

# **CHAPTER: ONE**

## **INTRODUCTION**

### **1.1 Background of the Study**

Reproductive and sexual health has become the issue of major concern in the world today. Reproductive health is not a new programmed but a rather a new approach. The terms reproductive and sexual health were used only in the 1980s. The international conference on population and development (ICPD, 1994) introduced a number of concepts on reproductive health.

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and process (U.N., 1994)

The programme action adopted at the International Conference on Population and Development stressed that it was important to address adolescent, sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence, and the provision of appropriate services and counseling specifically suitable for that age group. (UN 1994). In particular, the programme of action is called for a substantial reduction of adolescent pregnancy. Adolescents in the Asian and Pacific region are no exception to these global level concerns (U.N. 2001)

Teenage or adolescence period is the phase of significant psychological and physical growth. It is crucial life state between childhood and adulthood with numerous developmental challenges and adjustment to new characteristics of life. Adolescence is an unstable time that is likely to produce uncertainty, doubt and miscellaneous apprehension. If the adolescent development is successfully completed, the young person will meet the requisite for full membership in the society.

Adolescence is defined as the state of life during which individuals reach sexual maturity. It is the period of transition from puberty to maturity. Since the state range implied by this description is imprecise and lacks operational definitions. The age group 10-19 is identified as the period of adolescence. But for the purpose of this study "adolescents" refers to the age group 15-19, as data on reproductive health are most commonly available for this age group. Furthermore, the reproductive health problems and needs of adolescents tend to be more distinct than those of young aged 20-24 (U.N., 2001)

Today's adolescents have, however, different opportunities compared with their parents or even with adolescents of a decade or two ago. School enrollment is increasing around the world as levels of education rise, work and career development opportunities improve. Particularly in informational, professional and technical fields are expanding. Globalization changes in the media and transfer of technology are increasing adolescents' exposure to information, role models, images and ideas that transcend geographic and cultural barriers, expanding their possibilities. There are problems too but additionally, the increasing age at marriage and childbearing in most developing countries translates into a longer period of time before these events occur providing an opportunity for individuals to develop skills further, build their social capital, gain school achievement and other experiences to enhance their adult opportunities.

The issues of adolescent reproductive health received global attention after the ICPD in 1994. The conference emphasized that young people of both sexes are poorly informed about methods of protection against sexual and reproductive health problems. The Programme of Action (PA) called for substantial reduction of adolescents' sexual and reproductive health problems by promoting responsible sexual behavior including voluntary abstinence and the provision of appropriate services and counseling specifically suited for that age group. The programme of action also recognized that poor educational and economic opportunity, gender-based violence, early pregnancy and sexual exploitation increase the vulnerability of adolescents, especially girls, to reproductive health risks.

At this stage, an adolescent needs to know the physiological, psychological social and moral aspects of sexuality to help him/her to gain self-confidence, maturity in emotional behavior. Informal life Education takes places in home setting itself. During these days adolescents gain many experiences which awareness of the sexes. For example, they find mother different from father or brother different from sister. They become curious, anxious about their own body and sex organs. They see an and woman getting married, they notice pregnancy, childbirth, babies being breast-fed etc. Adolescents learn a great deal from pictures magazines, stories, movies etc. In this stage of human development, parents' should give factual response in simple words while answering the young children's questions. Besides this, if parents have lack of knowledge, they can seek the help from family doctors, counselor physician or psychiatrist. Furthermore, there should be the provision of sexual and reproductive health education in school curriculum ad it must be well-implemented/ the extent and the nature of information should depend on the age, sex, emotional needs and intellectual capacity to understand. It is school's responsibility to provide related information about ASRH because most of the parents are uneducated or they have lack of time.

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

## **1.2 Statement of the problem**

Adolescents are the future parents. So, innovative programmers must be developed to inform counsel and provide facilities that the reproductive health services would be accessible to adolescents. It should be ensured that reproductive health and sexual health education are available, affordable and accessible to adolescent to all individuals of appropriate age as soon as possible to transform adolescents, into responsible parents. Expected fertility behaviour of adolescents in near future is determined by the current reproductive health and sexual health situations of today in the country. The reproductive health care includes FP counseling, information, education, communication and services. It also includes services for prenatal, safe delivery and post natal care, especially breast feeding and infants and women's health

care, prevention and treatment of infertility, abortion, especially post-abortion services and treatment of reproductive tract infection (RTI) and STD's.

In these years, they are curious to ask many questions about their worry, anxiety, risks, behaviour etc but the problems are who to address there questions. Since talking about sex is taboo in the Nepalese society, the adolescent cannot freely express their parents for guidance.

Sex education related to reproduction health is needed. There is least content about ASRH in school. Student cannot be provided adequate content due to lack of governmental policy. Unqualified teacher, haphazardly arranged subject matter and so on. Furthermore, most parents of young people are against sex education for adolescents because they believe that this will cause adolescent to reflect the traditional values and may deviate them towards sexual and reproductive health problems.

Adolescents have to face with abnormal but natural changes. Their concern deviates towards curiosity about sex and early sexual activity. This disturbs their educational achievement, career, health and other aspects of life. It is the period between challenges and opportunities. School going adolescents may take part in formal and informal programs as a common source of information; however, the programs are insufficient for providing proper content of sexual and reproductive health. Although, most programs are effective in communicating information, many are not effective in changing behavior. This is because of having inconsistent environment in family, school, society, peers due to media, modernism, superstition, social-class, unlawfulness.

Educators, providers of health and social services, religions, and youth leaders, parents has often lack of awareness or sensitivity to the special problems of young people. There has been no involvement of young people in educational programs or services to provide for their age group. The practice among most rural/urban people is to prepare young boys for productive work and decision-making while training girls to be house wives, mother and service providers. Furthermore, adolescents' issues have been considerably ignoring specially in research, education and health care.

Adolescent girls are interested for the sexual activities and reproductive health. In this period, they are attracted towards opposite sex and sexual activates. So that how the girl are treated with their family and society, how the religious constraints keep the untouchable that affect their mental condition, what parents make attitudes towards reproductive health of girls, what attitudes girls have regarding he size of family, reproductive health and means of FP are crucial questions which are to be taken into account to uncovered them perspective towards reproductive health of woman. Secondary and higher secondary adolescent school girls are most relevant and potential age of women who are going to be exposed the reproductive life after a few years.

In the adolescent period a good knowledge and guidelines must be necessary for the adolescent girls. In this period they are interested towards opposite sex and sexual intercourse and other health problems by the cause of changing physical, mental and emotional health. Knowledge, guidelines and counseling help the adolescent to solve curious about their problems and they are able to know about reproductive health and sexual behavior.

