

# CHAPTER-I

## INTRODUCTION

### 1. Background of the Study

To attain a good health is every body's basic right. A person healthy from all aspects including reproductive health point of view. Lack of knowledge on reproductive health adversely affects the total health of an individual . There fore , people especially young people must be made aware of all these aspects.

WHO defines reproductive health as “ a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to their reproductive systems and to its functions and processes”. The definition implies that people are able to have a satisfying and safe sex life and they must have right to decide the number of children to be reproduced. According to the definition given above, people must have free choice to adopt fertility regulation and health care services. Finally, getting information about reproductive health is also equally important to be healthy citizen, Therefore people must have right to get information regarding reproductive health.

Nowadays reproductive health and sexual behavior health are used as a common phase as reproductive and sexual health. While educating people about reproductive and sexual health, we must know what the reproductive and sexual health is . Reproductive and sexual health is an educational experience aimed at developing capacity of people to understand their sexuality in the context of biological, psychological, socio-cultural and reproductive dimensions and to acquire skills in making responsible decisions and action with regard to sexual and reproductive health behaviors. Reproduction and sexual health not only concentrated its focus on the biology and anatomy of reproductive and sex, but also providing young people with information about reproductive health process. It also teaches young people about dating boys, girl's relationship, marriage and contraception.

The knowledge on reproductive health and sexual behavior results in better health care and less prevalence of STD . The adolescents are the focus of reproductive and sexual health care system all over the world. The use of the term reproductive health has developed rapidly over the last few years. The program of international conference on held(in 1994). The conference did draw about worldwide attention to

reproductive right and health. Many countries committed themselves to take action to improve their services in these area of health.

The conference defined reproductive health as “ a state of complete Physical, mental and social well- being not merely the absence of disease of infirmity in all matters relating to the reproductive system and to it’s function and process” (UN1991).

Reproductive health knowledge is needed to protect themselves form unwanted pregnancies, harmful reproductive practices and choice on satisfactory contraceptive methods, safe pregnancy and safe delivery. It also included the treatment of infertility to remove the malpractices of reproductive such as unwanted pregnancies, unsafe abortion and delivery. A better knowledge on sexual and reproductive health helps to remain free from STDs related diseases. Woman should have right to decide when and how to have sexual relation , how much ideal number of children is needed with what years of birth interval. Thus, the sexual and reproductive health knowledge helps to bear the real healthy pregnancy and children, which ensure the better life of next generation.

The adolescent population (10-19 years) share over one- fifth of the total population in developing countries like Nepal , India, Sri-Lanka, Bangladesh etc. In these countries the preparation of adolescent is high and growing with changing patterns of sexual behavior. Among this age population , groups have been observed, socio- economic progress and urbanization be shifted in the traditional Valu7es associated with sexual behavior with the result, that many young people are having sexual relation before the marriage. (Mccauly AP and Saltier 1995)

In most developing countries adolescents age group of demography pyramid is still broad. This means that countries have large number of growing population of adolescents. Since past decades time has seen a changing pattern of sexual behavior among this age population group. It has been found that social economic progress and shifted the traditional values associated with sexual behavior with the result , that many more people are having sexual relation before the marriage.

The adolescent age group (10-19) shows that mean age at marriage is rising and pre-marital sexual behavior is also in increasing trends. Thus, sexual health knowledge enables people to become careful on sexual related issues especially on how to control sexual activity and enjoy sexuality.

Mean age at marriage of adolescents (10-19 years) is rising and pre-marital sexual behavior is also increasing. Thus, there is a need to understand sexual health dynamics enabling people to become careful on sexual health related issues specially on how to protect from STD/ AIDS, how to control sexual access, how to enjoy sex properly. These types of knowledge are necessary for high school girls in Nepal.

Reproductive health within the context of primary health care included various components. HMG of Nepal approves eight components as well. (MOH, 1998). After the ICPD recommendation a number of governments including Nepal have given special attention to the adolescent reproductive health behaviors.

World Health Assembly had incorporated a new programme on adolescents health into the eight general programmes of work of population in Mexico (1984) and gave emphasis on prevention of early pregnancy and sex education. It is also suggested that family planning methods be made widely available to adolescents.

Among the major reproductive and sexual health hazards that young people face in the context of Nepal are:

- Sexual Transmitted Diseases (STD)
- Unwanted pregnancy including illegal abortion related complications.

In December, 2015 on the occasion of world Aid day, WHO has published that in south East Asia HIV infected person has been reduced to 35% and death rate has been decreased to 24%. In this region 16000000 infected people are under treatment. The drug dealing agent has been spread out in all higher secondary technical college of Bhaktapur district.

As of mid 2016, 18.2 million people are receiving antiretroviral treatment world wide.

29 November 2016 in advance of world Aids Day, WHO has released guidelines on HIV self – testing to improve access to and uptake of HIV diagnosis. According to new WHO progress report, Lack of an HIV diagnosis is a major obstacle to implementing the organizations recommendation that everyone with HIV should be offered antiretroviral therapy (ART). The report reveals that more than 18 million people with HIV are currently taking ART, and a similar number is still unable to access Treatment, the majority of which are unaware of their HIV positive status.

## **1.2 Statement of the Problem**

The population age group of 10-19 years is defined as adolescent. We can also sub-divide adolescent into two groups early adolescent (10-14 years) and late adoles-

cent(15-19) . According to the new population projection of Nepal more than one-fifth was constituted of adolescent population . Adolescent age is the chronological age form childhood to pre-adulthood. Many children experience biological as well as social change during this period. For instance, many children in this age go through puberty experience, change in their body structure , leave home and school and get married.

Little is known on the reproductive health behavior of adolescent in Nepal. About 54 percent of late adolescents have participated in labor force. Literacy rate is much lower among the late adolescent females (38.6%) compared to males (71.1) in the context of Nepal.

Although the means age at marriage is the common feature of adolescent in is 16 and 18 respectively. Many societies in Nepal do not practice this HFHS, 1996 shows that 44% of females of this age were ever married. By the time a girl reaches 20 years old, 24% of all women enter into motherhood. At these age groups (15-19 years) they have 2 children on average. A large population of adolescent pregnancies are unplanned and with shorter spacing between them compared to older women. Less than 7% use of contraception is among currently married adolescents girls (15-19 years) in Nepal and only 24.3% of them have knowledge of HIV/ AIDS

This is an indication that many teen –age girls are married and many of them have entered into motherhood so that the risk of dying at childbirth is higher than older mothers, which have higher risk of mortality and morbidity.

Generally, this research has only included the higher secondary levels school student adolescents group because it plays main role in reproductive health.

In this period naturally menstruation cycle starts itself. Many demographic studies have shown that education of woman has multi dimensional effects. This analysis also came up with the finding that if women are educated at least up to secondary level they have very high chances of acquiring the knowledge of reproductive health and sexual behavior.

In this context, it can be recommended that the research programs should support universal school education policy of the government. ICPD has recognized the special need of adolescent and recommendation for formulation policies and program addressing their specific needs.

Nepal has 22.5% of that adolescent population in the total population (1996). Nepalese girls cannot take about the adolescent behavior openly due to religion before

their marriage. Therefore, it is a problem of every Nepalese adolescent student to give proper knowledge of reproductive health and sexual behavior.

In these days reproductive health related to sexual knowledge is an important question for adolescent because, adolescents are the future parents. Adolescent receive knowledge on reproductive health and sex from friends and media, which are confusing them.

Higher Secondary Level School Student are included in the late adolescent group (15-19). They are in need to know when to begin marriage life, how much ideal number of children to have, when to give birth, in which condition to have physical relation, how to keep reproductive organs healthy etc. Age at marriage is slowing down but there are increasing trends of STD/ HIV/ AIDS. Present research work has been proposed as “knowledge on reproductive health and sexual behavior of Higher Secondary Level School student.

### **1.3 Objectives of the Study**

The study has following objective:

- 1.3.1 To determine the present knowledge of Reproductive Health
- 1.3.2 To develop the sexual behavior of the student on pre-marital sex.
- 1.3.3 To find out the ideal age of marriage.

### **1.4 Research Questions**

- 1.4.1 What is Reproductive Health?
- 1.4.2 What do you mean by pre- marital sex?
- 1.4.3 What is the appropriate age for marriage?

### **1.5 Significance of the Study**

The focus of the study is on reproductive health and sexual behavior in the Higher Secondary Level School Students who are likely to enter into the active sexual and reproductive life. As this study aims to provide basic information on reproductive health and sexual behavior. This study shall be helpful to formulate the further policy and programmer in the related field in the context of Nepal.

