KNOWLEDGE ON REPRODUCTIVE HEALTH AND SEXUAL HEALTH AMONG HIGH SCHOOL GIRLS OF JHAPA DISTRICT

[A Case Study of Jhapa District, Nepal]

By

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APPROVAL SHEET

This dissertation entitled “Knowledge on Reproductive Health and Sexual Health among High School Girls Student of Jhapa District” by Mr. Jhamak Pd. Pyakurel has been accepted as partial fulfillment of the requirement for the Degree of Master of Arts in Population Studies.

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List of Acronyms

AIDS	:	Acquired Immune Deficiency Syndrome
APDC	:	Asia Pacific Development Centre
BCG	:	Bacillus, Calmettee – Gurim
CDPS	:	Central Department of Population Studies
CSW	:	Commercial Sex Workers
DHS	:	Demographic Health Survey
DPT	:	Diphtheria, Pertussis and Tetanus
FGM	:	Female Genital Mutilation
HIV	:	Human Immune Deficiency Virus
ICPD	:	International Conference on Population Development
IUD	:	Intra _ Uterine Device
JHU	:	John Hopkins University
MOH	:	Ministry of Health
MOPE	:	Ministry of Population and Environment
RTI	:	Reproductive Tract Infection
SAARC	:	South Asian Association for Regional CO-Operation
SPSS	:	Statistical Package for Social Science
STDs	:	Sexually Transmitted Diseases
UN	:	United Nations
UNFPA	:	United Nation Population Fund
VDC	:	Village Development Committee
WHO	:	World Heath Organization

CHAPTER-I
INTRODUCTION

1.1 General Background

“Reproductive health is a crucial part of over all health and is central to human development. It involves intimate and highly valued aspect of life. Reproductive and sexual health knowledge is needed for people to protect from unwanted pregnancies, harmful reproductive practices, choice on satisfactory contraceptive methods, safe pregnancy and safe delivery. It also includes the treatment of infertility. To remove the malpractice on reproductive, unwanted pregnancies, unsafe abortion and unsafe delivery knowledge of reproductive and sexual health is very necessary. A better approach to make sexual and reproductive health service available to grassroots is integrated in primary health care system to regulate women’s fertility. The knowledge on reproductive and sexual health helps them to remain free of diseases and decide when and how to have sexual relation to women. Thus the knowledge on sexual and reproductive health helps to bear rear healthy children which ensure the better life of next generation

The International conference on Population and Development (ICPD, 1994) has, for the first time; closely define reproductive and sexual health. It states that “reproductive health is a state of complete physical, mental and social well being and not merely the absence of diseases or infirmity in all matters relating to the reproductive system and its function and processes.”(UN, 1994:30)”. Sexual health is defined on the enhancement of life and personal relation and does not merely counseling and care related to reproduction and sexually transmitted diseases.”(UN 1994:30). The knowledge and perception on reproductive and sexual health results in better health care and less prevalence of STDs.

Reproductive health implies that people are able to have a satisfying and safe sex life and they must have freedom to decide the number and spacing of the children. Men and women have the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice for the regulation of fertility, as well as access to appropriate health care service for safe pregnancy and child birth.

The ICPD, in this respect defines that “everyone has the right to enjoyment of the highest attainable of physical and mental health. The principle also stressed that both men and women have universal access to health care services, including those related to reproductive and sexual health. All couple and individual have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. (UN-1994:10).

The ICPD 1994, program of action under its reproductive rights and reproductive health section covered five sub sections. They include:

- Reproductive health and reproductive right,
- Family planning,
- Sexually transmitted diseases and prevention of human immune deficiency virus(HIV),
- Adolescent

According to the ministry of health, the scope of reproductive health is very broad. The recommendation of the National Reproductive Health Strategy of Nepal has included the following as essential component of reproductive health (MOH, 1998:3).

- Family planning: counseling; information, education, communication and services(emphasizing the prevention of unwanted pregnancies)
- Safe motherhood: education and service for healthy pregnancy; safe delivery; and postnatal care including breast feeding;
- Care of the newborn
- Prevention and management of complication of abortion.
- Prevention and management of Reproductive Tract Infection (RTIs), STDs, HIV/AIDS; and other reproductive health condition.
- Information, education and counseling as appropriate, on human sexuality reproductive health and responsible parenthood for individual couples an adolescent.
- Prevention and management of sub-fertility and
- Life cycle issues including breast cancer, cancer of the reproductive system; and care of the elderly.

Adolescent school girls are at the position of entering into married life. The age at marriage of women in Nepal lies some where between the age of 16 and 18. The 1991 census has reported as 18.6 years (Bhattarai and GC, 1995) and birth, death and contraception survey has reported as 16.8 years. (KC et al.1997).Most of the school girl is curious about sex and sexuality in their teenage. Sometime their curiosity may lead them to involve in sex. If they do not have proper knowledge abut sex and sexuality, they are in great risk of unwanted pregnancy and STDs and HIV/AIDS because of their unsafe sex.

The world wide prevalence of STDs is very high with increasing trend. Prior to the 1980's the major concern regarding sexual behavior of adolescent was pregnancy which included the prevention of STDs program. With the emergence of AIDS during 1980s, public policy regarding adolescent sexuality has been expanded to include the prevention of STDs and AIDS. The sexual behavior of adolescent is determined by a number of biological, phycgological and social. People do not feel comfortable discussing sexuality not only with children and adolescent but also with their partners, even in this era (Irwin, et; al 1991:35-42).

The Mexico conference, 1948 give an emphasis on prevention of early pregnancy and dissemination of sex education. It also suggested that family planning methods to made widely and easily available to adolescent.

Likewise, the ICPD, 1994 in Cairo has clearly suggest that the response program should include support mechanism for the education and counseling of adolescent focusing areas such as gender equality, violence against adolescent, responsible sexual behaviour, responsible family planning practices, family life reproductive and sexual health, sexually transmitted diseases, HIV infection and AIDS prevention(UN,1995).

As a response to this, Nepal Government of Nepal has clearly included these component in its Ninth plan (1997-2002) and National Reproductive Health Strategy (1998).

1.2 Statement of the Problem

The population age group of 10-19 years is defined as adolescent. They can be divided into two groups: early adolescent (10-14 years) and late adolescent (15-19 years). According to the new plan population projection of Nepal, out of the total population 20,931,644 in 1996 more then one fifth was constituted of adolescent population. Adolescent's age is the transition age from the Childhood to adulthood. Many children experience biological as well as social change during this period. For example, many children in this age go through the puberty experience change in their body structure, level home and school; and get married. (Vol 6; CDPS).

About 4.7 million population of Nepal is adolescent (MOPE, 1998), which is about 22 % of the total population. Although literacy rate among adolescent over time is increasing. Of them nearly 60% are still illiterate. There is wide gap between male and female adolescent literacy rate. The literacy rate is much lower among female adolescent as compared to male adolescent. Regarding the educational attainment 44% of total adolescent aged 10-14 have completed primary level,(i.e.54% males versus 34% females) and 28% adolescent aged 15-19 have completed secondary level (i.e. 38% male versus 17% females) of school. Like the literacy rate gender disparity is very high between males and females in term of educational attainment. A large proportion of young females have to discontinue school attended because they have to help their families in household works and also they get married while in school. (Ref-Nepal population, journal, vol:-7, no.8 pp 82: July 1998)

Nepalese adolescent girls can not talk about their adolescent behaviour openly since Hindu religion predominately probhits two opposite sex to be exposed before marriage. How the girls are treated with their family and society, what parents make attitude towards reproductive health of the girls, what attitude of the girl determine the size of family, reproductive health, sexual health and mean family planning are crucial question. They are to be taken into account to uncover their perspective towards reproductive and sexual health of women. High school girl are the most relevant and potential age of females who are going to be exposed to reproductive life in future. Hence, their perception about reproductive and sexual health is significant for the policy making point of view.

