

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

In the process of human development adolescence occupies an important period; which life spanning stage between childhood and adulthood or a period between sexual maturity and the assumption of the adult roles and responsibilities in which, many biological, physical and psychological changes take place. The WHO (2005) has defined adolescence as:

- I) Progression from appearance of secondary sex characteristics to a sexual and reproductive maturity.
- II) Development of adult mental process and adult identity.
- III) Transition from total socio-economic dependence to relative independence.

Similarly WHO, UNFPA identified "Young People" as between the age of 10-24, Youth as those aged 15-24, and adolescents as the population aged 10-19 in which adolescents aged 10-14 is known as early adolescents and 15-19 is known as late adolescents (UNFPA, 1998).

Adolescence is the growth process and ages from 10-19 are rich in life transition. They have become sexually active, married and entered the labour force. In Nepal adolescents comprises about one fourth (24%) of total population where as of adolescents of age group 10-14 belongs to 13.4 per-cents and adolescent of age group 15-19 years was 10.6 per-cents where male adolescents share 10 per-cents and female adolescents share 11.2 per-cents. Existing studies are shows that 33.2 per-cents of 15-19 years old adolescents' girls are married as compared to 10.4 per-cents of adolescents' boys. Nineteen per-cents of adolescents are already pregnant or have become mother with their first child. Significant proportion of maternal death (26.8%) occurs in adolescents (NDHS, 2006). Out of all 5988 HIV/AIDS cases in Nepal as a January 31st 2006, 35 were from 10-14 years age group and 369 were from 15-19 years of age group, among them 182 were male and 187 were female (NCASAC, 2006).

Today million of adolescents and young people in Nepal often faced encounter problems that includes lack of awareness and knowledge about sexual and reproductive health, early marriage, early and frequent child bearing, unsafe abortion, STDS, including HIV/AIDS and substance abuse. These problems are often exacerbated by social problem such as poverty, illiteracy, dropping out of school, child labour, gender discrimination, violence and abuse including girls trafficking and prostitution. These problems are further aggravated by poor health seeking behaviour and inadequate access to information and services. Many of these problems not only affect the physical and mental health of adolescents but also their long term emotional, economic and social well being.

Health is the state of complete physical, mental and social well-being, not merely the absence of diseases or infirmity, on which reproductive health is a crucial part of over all health and central to human development. Reproductive health is defined as "a state of complete physical mental and social well being and not merely the absence of disease or infirmity, in all matter relating to the reproductive system and to its function and processes. Also stress has been given on people ability to have a satisfying and safe sex life and they have the capability to reproduce and freedom to decide the number and spacing of the children. It is also defined as a constellation of method, technique and services that contribute to reproductive health and well being by preventing and solving problem (FWCW platform 94, 97, ICPD 7.2).

Reproductive health is an area in which adolescents are particularly vulnerable. Rapidly changing urbanization, earlier physical maturity, shifting standard of behaviour and increasing penetration of international mass media are leading in most developing countries to earlier sexual activity among adolescents. Adolescents face the large number of unplanned pregnancies due to traditional barrier to information with regard to sexual health. Contraceptive and family planning risk including STDs, HIV/AIDS and inaccessibility of services, adolescents suffer in consequences in isolation and many ends up with illegal abortion and various infections.

Adolescents Reproductive Health is one of the vital components of overall health; which is the growing concern today. Most of the higher secondary schools girls in the age of 15-19 are at the position of sexually active and entering into the married life and they are more likely to expose in the reproduction. Biologically, adolescent girls in this age group are more vulnerable because their reproductive tracts are still maturing and tears in the tissue allow easy access to infections. Similarly, this period is more critical than that of other in the sense of reproductive health in which they face new problem because they reach sexual maturity before they have reached physical, emotional, mental and socio-economic maturity. Being their curious nature they are interested toward sexual activities or they become attractive toward opposite sex, which may lead them to adopt harmful activities to fulfil sexual desire that makes them victims of various reproductive health problem including unwanted pregnancies, unsafe abortion, and various sexually transmitted diseases because of less access on appropriate information education and services on reproductive health.

Increasing in knowledge and education, information, opportunities and services, appropriate to their age will enable them to understand about their sexuality that help them to protect from unwanted pregnancies and make aware from various harmful reproductive practices like unsafe sex, unsafe abortion, unsafe delivery and other sexually transmitted diseases. It also included the treatment of infertility and choice of satisfactory contraceptive method.

So such, this study about "Knowledge and Perceptions of Adolescent Girls on Reproductive Health" has attempted to examine the knowledge and perceptions about reproductive health of adolescent girls.

1.2 Statement of Problem

The Reproductive health status of adolescents is quite important because it lays the foundation for demographic future. In Nepal 24 per-cents population are in the age group 10-19. The adolescent girls in age group 15-19 are more likely to expose in the reproduction and face new problem because they reach sexual maturity before

they have reached physical, emotional, social and economic maturity. In Nepal's social structure adolescent girls are probably the most vulnerable group. And they are the victim of various problem such as unwanted pregnancy, early child bearing, unsafe abortion, and various STDs and HIV/AIDS unknowingly, all of which leading to high morbidity and mortality among these girls. They feel hesitate to communicate about their reproductive behaviour and problem openly, which is great barrier to achieve appropriate knowledge in reproductive health.

The adolescent girls of the study area are far from the appropriate knowledge on Reproductive health. So the current study has been conducted with the aim access their knowledge and perception toward Reproductive health. Higher secondary schools girls are the most relevant and potential age for this study. Furthermore very few research works in this field have been carried out.

1.3 Significance of the Study

Reproductive health is sensitive and controversial topic because it is related with the area of the life that is the most intimate and personal. Only few studies have been conducted on the issues of reproductive health but no specific study in this area (Adolescent girl knowledge and perception on reproductive health) has been covered up to the date of this research. The adolescent girls are more vulnerable group. They are the victim of early marriage, early and frequent child bearing, and sexual exploitation, unsafe abortion all of which lead to high maternal mortality among these girls. They also suffer from various STDs including HIV/AIDS that can permanently affect the future reproductive capacity. So it is necessary to assess the knowledge and perception on reproductive health, which is essential for them to cope easily about their problem that is created unknowingly.

The focus of this study is to assess the knowledge and perception on reproductive health issue like family planning, maternity care and HIV/AIDS, unsafe abortion and infertility among adolescent girls in age group 15-19 who are more likely to expose in the reproduction. Even if the time and resources are constraint this study would help to make aware among adolescents about the importance of

reproductive health education as well as they will know the general aspect of these topics. Such type of research study may be one of the sources of information for students and it will help in creating interest to know more about these topics, which may develop a healthy attitude to the adolescents' girls. This research study may be fruitful for interested social scientists and planner for planning of different health education programme and can also be used for curriculum development of schools and college, which will be contributing to minimize the reproductive health hazards in social life.

1.4 Objective of the study

-) To assess the knowledge of adolescents girls on reproductive health.
-) To examine the perception of adolescents girls on reproductive health.
-) To identify their knowledge on the components of reproductive health like family planning, HIV/AIDS, maternity care, unsafe abortion, and infertility.

1.5 Limitation of the Study

-) This study is limited to the higher secondary school girl students of grade XI and XII.
-) This study only deals with the knowledge and perception on reproductive health.
-) Among the various components of reproductive health this study includes family planning, HIV/AIDS, maternity care, unsafe abortion and infertility.
-) Only adolescent girls in age group 15-19 who are involved in formal education at school are considered.
-) This study doesn't cover the adolescents who are out of school.

1.6 The Organization of the Study

-) The first chapter of the study includes introduction, background of the study, problems of statement, objectives, significance and limitation of the study.
-) The second chapter includes the review of the literature. Various books, reports, articles, and selected thesis are reviewed in this chapter.
-) The third chapter highlight research methodology adopted during fieldwork to collect information and data analysis. This chapter includes introduction of the study area, sample design, questionnaire design, tools and technique of data collection and data management.
-) The fourth chapter of the study explains background characteristics of the respondents including demographic and socio-economic characteristics.
-) In chapter five outcomes of the study on knowledge and perception on reproductive health of adolescent girls', the teachers' perception and focus group discussion are given.
-) Finally in chapter six summaries, conclusion and recommendation are presented.

CHAPTER TWO

REVIEW OF THE LITERATURE

During the course of literature review many books, articles, and old and new, journals, midline research; new bulletin and many professional and non-professional journals were searched. Very few concerned literature about reproductive health in the context of Nepal were found through there were various literatures about these topic in contest of other countries. Searched materials concerning the study subject are as follows.

There are limited numbers of the previous studies in the field of the Reproductive health. Reproductive health is not a new program, but rather than a new approach though the term reproductive and sexual health has gained currently only since 1980s the published material in such areas are not sufficient in the context of Nepal.

The reproductive health and right of adolescent are growing concern today. The program of action adopted at the international conference of population and development held at Cairo in 1994 stress the important of addressing adolescent sexual and reproductive health issue and promoting responsible sexual and reproductive behaviour (UN 1994).

The state of world population 2003 report examines the challenges and risk faced by adolescents that impact directly on their physical emotional and mental well being. Today million of adolescents and young people are faced with the prospect of early marriage and child bearing incomplete education and the threat of HIV/AIDS. The report stressed that increasing the knowledge opportunities choices and participation of young people will enable them to lead healthy and productive lives so they can contribute fully to their communities and to a more stable and prosperous world (UNFPA, 2005).

The ICPD addressed the adolescents' reproductive health including unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary

abstinence and the provision of appropriate services and counselling specifically suited for that age group (UN, 2009).

The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decision. In particular information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancy STDs and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matter of sexuality and reproduction (UNFPA, 2005).

\Reproductive health problems are the leading cause of women's ill health and death. Worldwide when both women and men are taken into account, reproductive health condition are the second highest cause of ill health globally after communicable diseases (UNFPA, 2009).

Of the worlds 6.3 billion population in 2003, 1.2 billion populations belong to adolescents of age group 10-19 (UNFPA, 2003). In 200 there were 554 millions adolescents of age group 15-19 living in the world of which 48.5 per-cents were female (UN, 2001). It is estimated that globally 36 per-cents of women aged 20-24 were married before they reached their 18th birthday and some 14 million women and girls of ages 15 and 19 give birth each year. In developing countries, between one quarter and one half of all young women give birth before turning 18 and 17 per-cents of all of all birth in least developed countries. In fact the maternal mortality among 15-19 years old women is twice as high as for women in their 20s (UNICEF, 2007). It is account for at least one fourth of estimated 20 millions unsafe abortion performed each year among adolescent women which result 78000 death (UNESCO, 2002). The incidence of STDs is also disproportionately high among young people. 11.8 million Young people aged 15-24 were living with HIV/AIDS and they are poorly informed about how to protect themselves. Surveys from 40 countries indicate that more then half of young people have misconception

about how HIV is transmitted. For instance in Somalia only 21 per-cents adolescents heard of HIV/AIDS and only 1 per-cents knew how to protect themselves (UNFPA, 2009).

Unwanted pregnancy and induced abortion occur in every society. Every year about 40-50 million women resort to abortion, 20 million of which are considered unsafe. About 95 per-centss of these women live in developing countries where abortion is often legally restricted and maternal health care services are lacking. Unsafe abortion is responsible for 13 per-cents of all maternal death globally. About 38000 women in Asia die due to unsafe abortion account for 12 per-cents of maternal mortality (IPAS and FCI, 2004). The absolute number of unsafe abortion is highest in Asia, at 10.5 million, accounting for more than half of all abortion. Over 7 million unsafe abortions are occurs in south central Asia alone, which is a reflection of a high abortion incidence in a large population of reproductive age (Country Profile, 2006).

Young women aged 15-19 accounts for at least one fourth of the estimated 20 million unsafe abortions performed each year, which result in some 78000 deaths. Adolescents disproportionately resort to unsafe abortion due to the limited availability and high cost of quality medical abortion procedure and because they have more unwanted pregnancies than older women (UNESCO, 2008).

The key to preventing abortion related death and disabilities is to reduce the number of unplanned and unwanted pregnancies .It has been estimated that almost two in every five pregnancies worldwide are unplanned and over half of these pregnancies end in abortion, with the majority of the unsafe abortion taking place in developing countries. The most common reason for unwanted pregnancies are contraceptive failure and non-use of contraceptives. When motivation to regulate fertility is strong but effective contraception is largely inaccessible, a large number of unplanned pregnancies occur (WHO, 2007).

HIV/AIDS has become a disease year of young people, with young adult aged 15-24 accounting for half of the some five million new cases of HIV infection worldwide each year. An estimated 6000 youth a day become infected with

HIV/AIDS- one every 14 seconds the- majority of the young women. At the end of 2001, an estimated 11.8 million young people aged 15-24 were living with HIV/AIDS. Of which 7.3 million young women are living with HIV/AIDS compared to 4.5 million young men. Only a small per-cents age of these young people know they are HIV positive (UNICEF, UNAIDS and WHO, 2002).

It has been estimated that at the end of 2005, approximated 40.3 million people in world wide were living with HIV/AIDS, of which, a total of 8.3 million people belonged to the Asian region (Kaiser family foundation, 2005). Nearly one third of these currently living with HIV/AIDS are aged 15-24. Adolescents are more vulnerable than adults to unplanned pregnancies STIs and HIV /AIDS. It has been documented that although premarital sex is less common in the Asia, region it is clearly on the rise. It has been that when adolescents become sexually active they tend to have multiple partners and use condom and other contraceptives inconsistently. Furthermore, younger women are more vulnerable to forced sex and sex in exchange for gifts and money, with increasing risk of contracting STIs, including HIV/AIDS (Ashford, 2001).

Within the World of young, adolescents are at a particular formative stage. These 1.2 billion adolescents between the ages 10-19 are brimming with energy and possibilities. Their minds are open to acquiring knowledge, learning skill and absorbing values. They need vocational and life skill and access to reproductive health information and services, both for their own well being and to participate more fully in their countries development (UNFPA, 2009).

Adolescents often do not have access to sufficient and correct information. Cognitive distortion and a sense of non susceptibility lead to uninformed decision which may result in unwanted pregnancies and STDs .the nation that they are "too young to be pregnant "and "unprotected intercourse just once could lead to conception or STDs transmission" are prevalent among teenagers. There is a great need for reproductive health information and services targeted at adolescents. Information on risk and prevention of pregnancy, STDs and HIV/AIDS, as well as on the consequences of unplanned pregnancy and abortion is particularly needed

(Guvaju, 2002; 12).