These study have unveiled only the present study of fertility and neutrality behavior of respondents. But this study aims to cover the adolescents and potential mother and father of near future, that it would have an important feedback to deal with the future demographic behavior of the adolescents. Therefore, this study carried out an important role in the areas of adolescents reproductive health, STD as well as fertility and neutrality.

## 1.6 Delimitation of the Study

This study had been conducted to the five higher secondary school of Siraha Bar-  
chaba HSS 86, Mirchaiya HSS 103, Golbazar HSS 92, Bashtipur HSS 22, Rajput HSS  
13, out of 1116 student only 316 number of student were selected on the basis of sim-  
ple random sampling method.

1.6.1 This study has been concerned only to the students studying in  
class 11 and 12.

1.6.2 The study was based on knowledge and attitude among higher secondary  
level students.

1.6.3 This study mainly focuses on knowledge on reproductive health and  
sexual behavior in Higher School Level Students

1.6.4 The study has covered of student age group 19.

## 1.7 Operational Definition of the Term Used

<b>Abortion</b>	Abortion is theoretically defined as discharge of
<b>Adolescent</b>	adolescent refers to the age group between 10 to 19 years as per WHO
<b>Age at marriage:</b>	The age at which female gets marriages and enters the re- productive period of life(K. Park 1997)
<b>Contraceptive Me- thods</b>	Contraceptive method is defined as preventive devices and methods to help women to stop unwanted pregnancies.
<b>Fertility</b>	The capacity of women for actual bearing of children during their reproductive age
<b>Family planning</b>	family planning refers to practices that help individuals or couples to plan their family and to determine the number of children in the family .
<b>Gestation</b>	Gestation is a process of carrying in the uterus between con- ception and birth
<b>Health</b>	Health is a state of complete physical mental and social well – being and not merely absence of diseases or infirmity (WHO)
<b>Immunization</b>	Immunization is a means of protection against the results of infectious diseases within the human body .

<b>Literacy</b>	the ability to read write and understand written information .
<b>Marriage</b>	Marriage is durable connection between male and female lasting beyond the mere act of preparation till after the birth of offspring. - (Edward Watermark)
<b>Menstruation</b>	Menstruation is a natural process of females throughout the child bearing period. This is a series of events starting from the age menarche to menopause. The average length of the menstrual cycle is about 28 days.
<b>Pregnancy</b>	Pregnancy may be defined as a physiological process of developing fertilized ovum in the uterus of mothers .

## **CHAPTER –II**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Review of Theoretical Literature**

In term of reviewing the related literatures the previous studies in the filed of sexual and reproductive health have been studied and reviewed . There might be lost of research activities in reproductive health but published materials in such areas are not sufficient in country like Nepal. Nowadays young people marry later and pre- marital sex is quite common , Even they have knowledge about contraception but they don't want to use that, so they have to face more risk of unwanted pregnancy, STD's and higher risk of maternal mortality and morbidity.

In the context of Nepal, there seems to be the vast difference between contraceptive knowledge and its use. Nepal Birth, Death and contraceptive survey contraceptive knowledge and its use. Nepal birth, Death and Contraceptive survey (NBDCS, 1996) sample covering 73. districts form about 12,000 households of Nepal. Examined the knowledge and use about family planning methods by asking the questions “Do you known about the use of a contraceptive methods you have heard?” But, Nepal family health survey (NFHS) and Nepal Fertility, Family planning and health survey 1991, found neglected about the use of contraceptive, only concerned with knowledge of methods. The knowledge of contraceptive is very high in Nepal, about 96.9% married women at 15-19 years age group know at least one method of family planning. The survey also found that above 63% of currently married women are in the age group 15-19 years and had knowledge about contraceptive but only 8.3% of CMW in that age group were using some form of contraceptive.

#### **2.2 Review of Empirical Literature**

Saramma, (1992), Says that the legal age of marriage for a girl s 18 years and for a boy is 22 years. If the girl or boy gets married below the legal age of marriage, the parents can get punishment under the law. A girls' boy especially her reproductive organs and her hip bones fully develop only after she completes the age of 18 years. A girl's reproductive organs such as her womb will not be fully developed before the age of 18. Once she gets pregnant at early age the womb will not grow. During pregnancy the smll womb gets stretched so much that it gets turn in many ways. This may affect future pregnancies and may also cause other problems.

Aryal, (1998) attempted to study on sexual and reproductive health need of the youth of Nepal. She found that the involvement of youth. Kharel (1996) in the article



published in the Sagarmatha has pointed out that a survey conducted using clinical data among 1000 married male and females, 19.1% of the respondents accepted the premarital sex when 16.2% male and 14.9% of female had pre-marital sex experiences.

FPAN, in the booklet of the curriculum for adolescent states that of the total population of Nepal 21% is of adolescent of age 10-19 years. The knowledge, attitudes and practices of adolescent determine future health status of infants and children as well as population in the Nepalese perception .

Guruwa Charya and Subedi showed that 13% adolescent boys and 23% adolescent girls involved in sexuality. Out of them , only 23% adolescent boys and 15% adolescents girls has extra marital sexuality though it does not represent whole adolescents of nation but shows glimpse of adolescents and extra marital sexuality was possible and simple matter. In Nepal 68% are married below 18 years and 18% women under 19 years become pregnant. This shows that the most of the adolescent are involved in sexuality. Therefore, reproductive health and sex education are necessary subject to adolescent.

Chaudhary, R.H. (1998) analyzed the study of pre-marital sex in Bangladesh. The study based on rural urban sample of over 1200 adolescent reveals that the prevalence of sex among adolescent in general increase with age and this is higher in urban that in rural areas and among boys than girls. The majority of unmarried urban adolescent boys reported to have engaged in sexual relation by their early teens, while good proportion of urban unmarried adolescent girls and boys have had sexual relation by their late teens. The prevalence of pre-marital sex among adolescents is lowest among rural girls. And boys.

Regmi, et.al (2004) reported that knowledge regarding HIV transmission , sexual intercourse(75%) Blood transfusion (80%), by sharing syringes 75% and mother to child (74%) . Regarding prevention they mentioned condom (91%males and 93%female), avoiding blood transfusion (90%) and having sex with only one partner (15% for both HIV and STD), Source of information for HIV / AIDS and RH issues said were health worker (19%), teachers (17%) and peer (12%)

Thapa (2009) study findings has revealed those facts which can be utilized in the field of planning, designing, developing and implementing awareness program targeting the adolescent and teen age boys and girls. The representation of 16-19 years old

was high HSS. The proportion of the respondents by sex was 35.1% female and 64.9% were male.

Among female adolescents and youth, the proportion with comprehensive knowledge of HIV and AIDS was lower among the ever married than never married. In 2011 NDHS, among male adolescents and youth, 37 percent of the never-married had comprehensive knowledge as compared with about 25 percent of the ever-married. The corresponding figure of female adolescents and youth were 32 percent among the never-married and 20 percent among the ever-married. (NDHS, 2011)

NDHS (2011) reported that 86% of women and 97% of men (of age 15-49) have heard about HIV and AIDS, but knowledge of HIV prevention measures is slightly lower. 71% of women and 84% of men know that the risk of getting can be reduced by using condoms and limit in sex to one faithful uninfected partner. Knowledge of HIV prevention measures is higher among those with higher levels of education and those from wealthier households. Prevention knowledge has improved in recent years especially among women.

NCASC November, 2013 according to national centre for AIDS and STD control Kathmandu, estimated number of people living with HIV by age group Children (<14 years) 4000, Adults (15-19 years) 41000 and more than 50 years adults 3600, total estimated 48600 people. HIV in Nepal is extremely heterogeneous with respect to in different geographic regions. The epidemic is concentrated in key populations such as sex workers, injecting drug users (IDUs), men who have sex with men (MSM) and some migrants. Effective prevention interventions need to be scaled up among MARPs and their direct sexual partners. Nepal's poverty, political instability and gender inequality, combined with low levels of education and literacy make the task challenging, as do the denial, stigma and discrimination that surround HIV and AIDS.

As of mid 2016, 18.2 Million people are receiving antiretroviral treatment worldwide.

29 November 2016 in advance of world Aids Day, WHO has released guidelines on HIV self-testing to improve access to and uptake of HIV diagnosis. According to new WHO progress report, Lack of an HIV diagnosis is a major obstacle to implementing the organizations recommendation that everyone with HIV should be offered antiretroviral therapy (ART).