1.3 Objective of the Study

This research work had the following objective to fulfill:

- To assess the knowledge and perception of the high school girl on reproductive and sexual health
- To determine the perception of the high school girl on pre-marital sex
- To examine the views of high school girl about reproductive and sexual health in their text book
- To identify the ideal age of marriage and ideal family size of high school girls in future.

1.4 Significance of the Study

The study is based only on the rural area's high school girls. The previous studies were not done on this typical issue. They were either rural urban or in some other ways. So, the study of knowledge and perception on reproductive and sexual health is the important one. Moreover the previous studies on high school girls, knowledge and perception on reproductive and sexual health were not done in Jhapa district. So, the researcher has selected the location of the study on this district to analyze and find the major issues of reproductive and sexual health.

Adolescent high school girls are at the position of entering into married life in Nepalese culture. The knowledge of reproductive and sexual health is needed for high school girls since they are more likely to expose in their reproduction. In this research, focus was given to assess the general attitude, behaviour and sexual health among high school girls. Another aim of this study was to know when to know when they have deep knowledge on reproductive health, they could able to decide when and how to have a sexual relation. Therefore, this research aim to provide basic information on reproductive health and sexual health among high school girls and also help to formulate policies and programs in the related field in Nepal. And finally, this research work is hoped to be significant to carry an important role in the area of STDs, fertility and nuptiality and adolescent reproductive health.

1.5 Limitation of the Study

This research was limited to the high school girls of grade nine and ten only in eastern part of Jhapa district in lakhanpur. This study did not cover the girls who were out of the school. The number of school selection was only four, namely: Saraswati secondary school, guyeshwori secondary school, Shree Bani secondary school and shree mangalmaya secondary school, lakhanpur.

1.6 Organization of the study

This dissertation is divided into six chapters. The first chapter discusses the introduction of the study including the objectives, statement of the problem, significance and limitation of the study. The conceptual framework of the study based on literature review is discussed on the second chapter. The fourth chapter discusses the socio-economic and demographic characteristic of the respondents. Similarly, the fifth chapter discuss on analysis of knowledge and perception on reproductive and sexual health of the respondents. Finally, the summary, conclusion and recommendations of this study are presented in the sixth chapter.

CHAPTER- II
LITERATURE REVIEW

2.1. Review of the literature

There are limited numbers of previous studies in the field of the reproductive and sexual health. Reproductive health is not a new problem, but rather a new approach. Though the term reproductive and sexual health has gained currently only since 1980s, the published materials in such are not sufficient in the context of Nepal. This chapter first deals with the situation of reproductive and sexual health in the world, including the research works done on it and then after with a comparative synopsis of South Asia and Nepal.

2.1.2 World

WHO (1989:15) has defined that the age of 10-19 years of population is considered as young people characterized with bodies and lives. With the onset 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 (1987:35-36) defined that adolescents have unique reproductive health needs that constitute a problem in many countries. The legal framework governing reproductive health care of adolescents is in itself unique and sometimes neglected. Despite the theoretical concern of law, many sexual active minors fail to obtain protection and assistant in the matter of reproductive health. Laws and policies help to determine whether young people can obtain appropriate information concerning human sexuality and whether teenagers have access to the necessary reproductive health service.

The ICPD (1994, as described in UN, 1994:36-37). Produced a new vision on the need for a holistic view of reproductive and sexual health of adolescents. The ICPD, 1994, states that the reproductive health needs of adolescents have been largely ignored to date by existing reproductive health service. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain the level of maturity required to make responsible decisions. In particular, information and services

should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with education of young man to respect women's self-determination and to share responsibility with women in matter of sexuality and reproduction.

The same version further analyzed that in many societies, adolescents face pressure to engage in unwanted sexual activity. Such circumstances are socially, religiously and economically created that adolescent are forced to be engaged in sexual activities which is against their sexual and reproductive health. Young women, particularly low income adolescent are especially vulnerable to the risk of having sexually transmitted diseases. Sexually active adolescent of both sex are increasingly at high risk of contracting and transmitting STDs including HIV/AIDS, and they are typically poorly informed about how to be perfect them. Program for adolescent have proven most effective when they secure full involvement of adolescent in identifying their reproductive and sexual health needs and designing programs that responds to their needs. Therefore, ICPD recommends planning for action to disseminate required family planning information, counseling and services to adolescent and special support to their families and community during pregnancy and early child care. Adolescent must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities. Likewise, it further addresses that programs should involve and train all who are in position to provide guidance to adolescent concerning responsible sexual and reproductive behavior, particularly parents and families and also communities, religious institutions, schools, mass media and peer groups.

UNFPA, (1996:2) highlighting the importance of reproductive and sexual health suggested that many people are unable to obtain optimal reproductive health because of incomplete knowledge about human sexuality, high risk sexual behavior, the unavailability or poor quality of reproductive health care services existing gender bias, and limited power of women and girls over their sexual and reproductive lives. The growing incidence of STDs/AIDS and practices such as FGM also negatively effect reproductive health. Adolescent are particularly at risk because of high level of social discomfort about sexual activity among young unmarried people and their lace of information and access to relevant

services in most countries. Older women and men also have distinct reproductive and sexual health needs that are often inadequately addressed.

Oodit (1994: 7-8) says that with urbanization and modernization, the age at marriage has increased in societies and also people's sexual attitudes towards marriage and sex has been changing. The widespread education particularly sex and reproductive health content in curriculum have contributed to change the attitude of adolescent even in developing countries. However, there are many questions then answer about importance of sexual and reproductive health education in school. The question such as, "to what extent school provide family life and sex education for young people? Should include family issue such as responsibility of marriage and parenthood, should they informed about family planning methods, STDs, basic demographic information about population growth and its socio-economic consequences are arising.

UNFPA (1997 :11) in a report noted that approximately, 15 million young females aged 15-19 give birth each year and the number of babies born account more than 10 percent of those born worldwide. Only about 17 percent of them use contraception. Young mother, especially those under 16 have increased like hood of serious health risks. The risk of death in child birth is five times higher among 10-14 years then among 15-19 years old and turn twice as high among 15-19 years old as among 20-24 years old. Teenagers are over represented among those obtaining abortion and even more so among those needing medical care for complicated of unsafe abortion. When adolescent bear children, their offspring also suffer high levels of morbidity and mortality. The incidence of STDs is also disproportionately high among young people: 1 in 20 adolescent contracts sexually transmitted disease each year and half of all cases of HIV infection take place among people among people under age 25.

UNFPA (1998:27-31), states that the births given by adolescent whether with in marriage or not are largely unplanned. Pregnancy in early life is usually the consequences of lack of access to information and services, unwanted sexual relations, unprotected sex or ineffective use of contraception. Further evidences of unintended pregnancy are seen in high levels of abortion in adolescent pregnancies. Large number of abortion cases in clandestine and unsafe abortion. An unhappy choice between a back street abortion and high risk of pregnancy may face a teenager who finds herself pregnant. And further

UNFPA mentions the measure as families and decision making, education in and out of school, talking with per groups.