Adolescent girls are now facing the problems related sexual health, biologically more risky sexual organ, vulnerable to STD/AIDS, sexual coerce and violence, unintended sex, loosing pure sexual enjoyment , importance on real sexual information which can be removed through the true sexual health knowledge. Adolescent girls are now suffering from harmful unwanted pregnancy risks due to lack of proper contraceptive knowledge choice, unsafe delivery and the problems of infertility. Reproductive health knowledge enables them to be enjoying safe reproductive proactive, hygiene concept on reproduction, frees from mental illness caused by ill reproductive process.

Thus the present problem is stated as " Knowledge and Opinion toward Reproductive Health and Sexual health of Adolescent girls". This study aimed at finding out the nature and extent knowledge of opinion on RH & SH of adolescent girls .

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

The main objective of this study is to find out the knowledge and opinion of adolescent girls on reproductive and sexual health in Higher Secondary level of Dharan, However, the specific objective, are as follows.

- 1.3.1 To assess the knowledge and opinion towards reproductive and sexual health among, adolescent girls.
- 1.3.2 To identify the opinion of ideal age of marriage and family size.
- 1.3.3 To identify the perceived knowledge about ASRH Education.

### **1.4 Research Questions**

The present research seeks answer the following major issues:

- 1.4.1 What is the condition of knowledge of reproductive health among adolescent gives?
- 1.4.2 What is the ideal age of marriage?
- 1.4.3 Why it is important for the ideal family size?
- 1.4.4 What are the various reproductive and sexual health issues?
- 1.4.5 Why is the knowledge of these issues important for the adolescent?

### **1.5 Significance of the study**

Today's adolescent girls are potential mothers in the near future. This study assesses the knowledge on sexual and reproductive health among the school adolescent girls who are likely to enter the active sexual and reproductive life. As this study aims to provide basic information on reproductive and sexual health and it would be helpful to formulate further policy and programmed in the related field in Nepal.

The issue of the knowledge on sexual and reproductive health is a prominent issue at the present every research is made to find out the new things and add a drop in the ocean of knowledge and takes measure on social, economic, educational and various problems for adolescents' welfare. So this study is a small attempt to overview the adolescents sexual and reproductive health problems and their sexual attitudes especially of school going adolescents. The researcher hopes that following statement would be the important of the study:

The study will be helpful together data and information of adolescence students about their knowledge, problems, attitudes and need of ASRH education.

The finding of this study will be used to the educators , public health expert, curricular and concerned people to plan the appropriate programmed and implementing them effectively.

It is also expected that the study will help NGOs/ INGO's to take initiation in the field of adolescents and their sexual and reproductive health problems .

### **1.6 Delimitation of the study**

All aspects of adolescents cannot be studied in a single study. At the time of study, several considerations should be made like territorial boundary, time, utilization of resources, availability of man power etc. This study has its own delimitation due to limit time and other available resources. The study will be delimited on the following points.

- ) The study was limited within adolescent girls of higher/high school level in Dharan.
- ) Out of them one Higher Secondary School was selected.
- ) Information were obtained only from adolescent girls.
- ) The study was conducted in three Higher Secondary School of Dharan. It was selected for the study site as it will be sufficient number of student and they are coming from different urban area and rural area.
- ) Students of 9, 10, 11 and 12 class were taken as the respondents for the research.

## 1.7 Definition of the terms used

- i) **Adolescent** : Adolescence is a period of 10-19 years on the stage of human development.
- ii) **Abortion** : The termination of pregnancy before the period of viability.
- iii) **Counseling** : Counseling means consultation mutual interchange opinion, deliberating together between counselor and counselee.
- iv) **Fertility** : Actual performance of having child by the woman or couple is fertility.
- v) **Pregnancy** : Pregnancy is a period of 280 days from conception to birth.
- vi) **Puberty** : Puberty is the period of 10-12 years to 13-14 years.
- vii) **Rape** : Act of forcing a woman or girl to have sexual intercourse against her will.
- viii) **Sexual abuse**: Sexual abuse has been felt or got when opposite sex gets pleasure or shows such behavior without permission after childhood and before adolescence.
- ix) **Behavior** : Verbal statement of application of understanding activities in relation to reproductive and sexual health.
- x) **Knowledge** : Verbal response to question about reproductive and sexual health facts.



## **CHAPTER: TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Review of Literature.**

##### **2.1.1 Theoretical Review Literature**

WHO (1989: 28) had defined that age of 10-19 years of population is considered as young people characterized with bodies and live. With the one set of puberty they are exposed to new ways of behaving that may lead to high risk of encountering partners appealing for sex, drugs and alcohol. WHO (1987) defined that adolescent have unique reproductive health needs that constitute a problem in many countries. The legal framework governing reproductive health care for adolescent is in itself unique and sometimes neglected. Despite the theoretical concern of law many sexually active minors fail to obtain protection and assistance in matter of reproductive health. Laws and policies help to determined whether young people can obtain appropriate information concerning human sexuality and whether teenagers have assessed to the necessary reproductive health services.

Odiat, (1994) had presented the fact that Nowadays young people married later and pre-marital sex is quite common. Even they have knowledge about contraception but they do not want to use it. So, they have to face many risk of unwanted pregnancy, STDS and higher risk of maternal mortality and morbidity with urbanization and modernization. The age at marriage has increased in societies and also parents' sexual attitude towards marriage and sex has been changing. The widespread education particularly sex and reproductive health contents in curriculum have contributed to change the attitude of adolescents even in developing countries. However, there are many questions than answers about the importance of sexual and reproductive health education in school. The questions such as "to what extent should school provide family life and sex education of young people, should include family issues such as the responsibility of marriage and parenthood, should they provide information about population growth and its socio-politico-economic consequences". are arise.

Since Nepal constitutes more than one-fifth adolescents of the total population there is a need to understand their reproductive health behavior in order to formulate and implement appropriate policies and programmes. This research assesses the adolescent's reproductive health behavior in Nepal using secondary information mostly provided by the 1996 National Family Health Survey (NFHS). A very little information on adolescent reproductive health behavior is available in Nepal and it is confined to the married women of reproductive age. The survey concludes that every marriage is still a common phenomenon. By age 19, almost one-fourth of the total adolescent married women have begun child bearing. Low level of contraceptive use with high level of unmet need for family planning particularly for spacing births, high risks of HIV/AIDS and limited information available on reproductive health behavior of adolescents are appearing in Nepal.