### **2.3 Implications of the Review for the Study**

A number of researches have been carried out in connection with Knowledge on reproductive Health and sexual behavior among higher secondary level Scholl student. The researcher has studies some of the theses related to the topic. Thus the implication of the review for the study can be stated as follow.

2.3.1 It can help the researcher to state the objective clearly and concisely.

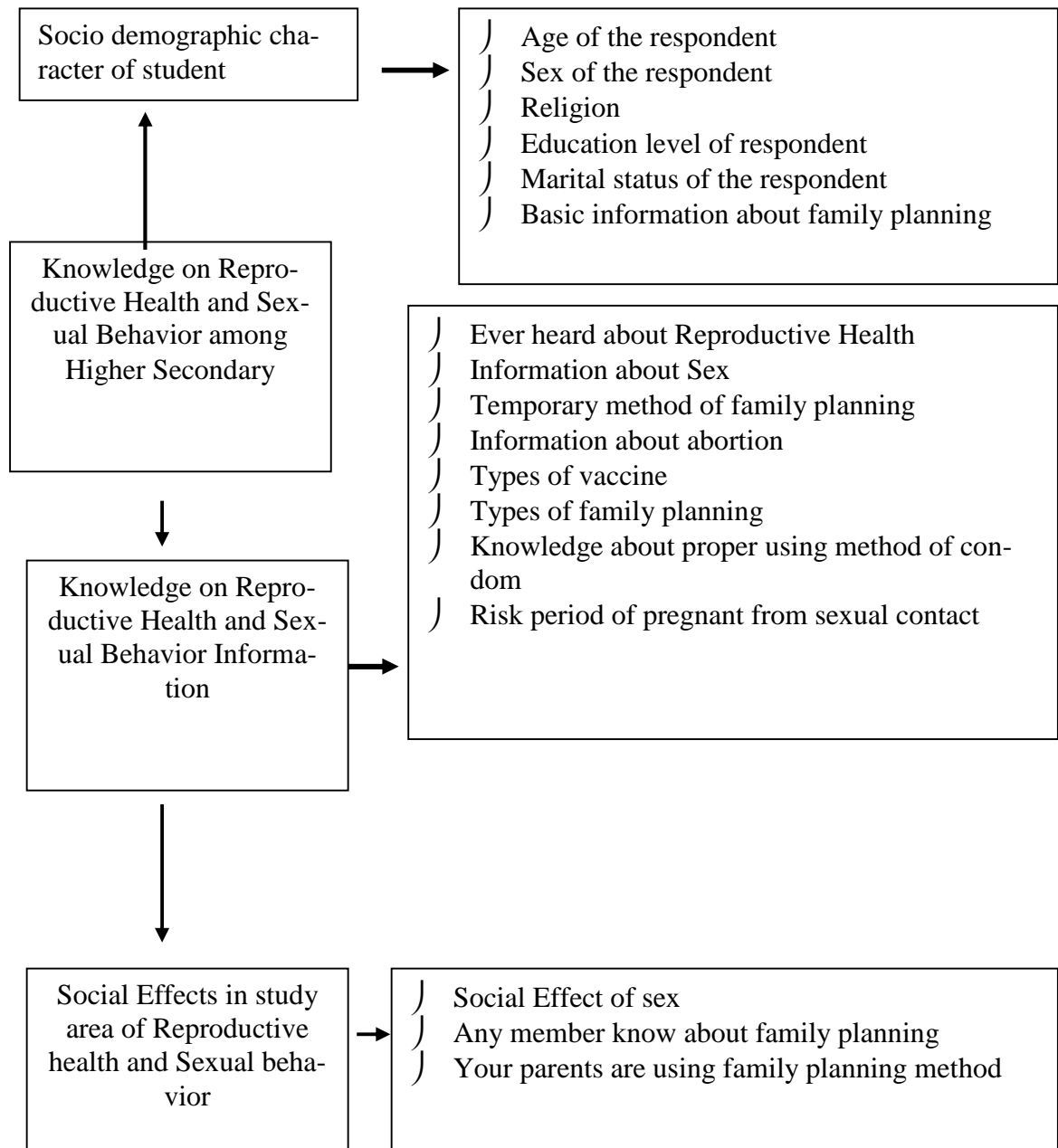
2.3.2 It can help the researcher to identify related field for the study.

2.3.3 It can help the researcher to assets knowledge about different tool and method for analyzing data.

2.3.4 It can help to compare old funding form the study with the present one.

2.3.5 It can give reference to the future studies related to the topic.

## 2.4 Theoretical/ Conceptual Framework



## CHAPTER – III

### METHODS AND PROCEDURES OF THE STUDY

#### 3.1 Introduction

Research methodology is a way to systematically solve research problems. It facilitates the research work and provided reliability and validity to it. Research methodology employed in this study is present below.

#### 3.2 Research Design and method of study

The research had applied the descriptive type of survey method. Under this method research data was collected by using questionnaire tool among higher secondary level school students in Siraha.

#### 3.3 Population of the study

The study was referenced to the Siraha district. There were different levels of study area. The researcher has selected only five higher secondary level school students form class 11 and 12 of Siraha District 1116 student from class 11 and 12.

#### 3.4 Sampling procedure and Sample Size

Five higher secondary school of Siraha had been selected for purposive sampling method because these five higher secondary level school students were significantly more eligible respondents for the study. Then simple random sampling methods were used to select the respondents. Out of total 1116 students. 316 had been taken as a sample.

School's Name	Total Student	sample of Student	percentage (%)
Barchaba HSS	272	86	27
Mirchaiya HSS	392	103	33
Golbazar HSS	340	92	29
Bastipur HSS	70	22	7
Rajpur HSS	42	13	4
	1116	316	100

The above table shows that there was total 1116 student in five HSS. Among them 316 students were taken as sample witch includes 86 respondents form Barchaba School, 103 Respondents from Mirchaiya School 92 respondents from Golbazar School, 22 respondents from Bashtipur School, 13 respondents from Rajpur School.

### **3.5 Data Collection Tools**

Questionnaire was the major instrument of data collection . It was developed , administered and distributed to all the students of grade 11 and 12. The questionnaires for the present study are associated with the socioeconomic and demographic factors that affects knowledge and behavior of adolescents on reproductive and sexual health like puberty, child bearing period, FP. The questionnaires were used for collection information on the opinions facts form the respondents and to find out their overall understanding of the concept of reproductive health and sexual behavior. The only one type of questionnaire was implemented for the study. The individual questionnaire, basically deals with knowledge about adolescent, childbearing period, FP, STDS, abortion and HIV/ AIDS. The topic of sexual and reproductive health is sensitive for unmarried Nepalese adolescents because they generally hesitate to answer questions about sex and sexuality. There fore self interview technique was employed in the present study.

### **3.6 Date Collection Procedure**

The researcher had collected the data by taking on the following steps:

- 3.6.1 First of all authority letter was taken form Janta Multiple Campus of HE department.
- 3.6.2 The researcher visited the study area with authorize letter. Permission was taken from head master.
- 3.6.3 The researcher visited selected higher secondary schools.
- 3.6.4 before starting interview, the researcher introduced herself to the respondents and explains the purpose of the study .
- 3.6.5 All the data was collected form the interview schedule according to the questionnaire.

### **3.7 Date Analysis and Interpretation**

The major part of analysis is based on descriptive approached some statistical tools such as cross table percentage figures , diagrams and Pie charts have also been prepared and presented . One these basis, analysis and interpretation of data has been presented in the following chapter.

## CHAPTER – IV

### ANALYSIS AND INTERPRETATION OF RESULTS

The analysis and interpretation of data is carried out with the help of tables and figures for each of the variable the analysis and interpretation of data presented in the following sections.

#### 4.1 The social demographic characteristics

Social demographic characteristics play an important role in the process of development of a nation. Demographic characteristics include all aspects of an area and sex-wise population, religion, educational level, marital status, occupational status, family structure, socialites or family etc. the results of every variable are presented with the help of tables and graphs below.

##### 4.1.1 Age of respondents

The age structure of the total population of Nepal is within the area of study. Age plays a major role to determine the knowledge, perception and attitude of respondents. Following table- 1 indicates the age-wise composition of respondents.