It further stated that there is grave risk associated with early sexually whether not within marriage. Age at physical maturity or menarche is declining; however age at marriage is increasing. The adolescent sexuality activity is also increasing and consequently, those factors have expanded the period of time that you people face risk associated with teenage sexually including early pregnancy which exposed mothers and children at higher mortality and morbidity a STDs/AIDS. The STDs are more frequent in the age group 20-24 which half HIV infection in the age group.

JHU (1995:1) states that one fifth of the world population is between 10-15 years. Young people today marry later and more start sex before marriage, facing more risk of unwanted pregnancy and sexually transmitted diseases (STDs). The developing countries 20-60 percent of young women's pregnancy and birth are unintended and are coming sooner than planned. Pregnancy put young women health at risks, through childbearing or unsafe abortion. Early parenthood means loss in education as well, with life long loss of earning. Half of those infected with AIDS causing HIV is under age 25.

APDC (1989: 145-210) stated that women generally don't know much about the bodies and how to deals with various health problems, which they may experience throughout their life cycle. Their concept and understanding of various healths related changes in their bodies, menstruation, reproduction and menopause are tinged with myths and fears. The misconception and fears also affect healthy women deal with special diseases such as STDs, AIDs and cancer. Their lack of control over their bodies makes them victim of unnecessary. Surgery society also suppresses their sexuality through emphasis on the reproductive role of women and through controls such as female circumcise. Women's lack of understanding and control of their bodies often leads to negative attitude and low an opinion their bodies and sexuality for example, women look upon their bodies with share and embarrassment.

Liljestrand (1997: 11-13) while discussing on the negligence of the adolescent further stated that they often feel neglected in family planning programs. Correcting these problems, special counseling is required to their sexuality and other needs as part of transition to adulthood. So specific reproduction health need of adolescent must be openly

acknowledge. Of course there are many other health hazards facing adolescents but reproductive and sexual health issues merit separate consideration and he proposes to pay the attention to six component of reproductive health: adolescent reproductive health, STDs/ AIDS, infertility cervical cancer, violence against women and abortion.

Gorgen et al., (1998: 65) saying the need of the exposure to STDs and AIDS stressed that it is important to know adolescent pre-marital sex, problem related pregnancies as reduced educational opportunities for young women, unsafe abortion, high risk of deliveries, poor economic out come and increased risk of exposure to STDs infection. So, sexual behavior of adolescents and consequences of this behavior are a major public health concern.

Who (1998:9) states that although an adolescents girls is likely to give birth and rear her children with in the context of extended family, the risk she and her child runs of illness injury and deaths are for greater than those for a nature women 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 of girls in Bangladesh for instance and 34% of 15 years old girls in Nepal were married although legal minimum age for marriage is 16 in both countries.

WHO (1997:13) stated that for the vast majority of adolescents sexual relations begins with marriage. However, because of rising age at marriage in the most South East Asian countries the incidence of pre-marital sex is also rising and which is unprotected causing greater risk of unwanted pregnancy, unsafe abortion and STDs. The younger the adolescents with an unwanted pregnancy, the more likely she is to seek abortion. An induced abortion often done clandestinely and by untrained practitioner poses grave danger to the reproductive health and life of the adolescent's girl. It is estimated that between 1 and 4.4 million abortions occur among adolescents every year globally.

2.1.2 South Asia and Nepal

Chaudhary (1998:137.171) expressing the situation of South Asia stated that Adolescents population in SAARC regions ranges 21 (Sri Lanka and India) to 26% (Bangladesh) having

highly literate than the average literacy of national total population. Though the law is prohibiting marriage before 18 years but 40% marriage occurs in adolescents age begin early marriage as the social norms. Because unmarried intercourse is unethical, information on premarital sex is very little and poor. It can not represent national situation. Only 20% birth is occurred below the age of 20. At least 50% adolescents girls bear children by age 19 except in Pakistan. No more than 11% of currently married adolescents girls were using contraception. Considerable proportion of currently married adolescents in Bangladesh and Nepal is malnourished(measured in terms of mean day mass index). The infant mortality to the adolescent's women is about 30 to 50% higher compared to those older women aged 20-29. the probability of maternal death is higher than other latter groups. Information on the prevalence of STDs is also extremely limited for all SAARC countries. In Nepal, adolescents constituted 16% of diagnosed cases of which 72% were girls. Though the reliable information on abortion are not available the DHS revealed that 1.3 to0.4% of adolescents pregnancies in India and Nepal resulted to abortion but these figures could not cover the backdoor abortion which might be more risky. Only 3 to 11 % birth Bangladesh, Nepal and Pakistan and 24% of births in India were delivered at health facilities. The knowledge of any methods is almost universal except Bhutan (51%) and Pakistan (75%) knowledge on HIV/AIDS is also poor for example, 20% and 25% ever married adolescent's girls in Bangladesh and Nepal ever heard HIV/AIDS.

MOH(1998:1)stated that in 1996, in south east Asian region, more than 30% of the total population was of 10-20 years of age of which 40%and 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 younger people are suffering from STDs and ADIS, seeking unsafe abortion, resulting in consequences of early close and frequent pregnancies and social problem.

Shrestha(1997), in an article published in gatibidhi, has pointed out that in order to solve the sexual cause of increasing child rape, abortion and abuses which pollutes social atmosphere and unknowing sexual exploitation within a family sex education is necessary is necessary. He has also pointed also that marriage without getting matured, sexual intercourse without getting matured, the involvement in romance without thinking about future are the causes which may lead one to social boycott, rejection and these results may have mental effect upon the person. For this reason also sex education in inevitable. He concluded that children, youths and parents are to be given appropriate sex education

through family, society, schools and institutions taking in considering age and sex of the persons along with the attitude of society.

Gautam (1997), in an article published in Jivandhara, presented that 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 is found to be much restrained. Even a minor talk about sex is taken improper and immoral in our society. In this context there is a need of factual knowledge about various facts of human sexuality and well managed sex education. Generally, the high school level students are adolescents of the age group 14-18 years. Sexual desire also is a sign of development stage of such students who have entered the adolescent stage after crossing the puberty. The rate such desire is prominent which both appear physically and mentally. The sex organs which are in rapid growing stage physically and development sign such as yearning, tension, curiosity and imagination etc. mentally inspire the students of this age group to be involved in 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 educations at the school level being not included students receive the information about sex from the vulgar magazines and movies available at the 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 face.

MOH(1998) states that more than 50 percent female STDs patient in Nepal were found to be involved commercial sex trades and casual or professional CSWs were identified as the source of STDs. More than 86 percent of the patient's possibility of HIV under adolescent is higher due to girl trafficking and premarital sex.

Guruvacharya and Bhadra (1998:11) stated lack of scientific knowledge on sexual and reproductive health such as menstruation pregnancy, virginity, impotence and the like is consider to play major role in creating psychological and sexual problems among the young people. The sexual and reproductive health and sexual problem among young people. The sexual and reproductive health matters are never openly discussed due to socio-cultural and religious rigidities. There is virtually no formal teaching in school and college about important matters, which are normally biological and physiological characteristic of mankind. However, these matters are discussed privately among peer groups and friends.

