on Population and Development
INGO	: International Non-Governmental Organization
NCASC	: National Center for AIDS and STD Control
NFHS	: Nepal Family Health Survey
NGO	: Non-Governmental Organization
RH	: Reproductive Health
RTI	: Reproductive Tract Infection
STD	: Sexually Transmitted Diseases
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Fund
VaRG	: Valley Research Group
WHO	: World Health Organization



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CHAPTER—ONE

## **1.1 BACKGROUND OF THE STUDY**

Situated in the lap of Himalayas, Nepal is a small mountainous country with a population of 23.4 million in 2001. The annual population growth rate is 2.27%<sup>6</sup>. This is among the highest growth rates in Asia, making Nepal one of the fastest growing countries in the region.

The unequal pace of population growth and economic development in Nepal over the past 5 decades has led to widespread poverty, unemployment and illiteracy. The per capita income of Nepalese people is \$240 with Human development index 0.480 which are among the lowest in the south Asian Region<sup>27</sup>. Various social as well as health indicators also indicate that much needs to be done to improve the quality of life in Nepal.

The second decade of life is a period of rapid growth and development especially in terms of physical, mental and social change. It is a period that will shape the future of individuals, communities, societies and countries.

Adolescence is a crucial phase of life. It is the period of physical, psychological and social maturity from childhood to adulthood. Generally the term adolescent refers to the individuals between the age of 10 to 19 years.

It is growing recognition that because of a combination of biological, psychological and social factors adolescent face many different health risk and problems such as sexually transmitted infection including HIV/AIDS, early and frequent pregnancy, substance abuse, accidents and violence. On the other hand with their energies, ideas and enthusiasm adolescents are a key resources for the promoting their own health and development and also contributing to the health of their families and communities.

The health of the adolescents is profoundly linked to their development since their physical, psychological and social abilities help to determine their behavior. The adolescents of today are tomorrow's adult. The health and development of adolescents are of great concern for the country, because of not only they are the future human resources but also their fertility behavior is a potential determining factor for future population growth in a country.

Thus it is of paramount importance that an environment be created and adequate support provided to enable adolescents to develop their full potential and to enjoy a healthy responsible adulthood.

## 1.2 STATEMENT OF PROBLEM

Adolescence, a crucial period is also a stressful period in which the adolescent tries to adjust to his/her varied physical, emotional and psychological changes. Trying out new things and making first time choices are part of growing up. They are curious to ask many questions but the problems is whom to address these questions ? Since talking about sex is taboo in the Nepalese society, the adolescent can't freely approach his/her parents for guidance. Many of them try to gather information through books, films or from friends but a majority don't have access to such correct information. Many times, the adolescent receive wrong information and these myths and misconception are carried throughout their life time.

Adolescent people are highly vulnerable to the profound changes in the social environment that have occurred recently and which can have considerable effect on their health. Changes in social and sexual mores have increased the risk of STDs including the threat of HIV/AIDS.

In Nepal, adolescents comprise more than one fifth[22%]of the total population , a proportion which is expected to grow during the years to come due high fertility rate , a high proportional of under 15 years old[population momentum].

Nearly 40% of the adolescents between 10-19 years of the age are illiterate. The gross enrollment rate decreases from 86%at a primary education level to 39% and 11% at lower secondary and secondary levels respectively<sup>4</sup>.

The nutritional status of adolescents is also of concern. NFHS revealed that 30.6% of girls had a low Body Mass Index (BMI<18.5),which is indicative of a high prevalence of chronic energy deficiency among adolescent girl<sup>9</sup>.

A majority of adolescents (64%) had their first sexual intercourse when they were between 15.17 years of age. The mean age of first sexual intercourse among male was 16.4years while among female was 16 years<sup>26</sup>

Despite Laws has stipulating the legal age at marriage as 18 for female and 21 for males, early marriage continues to be the norm in Nepal even in today. Existing studies show that nearly half of 15-19 years old adolescent girls & one fifth (20.6%) of adolescent males married<sup>5</sup>. Similarly, one fourth(24%) of adolescents are already pregnant or mother with their first child and CPR is reported only 6.5% among them<sup>9</sup>.

It is estimated that ,the number of female commercial sex workers to be 25,000 in Nepal. Of them 20% are estimated to be under the age of 16 (UNICEF,1998). 72% of CSW in Kathmandu Valley were with STDs. Of all HIV cases, 13% were found in the 14-19 year age group and 70% of them were female<sup>8</sup>.It was found that 22.5% of the total drugs abusers were of aged 16-19 <sup>21</sup>.

Despite the fact that as many as one fifth(22%) of the total population of Nepal are adolescent aged 10-19, their reproductive health need are poorly understood and ill served. They often encounter with many problems such as lack of awareness & knowledge about sexual and reproductive health, early marriage with early & frequent child bearing, unsafe abortion, STDs including HIV/AIDS and substance abuse. These problems are often exacerbated by social problems such as poverty, illiteracy, gender discrimination, girl trafficking and prostitution. These problems are further aggravated by poor health seeking behaviour and inadequate access to information and services.

### **1.3 RATIONALE OF THE STUDY**

THIS study is a small attempt to overview the adolescent knowledge on sexuality and reproductive health behavior. We know that period of adolescents encompasses the transition from childhood to adulthood during the second decade of life. It is the cone of the most crucial period in an individual's life, because during adolescent many key social, economic, biological and demographic events occur that set the stage for adult life.

In Kathmandu most of adolescents are engaged in study. However, the physiological changes that takes place in this period bring tremendous curiosity about sex and sexuality on both sexes. Kathmandu, being a capital city is entrapped into modernization people are more liberal about sex and sexuality than a decade before. The rapid urbanization, advanced mass media changing cultural values and norms are the predisposing factors which make the health scenario of adolescents quite complex.

It is revealed from the various reports that the adolescents of the kathmandu are involved in various sexual activities due to which sexually transmitted diseases (STDs) including HIV/AIDS and other reproductive health related morbidity are on rise. Schools are the place where adolescents interact with each other and gain the knowledge about health. In school setting the may be little informed or they may be denied from the provision of information, services and supports to make responsibility about their sexual behavior.

This small scale project has analyzed the prevailing level of knowledge of secondary and higher secondary students on sexuality and reproductive behavior. This work is in line with national health priority because HMG/N has committed itself to improve the reproductive health status of adolescents.

### **1.4 UTILIZATION OF RESULTS**

It has limited but important utilization. This study result could be utilized in the following setting.

1. The result may be used in planning of school health program regarding adolescent's reproductive health.
2. Local NGOs like clubs may use the result while planning and implementing adolescent health program.
3. Kathmandu Metro City may use the result to develop the IEC materials, program about reproductive health.
4. Many other agencies may use it as a pilot study for the future research.

## 1.5 OBJECTIVES OF THE STUDY

### 1.5.1 GENERAL

General objective of the project is to assess the knowledge, attitude and practice of secondary and higher secondary students towards sexual and reproductive health behavior.