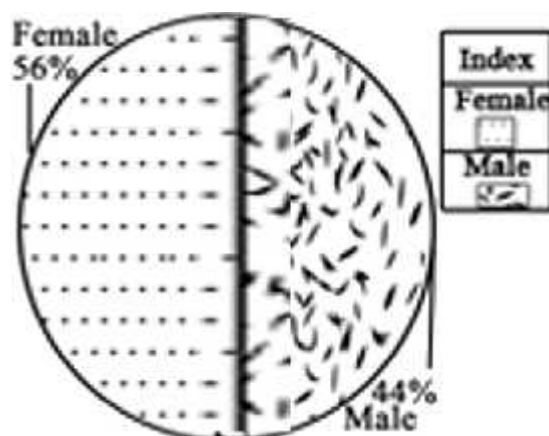
**Table No.1. Classical of Respondents based on group of Respondents.**

S.N	Age of Respondents	Number	Percent
1	16	72	22.79
2	17	96	30.38
3	18	104	32.91
4	19	316	13.92
	Total	316	100.00

It is clear from table no.1 among the 316 respondents chosen for the study, 22.79 percent of the respondents were from age of 16 years, 30.38 percent of respondents were from age of 17 years, 32.91 of the respondents were from age of 18 years, and 13.92 percent of the respondents were from age of 19 years. The above table indicates that out of 316 respondents, the maximum number, 32.91 percent of the respondents were from age of 18 years had been studying in higher secondary school level.

##### 4.1.2 Sex of Respondents

Sex is the strong determining factor for the knowledge of respondents toward behavior the data were collected according to respondents sex which is presented in figure no.1

**Fig. No. 1 Sex of Respondents**

It is clear from figure.1 that, among the 316 respondents chosen for the study, 56 percent of the respondents were female and the remaining 44 percent were male respondents. It is observed that, majority of the respondents were female.

#### **4.1.3 Religion of respondents**

In Nepal people behaves in different religion in Nepal some are Hindu, Some are Muslim, Buddhism, Christen, Nepal is predominated by Hindu releasing although there are different religion prevailing in Nepalese society the information of the respondents about religion is presented in table no.2

**Table No. 2 Classification of respondents Based of religion of respondents.**

S.N	Religion	Number	Percent
1	Hindu	297	93.99
2	Muslim	19	06.01
	Total	316	100.00

It is clear from table that, out of 316 respondents, maximum number of the respondents 93.99 percent following Hinduism. The following of Islam were 06.01 percent. Hence, majority of the respondents were Hindus.

#### **4.1.4 Educational Level of Respondents.**

Education is the major factors that change people's knowledge and attitude. Education always play crucial role in overall development of to nation. Education makes people directly or indirectly aware and they may be more conscious about their life. Education also plays the significant role to develop potential human resources and society. Education people have more perception capacity. Education level among the respondents is shown in table no.



**Table No. 3 Classification of Respondents Based on Educational level of Respondents.**

S.N	Grade	Number	Present
1	11 Class	569	50.99
2	2 Class	547	49.01
		1116	100.00

It is clear from that out of 316 respondents, 50.99 percent of the respondents were from class 11 and the remaining 49.01 percentage were from class 12.

#### **4.1.5 Marital Status of Respondents**

Marital states of the people may have significant role for the sexual relation due to which Reproductive Health and sexual behavior may be transferred from one to another. So it is important to know the marital status of respondents. The information of the respondents about their marital states is presented in table no.4.

**Table No. 4 Classification of respondents based on marital states of respondents.**

S.N	Marital	Number	Percent
1	Married	78	24.68
2	Un married	238	75.32
	Total	316	100

The table no.4 show that 24.68 percent of respondents were married and the remaining 75.32 percentage were unmarried. This indicates that early married is one of the key factor for threatening reproductive health.

#### **4.1.6 Occupational States of the Respondents father and Mother**

People purpose one occupation in order to carry in their live LaHood. It has become essential in the modern life. Without occupation people cannot meet the influences the are at marriage. Health protection which again affects their social mental and physical health condition

**Table No. 5 Distribution of Respondent Father Occupation.**

S.N	Occupation	Number	Percent
1	Agriculture	202	63.93
2	Business	51	16.14
3	Service	30	09.49
4	Industry	24	07.59
5	Daily Wages	09	02.85
	Total	316	100

It is clear that table that, 63.93 percent of respondents father were engaged in agriculture, 16.14 percent of respondents father were engaged in business, 09.49 percent of respondents father were engaged in service, 07.59 percent of respondents father were engaged in industry and 02.85 percent of respondents father were engaged in dally wages. This indicates that majority of respondents father were engaged in agriculture.

**Table No. 06 Distribution of Responding Mother Occupation.**

S.N	Occupation	Number	Percentage
1	Agriculture	266	84.18
2	Business	23	07.28
3	Service	11	03.48
4	Industry	9	02.85
5	Daily wages	7	02.21
	Total	316	100

It is clear that table that, 84.18 percent of respondents mother were engaged in agriculture, 07.28 percent of respondents mother were engaged in business, 03.48 percent of respondents mother were engaged in service, 02.85 percent of respondents mother were engaged in industry and 02.21 percent of respondents mother were engaged in dally wages. This indicates that majority of respondents mother were engaged in agriculture.

#### **4.1.7 Member in family**

Family if group of persons united by ties of marriage blood of adoption constituting a single household interacting and intercommunity with each other in their respective social role of husband and wife , Father and mother, son and daughter, brother and sister creating a common culture.

Mainly there are two types of family system nuclear and joint on the basis of size.

Nuclear family is a small group compose of husband and wife and immature children, which constitutes a unity from thrust of community.

According to Dr. I karn joint family is group of people who generally live under one roof, who eat food cooked at one kitchen, who hold property in common and who participate in common worship and are related each other.

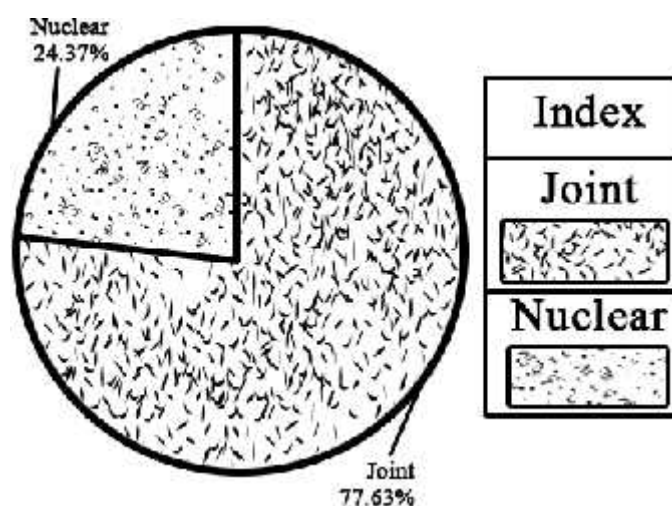
**Table No. 7 Classification of Responding based on member in family.**

S.N	Member in family	Number	Percent
1	3-4	32	10.13
2	5-6	45	14.24
3	7-8	166	52.53
4	More than 8	73	23.10
	Total	316	100

The table describes that majority of respondents 52.53 percent respondents have, 7-8 member in family, 10.13 percent of respondents have 3-4 member in family, 14.24 percent of respondents have 5-6 member in family, 23.10 percent of respondents have more than 8 member in family.

#### 4.1.8 Nature of family

Generally the percent living in society either belongs to Nuclear family or joint family. The nature of family is reflects the size of family. Family size is another most important factor to know the economic, social, health education and family background of the respondents each of these variables may contribute to determine the knowledge or Reproduction health and sexual behavior.

**Figure No. 2 Nature of Family**

#### 4.1.9 Facilities of Family

**Table No. 8 Facilities of family**

S.N	Facilities	Number	Percent
1	Radio	85	26.90
2	Electricity	38	12.03
3	Television	167	52.85
4	Telephone	26	08.22

It is clear than the table that 26.90 Percent on respondents have radio facilities, 12.03 percent respondents have electricity, 52.85 percent of respondents have television and 08.22 percent of respondents have telephone facilities this indicates that majority of respondents have televisions facilities.

#### 4.2 Current knowledge on reproductive and sexual behavior of the respondents

Higher school student are most relevant and potential age of man and women who are going be exposed to the reproductive life after a few years. For the causes that bring child is more dependent upon man and women and their health. A man and women should have right to decide when and how to have sexual relation they also must have knowledge when to give birth and how much children have better life. They are caries about sex and sexuality. Some time their curiosity may lead them to involve in sex. If they don't have knowledge about sexuality they may be become infected with STDS because or unsafe sex. Hence, the knowledge or reproductive health and sexual activities are needed for them.

##### 4.2.1 Age at marriage

The actual legal age of marriage is girls is 20 and boys is 22 allowed by law in our country. Most of Nepalese women get marriage before they reach eighteen due to religious and social practices. According to the reproduction health view actual age of marriage is 21 years above 20 years above.