An adolescent girl is likely to give birth and rear her children within the context of extended family. The risk that the women and her children have to face in the areas of illness, injury and deaths are far greater than those for a woman in her 20s. So early marriage is one of the major problems of adolescents' reproductive health. The world fertility survey found that 25% of 14 years old girls in Bangladesh for instance and 34% of 15 yrs old girls in Nepal were married although legal minimum age for marriage is 16 in both countries (WHO 1998:9)

The sexual and reproductive health issues affecting both married and unmarried adolescents. Factors and "barriers" that can lead to risky reproductive health related among adolescents, fall into four main categories: limited access to information, peer pressure, inadequate access to youth friendly health services and economic constraints (UN, 2001).

At first Asia-Pacific Conference on "Reproductive Health". In Manila declared the commitment to "promote gender equity of reproductive health". The conference titled "Quality Reproductive Health" on track with the ICPD (Thapa et al 2001).

Promotion of gender equity and life skills develop among adolescents. The prevailing gender power imbalance is critical barrier for adolescents in general and adolescent girls in particular. The promotion of female empowerment and male responsibility

reproductive health is important in order to assist adolescents in negotiation with their parents. Developing appropriate life skills training should be part of such an effort (UN 2001)

Although there is a great diversity both between and within geographic regions, most women and men-married and unmarried become sexually active during adolescence. In the past sexual activity was generally associated with rarely marriage: today, however rising age at marriage and falling age at menarche mean that many younger people now become sexually active before marriage.

Different studies, in this way, have shown different findings regarding the knowledge and percent on RH 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 a most. In other words these studies have shown that the issue of reproductive and sexual health is an ever burning issue. Such a burning issue should be thoroughly and frequently researched and observed with this motto, the present study is selected as the issue of research.

Sexual activity has been viewed from different angles in different societies. Sex desire is expressed freely in the western countries whereas in our society concept about sex in found to be much restrained. Even a minor talk about sex is taken improper and immoral in our society. In this context there is of factual knowledge about various facts of human sexuality and well managed sex education. Generally the high school level students are the adolescents of the age group 14-18 years.

Sexually desire also is a sign of development stage of such students who have entered the adolescent stage after crossing the puberty. The rate such sassier is proximal which both appear physically and mentally. The sex organs which are rapidly growing stage physically and development sin such as yearning tension, emotion, curiosity and imagination etc. mentally inspire the students' of this age group to be involved in the sexual activities.

There is a lack of consciousness about the result in this stage of blindness which results in the unnatural sexual accidents. The sex education at the school level being not include students receive the information about sex from the vulgar magazines and movies available at that market and from their friends, which are generally unreal and misleading since such materials provoke the sexual emotion and inspire to participate in the improper sexual activities, tragic results may faced.

Hence, the study has been conducted to find out knowledge, opinion of school going adolescents on sexual and reproductive health.

### **2.1.2 Empirical Review Literature**

MOH (1998:15) stated that in 1996, in south East Asian region, more than 30% of total population was of 10-24 years of age of which 40 percent are growing into adolescents under 15. Many adolescents have started own families after marriage without information and services to promote healthy and responsible sexual and reproductive behavior. More and more young people are suffering from STDs and AIDS seeking unsafe abortion resulting into consequences of early close and frequent pregnancies and social problem.

MOH (1998:16) states that more than 50% female STDS patients in Nepal wee found to be involved into commercial sex trades and causal or professional CSWS were identified as the sources of STDS. More than 86% of the patient's possibility of HIV/AIDS under adolescents is higher due to girl trafficking and premarital sex.

Shrestha (1998:22) In an article published in Gatibidhi, has pointed out that in order to solve the sexual cause of the increasing child rape, abortion and sexual abuse which pollutes social atmosphere and unknown sexual exploitation within a family, sex education is necessary. He has pointed also that marriage without getting matured, sexual intercourse without getting matured, the involve in romance without thinking about future are the causes which may lead one to social boycott, rejection and these result may have mental effect upon the person. Far this reason 'sex education' is inevitable. He concluded that, children, youths, parents are to be given appropriate sex education through family, society, school, institution taking in consideration age and sex of the person along with the attitude of society.

Pandey (2000) had reported on the topic "Knowledge and attitude Towards Adolescents' Reproductive Health and Sexuality". She found on the study that 33.4% had some knowledge about ASRH. Among 439 respondents, 41.32% accepted the change in these ages is natural process. Surprising aspect of this study was that about 98.18% respondents did not have formal discussion about RH problems with parents, teachers 59.50% adolescents, according to the study, said that they felt bore with their own physical changes because of uneasiness and fear of teasing. In the study 14.29% found discussing with peers. Among the respondents, 79.24% were interested on reading materials and watch movies on reproductive health and sexuality. 50% of them were found having knowledge of masturbation, 58.3% said the necessity of ASRH from 14-19 years of age group.

Koju (2004) In his study entitled "Knowledge and Attitude of students of Higher Secondary Level Towards Reproductive and Sexual Health". Concluded that 63.64% had knowledge of transmitting STD's through sexual contact with infected person and 42.72% said that whitish discharge from genital tract is symptom of STDs. 38.18% perceived that FP is the determination the number of children in a family 48.18% said that proper age at marriage is between the age group 23-25 years. Most of information about HIV/AIDS were found from TV, newspaper, radio and friends. Students said that 79.09% had known about reproductive and sexual health and suggested that such education should be started from 15 to 17 years of age.

The AIDS epidemic may become the most devastating health disaster in human history. The disease continues a ravage families and communities throughout the world. In addition to the 25 million people who died of AIDS by the end of 2005, at least 40 million people are now living with HIV. An estimated 4.5 million people were newly infected with HIV in 2005. Ninety five percent of them are living in sub-Saharan Africa, Eastern Europe or Asia. While some areas have successfully slowed the epidemic, others are seeing arise in cases (PRB, 2006)

Surveys in seven sub-Saharan African Countries showed that more than half the women aged 15-49 years have been sexually active. A study in Uganda, for example,

showed that the mean age of first sexual intercourse of r women was 15.5 yrs, in Sri-Lanka before age 20, when sexual activity begins, most young people lack accurate knowledge about reproduction and sexuality, the lack access to reproductive health services. A Kenyan study found that 66% of unmarried youth aged 12-19 yrs said that they have received some information on RH, fewer than 8% could correctly identify the fertile period in a women's menstruation cycle (PRB, 2006).