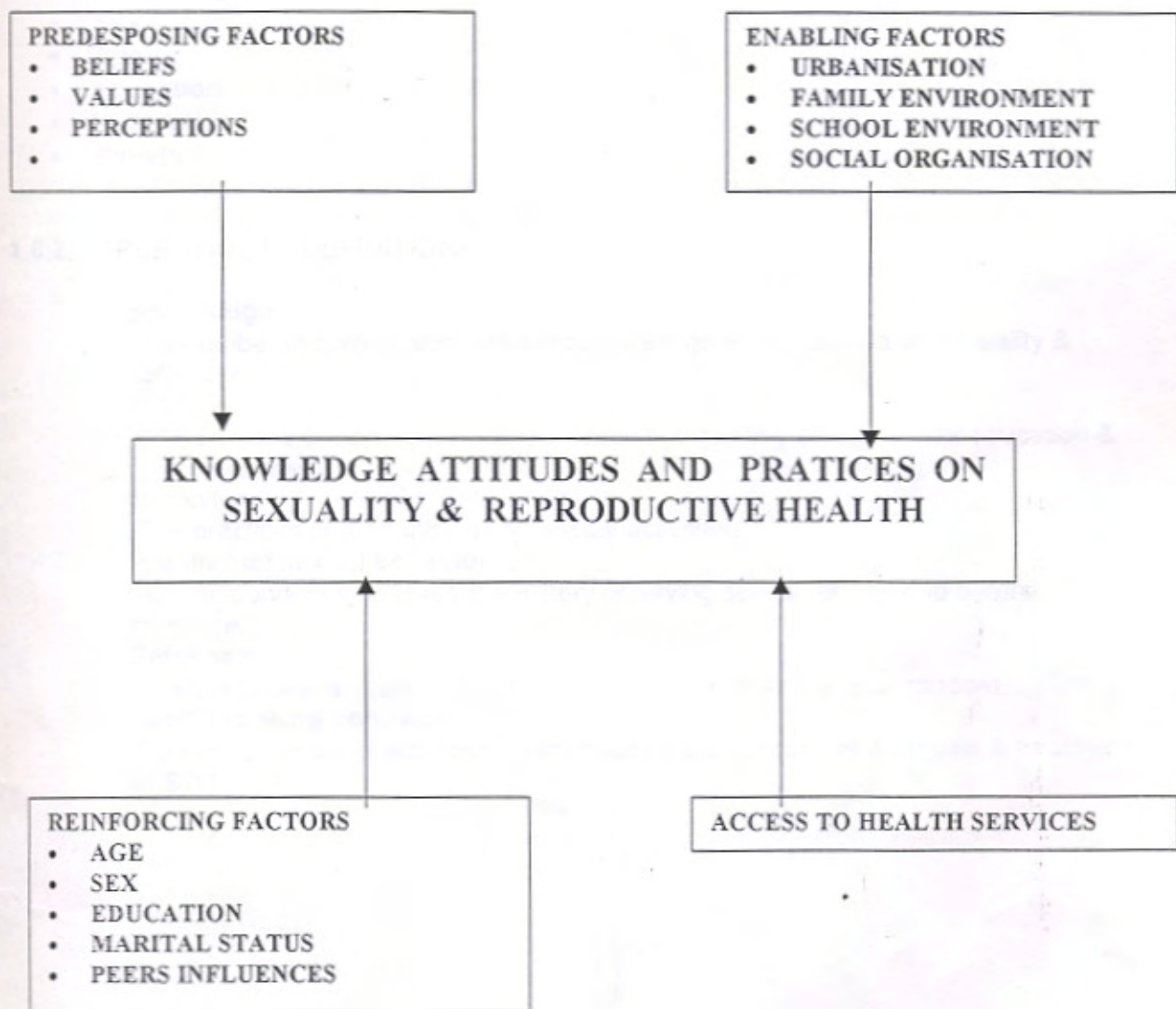
### 1.5.2 SPECIFIC

1. To assess the Knowledge about sexuality and safer sex.
2. To assess the pattern of sexual experiences & behavior and compare between boys and girls.
3. To assess the attitude towards sexual health education.
4. To identify health seeking behavior concerning sexual health.

### 1.5.3 RESEARCH QUESTIONS

- What is the degree of Knowledge, attitude & practice regarding safer sex ?
- What is the prevalence of pre-marital sex among students?
- What type of health seeking behaviors are prevalent among students ?
- What are the programs they recommend to address their sexual & reproductive health need.

## 1.6 CONCEPTUAL FRAMEWORK



## 1.6.1 STUDY VARIABLES

### DEPENDENT VARIABLES

- Knowledge
- Attitude
- Practices
- Health seeking behavior

### INDEPENDENT VARIABLES

- Sex
- Age
- education
- Perception
- Beliefs

## 1.6.2 OPERATIONAL DEFINITIONS

### **Knowledge**

The number of correct answers a respondent gives to question on sexuality & safer sex.

### **Attitude**

The opinions or perceptions of respondents regarding sexuality, sex education & pre-marital sex.

### **Behavior**

The practices of respondents on sexual activities.

### **Pre-marital sexual behavior**

Any respondent who gives the history of having sexual relationship before marriage.

### **Safer sex**

It refers to sexual relationship only with single partner & use of condom.

### **Health seeking behavior**

Perception or set of activities carried out for the purpose of diagnosis & treatment of STDs.

# CHAPTER - TWO



✓ Knowledge, Attitude & Practice (KAP) of  
Secondary & Higher Secondary Students  
towards Sexuality and Reproductive  
Health behaviours

## 2. LITERATURE REVIEW

To familiarize with the various aspect of sexuality & adolescent reproductive behavior, in-depth literature review was done.

The 1994 Cairo International Conference on Population Development (ICPD) drew special attention to the health & well being of adolescents which had been largely ignored up until the present.

ADOLESCENCE is a period of transition from childhood to adulthood. These are formative years when the maximum physical, psychological & behavioral changes take place. Generally, the term "adolescent" refers to individuals between the ages of 10-19 years (WHO/UNFPA/UNICEF, 1989). These are also a time of preparation for undertaking greater responsibilities, a time of exploration & widening horizons, & a time to ensure health and all round development.

### National Initiatives for adolescents health

Nepal, as a co-signatory in 1994 to Plan of Action of the ICPD, has committed itself to improving the reproductive health status of adolescent. In this regard, HMG/N has taken some steps to recognize and address adolescent issues. The Ninth Five Year Plan & the Second Long Term Health Plan (1997-2017) have emphasized developing special programs for both population control & reproductive health including adolescent health. This was followed by development of the National Reproductive Health Strategy in 1998, in which adolescent reproduction health was identified as a critical component of the integrated reproductive health package.

A comprehensive National Adolescent Health And Development Strategy was developed in 2000 in order to address adolescent health and development issues and provide standard information & services.

A study conducted among 373 commercial sex workers (CSWs) in Kathmandu valley in 1993 reported the mean age at the first sexual contact was 16 years with the standard deviation 1.93. Almost two third of the women had their first sexual contact with a boy friend. Over the three fourths (77%) of the CSWs reported that they were aware of condoms to some extent. Only a small proportion (2%) were found totally unaware of condoms. The vast majority (82%) of the CSWs had some knowledge about STDs. About 59% of the CSWs had some knowledge about AIDS can be transmitted through multiple sex partners, by kissing (20%), by sex without condoms (13%), by blood transfusion (9%) and sex with an AIDS infected person (5%)<sup>2</sup>.

Nepal presumably till has a low prevalence of HIV/AIDS (reported) but possibly already a high prevalence of STDs in at risk group of the urban & industrial area<sup>17</sup>.

The major mode of HIV transmission in Nepal is heterosexual and it is estimated that 85% of HIV infections in Nepal resulted from heterosexual transmission. These means women are increasingly being infected from their partners, husbands who may be engaged in high risk sexual encounter with commercial sex workers or who may be intravenous drug users<sup>25</sup>.

Per-marital and extra marital sex is not uncommon in Nepal and the high prevalence of sexually transmitted diseases in general population further facilitates HIV transmission in the country. Several studies have found that 1% or more of the general adult population in some part of Nepal have histories of STD infection<sup>1</sup>.

The mean age preferred by boys and girls for first sexual experience were 21.5 and 19.4, respectively. However the mean age at which both boys and girls had their first sexual intercourse was 16.4 and 16.0 years, respectively<sup>24</sup>.

One of the attributes of male domination in Nepalese society is that it culturally condones and encourages the overt expression of masculinity. This is more pronounced in rural communities where such an ethos has been part of the cultural tradition for many generation. Male sexuality expresses it elf in such behaviors as ingratiating with girlish a manner that carries sexual overtones, pre-marital sex, multiple sexual relationship, extra-marital sex and polygamy<sup>3</sup>.

Among 2460 secondary school students surveyed in two Southern Nigerian States,40%had had intercourse, the proportion who were sexually experienced climbed from 26% of 14-years old to 54-55% of 18-19 years olds. Only 17% of sexually active students had ever used a contraceptive method other than abstinence. In focus group & in-depth discussions, students expressed a strong desire for better education about contraceptives and the consequences of sexual intercourse, and recommend that both schools & parents participate in educating young people about reproductive health<sup>22</sup>.

Percent use of contraceptive by currently married women of age group 15-19 is 6.5%(any method).this indicates the low use of contraceptive by adolescent mother. 93.5% of currently married of age 15-19 are not currently using any method<sup>9</sup>.

A study conducted by Dr.V.L Gurubacharya on "Rapid Needs Assessment for Reproductive Health & Sex education in three districts in which students ,family planning service users, laborers & general public were included. 16.5% respondents know that disease could be transmitted through sex . The pre-marital sex was accepted in the society as of the opinion of 19% students<sup>14</sup>.