**Table No. 9 Knowledge about age at marriage.**

S.N	Different Opinion	Number	Percent
1	15 or After 15	26	08.23
2	16 to 17	92	29.11
3	18 to 19	123	38.92
4	20 to Above	75	23.74
	Total	316	100

The table no.9 Describe that majority of respondents 38.92 percent prefer the age at marriage in 18 to 19 year, 08.23 percent of respondents said 15 or after 15, 19.11 percent of respondents side 16 to 17 and 23.74 percent of respondents side 20 or above.

#### **4.2.2 Appropriate Age for Giving Birth**

Age of first giving plays a very important role in man and women's health. Early pregnancy creates various long life health problems. It is better for women's health to be pregnant after 20 years the available information above age of first pregnancy is present in table below.

**Table no.10, Appropriate age for giving birth**

S.N	Difference Opinion	Number	Percent
1	Immediate after marriage	182	57.60
2	17 Years	44	13.92
3	18 Years	62	19.62
4	20 Years	28	08.86
	Total	316	100

It is clear from above table that out of 316 respondents, 57.60 percent of respondents side that immediate after marriage, 13.92 percent of respondents side that 17 years, 19.62 percent of respondents side that 20 years, the majority of respondents said is immediate after marriage.

#### **4.2.3 Describe number of children**

In this was asked to Respondent above the number of children wanted the result show in the table below.

**Table no. 11 Number of children**

S.N	Description	Number	Percent
1	1	28	08.86
2	2	186	58.86
3	3	84	26.58
4	4 or above	18	05.70
	Total	316	

The above table describes table that 08.86 percent of respondents said 1 Children, 58.86 percent of respondent side 2, 26.58 percent of respondents side 3 and 05.70 percent of respondents said 4 or above children the majority of the respondents side 2 Children.

#### **4.2.4 Birth interval Knowledge**

The period between first to second children birth is know as interval. A mother needs three to four year health rests after each issue. Birth spacing practices depend on number of children derided 1 perfect by the either group available data above this is shown in table below.

**Table no. 12 Children birth space**

S.N	Difference Year	Number	Percent
1	1-2 year	72	22.78
2	3-4 Year	97	30.70
3	5 or after 5 year	128	40.51
4	Don't know	19	06.01
	Total	316	

A question was asked about the appropriate birth interval. Out of the total 316 respondents, vast majority of respondents 40.51 gape opinion that child interval must be between 5 or after 5 years, 22.78 percent of respondents said 1 or 2 years 30.70 percent of respondents said 3 or 4 years and 06.01 percent of respondents side don't know.

#### **4.2.5 Knowledge about age win be start sex**

Sex of the people may have significant role for the sexual relation due to with reproductive health. So it is important to know the sexual age the information of the Respondents about their sexual age is presented in table no.

**Table no.13 Knowledge about age will be start sex.**

S.N	Sexual age	Number	Percent
1	15-15 Years	82	25.95
2	17-18 Years	72	22.79
3	19-20 Years	98	31.79
4	After 20 years	64	20.25
	Total	316	

The above table describe that 25.95 percent of respondents said 15 years of age will be start sex, 22.79 percent of respondents said 17-18 years of age will be start sex, 31.01 percent of respondents side 19-20 years of age will be start sex and 20-25 percent of respondents said after 20 years of age will be start sex. It show that most of the respondents had knowledge about 19-20 years age will be start sex.

#### **4.2.6 Knowledge about age of menarche.**

Menarche is a function of the uterus us Starting of puberty as a result of ovarian activity and consists of period discharges of blood from it cavity this is a series of events there for it is necessary to collect we they respondents knowledge about age of menarche.

**Table no. 14 Age of first menarche**

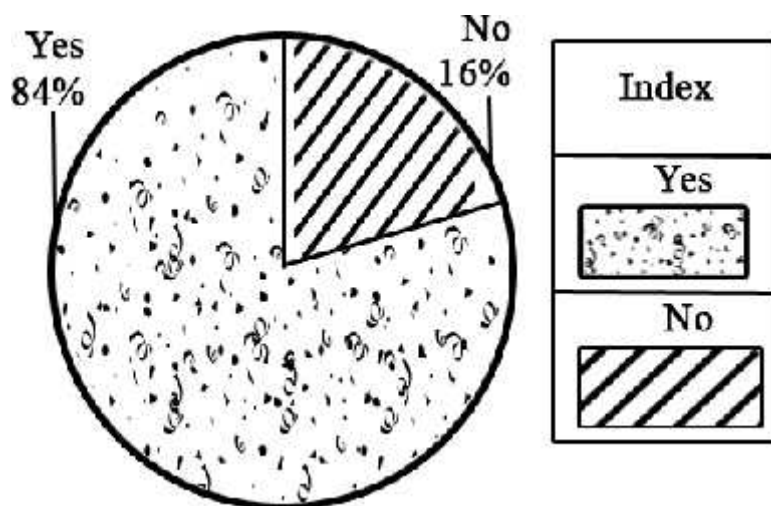
S.N	Different Opinion	Number	Percent
1	10-11 years	22	06.96
2	12-15 years	165	52.22
3	15 above	62	19.62
4	Don't know	57	21.20
	Total	316	100

It is clear from above the table that 06.96 percent of respondents said 10-11 years of first menarche, 52.22 percents of respondents side 12-15 years of first menarche, 19.62 percent said 15 above and 21.20 percent of respondents said don't know the majority of respondents said 12-15 years of first menarche.

#### 4.2.7 Knowledge about menarche

Figure no.3 Knowledge about menarche

Yes	No
265	51



Among the 316 Respondents, 84 percent have knowledge about menarche, 16 Percent haven't knowledge about menarche.

#### 4.2.8 Knowledge about fertilities in a cycle period.

On each side of uterus, theirs is an ovary in which female gags or ovum area stored right from the puberty of the female. Only one ovum, as a rules becomes mature every month and released by me a the ovaries and is carried by of of the fallopian tubes the average length of the menstruation which usually lasts about 4 days followed by vari-ous phase.

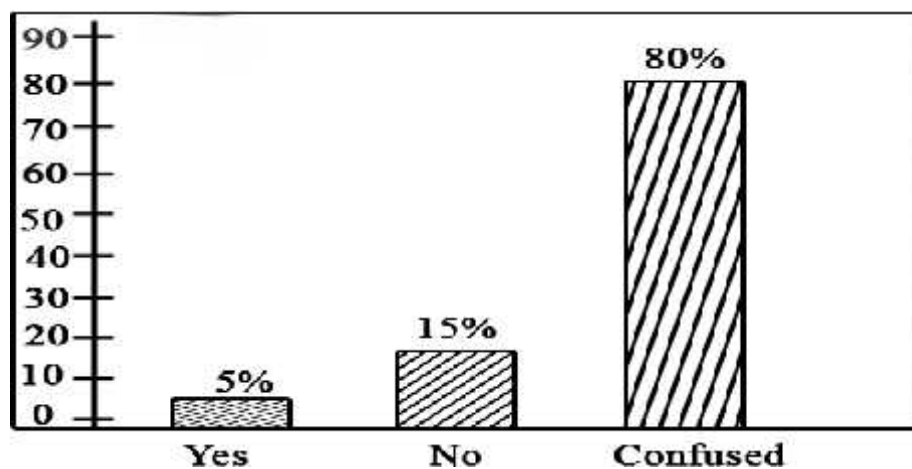


Figure no. 4 Shows that 5% of the respondents have knowledge about fertile and in-fertile in a cycle period, 15% respondents haven't knowledge about fertile and infer-



tile in a cycle period and 80% respond said confused that knowledge about fertility and infertility in a cycle period.

#### 4.2.9 Knowledge about Pregnant

**Table no. 15 Knowledge about pregnant**

S.N	Different Opinion	Number	Percent
1	In a single sexual intercourse	13	04.11
2	After frequency intercourse	94	29.75
3	Intercourse one in fixed days	111	35.13
4	After meeting sperm with ovum	98	31.01
	Total	316	

Table no. 15 Describes that majority of respondents 35.13 said that it was inter course done in fixed days, 04.11 percent of respondents said in a single sexual intercourse, 29.75, percent of respondents said after frequency intercourse, 31.01 percent of respondents said after meeting sperm with ovum.

#### 4.2.10 High risk Period of getting pregnant.

As a first to 9 to 18 days of means is the high risk period on getting pregnant from a sexual contact. So that the view of responses about high risk period of getting pregnant for sexual contact.