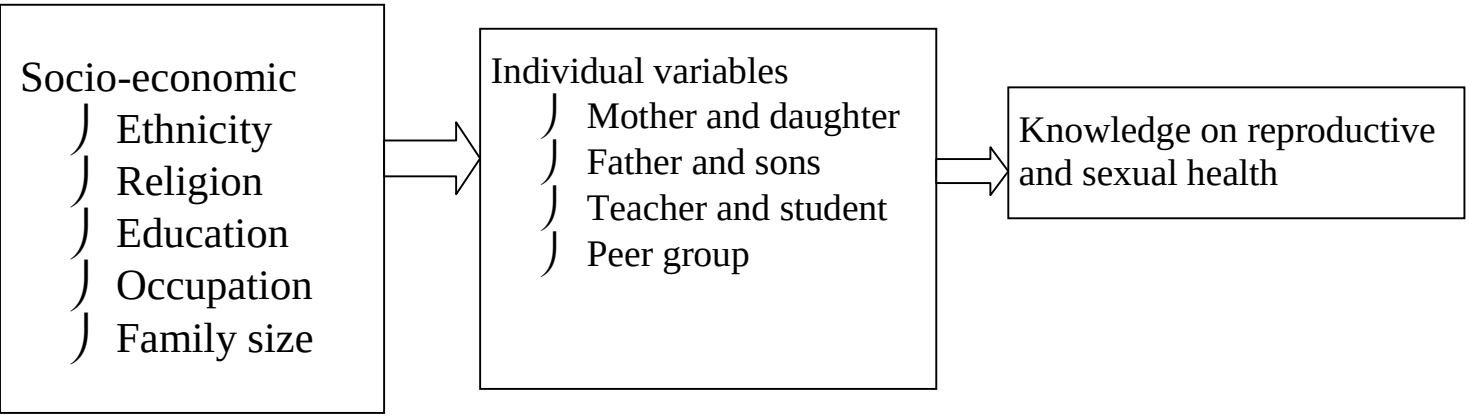
Leading to wide spread misinformation about sexual reproductive health which are responsible for a harmful consequence such as unwanted pregnancy and birth, fatal abortion. Cross sectional study on sexual behavior pattern done on total respondent of 1008 in Nepal relevant that premarital and extramarital sex is not uncommon. About 19.1 percent of total respondent reported premarital sex and 16.2 percent reported to have marital sexual relationship. By the age of 20 a total of 61.5 percent have sexual experience. These observations have a definite implication in transmission of STDs/AIDs. With the emergence of STDs/AIDs the sexual pattern had to be studies and appropriate aggressive sex education programmed is need of time.

National center for AIDs and STDs control(1998) reveled that among the voluntary confidential testing sex worker female infected were 293(26%) of total HIV infection of 1122. According to age wise infection 124(11.05%) of total 1122 were in age group 14-19. Similarly, subedi (1997:71-73) states that AIDS is prevalent and will easily become epidemic in societies where prostitution and girl trafficking are rampant. Rapid urbanization, extreme poverty, ignorance and obscene films have all increased illicit sexual practice. Nepalese teenage girls don't go to the house of prostitution for the purpose of contracting AIDS but unfortunately they get caught into vicious cycle.

Different studies in this way have shown different finding regarding the knowledge and perception on reproductive and sexual health. The main findings of these studies include the sexually active adolescent of both sexes and are increasingly, so the knowledge of reproduction and sexual health is most. In other word these studies have shown that the issue of reproductive and sexual health is 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.

2.2. Conceptual Framework

On the basic of above literature review the following conceptual framework has been conceived to analyze the knowledge and perception on reproductive and sexual health of adolescent girls, this framework is divided into three stages.



There are socio-economic variables that include the status of ethnicity, religion, education, occupation, place of residence, house hold and family size, and these variables help to build up the personality of an individual. The resulting individual factors are the level of education, status of occupation and the health status of an individual. Similarly, the inter-personal relation among and between people expose them to learn something and build the perception regarding sexual and reproductive health. Such types of inter-personal relations might be the interaction between mother and daughter or in peer groups etc. Therefore, the knowledge on sexual reproductive health has various individual and socio-economic variables in the back ground.

Chapter III
Methodology

The study used in the primary data collection in a sample survey carried out on November 2007. The study covered four high schools of Jhapa district. They all were selected from rural areas.

3.1 Sample Design

The survey covered four high school girl students who were studying in grade IX and X. The study areas were western part of Jhapa district in Lakhanpur VDC in rural area. These VDCs were selected which is rural areas in Jhapa district. Moreover, not a research was found to be done regarding reproductive and sexual health. The sample of study consists of 115 students of grade IX and X who were randomly selected from those high schools. Among them, 59 students were from grade IX and 56 students were from grade ten.

Table1: Distribution of the respondents by school and grades

School	Grade IX	Grade X	Total	%
1. Sarswoti secondary school	14	13	27	23.5
2. Guyeshwori secondary school	11	17	28	24.4
3 Shree Bani secondary school	16	15	31	26.9
4. Mangalmaya secondary school	18	11	29	25.2
Total	**59**	**56**	**115**	**100**

Sources- field survey 2007

3.2 Questionnaire Design

This study utilized the structured questionnaire. The contents of the questionnaire include the socio-economic and demographic characters tics of respondents as well as their parents.

Additionally some question on reproductive and sexual health and the essence of the population in the school curriculum were also included in the questionnaire.

3.3 Data Collection

The questionnaire was directly administered and distributed to the girls of grade IX and X, who were randomly selected. During the administration of the questionnaire, the respondents were closely supervised. Earlier they were given introduction to the purpose of questionnaire as well as its importance. The researcher himself was entirely involved in the data collection process with the assistance of the female school teachers and other staffs from the sampled schools. A total of 115 students were enumerated for the purpose of this study. All kinds of possible efforts had been made for the accuracy of data. The final filled-up questionnaire by the respondents was checked minutely by the researcher, so as to omit the probability of being error.

3.4 Data Processing and Analysis

The entire questions were pre-coded. The questionnaire filled in by the students were manually checked at first and then entered into the computer program. Before filtering the data in computer and generating required dummy tables and the data entered in the dBase IV program were carefully edited to omit the entry errors and maintain data quality. Then after SPSS/PC+ software programme was used for cross tabulation. The analysis of the data was done by using the method of simple frequency and mean tables to interpret the result.

Chapter-IV

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERSTIC OF THE RESPONDENT

This chapter deals with the socio economic characteristic of respondent and/or their family. The individual characteristic of respondent include are age of the respondent and caste/ethnic group. This chapter further seeks to understand the education and occupation of parent of the respondents. It also deals with different household facilities available in the respondent's families.

Since the information on family status was obtained from the respondent, further research is suggested to take information from the head of the household to examine the family characteristic such as father's and mother education.

4.1 Age Distribution of the Respondents

The age of the high school girls ranged from 13 to 20 years. The highest number of respondent (23.4%) were in the 15 years of age followed by age 14 (19.1%), 16 (17.4%), 13 (16.5%), 17(11.3%), 18(7.8%), 19(2.6%) and only one student was of 20 years. In general most of the student in high school was found to be age 13 to 17 (87.83%).

The highest number of respondent(32.2%) were in grade Nine from age 13 years but in grade Ten, the highest number of respondent (30.3%) were from age 15 years. This shows that most of the students are in 13 years of age in grade nine and 15 years in grade ten (table 4.1).