Adolescent people are often discouraged from seeking reproductive health services because of disapproval by providers and the community as well as their own uncertainty and lack of knowledge (UNFPA, 2010).

Adolescents have the right to seek knowledge and information about health, sensitive sexual issues and maturity. Sexuality and gender information could be delivered through various outlets, including counselling and family life education centres health clinics, youths and women groups so on (Khanal, 1999).

In SAARC countries adolescents account at least one fifth of the total population ranging from highest 26 per-cent (Bangladesh) to Lowest 21 per-cent (Sri Lanka). At least one in two adolescent girls are bearing child by the age 19 in all countries of the region, except Pakistan (UNFPA, 1998). The SAARC countries Bangladesh has the highest level of adolescent child bearing followed by Nepal and India and all these countries are characterized by early age at marriage. Teenage pregnancy has contributed to high maternal mortality rate among adolescent girls under age 18, which is 3 to 4 times higher than among older women. Almost in all countries the level of knowledge on contraception among the adolescents (15-19) reported more than 90 per-cent but the level of use of contraception is relatively low (less than 10%) (Gubhaju, 2002).

In the context of Nepal adolescents are particularly more vulnerable to reproductive health because of lack of information and access to relevant services that constitute 23.61 per-cent of total population (CBS, 2001).

Knowledge about family planning contraceptives among adolescents and youth in the country is nearly universal. For instance, in a nation wide study conducted in 2004 among adolescents and youth knowledge on have contraception was universal among youth aged 15-24 years. While majority of the adolescents boys and girls heard about contraception. Condom was the most widely known contraceptives (UNFPA, 2005).

According to NDHS 2006, 32.2 per-cent women in their late adolescents (15-19) were already married. Overall 19 per-cent of adolescent women age 15-19 are

already mother or pregnant with their 1st child. Majority of them (77.8%) deliver their babies at home. It also reveals that 18.6 per-cents of them do not receive antenatal care and 62.9 per-cents do not receive postnatal care. So, significant proportion of maternal death (26.8%) occurs during this period. Nearly five per-cents of all maternal death is due to abortion complications (FPAN, 2003).

According to 2006, NDHS adolescent knowledge of Family Planning method is almost universal (more than 90 per-cents in age group 15-19). Despite this high level of knowledge only 12 per-cents married adolescents women use any form of contraceptive method and 9 per-cents use modern.

Knowledge of AIDS is lower among women aged 15-19 than men. Eighty six per-cents of men have heard AIDS, which is highest than the women counterpart (52.1%) women are less knowledgeable about important ways to avoid HIV/AIDS than men. Nearly three fifth of women (57.7%) and one fifth of the men (19.2%) are not aware of any important ways (ABCD) to avoid the diseases. (PAN, 2004) The number of adult and children living with HIV/AIDS is estimated at 60,018 and nearly one third of these currently living with HIV/AIDS are aged 15-24 (UNAIDS, Nepal, 2009).

HIV/AIDS evidences are increasing among the adolescents and youth in Nepal. It is widely believed that adolescents' sexual activities are increasing over time. Out of total 5988 HIV/AIDS cases in Nepal as of January 31st 2006, 35 were from 10-14 years of age group and 369 were from 15-19 years age group. Among of them 24 were male and 11 were female in age group 10-14. Similarly 182 male and 187 female in age group 15-19 years; where as 7 new cases were reported in January. Among the total reported cases the proportion of female is high than male in age group 15-19 (NCASC, 2006).

In many societies, adolescents face pressure to engage in sexual activity. Young women particularly low-income adolescents are especially vulnerable. Sexually active adolescents of both sexes are increasing at high risk of contracting and transmitting STDs including HIV/AIDS and they are typically poorly informed about how to protect themselves. Program for adolescents have proven most

effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing program that responds to these needs. Worldwide experience had shown that program for adolescents should address what young people want and what they are doing already to obtain reproductive health information and services (UN, 1994:27).

Nepal has the high level of unintended pregnancies (33%) among currently married women of reproductive age (MOH, New ERA And ORC Macro, 2002). Unintended pregnancies among young married women of age (15-24 years of age) are also significantly high in the country. An unwanted pregnancy is an unmarried adolescent girl's can either results in induced abortion. The single mother's concept is not yet acceptable in Nepalese society. Because of the social stigma and fear of being exposed of the abortion act (if performed in health institution) unintended pregnancies are terminated clandestinely with the assistance of unskilled person. Moreover such abortion is likely to take place later in the pregnancies there by involving greater risk to life, health and future fertility of young girl. Suicide is the extreme measure taken by a young girl because of an unwanted pregnancy (Country Profile, 2006).

Only after legalization, safe abortion services are available by the name of Comprehensives Abortion Care (CAC) services and are expanding gradually throughout the country. Despite the abortion is legal in our country most of the vulnerable group like adolescents and women are still unaware about the current legal provision on abortion and safe abortion services. So they are still compelled to perform unsafe abortion. In order to reduce the complication of unsafe abortion, it is extremely necessary to utilize Comprehensive Abortion Care (CAC) services. To make the service better utilized, public especially women and adolescents need to be made aware of it. Knowledge is power, so increase the knowledge of adolescents about safe and legal abortion through public education programme is seemed to be crucial (Stupa Journal, 2005). Knowledge about legalization of abortion or lack of it influences choices of procedure. The possibility of many women who are ignorant of the law to resort to unsafe abortion procedure remains

high since these women wish to maintain secrecy of the act for fear of legal and social sanction. As mentioned in section 2.5 of this report, more than half of urban public (58%) interviewed in the 2004 public opinion poll, were unaware of the legalization of abortion law in the country. comparatively, higher proportion of the adult males (47%) than the adult females (37%) were aware about the legalization. likewise, urban public who are high literates (59%), read newspaper regularly (55%), are exposed to the radio (47%) or TV (45%) regularly were more aware of legalization than those who were low literates (25%) never read newspaper (21%) or never listen to the radio (24%) or TV (23%) (Country Profile, 2006).

Among the women who were aware of legalization, less than half (48%) had knowledge that abortion is permitted on request during first 12 weeks of pregnancy. Only about a tenth knew that abortion is permitted up to 18 weeks in case of rape or incest (10%) and if pregnancy affects most of the clients managed to obtain information on CAC services in their district through health worker, chemists, husbands or from their friends (Country Profile, 2006).

The reproductive health and reproductive rights of adolescents (10-19) are also being a growing concern in Nepal. They are considered as particularly more unalterable to reproductive health due to the lack of information and access to reproductive health services. Adolescents in Nepal often encounter problem, which includes lack of awareness and information about sexual and reproductive health early marriage, early and frequent child bearing, unsafe abortion, STDs, HIV/AIDS and substance abuse. The national reproductive health strategy 1998 as well as national adolescent health and development strategy, 1998 as well as national adolescents health and development strategy 2000 aims to ensure reproductive right and reproductive health services of Nepalese adolescents (CBS, 2003).

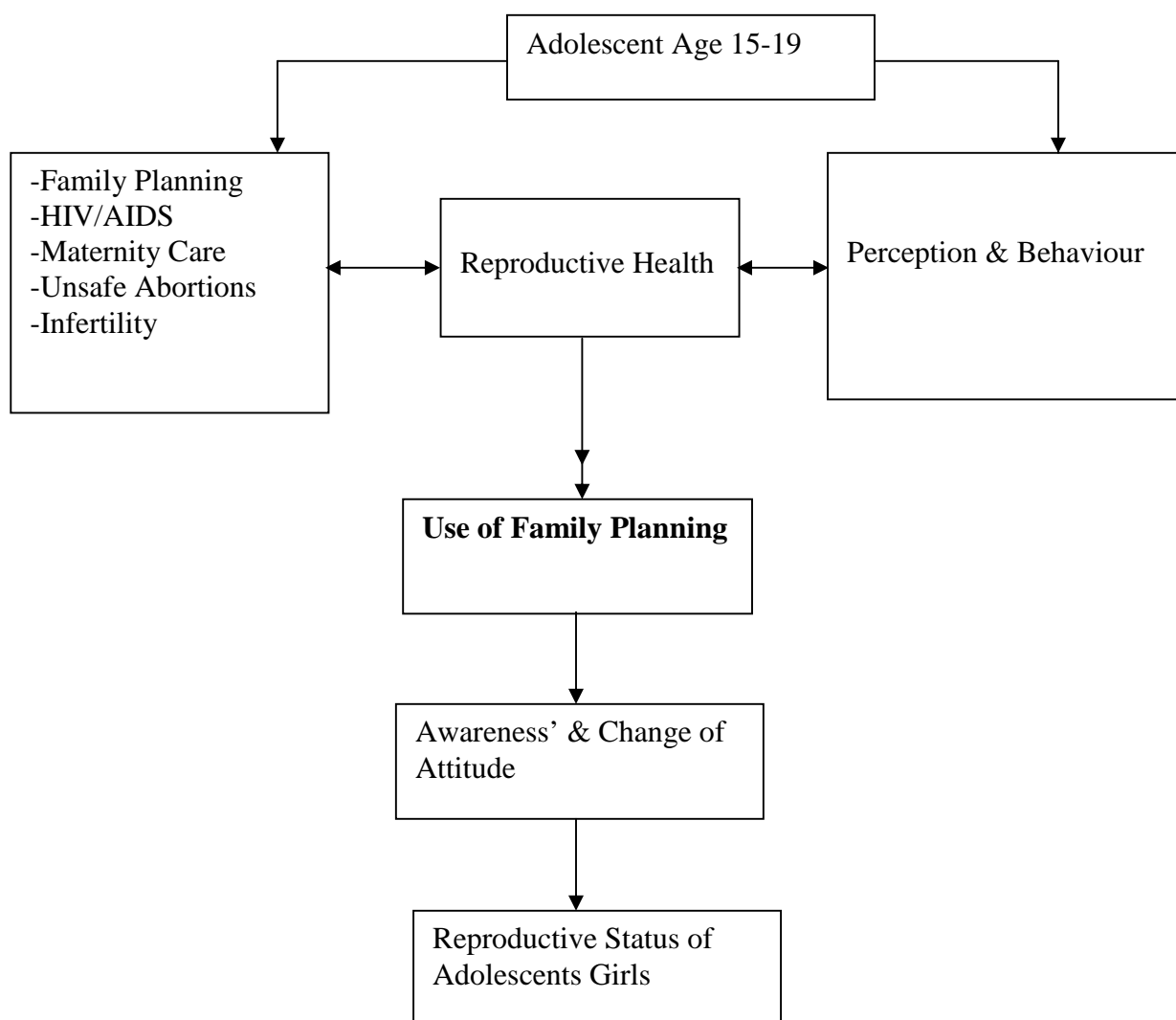
Adverse reproductive health outcomes in later adolescence, including unwanted pregnancies, unsafe abortion and sexually transmitted diseases can be ascribed to conditions such as lack of education and opportunity, but occur in all social groups.

Often differential gender expectation and treatment in childhood and early teenage years are important contributors (UNFPA, 2003). The adverse health consequences of adolescent's fertility for both mother and children include the high rate of maternal and infant mortality. The vulnerability of adolescents girls to STDs including HIV/AIDS and early child bearing also have negative impact on the educational prospectus of girls including pregnancy related school dropout, there by treating their economics and overall health development prospects. When schoolgirls become pregnant, they either resort to illicit abortion, which is often unsafe, or carry the foetus to full term; which hampers their opportunities for socio economic advancement (UNFPA, 2009).

States parties should provide adolescents with access to sexual and reproductive health information including of family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and prevention and treatment of STDs. In addition states parties should ensure access to appropriate information regardless of marital status, and prior concept from parents or guardians (UN, 2003).

Thus different studies have shown different finding regarding the knowledge and perception on reproductive and sexual health. The main finding of these studies include the sexually active adolescents of both sexes are at increasingly, so the knowledge of reproductive and sexual health is most burning issue. Such a burning issue should be thoroughly and frequently researched and observed. With this motto, the present study is selected as an issue of research.

Fig 1.1 Conceptual framework of perception of adolescents in reproductive health



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

This study has been made to assess the knowledge and perception of adolescents' girls on reproductive health. The study has been based in primary data. Data for this study were collected from the field survey Gandhi Adarsa Higher Secondary School at Gothatar, Kathmandu, district, with the help of semi-structured questionnaire which is used for sample student.

3.1 Selection of Study Area

The study area was purposively selected which was carried in Gandhi Adarsa Higher Secondary School lies in Gothatar, at Kathmandu District. This is a school for undergraduate with 570 students and 30 teachers; where as 287 students were girls. Among of the total students, majority of students were from ethnic Community such as Newar, Chhetri, Brahman, Tamang and so on.

3.2 Research Method

This study was conducted by applying both quantitative and qualitative methods. Simple random sampling procedures are used in data collection. Among the total students of Gandhi Adarsa Higher Secondary School adolescent girls are taken from School registered.

3.3 Questionnaire Design

Three types of the questionnaire were designed to obtain the information about the various aspects of reproductive health. That can be used for students, teachers and focus group discussion. The purpose of the questionnaire is to assess the knowledge and perception of adolescent girls and teachers on reproductive health by applying semi-structured questionnaire. The content of the questionnaire were included the question about socio-economic and demographic characteristics of the respondents.

3.4 Sample Size

The study is target to interview about 111 late adolescents girl of age group 15-19 as respondents. Total 287 adolescents girls of grade xi and xii name were listed and 111 girls were selected with a ratio of 1: 1.8 using systematic random sampling. Rest of other 20 students were selected for group discussion, among of them 10 students were from grade XI (group A) and 10 were from grade XII (group B) Hence the total sample size has become 111.

3.5 Data Collection

The study is totally based in the primary data .The 111 respondents selected for interview were the main sources of the information. The structured and semi structured questionnaire were used for collection of data. The structured questionnaire used for 111 sample adolescents' girls and semi-structured questionnaire used for focus group discussion to students and teacher.

The questionnaires were directly administered to the adolescent girls of grade XI and XII who were systematically selected. During the administration of the questionnaire the respondents will be closely supervised.

Since the reproductive health is new and sensitive topics, especially unmarried adolescents girls in the contest of Nepal, a careful approach to administer the questionnaire should be considered. The researcher myself was entirely involved in the data collection process with the assistance of female teacher from the respective school. The questionnaires were distributed to all respondents and necessary instructions were provided to the students about the ways of filling questionnaire and meaning of each question.