**Table no. 16 High risk period of getting pregnant**

S.N	Different Opinion	Number	Percent
1	First to 8 <sup>th</sup> days of menstruations	88	27.85
2	9 to 18 <sup>th</sup> days of menstruations	129	40.82
3	19 <sup>th</sup> days to next month	73	23.10
4	Don't know	26	08.23
	Total	316	100

As depicted in about table, out of 316 respondents, 40.82 percent gave right answer and the remaining 59.18 percent of respondents gave in correct answer.

#### 4.2.11 Days of normally stay in a month comb

**Table no. 17 Classification of respondents based on day of normally stay in an month comb**

S.N	Days of focus	Number	Percent
1	8 months	96	30.38
2	9 months	84	26.58
3	10 months	89	28.16
4	Don't know	47	14.88
	Total	316	100

Table no. 17 Show that 30.38 percent p of the respondents said that 8 months normal-ly stay in a mother comb, 26.58 percent of respondents said 9 months, 28.16 percent of respondents said 10 months and 14.88 percent of respondents said Don't know. It indicates that the majority of the respondents said that 8 months.

#### 4.2.12 Weight of healthy baby

After 280 days of nine month of conception, the infarct movies through vagina to out-er word is called birth or labor the final state of labor ends with expulsion of the pla-centa.

**Table no.18 Knowledge about weight of the healthy baby**

S.N	Different opinion	Number percent	1
1	1.5 to 2.4 kg	48	15.19
2	2.5 to 3 kg	117	37.03
3	3 to 4 kg	139	43.99
4	Don't know	12	03.79
	Total	316	100

The level of knowledge or birth weight of a child was very low among the student A total 316 then 62.97 Percent of the child birth weight and the mining 37.03 Percent of the students had knowledge about the e2.5-3 kg weight of healthy baby.

#### 4.2.13 Supplement Given to pregnant women preventive from anemia.

If a child cant see well in film light it is called high blindness. He fells difficulty in reading or writing in dim light. It is manly cause due to the deficiency of Vitamin 'A' in food in take. An infant may get this dissident if mother had vitamin 'A' delinquen-cy. It is common in regions where the vitamin 'A' in take is in adequate. Available

date for the knowledge of supplement given to pregnant women to prevent for anemia is given in table.

**Table no. 19 Supplement given to pregnant women to prevent from Anemia.**

S.N	Different opinion	Number	Percent
1	Vitamin 'A'	210	66.46
2	Vitamin 'B'	34	10.76
3	Vitamin 'C'	27	08.54
4	Iron tablet	45	14.24
5	Don't know	0	00.00
		316	100.00

It is concludes from above information that very high 66.46 percent of the respondent have better knowledge about supplementary food. Which show that there were more conscious about the important supplement for the prevention for Anemia Vitamin 'A'

#### 4.3 Knowledge of Pre-Marital sex

Our society has narrow through about sex. They don't disclose their effect if they are suffering from sexual disease. Pre-marital sex has become an emerging issues in both developed and developing countries Pre-marital sex increase chance of unwanted pregnancy resulting in induced abortion, there for this chapter describe knowledge and effect, most important hazard with Pre-marital sex.

##### 4.3.1 Heart about Pre-marital sex

To know about some thing Pre-marital sex is the first step to get knowledge about something. There for it is necessary to collect response whether response had know about Pre-marital sex or no.

**Figure no. 5 knowledge about Pre-marital sex.**

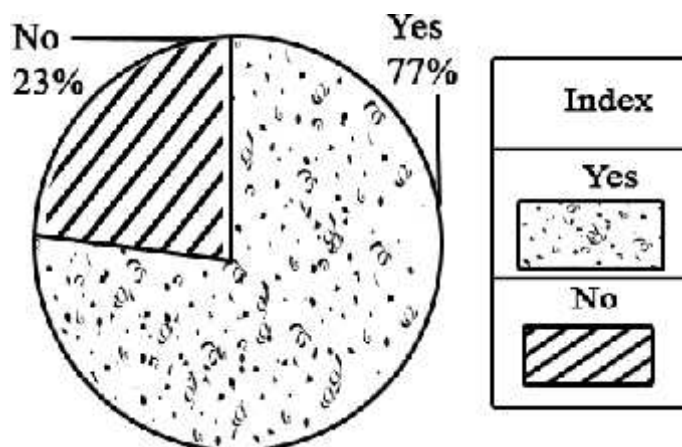


Figure no. Show that 77percent of respondents had knowledge about Pre-marital sex and the remaining 23 percent of respondents had not knowledge about Pre-marital sex this indicates that majority of respondents had knowledge about Pre-marital Sex.

#### 4.3.2 Opinion on Pre-marital sex

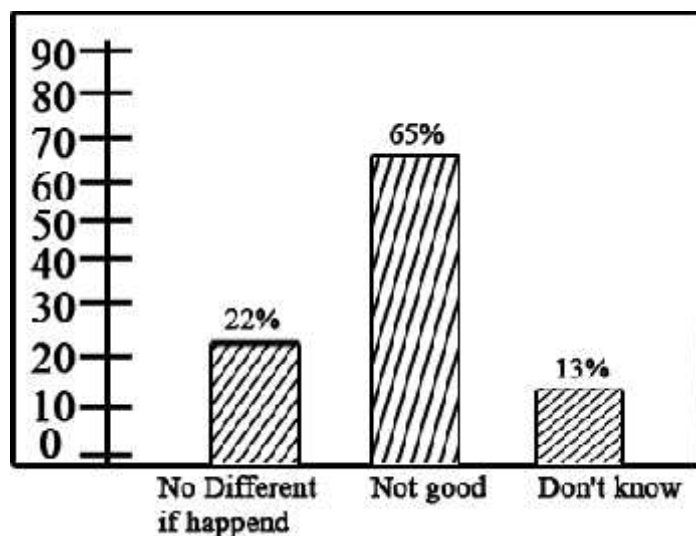


Figure no.5 Show that 22 percent of the respondents said that pre-marital sex is no differ ends happened, 65 percent respondents said that pre-marital sex is not good and 13 percent respondents said that they have didn't know about pre-marital sex. It indicates that the majority of the respondents said that pre-marital sex are not good.

#### 4.3.3 Abnormal sexual behavior

The knowledge of respondents about abnormal sexual behavior id presented in table.

**Table no. 20 Abnormal sexual behavior**

S.N	Different Opinion	Number	Percentage
1	Marital sex	34	10.76
2	Home sexual sex	104	32.91
3	Extramarital sex	84	26.58
4	Pre-marital sex	94	29.75
	Total	316	100

The table no.20 describe that majority of respondents 32.91 percent said that home sexual sex id abnormal sexual behavior 10.76 percent respondents said that marital sex is abnormal behavior, 26.58 percentage of respondents said that extra normal sex is abnormal sexual behavior, 29.75 percentage of the respondents said that premarital sex is abnormal sexual behavior.

#### 4.3.4 Knowledge about effects of pre-marital Sex.

Figure no.07 Effects of pre-marital Sex.

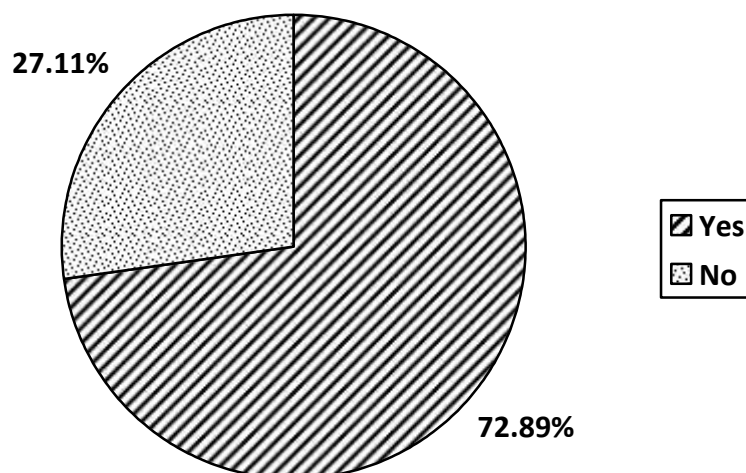


Figure no. Show that 72.89 percent of respondent had knowledge about effects of pre-marital sex and the remaining percent of respondent had not knowledge about effects of Pre-marital sex. This indicates that majority of respondents had knowledge about pre-marital sex.