Table 4.1: Distribution of Age of the Respondent by Grade

Age	Grade-IX		Grade X		Total	
	N	%	N	%	N	%
13	19	32.2	0	0	19	16.5
14	17	28.8	5	8.9	22	19.1
15	10	16.9	17	30.3	27	23.4
16	6	10.1	14	25	20	17.4
17	3	5.1	10	17.8	13	11.3
18	2	3.3	7	12.5	9	7.8
19	1	1.6	2	3.57	3	2.6
20	1	1.6	1	1.78	2	1.7
Total	59	100	56	100	115	100

Source : Field Survey, 2007.

4.2 Caste/Ethnicity and Religion of the Respondent

There were a total of 11 castes and ethnic groups namely Brahamin, Chhetri, tamang, Rai, Limbu, Newar, Bhujel, Rajbanshi, Damai, Kami, and Sarki. For the easiness of analysis these different castes and ethnic groups were categorized as:
Brahmin/Chettri, Hill ethnic group(Tamang, Rai, Limbu, newar, Bhujel), Dalits (Damai, Kami, and Sarki) and Terai origin groups (Rajbanshi, Tajpuriya, Chaudhari)

Out of total 115 respondents, 40 (34.7%) were from Brahman and chhteri caste. The hill ethnic group respondent were 35 (30.43%) in the total cases. Similarly the Dalits were 10 (8.70%) in the total cases. And finally, the Terai origin respondent were 30(26.09%) in the total cases(Table 4.2).

According to the religious groups, among the total respondent, Hindu consist of 93 (80.87%) and only 22 (19.13%) were the Buddhist. This shows that an overwhelming majority of the respondent were found to be the Hindus.

Table 4.2: Distribution of the Respondent by Caste/ Ethnicity and Religion.

Caste/Ethnicity	N.	Percent
Brahman/Chhteri	40	34.78
Hill ethnic group*	35	30.43
Dalits**	10	8.70
Terai origin groups***	30	26.09
Religion		
Hindu	93	80.87
Buddhist	22	19.13
Total	115	100

Source: Field Survey, 2007

Note: * Tamang, Rai, Limbu ,Newar, and Bhujel

** Damai, Kami and Sarki

*** Rajbanshi, Tajpuriya and Chaudhari

4.3 Literacy Status of the Parents

Table 4.3 shows that the literacy rates of respondents' parents were considerably higher as comapared to national average. For example, only 19 percent fathers and 24 percent mothers of the respondent were reported to be illiterate. Similarly, more than 80 percent fathers were literate as against of 75 percent mothers. The higher percent of parents literacy rate was natural that the coverage was Terai only.

Table 4.3 : Distribution of Respondents' Parents Literacy Status

Literacy Status of Parents	Fathers		Mothers	
	N.	%	N.	%
Literate	93	80.87	87	75.65
Illiterate	22	19.13	28	24.35
Total	115	100	115	100

Source: Field Survey, 2007

4.4 Educational Attainment of the Parents

A question was asked about the educational attainment of the parents to the respondent. The results are presented in table 4.4. Majority of the respondents' fathers have had primary level education (40.86%) followed by mothers with primary (38.00%). Similarly, majority of the respondent mothers have had primary level education (38.00%). While 40.86 percent fathers with primary level education. This suggests that there is no wide gender differences in terms of educational attainment.

Table 4.4: Distribution of Respondents' Educational Attainment'

Educational Attainment	Fathers		Mothers	
	N.	%	N.	%
Primary	38	40.86	33	38.00
Lower secondary	19	20.43	26	29.82
Secondary	22	23.66	17	19.54
Above secondary	14	15.05	11	12.64
Total	93	100.0	87	100.0

Source: Field Survey, 2007.

4.5 Occupational status of the Parents

Occupation is also one of the major variables that determines the socio-economic status of population and also affects the knowledge and perception on reproductive and sexual health. While asking a question concentrating on this, it was found that most of the respondents' parents were involved in agriculture. Among them more than 55 percent fathers were involved in agriculture as against of 24 percent mothers. Whereas least proportion of the respondents' parents were involved in other occupation. However, as expected, more than 53 percent mothers were involved in housewives (Table 4.5).

Table 4.5 Distribution of Respondents' parent Occupational Status

Occupation	Fathers		Mothers	
	N.	%	N.	%
Agriculture	64	55.65	28	24.35
Business	18	15.65	11	9.57
Service	22	19.13	8	6.96
Daily Wages	11	9.57	6	5.21
Housewife	-		62	53.9
Total	115	100.0	115	100.0

4.6 Family Size of the Respondent

Table 4.6 shows that among 115 respondents, 31 family sizes ranged between (0-5) members. 19 respondents had between (6-9) members followed by 9 respondents who had more than 10 members in their family. As regards, grade wise distribution shows that 19 respondent from grade nine had family size ranged from 6-9 followed by 31 respondents who had (0-5) members in their family. And only, 9 respondents had above 10 members. Similarly, there were 16 respondents who had family size ranged from (6- 9) in grade 10 followed by 29 respondent(0-5). And the least number was 11 who had more than 10 members. Thus, it was found that more than 60 percent respondent had the family size ranged from (0-5) which was about 5 members on average.

Table 4.6 Distribution of Family Size of the Respondent by Grade

Family size	Grade Nine		Grade Ten		Total	
	N.	Avg.	N.	Avg.	N.	Avg.
0-5	31	52.54	29	51.78	60	52.17
6-9	19	32.20	16	28.57	35	30.43
10-	9	15.25	11	19.64	20	17.39
Total	59		56		115	

Source: Field Survey, 2007

4.7 Marital Status of the Respondent

As regard marital status, out of 115 respondents only 10(8.70%) were reported that they got married. Only 3 respondent out of 59 of grade nine was married (Table 4.7). This shows that most of the secondary level students are unmarried which is the plus point of the increasing age at marriage in Nepal

Table 4.7: Distribution of Marital Status of the Respondent by Grade

	Grade IX		**Grade X**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**
Marital Status						
Married	3	5.09	7	12.5	10	8.70
Unmarried	56	94.91	49	87.5	105	91.30
Total	59	100.0	56	100.0	115	100

Source: field survey, 2007

4.8 Access to Media Facilities of the Respondents

All most all the respondent (77.39%) reported that they had radio facilities in their homes, 39 (33.91%) had television and only 15(13.04%) had new papers. As regards caste and ethnicity, a majority of the Brahmin and Chhetri respondent owned radio 35(39.32%), 15(38.46%) had television and only 9(60%) had newspapers facilities. In our sample, Dalits group's respondents had fewer facilities in comparison to Brahmin and Chhteri respondents. Similarly, Dalits respondents reported that they had radio and television but no newspapers facilities. It appears that Brahmin/chhetri origin people had more media facilities than other caste and ethnic groups considered here (Table 4.8).

Table 4.8: Distribution of Respondents Radio, Television and paper by Caste/Ethnicity

Facilities	Brahmin/ Chhetri	Hill Ethnic groups	Dalits	Terai Origin Groups	Total	
	N.	N.	N.	N.	N.	%
Radio	35	25	9	20	89	77.39
Television	15	11	4	9	39	33.91
Paper	9	4	-	2	15	13.04

Source: Field Survey, 2007.

4.9Access to Land of the Respondents

Most of the respondents were very poor in terms of economic status. Majority of the respondents had 21-40 katthas of the land that is 28(24.35%). Among their 46 percent were from hill ethnic group followed by Brahmins and Chhetries (32%). Only 7.83 percent of the respondents were found to be land less as against of 5.22 percent who had more than 100 katthas of land. The overall land distribution shows that Dalits had fewer katthas of land as compared to other ethnic groups (Table 4.9).

