

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Adolescence is a transitional stage of physical, mental and social human development that occurs between childhood and adulthood. This transition involves biological, social, psychological changes. Adolescence is the second decade of life and it is a period of rapid development. In this stage male and female sex characteristics are developed. According to WHO, adolescence is the age of 10-19 years. According to census 2011, 24.2% of the total population of Nepal is in the age of adolescence (10-19) year. In this age more sentiment, emotional feeling and excitement take place. So, they may involve themselves easily in different ill activities if proper guidance is not given to them.

The majority almost 85% of the world's population lives in developing countries, with approximately 60% in Asia. Adolescents are often thought as a healthy group. Nevertheless, many of them do die prematurely due to accidents, suicide, violence, pregnancy related complication and other illness that are either preventable or treatable. In addition, many serious diseases in adulthood have their roots in adolescence. for example tobacco use, sexually transmitted infections including HIV, lack of nutrition and exercise habits, leads to illness or premature death hence education on adolescence, sex and reproduction health is essential to avoid such problems in the society.

Every individual has a right to enjoy his/her life as possibly as better; and has the rights to have ways and means to do so. All the people, especially women, have right to reproductive health that is to regulate their fertility safely and effectively. They have right to understand and enjoy their own sexuality and reproduction as well as to bear and rear healthy children. The reproductive health involves more than safe motherhood and child-health along with family planning services. It is multidimensional, with right and health-oriented services of individuals. Therefore reproductive as well as social health along with the related human rights is the vital elements of physical and emotional wellbeing.

The importance of good health and education to a woman's well being and that of her family and society cannot be established without raising awareness to reproductive health and freedom. Women cannot fully exercise their fundamental human rights, such as those relating to education and employment in the absence of it. Yet, the right to health and especially reproductive and sexual health is far from a reality for many women in the world. According to the World Bank, one-third of the illness among women aged between 15-44 in developing countries is related to pregnancy, childbirth, unsafe abortion, reproductive tract infection, Human Immune-deficiency Virus and Acquired Immune Deficiency Syndrome.

Adolescent reproductive behavior has become an emerging worldwide concern in most of the countries. The adolescence sexuality and SRH is still politically sensitive and SRH information and services cannot reach to most adolescents. The adolescence period is a time in which individual explore and develop their sexuality gender and sex roles. These factors have a profound influence on a young person's current and future health. The beginning of sexual behavior also leads to his/her sexual and reproductive health problems with some grave consequences.

The International Conference on Population and Development (ICPD), held in 1994 in Cairo with support from UN, was the master conference that brought the crucial issues of "Reproductive Rights and Reproductive Health" at global level. The conference defines the reproductive health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex-life and that they have the capability to reproduce and freedom to decide when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable method of family planning of their choice, as well as other methods of their choice, for regulation of fertility which are not against the law and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couple with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health-care is defined as the constellation of methods, techniques and services that contribute to reproductive

health and wellbeing by preventing and solving reproductive health problems. It also includes the sexual health, the purpose of which is the enhancement of life and personal relations and not merely counseling and care related to reproductive and sexually transmitted disease." (ICPD, 1994).

According to WHO, "Adolescence starts at the age of 10 and ends at 19" Adolescence is very important in life from growth and development points of views. Various types of changes occur during adolescence; some of which are quick and some are slow. It is the age when they have high aspirations and determination. They can commit serious mistakes.

WHO defines reproductive and sexual health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters related to reproductive system, function and process."

"Adolescence is the transition period between puberty and adulthood: 'the teenage years'. This is also a period as a 'milestone' for everyone. This is a time for preparation of undertaking greater responsibilities. Most adolescents are at the threshold of married life in Nepalese culture. The information about sexual and reproductive health is necessary to them because they are the future parents and human resources of the nation." (Adhikari 2006)

Adolescent population is increasing rapidly in Nepal by 22 percentage of the total population. Adolescent fertility is a major social and health concern. Out of the total female adolescent population about 24percent of them fall in the age group 15-19 who are either a mother or a pregnant with their first child. Adolescents are suffering from many problems like unwanted pregnancy, early child-bearing, have STDS, HIV/AIDS due to lack of proper knowledge and attitude on sexual and reproductive health and widespread social taboos." (Tandon, 2005)

The respondent students felt and realized the high importance and necessity of reproductive and sexual health education from the school level. By providing reproductive and sexual health education people can eliminate the malpractices regarding sex and can solve the queries and problems about reproductive and sexual health. The knowledge level regarding the male of STDs transmission seems not

satisfactory whereas the level of knowledge regarding STDS symptoms is not satisfactory. (Koju, 2004)

This is clearly shown in various studies carried out in different times. Sexual and reproductive health knowledge and attitude of any caste and ethnicity is determined by their culture and religious beliefs and behaviors. So this study will try to examine the sexual and reproductive health knowledge and attitude among adolescent students' in Itahari Sub Metropolitan, Sunsari District.

1.2 Statement of the Problem

Adolescence is a transitional stage of physical, mental and social human development that occurs between childhood and adulthood. This transition involves biological, social, psychological changes. Adolescence is the second decade characteristics are developed. According to WHO, adolescence is the age of 10-19 years. According to census 2011, 24% of the total population of Nepal is in the excitement take place. So, they may involve themselves easily in different ill activities if proper guidance isn't given to them.

The majority almost 85% of the world's lives in developing countries, with approximately 60% in Asia. Adolescents are often through of as a healthy group. Nevertheless, many of them do die prematurely due to accidents, suicide, violence, pregnancy related complication and other illness that are either preventable or treatable. In addition, many serious diseases in adulthood have their roots in adolescence. for example tobacco use, sexually transmitted infections including HIV, lack of nutrition and exercise habits, leads to illness or premature death hence education on adolescence, sex and reproduction health is essential to avoid such problems in the society.

Nepalese society is still traditional about sex and its related matters. In spite of spreading education congested thoughts has not eradicated from Nepalese society. Therefore it is taken as matter of shy, to talk about sexual and reproductive health openly.

The changing norms and values regarding sex and increasing age at marriage are attributed to adolescent's premarital sexual activities. Such premarital sexual activities of adolescents have risk of various health, socio-economic and demographic consequences, viz. unwanted pregnancy, unmarried mother and infections. Adolescents are also curious about their physical growth and problems of sexual outlets. In such situation they must be supported with appropriate information to control their mental stress and misconception about reproductive and sexual health. (Adhakari, 2016)

By age, the students are in early/late adolescent age-group that is regarded to enter the marital life in near future in Nepalese culture. Therefore, it is important to know the level of their knowledge about reproductive and sexual health. Not only for a new experience, they grow sexually active. They have to bear a great responsibility of future and it becomes imperative to acquire good knowledge regarding reproductive and sexual health.

No study has been made about sexual and reproductive health knowledge and attitude among adolescent students' in Itahari Tarahara, Sunsari District so far and this is the first approach in this subject. This study will find the answer of the research questions related to the adolescent students' of Itahari Sub Metropolitan. So the findings can be generalized for the Sunsari District as well as Nepal in the similar contexts.

1.3 Objectives of the Study

The general objective of this study is to access the knowledge and attitude on sexual/reproductive health among adolescent students'. The specific objectives of this study are as follows:

- 1.3.1 To find out knowledge and attitude of adolescent students' on sexual and reproductive health.
- 1.3.2 To compare the adolescent students' knowledge and attitude on sexual and reproductive health education.

1.4 Significance of the Study

The study on the issues of sexual and reproductive health of adolescent students' in itself is crucial. Though the study of adolescent socio-economic and reproductive as well as sexual behaviors is of high concern at present, the social working agencies such as UNFPA and other related agencies are raising issues to be brought in research work time and again. Very few researches have been conducted on the sexual and reproductive health knowledge and attitude among adolescent students' in Nepal. Therefore the essential information related with the adolescents is very rare, especially about the knowledge and attitude of school level teenager students on sexual and reproductive health. This study will help the concerned people in the following ways:

- 1.4.1 This study will be helpful to create awareness among the adolescent students' about sexual and reproductive health.
- 1.4.2 This study will measure knowledge and attitudes of adolescent students'.
- 1.4.3 This study will motivate further investigative studies.
- 1.4.4 This study will help to find out the situation on sexual and reproductive health of adolescents students.
- 1.4.5 This study results will offer some important information to concern authorities, the NGOs and INGOs to plan and implement the program related to sexual and reproductive health.
- 1.4.6 This study will be helpful for the development and implementing the policies.

1.5 Delimitations of the Study

Delimitations of the study are influenced by time, area, purpose of the study, financial resources and dedications of the researcher. On these contexts its delimitations are as below:

- 1.5.1 The study was limited only to three private schools situated at Tarahara area of Itahari.
- 1.5.2 The study was related only to adolescent students (Class 8, 9 & 10) of Sayapatri, Gyandarpan academy and Little Peace English School.

1.5.3 The study was made from about 140 respondents whereas the total population of the respondents was 350. So the sample size was 40 percent.

1.5.4 This study followed descriptive and quantitative research.

1.5.5 The sampling method was purposive sampling method.

1.6 Operational Definition of the Key Terms

Adolescence: Adolescence is a transitional stage of physical, mental and social human development that occurs between childhood and adulthood. This transition involves biological, social and psychological changes.