#### 4.3.5 Most important hazard of pre-marital sex.

There are many hazard of premarital sex as mental hazard, social hazard, Physical hazard, Emotional hazard due to this hazard, young adolescent are highly vulnerable to Pre-marital sex. There for the different hazard that Pre-marital sex faces is necessary to understand which is presented in table no.

Table no.21 Most important hazard of Pre-marital sex.

S.N	Different Hazard	Number	Percent
1	Marital hazard	82	25.95
2	Social Hazard	72	22.79
3	Physical hazard	98	31.01
4	Emotional hazard	64	20.25
	Total	316	100

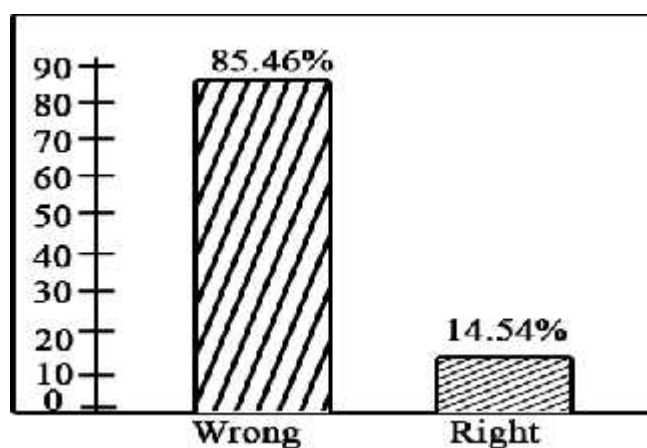
It is clear from the about total that 25.95 percent of respondents said marital hazard is most important hazard of pre-marital sex, 22.79 percent of respondents said social hazard is most important hazard of pre-marital sex, 31.01 percent of respondents said physical hazard is most important hazard of premarital sex, 20.25 percent of respon-

dent said emotional hazard is most important hazard of Pre-marital sex. The majority of respondents said Physical hazards is most important hazard of Pre-marital sex.

#### 4.3.6 Pre-marital sex is write or wrong

The view of the respondents about to be Premarital sex as write or wrong is presented in figure No.

**Figure no.8 Pre-marital sex is write or wrong**



The above figure show that 85.46 Percent of respondents said to be Per-marital sex is wrong and the remaining of serif to be Pre-marital sex is Wright 14.54.

#### 4.3.7 First source of information about Pre-marital sex.

**Table no. 22 Classification of respondents Based on their first information about Pre-marital sex.**

Different people get knowledge from different sources. The result percent below reflect that cant percent respondents had knowledge on Pre-marital sex however the perception capacity was different due to education, awareness, religion and other lad- ing factors which is show in table no.

S.N	Different Sources	Number	Percent
1	T.V	168	53.16
2	Radio	42	13.29
3	News Papers	29	09.18
4	Pamphlet	77	24.37
	Total	316	100.00

Table no.22 Show that 53.16 percent of respondents get information from T.V, 13.29 percent of respondents get information from radio, 09.18 percent of respondents get information's from News paper and 24.37 Percent of respondents get information from pamphlet very few respondents get information from news paper.

#### 4.4 Knowledge Of AIDS

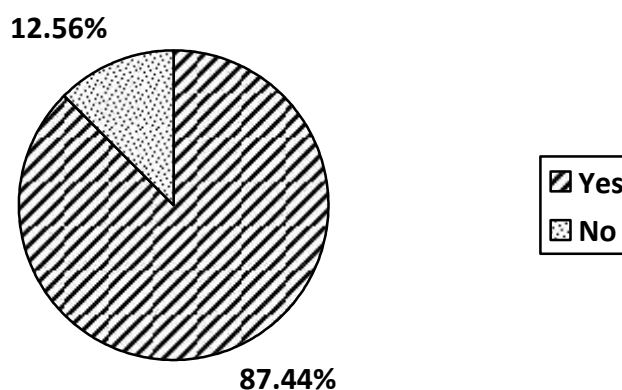
This chapter describes knowledge of students on Aid\ STDS Aidg has been emerging as one of the burning issues all over the world and much more efforts have made to control the disease it has been creating very bad consequences in the social economic life of nations, Prevention is the only remedy from the disease.

Aids (Acquired deficiency syndrome) is a serious sexually transmitted disease. Aids was first described in medical literature in 1981 in homosexuals and hence the diagnoses of the first casa. It is spreading to different countries and is threatening a global epidemic.

##### 4.4.1 Heard about STDS\HIV\AIDS

To know about something heading about the same is the first step to get knowledge about something there for it id necessary to collect response whether respondents had about HIV\AIDS or not.

**Figure no.9 Heard about HIV\AIDS**



Show that 89% percent of respondents had heard about HIV\AIDS and the remaining 11% of respondents had not heard about HIV\AIDS this indicates the majority of respondents had heard about HIV\AIDS.

##### 4.4.2 Knowledge of Aids Full form name.

Aids is acquire immune Deficiency syndrome. It is a total disease. It is called syndrome because of several sighs and symptoms involved in it. It is caused by a retrovirus known breaks down the body immune system

**Table no.23 Knowledge about Aids full from name**

S.N	Full from of Aids	Number	Percent
1	Acquired immune	76	24.05
2	Immune deficiency syndrome	68	21.52
3	Acquired immune deficiency	48	15.19
4	Acquired immune deficiency syndrome	124	39.24
	Total	316	100.00

As depicted in about table out of 316 respondents 39.24 percent gave right answer the remaining 60.76 percent of respondents gave incorrect answer.

#### 4.4.3 Knowledge of HIV full from name

**Table no.24 knowledge of HIV full from name**

S.N	Full from HIV	Number	Percent
1	Human immune virus	62	19.62
2	Human immune deficiency virus	43	13.61
3	Human virus	89	28.16
4	Don't know	122	38.61
	Total	316	100.00

It is clear from about that out of 316 respondents 19.62 percent gave the correct view that HIV full from name was Human immune virus and in contradiction the remaining 80.38 percent of respondents gave incorrect view.

#### 4.4.4 Knowledge of STDS.

The world wide incidence if reproductive tract infection (STDS) Sexually transmitted disease (RT\S) and HIV Aids is high and increasing most case are transmitted thrown sexually behavior. How ever women may also be especially vulnerable because of their socials and economic disadvantages that they face transmission of these from man to women is greater than from infracted women to man these disease may cause infertility and cervical cancer may occur there for, reproductive health education must be provide to the people especially to student to increase their effort to prevent detect and treat sexually transmitter disease and other reproductive tract infections.



**Table no. 25 Knowledge of STDS**

S.N	Difference Opinion	Number	Percent
1	Orally transmitted disease	24	7.59
2	Sexual disease	183	57.91
3	Transmitted by sharing and daily use clothes	23	7.28
4	Don't know	86	27.22
	Total	316	100.00

It is clear from about that out of 316 respondents 57.91 present have knowledge about STDS and the remaining 42.09 percent respondents haven't knowledge about STDS.

#### **4.4.5 Knowledge about agent of Aids**

The cause if Aids is human immune deficiency virus. It belling to a class of virus called retrovirus the virus was previously know as HTLV-3 (American) and LAN (French).

**Table no.26 knowledge about agent of AIDS**

S.N	Different opinion	Number	Percent
1	Bacteria	20	6.33
2	Insects	11	3.48
3	Virus	165	52.22
4	Worms	22	6.96
5	Don't know	98	31.01
	Total	316	100.00

Table no.26 Describe that majority of respondents 52.22 said that virus is an Aids is 6.33 percent of respondents said that bacteria is Aids 3.48 percent of respondents said that in sex is agent of respondents said that insect is agent of aids, 6.96 percent respondents said that worms is agent if aids and 31.01 percent if respondents said that don't know.

#### 4.4.6 Routes of Aids transmission

**Table no.27 knowledge about routes if Aids transmission.**

S.N	Different Fortes	Number	percent
1	Sharing combs and clothes	25	7.91
2	Sharing of rooms toilet, kitchen	-	-
3	Hand shaking and kissing	32	10.13
4	Blood transmission	89	28.17
5	Mosquito bites	28	8.86
6	Having sex with multiple sex Partners	142	44.93
	Total	316	100.00

As depicted in above table out of 316 respondents, 44.93 percentage gave right answer and the remaining 55.07 percentage of respondents gave in correct answer.