Table 4.9: Distribution of the Respondents by Caste/Ethnicity According to Lands holding of Family (in Kattha)

Land owned in Kattha	Brahman/ Chhetri	Hill Ethnic Groups	Dalits	Terai Origin Groups	Total	
	N.	N.	N.	N.	N.	%
Land less	3	3	2	1	9	7.83
1-20	4	4	1	14	23	20.00
21-40	9	13	2	4	28	24.35
41-60	4	7	3	5	19	16.52
61-80	8	5	2	3	18	15.65
81-100	7	3	-	2	12	10.43
100+	5	-	-	1	6	5.22
Total	40	35	10	30	115	100

Source: field survey, 2007

4.10 Access to Physical Facilities of the Respondents

Majority of respondents 68 percent reported that they had tube-well as a source of drinking water. It appears that tube-well is the prime source of drinking water for all caste/ethnic groups in the sample population (Table 4.10).

However, 19 (16.52%) of the families had 'pakki' toilet facilities and 78(67.83 %) of the families had 'kacchi' Toilet facilities. Only 18(15.65%) of the families had no toilet facilities at their home.

Table 4.10: Respondent Reporting the Availability of Drinking Water and Toilets by Caste/Ethnicity

	Brahmin/ Chhetri		Hill ethnic Group		Dalits		Terai origin Groups		Total	
	N.	**%**	**N.**	**%**	**N.**	**%**	**N.**	**%**	N.	%
1. Drinking Water Sources										
Tube well	28	24.35	27	23.48	7	6.07	17	14.78	79	68.70
Others*	12	10.43	8	6.96	3	2.61	13	11.30	36	31.30
2. Type of Toilet										
Pakki	7	6.09	9	7.83	1	0.87	2	1.74	19	16.52
Kacchi	31	26.96	22	19.13	6	5.22	19	16.52	78	67.83
None	2	1.74	4	3.48	3	2.61	9	7.83	18	15.66
Total	*40*		*35*		*10*		*30*		*115*	*100.0*

Source: field survey, 2007

*(Well, Piped Water and Rivers).

Chapter- V

Analysis of Knowledge on Reproductive and Sexual Health of the Respondents

High school girls are most relevant and potential age of women who are going to be exposed to the reproductive life after few years. For the cause that bearing child birth is more dependent women and their health. Women should have right to decide when and how to have a sexual relation. They are also must be knowledge when to give birth and how much children to have a better life. They are curious about sex and sexuality. Sometime their curiosity may lead them to involve in sex of they don't have knowledge about sexuality, they may become of AIDS/STDs because of unsafe sex. Hence, the knowledge of reproductive health and sex activities are needed for them.

5.1 Knowledge on Menstruation, Conception, Fertile period, Gestation Period, Child Birth, Weight and child Immunization.

5.1.1 Opinion of Menstruation Age.

Out of the total 115 respondents 98(85.21%) were found to be menstruated and only 17(14.78%) were not menstruated. The respondents were asked about their opinion on normal age of the first menstruation. In total, 33.67 percent of the respondent stated their opinion on the age of first menstruation at age of 14 years followed by 25.51 percent at 15, 25.51 percent at 13, 7.14 percent at 12 and 8.16 percent at age 16 years. Respondent who reported first menstruation period between 13 to 15 years was 84.69 percent. The majority of the menstruated respondent (33.67%) reported 14 years followed by 15 years (25.51%), 13 years (25.51%), 12 years (7.14%) and 16 years (8.16%) (Table 5.1).

Table 5.1: Distribution of the Respondent Reported on Age at First Menstruation by Menstruation Status.

Age of Firs Menstruation	Menstruated		Not Menstruated		Total	
	N.	%	N.	%	N.	%
12	7	7.14	-	0.00	7	6.09
13	25	25.51	3	17.64	28	24.35
14	33	33.67	7	41.17	40	34.78
15	25	25.51	6	35.29	31	26.96
16	8	8.16	1	5.88	9	7.83
Total	98	100	17	100	115	100.0

Sources: Field Survey, 2007

5.1.2 Conception Occurrence and Fertile Period

Maternal mortality is higher in Nepal. Children born to young mothers have higher risk of morbidity and mortality during infant and childhood could be related to knowledge of antenatal and postnatal care. Low birth weight and pre-maturity among the children are related to the age of the first pregnancy. Hence, the sample population group is most vital whether they know antenatal and postnatal services.

The respondent were asked whether they knew how a women gets conceived, more than two thirds of them correctly answer the question, that it happen when male's sperm meet with ovum of a female. The student of grade ten were found to have more knowledgeable 36(64.28%) than that of grade nine 27(45.76%). As regard the caste and ethnicity, the Hill ethnic group and Dalits group student had more knowledgeable (60.00%) than that of others. However, about one-third of the respondent was unknown about the process of conception.

The knowledge on fertile period (risky days of pregnancy) during the menstruation cycle for conception was found to be very low. About one-third of the respondent reported that the normal risk period of pregnancy was 8-9th days from the beginning of menstruation. Respondent from grade 10 were knowledgeable (48.21%) of fertile

period than their counterparts. As regards the caste and ethnicity, the Brahmin/chhetri students had more knowledgeable (45.00%) than that of other ethnic groups. However, more than two-thirds of respondent were unknown about the risk of pregnancy (Table 5.2).

Table 5.2: Respondent Reporting the Correct Answer on Knowledge of Conception Occurrence and Fertile Period.

Categories	Conception Occurrence		Fertile period		Total Case
	N.	%	N.	%	
Grade					
Nine	27	45.76	25	42.37	59
Ten	36	64.28	27	48.21	56
Caste/Ethnicity					
Brahmin/Chhetri	22	55.00	18	45.00	40
Hill ethnic group	21	60.00	14	40.00	35
Dalits	6	60.00	4	40.00	10
Terai Origin Group	14	46.66	16	53.33	30
Total	63	54.78	52	45.21	115

Source: Field Survey, 2007.

5.1.3 Gestation Period and Child Birth Weight

The respondents were highly informed on the gestation period than other variables considered. It was found that 49 percent of the respondent knew the correct duration of gestation. Whereas 51 percent were unaware of the gestation period. The students from grade ten 29 (51.78%) were having more knowledge than their counterparts of grade nine 27(45.76%).

The level of knowledge on birth weight of child was low. A total 59 (51.30%) of the respondent had correct knowledge about childbirth weight. The student from grade ten

31 (55.35%) were more knowledgeable than the grade nine 28(47.45%) students. With respect to caste and ethnicity, respondent from Brahmin/chhetri group were found to be least knowledgeable (40%) of all the rest caste and ethnic groups (Table 5.3).

Table 5.3: Respondent Reporting the Correct Answer on Knowledge of Gestation Period and Child Birth Weight.

	Gestation period		Child Birth Weight		Total Case
	N.	%	N.	%	
Grade					
Nine	27	45.76	28	47.45	59
Ten	29	51.78	31	55.35	56
Caste/Ethnicity					
Brahmin/Chhetri	24	60.00	16	40.00	40
Hill ethnic group	17	48.57	18	51.42	35
Dalits	4	40.00	6	60.00	10
Terai Orgin Group	11	36.67	19	63.33	30
Total	56	48.69	59	51.30	115

Source: Field Survey, 2007.