Knowledge of HIV/AIDS issues and related sexual behavior among youth aged (15-24 yrs) is of particular interest because the period between sexual initiation and marriage for them as it is a time of sexual experimentation that may involve higher risk behaviors. Data showed that 29.1% female and 45.3% male aged 15-19 years have knowledge of AIDS> And 5.5% female used condom while sex and 29.4% male used the condom engaging on such activity. (NDHS, 2006)

From the related literature mentioned above, researcher has reached at the point that a great number of adolescents had very poor knowledge or SRH and the researchers show that they have lack of awareness of the SRH due to various socio-cultural causes. Adolescents have to face a lot of problems but they lack solutions to overcome those problems. Even students of Higher Secondary Level could not answer the question related to the SRH.

## CHAPTER: THREE

### METHODOLOGY

#### 3.1 Research Design

The study is descriptive in nature. In deep information has been collected directly, indirectly, in natural form as far as practicable with the help of quantitative and qualitative methods.

#### 3.2 Population of the study

The present study has been conducted in class 9, 10, 11 & 12 of three Higher Secondary School, Dharan, Municipality, Sunsari. According to the Administration record of school 2067, the population of the girl students 9, 10, 11 & 12 is 691. Among them 13-19 years adolescents girl are 681. The girls' students of 9, 10, 11 and 12 of three H.S.S. Dharan Municipality will have the total population of the study. Source of data will be collected by primary source.

#### 3.3 Sampling procedure and Sample Size

The respondents were selected on the basis of simple random sampling method form all class. The total sample size of this survey was 227 representing all class. Simple random sampling was adopted for data collection. By using simple random sampling method 30% adolescents girls were selected from each selected classes using lottery method.

Distribution of respondents by class

Class	Total of adolescents Girls	Sample respondents
9	114	38
10	120	40
11	258	86
12	189	63
Total	681	227

### **3.4 Instrument & Tools for Data Collection**

Separate questionnaire for girls has been used to collect data about adolescent sexual and reproductive health knowledge and opinion. Questionnaire, according to objective, also includes the questions about the need of adolescents' sexual & RH education. It is given in appendix A.

### **3.5 Validations of Tools**

The following procedures was adopted while validating the tools.

After designing the preliminary questionnaire it was tasted among thirty adolescents' girls from selected schools of Dharan to determine the practicability.

Trail test was done from another same type of school Shree Public Higher Secondary School, Dharan-12 near by the target school. The tool was revised on the basis of the item analysis, language, reliability and validity. Items were analyzed on the basis of the difficulty level and suggestions of advisor and subject experts.

### **3.6 Data Collection Procedures**

The data in this study has been collected from primary sources. Primary data has been collected with adolescent girls students of class 9, 10, 11 and 12 of three H.S.S. of Dharn. While secondary sources were achieved from reference books, research report, journal, thesis etc.

After getting the permission from the department, the researcher has contacted with the school administration and get information of school at first. Then students were informed about the purpose of the study and their task. After that, separate questionnaire for girls were given to students of class 9, 10, 11 and 12. For this study, data has also been collected with the help of school staff.



### **3.7 Method of Data Analysis and Interpretation**

All the collected data were tabulated and analyzed descriptively with numerical values. The data has been presented with the help of tables, percentage and simple statistical techniques. Data has been interpreted with the comparison from related literature, researcher's logic and standard of national and international indicators. Finally, the conclusions is drawn and recommendations is made for the further studies.

## CHAPTER - IV

### ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of the data collected from the field survey. The analysis and interpretation of data with the help of table.

#### 4.1 Socio- Demographic Characteristics

This section deals with the demographic and socio- economic characteristics of the respondent on the basis of collected data such as ethnicity age composition, education, attainment.

Table no .1

**Socio-Demographic Characteristic of the Adolescent Girls**

Variables	Number	Percentage
<b>1. Age Composition</b>		
13-15 years	78	34.36%
16-19 years	149	65.64%
<b>2. Education</b>		
Grade 9	38	16.74%
Grade 10	40	17.62%
Grade 11	86	37.88%
Grade 12	63	27.75%

Source: Field Survey 2009

##### 4.1.1 Age composition

The age structures of the respondents were categorized into two groups as shown in table 1. The age range of majority of the respondents was with 13-15 and 16-19 years of age group. 78 respondents were found within the 13-15 years of age group and 149 respondents were found within 16-19 years of age.

##### 4.1.2 Education

The grade wise distribution was 38, 40, 86 and 63 (out of 227 respondents) in grade 9,10, 11 & 12 respectively.

#### 4.2 Sexual health knowledge and opinion of the adolescent's girls' students.

ASRH knowledge with practice plays positive role o keep all aspects of health better. Adolescents get information from different sources, may be from communication media, colleagues, family members and so on. The more information they get , the more they become conscious and there will be more achievement. Therefore, the researchers has gathered some of the knowledge and opinion of the respondents given below provides the detailed information with data.

##### 4.2.1. Knowledge about symptoms of puberty.

Adolescence is a time of behaviour change when the reproductive capacity is started in adolescents. In this period sex hormone is secreted which is responsible for change in sexual behaviour. Generally in girls puberty may begin after ten years but in boys it usually comes later than girls. In this stage, adolescents are curious about change in bodies. But due to the social and cultural taboos, they do not talk and communicate about sexuality with others openly . So the try to get information about sex from sources such as friends, teacher, parents etc. Sometimes this information may be wrong and could have negative effects. The symptoms of puberty in adolescents of the study are shown in the table below .

**Table no.2**  
**Respondents knowledge about puberty by sex.**

Symptoms	No. of Respondents	Percentage
Breast Enlargement	134	59%
Beginning of menarche	170	75%
Attractiveness towards opposite sex	48	21.3%

Source: Field Survey 2009

The table indicates that majority of respondents 75% reported that the beginning of menarche is the symptoms of puberty of girl. 59% respondents reported breast enlargement and 21.3% respondents reported attractiveness towards opposite sex for

girls. The study show that the majority respondents known about cases and symptoms of puberty.

#### 4.2.2 Opinion about age of Menarche

The cyclic physiological discharge of blood and mucosa through the vagina from the non- pregnant uterus. It is under hormonal control and normally recurs approximately four-weeks interval except during the pregnancy and remains throughout reproductive span. All the girl respondents have experienced menstruation in the study population. The age of menarche in the study is shown in the table below.