Reproductive Health: Reproductive health is a state of complete physical, mental and social, wellbeing not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes. (WHO)

Health: Health is a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity. (WHO)

Sexual Health: Sexual Health is the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positive, enriching and that enhance personality, communication and love. (Subedi, Kumar Raj 2061)

Sexuality : The feeling and activities connected with a person's sexual desires. It is the sexuality that bring opposite sex together. (Karki, Ashok Kumar 2065)

Sex: Sex is an easily inevitable characteristics and it has dichotomous nature. (Karki, Ashok Kumar 2065)

Masturbation: Masturbation is the process of getting sexual pleasure by stimulating the genitals especially by hand.

Menstruation: Menstruation is the process of discharging unfertilized egg along with blood, this cycle takes place every month which is called menstruation cycle.

STDs: STDs are communicable diseases which can transfer through unsafe sexual contact.

Nocturnal Emission: An ejaculation or orgasm while asleep, often accompanied by an erotic dream.

CHAPTER- II

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

This chapter presents some literature review related to the sexual and reproductive health knowledge and attitude among adolescent students' in Nepal; as well as in the global context some of the factors and study reports related to this study are reviewed in this chapter.

2.1 Review of Theoretical Literature

Adolescents explore and develop their sexuality gender and sex role. These factors have profound influence on a young person's current and future health most directly through exposure to safe or unsafe sexual practices. (UNICF/WHO, 1995)

When a young woman between ages 15-19 becomes a mother, her health and that of her child are often threatened. The number revealed the heightened risk. Women under age 18 are more likely to experience premature labor miscarriage and stillbirth and they are up to four times as likely as women older than 20 to die from pregnancy related case. Because adolescent women have not yet completed their growth (in particular their height and pelvic size) their bodies are often not developed adequately enough to carry a pregnancy. This puts them risk of obstructed delivery and prolonged labor which can lead to permanent injury or death for both the mother and infant. Studies indicate that adolescents are much more likely than older women to suffer from obstetric fistula (tear between the vagina and urinary in consistence) (Sendercwitz, J. 1995).

Shrestha, (1997) points out that reproductive and sexual health education is necessary in order to solve the sexual causes of increasing child rape abortion and sexual abuses which pollutes the sexual atmosphere and unknowing sexual exploitations within a family. He has also pointed out that the marriage without getting maturity and the sexual intercourse without thinking about future at young age are the cause of social exclusion and family rejection which are also the sources of mental tortures. All these problems can be reduced by reproductive and sexual health education. (Shrestha, 1997).

The first two years after first menstruation are especially vulnerable age for adolescents. Policies and programs that encourage later marriage and delayed childbearing and expanded economic and educational opportunities for girls and women have been shown to reduce adolescent maternal deaths (Sendercwintz, J. 2000).

Sexual attitude and behavior of adolescent are found highly influenced by peer's behavior, and found that adolescent female who have sexually active best friends on the basis of sexual experience. Walter found that students whose friends had intercourse without use of condoms are much more likely to get involved in high risk sexual or drug behaviors. Diclements found that sexually active adolescents who perceived peer's norm to support condom use are more likely to use condoms consistently (cited in Puri, 2012).

Adolescence is a period of transition from childhood to adulthood. There are formative years when the maximum physical, mental psychological and behavioral changes take place. These period is also a time of preparation for undertaking of greater responsibilities, a time of exploration and widening horizons and a time to ensure healthy all-round development. The adolescents are sexually more active, particularly boys are with multiple partners over time. Along with increasing exposure to STDs and unintended pregnancies outside of marriage many face social stigmas, family conflict, problems with school and the potential need for unsafe abortion, married adolescents may face the complications of delivery, STDs and the health risks of early pregnancy. (Karki, 2013)

Ghimire, (2013) expresses his worries about the epidemically increasing HIV/AIDS among Nepalese adolescent students' as a result of immature, unsafe and premarital sexual relation that are all caused by poor knowledge.

Adhakari, (2013) indicates that the problems reflected by poor knowledge on reproductive and sexual health of adolescent students' as the high proportion of married population at young age pregnancies at young and having too many children.

Every year at least 120 million women do not want to become pregnant and do not have the means to prevent it. Every year 20 million women put their health and lives

at risk because they seek unsafe abortions. Every year there are more than 330 million new cases of curable STDs. One adolescent in twenty becomes infected every year with the HIV virus infection from 5.2 million people; over half of them young people below 24 years old. In the last few decades these trends have emerged in regards to adolescents' sexual behavior (UNFPA. 2015)

Pant, (2015) emphasizes on the health care of adolescents especially for girls (women) at different stages of their age. First they enter puberty, they face confusion of physical changes and become sexually active. This point of adolescent both boys and girls may need information about human sexuality so that they can make healthy decisions, particularly girls, in order to avoid unwanted pregnancies and sexually transmitted diseases. In second phase after marriage they need to be able to know when and how many children they have to bear to minimize the risk of maternal mortality and morbidity prevention and treatment of STDs and help infertile women . In third, they may need family planning devices to limit rather than space births.

2.2 Empirical Literature

CREHPA, (1996) had carried out a study on SRH care, knowledge, attitude and practices among adolescent at Makawanpur District. The study had been carried among 230 adolescent boy aged 15-19 years and 197 adolescent girl aged 13-19 years. The study showed that the majority of adolescents are not aware about the right age for marriage. About 17 percent of adolescents boy and 19 percent of adolescent students' considered that above should marry within 18 years of age, out of total respondents, knowledge about STDs among the adolescents are satisfactory which is 67 percent adolescent boys and 63 percent adolescents girls knew about STDs from their friends. A high percentage of the adolescent respondents are aware about the high risk behavior that places a person at risk of getting STDs however knowledge about various system STDs is low among the adolescent students'. Knowledge about ways to prevent AIDS transmission is very high among adolescent boys 74percent as compared to girls 47percent. Knowledge about condom is widespread. A large majority of boys have heard about the condoms, and also what a condom looks like. The knowledge that condom protect a person from contacting STD/AIDS is very high among adolescent boys 69.7percent. Similarly the study revealed that more than half of these sexually active adolescents boy 54percent are promiscuous. The study

supported the fact that most sexually active adolescent boys faced serious health risk a result of their promiscuity out of the total 297 adolescent students' aged (13-9), 171 girls 57.6 percent had reached menarche about 62 percent of the girls are aware of the date of the next menstruation. Study showed that two third of the adolescent students', i.e. 66 percent, faced some menstruation-related health problems. Most adolescent students' i.e., 80 percent used some form of absorbents (particularly piece of clothes) during the menstrual period (CREHPA, 1996).

The majority of the respondents have knowledge about abortion. 59.10 percent mentioned that the termination of pregnancy before 28 weeks is followed by birth reported that after death of fetus 10 percentage reported that after death. 23.63 percent reported intrauterine death. The health of mother is adversely affected by abortion is reported by 67.28 percent of the respondents and heavy work during pregnancy is the major cause of abortion is said by 71.82 percent of study population (Koju, 2004).

A larger number of students 94.05 percent are against the premarital sex where as 2.33 percent of the respondents expressed that having premarital sex is not bad and 2.7 percent of the respondent encountered that premarital sexual behavior depends upon situation. No more differences are observed by different background on attitude on premarital sexual behavior (Tandon, 2005)

One in five adolescent women age 15-19 are already mother or pregnant with their first child. The population of teenage women who have started child bearing increase from 2 percent among women age 19. Traditionally, Nepalese women delivered at home either without assistance of TB as or relatives and friends. At the national level 19 percent of births are delivered in health facilities compared with 81 percent at home (NDHS 2006).

During the fiscal year 2063-2064 the new acceptor recruitment rate as percentage of MWRA has slightly decreased to 10.6 as compared to earlier year of 11.2. The decrease is observed both for spacing and limiting methods contraceptive prevalence rate (CPR) has increased marginally by 0.1 percentages compared to last years after the adjustment for sterilization. Couple years of protection (CYP) altogether 37 percent of the married women of reproductive age are being protected by the various contraceptive methods that are issued to couples the CYP has decreased by almost 3

percent during the current FY compared to the former year. (Glimpse of annual report of 2063/064, Department of Health Services).

Bhandari, (2008) has carried out a study on SRH knowledge and attitude among higher secondary school students in Panauti Sub Metropolitan, Kabhrepalanchok District. Most of the students are 18 years of age; 38.6 percent are Brahmin and about 45 percent are Chhetri, and 88.66 percent are the Hindus. Family size of the respondents is found as 5-7 member. Grade 12 students are more knowledgeable than grade 11 students about change in height, weight widening of pelvis and growth of sex organs. 76.6 percent of the respondents have heard masturbation, among which 57 percent have positive attitude about it; and about 21 percent of the respondents have negative attitude about premarital sex.