3.6 Data Management

After completion of fieldwork, the raw data were checked, edited, coded and were entered in computer using SPSS software. Data were managed using statistical software SPSS. Per-centsage distribution, multiple response tables, frequency and

cross tables have been used to manage the raw data. Interpretation of the table has been made on the basis of per-centage and cases count and comparing with other variables.

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

This chapter deals with demographic and socio economic background of respondents and their parents. Respondents' age, caste ethnicity, marital status is discussed with birth order because these variables directly or indirectly affect the reproductive health of adolescents. Besides this education of the parents and their occupation are also discussed in this chapter. Age of the respondents', birth order, education and occupation of father and mother, caste ethnicity and other factors have in various instances of considerable influence on knowledge and perception of reproductive health.

4.1 Demographic Characteristics of Respondent

The selected demographic characteristics like age, birthplace, birth order and marital status of the study population (respondents) are described as follows.

4.1.1 Age Composition

Age structure plays an important role in overall demographic structure. Therefore age composition of the population is one of the major considerations for the demographic analysis. Age is the major factor that determines the knowledge and perception on reproductive health. Reproductive health problem also differs according to age. The age distributions of samples population are shown table 4.1.

Table 4.1: Distribution of respondents by age

Age of respondents (Years)	Number	Per-centage
15	0	0
16	14	12.6
17	51	45.9
18	29	26.2
19	17	15.3
Total	111	100

Source; Field survey, 2011

Table 4.1 shows that majority of the respondents fall in age group 17 years (12.6%) followed by 18-years (45.6%). Nearly 26.2per-cents respondents fall in age group 19 and least15.3 per-cents fall in age group 16 years. Most of the respondents completed their SLC examination at around 15-16 years so the average age at 10+2 is 17 and 18 years, the mean age of respondents17.52 years.

4.1.2 Birth Order

Birth order also plays a vital role on knowledge and perception on RH. In questionnaire, the birth order is kept as 1 to 6. Distribution of respondents by their birth order is shown in table 4.2.

Table 4.2: Distribution of respondents by their birth order

Order	Number	Per-cents
1	41	36.9
2-3	38	34.2
4+	32	28.9
Total	111	100

Source; Field survey, 2011

Table 4.2 shows that, out of the total respondents, most of them are in first birth order (36.9%) followed by second to third birth order(34.2%), and 28. 7per-cents respondents are in fourth and above birth order. It shows the numbers of respondents are gradually decreasing as per increasing birth order.

4.1.3 Marital Status

Various studies reveal that early marriage is common In Nepal. However early marriage is detrimental to young peoples health, such as it determines legal rights for sexual contract and child bearing. So age at marriage is considered as important factor in reproductive health. Distribution of the sampled respondents by marital status is shown in table 4.3.

Table 4.3: Distribution of respondents by marital status

Marital status	Frequency	Per-cents
Married	17	15.3
Unmarried	94	84.7
Total	100	100

Source; Field survey, 2011

Table 4.3 shows that marriage is not common among students studying in grade XI and XII only 10 respondents (15.3%) reported that they are married. Majority of the respondents (84.7%) are unmarried.

4.1.4 Birth Place

Here the respondents were asked the question about their place of birth because it also influences on the level of knowledge and perception of respondents on reproductive health. Here various birthplaces are reported which are shown in table 4.4.

Table 4.4: Distribution of respondents by birthplace

Place	Number	Per-cents
Kathmandu	56	50.5
Lalitpur	5	4.5
Bhaktpur	4	3.6
Kavre	13	11.7
Dhading	9	8.1
Chtiwani	11	9.9
Makawanpur	3	2.7
Others *	10	9
Total	111	100

Source; Field survey, 2011

* Other includes India and others nepali district

Table 4.4 shows that more than half of the respondents (50.5%) are from Kathmandu

districts because of sample area is located in this district, followed by Lalitpur (4.5%), Bhaktpur (3.6%), Kavre (11.7%), Dhading (8.1%), Chtiwani (9.9%), makawanpur (2.7%) only 9% are from other areas.

4.2 Socio-Economic Characteristics of Respondents

This section describes the social and economics characteristics of sampled respondents. The selected social and economics characteristics of the study population are: caste/ethnicity, and religion status of respondents, educational status of parents, and occupational status of parents, which are describe as follows:

4.2.1 Caste/Ethnicity

Caste and ethnicity is one of the major social characteristics that have an effective role over the total knowledge and attitudinal perspective on reproductive health. Here various types of caste/ethnicity are reported by the respondents, which are shown in table 4.5.

Table 4.5: Distribution of respondents by caste/ethnicity

Casts/ethnic group	Number	Per-cents
Newar	37	33.3
Brahman	16	14.4
Tamang	11	9.9
Chhetri	33	29.7
Gurung	9	8.2
Dalit	3	2.7
Others*	2	1.8
Total	111	100

Source; Field survey, 2011

* Others include Tibetan and others caste

Table 4.5 shows that the majority of the respondents belong to ethnic group Newar (33.3) followed by Chhetri and Brahman (29.7 and 14.4). Similarly Tamang, Gurung and Dalit constitute (9.9%, 8.2% and 2.7% respectively). Only 1.8 Per-cents of respondents were from other ethnic group.

4.2.2 Religion

There is diversity in religion in Nepal. The perspective on reproductive health is also found different according to religion that directly affects the society. The society has a major impact on adolescent reproductive health issue or views. The religions of respondents are shown in table 4.6.

Table 4.6: Distribution of respondents by religion

Religion	Number	Per-cents
Hindu	93	83.8
Buddhist	18	16.2
Total	111	100

Source; Field survey, 2011

Table 4.6 shows that out of the total 111 respondents, Hindu is major religion 93 (83.8) followed by Buddhism 18 (16.8). Table also reveals that the respondents follow these two religions.

4.2.3 Parent's Education

Parent's educational level plays a great role on knowledge and perception of reproductive health. If parents are educated they can council freely about reproductive health and its problems with their children which helps to acquire appropriate information and do not develop wrong concept. So the respondents were asked the about their fathers' and mothers' level of educational attainment, which are shown in table 4.7.

Table 4.7: Distribution of respondents by their parent's education

Educational level	Father		Mother	
	Number	Per-cents	Number	Per-cents
Illiterate	2	1.8	11	9.9
Literate/primary level	20	18	28	25.2
Secondary	50	45	21	18.9
Intermediate	16	1.5	4	3.6
Bachelor	11	9.9	2	1.8
Master	5	4.5	1	.9
Not stated	7	6.3	44	39.6
Total	111	100	111	

Source; Field survey, 2011

Table 4.7 reveals that the respondents whose parents are literate, majority of their fathers and mothers completed secondary level(45%) followed by primary level (18%). Nearly 4.5 per-cents of respondents' father and no one's of their mother completed master degree. Data also reveals that only 1.8 per-cents of the respondents' fathers are illiterates as compared to 9.9 per-cents of their mother. The literacy status of parents especially of mother directly influences the level of guidance to their daughter on reproductive health.

4.2.4 Parent's Occupation

Parent's occupation determines the economic status of family and the economic status determine the prerequisite knowledge on reproductive health. Here various occupations of respondents' parents are represented in table 4.8.

Table 4.8: Distribution of respondents by parent's occupation

Occupation of the parents	Father		Mother	
	Number	Per-cents	Number	Per-cents
Army	9	8.1		
Service	28	25.2	6	5.4
Business	17	15.3	3	2.7
Agriculture	51	45.9	32	28.8
Teacher	7	6.3	2	1.8
Others	1	.9	4	3.6
Housewife			64	57.7
Total	111	100	111	100

Source; Field survey, 2011

Table 4.8 shows that majority of the respondents father are engaged in agriculture (45.9%) as compared to mother in housewife (57.7%). The second occupation is come as service for father (28%) and agriculture for mother (28.8%). Parents engaged in business constituted 17 per-cents among father and 2.7 per-cents of mothers engaged in services and only 1.8 per-cents mothers are in teacher occupation.

CHAPTER FIVE

KNOWLEDGE AND PERCEPTION ON REPRODUCTIVE HEALTH OF RESPONDENTS

Adolescent reproductive is the major issue worldwide because they are immature in relation to reproductive functioning. This age group (15-19) is also concerned with psychological exploring curiosity and abstract thinking. They are more concerned with sexual pleasure, fertility and childbirth but the teenage or adolescent mother are more likely to develop complication as pre eclampsia, hypertension, hyper emesis, gravid arum etc. These problems can be prevented by increasing awareness on reproductive health, human fertility and increasing age at marriage.

This chapter illustrated the knowledge and perception on reproductive health of sample population. The focus of this chapter is to assess the knowledge on component of reproductive health, such as family planning, infertility, abortion, maternity care, STDs and HIV/AIDS. It is also deals with the perception on various family planning methods, infertility, abortion, maternity care and perception towards people having HIV/AIDS.

5.1 Knowledge on RH and Its Components

Respondents were asked about their knowledge on reproductive health and its components. There are mainly eight components of reproductive health. They are family planning, adolescent reproductive health, infertility, RTIs/STDs and HIV/AIDS, neonatal care, unsafe abortion, maternity care and elderly care. Most of the adolescent know about the factor but they did not know about the area of reproductive health. Here the table 5.1 shows about their knowledge on reproductive health and its components.

Table 5.1: Distribution of respondents by their knowledge on RH and its Components

	AGES				Total	
	16-17 Yrs		18-19 Yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Heard the term reproductive health						
Yes	65	100	46	100	111	100
No	-	-	-	-	-	-
Total	65	100	46	100	111	100
Components:						
Family planning	63	96.9	41	89.1	104	93.7
Adolescent RH	52	80	39	84.8	91	82
Infertility	38	58.5	29	63	67	60.4
RTI, STI, and HIV/AIDS	58	89.2	40	87	98	88.3
Neonatal care	28	43.1	32	69.6	60	54.1
Unsafe abortion	41	63.1	38	82.6	79	71.2
Maternity care	29	44.6	37	80.6	66	23.4
Elderly care	12	18.5	14	30.4	26	23.4
Don't know	1	1.5	2	4.3	3	2.7

Source: Field survey, 2011

As shown in table 5.1, cent per-cents of respondents heard about reproductive health. Among of them family planning and RTI, STI, and HIV/AIDS are the most known components of reproductive health (93.7% and 88.35 respectively). More than 70 per-cents of respondents believed adolescents reproductive health is the component of reproductive health as compared to 23.4per-cents of elderly care. Among of the total respondents only 4.3 per-cents did not have any knowledge about the component of RH.

5.1.1 Education on Reproductive Health

Reproductive health education plays an important role for the well being of overall health. So here the respondents were asked the question that ever they get education on reproductive health or not and how. Their answers are shown in table 5.2

Table 5.2: Distribution of respondents by their education on reproductive health

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Have you ever get reproductive health education?						
Yes	63	96.9	44	95.7	107	96.4
No	2	1.8	1	2.2	3	2.7
Total	65	100	45	97.8	110	99.1
Ways of getting education						
Reading	55	84.6	44		109	98.2
Training	22	33.8	15	32.6	37	33.3
Interaction	2	3.1	3	6.5	5	4.5
Different programme organized at V.D.C. Level					3	2.7
Others (Specify)		-				

Source; Field survey, 2011

Table 5.2 shows that nearly 96 per-cents of respondents have get the education on reproductive health. Table also reveals that there is no significant difference to get the knowledge between aged 16-17 and 18-19 years (95.8%). Similarly, another question were also asked about the ways of getting education, to the respondents who get the education on reproductive health. Table shows majority of them get education by reading (98.2%) followed by training(33.3%), interaction (4.5%) and by different programmes (o).

5.1.2 Intention to Get the Education on Subject of Reproductive Health

Here the respondents were asked the question about their intention to get the education on the components of reproductive health such as family panning, HIV/AIDS, maternity care, abortion, infertility and other. Their responses are shown in table 5.3

Table 5.3: Distribution of respondents by their intention to get the education on the subject of RH

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Subject of Reproductive Health (MR)						
HIV/AIDS	42	64.6	35	76.1	77	69.4
Family planning	45	69.2	31	67.4	76	68.5
Maternity care	21	32.3	20	43.5	41	36.9
Abortion	18	27.7	13	28.3	31	27.9
Infertility	5	7.7	4	8.7	9	8.1
Other	0	-	2	4.3	2	1.8

Source; Field survey, 2011

Table 5.3 shows that majority of the respondents want to get the knowledge on HIV/AIDS (69.4%) followed by family planning (68.5%) and maternity care (36.9%). Less than 10 per-cents of respondents want to get the knowledge on infertility. Table also represents that majority of the respondents aged 16-17 years want to get the knowledge on family planning (69.6%) and the respondents aged 18-19 years want to get knowledge on HIV/AIDS (69.4%), among the various components of reproductive health.

5.1.3 Talk with Other People About Reproductive Health.

Most of the adolescent girls in our society cannot talk about the reproductive health and its problems because of the hesitation, fear and shame, which may be due to the lack of the knowledge and awareness. So here all of the respondents were asked the question whether they can talk with other people about reproductive health or not.

Table 5.4 shows that about Two-third per-cents respondents can asked question about the reproductive health with other peoples and rest of other 32.4 per-cents of respondents can't asked because majority of them have feel shame (857%.) followed by fear (14.3%). Table also reveals that out of total respondents who can

ask the question about reproductive health, 66.2 per-cents of respondents are aged 16-17 as compared to 69.6 per-cents aged 18-19 years.