The result of young adult reproductive health survey in mexico city indicates that 64% of the young people who had sexual relation didn't use any contraceptive methods during their first encounter . Several reasons were given. They didn't have information on contraceptive methods & they had not planned to sexual relations. The male partners would not uses contraception and they didn't think of it . these responses show a high degree of ignorance among the young people in the largest city of the world<sup>7</sup>.

Twenty four single sex focus group discussion were conducted among adolescent aged 15-20 attending secondary school in Benin city. The discussion explored that the adolescent perceived that sexual activity is common among the peers. They noted that although physical attraction is the main reason for romantic relationship(including sex.), the desire for materials or financial gain is the primary motivation for sexual relationship. The young people had some knowledge about STDs, especially HIV & AIDS, but many believed infection were

inevitable. When they had a STD, most went to traditional healers, they were unlikely to seek treatment from doctors because of high cost, slow service, negative provider attitudes towards young people and a perceived lack of confidentiality. The participants considered media campaign as the best way to educate young people about STDs and condom use<sup>20</sup>.

Result of a 1997 survey conducted among 966 low income college in metropolitan Mumbai showed that some 45% of male participants and 13% of female respondents had had any sexual experience with a member of the opposite sex; 26% & 3% respectively, had had intercourse. Individual level characteristic such as age & personal income had modest effect on significant effects. the strongest predictors of sexual behavior were students' knowledge about sexuality related issues, attitudes towards sex, and levels of social interaction and exposure to erotic materials<sup>16</sup>.

Results of survey of Jamaican students aged 11-14 & information from a set of focus group discussion showed 64% of boys said that they had experienced sexual intercourse, compared to 6% of girls. Both boys & girls had inaccurate knowledge about reproductive health & behaviour. Clearly defined gender norms regarding sexual behavior were perceived by 12-years old in the FGD & suggested that boys perceived social encouragement & pressure to be sexually active. In contrast, girls who have sex particularly if a pregnancy reveal their sexual activity, are branded as having inferior moral standards. These social norms probably influenced the dramatic difference between boys & girls in reported sexual experience<sup>11</sup>.

CHAPTER—THREE

### **METHODOLOGY**

#### **3.1 Study Design**

This was the institutional based knowledge, attitude and practice (KAP) survey which was descriptive in nature.

#### **3.2 Study Area**

The study was conducted at Secondary and higher secondary schools of Kathmandu Metropolitan city of Kathmandu. For the administrative purpose Kathmandu metro city is divided into 35 wards. Of the total 803 schools in Kathmandu 426, 41, 338 are primary, lower secondary and secondary schools respectively. 199 secondary schools are located within metropolitan city. Of the total 85 higher secondary schools, 69 are situated in Kathmandu metropolitan city.

#### **3.3 Justification of selecting study area**

Being capital city of the kingdom, Kathmandu is also the most populated city. Again Kathmandu metro city is a place where there are combination of commerce & trade, various organisations, educational institutes which enhance rapid urbanization and immigration. Urbanization, migration and modernization create multi-factorial problems like increased sex trade, drug abuse and ultimately, it provides fertile ground for spreading STDs including HIV/AIDS.

Due to mass media and modernization, adolescents of Kathmandu especially of Kathmandu metro city are at more risk of STDs/AIDS. They should be well equipped with knowledge regarding sexuality and reproductive health which fulfill their needs and ensure positive attitude and behavior.

The study results of such place and group explore gap on knowledge, attitude and behavior regarding sexuality & RH. The recommendation made by this study may help in tailoring various program to address the gap in metro city and other relevant areas as well.

#### **3.4 Study Population**

The unmarried boys and girls of adolescent age group (14-19) studying at secondary (9&10) and higher secondary school (11&12).

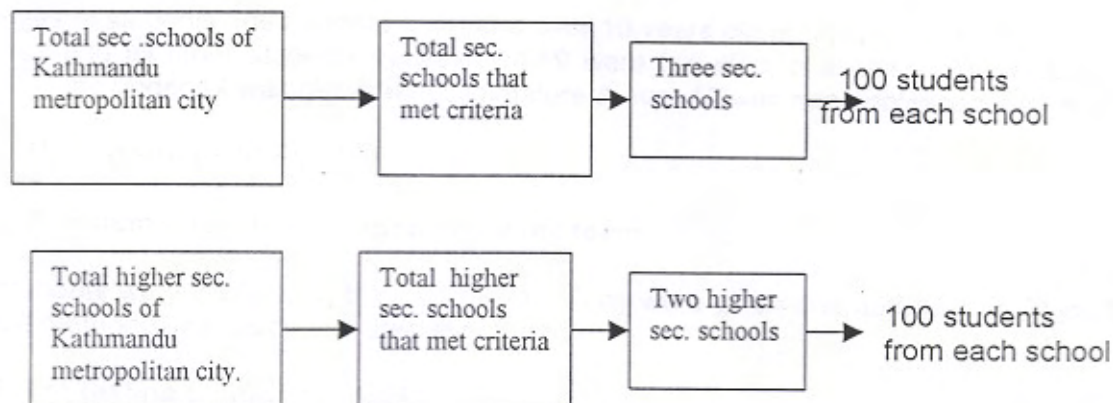
#### **3.5 Sample Size**

A total of 500 adolescent students were taken under study. The sample size was determined by considering following points.

- 1) 500 sampling units can be taken as desirable sample size for descriptive study.
- 2) Feasible in term of available resources .
- 3) 300 from secondary & 200 from higher secondary school.

### 3.6 Sampling technique

First of all full list of secondary and higher secondary schools of Kathmandu Metropolitan city was taken. Those secondary & higher secondary schools which had at least 100 students at 9&10 and 11&12 were listed out. Then 3 secondary and 2 higher secondary schools were taken by lottery method. 100 students from each level i.e (from 9&10 and 11,12) were taken.



### 3.7 Sampling Unit

Individual

### 3.8 Data collection technique

#### 3.8.1 Interview

Reproductive health issue is quite sensitive, the information taken should be kept confidential. So to get information confidentially and respondent being literate, self-administered questionnaire interview technique was adopted. Students were requested to sit 2 student per bench & questionnaire forms were distributed. After the completing the form, student were requested to put it on the box. This was done to ensure the suitable environment to explore sexual behavior of the respondents and to maintain confidentiality.

#### 3.8.2 Focus Group Discussion

The questionnaire alone cannot explore the in-depth ideas, opinions & beliefs about the topics. So to make the research more valid and to understand the adolescent's perspective in-depth, Focus Group Discussions (FGDs) were conducted. 4 FGDs were conducted. Of them 2 at Sec. school & 2 at H.sec.school. Of 4 FGDs, 2 were conducted in boys and 2 in girls. A team of containing 3 members (Facilitator & 2 Reporters) was mobilized to conduct each FGD. A team comprising females & males were employed to conduct FGDs for females & males respectively.

### **3.9 Data collection tool**

Semi structure questionnaire which consists of both open & closed questions and Focus group discussion guidelines were used as data collection tools.

### **3.10 Inclusion and Exclusion Criteria**

Reponses of students aged under the 14 and over 19 years old of classes ix, x, xi, & xii were excluded and all other students between 14-19 were included in analysis. The reason for excluding the under 14 was regarded as immature & over 19 was non adolescent group.

### **3.11 Management of Field Survey**

#### **3.11.1 Recruitment and Orientation of survey team**

Four students were involved in the field survey. They were given one day orientation on the purpose methodology, study and area etc.

#### **3.11.2 Pre-testing of informational tools**

The survey tools were pre-tested at secondary and higher secondary schools of Kirtipur Municipality. After pre-testing, relevant modifications were made.

#### **3.11.3 Field survey**

The data was collected that took 2 weeks. Before conducting interview & FGD, informed consent was taken from respective school principal.

#### **3.11.4 Monitoring & Supervising of the study**

As investigator himself was involved in data collection. Necessary monitoring & supervision was done during field survey by PI.

### **3.12 Validity And Reliability**

For the validity & Reliability of the study, strong emphasis was given to make questionnaire & guidelines standard. Consultation with campus teachers and review of literatures were done. One-day comprehensive orientation was given to interviewer and necessary support was provided as researcher himself was fully involved in field survey.

### **3.13 Ethical Consideration**

As reproductive health issue is sensitive, written informed consent was taken from school principals. Verbal informed consent was taken from each class prior to interview by explaining clearly the purpose of the study and confidentiality of information & privacy of interviewees were also assured.