More proportion of grade 11 students' 26 percent than grade 12 students 16 percent have not ever practiced of pre-marital sex because of negative attitude to pre-marital activity. Majority of the respondents 96.6 percent have heard about HIV/AIDS followed by gonorrhoea and is 73 percent. Majority of respondent i.e. 89 percent reported virus is the agent of AIDS. Condom is familiar among of the respondents which is the higher percent followed by Depo-Provera is 97.6 percent. Most of the respondent i.e. 98 percent have got information on SRH through school teacher followed by friends.(Bhandari,2008)

Koirala, (2009) has carried out a study on RH issues and Adolescent girl at Morang District. There are 87.5 percent of respondents to have knowledge on first menstruation starting age, 47 percent on conception, 82 percent on gestation period. In the same way 65.5 percent of the respondent thought male play an important role in the determination of sex. Similarly 80 percent of respondents know about condom a means of family planning device and almost 32 percent preferred to use pills as means of family planning. Regarding HIV/AIDS 64 percent think that it is a communicable disease and 86 percent think that it is not curable. 95.5 percent respondents' thinks among different reasons sexual contact is one of the main reasons for the spread of AIDS. Still 4.5 percent think that insect bite too could spread AIDS. Among the respondent, 86 percent are in the favor of two children and about 81 percent think birth spacing should be four to six year. Likewise, 70 percent of the respondent reported hospital as a place of safe delivery and 18 percent think birth should be given

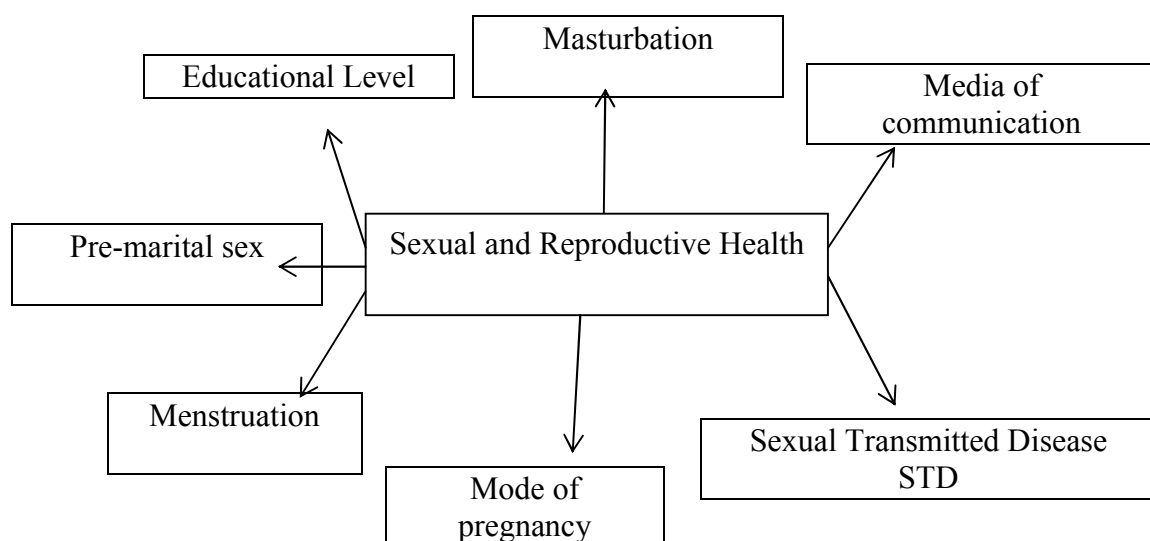
in front of trained health attendant. Regarding the knowledge on the role of male in the reproductive health of female, 77 percent think it is important. In the same way 75 percent have knowledge on abortion. About 41 percent think the reason why female above is not to give birth and 72 percent think it is the right of female to abortion. In the same way about 77.5 percent of the respondents think that pre-marital sex is bad and 60.5 percent think premarital sex spoils culture. (Koirala,2009)

2.3 Implication of the Review for the Study

The literature review is tasks that continue through out the duration of the thesis. It has help to search a suitable topic. The present work also has had the review of related literature. The theoretical literature review has its implication to guide the research. Similarly empirical literature review has illustrated the practice relate to the research area. It also has provided the idea to prepare questionnaire and conduct the research work in the scientific manner.

2.4 Conceptual Framework

In the field of sexual and reproductive Health different writer and researcher have developed different types of conceptual framework. The present researcher has developed a conceptual framework according to objective of the study. This framework is given in diagram.



There are various factors that directly and indirectly affect SRH knowledge and attitude among adolescent students' depends on different variables, i.e. educational level media of communication, mode of pregnancy, pre-marital sex, masturbation, sexual, transmitted disease, menstruation. These all factors are interdependent and co-related to each other.

CHAPTER-III

METHODS AND PROCEDURES OF THE STUDY

Methodology is the systematic theoretical analysis of methods applied to field of study. The Following methodology was used during the research.

3.1 Research Design

Research design is the plan structure and strategy to obtain answers of the research questions in order to find out the objectives of the study. For this, in the study descriptive research design had been used.

3.2 Population, Sample and Sampling Strategy

The study was carried out in adolescent students of Itahari Sub Metropolitan. The population of the study is from the students studying 8, 9 and 10 classes from three secondary schools. Little Peace School, Gyandarpan Academy and Sayapatri Secondary School in Itahari Sub Metropolitan. The schools are selected by purposive sampling method. There were 350 adolescent students in three secondary schools. The primary data was collected from 140 respondents by using questionnaire. Simple random sampling method had been used.

3.3 Study Area/Field

Itahari Sub Metropolitan, Tarahara of Sunsari District is selected for the study area. The population of adolescent students of Little Peace School, Gyandarpan Academy and Sayapatri Secondary School in Itahari Sub Metropolitan, Tarahara are selected. The total population were 350 only 140 population are selected for sample.

3.4 Data Collection Tools and Techniques

The study was based on primary data. The data was collected with the help of questionnaire as well as interview schedule. To meet the objectives of the study the research tools was used. It was trail-tested to adolescent students of Tarahara Model Secondary School of Tarahara Itahari, Sunsari District. Besides this the questionnaire

was shown to supervisor and other experts. After feedback provided from trial test, supervisor and other experts; the tools was revised, restructured and finalized.

3.5 Data Collection Procedures

The researcher personally has visited each school and met the Headmasters. The researcher explained his purpose of the study. The researcher studied the relevant documents and data about the reproductive and sexual health knowledge and attitude among adolescence students. The questionnaires were directly administrated to the selected students. Copies of questionnaire were distributed to all selected respondents from each school. During the administration of the questionnaire, the respondents were closely supervised. A careful approach to administer the tool, he was involved himself in the data collection process with assistance of school teachers from the respective school. Among 350 students 140 students were enumerated for the purpose of this study.

3.6 Data Analysis and Interpretation Procedure

In the processing of data after filling up the questionnaire, the questionnaire which was filled up by students was carefully checked in the raw data. After cleaning and editing the raw data, the necessary data was presented in master chart. The data was analyzed and interpreted with the help of tables and figures.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with analysis and interpretation of collected data. The data are tabulated and placed in sequential order according to the nature of the study. The analysis and interpretation of data are made with the help of tables and figures to make the presentation more effective and clear. After tabulating the data responses are grouped in terms of their basic nature the following are the main headings of presentation.

4.1 Knowledge on Sexual and Reproductive Health

This chapter includes knowledge of adolescent students on sexual and reproductive health. This study has taken one of the objectives of analyzing the knowledge on sexual and reproductive health. For this purpose this chapter includes the adolescent students' knowledge on type of physical changes, menstruation, menarche, sperm and ovum producing organs pregnancy, STDs and HIV/AIDS, masturbation etc. within the study area.

4.1.1 Knowledge on Sexual and Reproductive Health.

The knowledge on sexual and reproductive health is measured from among the adolescent students of the study area in Itahari Municipality. It is attempted to know whether they have heard about SRH or not. The Knowledge about SRH, right of SRH, components of SRH questions are asked to respondents to gather the knowledge about SRH.

Table No. 1. Distribution of Respondents having Knowledge on SRH

Knowledge on SRH	Number	Percent %
Yes	120	85.71
No	20	14.28
Total	140	100

Table no. 1 shows that the distribution of respondents having knowledge of SRH out of the total 140 respondents a large majority 85.71 percent have knowledge about

SRH and 14.28 percent have little knowledge about SRH. So majority of respondents have good knowledge on SRH and they have heard about SRH education. It may be because they collect knowledge from family members, Radio, TV and other mass media, and from the course-books in school.

4.1.2 Physical Change

Physical change in the body is one of the characteristics of adolescents. Respondents are asked about notice of their physical change or not and, their responses are presented in a tabulated form here.

Table No. 2. Distribution of Respondents Whether they Notice Physical Change.

Notice of Physical Change	Number	Percent %
Yes	135	96.42
No	5	3.58
Total	140	100

Table No. 2 shows that 96.42 percent respondents have felt physical change on their body and 3.58 percent respondents have not felt any physical change on their body. The result shows that most of the respondents notice their physical change on their body. Physical change on the body is one of the characteristics of adolescents. Physical change is very obvious and rapid process in their body, and most of the respondents have felt the change clearly. Mass media, peer groups, family members may have helped them to feel the change, and they themselves may have noticed. Anyway, almost all the respondents felt the change.

4.1.3 Knowledge on Type of Physical Change

The respondents who said to have knowledge on physical changes are further asked about major changes they observed by giving four choices to give multiple responses and the results are presented in table.

Table of No.3. Distribution of Respondents by knowledge in various type of physical change

Physical Change	Number	Percent %
Change in height	74	52.85
Change in weight	33	23.57
Change in voice	43	30.71
Change in breast	20	14.28

Note: The number and percent in the above table are multiple responses.

Table No.3 Shows that 52.85 percent of the respondents have knowledge about change in height; 23.57 percent have knowledge about change in weight and 30.71percent have knowledge about change in their voice. Similarly 14.28 percent have knowledge about change in the breasts. We can conclude that respondents have good knowledge about physical change. They themselves were able to see this rapid change.

4.1.4 Knowledge on Menstruation

The menstrual cycle is the scientific term for the physiological changes that can occur in fertile females. Overt menstruation (where there is blood flow from the uterus through the vagina) occurs primarily in humans and some other animals such as chimpanzees. Females of other species of placental mammal undergo estrous cycles, in which the endometrium is completely reabsorbed by the animal (covert menstruation) at the end of its reproductive cycle. The menstrual cycle, under the control of the endocrine system, is necessary for reproduction. It is commonly divided into three phases; the follicular phase, ovulation and the luteal phase; although some sources use a different set of phases; menstruation proliferative phase, and secretory phase. Menstrual cycles are counted from the first day of menstrual bleeding. Hormonal contraception interferes with the normal hormonal changes with the aim of preventing reproduction. In the menstrual cycle, changes occur in the female reproductive system as well as other systems. A woman's first menstruation is termed menarche, and occurs typically around the age of 12. The end of a women's

reproductive phase is called the menopause, which commonly occurs somewhere between the age of 45 to 50.