5.1.4 Child Immunization

The respondents were also asked about the knowledge of child immunization. Only 79 (68.69%) of the student knew the correct doses of BCG, 58.26 percent knew the correct dose of DPT immunization and 81 percent knew the doses of polio. Respondent from grade ten and higher level of knowledge on BCG, DPT and polio immunization as compared to respondent from grade nine.(Table 5.4)

Table 5.4: Respondent Reporting the Correct Answer of Doses of Different Child Immunization.

Categories	BCG		DPT		Polio		Total cases
	N.	%	N.	%	N.	%	
Grade							
Nine	33	55.93	31	52.42	40	67.79	59
Ten	46	82.14	36	64.28	53	94.64	56
Brahmin/Chhetri	30	75.00	28	70.00	36	90.00	40
Hill ethnic group	26	74.28	22	62.85	31	88.57	35
Dalits	6	60.00	3	30.00	7	70.00	10
Terai Orgin Group	17	56.66	14	46.66	19	63.33	30
Total	79	68.69	67	58.26	93	80.86	115

Source: Field survey, 2007.

5.1.5 Anemia and safe motherhood

The student were inquired about whether they the iron supplement which was to be given to pregnant women to protect from anemia. 58 percent had knowledge about anemia.

As regard the caste and ethnicity, Brahmins and chhetris had higher knowledge 77.5 Percent then other ethnic group about anemia followed by hill ethnic group 62.8 percent and Terai origin group 36.66 percent had knowledge about anemia. (30%) Dalits students were known about anemia.

While asking question on knowledge of safe motherhood, it was found that a total of 56.52 percent had a proper knowledge of safe motherhood. Among them 49 percent were from grade IX and 64 percent from grade X.

It was found that the highest proportion of respondent from Brahmin and Chhetri had proper knowledge of safe motherhood (72.5%) followed by hill ethnic groups (60.0%). Similarly, 60 percent were from dalits regarding the issue. The last group was terai origin groups who were only (30.00%) respond on having the proper knowledge of safe motherhood. (Table 5.5).

Table 5.5: Respondent Reporting the Correct Answer of Anemia (Iron Tables) and Safe Motherhood.

	Anemia		Safe Motherhood		Total Case
	N.	%	N.	%	
Grade					
Nine	30	50.84	29	49.15	59
Ten	37	66.07	36	64.28	56
Caste/Ethnicity					
Brahmin/Chhetri	31	77.5	29	72.5	40
Hill ethnic group	22	62.85	21	60.00	35
Dalits	3	30.00	6	60.00	10
Terai Orgin Group	11	36.66	9	30.00	30
total	67	58.26	65	56.52	115

Source: Field Survey, 2007.

5.2 Knowledge on Family Planning

5.2.1 Knowledge on the Use of Family Planning Methods

Contraception is one of the proximate determinates the fertility. Among the various methods of the family planning, 94 percent knew the condom, followed by pills 89 percent, Depo-Provera and female sterilization 65 percent and the lowest was found for IUD(53%) and other 19.13 percent. Similarly, it was found that student knew 75 percent the male sterilization method. In most of the cases, grade 10 students had proper knowledge of family planning methods than that of grade nine students. It appears that more knowledge of the different family planning methods is universal among respondent (Table 5.6)

Table 5.6: Respondent Reporting the Correct Answer of Family Planning Methods.

Methods	Grade IX		Grade X		Total	
	N.	%	N.	%	N.	%
Depro-provera	44	38.26	46	40.00	90	78.26
Pill	51	44.34	52	45.21	103	89.56
Condom	54	46.95	55	47.82	109	94.78
Female sterilization	41	35.65	49	42.60	90	78.26
Male sterilization	39	33.91	48	41.73	87	75.65
Norplant	30	26.08	41	35.65	71	61.73
IUD	25	21.73	36	31.30	61	53.04
Others*	6	5.21	16	13.91	22	19.13

Source: Field survey, 2007

Note:* (Withdrawal and safe period)

5.2.2 Sources of Information on Family Planning Methods

When we examine the radio and television facilities available in the respondent house it was found that 77 percent to 34 percent had these facilities. Agencies are daily given different kind of family planning programmed of these media. So that these media are major role play the information of family planning methods in the society.

The students were informed different kinds of family planning methods by different media. Table 5.7 shows that the radio was the most popular media (57.39%).Of them, 30.43 percent were from grade nine and 26.95 percent were from grade ten.

Table 5.7: Sources of Information on Family Planning Methods by Grade.

Methods	Grade IX		Grade X		Total	
	N.	%	N.	%	N.	%
Radio	35	30.43	31	26.95	66	57.39
Television	6	5.21	9	7.82	15	13.04
Pamphlets/poster	1	0.86	2	1.73	3	2.61
Textbook	5	4.34	6	5.21	11	9.56
Others*	12	10.43	8	6.95	20	17.39
Total	59	100.0	56		115	100

Source: Field survey, 2007

Note: *(News, Paper, Relatives &friends)

5.3 Opinion on Fertility Behavior

In demographic, fertility is the most important factor of population change. Age at marriage, desired number of children, birth interval, premarital sexual activities and sexual intercourse are defined as fertility behavior. If marriage is higher, fertility tends to be lower. Similarly, if birth is longer, fertility tends to be lower.

5.3.1 Opinion on Premarital Sex

A large number of respondent (60%) were against the premarital sex. As regards the caste and ethnicity, 75 percent of Brahmin and Chhetri, 40 percent hill ethnic group were against premarital sex. In the total case, the respondent reporting the premarital sex was not bad was 24(20.86%) and the respondent who said it depends upon the situation encountered was 22(19.13%). It means 46 (39.9%) of the respondent were not against of premarital sexual contact.

5.3.2 Age at Marriage

Most of the respondent (52.17%) preferred the ideal age at marriage between 20-24 years. The response in ideal age at marriage slightly varies with caste/ethnicity of the respondent like Brahmins and Chhetris, hill ethnic group, Dalits and Terai origin group

respondents with these opinions were 72.5 percent, 54.28 percent, 40.0 percent and 26.6 percent respectively preferred the ideal age at marriage between 20-24 years. A clear inverse relationship exists on the opinion of the ideal age at marriage, according to caste and ethnicity. Still more Dalits and terai orgin group (60%), (63%) respectively respondents, tends to opinion lower age at marriage (<20 years) than that of other caste and ethnic groups.

5.3.3 Desired Number of Children

Respondents' perception on desired number of children indicated that two or three children are the ideal number. For examples, 50 percent of the respondent desired two number of children and 34 percent desired three children. There were a few respondents who desired more than three children. As regards the caste and the ethnicity, Brahmin and chhetri and terai origin group of the respondent had desired number of three children but hill ethnic group and dalits of the respondent had desired number of two children.