### **3.14 Limitation of the Study**

There is probably no such thing as a perfect study. so there are few limitations of the study. Due to the budgetary and time constraints only 5 schools with 500 students were taken. Thus the result can not be generalized as large scale survey.

### **3.15 Data Management and Analysis**

#### **3.15.1 Data Cleaning**

First of all, each filled questionnaire form was cleaned for consistency prior to data analysis.

#### **3.15.2 Data Processing**

The cleaned data were categorized according to the variables and data were organized & summarized in dummy tables. Finally Data Master Sheet was made to facilitate data analysis.

#### **3.15.3 Data Analysis**

Data analysis was done using percentage, rate, ratio, proportion and frequency tables, graphs & charts as per need. Chi-square test was used to compare the knowledge level between secondary and higher secondary students.



CHAPTER - FOUR

## 4. FINDINGS AND DISCUSSION

### 4.1 Profile of Respondents

Respondents characteristics which may influence their ability to accurately give the answer and also the factors that influence the sexuality and reproductive behavior.

Table 1 represents the distribution of respondents by gender and education level. 69% of the adolescents were male. It is due to the low school enrollment rate and shows the discriminatory pattern on education against female in Nepal.

The mean age of the students was 16.16 years with 16.78 years and 15.54 years for male and female respectively. 60% of students (300) were from secondary and rest from higher secondary schools.

Table 1. Distribution of student by gender & education level

Level	Male	Female	Total
ix	115	60	175
x	80	45	125
XI	80	30	110
xii	70	20	90
Total	345 (69%)	155 (31%)	500 (100%)

The ethnic composition of respondents shows that Brahmins\Chhetri are the dominant ethnic group in sample study which constitute nearly (55.6%). They are followed by Newar(24%), Gurung\Magar(15%) and others(5.4%).

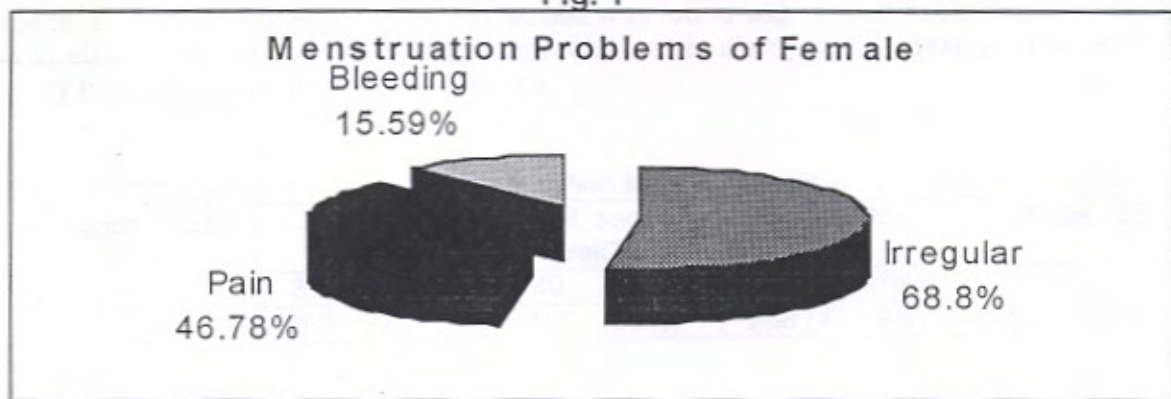
Table 2 Distribution of students by ethnic group & education level

Ethnic Group	Secondary level	H. sec. level	Total	Percentage
Brahmin	88	70	158	31.6%
Chhetri	70	50	120	24%
Newer	75	45	120	24%
Gurung\Magar	50	25	75	15%
Others	17	10	27	5.4%

### 4.2 Menstruation

The questions regarding menstruation were asked only to females. The age at menarche ranged from 10 years to 16 years. The mean age of menarche was found to be 13.2 years. Of 155 female respondents, 70.32% reported that they had suffered from some kind of problems in menstruation. More than 2/3<sup>rd</sup> of (68.80%) them reported that they had been irregularities during menstruation. It was followed by pain(46.78%) and bleeding(15.59%).

Fig. 1



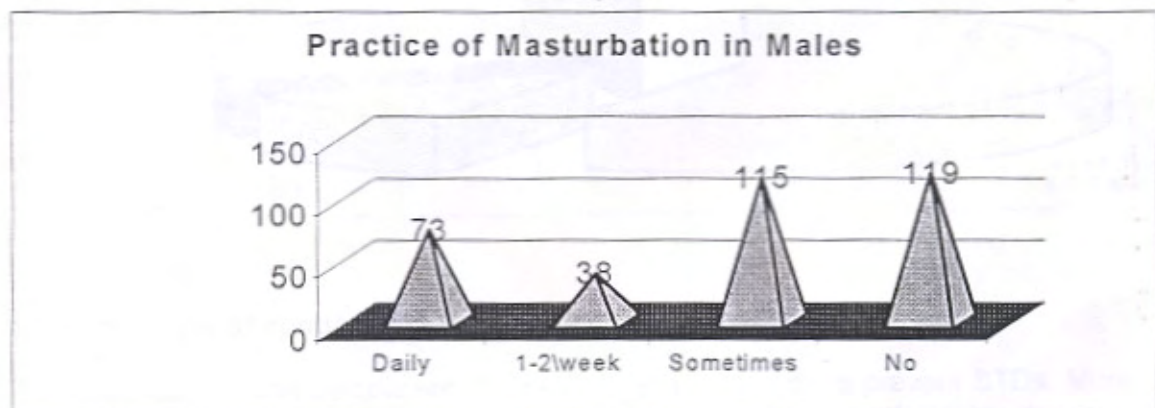
### 4.3 Sexual Behavior

Various variables related to sexual behaviors like masturbation, age at first sex, sexual partners, use of condom were discussed. Evidence suggests that pre-marital sex appears to be increasing among adolescents.

#### 4.3.1 Masturbation

The practice of masturbation was found to be high in male adolescents. About two third (65.5%) of students reported the practice of masturbation in some frequency. Among them, half of (50.8%) students practiced masturbation sometimes where as 16.81% practiced it daily. In contrast, the practice of masturbation was not found in females.

Fig. 2



#### 4.3.2 Sexual Experience

Given the highly conservative attitude towards sexual behavior in Nepal, the onset of sexual activity occurs largely within the context of marriage. But pre-marital sex is in increasing trends especially in urban areas.

More than one fifth (22.31%) of male respondents stated that they had had sexual experience before the survey. Students of higher sec.school are found to be more sexually

active. One fourth (26.26%) and 18.97% of male respondents of sec. and higher sec. school respectively had sexual experience. No female was found with sexual experience. It may be due to strong cultural belief and female are reluctant to disclose their sexual experience as virginity is highly valued in Nepalese society.

Table 3. Distribution of respondents by education level & gender and sexual experience.

Experience of Sex	Secondary level(300)	H. sec. level(200)	Male(345)	Female(155)
Yes	37 (12.3%)	40 (20%)	77 (22.31%)	0
No	263 (87.7%)	160 (80%)	268 (77.69%)	155 (100%)

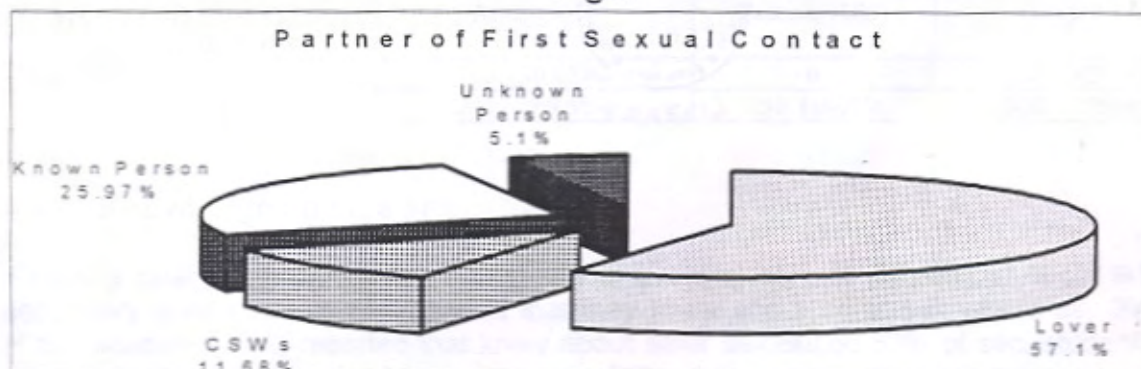
#### 4.2.3 Age at first sexual contact

Age at first sexual contact is very important while discussing the sexual behavior. Students started to have sex as they reached 10 years of old. The mean age of first sexual contact was reported 14.97 years old.