Onset of menstruation is a major characteristic of puberty in a girl, it is one of the distinct physical signs that a girl is turning into womanhood. When she passes through puberty, her body and mind change in many ways.

Figure No. 1. Distribution of Respondents having Knowledge about Menstruation.

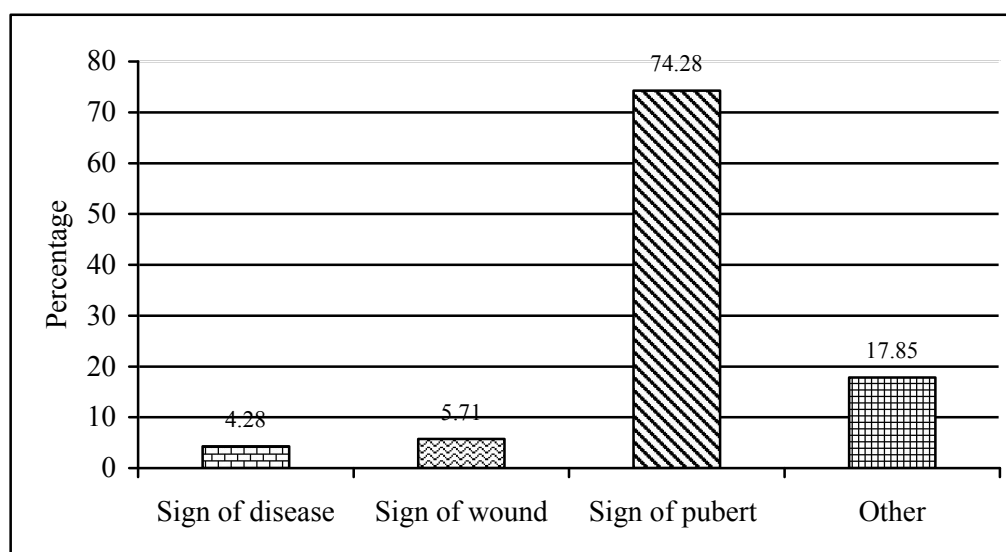


Figure No. 1 shows that 74.28 percent adolescent students answered that menstruation signifies the onset of puberty and about 17.85 percent said it is 'others'. Similarly 4.28 percent said it is a type of disease and 5.71 percent said that menstruation signifies a sign of some sort of wound. So majority of the respondents have good knowledge on menstruation. It may be because experience and already gained knowledge from family member (mother, sister, etc.), peers, Radio, TV, Email, Internet and course-book in school.

4.1.5 Knowledge on Menarche

Menarche is the onset or start of menstruation. It brings psychological and physiological changes on girl adolescents. "Adolescence, stage of maturation between childhood and adulthood". The term denotes the period from the beginning of puberty to maturity; it usually starts at about age 14 in males and age 12 in females. The

transition to adulthood varies among cultures, but it is generally defined as the time when individuals begin to function independently of their parents." **Microsoft Encarta (2009)**

There are both natural processes with the development of anatomy. Female adolescents face this process from menarche to menopause. Menstruation cycle helps to change female psychologically on adolescence with the beginning of menarche. Most of the females face some psychological and physiological hazards in their general life.

All the respondents have experienced menarche at the time of survey but the age of first menstruation varied from person to person. Their responses are given in figure.

Figure No.2. Distribution regarding Respondents by Knowledge on Menarche

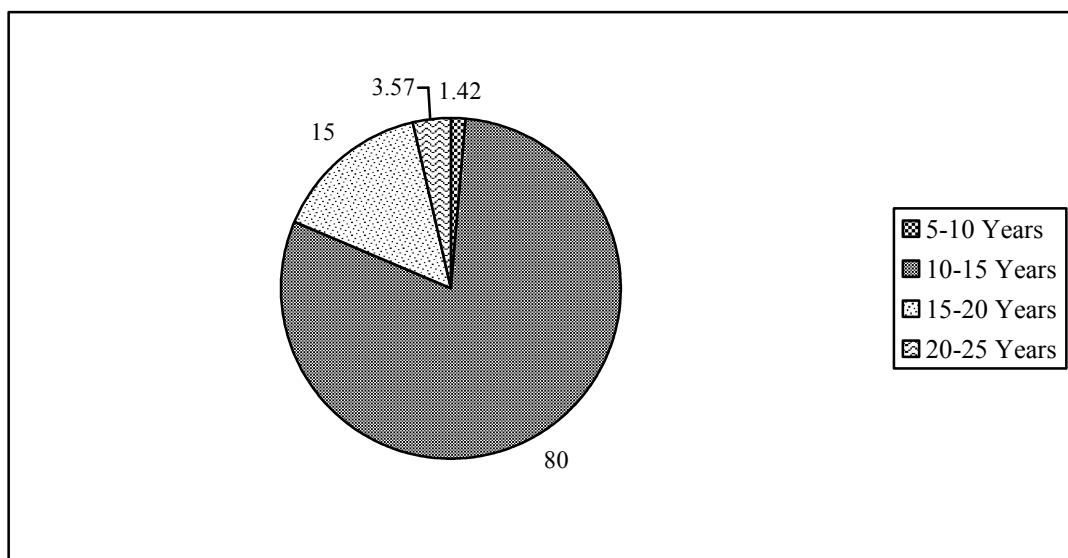


Figure No. 2 shows that 1.42 percent respondents thought that menarche occurs at the age of 5-10 years, 80 percent viewed menarche starts at the age of 10-15 years, where 15 percent said menarche starts at the age of 15-20 years. Menarche may varies from person to person because of heredity, environmental factors, nutritional factors, life style, growth and development and exposure to media on sexual and reproductive health.

4.1.6 Knowledge on Ovum Producing Organs.

The respondents are asked whether they know the ovum producing organs or not. The result is presented in table.

Table No. 4. Distribution of Respondent by Knowledge on Ovum Producing Organs.

Ovum Producing Organs	Number	Percent %
Prostate Glands	4	2.85
Ovary	121	86.42
Uterus	7	5
Penis	8	5.71
Total	140	100

Table No. 4. Shows that about 86.42 percent respondents correctly report as it is ovary, 5.00 percent said uterus produced ovum and 2.85 percent said that prostate glands produce ovum whereas 5.71percent said it is penis which produces ovum. Taboo on discussions on sexual matters, personal shy nature and limited exposure may have deprived some respondents from gaining correct knowledge on the issue. Most respondents have good knowledge about it.

4.1.7 Knowledge on Sperm-Producing Organs.

The respondents are asked whether they know the sperms- producing organs. The result is presented in the table.

Table.No.5. Distribution of Respondents having Knowledge on Sperm-Producing Organs.

Sperm producing organs	Number	Percent %
Testis	87	62.14
Ovary	8	5.71
Prostate Glands	0	0
Penis	45	32.14
Total	140	100

Table no 5 shows that 62.14 percent respondents correctly reported testis as sperm producing organ. 5.71 percent replied ovary as sperm producing organ. This group doesn't know why male presence is necessary for pregnancy. And 32.14 percent said that penis produce sperms. Penis is the passageway for sperm ejaculation, so this answer can't be completely outlawed, though not correct. Similarly no one said that prostate glands produce sperm. Respondents have less knowledge about sperm producing organs than ovum producing organs. It may be because of SRH education factor. Adolescent students are seen less informed about sperm producing organs. This may be a result of social taboo on discussions on sexual matters; and incomplete school education. They are shy to raise questions about male reproductive organs. Most Health Education teachers are males in schools and cross-gender discussions on sex are taboos.

4.1.8 Knowledge on Mode of Pregnancy

Knowledge on mode of pregnancy is beneficial to adolescents. When they know about it they also know how to avoid undesired pregnancy. When a sperm penetrates an ovum, an immediate change occurs and after some somatic division fertilization is completed, that is, the woman becomes pregnant. The respondents are asked whether they know how do women become pregnant. Their responses are tabulated for analysis below:

Table No. 6. Distribution of Respondents having Knowledge on Mode of Pregnancy

Mode of Pregnancy	Number	Percent %
In a sexual contact	0	0
After frequent sexual contact	0	0
After meeting sperm with ovum	140	100
Total	140	100

Table No. 6 shows that 100 percent answered pregnancy takes place after meeting sperm with an ovum, this indicates the respondents have very good knowledge of how a woman becomes pregnant, SRH, access of internet, increasing awareness regarding sexual matters through different social and mass media may be the reason behind it.

4.1.9 Knowledge on Masturbation

Adolescent is a time of behavioral change when reproductive capacity develops in adolescents and sex hormone is secreted which is related to change in sexual behavior. The practice of masturbation is common among adolescents but due to the socio-cultural values they don't talk and communicate about masturbation behavior and sexuality in general.

Masturbation is the process of sexual pleasure by stimulating the genitals especially by hand. Respondents are asked whether they have heard masturbation or not. The responses are presented in figure.

Table No.7 Distribution of Respondents having Knowledge about Masturbation

Knowledge of Masturbation	Number	Percent %
Yes	85	60.71
No	55	39.29
Total	140	100

Table no. 7 clearly shows that out of all respondents 60.71 percent have heard about masturbation. Similarly 39.29percent said they don't know about masturbation. Most of the respondents are informed about masturbation. Their responses hint they don't easily or openly discuss masturbation among peers.