Table 5.4: Distribution of respondents by whether they can talk with other people about reproductive health

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Whether they can talk with other people about reproductive health?						
Yes	43	66.2	32	69.6	75	67.6
No	22	33.8	14	30.4	36	32.4
Total	65	100	46	100	111	100
If no reason						
Fear	3	14.3	3	16.7	6	15.4
Shame	18	85.7	13	72.2	31	79.5
Other (Specify)*			2	11.1	2	5.1
Total	21	100	18	100	39	100

Source; Field survey, 2011

*Other includes; feel hesitation

5.2 Knowledge on Family Planning Method

Family planning is key and prime component of reproductive health. It is the way of achieving desired number of children at desired interval by applying temporary and permanent method. So knowledge of contraceptive method is an important precursor to use. Here the respondents were asked the question about their knowledge on family planning method. Their responses are shown in table 5.5

Table 5.5: Distribution of respondents by their Knowledge on family planning method

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on family planning						
Yes	65	100	44	95.7	109	98.2
No	-	-	2	4.3	2	1.8
Total	65	100	46	100	111	100
Knowledge on specific methods of family planning (MR)						
Condoms	65	100	46	100	111	100
Pills	65	100	46	100	111	100
Depo-Provera	65	100	46	100	111	100
Male sterilization	28	43.1	32	69.6	60	54.1
Female sterilization	36	55.4	33	71.7	69	62.2
Norplant	9	13.8	11	23.9	20	18
Withdrawal	23	35.4	28	60.9	51	45

Source; field survey 2011

Table 5.5 shows that out of the 111 respondents, almost all of the respondents (100) have knowledge on family planning method. Among of them respondents of aged 16-17 years are more knowledgeable than aged 18-19 years. Those respondents who have knowledge, condom, pills, Depo-Provera and Norplant are the well-known method of family planning (100%) for them, followed by male sterilization (55.4%), and female sterilization (71.7). less than 3 per-cents respondents have knowledge about withdrawal method as family planning method. It shows the knowledge of family planning is nearly universal among of the total respondents.

5.2.1 Knowledge on Specific Method of Family Planning

Appropriate or right knowledge on family planning method are most important. Here it is tried to analyse their correct knowledge about the different method of family planning, which are shown in table 5.6

Table 5.6: Distribution of respondents by their knowledge on specific method of FP

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge about condom						
Oral pills for male	5	7.7	2	4.3	7	6.3
Oral pills for female	3	4.6	2	4.3	5	4.5
For male use	47	72.3	39	84.8	86	77.5
For female use	3	4.6	-	-	3	2.7
Don't know	7	26	3	6.5	10	9
Total	65	100	46	100	111	100
Knowledge about pills						
Oral pills for male	-	-	1	2.2	1	.9
Oral pills for female	43	66.2	34	73.9	77	69.4
For male use						
For female use	4	6.2	2	4.3	6	5.4
Don't know	18	27.7	9	19.6	27	24.3
Total	65	100	46	100	111	100
Knowledge about Depo-Provera						
3 months injection for female	48	73.8	41	89.1	89	80.2
Don't know	17	26.2	5	10.9	22	19.8
Total	65	100	46	100	111	100
Knowledge about IUD						
3 months injection for male	-		1		1	.9
3 months injection for female	9		3		12	10.8
Device inserted in to a women uterus	28		17		45	40.5
Don't know	28		25		53	47.7
Total	65		46		111	100

Source: field survey 2011

Out of different method of family planning, about 82.5 per-cents respondents have correct knowledge on condom where as respondents of aged 18-19 years have more knowledge than the respondents aged 16-17 years about the condom.

5.2.2 Knowledge on Sources for Family Planning

In response to the question about the place where to get the family planning method, were asked to the respondents who have the knowledge on family planning method. Their answers are shown in table 5.7

Table 5.7: Distribution of respondents by their knowledge on sources for family planning

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on Sources for Family Planning						
Yes	50	76.9	39	84.8	89	80.2
No	15	23.1	6	13	21	18.9
Total	65	100	46	100	111	100
Name of Place (MR)						
Public government sector	49	75.4	37	80.4	86	77.5
Non government sector	3	4.6	7	15.2	10	9
Private medical sector	13	28.3	2	4.3	15	13.5
Other sources (Specify)*						

Source; field survey 2011

*Others include departmental store, pan pasal, and pharmacy

Table 5.7 shows that 80.2 per-cents respondents have knowledge about sources (place) for family planning. The respondents who have knowledge, public government sector is well known source (place) for family planning (77.5%) followed by private medical sector and non-government sector (13.5%).

5.3 Knowledge on STDs

The worldwide spread of STDs has been one of the major disappointments in public health. STDs are now hyper endemic in many developing countries, including the rural areas where the facilities for the diagnosis and treatment are usually inadequate. Adolescent girls may suffer from different kinds of STDs, if they don't have knowledge about STDs. So, here it is tries to assess the respondents' knowledge on STDs and its related topics.

5.3.1 Knowledge on STDs and Its Types

Here all of the respondents were asked the question about their knowledge on STDs and among of them who have knowledge on STDs they were further asked about the types of it. Their responses are shown in table 5.8.

Table 5.8: Distribution of respondents by their knowledge on STDs and its types

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on STDs						
Yes	59	90.8	41	89.1	100	90.1
No	6	9.2	5	10.9	11	9.9
Total	65	100	46	100	111	100
Knowledge on types of STDs (MR)						
Syphilis	32	49.2	31	67.4	63	56.8
Gonorrhoea	34	52.3	33	71.7	67	60.4
HIV/AIDS	64	98.5	45	97.8	109	98.2
Other (specify)*	-	-	-	-	-	-
Don't know	2	3.1	3	6.5	5	4.5

Source: Field survey, 2011

*Others include hepatitis B, venereal wart.

Table 5.8 shows that out of total respondents, .90.1 per-cents have the knowledge on STDs on which, respondents of aged 16-17 years are more knowledgeable than aged 18-19 years (90.8% & 89.1%). Among the respondents who have the knowledge on STDs, nearly 98.2 per-cents of them considered HIV/AIDS as the types of STDs (60.4%) followed by Gonorrhoea (56.8%) for both aged groups. Among respondents 4.5% don't did not have any knowledge about the types of STDs.

5.3.2 Knowledge on Means of Transmission of STDs and Its Ways of Prevention

Table 5.9 presents data about the knowledge on means of transmission of STDs and ways of preventing methods. Among the respondents who have knowledge on STDs, majority of them have known unsafe sexual contract is the main means of transmission of STDs (84.7%), for both aged groups. No one can mention about the other means of transmission of STDs except unsafe sex.

Table 5.9 Distribution of respondents by their knowledge on means of transmission of STDs and its way of prevention.

	AGES				Total	
	16-17 yrs		18-19 yrs		No	Per- cents
	No	Per- cents	No	Per- cents		
Means of transmission of STDs						
Unsafe sexual contact	56	93.3	38	92.7	94	93.1
Others	-	-	-	-	-	-
Don't know	4	6.7	3	7.3	7	6.9
Total	60	100	41	100	101	100
Knowledge on avoid getting STDs						
Yes	52	86.7	35	85.4	87	86.1
No	8	13.3	6	14.6	14	13.9
Total	60	100	41	100	101	100
Knowledge on ways of prevention of ST Ds						
Abstain from sex with multiple partner	39	60	30	65.2	69	62.2
Be mutually faithful	22	33.8	26	56.5	48	43.2
Consistence use of condom	27	41.5	31	67.4	58	52.3
Others	-	-	-	-	-	-

Source; Field survey, 2011

Similarly, table 5.9 also shows that nearly 86per-cents respondents have the knowledge on avoid getting STDs. Among them older aged respondents are more knowledgeable than younger aged respondents about the preventing method of STDs. The respondents who have knowledge on preventing method of STDs, majority of the respondents (62.2%.) believed that abstain from sex with multiple partner is the way of preventing method of STDs followed by consistent use of condom and mutually faithful (43.2%). No one mentioned other method except these three preventing means of STDs.

5.3.3 Knowledge on Sources (Place) of STDs Treatments

The respondents who have the knowledge on STDs were asked the question about the place of STDs treatments. Among of them, governmental health centre is most known place for STDs treatment (75.5%) followed by private health centre (64%)

for both aged groups. About 30.6 per-cents of respondents mentioned non-governmental sector as a place of STDs treatment. Where 29.7 per-cents respondents did not have any knowledge about the place of treatment of STDs on which higher per-cents of respondents are aged 16-17 years (18.5%) as compared to 23.9 % of aged 18-19 years.

Table 5.10: Distribution of the respondents by their knowledge on place of STDs treatments

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on place of STDs treatments						
Government health centre	49	75.4	35	76.1	84	75.7
Non governmental sector	18	27.7	16	34.8	34	30.6
Private health centre	38	58.5	33	71.7	71	64
Don't know	12	18.5	11	23.9	33	29.7

Source; Field survey, 2011

5.4 Knowledge and Perception on HIV/AIDS

AIDS has been emerging one of the burning issues all over the world and much more effort have been made to control it. It's implication and long lasting both for individual victims for nation. The respondents were asked about whether they have knowledge about AIDS or not.

5.4.1 Knowledge on HIV/AIDS and the Means of Transmission of HIV

Here all of the respondents were asked the question about their knowledge on HIV/AIDS and the means of transmission of HIV. Their responses are shown in table 5.11.

Table 5.11: Distribution of respondents by their Knowledge on HIV/AIDS and the means of transmission of HIV

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Heard of HIV/AIDS						
Yes	65	100	46	100	111	100
No	-	-	-	-	-	-
Total	65	100	46	100	111	100
Knowledge on means of transmission of HIV (MR)						
Unsafe sex	62	95.4	41	89.1	103	92.8
Transfusion of contaminated blood	51	78.5	37	80.4	88	79.3
Sharing of syringe	48	73	33	71.7	81	73
Mother to child	43	66.2	28	60.9	71	64
Don't know	3	4.6	2	4.3	5	4.5

Source: Field survey, 2011

Table 5.11 shows cent per-cents of respondents have knowledge or have heard about HIV/AIDS. Among of them unsafe sex is most known means of transmission of HIV (92.8%) followed by transfusion of contaminated blood (79.3%). About 64 per-cents of respondent were believed that infected mother to child and sharing syringe are the means of HIV transmission.

Table also reveals that nearly 92.8 per-cents respondents of aged 16-17 believed unsafe sex is the means of transmission of HIV as compared to (95.4% & 89.1%) per-cents respondents of aged 18-19 followed by transfusion of contaminated blood (79.3%), and mother to child (64%) are the means of transmission of HIV.

5.4.2 Knowledge on HIV/AIDS Prevention

Sexual contact is the major rout of HIV transmission. Since the medical treatment of AIDS has not been invented, prevention from getting AIDS is only the solution. Prevention from getting HIV is possible by only safe sexual contact, use of condom, and use of sterilized syringe. So the respondents were asked about the preventive measures of HIV. The result has been shown in table 5.12.

In response to the question about the ways of prevention from HIV table 5.12 shows that 84.7 per-cents have the knowledge about the preventing measure of HIV. Among them the respondents aged 18-19 years have the higher knowledge than aged 16-17 years about the way of preventing from HIV. Table also shows that majority of the respondents believed that consistence use of condom and safe sexual contact are the main preventing measure of HIV (64.9% and 68.5% respectively) followed by use only tested blood and abstain from sex with multiple partner (68.5% respectively). No one mentioned other except these four measures of HIV prevention.

Table 5.12: Distribution of respondents by their Knowledge on HIV/AIDS prevention

	AGES				Total	
	16-17 yrs		18-19 yrs		No	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on preventing method of HIV						
Yes	56	86.2	38	82.6	94	84.7
No	9	13.8	8	17.4	17	15.3
Total	65	100	46	100	111	100
Knowledge on ways of preventing from HIV (M						
Abstinence from sex with multiple partner	42	64.6	34	73.9	76	68.5
Safe sexual contact	43	93.5	33	71.7	76	68.5
Use condom	44	67.7	28	60.9	72	64.9
Use only tested blood	42	64.6	27	58.7	69	62.2
Others (specify)	-	-	-	-	-	-
Knowledge on contraception that can be used during sexual contact to prevent from HIV						
Pills	3	5.4	3	7.5	6	6.3
IUD	-	-	1	2.5	1	1
Condom	49	87.5	32	80	81	84.4
Don't know	4	7.1	4	10	8	8.3
Total	56	100	40	100	96	100

Source; Field survey, 2011

Likewise, the question about the contraception that can be used during sexual contact to prevent from HIV, nearly 84.4per-cents respondents gave correct knowledge about it. Among them the respondents aged 16-17 years are higher in

knowledge than aged 18-19 years about the contraception that can be used during sexual contact to prevent from HIV (87.5% and 81%).

5.4.3 Knowledge of Sources for HIV Testing

In response to the question about the sources (place) where to get the HIV test were asked to the respondents who have knowledge on HIV/AIDS. Their responses are shown in table 5.13

Table 5.13: Distribution of respondents by their knowledge on sources for HIV testing

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on sources (place) for HIV testing						
Yes	49	75.4	32	69.6	81	73
No	16	24.6	14	30.4	30	27
Total	65	100	46	100	111	100
Knowledge on sources (place) for HIV testing (MR)						
Government health sector	32	65.3	25	78.1	57	70.4
Non government sector	11	22.4	11	34.4	22	27.2
Private health sector	27	55.1	9	28.1	36	44.4
Others (specify)	1	2	1	3.1	2	2.5

Source; Field survey, 2011

Table 5.13 shows that about 74 per-cents respondents have the knowledge on sources (place) for HIV test. Among of them government health sector is most known source for HIV test (70.4%) followed by private health sector (44.4%). nearly 27.2 per-cents of respondents have the knowledge on none govern sector as the source for HIV test. Table also reveals that younger ages are more knowledgeable than older ages on the sources for HIV testing (75.4% & 69.6%).

5.4.4 Perception towards People Living with HIV/AIDS

In our society, because of low level of education and awareness and misconception about the HIV/AIDS, it can be seen that whole society as well as their own family member behaved and treated HIV infected person as negatively. They are hated in our society. In this research, the respondents were asked how would you behave

and what is your perception towards people living with HIV/AIDS. Their response has been shown in the table 5.14.

Table 5.14: Distribution of respondents by perception towards people living with HIV/AIDS

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Behave towards HIV infected person						
Love and respect	58	89.2	40	87	98	88.3
Hate	2	3.1	-		2	1.8
Don't know	5	7.7	6	13	11	9.9
Perception towards PLWHO						
Love, care, respect and treated friendly not to hate them	29	44.6	29	63	58	52.3
Suggested to be happy, Don't be frustrated and fight with it so you can success to be good, do good, and see good.	5	7.7	0	0	5	4.5
Don't know	21	32.3	15	32.6	36	32.4
Not stated	10	15.4	2	4.3	12	10.8
Total	65	100	46	100	111	100

Source; field survey 2011

In response to the question about the respondents' behaved towards the HIV infected person 88.3 per-cents of them said love and respect, only 1.8 per-cents said to hate them and 9.9 per-cents of the respondents mentioned don't know. Table also reveals that there is no significance difference between aged 16-17 and 18-19 years who behaved them love and care (89.2% & 98%).