#### 4.2.4 Type of sexual partner

Regarding the type of sexual partners, more than a half(57.14%) stated to have had sex with girlfriend(lover). One fourth (25.97%) had had sex with intimate person. Only 11.68% reported to have had sex with commercial sex workers.

Fig. 3



#### 4.2.5 Practice of condom

Use of condom is vital component of safer sex and essential to prevent STDs. More than a half(57.14%) had used condom during sexual contact. Of total students who had sexual experience in their life, 58.44% had also established sexual relationship within last year.

Table 4: Distribution of respondents by gender & experience of sex.

Experience of Sex	Male (345)	Female (155)	Total %
Yes	77	0	77 15.4%
No	268	155	423 84.6%
Use of condom during sexual intercourse			
Yes	44	-	44
No	33	-	33
Sexual relationship within last one year			
Yes	45	-	45
No	32	-	32

### 4.3 Appropriate time to have sexual relation

Two third of respondents(66.4%) stated that appropriate time to have sexual relation only after the marriage. However, rest of other assumed that it may be started before marriage or during love. Male respondents are seen to be more liberal towards sex.

### 4.4 Attitude towards Pre-marital sex

Inhibited by strong social & cultural norms against pre-marital sexual activity in Nepal among females, almost all females respondents perceived that pre-marital sexual activity very bad. However, nearly one third (30.43%) of male respondents put positive attitude towards it.

Table 5: Distribution of Respondent by gender & attitude of pre-marital sex.

Appropriate to have Pre-marital sex	Male (345)	Female (155)	Total %
Yes	105 (30.43%)	0	105 (21%)
No	247 (69.6%)	155 (100%)	402 (79%)

### 4.5 Knowledge on safe sex

Adopting safer sex behavior is the best way of avoiding contact with STDs. About 9\10<sup>th</sup> of secondary level students(89%) stated that they knew about safer sex where as 3\4<sup>th</sup> of H.sec. students(78%) reported that knew about safer sex. But, 56.33% of sec. students only could give one element of safer sex where as 72% of H.sec. gave at least one component of safer sex.

Table 6: Distribution of respondents by knowledge on safer sex & education level & sex.

Knowledge on safer sex	Sec. level	H. S. level	Male	Female
Yes	271	174	309	136
No	28	16	26	18
If yes what it refers to?				
Sex with single partner only	233	161	276	118
Condom use	169	144	243	90

86% of sec. students and 77.5% of H.sec. students stated that safer sex behavior prevents acquiring STDs as its advantage. But only 42.4% of all respondents mentioned that safer sex practice avoids unwanted pregnancy.

#### 4.6 Knowledge on Sexually Transmitted Diseases

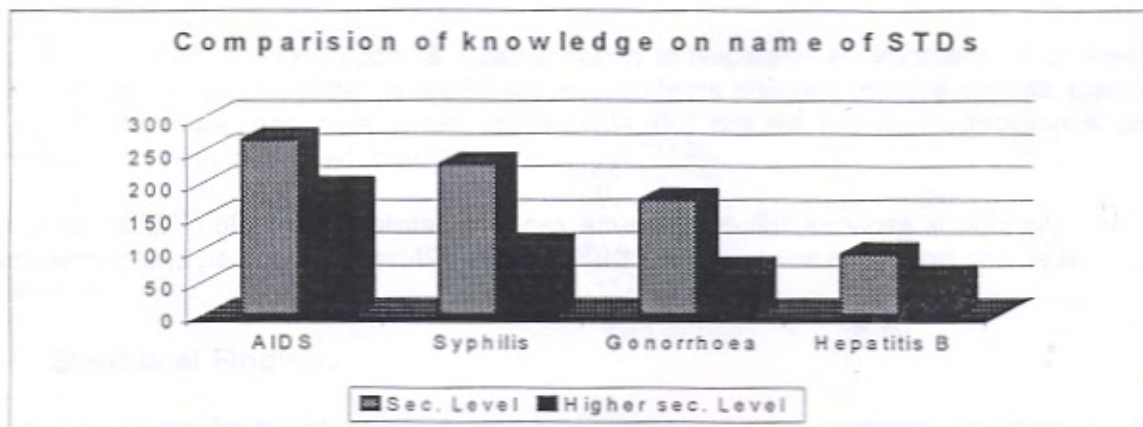
It is estimated that in Nepal, there are some 200,000 STD infections occurring each year. Therefore knowledge is very essential to prevent from STDs. The survey included a series of questions on STDs with respect to knowledge (Name, mode of transmission), sign & symptoms, preventive measure and treatment seeking practice.

Table 7: Knowledge of adolescent on STDs

Characteristics	SECONDARY LEVEL STUDENTS (300)				HIGHER SECONDARY LEVEL STUDENT (200)			
	Male (195)	Female (105)	Total	%	Male (150)	Female (150)	Total	%
Sexual relation can cause diseases								
Yes	183	97	280	93.3%	143	49	192	96%
No	9	5	14	4.6%	5	-	5	2.5%
Don't know	3	3	6	2.07%	2	1	3	1.5%

Table 8 indicates that knowledge level of adolescents on STD is quite high on secondary school.

Fig. 4



Vast majority of both males and females (92.6%) have known about HIV/AIDS. In contrast with it, two third of students have heard of Syphilis and a half of (51.01%) male & female (47.09%) respondents had knowledge about gonorrhoea. Only one fourth of students stated that Hepatitis B can be transmitted through sex. No respondents stated genital wart as STD.

Table 8: Comparison between male and female on Knowledge about STDs

Name of STDs	Male(345)	Female(155)
AIDS	320	143
Syphilis	233	105
Gonorrhoea	176	73
Hepatitis B	99	55

Nearly two in third students stated that foul discharge from genital is one the major symptoms of STDs. Knowledge on symptoms regarding STDs as blisters & wounds around genitals and pain & discomfort during urination were lower 59.8% and 45.2% respectively. More than nine in ten of respondents mentioned that one should immediately go to health center for treatment if contact with STD.

Regarding knowledge level of students on mode of transmission of HIV/AIDS, four in five students stated that HIV/AIDS is transmitted through sexual intercourse. Similarly, vast majority of students had knowledge on blood transmission(88.4%) & non-sterilized needles(86.8%) as major modes of HIV/AIDS transmission.

Nearly almost all (97.6%) of respondent reported that STDs including HIV/AIDS could be prevented. Although 3/4<sup>th</sup> of students stated that by practicing single sex partner and by using condom as the best ways of avoiding STDs, few proportion of students also mentioned that by using FP methods(16%) and maintaining genital hygiene as method of avoiding STDs including HIV/AIDS.

#### 4.7 Sources of Information

Book and Newspaper(80.4%) are the major source of information about sex and diseases. Two in three students received information through radio and TV Similarly 2/5<sup>th</sup> and 1/3<sup>rd</sup> of students mentioned that they also received information from teacher and peer respectively.

#### 4.8 Attitude towards sex education and RH service

Although cultivated in strong social & cultural norms in Nepalese environment which limited the discussion of sexual matter in public places, students showed positive attitude towards sex education. More than nine in ten students(94.6%) argued that sex education & pre-marriage counseling is needed to adolescents.

Nine of ten(92.2%) of students stated that sex education & RH services should provided in school setting and half of students(49%) also raised voice that sex education should be given at home.

#### 4.9 Statistical Findings

The statistical analysis of different variables were done to compare statistically the knowledge level of male & female and secondary & higher secondary level students.  $\chi^2$  test was done at 95% confidence interval.