**Table . no 3**  
**Opinion about age of menarche**

Age	No. of respondents	Percentage
Below 10 years	5	2.2%
10-15 years	159	69.8%
Above 15 years	5	2.2%
Don't know	58	25.7%

Source: Field Survey 2009

It is obvious from table 3 that the majority of the respondent ( 69.8%) said that it should be 10-15 years, 15.7% respondents are unknown about it. Only 2.2 % said that it should be less than 10 years and 2.2% respondents said that it should be Above 15 years . Menstruation shows the female hormone development ovum production. The time of menarche may be different as it depends on nutrition ,climate, recreational activities etc. It is not the matter of shyness, worry, fear. This needs pre-guidance and it can be reduce problems.

If school going girls have to face such problems all aspects of their health get weaker which affects their educational achievement in this research, most of the girls are found facing problems. So there must be the provision of accessibility of health service knowledge about the menstruation proper restriction, rest etc.

#### 4.2.3 Knowledge about Symptoms of pregnancy.

Pregnancy at proper age is good from every aspect. We know it is essential to bear offspring to combine the human race. In the past, there were provision of early marriage and they got child in early ages. But nowadays the trend is gradually declining but not totally eliminated. Without good knowledge about the solution of the unwanted pregnancy it will further be danger for the people in the society. The data on these aspects are recorded in the table below.

**Table no 4**  
**Knowledge about symptoms of pregnancy**

Symptoms of Pregnancy	No. of respondents	Percentage
Stopping menstruation	162	71.3%
Nausea	6	2.54%
Breast Enlargement	67	29.4%
All of the above	46.5	20.5%

Source: Field Survey 2009

There are 227 respondents covered in study out of them 71.3% respondents have knowledge about symptoms of pregnancy. Table 4 shows that the respondents have different knowledge of pregnancy. Among the respondents 71.3% have knowledge about stopping menstruation 29.4% have knowledge breast enlargement 2.94% know nausea and 20.5% know stopping menstruation nausea and breast enlargement or all of the above.

The respondent has clear knowledge about the symptoms of pregnancy. Most of them focus of the stopping menstruation because it is the first and main symptoms of pregnancy. They have little knowledge about nausea and breast enlargement as a symptom of pregnancy.

#### **4.2.4 High Risk Period For Pregnancy**

The unwanted pregnancy in troublesome for the adolescents. It had the number of social, economic , cultural and even physical pressure for the involved group. Without good knowledge on unsafe sex and unwanted pregnancy in associated with the

reproductive health. Here the knowledge on High Risk period for pregnancy were analyzed.

**Table no. 5**

**Distribution of the respondents knowledge of high risk period for pregnancy .**

High risk period for pregnancy	Number	Percentage
1-8 days of menstruation	14	6.25
9-19 days	206	90.62
20-28 days	4	1.88
Don't know	3	1.25
Total	227	100

Source: Field Survey 2009

Table no. 5 shows that out of 227 respondents 90.62% had right knowledge about high-risk period for pregnancy, the remaining sample respondents do not have knowledge about safe period.

#### **4.2.5 Right age of marriage**

Marriage in a universal phenomena on which gives social, cultural , legal bases for male and female to perform their duties and responsibilities as a couple in family, society. This is also an aspect of sexuality. People can choose any time for their marriage. The idea of marriage age guides the people in the right and required way for the healthy reproductive behaviour that enhance the quality of life and people could make effective family planning. The good marriage age is range between 20-30 years because of physical development of human and economically able. So to get the knowledge of respondents toward time of marriage is given by table no. 6

**Table no 6**

**Distribution of the respondents knowledge of right age for marriage .**

Right Age For marriage	Number	Percentage
<20 years	7	3.12

20-25 years	213	93.75
>25 years	7	3.12

Source: Field Survey 2009

Table no 6 shows that majorities of respondent choose the age 20-25 years as a right age for marriage . The respondent with this opinion were 93.75 % . The respondent who choose the age of greater than 25 years as an appropriate as at marriage were 3.12 % . Majority respondent more conscious about knowledge of right age of marriage.

#### 4.2.6. Right Age for Child birth

The need and interest of child is common for all the people after their marriage. Therefore every married people plan to have their child but the questions is raised when to have the baby. The following table shows the right age for the child birth for women responded by girls.

**Table no 7**

#### **Distribution of the respondents knowledge of Right age for child birth.**

Right Age of Child birth	Number	percentage
<20 years	7	3.12
20-25 years	114	50
>25 years	102	45
Don't know	4	1.88

Source: Field Survey 2009

Table no 7 shows that majorities of respondents believe that right age for child bearing is 20-25 years. The respondents with this opinion were (50%). From the above data all the respondents have information have child above 20 years. Most respondents were from good knowledge of right time of having child 20-25 years.

#### 4.3 Sources of information about FP

In the study area there are different sources of information about FP Adolescents who were aware of at least one method of FP get information from TV & Radio.

#### 4.3.1 Knowledge of different family planning Method

Couple can use different family planning devices: natural or artificial, permanent or temporary condom, vasectomy are used by males, whereas norplant , depo, pills, cooper T, minilap, laparoscopy etc. are used by female. Adolescents must have knowledge on family planning devices. So respondents were asked about the FP devices they have known. The table with data is given below.

**Table no. 8**

#### **Distribution of the respondents knowledge of different family planning methods.**

Family planning method	Number	Percentage
Depo - provera	56	25
Pills	40	17.5
condom	60	26.25
IVD/Norplant	20	8.75
Laparoscopy/Minilap	28	12.5
Vasectomy	9	3.75
Safe period	14	6.25
Total	227	100%

Source: Field Survey 2009

Table no. 8 reveals that out of 227 respondents, higher number had heard about family planning, methods. Among the various methods of FP 26.25% respondents had heard about condom was the most popular method. Similarly Depo-Provera was the second popular method which 25% of respondents heard this method.

The data show that all respondents know about condom. It is the most reliable family planning device. Some respondents know about depo which is also effective device.



In average it was found that adolescence students have good knowledge of FP devices.

#### 4.3.2 Pre-marital sex.

The involvement in sexual intercourse before marriage is called pre-marital sex. The respondents had different opinion towards pre-marital sex. Depending upon time , social legally respondent expressed their views to the activity of pre-marital sex which is analyze here

**Table no 9**

**Distribution of the respondents opinion on pre-marital sex.**

Pre- marital sex	Number	percentage
Neutral	13	5.62
Very bad	143	63.12
Depends on situation	50	21.87
No difference	21	9.37
Total	227	100

Source: Field Survey 2009

It is evident from the table no. that a large number of students (63.12%) were against the pre-marital sex. The number of students who had the opinion that pre- marital sex depends upon situation was (21..87%) , Similarly the students who had respond as it is not bad was(9.37%) . The respondents who were neutral in this matter was 5.62%. Te respondents have limited knowledge about RH and sexual health issues. Majority of respondents have said very bad about pre- marital sex. There were many socio cultural and religious beliefs behind pre-marital sex in Nepalese society. Some of the resondents said that pre-marital sex is depends on situation.