Similarly the question about their perception towards HIV infected person, different views are come from them. Majority of them (52.3%) said that love, care, respect and treated them as friendly, 4.5 per-cents suggested to the infected person to be happy not to be frustrated and fight with it so you can success to be good, do good, and see good 32.4 per-cents mentioned don't know and 10.8 per-cents of respondent did not give any response about it.

5.4.5 Opinion about the Knowledge and Services towards STDs and HIV/AIDS

Here the respondents were asked the question about their opinion on knowledge and services towards STDs and HIV/AIDS. Their answers are shown in table 5.15.

Table 5.15: Distribution of the respondents by their opinion about the knowledge and services towards STDs and HIV/AIDS

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Voice of adolescent knowledge and services towards STDs and HIV/AIDS						
HIV AIDS is dangerous disease that can be transmitted by sexual contact	5	7.7	1	2.2	6	5.4
It is nice to have knowledge and need effective education	3	4.6	2	4.3	5	4.5
Be conscious, safe sexual contact by using contraceptive methods, don't share syringe and make clean reproductive organ	4	6.2	2	4.3	6	5.4
Advice for all people to infected person			1	2.2	1	.9
Infected blood, syringe and unsafe sexuality cause STDs, HIV/AIDS			1	2.2	1	.9
No	50	76.9	39	84.8	89	80.2
Not available	3	4.6			3	2.7
Total	65	100	46	100	111	100

Source: field survey 2011

Table 5.15 shows that about 80 per-cents said no and 2.7 per-cents respondents did not give any responses, rest of others (5.4%) said that HIV/AIDS is dangerous diseases which can be transmitted through sexual contact, 5.4 per-cents respondents said that it is nice to have knowledge and needed effective education. About 6 per-cents respondents said, be conscious safe sexual contact by using contraceptive method, don't share syringe and make clean reproductive organ to protect from HIV/AIDS. Less than one per-cents respondent advice for all people to love and respect infected person as well as infected blood and sharing syringe and unsafe sexuality cause STDs and HIV/AIDS.

5.5 Knowledge and Perception on Maternity Care

In our country there is a high proportion of marriage during adolescents, resulting in a high rate of adolescent child bearing. Motherhood at a very young age entails a risk of maternal mortality and children to young mothers tend to have higher level of morbidity and mortality. Respondents were asked about whether they have knowledge about maternity care or not. This topic includes knowledge and perception of safe motherhood, knowledge on antenatal care, delivery care and postnatal care.

5.5.1 Knowledge on Maternity Care and Safe Motherhood

Here all of the respondents were asked the question about the maternity care and the respondents who have knowledge on maternity care they were further asked the question about the safe motherhood. Their responses are shown in table 5.16.

In response to the question about the knowledge on maternity care, table 5.5.1 shows that about three fourth of the respondents have heard about it, on which 77.5 per-cents respondents of aged 16-17 years as compared to(80 and 73.9%)per-cents of aged 18-19 years. Out of the total respondents who have knowledge on maternity care, nearly 74 per-cents of them gave the correct knowledge on safe motherhood.

Table 5.16: Distribution of respondents by their knowledge on maternity care and safe motherhood

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Heard about maternity care						
Yes	52	80	34	73.9	86	77.5
No	13	20	12	26.1	25	22.5
	65	100	46		111	100
Knowledge on safe motherhood						
Care of mother	23	44.2	13	33.3	36	39.6
Care of baby	21	40.4	10	25.6	31	34.1
Care of both before delivery	22	42.3	10	25.6	32	35.2

Care of both after delivery	21	40.4	11	28.2	32	35.2
Care of both before and after delivery	42	80.8	25	64.1	67	73.6
Don't know	2	3.8	3	7.7	5	5.5

Source; field survey 2011

Table also reveals that there is a significant difference between aged 16-17 and 18-19 years on the correct knowledge about the safe motherhood (80.8% & 64.1%), which shows that younger aged respondents have more knowledge than older aged respondents about safe motherhood.

5.5.2 Knowledge and Perception on Antenatal care

Complication of the pregnancy is the leading cause of death for young women of aged 15-19. So all types of care should be provided during the pregnancy for the well being of both mother and her child, which is known as the ANC care. So here the respondents those who have knowledge on maternity care were asked the question, whether they have knowledge on ANC care or not. The result has been shown in table 5.17

Table 5.17: Distribution of respondent by their knowledge and Perception on antenatal care

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge about ANC care						
Yes	43	79.6	26	70.3	69	75.8
No	11	20.4	11	29.7	22	24.2
Total	54	100	37	100	91	100
Knowledge about ANC care (MR)						
Pregnancy health care	34	52.3	22	47.8	56	50.5
Vaccination (T.T)	21	32.3	16	34.8	37	33.3
Iron/folic tablet	9	13.8	8	17.4	17	15.3
Other	1	1.5	-	-	1	.9
Knowledge on number of health check up during pregnancy						
At least one time	2	5.0	-	-	2	2.9
At least two time	3	7.5	1	3.6	4	5.9
At least three time	4	10.0	4	14.3	8	11.8
At least four time	26	65.0	19	67.9	45	66.2

Don't know	5	12.5	4	14.3	9	13.2
Knowledge on immunization most be given to pregnant woman						
T.T	36	90	27	96.4	63	92.6
Don't know	4	10	1	3.6	5	7.4
Total	40	100	28	100	68	100
Knowledge on the number of times for T.T.						
At least one times	6	15.0	4	14.3	10	14.7
At least two times	25	62.5	19	67.9	44	64.7
Don't know	9	22.5	5	17.9	14	20.6
Total	40	100	28	100	68	100

Source; field survey 2011

Table 5.17 reveals that about 75.8 per-cents respondents have the knowledge and 24.2 per-cents of respondents did not have the knowledge about it. It also reveals that the knowledge on antenatal care is highest among the respondents aged 16-17 compared to the respondent aged 18-19 years (79.8% and 73%). Among the total respondents those who have knowledge on ANC care, pregnancy health care is most known care (50.5%) followed by vaccination, and iron/folic tablet (33.3% and 15.3%).

Likewise, in response to the question about number of health check up during pregnancy, only 66.2% per-cents have correct knowledge and 13.2 per-cents respondent don't know. The table 24 also shows that 92.6 per-cents of the respondents have knowledge of immunization of pregnant women. On which 64.7 per-cents gave correct knowledge on the number of times for T.T. Where, as 20.6 per-cents respondent said don't know.

5.5.3 Knowledge and Perception on Delivery Care

Delivery care is one of the most important and essential care of Maternity care that helps to protect the life and health of the mother and her children by ensuring delivery of baby safely. Most of adolescent (86%) delivered their babies at home with the high risk of health. So to reduce the health risk of mother and children or to increase the proportion of babies delivered under the supervision of health professionals various information and knowledge should be provided to adolescent. Here the respondents are asked about their knowledge on delivery care. Their answers are shown in table 5.18

Table shows that 91.2 per-cents of respondents have the knowledge on delivery care. Among of them knowledge was high in age group 16-17 compared to age 18-19 years (92.3% vs. 89.7%).

Similarly in response to the questions about the care that should be taken during safe deliver majority of them (i.e. 61.4%) said help of trained health worker followed by use of clean delivery instrument (49.4%) and clean delivery place (49.4%). 28.9 per-cents mentioned all of the above are care that should be taken during delivery. Only 2.4 per-cents of respondent did not have any knowledge about delivery care. Here table also reveals that almost all of the respondents (98.8 %) have the knowledge on safe place for delivery.

Table 5.18: Distribution of respondents by their knowledge and perception on delivery care

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge on delivery care						
Yes	48	92.3	35	59.7	83	91.2
No	4	7.7	4	40.3	8	8.8
Total	52	100	41	100	91	100
Knowledge of care that should that should be taken during delivery (MR)						
Help of trained health worker	25	52.1	26	74.3	51	61.4
Clean delivery instrument should be kept	23	47.9	18	51.4	41	49.4
Clean delivery place	25	52.1	16	45.7	41	49.4
All of the above	15	31.3	9	25.7	24	28.9
Don't know	2	4.2	-	-	2	2.4
Knowledge on safe place for delivery						
Health facility	48	100.0	35	97.2	82	98.8
Home	-	-	-	-	-	-
Don't know			1	2.8	1	1.2
Total	48	100	36	100	83	100

Source; field survey 2011

5.5.4 Knowledge and Perception on Postnatal Care

Postnatal care is also important components of maternity care, which is uncommon in Nepal. Mother should have a postnatal check-up within two days of delivery to

ensure physical and psychological well being of mother and new born child and to reduce the risk of maternal and neonatal death that occur during 48 hours after delivery. More than 77 per-cent of young mother in Nepal do not receive any postnatal check up. It may be due to the lack of appropriate knowledge or many other responsible factors. So it is necessary to assess the knowledge on postnatal care. Here the respondents were asked about the question on postnatal care and their responses are shown in table 5.19.

Table 5.19: Distribution of respondents by their knowledge and perception on postnatal care

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Knowledge about PNC						
Yes	26	50.0	16	41.0	42	46.2
No	26	50.0	23	59.0	49	53.8
Total	52	100	39	100	91	100
Knowledge on day for 1st PNC check up <input type="checkbox"/>						
Day of delivery	7	26.9	3	18.8	10	23.8
Two days after delivery	6	23.1	7	43.8	13	31.0
Seven days after delivery	5	19.2	3	18.8	8	19.0
Don't know	8	30.8	3	18.8	11	26.2
Total	26	100	16	100	42	100
Knowledge on the duration of postnatal care should take following birth						
Number of weeks						
6 weeks	1	3.8	1	6.3	2	4.8
9 weeks	1	3.8	-	-	1	2.4
9-10 weeks	1	3.8	-	-	1	2.4
12 weeks	1	3.8	1	6.3	2	4.8
Not available	1	3.8	1	6.3	2	4.8
No/don't know	21	80.8	13	81.3	34	81.0
Total	26	100	16	100	42	100

Source; field survey 2011

Table 5.19 shows that out of the total respondents who have the knowledge on maternity care, 46.2 per-cent of them have knowledge about the postnatal care on which respondents of aged 16-17 years were more knowledgeable than the respondents aged 18-19 (50% vs. 41%).

Similarly in response to the question about the days for first PNC check up after delivery were asked for those respondents who have knowledge on postnatal care. Their answers show that only 30 per-cents respondents have correct knowledge and rest of other (70%) respondents did not have knowledge about the days for first PNC check up after delivery.

Likewise another question was also asked to the respondents about the duration of PNC that should take following birth. Their responses show that nearly 5 per-cents respondents have the correct knowledge (said six week) and more than 80 per-cents of them did not have knowledge about the duration of PNC that should take following birth. Where as 4.8 per-cents of respondents did not give any responses about it.

5.6 Knowledge on Abortion, Its Types and Abortion Law

Unsafe abortion is serious threat to reproductive health, which is the major cause of death and disability among the women in Nepal. It is estimated that over half of the maternal death occur due to unsafe abortion in Nepal. The increasing proportions of abortion seekers are unmarried adolescent. So, the respondents were asked about their knowledge on abortion and its related topics. Their responses are shown in table 5.20.

Table 5.20: Distribution of respondents by their knowledge on abortion, its type and law

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Heard about abortion						
Yes	60	92.3	39	84.8	99	89.2
No	5	7.7	7	15.2	12	10.8
Total	65	100	46	100	111	100
Knowledge on types of abortion <input type="checkbox"/>						
Spontaneous	6	10.2	6	13.1	12	11.5
Induced	16	27.1	2	4.3	18	17.1
Both	37	62.7	38	82.6	75	71.4
Total	59	100	46	100	105	100

Knowledge on the recent abortion law						
Yes	17	28.8	14	30.4	31	29.5
No	42	71.2	32	69.6	74	70.5
Total	59	100	46	100	105	100

Source; field survey 2011

Table 5.20 shows that 89.2 per-cents respondents have knowledge on abortion. Among of them knowledge was high in age group 16-17 compared to aged 18-19 years (92.3% &84.8%). Similarly the respondents who have knowledge on abortion, majority of them (71.4%) knew both spontaneous and induced abortion, followed by induced and spontaneous abortion only (17.1 &11.5% respectively) as the type of the abortion. Table also reveals older aged respondents have the more knowledge on both types of abortion as compared to younger ages (82.6% &62.7%).

Likewise the question about the recent abortion act of the government, their answers show that only 29.5 per-cents of respondents have the knowledge, on which respondents of aged 18-19 years are more knowledgeable than aged 16-17 years (28.8% &30.4%) about the recent act of government.

5.6.1 Knowledge on Reason and Consequences of Abortion

Here out of the total respondents those who have knowledge on abortion were asked the question about the reason and consequences of abortion in order to assess their knowledge and opinion about it. Their responses are shown in table 5.21.

Table 5.21: Distribution of respondents by their knowledge , reason and consequences of abortion

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Knowledge on reason for abortion (MR)						
Unwanted pregnancy	56	94.6	42	91.3	98	93.3
Rape /kidnapped	1	1.7	7	15.2	8	7.6
Others (specify)	1	1.7	1	2.2	2	1.9
Don't know	3	5.1	3	6.5	6	5.7
Total	59	100	46	100	105	100

Knowledge on consequences of abortion (their own opinion)						
Weakness of health, risk of STDs and HIV/AIDS and ultimately death	11	18.6	6	13.0	17	16.2
Effect on the health of the ladies by increasing health risk such as bleeding, Infertility, danger to have next child for mother	5	8.5	2	4.3	7	6.7
Negligence for mother	1	1.7			1	0.9
Bleeding	-	-	1	2.2	1	0.9
Wrong concept	2	3.4	1	2.2	3	2.9
Don't know	40	67.8	32	69.6	72	68.6
Not available	-	-	4	8.7	4	3.8
Total	59	100	46	100	105	100

Source; field survey 2011

As shown in table 5.6.2 unwanted pregnancies is most known reason for unsafe abortion (93.3%) on which 94.9 per-cents respondents of aged 16-17 as compared to 91.3 per-cents of aged 18-19 years have known unwanted pregnancy is the main reason for abortion. Nearly 6 per-cents respondents did not have any knowledge about the reason for abortion.