Tab-9

Characteristics	Knowledge of STDs			P value
Level	Yes	No	Total	
Secondary level	274	26	300	> 0.05
Higher sec. level	192	8	200	
Gender				> 0.05
Male	322	23	345	
Female	146	9	155	
Characteristics	Knowledge of Safer Sex			P value
Level	Yes	No	Total	
Secondary level	271	30	300	> 0.05
Higher sec. level	174	26	200	
Gender				> 0.05
Male	309	36	345	
Female	136	19	155	
Characteristics	Knowledge of legal aspect of Abortion.			P value
Level	Correct	wrong	Total	
Secondary level	139	161	300	> 0.05
Higher sec. level	79	120	200	
Gender				> 0.05
Male	159	186	345	
Female	61	94	155	

Statistical analysis shows that there is no significant difference in knowledge between sec. and higher sec. level ( $p > 0.05$ ). Similarly, no significant difference is seen between male & female in knowledge on STDs.

The above table shows that there is no significant difference on knowledge of safer sex in between secondary & higher secondary school students.

No significant difference on knowledge regarding abortion in between secondary & higher sec. level students.

**Tab. 10**

Characteristics	Sexual relationship			P value
	Before Marriage	After Marriage	Total	
Level				
Secondary level	18	282	300	< 0.05
Higher sec. level	53	147	200	
Gender				< 0.05
Male	71	274	345	
Female	0	155	155	
Characteristics	Experience Of Pre-Marital Sex			P value
	Yes	No	Total	
Level				
Secondary level	37	263	300	< 0.05
Higher sec. level	40	160	200	
Characteristics	Condom use during intercourse			P value
	Yes	No	Total	
Level				
Secondary level	21	16	37	> 0.05
Higher sec. level	23	17	40	

Significant difference is seen on the attitude towards premarital sex between secondary & higher sec. level students and between male and female.

Significant difference is seen on the experience of premarital sex between secondary & higher sec. level students. It means that higher sec. level students were highly involved in sexual activities.

No significant difference is seen in using condoms during sexual intercourse between secondary & higher sec. level males students.

#### 4.10 Qualitative Findings

The Focus Group Discussions (FGDs) were conducted to enrich the understanding of how adolescents perceive the sexuality and sex education. It also assist to verify the quantitative information. Altogether four single sex FGDs were conducted. Two FGDs were conducted in each level i.e. secondary & higher secondary level. Two FGDs were conducted to each sex. Participants were selected randomly from the classes ix & x and XI & xii for secondary and higher secondary level respectively.

The FGDs included the following topics.

1. Exposure to and Attitudes towards Sex Education.
2. Perception, Causes and Consequences of Pre-marital Sex and Abortion.
3. Knowledge and Attitudes regarding Family Planing.
4. Knowledge and Attitudes towards STDs including HIVAIDS.
5. Program Recommendation from Adolescents.



## 1. Exposure to and attitude towards Sexuality & Sex Education.

Students of secondary level said they had received some information on reproduction in Science & Health classes, but they had been taught nothing about sexuality and reproductive health.

Teachers are reluctant to discuss about sex in classroom setting because of strong social norms which limited free discussion of sex & reproduction in the classes that consist of both sexes.

Though students are taught about human reproductive in health classes, the information was not practical such as sex and safe period. Most of the female students reported that they didn't feel comfortable asking questions to a male teacher and teacher themselves feel shy to teach about reproduction although it has been included in course. One of the students of Management made a expression like this

*"Science student are lucky enough in the sense that they get opportunity to learn about human biology but we miss it ever."*

Most of the participants expressed that it was impossible or uncomfortable for them to talk about sexuality with their parents or elder member of the family. One of female respondent in exciting tone made the following remark "घरमा यस्तो कुरा गर्नु भन्ने त मामुले मारीहाल्नु हुन्छ ती ।

Therefore, for the majority, the sources of information were peer, movies, radios, TV and various kinds of magazines regarding sexuality & RH. Most of the participants said that they got information about sexuality from popular fortnightly the 'Saptahik', sex educating programs broadcasted by various FM channels such as " Mana Ka Kura Saathi Sanga", text book and love novels. However majority of females said that they received information about menstruation from their mother, grandmother ,elder sister and peers. They felt most comfortable discussing matter relating to sexuality with their friends.

All of the both male and female students expressed the great importance of sex education to the teens. According to them sex education is indispensable to adolescents as it leads to development of positive knowledge, attitude & behavior regarding sexuality and reproductive health.

## 2. Perception, Causes & Consequences of Premarital Sex & Abortion

Given the highly conservative attitudes towards sexual behavior in Nepalese society, premarital sex is taken as sin. Majority of the males & females perceived it as illegal and disapproved by our culture. But few of them advocated for its essence. They said, premarital relation could be established in safe way.

One of female participant remarked like as Foreign country यस्तो कुरा लिगल हुन्छ । हाम्रो समाजले यौनलाई बुझ्नेको छैन । हामीलाई पनि समाजको छाप परेको छ ।

Majority of female blamed that although females are vulnerable & affected adversely, boys are more responsible for premarital sexual relationship. But boys believed that both are equally responsible it. Age, curiosity to gain new experience, attraction between opposite

sex, movies and pressure of friends etc. were some factors that lead to premarital sexual relationship as identified by students.

Although they laid stress on the use of condom and self discipline for the safer sex, most of them had some misconception regarding it. They said that the sexual activities could be made safe by adopting temporary contraceptive methods such as pills and copper T.

Most of respondents disapproved the legalization of abortion. They perceived that legalization of abortion may increase the \_\_\_\_\_ and distort the harmony of society.

### 3. Knowledge & Attitude regarding Family Planning

High level of knowledge was found regarding family planning. In nearly all of the FGDs, participants knew various modern temporary & permanent methods of family planning. According to them family planning methods are used to improve the quality of life and it also helps in avoiding STDs and controlling population growth. They mentioned the following methods of contraceptives; Pills, Sangini, Nilokan white, Norplant, condom etc. Only few of the participants had seen these methods.

But they had no knowledge on emergency contraceptives.

### 4. Knowledge & Attitudes Regarding STDs Including AIDS

Students of all FGDs were aware of a variety of sexually transmitted diseases, its mode of transmission, preventive measures, but students of higher secondary level were found less aware of STDs.

They named AIDS, Gonorrhoea and Syphilis as STDs. They mentioned that these STDs can be spread by having sexual relation with infected person, non-sterile syringe, mother to child. To avoid such diseases, they said, one should practice safe sex between spouse only, use of condom, blood tested before use and sterilization of syringe & needle.

Generally, adolescents don't disclose the fact when they got STDs because of fear and negative attitude of society. The cases become severe especially in females. As it has negative consequences in individual & family, it should be treated as soon as possible. This is why we need sex education, said most of the students.

The participant also reported that many students has been involved in prostitution at lodge, Disco, Hotel. They had been involved in prostitution is due to economic hardship.

### 5. Program Recommendation From Adolescents

Students from FGDs reported that besides friends, other don't understand their problems. They feel comfortable discussing sexual issues with friends. Therefore, they suggested for such a effective and informative program which fully participate them in planning & implementation.

They identified FM program like "साथीसँग मनको कुरा" that address the adolescents needs and curiosity. They also stressed for special RH school health program with the support of health professionals through discussions, seminar, role-play.

Due to generation gap and traditional Nepalese society, parents don't communicate with growing girls about the menstruation and other physical & psychological changes. One of the female participants remarked like this

हाम्रो अभिभावकहरु

"आफ्नो उमेरमा भोगेको कुरा विर्सिन्छन् । छोरीको कुरालाई पनि सुन्दैन ।

This leads to increase tendency to acquire the knowledge from classmates resulting in inappropriate and unwanted practices.

Thus, mother could play an important role in communicating & informing girls about menstruation besides friends. For this students stressed for educating mother about responsible parenthood so that they can educate their children and give necessary psychological support & help to their teenage daughter.

#### **4.11 Discussion**

The present study among 155 adolescent girls in the age group 14-19 recorded a age of menarche of 13.2 years. One of the earliest studies reported 13.5 years among English girls<sup>15</sup> and a recent study as 12.9 years in USA<sup>18</sup>. Thus urban Nepalese girls have the similar mean age at menarche as in English and American girls.

A very recent UNFPA funded study found that the mean age at which both boys and girls had their first sexual intercourse was 16.4 and 16.0 years respectively<sup>24</sup> and a study conducted in Kathmandu valley in 1993 also showed that the mean age at first sexual contact was 16 years and almost two third of the women had their first sexual contact with boyfriends<sup>2</sup>.

This study showed that the mean age at first sexual contact among boys was 14.97 years which was nearer to the earlier study results. Similarly this study also showed that more than a half had their first sexual contact with girlfriends.