#### 4.3.3 Preference on Male & Female Friends

Adolescents are really a period of feeling strange acting as storm and stress having problem due to natural bodily changes. Everybody passes this period but experiences, problems and behaviour may be different. Sex hormone also plays role to activate adolescents. Such changes lead them, towards different feelings. In this period they attracted opposite sex.

**Table no. 10**

**Distribution of the respondents preference on Male & female friends.**

Preference on male & female friends	Number	percentage
Male	121	53.12%
Female	106	46.8%
Total	227	100%

Source: Field Survey 2009

According to table out of 227 respondents 53.12% preferred male friends , the respondents who preferred female friends was (46.8%). It shows that majority respondent have preference male friends.

#### **4.3.4 Perception on Abortion**

Abortion is an illegal phenomenon in Nepal. Anybody seeking an abortion practicing it on a willing accomplishes is punishable in accordance with prevailing laws. There are limited exceptions where the induction of abortion is permissible after a medical; practitioner certifies it on medical grounds ( Alok 1998: )

Abortion is the expulsion of product of conception from uterus before the foetus is viable. In other words it is an arrest of foetus by a natural or morbid process. Abortion is an ethical issue in our country and law of Nepal has taken abortion legal in certain cases. It can be practised if pregnancy harms both mother and the child physically & mentally : if a woman is raped and unwilling to give birth : and the pregnancy is caused due to incest relation .

**Table no. 11**  
**Perception towards Abortion**

perception about abortion	Number	percentage
Needed to get rid of tension	15	6.67%
Harmful for pregnant woman	68	30%
Shouldn't be practiced	49	21.67
Under conditions if practiced , it is normal	95	41.66

Source: Field Survey 2009

As mentioned in the above table no. 11 41.66 % respondents had positive perception towards abortion i.e it should be practised under conditions. Like wise 6.67% respondents thought it helps top get rid of tension ,similarly 21.67% respondents answered it shouldn't be practised .Lastly 30% were found saying it is harmful for pregnant woman.

Obviously, abortion itself is not bad ; But where we are practising , we should consider time of pregnancy , health of mother and foetus trained health worker and so on . It can reduce MMR, IMR and other psychological problems. It is legal in many developed countries , some of the respondents thought not to be practised which needs to be corrected.

#### **4.3.5 Emergency Contraception**

Emergency Contraception (EC) is one of the FP devices which prevents unwanted programming after unsafe sex. It helps to make safe from unplanned pregnancy . It is generally practised after unsafe sexual intercourse, so it also called coital contraception or morning after pills. The record of the respondents by students is shown in the following table.

**Table. 12**  
**Knowledge about emergency contraception.**

Knowledge of EC	Number	percentage
Yes	68	30%
No	159	70%

Total	227	100%

Source: Field Survey 2009

Table no 12 reveals that 30 % of respondents had the knowledge of EC majority of respondents i.e. 70% didn't know it.

If adolescents know the EC they will use EC devices immediately after unsafe sex which prevents unnecessary problems. Majority of students in this study were found unfamiliar with EC. So it needs teaching about EC formally or informally.

#### 4.4 Perceived knowledge and opinion about ASRH Education.

Sexual & reproductive health education is vital to youth attempting to make discussion that affect their entire health. I t is important to provide ASRH education.to every adolescent . It is their right as well. Such education helps to reduce problems at present and provide strong base for the future.

##### 4.4.1 Method of Addressing ASRH problems.

Many researchers have shown that communication media, school, parents, community health workers, books are the best sources for providing ASRH information and right behaviour. to adolescents, We should treat them psychologically whatever the sources and methods are. It may be individual care or external effort by family peers, society, nation and by international community. The table below gives the responses from the students.

**Table no. 13**  
**Method of Addressing ASRH problems.**

methods*	Number	Percentage
Individual care	64	28%
Friendly Home environment	75	33%
Accessibility of health services	36	16%

Health Education	136	60%
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\* Multiple responses , percentage may exceed too.

Source: Field Survey 2009

The data given above describe that 28% of respondents said individual care helps to address ASRH problems. 33% of respondents said that friendly homely environment plays key role to solve ASRH problems. 16% of respondents answered on accessibility of health services . Most of the respondents (60%) strongly emphasized on health education to address the ASRH problems.

Most of their respondents are demanding health education as a reliable tools to address ASRH issues which is prise worthy. Other methods jointly can play effective role to solve the problems of adolescents.

#### 4.4.2 Need of ASRH education

Sexual and reproductive health problems are the burning issues for the present society ASRH education must be provided to solve their so -called problems and should be made their future bright. I t promotes healthy behaviour by providing appropriate knowledge. The following table indicates the needs of ASRH education of respondents.

**Table No. 14**  
**Needs of ASRH Education**

*Need of ASRH Education	Number	Percentage
to be familiar with ASRH right	61	27%
to overcome ASRH problems	116	51%
to provide fundamentals of ASRH information	82	36%
To teach adolescents a moral education	64	28%

\* Multiple responses, percentage way exceed 100.

Source: Field Survey 2009

From the information provided by respondents, 61 girls were found saying ASRH education helps to be familiar with ASRH right. 116 girls respond ASRH is useful to overcome ASRH problems. 82 girls said that it provides fundamental of SHR information and 64 girls said it teaches adolescents a moral education.

All respondents from the information given by them are in the favour of providing ASRH education. Most of them felt that it needs to overcome their problems. Really they have to face problems in these years . So it can be provided from lower secondary level with more content along with psychological teaching process.

#### 4.4.3 Information about ASRH in School Curriculum

School going adolescents are being provided the information about sexual and reproductive health. School Curriculum is reliable and an easy way to provide health education. It does not provide information only but also gives strong base for future. The given table shows that the students response of content provided to them about ASRH affair.

**Table. No. 15**

**Information provided about ASRH in school curriculum.**

present curriculum	No.	percentage
sufficient	23	10%
insufficient	140	61.67
satisfactory	64	28.33
Total	227	100

Source: Field Survey 2009

From the table no 15 , 10% of respondents were found that existing curriculum is enough to provide information while 61.67% of respondents said it is insufficient 28.33% of respondents answered that present curriculum is somehow satisfactory.