Likewise table also reveals the knowledge of respondents about the consequences of abortion, where majority of them (68.6%) mentioned they did not have any knowledge about the consequences of abortion and 3.8 per-cents respondents did not give any responses. Rest of other respondents 2.9 per-cents gave wrong knowledge (perception) 16.2 per-cents respondents mentioned weakness of health including risk of STDs, HIV/AIDS that increase the risk of death (ultimately death) 6.7 per-cents said that it makes effect on health of ladies by increasing health risk such as bleeding, infertility, danger to have next child for mother 0.9 per-cents respondents said that negligence of mother are the consequences of unsafe abortion.

5.6.2 Knowledge on Safe Place for Abortion

Here the Respondents who have knowledge on abortion were further asked the question about the safe place for the abortion and the results are shown in table 5.22

Table 5.22: Distribution of respondents by their knowledge on safe place for abortion

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Knowledge about safe place for abortion						
Health facility	51	86.4	39	92.9	90	89.1
Home	2	3.4	1	2.4	3	3
Don't know	6	10.2	2	4.8	8	7.9
Total	59	100	42	100	101	100

Source; field survey 2011

Table 5.22 shows that 89.1 per-cent respondents have the correct knowledge about the safe place for abortion, where as 7.9 per-cent of them said don't know. Table also reveals that older ages are more knowledgeable than younger ages about the safe place for abortion (86.4% & 92.9%).

5.7 Knowledge and Perception on Infertility

Infertility is one of another component of reproductive health strategy. Infertility is totally biological defect that the spouse or couple has to suffer. It also includes the prevention and management of infertility and sub fertility. Here all of the respondents were asked the question about their knowledge on infertility and infertile people. The results are shown in table 5.23.

Table 5.23: Distribution of respondents by their knowledge and Perception on Infertility

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Heard of infertility						
Yes	55	84.6	41	89.1	96	86.5
No	10	15.4	5	10.9	15	13.5
Total	65	100	46	100	111	100
Knowledge on infertile people						
Male	3	7.5	4	9.3	7	8.4
Female	8	20.0	7	16.3	15	18.1
Both	27	67.5	30	69.7	57	68.7
Don't know	2	5.0	2	4.7	4	4.8
Total	40	100	43	100	83	100

Source: field survey 2011

In response to the question about the infertility, table 5.23 shows that nearly 86.5 per-cent respondents have knowledge about infertility. Among them knowledge was high in age group 18-19 compared to aged 16-17 years (89.1% &84.6%). About 13.5 per-cent respondents did not any knowledge on infertility.

Similarly, out of the total respondents who had knowledge on infertility were also asked the question that 'who can be infertile? Their answer shows, majority of the respondents have the knowledge that both male and female can be infertile (68.7%), followed by female and male only (18.1% &8.4%) where 4.8 per-cent respondents said they did not have any knowledge about the infertile people. Thus data reveals that about 86.5 per-cent respondents have the correct knowledge about the infertile people, on which there is no significant difference in knowledge between aged 16-17 and 18-19 years (84.6% &89.1%).

5.7.1 Perception toward Infertile Person

In our society, the persons who are unable to give birth or who are infertile are ill treated due to traditional orthodox, norms and superstition and they are regarded as misfortune to the family and whole society. In this view, respondents were asked

the question about societies and their own perception toward infertile person. Their perceptions are shown in table 5.24.

Table 5.24: Distributions of respondents by their perception toward people look at infertile person and their own perception toward infertile person.

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per- cents
	No.	Per- cents	No.	Per- cents		
Respondent's opinion towards people look at infertile person						
Negatively, hated and specially women are blamed in this case	21	52.5	21	48.8	42	50.6
People behaved them so badly/rudely	2	5.0	1	2.3	3	3.6
Normal way	2	5.0	-		2	2.4
Don't know	15	37.5	19	44.2	34	41.0
Not available			2	4.7	2	2.4
Total	40	100	43	100	83	100
Their own perception towards infertile persons						
Positively	21	52.5	26	60.4	47	56.6
Love kind and care	7	17.5	11	25.7	18	21.7
Normal way	9	22.5	6	14.0	15	18.1
Don't know	3	7.5			3	3.6
Total	40	100	43	100	83	100

Source; field survey 2011

In response to the question about "how do people look at an infertile person?" their answer shows that 41 per-cents respondents did not have any knowledge about it and 2.4 per-cents respondents did not give any responses. Among other rest respondents 50.6 per-cents of them said people look them negatively, hated and especially women are blame in this case, followed by people behave them so badly /rudely (3.6%) and people look infertile person at a normal way (2.4%).

Likewise another question was asked to know about their own perception toward infertile person. According to the data 56.6 per-cents respondents looked infertile person as positively, followed by love kind and care (21.7%), and 18 per-cents respondents reported that they look infertile person as a normal way. Nearly 4 per-

cents of respondents said they did not have any knowledge about how to look at an infertile person.

5.8 Sources of Knowledge on Reproductive Health.

The respondents (Students) are informed or knowledgeable on different components of reproductive health by different sources. Agencies are daily given different kinds of programme related to reproductive health by media. So these medias are plays the major role to information of reproductive health component. So here respondents were asked about the sources of knowledge on reproductive health.

Table 5.25: Distribution of respondents by the sources of knowledge on RH

	AGES				Total	
	16-17 yrs		18-19 yrs		No.	Per-cents
	No.	Per-cents	No.	Per-cents		
Sources of knowledge on reproductive health (MR)						
Radio	56	86.2	45	97.8	101	91
T.V	53	81.5	41	89.1	94	84.7
Newspaper/Magazine	39	60	36	78.3	75	67.6
Health worker	41	63.1	38	82.6	79	71.2
Teacher/books	54	83.1	37	80.4	91	82
Friends/relatives	39	60	24	52.2	63	56.8
Other (Specify)*	2	3.1	2	4.3	4	3.6

Source: Field survey, 2011

*Other include; poster, different program at local level

Table 5.25 represents the Radio, TV and teacher/course book are the major sources of knowledge on reproductive health (91% , 84.7% 82%,respectively) followed by health worker 71.2 per-cents, newspaper/magazine 67.6% per-cents and friends/relatives 56.8 per-cents only 3.6 per-cents of them said others.

5.9 Result of Focus Group Discussion

Here 20 adolescents girls are selected as the respondents for focus group discussion i.e. 10 girls were from grade XI (group A) and 10 were from grade XII (group B) except other 111 respondents. Here they were made the discussion about

their knowledge and perception on reproductive health and its components such as family planning, STDs, HIV/AIDS, unsafe abortion and infertility.

5.9.1 Knowledge on Reproductive Health

In this topic respondents were asked the question about information on reproductive health education, appropriate age that should be started RH education, appropriate educator on RH education for them, and the importance of RH education.

According to their responses it has been seen that almost all of the respondents of both group have get RH education so they were asked the question about the sources of information regarding RH. Course book and Mass media is known as the main sources of information, among of them different magazine like *The saptahik, sadhana health, Yuwamanch* and other pamphlets, by TV with the help of various awarnings programme like "*Thori Bhaya Pugesari, Tikeko Tin Mantra, Ashal Logne*" etc, and by radio with the help of various programme like "*Sathisanga Manko Kura, Janaswastha Radio Karyekram*", are known as the main sources of information for both groups.

Similarly they were made the discussion about the age that should be started of RH education and about the appropriate educator on RH education for them. From group A it is conclude that RH education should be started before age 15 because menarche took place during the period between age 11-15 years which creates the various reproductive health problems for them. According to group B RH education should be given before age 15 because menarche and in some societies marriage has been taken place before this age due to various socio cultural norms. Married adolescents girls are compelled to involved in sexual activities and became the victims of early pregnancy and child bearing which is the major cause of maternal mortality and morbidity and it is also produces the various problems in reproduction so to prevent from all of these problems they should be educated before age 15.

Like wise the question about appropriate educator on reproductive health (role of media, parents, teacher and society) from group A they have stressed parents, especially mother and sister should be educator because they can easily communicate about their reproductive health problem with them and can get appropriate information from them, and after parents mass media, society, and teacher should be the educator. Where as from group B they have stressed parents as well as teacher, mass media and society should be the educator because all of them play important role to gain a lot of information about the reproductive health and do not developed wrong concept

At last they were asked the question about the importance of RH education. In this question from group A they focused that RH education help to understand about the various reproductive health problem and solve it, it protects from various STDs, like HIV/AIDS where as group B, focused with these above importance, they have added that RH education helps to answer the various adolescents queries about the sexual and reproduction that helps to solve the various problem that occurs in reproductive period by bringing changes in the misconception of reproductive and sexual health and to control the unhygienic practice during this period.

5.9.2 Knowledge and Perception on Family Planning

Family planning is most important component of reproductive health. Here the respondents were discussed about the knowledge of modern and traditional method of family planning and their perception toward the use of family planning method.

Knowledge about modern and traditional methods of family planning

In response to the question about the knowledge on modern method of family planning, from group A, their responses showed that in modern method about condom, pills depo, IUD, male sterilization, female sterilization, they only heard about these method but have not seen except condom. The responses from group B showed that they have poor knowledge about these methods on practical life. Only

two or three respondents said they have seen condom and pills, rest of other said they only heard.

Likewise the question about the knowledge on traditional method, only two respondents from group A mentioned withdrawal method whereas from group B only 6 respondents said withdrawal method, periodic abstinence and barmacharya basne. It shows respondents have very few knowledge about the traditional method.

Perception on use of family planning method

According to their discussion almost all of respondents from both groups have positive perception toward use of family planning method. From both groups it is conclude that family planning should be used to make family life happier as well as it helps to control the population growth rate at nation wide.

5.9.3 Knowledge and Perception Regarding STDs and HIV/AIDS

In this section respondents were made discussion about the full form of STDs, and HIV/AIDS, types of STDs, mode of transmission of STDs, HIV/AIDS, and its preventing ways and consequences.

\First of all they were discussed the question about the full form of STDs and HIV/AIDS and different types of STDs. From group A only 6 student can said the full form of STDs and HIV/AIDS and its types. Among the various types of STDs: HIV/AIDS, Syphilis, Gonohorrea are most known types among them. From group B almost all of respondents (9) know about the full form of STDs and HIV/AIDS and various types of STDs. Among of them most known types of STDs are Syphilis, Gonohorrea, HIV/AIDS, and Hepatitis B. It shows that group B is more knowledgeable than group A.

Similarly respondents were asked the modes of transmission of STDs and HIV/AIDS, its prevention and treatment. Among of them.

Modes of transmission of STDs and HIV/AIDS

1. Sexual intercourse with more than one partner,
2. Transfusion of infected blood,

3. Use of contaminated syringe and by an infected mother to unborn child are the most known modes of transmission of HIV/AIDS between two group as well as.

Preventing measure for transmission of STDs and HIV/AIDS

1. Avoid sexual relationship with other person except ones spouse,
2. Use tested blood,
3. Be faithful are known of preventing method of HIV/AIDS for group A as compared to group B they have mentioned more than these above three methods such as educate people to develop awareness about STDs and HIV/AIDS.
4. Use condom when sex educated women to child to prevent from these diseases

Thus form above discussion it shows that mode of transmission are almost equal knowledge but in preventing ways group B are more knowledgeable than group A. Likewise the question about the consequences of STDs and HIV/AIDS group A mentioned that STDs can make pain in genital and urethra, STDs can make infertility and by AIDS it makes death where as from group B mentioned some other more consequences except these above. STDs also can make wart problem, AIDS infected people are hated in society etc.

5.9.4 Knowledge on Abortion

Here the respondents were made discussion about the causes and consequences of abortion. In this question, responses from group A are unwanted pregnancy, kidnapped and raped are the major cause of abortion, where as group B mentioned among with these above causes health risk of child and mother during pregnancy are the causes of abortion.

Likewise the consequences of abortion; high risk of death is the main consequences of abortion for group A, where as group B said that unsafe abortion make heavy bleeding, health risk, high risks of various STDs including high risk of death are the consequences of abortion. It also makes women infertile.

At last respondents were asked about the legalization of abortion. No one from both groups can say about it.

5.9.5 Knowledge on Infertility

Here in this topic respondents were discussed about the meaning of infertility its causes and consequences. Among of the respondents of two groups only 2 students of group A and 7 students from group B can say the meaning of infertility. Both groups of respondents said that unable to give birth by couples in which both male and female can be infertile.

Similarly question about the causes of infertility, only 2 students from group A can mentioned only one cause i.e. STDs and 5 student of group B mentioned STDs and unsafe abortion are the causes of infertility. No one can mention about the physical defect of male and female on the cause of infertility.

Likewise the question about the consequences of infertility, very few and same responses are come from both groups i.e. neglected/hated by the society, there is higher chance of polygamy family are the main consequences of infertility. These responses give only few respondents of both groups.

5.9.6 Program Recommended by Adolescents (Respondents)

1. Organized the RH programme for the adolescents by involving parents, teachers, health professional and adolescents themselves with the support of mass media.
2. Different types of training that address the problem of adolescents in college, school and society.
3. Include the reproductive health education in school and college curriculum.
4. Organize the community of peer groups that help to solve the various problems by interaction.
5. Organize the different program such as street drama, posturing, pamphleteering, and other many awareness programs in VDC level.

5.10. Teachers Perception on Reproductive Health

Teachers are the main sources of information for adolescent girls on reproductive health. Here 10 teachers were selected as the respondents and 10 questionnaires were used in order to assess their perception on reproductive health.

In response to the question about RH education that included in their school/college curriculum majority of them (7 teachers) said yes and only 3 teachers said don't know. Those teachers who said yes they were further asked the question "how is it placed in the curriculum?" among of them 5 teachers said combined with other subject and only 2 teacher said it took place as the separate subject.

Similarly all of the teachers (10) were asked the question "should RH education be included in school/college curriculum?" in this question, out of ten teachers, 8 teachers said yes, 1 teacher said no "because it is not necessary for them" and one teacher said don't know. The teachers who said yes they were further asked the question "at which level it should be started?" majority of them (5 teachers) said secondary level and 3 teachers said it should be started from higher secondary (college) level. Out of 8 teachers they were also asked the question about the appropriate topics of RH that should be included in school/college curriculum, among of them 4 teachers said adolescents SRH and rest of other 2 teachers said HIV/AIDS and family planning, 1 teacher said family planning only and another 1 teacher said it should be included all the topics of RH.