4.1.10 Knowledge on STDs

Sexually transmitted diseases are those diseases which are communicable in nature. Sexually transmitted diseases can be transferred through unsafe sexual contact. Respondents are asked about their knowledge on STDs. The responses are shown in figure.

Table No. 8 Distribution of Respondents having Knowledge on STDs

Knowledge on STDs	Number	Percent %
Yes	125	89.28
No	15	10.72
Total	140	100

Table No. 8 shows that the proportion of respondents who have heard of STDs is 89.28 percent and 10.71 percent said they have not heard about STDs. So majority of the respondents 89.28 percent have heard; but the proportion is not satisfactory. A compulsory health education which is offered in secondary school largely fulfills the need of education regarding reproductive and sexual health the curriculum should be thoroughly revised.

4.1.11 Knowledge on HIV/AIDS

HIV/AIDS is a communicable disease. HIV/AIDS is transferred through the medium of blood transfusion, sharing of the needle, syringe, from the pregnant mother and sexual contact with infected person. Everybody should have knowledge about the infection. Respondents are asked about their knowledge on HIV/AIDS and their response is shown in Table.

Table No. 9 Distribution of Respondents having Knowledge on HIV/AIDS

Knowledge on HIV/AIDS	Number	Percent %
Yes	137	97.85
No	3	2.14
Total	140	100

Table No. 9 It displays that of the respondents 97.85 percent have heard about HIV/AIDS. The proportion of respondents who have not heard about HIV/AIDS is 2.14 percent. All most all respondents have heard about HIV/AIDS. This shows that awareness concerning HIV/ AIDS is satisfactory however it should be increased to 100 percentages.

4.1.12 Knowledge on Agent of AIDS Transmission

HIV (Human Immune-deficiency Virus) causes AIDS. All the respondents reported to have some knowledge on HIV/AIDS at the time of the field survey, and they are asked to respond of their knowledge on agent of AIDS. The answer is presented in the table.

Table No. 10 Distribution of Respondents having Knowledge on Agent of AIDS.

Agent of AIDS	Number	Percent %
Bacteria	11	7.85
Worms	0	0
Virus	128	91.42
Insects	1	0.71
Total	140	99.99

Table No. 10 shows that majority of respondents 91.42 percent, reported that virus is the agent of AIDS. 7.85 percent respondents reported bacteria as an agent of AIDS and 0.71 percent expressed insects to be the agent of the AIDS. Whatever the agent, they know that AIDS exists, and is a threat to human existence. But insufficient knowledge about the disease may lead to mistaken ways to safekeeping from it, and ultimately they may be victims. One's faulty knowledge renders others, too, to a danger of exposure to AIDS.

4.1.13 Knowledge on Different Names of STDs

The respondents who have heard about STDs are further asked about the name of gonorrhoea, syphilis, HIV/AIDS and other that they have heard. The result is presented in the table.

Table No. 11 Distribution of Respondents having Knowledge on types of STDs

Name of STD	Number	Percent %
Gonorrhoea	11	07.85
Syphilis	7	05.00
HIV/AIDS	129	92.14
Other	1	00.71

Note: The number and percent in the table are multiple responses.

Table NO. 11 shows that 92.14 percent of the respondents have heard about HIV/AIDS, 7.85 percent, have heard about gonorrhoea, 05 percent have heard about syphilis, 0.71 percent of the respondents are found to respond as 'other'. It is found

that a larger portion of respondents is not familiar about different types of STDs. Though they know sexual contacts can transfer diseases, but they don't know how and which disease they are at risk of. This may result in developing an unhealthy attitude towards sex, and they may be prompted to unsafe sex.

4.1.14 Source of Information about SRH

Regarding the knowledge of reproductive and sexual health, the source of information plays a vital role. Owing to developments of communication, people are generally informed about many life skills, SRH too, through all the papers, magazines, radios, television, internet, etc. They provide different information about sexual and reproductive health. The school level course includes reproductive health from class Six to Ten. The government and non-government sectors have produced and propagated awareness programmers on SRH. Knowledge is most important aspect to make appropriate attitude and practice on SRH. Respondents are asked from which source they know about human sexuality and reproductive health. There are different sources for acquiring knowledge of SRH. Some adolescents are not acquainted with magazine and newspaper as a source of information regarding SRH. They could choose more than one source, as they can learn from different easily accessible sources. The result is presented in table.

Table No. 12 Distribution of Respondents having Knowledge on Source of Information of SRH.

Source of Information on SRH	Number	Percent %
Friends	5	3.57
Parents	4	2.85
School/Teacher	132	94.42
Magazine/ Newspaper	2	1.42

Note : The number and percentage in the above table are multiple responses.

Table No.12 shows that a large portion of respondents, i.e. 92.42 percent, acquire knowledge about SRH from school/teachers. 1.42 percent do from magazines/newspapers, 2.85 percent have from parents and 3.57 percent from their

peers/friends. The result shows that schools/teachers are the most easily available source of information on SRH for them. The good point is they are most reliable sources, too.

4.2 Attitude on Sexual and Reproductive Health

The attitude of respondents to sexual and reproductive health at present can play a determining role in the future to frame their reproductive life. It is a tendency to react positively or negatively in regard to a subject, policy or person. An attitude has effective cognitive and action components. The attitude about sexual and reproductive health is measured in term of several variables. This chapter deals with the attitudes on sexual and reproductive health among adolescent students.

4.2.1 Attitude on the Pre-marital Sex

The pre-marital sex referred to sexual relation between two persons prior to marrying each other. '...the contemporary mate-selection process frequently includes the practice of cohabitation-living together in an unmarried sexual relationship. Cohabitation has a long history among poor people, but has become popular among young, middle-class adults only since the 1960s. Cohabitation often precedes marriage, but in some cases, people continue to cohabit without marrying' (Microsoft Encarta Encyclopedia 2009).

Pre-marital sexuality is the sexual relation prior to the time of social recognition to be married. Pre-marital sexuality has become socio demographic and health issue both in developed as well as in developing countries. Furthermore, the attitude towards pre-marital sex may determine the future trend of sexual practice and also that STDs and HIV/AIDS infection and abortion problem.

Our society always shuns and restricts pre-marital sex. Sexual activities are connected with religion and pre-marital sexual behavior is taken as a sin. As social norms and values about pre-marital sex are in a process of change, adolescents are open to practicing sex before marriage. In order to discover their outlook on pre-marital sex, therefore, respondents are asked a question about their perception on the pre-marital sex. Their responses are tabulated in figure 8 below.

Figure No.3 Distribution of Respondents by Attitude on Pre-marital Sex

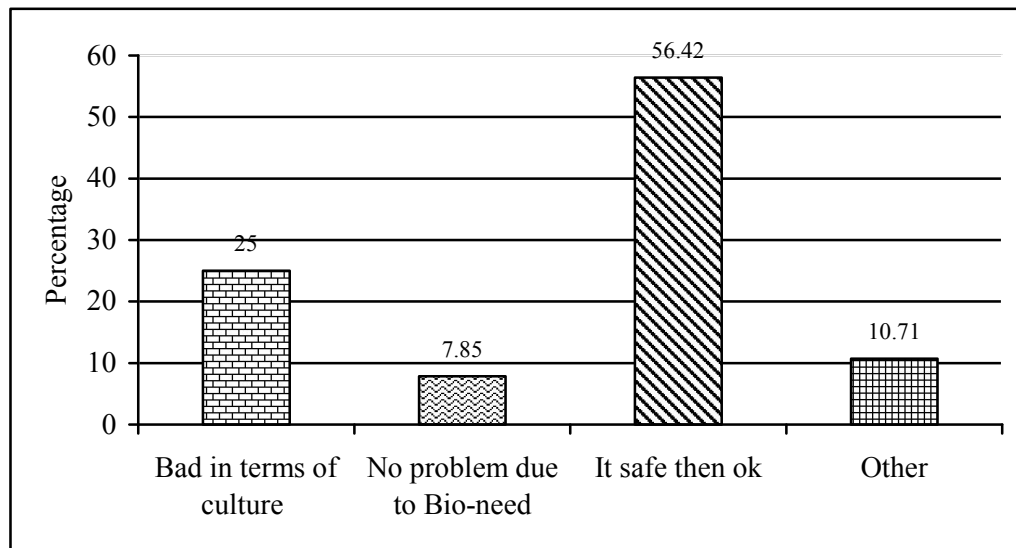


Figure no. 3 shows that majority 56.42 percent of the respondents said that pre-marital sex is 'if safe then ok' followed by the 25 percent respondents who said 'bad in terms of culture', and 7.85 percent respondents said 'no problem due to bio-need' Similarly 10.75 percent respondents said 'other'. Pre-marital sexual activities are connected with culture, religion and social norm; and pre-marital sexual behavior is taken as an immoral act in our context. As social norms and values about pre-marital sex are in a process change, adolescents are open to practicing sex before marriage. 56.42 percent of the respondents state that pre-marital sex is "if safe, then ok". This indicates that adolescents are being open towards the pre-marital sex. If opportunities are available many of them may involve themselves in to pre-marital sexual activates. New generation is more open to pre-marital sex than the older one. This shows cultural change taking place; and knowledge and attitude are in a process of change regarding sex.

4.2.2 Attitude on Factors Suppressing Adolescents' Sexuality

The respondents who said 'not have experienced' of pre-marital sex are further asked what the suppressing factors are. The responses are presented in the table.