Majority of the students demanded the new curriculum to provide information and to solve their problems. We can see the present curriculum of lower secondary & secondary level has not enough content. If few curriculum is implemented, formal & informal, theoretical & practical, relevant & psychological curriculum is expected.

## CHAPTER-V

### SUMMARY, FINDINGS , CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Summary

Adolescence population is interesting in the world population. The young people of the age of 10-19 occupied large volume in the world population and it is growing in the developing countries like Nepal . Adolescence period is the phase of significant psychological and physical growth. It is crucial life stage between childhood and adulthood with numerous and developmental challenges and adjustments to new characteristics of life . Adolescence is an unstable time that is likely to produce uncertainty , doubt and miscellaneous apprehension. If the adolescent development is successfully completed, the young person will meet the requisite for full membership in the society. During the period of adolescence developments of sexual organs take place in predictable way . In female, sexual organs including breasts and menarche take place along with the characteristic change in the body structure.

This study presents "knowledge , opinion concerning reproductive & sexual health of adolescents girls', aimed at finding out the nature and extent knowledge & opinion on reproductive & sexual health of the adolescent school girls. This study was carried out from Feb. 2010 to June 2010 and utilized simple random design. Survey questionnaire were utilized to gather the information from among the adolescents girl. This study was focused on higher Secondary School adolescents' girl's students. Secondary School adolescent's girl's students. It was concentrated selected school of Dharan.

This study was mainly based on primary data obtained from 227 respondents from Shree Shiksha Niketan Higher Secondary Such data. After the collection of data, they were checked, verified, tabulated, analysed and interpreted. For this, necessary assistance was obtained by experts, colleagues, related literatures respondents and school administration, Dharan-6. By selecting girls students of class 9,10,11 & 12, separate questionnaire for girls were used to collect

## 5.2 Findings

After analysis and interpreting of the data, the following results were obtained.

- i) Out of the total respondents girl it was found 149 were 15-19 and 78 were 13-15 age group.
- ii) A large number of respondents ,(87.5%) were informed about the functioning of women reproductive organ.
- iii) Regarding the knowledge of bodily changes during adolescence(90.62%)his proper knowledge.
- iv) About the knowledge of age the first menarche it is found that most of respondents (55%) respondent 13-14 years as normal age of the first time means.
- v) In the study most of the respondents (93.75%) viewed 20-25 years as the right age of marriage.
- vi) It was found about that about half (50%) of respondents were in favour of 20-25 years for right age for child birth.
- vii) Among various contraceptive and family planning method majority of respondents (26.25%) are most familiar with condoms and least familiar with vasectomy & safe period of pregnancy. Most of the respondents believed that the desired number of child could be limited by using family planning method.
- viii) Regarding the response about proper number of child 90.62% of respondents prefers two children .
- ix) About pre-married sexual contact 63.12% of respondent are against of it .
- x) Majority of respondents (53.12%) preferred male friends.
- xi) Regarding the opinion on abortion 43.75% respondents agree that illicit sexual intercourse is the cause of pregnancy.
- xii) Regarding usual age for the first sexual contact most of respondents are nothing but 9.37% of respondents replied that the proper age for the first sexual contact is above 19.
- xiii) Two third of the total respondents i.e. 70% were found no knowledge of emergency contraception.



- xiv) All respondents emphasized in the health education to address ASRH. problems. Among them 28% said individual care helps to address ASRH problems where 33% .in friendly homely environment .And 26% answered accessibility of health services is useful to address ASRH issues.
- xv) All respondents choose school as suitable place to provide ASRH education (116(51%) girls felt need of ASRH education to overcome ASRH problem.
- xvi) Among the students 10.72% said present curriculum of ASRH is sufficient . Others i.e 90% felt that existing curriculum is not sufficient to provide ASRH information .

### 5.3 Conclusion

Human sexual behaviour is socially and Culturally diverse and determined by different factors. It is affected by one's relationship , life circumstances, modernisation, culture and so on. Sexuality is a part of one's personality, biological mechanism and sense of identity. This sense develops when adolescence starts. Girls may have in different knowledge and opinion. They have to face different problems. They may engage in different sexual behaviours. Society behaves them differently according to their behaviour.

In the study, the respondent have more knowledge about female reproductive organ. Similar is the case with the knowledge of bodily changes during adolescence, high risk period for pregnancy , proper age for child birth. Respondents are found to have more knowledge about family planning methods. More girls are found to be more flexible at having pre-marital sex. Likewise the number of girls who wanted and did discussion on sex and sexuality.

In the study it was finding that there is problem for girls due to bodily changes, menarche, and problem during menstruation etc. They felt shyness, worried, fear due to menarche. It was found that girls had painful menstruation, backache, weakness, nausea, leg cramps, excessive bleeding during menstruation. Students do not know about emergency contraception and abortion properly. All the girls students demands ASRH from school with the beginning for adolescence. Moreover, ASRH is provided jointly by school, community, private sectors and the government. They felt the

present curriculum is not enough to address the problems arisen in regards with ASRH. It is a must be have an effective amendment in the existing curriculum.

Strong advocacy is now required to increase the commitment to address the needs of adolescents health & development at international to family levels to build partnership & strengthen the capacity of government, NGO'S, private sector to adopt a sustainable & cost effective approach. It increase involvement and active participation of adolescents . Together with resources pre- requisite , particular emphasis needs to be immediately given to the counselling, sex education, information related to ASRH and supply of contraceptive, youth - friendly ASRH services etc.

#### **5.4 Recommendation**

- a. Reproductive and Sexual health topics should be included in more practical way in high school curriculum.
- b. The school adolescents should be taught about the knowledge & opinion for a safe and healthy sexual activity.
- c. The information about the proper sex education should be broadcasted through media and made familiar through different kinds of teaching aids.
- d. Sex and sexuality should be one of the important topics in the co- curricular activities in the school level.
- e. The knowledge about sex and sexuality in high school adolescents' girls seems incomplete. Thus they should be given more education in this subject.,
- f. In order to teach about sex and sexuality, the teachers should also be trained . In school it seems that teachers do not have proper knowledge on sex & sexuality.
- g. Programmes should be planned & executed in the communities of the purpose for avoiding the traditional & conservative thinking of the parents about sex & sexuality.
- h. Occasional discussion should be conducted among adolescent girls, health teacher and the parents about sex & sexuality.
- i. There must be provision of one counsellor about ASRH issues in each school.

#### **5.5 Recommendation for further research.**

- i) Further research can be conducted on sexual health.
- ii) Researcher are encouraged to conduct research on youth (10-24) years who are

out of school in sexual & reproductive Health Education .  
iii) Knowledge of Adolescents on issues of Abortion .