Like wise another question were asked out of 10 teachers to assess their opinion about the component of RH that is needed to give the knowledge to their students. Here the components include; family planning, HIV/AIDS, maternity care, unsafe abortion adolescents reproductive health, and infertility. Their responses shows that most of teachers (7 teachers) said students are needed to give the knowledge on all of these above components, 2 teachers said only adolescents RH, and 1 teacher said other component except these above. Again they were also asked the question that should be taught for male students or female students or both". In this question almost all of teachers (9) said it should be taught for both types of students, and rest of one teacher said it should be taught especially for female students.

At last they were asked the about the appropriate teacher to teach RH education. Their answers shows that, more than half of teachers said it should be taught health

population and environment teacher, 3 teachers said science teacher and 1 teacher said any teacher can teach RH education.

Hence according to their responses shows that almost all of teachers have positive perception toward reproductive health education. Almost all of them need to give RH education to their teacher.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter deals with the summary of major findings conclusion and recommendation of this study. On the basis of the information presented in chapter 4 and chapter 5 the major finding of this study can be summarized as below.

6.1 Summary of the Findings

6.1.1 Characteristics of the Respondents

-) Among the respondents the majority of respondents are in 17 years (i.e 45.9%) followed by 18, 19 and 16 years (26.2%, 15.3% and 12.6% respectively).
-) Similarly, majority of the respondents are from Kathmandu District (i.e. 50.5%) followed by karve (11.7%).
-) According to birth order, majority of the respondents are in first and second birth order, which occupied 36.9 per-cents and 34.2 per-cents respectively, and 28.9 per-cents respondents reported in 4th and above birth order.
-) In terms of marital status majority of the respondent are unmarried which is accounted 84.7per-cents and rests 15.3 per-cents respondents are married.
-) With reference to the parental education of respondents 1.8 per-cents father and 9.9 per-cents mother were illiterate and about 43 per-cents fathers and 24 per-cents mothers got their secondary level education
-) In case of parental occupation, majority of the respondents' father engaged in agriculture (45.9%) and mother in housewife (57.7%).
-) The significant share of respondents are from Newar community (33.3%) followed by Chhetri (29.7%), Brahman, tamang, Gurung, Dalit (14.4%, 9.9%, 8.2% and 2.7% respectively) and Which shows that majority of the respondents are from ethnic community.
-) Majority of the respondents are from Hindu religion (83.8%) and rest 16.2 per-cents were from Buddhism.

6.1.2 Knowledge on Reproductive Health

-) Out of 111 respondents, all of them heard the term reproductive health.
-) Among these respondents 98.3 per-cents have the knowledge about the components of reproductive health. Majority of them have known the family planning (93.7%) as the components of reproductive health followed by RTIs, STDs and HIV/AIDS 88.3%, and adolescent reproductive health 82% and only 23.4 per-cents respondents have known elderly care as the components of RH.
-) Similarly with reference to get the education on RH, majority of them (99.1%) have get education on RH. Among of them, 98.2 per-cents respondents get education by reading, followed by training (33.3%) and interaction (4.5%) and less than 2.7 per-cents respondents reported that they get education by different programs.
-) With reference to the intention of respondents to get the further knowledge on the subject of RH, majority of them want to get the knowledge on HIV/AIDS and FP (69.5% vs 68.4%) less than 10 per-cents of the respondents want to get education on infertility.

6.1.3 Knowledge on Family Planning

-) Out of total respondents, an overwhelming majority of the respondents (98.2%) have knowledge on family planning. Among of them condom, pills, Depo and Norplant (100%) was most known method followed by female sterilization (54.4%) male sterilization (62.2%) and only 45 per-cents of respondents reported they have knowledge on withdrawal method.
-) With regard to the knowledge on specific method of contraception, about condom, pills, Depo and IUD. Majority of them have right knowledge on condom (84.8%) and Depo (80.3%) followed by pills (73.9%) and less than half (40.5%) of the respondents have right knowledge on IUD.
-) According to the data 80.2 per-cents of respondents have the knowledge on the sources of getting contraception on which older aged respondents are ore knowledgeable than younger (84.8% vs 76.9%) among of them public/

government sector is most known sources (place) to get the contraception (77.5%) followed by private medical sector (13.5%).

6.1.4 Knowledge and Perception on STDs and HIV/AIDS

In term of knowledge on STDs, about 90.1 per-cents respondents have the knowledge on it on which 90.8 per-cents respondents are aged 16-17 as compared to 89.1 per-cents aged 18-19 years. Among the various types STDs, HIV/AIDS has become well known types (98.2%) followed by Gonorrhoea (60.4%) and syphilis 56.8 per-cents and only 4.5 per-cents did not have any knowledge about it.

Among those who have knowledge on STDs, 93.1 per-cents respondents have knowledge on means of transmission of STDs and 86.1 per-cents respondents have knowledge on way of prevention of STDs. Among the various preventing ways, majority of the respondents believed respondents believed abstinence form sex with multiple partner and consistent use of condom are the ways of prevention from STDs (62.2 % and 43.2% respectively).

Likewise 75.5 per-cents respondents have the knowledge on place of STDs, treatment among of them government health centre was most known place (75.5%) followed by private health centre (64%) and 14 per-cents respondents did not have any knowledge about it on which 18.5 per-cents respondents are aged 16-17 as compared to 23.9 per-cents respondents aged 18-19 years.

Out of total respondents all of them have heard HIV/AIDS. Among of them unsafe sexual contract (92.8%) and transfusion of contaminated blood (79.3%) are most known means of transmission of HIV/AIDS. Nearly 84.7 per-cents respondents have the knowledge on the preventing method of HIV, among of them use condom and safe sexual contact are the most known method of prevention from HIV (86.2% and 82.6% respectively).

In case of the contraception that can be used during sexual contract to prevent from STDs and HIV/AIDS those who have knowledge on preventing ways, 84.4 per-cents respondent have correct knowledge about it.

Seventy four per-cents of respondents have the knowledge on sources for HIV test. Among them government health sector is most known sources for HIV test (73%). At last with reference to their behaviour towards HIV infected person, 88.3 per-cents respondents behaved them love and respect as compared to 1.8 per-cents respondents behaved by hate, rest of other said don't know. Almost all of the respondents who gave responses have positively perceived towards people living with HIV/AIDS.

6.1.4 Knowledge on Maternity Care

Out of total sampled respondents 77.5 per-cents have heard about maternity care. Those respondents who heard maternity care, 73.6 per-cents have correct knowledge on safe motherhood. Among them younger aged respondents have high knowledge than older aged respondents about the safe motherhood (80% vs 73.9%).

Among the respondents, 75.8 per-cents have the knowledge about the ANC care on which 79.6 per-cents respondents are aged 16-17 year as compared to 70.3 per-cents aged 18-19 years. Among the ANC care, pregnancy health care is most known care (50.5%) followed by vaccination and iron/folic tablet (33.3% vs 15.3%). In case of times of health check up during pregnancy 66.2 per-cents gave the correct knowledge (said two times). 92.6 per-cents respondents have the knowledge on immunization during pregnancy and 64.7 per-cents know about the number times for T.T. vaccination.

Among those who have knowledge on maternity care, 91.2 per-cents of the respondents have known about DC care. Among the various DC care, help of trained health care is most known care (61.4%) followed by use of clean delivery place and clean delivery instrument (49.4%). Only 28.9 per-cents have knowledge all of these DC care. Among the respondents who have knowledge on DC care 98.8 per-cents have the knowledge on safe place for delivery.

Among the respondents who know the maternity care less than half (46.2%) have the knowledge on PNC care. Who knows the PNC care only 31 per-cents

respondents have the knowledge on the days for PNC check up (said two days after delivery) and only 4.8 per-cents respondents have given the correct knowledge about the duration of PNC check up following birth.

6.1.5 Knowledge on Abortion

With reference to the knowledge on abortion an overwhelming majority of the respondents have knowledge on it (89.2%) on which large number of the respondents are from aged 16-17 years (92.3%) as compared to 84.8 per-cents of aged 18-19 years. In this case about 93.3 per-cents respondents have known the main reason for abortion, where as only 16.2 per-cents have the knowledge on the consequences of abortion. 89.1 per-cents have the knowledge on safe place for abortion and only 7.9 per-cents respondents have knowledge on recent abortion act of the government.

6.1.6 Knowledge and Perception on Infertility

Out of the total 111 respondents nearly 86.5 per-cents have knowledge on infertility. Among of them older aged respondents have the high knowledge than younger aged respondents (84.6% vs 89.1%). The respondents who have knowledge on infertility, 50.6 per-cents have the correct knowledge about who can be infertile. Almost all of the respondents said that they look infertile person as positively and lovely.

Out of the total respondents who have knowledge on reproductive health majority of them have got the knowledge from radio, TV, teacher/course book (91%, 84.6% and 82% respectively).

6.1.7 Result of Focus Group Discussion

From the focus group discussion, it is found that almost all of the respondents have possessed good knowledge on RH and its components such as Family planning

STDs, HIV/AIDS, abortion and infertility but they have lacked in practical knowledge.

Both group of grade XI and XII knew most of the modern contraceptive methods like condom, Depo, pills, male sterilization and female sterilization but they confessed that they haven't seen any method except condoms and pills. Some students from grade XII can said about the traditional contraceptive method such as withdrawal, periodic abstinence and barmacharya but no one mentioned any method from grade XI.

Similarly majority of the students have the knowledge on STDs. Among of them Gonorrhoea, syphilis and HIV/AIDS are most known types of STDs for both group. Most of the respondents of both groups can say about the routs of transmission and preventing way of STDs and HIV/AIDS.

In case of abortion, unwanted pregnancy, health risk of mother and child, rape are the known cause and infertility, high risks of STDs, high risks of death are the known consequence of abortion of among the respondents of both group.

Among the respondents of both groups, only 2 from grade XI and 6-7 respondents from grade XII can say about the meaning of infertility. Among of them STDs and unsafe abortion are the known causes and neglected or hated by the society are most known consequences of infertility.

From both groups they have stressed to organize the effective programs for adolescents by involving parents, teachers, health professionals and adolescents themselves with the support of mass media.

6.1.8 Teachers' Perception on Reproductive Health

Majority of the teacher said reproductive health is taught in school as combined with other subject and they are in favour of the RH education that should be included from secondary level; they said that adolescent reproductive health and family planning and HIV/AIDS should be included. Again, they are interested to give the knowledge about family planning, HIV/AIDS, maternity care, unsafe abortion, adolescent's reproductive health, and infertility as the components of

reproductive health. They also stress RH education should be given for both girls and boys. At last, about the appropriate teacher for reproductive health majority of them said it should be taught health, population and environment teacher and rest of other said other subject teacher could teach it.

6.2 Conclusions

This study was carried out in order to determine the knowledge and perception of adolescents girls aged 15-19 years of higher secondary level. The study includes 139 adolescent girls on which 111 were selected systematically and 20 girls were selected for focus group discussion.

Most of respondents are from Kathmandu district and majority of their father are engaged in agriculture and mother in housewife. Similarly majority of the respondents are from ethnic group (Newar, Chherti, Brahamin ,Tamang) and the respondents from Hindu religion are significant in number.

Majority of the respondent are familiar with the components of reproductive health. Among the various components of RH, the knowledge of family planning and HIV/AIDS is universal for them. More than 89.2 per-cents respondents are familiar with the abortion and maternity care and less than 77.5 per-cents knew about infertility. 95.8 per-cents respondents have got the education on RH by reading (98.2%), followed by training (33.3%). For further knowledge 90.1 per-cents respondents wants to get the knowledge on HIV/AIDS followed by family planning (98.2%) where majority of their teacher also want to give them knowledge on ARH, HIV/AIDS, family planning.

In reference to their perception almost all of the respondents, who give their responses have positive perception towards people living with HIV/SIDS and infertile person. They also have the positive perceptions of all components of RH.

6.3 Recommendations

Keeping in mind of the situation of knowledge and perception of adolescent girls of higher secondary level towards reproductive health in study area. Following point should be recommended.

-) To extend the advocacy on reproductive health, in community level which enables people to participate in discussion, counselling and sharing their experiences towards reproductive health.
-) To provide an opportunity for school/college level students to involve in various activities related to reproductive health.
-) To conduct the various program in order to increase the public awareness towards reproductive health such as; seminar, group discussion, mobile camp, street drama particularly focusing on reducing socio cultural system which are apposite in development of RH.
-) To increase the access on sources of information to poor families through IEC material which support people to get more formal and informal information about RH.
-) To include all components of reproductive health in school/college level curriculum with proper information and counselling.
-) To make the safe and appropriate environment to share experiences, completing curiosity and guidance to adolescent students in family, community and school.

Recommendations for Further Areas of Research

This study is limited to the higher secondary level adolescent girls students of grade XI and XII. It could not cover the large number of adolescents who weren't getting education.

-) In this study very limited variables are used, to study the level of knowledge on RH so the selected variables are insufficient to explain the level of knowledge of the adolescents in reproductive health.

-) This study excludes all students studying in school level and boys in higher secondary level. If they are also included in the research it may give reliable measure of adolescents knowledge and perception on RH.
-) Among the various components of the reproductive health, this study includes FP, MCH, STDs, HIV/AIDS, infertility and abortion. The study could be more representative for knowledge and perception on RH of adolescents if all the components of RH were enclosed.
-) RH includes several sensitive issues, so people feel uncomfortable to give the information about it. Only the in-depth personal interview is the reliable method to collect information while doing research in this topic. Although this type of research is costly both in terms of time and money, it could give rise to new horizon in the field of RH for the research can be done in this field.