Table No. 13 Distribution of Respondents by Factors Suppressing Adolescent's Sexuality.

Types of Factors	Number	Percent %
Fear of Society	14	0.1
Negative Attitude to Pre-marital Activity	77	55
Don't have chance	23	16.42
Others	21	15
Total	140	100

Table No 13 shows that a marginal majority of the respondents 55 percent expressed 'negative attitude to pre-marital activity' towards pre-marital sex. The 'negative attitude' of the 'others' may lead to suppression. Here, about 15 percent of the respondents have no premarital sex practice 'because of fear of society'. We can conclude that they are not happy about social norms and taboos about the sexual, thus very personal, matters. 16.42 percent felt that they don't have chance. This hints that this group is 'rebellious' on sexual matters. Similarly, 15 percent of the respondents said that they have no sexual practice because of 'other' reasons. It is found that more respondents are not involved in pre-marital sexual activities due to their/others' negative attitude to pre-marital activities. Some of them think they are aware of far-reaching consequences, so they are not involved in the pre-marital sexual activities.

4.2.3 Attitude on Masturbation

Masturbation is the process of sexual pleasure by stimulating the genitals, especially by hand. Adolescence is a time of behavioral change when reproductive capacity develops in adolescents and sex hormone is secreted that is related to change in sexual behavior. The practice of masturbation is common among adolescents but due to socio-cultural values they don't talk and communicate about masturbation and general sexuality. Masturbation is a way to satisfy sexual arousal. Masturbation is a deliberate self-stimulation that affects sexual arousal in the human. Male masturbation is largely manual but in female masturbation may involve touch or flicking of clitoris and labia minora, labia majora, thigh pressure and breast massage. Respondents are asked a question about their attitude on masturbation. The findings from the study population are tabulated in Table 14 below.

Table No. 14 Distribution of Respondents regarding Attitude on Masturbation

Attitude on Masturbation	Number	Percent %
Masturbation Keeps Persons Healthy	26	18.57
Masturbation Makes Persons tired/weak	14	10
Masturbation sometimes is good	42	30
Masturbation is Bad	58	41.43
Total	140	100

Table 14 shows that 41.43 percent respondents said masturbation is 'bad', 30 percent said masturbation sometimes is good, similarly 18.57 percent respondents said that masturbation keeps persons healthy, whereas 10 percentage respondent believe that masturbation makes persons tired or weak. Masturbation needs no other partners and thus it involves no risk of HIV/AIDS infection and STDs. Therefore, it can be taken for voluntary sexual outlet for sexual pleasure. But the table shows the respondents have varied opinions, they are not decidedly clear how masturbation helps or harms them.

4.2.4 Attitude on Menstrual Hygiene

Menstrual hygiene is a most important aspect during menstruation because it prevents infection and preserves sexual and reproductive health. Respondents are asked questions about their attitude on menstrual hygiene. The finding from the study population is tabulated in table 15 below.

Table No. 15 Distribution of Respondents regarding Attitude on Menstruate Hygiene.

Attitude on Menstruate Hygiene	Number	Percent %
Keep the genital part clean and comfortable	29	20.71
Prevent infection	24	17.14
Prevent form foul smell	3	2.14
All of them	84	60
Total	140	99.99

Table no. 15 shows that 20.71 percent of respondent said menstrual hygiene keeps the genital part clean and comfortable followed by 17.1 percent said menstrual hygiene prevents infection and 2.14 percent said it prevents from foul smell similarly 60.00percent of the respondent view all of them.

Advancement of education and technology they were aware about menstrual hygiene. Most of the respondents view all of them. So they have clearer attitude about it. They acquire attitudes on menstruation care from different sources, for example, radio/TV, family members (especially mother, sister, aunts, and others) and school course book. They are aware and state that menstrual hygiene is important to protect individual health. It revealed that school level adolescent students are very careful about menstrual hygiene and its complication.

4.2.5 Attitude of Taking Bath during Menstruation.

Carelessness in menstruation period in cleanliness leads to reproductive health problems. Carelessness in personal hygiene during this time has other risks, too. In this research respondent were asked about frequency of bathing during menstruation, which is shown in figure.

Figure No 4 Distribution of Respondents by Attitude of Taking Bath During Menstruation.

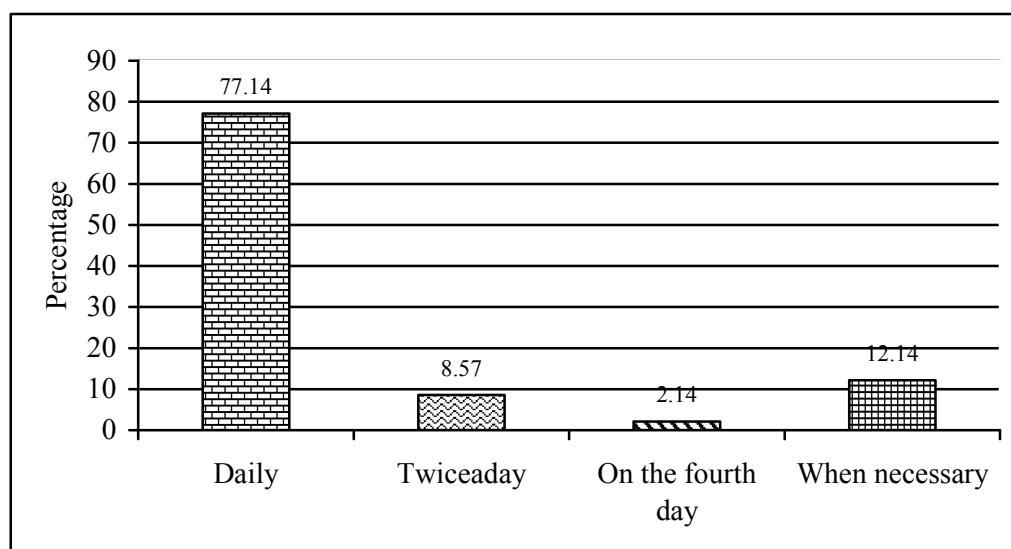


Figure No. 4 Shows that majority of respondents 77.14 percent said that during menstruation taking bath daily is good. 12.14 percent said that when necessary and 2.14 percent respondents viewed that taking bath on the fourth day is enough. Similarly 8.57percent respondents viewed during menstruation taking bath twice a day.

Frequency of bath during menstruation is found in relation to customs, ethnicity, family and social tradition. These factors generally influence their attitude although all menstruated girls should take bath daily to keep physical hygiene and to feel comfortable. Their attitude towards bath is positive.

4.2.6 Attitude of Type of Materials Used to Suction Menstrual Blood.

Personal hygiene should be maintained during menstruation. Use of material as a suction of blood is good management practice of menstruation but it should be appropriate. All of the respondents view is different the response are given in figure,

Figure no. 5 Distribution of Respondents regarding Attitude on Type of Material

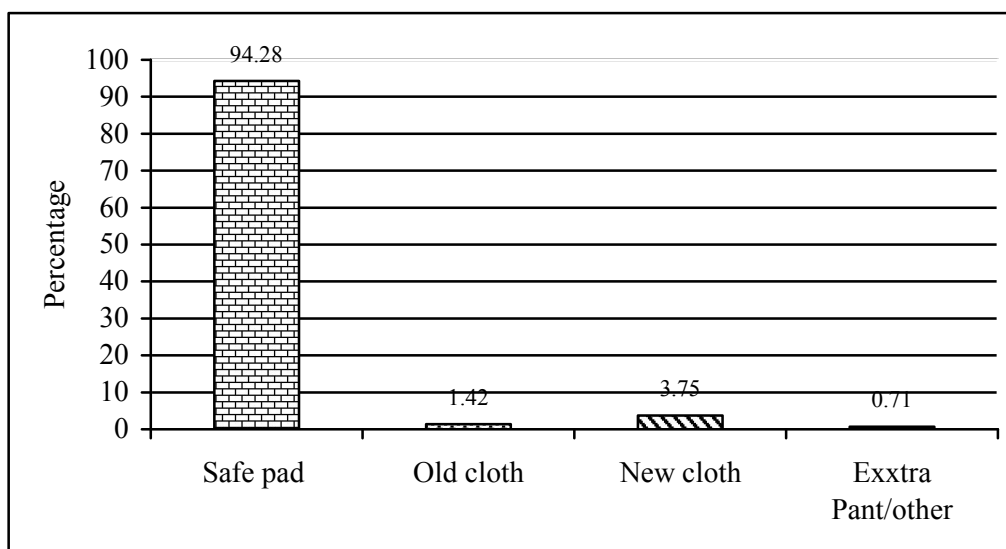
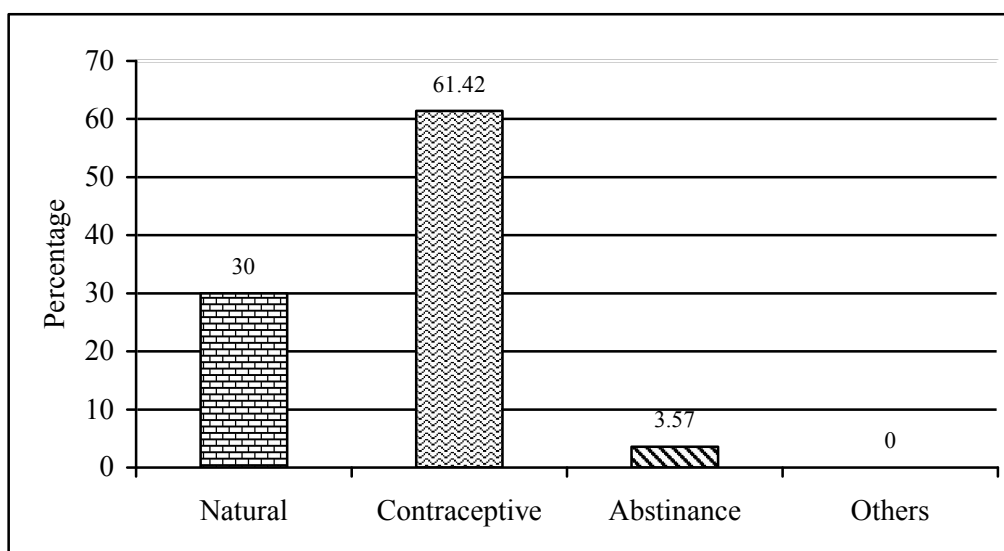


Figure no 6 Shows that majority 94.28 percent of respondents said that use of safety-pad is good material for menstruation followed by the respondents who said extra panty/others 0.71 percent similarly old cloth 1.42 percent and 3.57percent respondents said that new cloth is good to suction blood. This attitude shows that almost all respondents have sound knowledge regarding menstrual hygiene and safety pad.

