

**UTILIZATION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES BY  
ADOLESCENT SCHOOL STUDENTS IN PYUTHAN DISTRICT OF MID  
WESTERN NEPAL**

A Dissertation Submitted to Tribhuvan University Department of Sociology/Anthropology  
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Partial Fulfillment of the Requirement for the  
Master's Degree in Sociology

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**April, 2015**

## **LETTER OF RECOMMENDATION**

This is to certify that **Mr Kirti Sagar Baral** has completed this dissertation entitled “**Utilization of Sexual and Reproductive Health Services by Adolescent School Students in Pyuthan District of Mid Western Nepal**” under my supervision and guidance. This is an original research work and I recommend this dissertation for final approval and acceptance by dissertation committee.

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## LETTER OF ACCEPTANCE

This dissertation entitled “**Utilization of Sexual and Reproductive Health Services by Adolescent School Students in Pyuthan District of Mid Western Nepal**” submitted to the Department of Sociology/Anthropology, Prithvi Narayan Campus, Pokhara by **Kirti Sagar Baral** has been accepted as the partial fulfillment of the requirement for the Degree of Master of Arts in Sociology by the undersigned members of the dissertation committee.

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## ACKNOWLEDGEMENT

This dissertation entitled **“Utilization of Sexual and Reproductive Health Services by Adolescent School Students in Pyuthan District of Mid Western Nepal”** has been prepared for the partial fulfillment of the requirements for the Degree of Master of Arts in Sociology, the Department of Sociology/Anthropology, Tribhuvan University, Prithvi Narayan Campus, Pokhara.

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## ABSTRACT

*The major objective of this study was to find out the barriers at individual, social and health facility levels for the utilization of sexual and reproductive health services among adolescent school students. The study has focused to explore knowledge and perception related to sexual and reproductive health service use, service utilization practice; individual, social and health service related barriers for use and non use of health services and explore way forward to make the available service effective.*

*The study area was Pyuthan municipality. Study design was cross sectional descriptive study. Study type was mainly quantitative supplemented by qualitative studies. The sampling technique used for selecting district and municipality was purposive while three schools were choosed randomly. Students studying in classes 9 to 12 were selected proportionately from each class Data collection technique were self administered questionnaire, key informant interview, focus group discussion, case study and observation.*

*The findings suggest that only two third of the adolescents were aware of targeted adolescent sexual and reproductive health services being available to them. So, there was knowledge gap to rest one third adolescents. Regarding the findings related to service utilization, about two third had ever used sexual and reproductive health services. Among those who had not used the service, more than two fifth of them had need for service but were unable to use it due to various reasons. About fifty six percent of them did not feel need for the service.*

*The major barriers explored for non utilization of health services were of psychological origin that is feeling of shyness, and feeling of fear of others knowing it. Similarly, service quality related barriers in health institution found were mainly related with availability and behavior of health workers followed by availability of health commodities and information such as unavailability of health worker in health facility, feeling of misbehaved and discriminated by health worker, not getting the desired medicines and supplies and not getting the desired health information. Likewise, other potential barriers explored were lack of confidentiality in health facility, shyness and difficulty to open up to health workers, unsuitable health facility opening hours and long waiting hours in health facility. The key barriers found at family level were shyness (laaj) to express with family members about sexual reproductive health issues, less family concern and encouragement to talk and share on sexual and reproductive health issues,. Similarly, socio-cultural barriers were fear of others knowing about personal problems, difficulty to share and present personal problems, lack of female health service provider, misbehavior by health worker, caste and gender based discrimination at health facility and lack of confidentiality arrangements in health facilities*

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## ABBREVIATION

AFS	Adolescent Friendly Service
AFHS	Adolescent Friendly Health Service
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Friendly Sexual and Reproductive Health
BS	Bikram Sambat
CBS	Central Bureau of Statistics
CPR	Contraceptive Prevalence Rate
DDC	District Development Committee
DHO	District Health Office
DoHS	Department of Health Services
EPI	Expanded Programme on Immunization
FCHV	Female Community Health Volunteers
FHD	Family Health Division
FP	Family Planning
HIV	Human Immunodeficiency Virus
HF/HFs	Health Facility/Health Facilities
HP	Health Post
HW/HWs	Health Worker/Health Workers
IEC	Information, Education and Communication
MoHP	Ministry of Health and Population
NDHS	Nepal Demographic Health Survey
NHEICC	National Health Education Information of Communication Center
NHRC	Nepal Health Research Council
NHSP	Nepal Health Sector Support Programme
PHCC	Primary Health Care Centre
PHC/ORC	Primary Health Care Outreach Clinic
RTI	Reproductive Tract Infection
SHP	Sub Health Post
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
WHO	World Health Organization