This study showed that adolescents had good knowledge on STDs including HIV/AIDS and FP. The main source of information was books/Newspaper followed by radio/TV. This study also identified schools, government health system and local clubs as an appropriate places for RH and sex education. These result is compatible to other studies<sup>24</sup>.

CHAPTER - FIVE

## **5. CONCLUSION AND RECOMMENDATION**

### **5.1 Conclusion**

The sexual and reproductive health behavior formed in adolescents have far reaching consequences for the lives of young people both as they develop and later in life as well. So, with the objective to explore the existing gap of adolescent of age group (14-19) the study was conducted. On the basis of above findings and discussion, it could be concluded that the mean age at menarche is decreasing and as the mean age of first sexual contact is also in decreasing trends.

Majority of the students of both Sec. and Higher Sec. level had good level of knowledge and attitude regarding STDs including AIDS and family planning. Misconceptions regarding safer sex and abortion were found on both males and females students. Boys are mainly involved in sexual activity. The mass media was identified as the most important sources of information.

Focus group concluded that although they possessed good knowledge in sexuality & reproductive health, they lacked practical knowledge.

They knew most of the contraceptives methods but most of them confessed that they haven't seen Condom, pill, copper-T and other contraceptive methods.

They stressed that parents, society, & teachers should communicate with growing adolescents about the sexuality and reproductive health so that they acquire the appropriate information and do not develop wrong concepts.

Reproductive health including sexuality is an important component of overall Health status of an individual. So, there is an urgent need to strengthen the reproductive health program for the adolescents by involving parents, teacher, health professional and adolescents themselves with the support of mass media.

### **5.2 Recommendations**

Based on the above finding and discussions, the following recommendations are made.

- 1) As the rapid growth and development, especially in term of physical and mental changes take place as soon as a child completed his first decade, the sex education should be started in the school curriculum immediately after the primary level and should be gradually increased the information in higher classes that meet the needs of adolescents.
- 2) As most of the respondents stressed for the practical knowledge, it is suggested to the teacher to adopt skill oriented approaches of teaching such as demonstration, role play with the support of audio visual aid.
- 3) School health education program on reproductive health should be conducted in secondary and higher secondary schools with the support of health professional in sound environment.

- 4) As mass media was identified as powerful tool for disseminating the information, it is suggested to make effective & need responsive FM program on reproductive health in local & national language with active participation of adolescents.
- 5) As parents can play important role in educating their children, it is suggested to design effective television program targeted to adults about the need and approaches to educate their children about RH.
- 6) Local NGOs and clubs are suggested to launch awareness raising program on RH through cultural programs with active participation of adolescents.
- 7) It is suggested to band or take legal action on TV programs, books and films that promote the negative attitudes & behaviors such as pornography, blue films, and obscene cinema advertisement.

## REFERENCES

1. Barker, J., Devkota, B., Gurbacharya, V. L., 1993. "The Silent Epidemic: HIV/AIDS in Nepal." *The Independent*, Vol.3
2. Bhatta, P and Thapa, S. 1994. Commercial Sex Worker in Kathmandu Valley; *Journal of Nepal Medical Association*, Vol.32, Kathmandu.
3. Brown, T et al.: Sexually Transmitted Diseases in Asia And the Pacific.
4. Central Bureau of Statistics. 1996, Nepal Living Standards Survey Report (Vol.1)
5. Central Bureau of Statistic. 1991, Population Census.
6. Central Bureau of Statistic, Preliminary Census Report, 2001.
7. Conveying Concern: Women write on Reproductive Health. Pp191-203.
8. Department of Health Services and NCASC, 2000.
9. Department of Health Services, Family Health Division, 1996, Nepal Family Health Survey.
10. Department of Health Services, Family Health Division, 1998, Nepal Micro Nutrients Status Survey.
11. District Education Office, 2056. "Saichik Manjari". Kathmandu.
12. Elizabeth Eggleston, Jean Jackson and Karen Hardee. "Sexual Attitude and Behavior Among Young Adolescents in Jamaica. " *International Family Planning Perspective*; 1994, 25(2):78-84 & 91.
13. Family Planning Association of Nepal (FPAN). 1997. Baseline Survey on Reproductive Health Care and Sexuality Education in Palpa, Kathmandu.
14. Gurubacharya, V.L, 1994. Report on Rapid Assessment of Reproductive Health & Sex Education, Kathmandu PP52-54.
15. Hermen Gidens ME, Slora EJ, Wasserman RC et.al .1997. Secondary sexual Characteristics and Menses in Young Girls seen in office practice- A study from the pediatric research in office setting, *Network Pediatric* 99:505-512.
16. Leena Abraham and K. Anil Kumar, "Sexual Experience and Their Correlates Among College Students in Mumbai city, India." *International Family Planning Perspective*, 1999, 25(3):139-146 & 152.

17. Lemelon O:1997. Health Seeking Behavior & Self- Medication in Sexually Transmitted Diseases. A Study with Migrant Industrial Workers of Kathmandu Valley, NCASC, University of Heidelberg,STD & HIV Project, Teku, Kathmandu,
18. Marshall WA, Tanner JN.1964.Variation in the pattern of pubertal changes in girls. Arch.Dis. child 44:291-303.
19. Ministry of Health. 1998,The Second Long Term Health Plan.
20. Miriam Temin et.al, "Perception of Sexual Behavior and Knowledge About Sexually Transmitted Disease Among Adolescents in Benin city, Nigeria. International Family Planning Perspective,1999,25(4):186-190 & 195.
21. New Era .1996,A Rapid Assessment of Survey on the Drug Abuse Situation in Nepal.
22. Uche Amazigo et.al, "Sexual Activity & Contraceptive Knowledge & Use Among In-school Adolescent in Nigeria". International Family Planning Perspective,1997,23(1):29-33.
23. UNFPA.1998,A South Asia Conference on Adolescents.
24. UNFPA, Kathmandu, 2000, Population, 1(2) pp. 2.
25. UNSAID, The Theme of World AIDS Day "Listen, Learn, Live "World AIDS Campaign with & Young People" Challenges for Latin America & the Caribbean.
26. Valley Research Group(VaRG).1998. A Study on Adolescents Sexual and Reproductive Behavior; Cross Sectional Analysis. Family Planning Association of Nepal.
27. World Health Organization.2001, Basic Indicators 2000.



## Annex-I

### Questionnaire for interview

This questionnaire seeks the answer on knowledge, attitude and practices towards Sexuality & Reproductive behavior of adolescents. It is used for the purpose of research only. The respondents are requested to give ✓ mark on right answers or fill in the blanks with right answers.

#### **General Information :**

- Age of respondent-----years
- class-----
- Sex: Male/Female
- Married/Unmarried
- Ethnicity: a)Brahmin b)Chhettri c)Newar d)Gurung/Magar e) Others-----  
(specify)

- 1) Do you think that the diseases can occur as a result of sexual intercourse?  
a) Yes                      b) No                      c) Don't Know
- 2) If yes, can you named some.  
a) -----                      b)-----                      c)-----  
d)-----                      e)-----
- 3) What are the signs the symptoms of STDs? (MR)  
a) Foul smelling discharge.  
b) Ulcer or Blister/wounds around the genitals.  
c) Other (specify)
- 4) Do you think that sexually transmitted diseases can be prevented ?  
a) Yes                      b)No                      c)Don't know
- 5) If yes, how it can be prevented ? (MR)  
a) By keeping to a single sex partner.  
b) By using condom during sexual relation.  
c) By using FP methods.  
d) By maintaining hygiene.
- 6) What should be done if one gets STD ?  
a) Refer to hospital.                      b) Faith healers  
c) Refer to friends.                      d) Don't know.