4.2.7 Attitude of Family Planning Method

Family planning is sometimes used as a synonym for the use of birth control, however, it often includes a wide variety of methods, and practices that are not birth control. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as *spacing children*). Family planning may encompass sterilization, as well as abortion. The respondents were asked about attitude of family planning method which as shows in table.

Figure no. 6 Distribution of Respondents by Attitude of Family Planning Method



It is clear to observe from the figure that majority of the respondents 61.42 percent use of contraceptive devices and 30 percent respondents view natural method is good method of family planning where as 3.57 percent responds prefer abstinence for family planning.

4.2.8 Attitude on SRH Education about STDs and HIV/AIDS

Respondents are asked whether the sexual and reproductive health education can protect from STDs including HIV/AIDS or not in order to assess their attitude on STDs and HIV/AIDS. The results are presented in Table No 17 below.

Table No 16 Distribution of Respondents regarding Attitudes on SRH protecting from STDs and HIV/AIDS.

SRHE Protect from STDs and HIV/AIDS	Number	Percent %
Yes	132	94.28
No	08	05.71
Total	140	99.99

Table No 16 reveals that a comfortable majority, 94.28 percent of the respondents, agree that SRHE protects from STDs and HIV/AIDS and 5.71 percent respondents disagree to it. This is a clear indication of their faith in scientific ways.

4.2.9 Attitude on Ideal Age at Marriage

Early marriage deprives girls from higher education, job opportunities, career building and general personal development. Adolescent students who go for early marriage miss many opportunities their life can offer. A boy or girl should at least cross the age limit made by government of the country. According to prevalent law, the age at marriage for both sexes is 18 years with the consent of their parents and it is 20 years for both sexes without the consent of parents (Muluki Ain, 11th amendment, 2059 B.S). Statistics show that there is an increase in age at marriage of female and male from 1961 to 2001 in Nepal. The responses are given in figure.

Table No. 17 Distribution of Respondents regarding Attitude on Ideal Age of Marriage.

Age group	Girls	Percentage	Boys	Percentage
Below16	00	00	1	0.42
16-20	0	00	3	4.28
20-24	48	68.58	38	54.28
Above 24	22	31.42	28	40
Total	70	100	70	100

Above responses deals about attitude regarding appropriate age of marriage 68.58 percent girls and 54.28 percent boys replied that 20-24 years as an ideal age of

marriage where as 31.42 percent girls and 40 percent boys said above 24 is the correct age for marriage.

4.2.10 Attitude on Appropriate Age and Educational Level to Start the Sexual Health Education

Nepal is predominantly a closed, or said a traditional, society. During all the recorded history girls were married before they entered puberty. Parents believed that if they married their daughters before menarche, they would be cleansed of their earthly sins and they would earn merits. A 'timely' marriage secured their seats in the heaven. So, sex education was not a question before the girls were married. With the introduction of democracy, the girls' age at marriage increased, and the need of sexual health education to unmarried girls was clearly seen.

It has always been a matter of debate in which age and educational level should sexual education is provided for adolescent students so as to bring best results. Therefore, in the survey, an attempt has been made to record and analyses adolescent students' views about suitable age and education level to provide sexual health education. The result from the study is presented in the table.

Table No. 18 Distribution of Respondents regarding appropriate age to Provide Sexual Education.

Appropriate Age for Sexual Health Education	Number	Percent %
< 13 years	28	20.00
13-19 years	86	61.43
19-25 years	45	32.15
>25 years	50	00.72
Total	140	100.0

Table No. 18 shows that higher proportion of respondents 61.43 percent affirm that an appropriate age for sexual health education is 13-19 years which followed by 32.15 percent responds 19-25 years. Similarly 20 percent responds said below 13 years and 0.72 percent goes for 19-25 years to appropriate age to provide sexual health

education. Results show that 13-19 years is appropriate age for giving sexual health education, respondents' view is acceptable.

Table No. 19 Distribution of Respondents regarding Appropriate Level to Provide Sexual Education.

Appropriate Education Level to Provide Sexual Education	Number	Percent %
Basic Level	45	32.14
Secondary	95	67.86
Total	140	100.0

Table no. 19 shows, regarding educational level to start sexual health education most of the respondents 67.86 percent of them said that Secondary level is suitable to provide sexual health education similarly 32.13percent said that from basic level it is suitable for providing sexual and reproductive health education. After doing this School level adolescent students become aware of various issues, problems, pleasures, dangers and advantages of sex; but many of them shun and avoid the education on sexual matters at this level.

4.3 Summary

The main objectives of the research are to find, analyze and identify the adolescent students' knowledge and attitude on sexual and reproductive health. Among twenty secondary schools of Itahari Municipality of Tarahara, only three schools were selected for the purpose of study. The schools were selected by purposive sampling method and 140 respondents were selected (70 boys and 70 girls) by using random sampling method covering 40 percent of adolescent students of each selected school. A questionnaire was used as a tool for collecting primary data.

Finally, the collected data and information are analyzed and interpreted. All of respondents are adolescent students of secondary level, owing to lack of awareness, prevalence of social tradition and want of appropriate knowledge on SRH, Nepalese women's SRH status is still inadequate. In the same way, acquaintance with sexual and reproductive health-associated knowledge and attitude are affected by social and ritual trends in Itahari Municipality, Sunsari District. It is found that they have

relatively better knowledge about sexual and reproductive health but they do not practice pre-marital sexual relationship because of negative attitudes of social, cultural, religious standpoints.

4.4 Findings

- 4.6.1 Majority of the respondents 80.00 percent have some knowledge about SRH.
- 4.6.2 Majority of the respondents 96.42 percent have expressed they have noticed physical change in their body with the onset of adolescence.
- 4.6.3 Respondents are more aware about change in height, weight, voice and growth of sex organs, etc. 98.87 percent reported that they have experienced change in weight whereas 96.87 percent reported that they have experienced change in height.
- 4.6.4 Majority of the respondents 74.28 percent considers puberty to be the period of change in behavior; respondents answered correctly about what menstruation means and what it signifies.
- 4.6.5 Most of the respondents 80.00 percent said that menarche occurs at the age of 10-15 years.
- 4.6.6 About 86.42 percent respondents correctly answered as ovary to produce ovum.
- 4.6.7 Around 62.14 percent of respondents correctly answered as testis to produce sperm.
- 4.6.8 All of the respondents answered that after meeting sperm with ovum a woman conceives. None of them express their view on others options.
- 4.6.9 60.71 percent responds expressed their knowledge regarding the term masturbation where as 39.28 percent refused it to be heard.
- 4.6.10 Most of the respondents 89.29 percent heard about STDs. Similarly 97.85 percent are informed of HIV/AIDS.
- 4.6.11 A vast majority of respondents 91.42 percent that virus is the causing agent of AIDS.

- 4.6.12 Most of the participating students 92.14 percent said that HIV/AIDS is an STD. Similarly 7.85 and 5 percent reported that they knew gonorrhea and syphilis to be an STD respectively.
- 4.6.13 Majority of respondents 94.28 percent gained knowledge about SRH from school/teachers, 3.5 percent from friends and 2.85 percent get knowledge from parents where less than 2 percent said to be magazine as sources of knowledge.
- 4.6.14 Majority of the respondents 56.42 percent said that pre-marital sex is 'okay' if safe, where 25 percent responded as it is 'bad in terms of culture.
- 4.6.15 Majority of the respondents 55 percent expressed negative attitude to pre-marital sexual activity. 10 percent do not have pre-marital sex because of fear of society. And 17 percent respondents showed their opinion on various others reasons.
- 4.6.16 Largest portion of the respondents 41.42 percent said that masturbation is bad, followed by masturbation sometimes is good 30 percent; and 18.57 percent of them said that masturbation keeps a person healthy, where 10 percent show their expression as it cause tiredness/ weakness.
- 4.6.17 About 60 percent respondents expressed positive attitude on menstruation hygiene.
- 4.6.18 Majority of the respondents 77.14 percent said that during menstruation taking bath daily is good whereas 12.14 said bath should be taken when necessary.
- 4.6.19 Most of the respondents 94.28 percent said that safety-pad is so better material use to suction blood, whereas very less responds showed their opinion on others materials.
- 4.6.20 Most of the respondents 61.42 percent said that use of contractive is an appropriate method of family planning similarly 30 percent said that natural method as appropriate for family planning.
- 4.6.21 About 94.28 percent of the respondents said that SRH education protects from STDs and HIV/AIDS.