#### 4.4.7 Knowledge on prevention from Aids

**Table no.28 Knowledge on prevention from Aids**

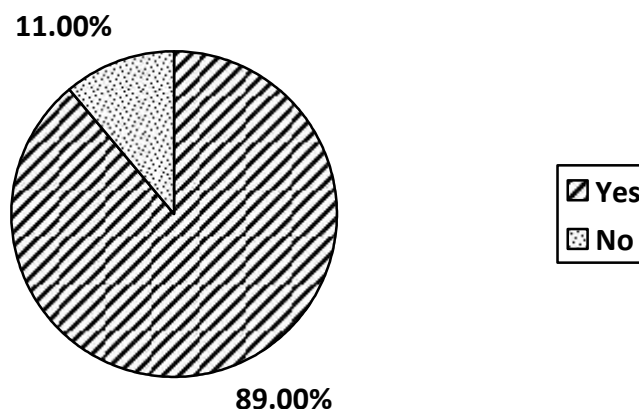
S.N	Different Opinion	Number	Percent
1	Pills	28	8.86
2	IVS	-	-
3	Depo-Provera	-	-
4	Condom	288	91.14
	Total	316	100.00

It is clear from above table that 8.86 percentage of respondents said Pills is Prevention from Aids and the remaining 91.14 percentage of respondents said condom is prevention of Aids.

#### 4.4.8 Include about reproductive health and sexual behavior topic should be included in test book

Reproductive and sexual information must be given to all the adolescent. Reproductive and sexual health is necessary in bringing change in misconception of reproductive and sexual health controlling population problem, reducing MMR and giving opportunities for many life chance of people it helps in making harmonious and cordial relationship among family member and thus formulating the ideal family the data on this aspect are recorded in the table below.

**Figure no.10** Cancer about reproductive health and sexual behavior topic should be included in test book



From the above table we find that 89% percent of the total respondents answer that topic about reproductive health and sexual behavior is essential to included in text book of higher school. It is found that hall the respondents agreed to include to this topic in higher school level text book.

#### **4.5 Summary**

The reproductive and sexual health knowledge of adolescents has been international conference in population and development (ICPD), 1994 stressed that every body must be informed about relationship health and sexual knowledge. It has accepted reproductive and sexual health as a most important key factor in development. A report published by WHO in 1989 for development countries indicated that more than half of the populations are under the age of 25 year. This is most relation and potential age of women who are going to be exposed to the reproductive life after a few years. But some aspects of reproductive biology reveal very poor knowledge on the subject among adolescent girls. Hence, they are needed knowledge of reproductive health. So this student is related to present knowledge on reproductive health and sexually activities of health secondary level student based on primary data. This study based on the descriptive research the necessary information was collected from 316 out of 1116 student of different higher secondary level on process of collecting information and data, the researcher using question tool had visited five higher secondary level

schools. After analyzing and interpreting the data, the finding and conclusion are drawn up and appropriate recommendations is made.

#### **4.6 Discussion of finding**

After analysis and interpreting the data the following result are drawn.

1. About 32.91 percentage respondents were from age of 18 years.
2. About 56 percentage respondents were female and 44 percentage respondents were male.
3. Majority of respondents 93.99 percentage were Hindu.
4. Majority of respondents 50.99 percent were from grade 11 class.
5. About 75.32 percentage of respondent were unmarried.
6. Majority of respondents 63.93 percent of mother occupation is agriculture.
7. Majority of respondents 84.18 percentage of mother occupation is agriculture.
8. Out of 316 respondents 52.53 percentage of respondents based on 7-8 members in family.
9. Majority of respondents 77.63 present were joint family.
10. About 52.85 percent of respondents have television home
11. About 38.92 presents of respondents have knowledge about age at marriage
12. About 57.60 present respondents said that immediate after marriage for giving birth.
13. Majority of respondents 58.86 percent said desired 2 children.
14. A vast majority of respondents 40.51 percent gave opinion that child interval must be between 5 or after 5 years.
15. About 31.01 percent of respondents had knowledge about age will be start sex.
16. Majority of respondents 52.22 percent said 12-15 years to start first menarche.
17. Among the 316 respondents, 84 percent respondents have better knowledge about menarche.
18. About 80 percent respondents said confused that knowledge about fertility and in a cycle period.
19. About 35.13 percent respondents have knowledge about pregnant.
20. About 40.82 percent gave right answer that 9 to 18<sup>th</sup> days of menstruation is high risk period of getting pregnant.
21. Majority of respondents said that 8 months of normally stay in a mother comb.

22. About 37.03 percent of the student had knowledge about 2.5-3kg weight healthy body.
23. About 66.46 percent respondents have better knowledge about the important supplement given for the prevention from armor vitamin 'A'
24. Majority of respondents 77 percent had knowledge about pre-marital sex.
25. Majority of respondents 65 percent said pre-married sex is not good.
26. Majority of respondents 32.91 percent said that home sexual sex is abnormal sexual behavior.
27. About 72.89 percent of respondents had knowledge about effect of pre-marital sex.
28. Majority of responding 31.01 presets said physical hazard is most important hazard of pre-marital sex.
29. About 85.36 percent respondents said to be pre-marital sex is as wrong.
30. About 543.16 percent of respondents first sources of T.V from information about pre-marital sex.
31. Majority of respondents 87.44 percent heard about HIV\Aids.
32. About 39.24 percent gave answer that Aids full from home is acquired immune deficiency syndrome.
33. Out of 316 respondents 19.62 percent gave the correct answer that HIV full from name is Human immune virus.
34. About 57.91 percent respondents had knowledge about S.T.D.S.
35. Majority of respondents 52.22 said that virus is agent of Aids.
36. About 91.14 percent of respondents gave incorrect answer from routes
37. About 91.14 percent of respondents said condom is prevention of Aids.
38. About all the respondents agreed to include that topic about reproduction health and sexual behavior is essential to included in text book of high school.

## **CHAPTER-V**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Conclusion**

This study was conducted among the higher secondary school students based on knowledge on reproductive health and sexual behavior. The view of student of knowledge on reproductive health and sexual behavior were different from one another the majority of the respondents knowledge about age of marriage, they also respondents know the appropriate age for giving birth and knowledge about age of menarche. This study point out the correct level of knowledge of school students on number of children, Birth interval knowledge and knowledge about age of menarche and fertility period, knowledge about pregnant, high risk period of getting pregnant and supplement given to pregnant women preventing from anemia most of this respondents have knowledge about Wright age of marriage.

The level of knowledge doesn't associate with the age, marital status, income family type and exposure to mass media except for sex which should a statically significant relation with level of knowledge. This cross sectional study also shows that the knowledge on reproductive health and sexual behavior is imparted inters personal concealing by a health work. None of the mass media had significant relation on level of knowledge on reproductive health and sexual behavior.

Sexual and psychological health of student is major concern since students are the potential human resource for development of their nation in the future in present day to chaining social norms and value regarding sex and increasing age of marriage has encourage student's pre-marital sexual activities. Due to such activities they may have risk of various health hazards, socio economic and demographical consequence many unwanted progeny, unmarried mother and STDS in such situation of development of to nation is impossible so such government other social organization and the individuals most be conscious to give about knowledge of STDS in right time. Other wish this problem will be the great public health problem in near future.

#### **5.2 Recommendations**

Recommendation is the major task of the research work to initial the program in the selected area. It can play a great role to the concerned persons or authority and for improvement of program. It provides a way for the further study and researches.

### **5.2.1 Policy Related**

The recommendation for policy implementation is as follows

1. Different NGOS \ INGOS, GOS should launch program to improve the awareness level respondents.
2. Different health center provide training, seminar related to reproductive health in national level to reduce health problem of people.
3. Adequate services, efforts, interaction program must be focused on adolescents from every side for development.
4. The interaction program should be given to students and teacher which enhance the better knowledge and awareness among the student regarding reproductive health and sexual behavior.
5. Radio and Television as well as other means of mass media can used to provide information related to reproductive health and sexual behavior.

### **5.2.2 Practice related**

1. The information program will be designed for adolescent student to remove misconception issue related to reproductive health and sexual behavior.
2. Reproductive health and sexual behavior awareness campaign launched for school; adolescent other adolescent and their parents in community and higher secondary school in different time.
3. INGOS, NGOS and government will launch workshop, awareness program on reproductive health and sexual behavior so that cant percent people were hearing about reproductive health and sexual behavior and STDS disease.

### **5.2.3 Further research related**

1. Research work will help for curriculum of health education in higher secondary.
2. A study will help to disseminate knowledge in reproductive health and sexual behavior for future generation.
3. More emphasis will be given in the misconception about reproductive health through the NGO, INGO, GOS and health workers.
4. This is just a descriptive type of study; therefore analytical study is recommendation for further research.