◆ यो प्रश्नावली किशोर - किशोरीहरूको प्रजनन स्वास्थ्य सम्बन्धि ज्ञान, धारणा र व्यवहार बारेमा गोप्य अनुसन्धानको लागि मात्र हो। यो प्रश्नावली गोप्यरूपले राखिने छ। यसमा नाम लेख्नु पर्दैन, केवल आफूलाई ठिक लागेको उत्तरमा ✓ चिन्ह र खाली ठाउँमा आफूले जानेको उत्तर लेख्नुहोस्।

◆ तपाईंको : १. उमेर : ..... २. हाल पढ्दै गरेको कक्षा : ..... ३. पुरुष/महिला  
जाति : १. ब्राह्मण २. क्षेत्री ३. नेवार ४. मगर/गुरुङ ५. अन्य..... (उल्लेख गर्ने)

प्रश्न नं. १ र २ महिलाहरूको लागि मात्र

१. पहिलोपटक महिनावारी हुदा तपाईं कति वर्षको हुनुहुन्थ्यो ? उमेर .....
२. तल उल्लेखित कुनैपनि समस्या तपाईंलाई छ की ?  
क) महिनावारी नियमित नहुने ख) महिनावारी हुँदा बढी रगत जाने ग) महिनावारी हुँदा दुख्ने
३. तपाईंको विचारमा यौन सम्पर्कबाट कुनै रोग सँर्छ की सँदैँन ?  
क. सँर्छ ख. सँदैँन ग. थाहा छैन
४. यदि सँर्छ भने कृपया थाहा भएको यौनरोगहरूको नाम लेख्नुहोस्।  
क..... ख. .... ग. .... घ. .... ड. ....
५. तपाईंको विचारमा यौन रोग बाट बच्न सकिन्छ कि सकिँदैन ?  
क. सकिन्छ ख. सकिँदैन ग. थाहा छैन
६. यदि सकिन्छ भने कसरी होला ?  
क) एकै जना व्यक्तिसंग मात्र यौन सम्पर्क गर्ने ख) कण्डम प्रयोग गर्ने ग) परिवार नियोजनका स्थायी/अस्थायी साधन प्रयोग गर्ने घ) यौन अंग सफा गर्ने ड) अन्य .....
७. निम्न कुन कुन लक्षणहरू भएमा यौन रोग लागेको शंका गर्ने ?  
क) यौनाङ्गबाट सेतो पानी वा पिप आएमा ख) यौनाङ्ग वरीपरि घाऊ/खटिराहरु आएमा  
ग) पिसाब फेर्दा दुख्ने र गाह्रो हुने घ) तल्लो पेट दुख्ने
८. यौन रोग लागेमा हामीले के गर्ने ?  
क) स्वास्थ्य संस्थामा जाने ख) साथी भाईलाई भन्ने ग) धामी भक्तीकोमा जाने घ) थाहा छैन
९. HIV/AIDS के के गर्दा सँर्छ ?  
क) HIV/AIDS भएको व्यक्तिसंग यौन सम्पर्क गरेमा ख) HIV/AIDS भएको व्यक्तिको रगत लिएमा ग)  
HIV/AIDS भएको व्यक्तिले प्रयोग गरेको सुईबाट घ) HIV/AIDS भएको आमाबाट ड) लामखुट्टेको टोकाइबाट
१०. माथि उल्लेखित HIV/AIDS र यौनरोग बारे काहाँबाट थाहा पाउनु भयो ?  
क) पुस्तक/पत्रपत्रिकाबाट ख) रेडियो टि. भिबाट ग) साथीभाईबाट घ) शिक्षक/शिक्षिकाबाट
११. तपाईंलाई सुरक्षित यौनसम्पर्क बारे थाहा छ ?  
क) छ ख) छैन
१२. यदि थाहा छ भने सुरक्षित यौनसम्पर्क भन्नले कुन कुन कुरालाई जनाउँछ ?  
क) विश्वासिलो एकै व्यक्तिसंग मात्र यौन सम्पर्क राख्ने ख) अन्य व्यक्तिसंग यौनसम्पर्क राख्दा राम्रो संग कण्डमको प्रयोग गर्ने
१३. सुरक्षित यौनसम्पर्कका फाईदाहरु निम्न उल्लेखित के के हुन ?  
क) यौनरोग बाट बच्न सकिन्छ ख) अनिच्छित गर्भधारण (unwanted pregnancy) बाट बच्न सकिन्छ  
ग) मानसिक चिन्ता हुँदैन घ) थाहा छैन
१४. नेपालको कानुन अनुसार नेपालमा गर्भपतन (abortion) गर्न पाईन्छ ?  
क) पाईन्छ ख) पाईन्दैन ग) विशेष अवस्थामा मात्र पाईन्छ घ) थाहा छैन
१५. तपाईंको विचारमा यौनसम्बन्ध कहिले राख्नु उपयुक्त होला ?  
क) विवाह अगाडि ख) विवाह पछि मात्र ग) प्रेम भएको बेला

१६. तपाईंको विचारमा विवाह अगाडि यौनसम्पर्क राख्नु ठिक हो ?  
क) हो ख) होइन
१७. तपाईंले आज भन्दा अगाडि कसैसंग यौनसम्पर्क राख्नु भएको थियो ? (यो अध्ययनको लागि मात्र भएको र सम्पूर्ण तथ्य गोप्य राखिने भएकोले कृपया नडाँटि लेख्नुहोला)  
क) थियो ख) थिएन (यदि थिएन भने प्रश्न नं. २२ मा जाने)
१८. यदि थियो भन्ने पहिलो पटक कति वर्षको उमेरमा यौन सम्पर्क राख्नु भएको थियो ?  
उमेर .....
१९. पहिलो यौनसम्पर्क को संग भएको थियो ?  
क) प्रेमी/प्रेमीका संग ख) Commercial Sex Worker संग ग) अपरिचित व्यक्तिसंग घ) परिचित व्यक्ति संग
२०. उक्त यौनसम्पर्क गर्दा कण्डम प्रयोग गर्नु भएको थियो ?  
क) थियो ख) थिएन
२१. गएको एक वर्ष भित्रपनि यौनसम्पर्क गर्नु भएको थियो ?  
क) थियो ख) थिएन
२२. तपाईंको विचारमा किशोर/किशोरी (Teen ager) लाई प्रजनन् स्वास्थ्य, यौन रोगवारे स्वास्थ्य शिक्षा दिनु पर्ला ?  
क) पर्छ ख) पर्दैन ग) थाहा छैन
२३. तपाईंको विचारमा किशोर/किशोरी (Teen ager) हरुको लागि प्रजनन् स्वास्थ्य शिक्षा तथा सेवा कहाँ उपलब्ध हुनुपर्ला ?  
क) विद्यालयमा ख) निजि क्लिनिक/अस्पतालमा ग) सरकारी अस्पतालमा घ) अन्य .....
- ..... (उल्लेख गर्ने)
२४. तपाईंको विचारमा किशोर/किशोरीहरुको लागि विवाह अघि, विवाह र विवाह पछिको जिन्दगीको बारेमा परामर्श (Counseling) दिनु आवश्यक छ ?  
क) छ ख) छैन ग) थाहा छैन
२५. तपाईं हस्तमैथुन (Masturbation) गर्नु हुन्छ ?  
क) गर्छु ख) गर्दिन
२६. यदि गर्नु हुन्छ भने कहिले कहिले गर्ने हुन्छ ?  
क) हप्ताको १/२ पटक ख) दिनहु ग) कहिलेकाही

WISHES YOUR BRIGHT FUTURE  
THANKS FOR YOUR KIND CO-OPERATION

## Annex 2

# Focus Group Discussion Guideline

The FGDs include the following topics:

### 1) Sexuality and Sex Education

a) What are the sources of information regarding sexuality?

Probe- If magazines – Name of few magazines.

If T.V – name of programs

If not home, why?

b) At what age should sex education be started?

Probe- Why?

c) Who should be the educator?

Probe- Why (role of media, parents, teachers & society)

What about peers, why?

d) Importance of sex education

e) Knowledge about menstruation;

f) Perception about masturbation.

### 2) Perceptions, Causes and Danger of Pre-marital Sex & Abortion.

a) Perception about premarital sex.

b) Role of boy /girl in premarital sex.

c) Factors affecting premarital sex.

d) Knowledge about safer sex.

e) Knowledge and attitude about Abortion and its consequences.

### 3) Knowledge and Attitude Regarding Family Planning

a) Knowledge about current spacing methods.

b) Knowledge about emergency contraceptive.

c) Attitude regarding use of FP methods.

### 4) Knowledge and Attitudes Regarding STDs/HIV/AIDS

a) Name of STDs.

b) Mode of Transmission.

c) Prevention & treatment.

d) Health seeking behaviour.

e) Consequences of STDs/AIDs

f) Prevalence of prostitution in Kathmandu.

g) Involvement of students in prostitution.

### 5) Program Recommendation from Adolescent

a) What type of program.

b) Place, person & method