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## Appendix A

### Questionnaire

Questionnaire on adolescent Higher Secondary School girls' knowledge attitude towards Reproductive Health and Sexual Health.

Dear Students,

This is survey questionnaire to study knowledge, attitude on the Reproductive and Sexual health of Higher Secondary School girls. Please tick the best answer and fill the necessary items as questionnaire requires. You may or may not write your name here. We assure you to maintain the confidentiality of answer.

I want to assure you that data will be used only for the purpose of the study and remained unpublicized.

Thank you.

**Please tick (✓) the appropriate answer. You can tick more than the one answer if you feel so.**

Name (Optional): \_\_\_\_\_ Class: \_\_\_\_\_

Age: \_\_\_\_\_

1. Have you ever heard about sexual & reproductive health? (Yes/No)

If yes, from which source?

(a) Newspaper (b) Television (c) Peers (d) Parents

Then, what is sexual and reproductive health?

Write on your.....

.....

2. Which of the following is female reproductive organ?
  - (a) Uterus
  - (b) Testes
  - (c) Seminal vesicle
  - (d) Spermatic Card
  - (e) don't know
  
3. Which of the following bodily change is seen in adolescent?
  - (a) Enlargement of Brest
  - (b) Pubic hair growth
  - (c) Shyness
  - (d) All of above
  - (e) Don't know
  
4. Usually in what age menarche starts in girl?
  - (a) 11-12 years
  - (b) 13-14 years
  - (c) 15 and above
  
5. Which days are more risky days during menstrual cycle?
  - (a) 1-8 days
  - (b) 9-15 days
  - (c) 20-28 days
  - (d) I don't know
  
6. What is the appropriate marriage age for Nepalese girl for health reason?
  - (a) < 20 years
  - (b) 20-25 years
  - (c) > 25 years
  - (d) I don't know
  
7. What is the best first delivery age for Nepalese girl for health reason?
  - (a) < 20 years
  - (b) 20-25 years
  - (c) > 25 years
  - (d) I don't know
  
8. In your opinion what do you think of your friend's age at first sexual contact?
  - (a) ..... years
  - (b) I don't know
 If they have had sexual contact, who do you think with?
  - (a) One wife & husband
  - (b) Casual partner
  - (c) Boy friend & girl friend
  - (d) Others
  
9. Have you heard about the family planning methods?
  - (a) Yes
  - (b) No

10. Do you think the use of condom is necessary while having sexual contact with other than wife and husband?  
 (a) Yes (b) No (c) I don't know  
 If yes please tick the following FP methods you have heard.  
 (a) Depo-Provera (b) Pills (c) Condom  
 (d) IUP/Norplant (e) Laparoscopy / Minilap (f) Vasectomy  
 (g) Safe period
11. Do you believe that desired number of children can be figured out using family planning methods?  
 (a) Yes (b) No
12. In your view how many children a woman should have?  
 (a) Number of sons ..... (b) Number of daughter .....
13. Have you ever heard about the clandestine abortion?  
 (a) Yes (b) No  
 If yes, why women do perform the abortion?  
 (a) Because of pregnancy of illicit sexual intercourse. (b) Unwanted pregnancy to a married woman (c) Rape case (d) other .....
14. What is your opinion on pre-marital sex?  
 (a) Depends upon situation encountered. (b) Indifferent (c) Bad  
 d) Desirable
15. Do you prefer the induced abortion to avoid the unwanted pregnancy?  
 (a) Yes (b) No
16. Has your parents ever treated you different than your brother/sister?  
 (a) Has (b) Has not  
 If yes, on what particular issue has she/he treated you differently?  
 (a) Education (b) Food (c) Clothing (d) Health cares  
 (e) Others .....



17. Do you feel any kind of discrimination from your parents with reference to your brother?  
 (a) Yes (b) No
18. How do you feel comfortable with your parents? if  
 (a) They treat as equal as brother  
 (b) They let you go out as you like.  
 (c) They try to understand your problems. (d) Others .....
19. Have you ever discuss about sexual health with your friends?  
 (a) Yes (b) No  
 If yes, what do you discuss about?.....
20. Do you get time to play with your friend? (a) Yes (b) No
21. Do you get time to go for move? (a) Yes (b) No
22. Did you feel comfortable when menstruation occurred at the first time?  
 (a) Yes (b) No  
 If no, what kind of problems did you get?.....
23. Did your parents feel comfortable with you when the menarche occurred at you?  
 (a) Yes (b) No  
 If no, how did they treat you?  
 (a) They kept me in the separate room (b) They were co-operative  
 (c) They treated me as an untouchable (d) Others .....
24. How did your neighbors treat you when they know about the menstruation has occurred at you?  
 (a) They nauseate me (b) They change their attitude (c) They didn't care  
 (d) Others .....
25. Which friend do you like?  
 (a) Male friend (b) Female friend



- (a) Friends (b) Mother (c) Sister (d) Teacher (e) Relatives(f) Maintaining secrecy
35. If somebody had premarital sex, what do you think it as?  
 (a) It is against culture (b) Safe-premarital sex is not a problem (c) It causes problem
36. Do you have any experience of the following?  
 (a) Smoking, Tobacco use (b) Alcohol use (c) Love affair  
 (d) Pre-marital sex (e) None of the above
37. Which method is effective to address sexual and reproductive health problems?  
 (a) Individual care (b) Friendly homely environment  
 (c) Accessibility of health services (d) Health education
38. Where should be the adolescent sexual and reproductive health education and services is made available?  
 (a) From school (b) From private hospital  
 (c) From public hospital (d) From local organization
39. Why do you think adolescence need sexual and reproductive health education?  
 (a) To be familiar with sexual and reproductive right.  
 (b) To overcome problems of sexual and reproductive health.  
 (c) To provide fundamentals of SRH information.  
 (d) To teach adolescents a moral education
40. Is the information/content provided from existing course sufficient?  
 (a) Sufficient (b) insufficient (c) satisfactory
41. In your opinion, do adolescents need professional counseling regarding life before and after marriage?  
 (a) Yes (b) No
42. Where should the adolescents sexual & reproductive health education and services be made available ?  
 (a) From school (b) From private hospital  
 (c) From public hospital (d) From local organization

43. Which methods is effective to address sexual & reproductive health problems?  
(a) Individual care (b) Friendly homely environment  
(c) Accessibility of health services (d) Health Education
44. In your opinion, do adolescents need professional counseling regarding life before and after marriage? (a) yes (b) No