Appendix

Tribhuvan University

Central Department of Population Studies
Kritipur

Survey Questionnaire on

“Adolescents girls’ Knowledge and Perception on Reproductive Health”
for a dissertation of masters of Arts, 2012

I would like to focus on the selected aspect on your individual and household situation and would like to response the question below:

Individual and household characteristics:

Name of respondents	
Age (completed age)	
Sex	
Caste\ ethnicity	
Religion	
Birth place	
Father's education	

Father's occupation	
Mother's education	
Mother's occupation	
Birth order of respondents'	
Marital status	
Facilities at home	Radio Television Electricity Telephone
Total family member	Male Female Total
Sources of drinking water	

Now I would like to focus some questions concerning your level of knowledge and perception on reproductive health (please response by circling the appropriate code and give answer if necessary)

Q.N	Questions	Coding number and description	Skip to Q.N
Reproductive Health			
1	Have you heard term reproductive health?	Yes No	01 02
			Go to Q.8
2	If yes, what are they? (MR)	Family planning Adolescents reproductive health Infertility RTI, STDs and HIV/AIDS Neonatal care Unsafe abortion Maternity care Elderly care All of the above Don't know	01 02 03 04 05 06 07 08 09 10
3	Have you ever get reproductive education?	Yes No	01 02
			Go to Q.5
4	If yes, where did you get this education? (MR)	Reading Training Interaction Programme through different organization at VDC level? Other (specify)	01 02 03 04
5	Can you ask question with parents, teachers or other member of your family about reproductive health?	Yes. I can. No, I can't.	01 02
			Go to Q 7
6	If, No, why you can't?	Fear Shame Other (Specify)	01 02 03
7	In which subject of reproductive health do you	Knowledge on HIV/AIDS Knowledge on family planning	01 02

	want to get knowledge? (MR)	Knowledge on maternity care Knowledge on abortion knowledge on infertility others (specify)	03 04 05 06	
8	Have you noticed your physical changes?	Yes No	01 02	
9	If yes, what type of changes have you noticed? (MR)	Changes in height Changes in weight Changes in voice Increase in reproductive organ Increase in breast Others (specify) Don't know.	01 02 03 04 05 06 07	
Family Planning				
10	Do you know about family planning?	Yes No	01 02	Go to Q.19
11	If yes, how many methods do you know about family planning? Circle them.(MR)	Condom Pills/niloken/gulaf Depo-Provera /sangeeni Male sterilization Female sterilization Naraplant Withdraw Other(specify)	01 02 03 04 05 06 07 08	
12	Do you know about condom a temporary method of family planning is?	Oral pills for male Oral pills for female For male use For female use Don't know	01 02 03 04 05	
13	Do you know about pills (niloken, gulaf) a temporary method of family planning is?	Oral pills for male Oral pills for female For male use For female use Don't know	01 02 03 04 05	
14	Depo-Provera injection (sangingee)a temporary method of family planning is?	Three monthly injection for male Three monthly injection for female Device inserted into a women uterus Don't know.	01 02 03 04	
15	IUD((copper T) a temporary method of family planning is?	Three monthly injection for male Three monthly injection for female Device inserted into a women's uterus Don't know	01 02 03 04	
16	Do you know place where you can obtain a method of family-planning?	Yes No	01 02	Go to Q.18
17	Where is that? (MR)	Public/government sector Non government sectors Private medical sector Other sources (Specify)	01 02 03 04	

18	What are sources of knowledge family planning methods? (MR)	Radio Newspaper/magazine Teacher /course book Health worker Parents Friends /relatives Other (specify)	01 02 03 04 05 06 07	
STDs, HIV/AIDS				
19	Do you know about STDs?	Yes No	01 02	Go to Q.26
20	If yes, what is the source of information about STDs? (MR)	Radio Newspaper/magazine Teacher /course book Health worker Parents Friends /relatives Other (specify)	01 02 03 04 05 06 07	
21	What are the types of STDs? (MR)	Syphilis Gonorrhoea HIV/AIDS Other(specify) Don't know	01 02 03 04 05	
22	What are the means of transmission of STDs?	Unsafe sexual contract Other (specify) Don't know	01 02 03	
23	Is there any thing a person can do to avoid getting STDs	Yes No	01 02	Go to Q.25
24	If yes, what can a person do? (MR)	Abstain from sex with multiple partner Be mutually faithful Consistent use of condom Others (specify)	01 02 03 04	
25	From where will you get services of STDs? (MR)	Government health centre Non government sector Private health sector Don't know	01 02 03 04	
26	Do you know about HIV/AIDS?	Yes No	01 02	Go to Q.37
27	If yes, what are the sources of information? (MR)	Radio Television Newspaper/magazine Health worker Teacher/books Friends/relatives Others (specify)	01 02 03 04 05 06 07	
28	What are the means of transmission of HIV? (MR)	Unsafe sexual intercourse Blood product Sharing intravenous syringe Mother to child Others (specify) Don't know	01 02 03 04 05 06	
29	Do you know preventing	Yes	01	

	methods of HIV?	No	02	Go to Q.32
30	If yes, what are the methods of preventing HIV/AIDS? (MR)	Abstain from sex with multiple partner Safe sexual contact Consistent use of condom Use of HIV checked blood Others (Specify) Don't know	01 02 03 04 05 06	
31	What is the contraception that can be used during sexual contact to prevent from STDs and HIV?	Pill IUD Depo-Provera Condom Don't know	01 02 03 04 05	
32	Do you know of a place where people can go to get tested for the AIDS virus?	Yes No	01 02	Go to Q.34
33	If yes, where is that? (MR)	Government sector Non government sector Private medical sector Others	01 02 03 04	
34	How should we behave to the infected person?	Love/respect them Hate them Don't know	01 02 03	
35	Do you want to say about your knowledge and services on STDS and HIV/AIDS?		
36	How would you perceived people living with HIV/AIDS?		
Maternity care				
37	Have you ever heard about maternity care?	Yes No	01 02	Go to Q.54
38	If yes which maternity cares have you heard?	Antenatal care Delivery care Postnatal care Other (specify)	01 02 03 04	
39	What do you know about safe motherhood?	Care of mother Care of baby Care of both before delivery Care of both after delivery Care of both before and after delivery Don't know	01 02 03 04 05 06	
40	How would you detect pregnancy?	Stopping menstruation Nausea Breast enlargement All of the above Don't know	01 02 03 04 05	
41	What is the serious problem in gestation period?	Heavy bleeding Swelling hands, foot and face If any other Don't know	01 02 03 04	

Antenatal Care				
42	Do you know about antenatal care?	Yes No	01 02	Go to Q 47
43	Which ANC care do you know? (MR)	Pregnancy health care Vaccination (T.T) Iron /folic acid tablet Other (specify)	01 02 03 04	
44	How many times a pregnant mother should take health check up during pregnancy?	At least one time At least two times At least three times At least four times Don't know	01 02 03 04 05	
45	What immunization must be given to pregnant women?	T.T B.C.G. Polio Don't know	01 02 03 04	
46	How many times a pregnant women should take T.T immunization?	At least one time At least two times Don't know	01 02 03	
Delivery Care				
47	Do you know about delivery care?	Yes No	01 02	Go to Q.50
48	If Yes, What care should be taken during safe delivery? (MR)	Help of trained health worker Clean delivery instrument should be kept Delivery place should be clean All of the above Don't know	01 02 03 04 05	
49	Do you know what is the safe place for delivery?	Health facility Home Don't know	01 02 03	
Postnatal care				
50	Do you know about postnatal care?	Yes No	01 02	Go to Q.61
51	If yes, how many days after delivery should take first health check up?	Day of delivery Two days after delivery Seven days after delivery Don't know	01 02 03 04	
52	Do you know how long duration of postnatal care should take following birth?	No. of weeks		
53	What are the sources of information knowledge about maternal care? (MR)	Radio Television Newspaper/magazine Health worker Teacher/books Friends/relatives Others (specify)	01 02 03 04 05 06 07	
Abortion				

54	Have you ever heard of abortion?	Yes No	01 02	Go to Q.61
55	If yes, what are the main reasons for abortion?	Unwanted pregnancy Others(specify) Don't know	01 02 03	
56	What do you think about the consequences of unsafe abortion?		
57	Which type of abortion you have heard about?	Spontaneous Induced both	01 02 03	
58	What are the main sources of information on abortion? (MR)	Radio Television Newspaper/magazine Health worker Teacher/books Friends/relatives Others (specify)	01 02 03 04 05 06 07	
59	Do you know what is the safe place for abortion?	Health facility Home Don't know	01 02 03	
60	Do you know about the recent abortion act of the government?	Yes No	01 02	
Infertility				
61	Have you ever heard of infertility?	Yes No	01 02	
62	If yes, what is the main source of knowledge on infertility? (MR)	Radio Television Newspaper/magazine Health worker Teacher/books Friends/relatives Others(specify)	01 02 03 04 05 06 07	
63	Who can be infertile,	Male Female Both Don't know	01 02 03 04	
64	How do people look at an infertile person?		
65	Please express your opinion about availability and accessibility of infertility care services in your locality?			
66	How do you look at an infertile person?		
67	What are the sources of knowledge on RH	Radio Television Newspaper/magazine	01 02 03	

		Health worker	04	
		Teacher/books	05	
		Friends/relatives	06	
		Others(specify)	07	

Tribhuvan University

Central Department of Population Studies

Kritipur

(For teachers only)

This questionnaire is design to find your opinion on reproductive education in school/college. Your name will and your responses will be kept confidential. The information gathered hereby will be used only for research purpose. (The respondents are requested to circle the answer or write your opinion where needed)

Name of school/college:			
Type of school/college:	Government /Private		
Name of respondent:			
Age:		Marital status:	
Religion:		Teaching level:	
Level of education (completed):		Teaching subject:	

Q.N	Questions	Description and Coding number	Remarks
1	Is reproductive health education being included in your school/ college curriculum?	Yes No	01 02
2	If yes, how is it placed in the curriculum?	As a separate subject Combined with other subject	01 02
3	Should reproductive health education be included in school/college curriculum?	Yes No Don't know	01 02 03
	In your opinion, which topic of reproductive health should be included in school/college level curriculum?		
4	If no, why reproductive health education should not be in taught in school/college? Give your reasons.	
5	Is it being taught at present?	Yes No Don't know	01 02 03
6	At which level is it being taught?	
7	In your opinion, reproductive health education should be taught to	Male students Female students Both	01 02 03
8	Whom do you think will be appropriate to teach reproductive health education?	Science teacher Health, Population and Environment teacher Any teacher	01 02 03
9	In your opinion, which component of reproductive health is needed to give the knowledge to your students?	Knowledge on family planning Knowledge on HIV/AIDS Knowledge on maternity care Knowledge on abortion Others (Specify)	01 02 03 04 05
10	In your opinion who will be benefited by reproductive health education?	Person Family Society	01 02 03

Focus Group Guide

The focus group discussion includes the following topics.

A) Knowledge and perception regarding reproductive health education

1. What are the sources of information regarding reproductive health?

If magazine, name few magazine.

If TV/Radio, name the programme.

2. At what age should reproductive health education be started, why?

3. Who should be the educator? Why (role of media, parents, teacher and society, all of them)

4. What are the importances of reproductive health education?

B) Knowledge and perception regarding Family Planning

1. What are the modern methods of family planning?

2. What are the traditional contraceptives?

C) Knowledge and perception regarding STDs, HIV/AIDS

1. What is the full form of STDs, HIV/AIDS

2. What are the different types of STDs?

3. What may be the mode of transmission of STDs, HIV/AIDS?

4. How can we prevent from STDs, HIV/AIDS?

5. What are the methods of treatments of STDs?

6. What are the consequences of STDs, HIV/AIDS?

D) Knowledge and perception regarding Abortion

1. What may be the causes of abortion?

2. What do you mean by safe and unsafe abortion?

3. What do you mean by infertility?

4. What are the consequences of abortion?

5. Do you know about the legal provision for abortion?

E) Knowledge and perception regarding Infertility

1. What do you mean by infertility?

2. What may be the causes of infertility?

3. What are the consequences of infertility?

F) Program recommendation from adolescent about reproductive health

1. What types of programs do you recommend?

References

Ashoford, Lori S.(2001). *New population policies, Advancing Women health and Rights*. Population Bulletin, 56(1), London.

Central Beuro of Statistics. (2001). *National population report 2001*, CBS, Kathmandu.

Central Beuro of Statistics. (2003). *Population Monograph of Nepal* . CBS, Kathmandu.

Family planning Association of Nepal. (2003). *Documentary Report of strategy for adolescents sexual and Reproductive Health project*. FPAN, Kathmandu.

Gubhaju, B.(2002).*Adolescents Reproductive Health in Asia's paper Presented at 2002 IUSSP Regional Population conference South- East Asia's Population in a changing Asian Context* ,Bangkok.

Kaiser Family Foundation. (2005). *HIV/AIDS policy Fact Sheet* ;KFF Washington D.C.

Khanal, H.(1999). *Adolescents Reproductive Health in Nepal* .The journal of Reproductive Health .Lalitpur, Family Planning Association of Nepal.

Ministry of Health.(Nepal) New ERA, and ORC Macro(2002) .*Nepal Demographic and Health Survey, 2001*.Calverton , Maryland, USA; Family health Division , Ministry of Health , New ERA and ORC Macro.

Ministry of Health and Population, New era and Macro International Inc.(2007). *Nepal Demographic health survey, 2006*. Kathmandu, Nepal, Ministry of Health and Population, New ERA and macro International Inc.

PAN. (2004)*Population journal Knowledge, Age and Sex Behaviours of Women in Nepal*, Central Department of population studies, Kathmandu.

Stupa journal of Health Sciences.(2005). *Ministry of Health of Health and population* ,Kathmandu..

United Nation. (1994). *Programme of Action Adopted at the International Conference on Population and Development Cairo, 5-13 September 1994*. UN Publication.

United Nation. (1994). *International Conference on population and development plan of action*, New York; UN.

United Nation. (2003). *Knowledge of sexual Health Issue among Unmarried Young People in Nepal*. Asia Pacific Population Journal India; UN, 112-113, India.

United Nation. (2009). *World Population Prospects, Cairo..*
UNAIDS. (2003). *The HIV/AIDS/STD Situation and the National Response in Nepal*.

UNESCO. (2008). *Unwanted pregnancy and Unsafe Abortion Package of laws and legislation series 3. Legislation Review 2. Regional clearing House on Population Education and Communication, Bangkok.*

UNFPA. (2009). *The South Asia Conference on Adolescent Health*, Kathmandu, UNFPA, Kathmandu.

UNFPA. (2003). *State of World Population, 2003, Investing in Adolescent Health and Rights*, New York.

UNFPA. (2004). *State of world Population 2004. The Cairo Consensus at Ten. Population Reproductive Health and Global Effort to End poverty*, Cairo.

UNFPA. (2005). *State of World population 2005. The Promise of Equality Gender Equity, Reproductive Health and Millennium Development Goals*, Cairo.

UNICEF. (2007). *State of World's Children Population 2007*, Geneva.

UNICEF. (2002). *Young People and HIV/AIDS Opportunity in crisis*. New York.

WHO. (2005). *Population report; Meeting the Needs of Young Adults*, Series J, Number 41, Geneva.

WHO. (2004). *Unsafe Abortion. Global and Regional Estimate of the Incidents of Unsafe Abortion and Associated Mortality*, Geneva.