- 4.6.22 Majority of the respondents 61.42 percent reported an ideal age at marriage is 20-24 years followed by 35.71 percent above 24 years and 2.14 percent said that ideal age at marriage is 16-20 years.
- 4.6.23 Most of the respondents 61.42 percent expressed that SRH education should be given at the age 13-19 years, whereas 32.14 percent said 19-25 years is suitable age for giving SRH education.
- 4.6.24 Majority 57.87 percent of the respondents expressed Secondary Level is suitable to provide SRH education, whereas 32.13 believed that it should be started from basic level.

CHAPTER-V

CONCLUSION AND RECOMMENDATION

5.1 Conclusions

The study entitled "Study on Sexual and Reproductive Health Knowledge and Attitude among Adolescent students in Itahari Municipality, Tarahara, Sunsari District" is conducted among 140 adolescent students. After analyzing the data it shows that all of the respondents were familiar about some degree of sexual and reproductive health. The common source of getting knowledge on that is school/teachers, parents, magazines, friends and course books.

Maximum respondents were familiar about SRH. Most of them said they have experienced about physical change of weight and height. They know about menstruation and it is the sign of puberty. Most of the respondents know about the reproductive organs and reproductive system; likewise they have heard about masturbation. They have negative attitude towards pre-marital sexual activities because they think such activities have risk of various sexual disease like HIV/AIDS etc. This study presents the current level of knowledge and attitude adolescent students on sexual and reproductive health.

We can conclude that there is need for planning and implementation of sexual and reproductive health education focused on school level adolescents students; with consultation and approval from teachers, parents and school level students. The education framework should acknowledge positive role of adolescents regarding sexual and reproductive health and to remove misconceptions. The school level curriculum should be modified, and it should include adequate knowledge about SRH. Both formal and informal educational programs are needed to be implemented in order to cover adolescent students outside the school walls.

5.2 Recommendations

On the basis of findings of this study, the following recommendations are made for the government and non-government agencies, and individuals who are interested in knowledge and attitude about SRH. The findings may be useful for formulating

policies and programs to improve reproductive health status of school level adolescent students.

5.2.1 Recommendation for Policy Related

- 5.2.1.1 Education plays a vital role to determine every change in the society. The education about sexual and reproductive health should be included and improved from basic to secondary level curriculum.
- 5.2.1.2 Formal and non-formal education about sexual and reproductive health should be launched among school level adolescent students, and teenagers outside the school premises.
- 5.2.1.3 The present curriculum implemented from school level has not been able to give sufficient knowledge, attitude and practice regarding sexual and reproductive health and reproductive rights to adolescents. So curriculum should be revised and modified and SRH must be included in school level curriculum in detail including concepts of reproductive rights and issues.
- 5.2.1.4 Appropriate strategies should be employed for effectual health care system of sexual and reproductive health of the youth by the MoH.
- 5.2.1.5 Local Newspapers agencies and institutions as well as NGOs at local level should be encouraged and co-operated for raising awareness among the school level adolescent students about SRH.
- 5.2.1.6 Mass media (Radio/Television) should be encouraged to organize regular programs on SRH and its complications.

5.2.2 Recommendation for Practice Related

- 5.2.2.1 The students are very curious about sexual and reproductive health but they are sometimes ill-informed. Therefore the teachers should be well trained to provide knowledge about it; and they should provide complete knowledge without any hesitation or difficulties.
- 5.2.2.2 Knowledge of students about various aspects of sexual and reproductive health FP methods and about risks of STDS and HIV/AIDS transmission

is still inadequate. Therefore, they must be exposed to fuller information on this issue.

- 5.2.2.3 School students heartily welcome SRH education as a life-skill education and they thought the age 13-19 year and the students 9 level school to be suitable for SRH education. Therefore, the SRH education must be offered in these levels.
- 5.2.2.4 School teachers and parents must be aware of various programs including seminars, workshops and discussion programs, so that they can be able to receive information and for teaching these topics.

5.3 Recommendations for Further Research Related

- 5.3.1 The study only focuses to adolescent students of class 8,9 and 10 and it could not cover the adolescents who are beyond school walls. Therefore, "The Knowledge and Attitude about Sexual and Reproductive Health of Adolescents out of School" could be a wonderful area to study. If the research is carried out covering all these adolescents, the study may be more useful to estimate their level of knowledge and attitudes on sexual and reproductive health. It may help the policy makers to plan and implement programs to enhance SRH of the Secondary level adolescent students in Nepal.
- 5.3.2 This study could not cover higher level adolescent students and could not be beneficial to know the current level of knowledge and attitude of girls and boys before entering an active sexual life. Thus "Knowledge and Attitude to Girls and Boys before Entering the Active Sexual Life among Higher Level Students" would be studied.
- 5.3.3 This study could not cover a large sample size. Thus covering a larger sample size to find a qualitative study on knowledge and attitude on sexual and reproductive health among various groups and school adolescents can be researched.
- 5.3.4 This study could not cover the family size, economic status, educational level of parents and many more influential factors.

5.3.5 This study doesn't include the relationship between various dependent and independent variables using co-operation, quasi-experimental and other statistical tools. So it can be carried out and analyzed by using these statistical tools to find more reliable solutions

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APPENDICES
QUESTIONNAIRE
Janta Multiple Campus
Department of HPE, Itahari Sunsari.
'Sexual and Reproductive Health Knowledge and Attitude among
Adolescent students in Itahari Municipality Sunsari District'

The reported view will be kept highly undisclosed. It will be used only for the research purpose.

Mark Tick (✓) in the correct answer.

GROUP 'A' INDIVIDUAL CHARACTERISTICS

Date: _____

Name: _____

1. Ethnicity/ Caste: _____

2. Age in Years: _____

3. Religion: _____

4. Class: _____

GROUP 'B' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH

5. Have you ever heard about SRH?
a) Yes b) No
6. Have you ever noticed of your physical change?
a) Yes b) No
7. What type of changes did you go through?
a) change in height b) change in weight
c) change in voice d) growth of breast
8. Have you heard about menstruation?
a) Yes b) No
9. What does the onset of menstruation signify?
a) a type of disease b) Sign of wound
c) Sign of Puberty d) Others _____
10. Generally in what age does menarche occur in girls?
a) 5 – 10 years b) 10 – 15 years
c) 15 – 20 years d) 20 – 25 years

11. Which of the following organ produces the ovum?
 - a) Prostate glands
 - b) Ovary
 - c) Uterus
 - d) Penis
12. Which is the high risk period to get pregnant from sexual contact?
 - a) first 8 days of menstruation
 - b) 9 – 19th days of menstruation
 - c) after 19 days of menstruation
 - d) during menstruation period
13. Which of the following organ produces the sperms?
 - a) Testis
 - b) Ovary
 - c) Prostate glands
 - d) Penis
14. How does a woman get pregnant?
 - a) In a single sexual contact
 - b) After frequent sexual contacts
 - c) After meeting sperm with ovum
 - d) Don't know
15. Have you ever heard of masturbation?
 - a) Yes
 - b) No
16. Have you ever heard of any STDs?
 - a) Yes
 - b) No
17. Have you ever heard of HIV/AIDS?
 - a) Yes
 - b) No
18. What is the causative agent of AIDS?
 - a) Bacteria
 - b) Worms
 - c) Virus
 - d) Insects
19. If 'yes' which of the following STD have you heard of?
 - a) Gonorrhoea
 - b) Syphilis
 - c) HIV/AIDS
 - d) others _____
20. From which sources do you know about sexual and reproductive health?
 - a) Friends
 - b) Parents
 - c) School/teachers
 - d) Magazine

GROUP 'C' ATTITUDE ON SEXUAL AND REPRODUCTIVE HEALTH

21. If you come to know that your friends or relatives have premarital sex, how do you take it?
 - a) Bad in terms of culture
 - b) No problem, due to bio-need
 - c) If safe then ok
 - d) Others _____
22. Why you have no sexual practice before marriage?
 - a) Fear of society
 - b) Negative attitude to premarital activity
 - c) Don't have chance
 - d) others _____

23. What do you think about masturbation?
- a) Masturbation keeps a person healthy
 - b) Masturbation makes person tired/weak
 - c) Masturbation sometimes is good
 - d) Masturbation is bad
24. Why menstruation hygiene is considered as very important for women in your view?
- a) Keep the genital part clean and comfortable
 - b) Prevent infection
 - c) Prevent from foul smell
 - d) All of them
25. How frequently do you think we should take bath during menstruation?
- a) Daily
 - b) Twice a day
 - c) on the fourth day
 - d) when necessary
26. Which type of material should be used to suction blood in your view?
- a) safety-pad
 - b) Old Cloth
 - c) New cloth
 - d) Others
27. Which is better way of family planning in your view?
- a) Natural method
 - b) Use of contraceptive
 - c) Abstinence
 - d) others
28. Reproductive and sexual health education can protect form STDs including HIV/AIDS?
- a) Yes
 - b) No
29. Which is appropriate age for your marriage in your view?
- a) < 16 years
 - b) 16 – 20 years
 - c) 20 – 24 years
 - d) > 24 years
30. Which is an appropriate age to start SRH education in your opinion?
- a) < 13 years
 - b) 13 –19 years
 - c) 19 - 25 years
 - d) > 25 years
31. Which level would it be more appropriate to offer SRH education?
- a) Primary Level
 - b) Lower Secondary Level
 - c) Secondary Level
 - d) Higher Secondary Level

Thank you !