5.3.4 Child Birth Interval

A vast majority of the respondent opinion was that child birth interval must be three years (55.62%) and (21.73%) respondent opinion was that child birth interval must be between three and five years. The opinion of the birth interval as three year did not differ by caste/ethnicity. A few respondent preferred two years birth interval from all caste and ethnicity except Dalits and Terai origin groups (table 5.8)

5.8 Respondents Reporting Different Opinion in Fertility Behaviour by Caste/Ethnicity

	Brahmin/ Chhetri		Hill ethnic Group		Dalits		Terai origin Groups		Total	
	N.	%	N.	%	N.	%	N.	%	N.	%
1.Pre- marital sex										
No matter	7	17.50	12	34.28	2	20.0	3	10.0	24	20.86
No good	22	55.00	8	22.85	3	30.0	12	40.0	45	39.13
Very bad	8	20.00	6	17.14	1	10.0	9	30.0	24	20.86
Depend upon situation	3	7.50	9	25.71	4	40.0	6	20.0	22	19.13
2. Age at Marriage										
<20	8	20.00	7	20.00	6	60.0	19	63.3	40	34.78
20-24	29	72.5	19	54.28	4	40.0	8	26.6	60	52.17
25-29	3	7.50	9	25.71	-		3	10.0	15	13.04
3. Desired Number of Children										
Two	31	77.50	19	54.28	1	10.0	6	20.0	57	49.56
Three	8	20.00	9	25.71	6	60.0	16	53.3	39	33.91
Four and Above	1	2.50	7	20.00	3	30.0	8	26.6	19	16.52
4. Birth Interval										
Two Years	8	20.00	4	11.42	3	30.0	11	36.3	26	22.60
Three Years	27	67.50	23	65.71	2	30.0	12	40.0	64	55.62
Four and Above	5	12.50	8	22.85	5	50.0	7	23.3	25	21.73
Total	40	100	35	100	10	100	30		115	100

Source: Field survey, 2007.

5.4 Opinion on Abortion

Abortion practice is not legalized in Nepal. The majority of the respondent (78.26%) correctly knew what abortion was: the expulsion of a foetus from the womb. This varies with the grade of the respondent more respondent from grade ten over the respondent in grade 9 knew it. However, some respondents believed that abortion is life-birth (2.60%) and other to believe that it meant killing an infant after birth (8.69%). It is clear that total (21.72%) respondents had not clear knowledge of abortion (Table5.9).

Table 5.9: Distribution of Respondent Reporting the Correct Answer on Abortion by Grade

Methods	Grade IX		Grade X		Total	
	N.	%	N.	%	N.	%
Expulsion of a fetus from the womb	41	69.49	49	87.5	90	78.26
To give birth the child	2	3.38	1	1.78	3	2.60
To kill after the birth	6	10.16	4	7.14	10	8.69
Don't know	10	16.94	2	3.57	12	10.43
Total	59	100.0	56	100.0	115	100.0

Source: Field survey, 2007.

5.5 Knowledge of AIDS

AIDS has been emerging as one of the burning issue all over the world and much more efforts have been made to control it. It's implication and long-lasting both for individual victim and nation. Prevention is only the remedy from the diseases. In this survey, 19(95.0%) of the respondent reported that they heard about AIDS. In the total 174 (86.1%) of the respondent of both grade identified that it was caused by some kind of virus.

5.5.1 Heard of AIDS and Agent of AIDS Transmission

The respondent who had heard about AIDS was further asked whether they knew about the agent that cause AIDS. Among them, 80.86 percent identified that it was caused by virus and the route were unaware about the virus. An overwhelmingly majority of the respondents from grade ten knew the name of the virus. There were some respondent who thought that AIDS was caused by bacteria and insects. Similarly, some respondent did not know the agent of AIDS (Table 5.10)

Table 5.10: Distribution of Respondent Knowledge of AIDS by Grade

Grade	Heard of AIDS		Virus		Bacteria		Insect		Don't know		Total case
	N.	%	N.	%	N.	%	N.	%	N.	%	
Nine	52	88.13	44	74.57	6	10.16	2	3.38	7	11.86	59
Ten	54	96.42	49	87.5	4	7.14	1	1.78	2	3.57	56
Total	106	92.17	93	80.86	10	8.69	3	2.60	9	7.82	115

Source: Field survey, 2007.

5.5.2 Routes of AIDS Transmission

The respondents were also asked about the routes AIDS transmission. In total 82.6 percent of the respondent point out that having sex with multiple partners could be major route of AIDS transmission followed by the blood transmission of a person with HIV\AIDS (13.04%). Similarly, some of the respondent believed that AIDS could be transmitted through mosquito bite (0.86%), sharing of room, toilet and kitchen (1.73%) sharing combs and clothes (0.86%) and shaking hand and kissing mouth (0.86%). The respondent of grade ten found more informed about the routes of AIDS transmission than grade nine (table 5.11)

Table 5.11: Respondent Reporting the Correct Answer on Routes of AIDS by Grade

Grade	Having Unsafe sex with multiple partners		Blood Transmission		Mosquito Bite		Hand Shaking And kissing		Sharing Combs and clothes		Sharing room toilet and kitchen		Total case
	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	
Nine	46	77.9	9	15.2	-		1	1.7	1	1.7	2	3.3	59
Ten	49	87.5	6	10.71	1	1.8	-		-		-		56
Total	95	82.6	15	13.04	1	0.86	1	0.86	1	0.86	2	1.73	115

Source: Field Survey, 2007.

5.5.3 Knowledge of STDs

Table-5.12 shows that 85.21 percent of the respondent heard of sexual transmitted diseases (STDs). The respondents of grade ten (92.85%) had higher knowledge than grade nine (77.96%). The respondents who had heard about STDs were further asked to name the diseases. Among them, 80.86 percent of the respondents knew the name of AIDS. Similarly, 67.82 percent of the respondents knew the name of syphilis and only 49.56 percent of the respondents had knowledge about gonorrhea. Whereas, grade ten respondents had higher knowledge about the STDs than that of their counterparts.

Table 5.12: Distribution of Respondents Knowledge of STDs by Grade

Grade	Heard of STDs		AIDS		Syphilis		Gonorrhea		Total Case
	N.	%	N.	%	N.	%	N.	%	
Nine	46	77.96	44	74.57	35	59.32	29	49.15	59
Ten	52	92.85	49	87.5	43	76.78	38	67.85	56
Total	98	85.21	93	80.86	78	67.82	57	49.56	115

Source: Field Survey, 2007

5.5.4 Prevention of AIDS/STDs

Sexual intercourse is the major routes of AIDS/STDs transmission. The majority of the respondents (93.04%) identified condom as preventive measure which could be used during sexual intercourse. However there were few respondents believed that pills and Depo-Provera can also protect from STDs and HIV/AIDS. About 3.57 percent of the respondents did not give correct answer for the prevention of AIDS/STDs. The respondents of grade ten were more knowledgeable for the prevention of AIDS/STDS than that of respondents from grade nine (Table 5.13).

Table 5.13: Respondents Reporting the Knowledge on Prevention from STDs/AIDS by Grade

Grade	Condom		Pill		Depo-Provera		Don't know		Total case
	N.	%	N.	%	N.	%	N.	%	
Nine	53	89.83	2	3.38	1	1.69	3	5.08	59
Ten	54	96.42	1	1.78	-		1	1.78	56
Total	107	93.04	3	2.60	1	0.86	4	3.57	115

Source: Field Survey, 2007

5.6 Appropriate place of Delivery

Appropriate place of delivery is a must for the safe delivery which is the main aspect of safe motherhood. Table 5.14 shows that, majority of the respondents, while asking on this question replied that the delivery should be made at hospital (85.21%) as against only 14.78 percent of the respondents who viewed to have delivery at home. More respondents from grade nine were there who viewed on having delivery at home 18.64 percent against 10.71 percent from grade ten respondents.

Table 5.14: Respondents Reporting the Perception on Appropriate Place of Delivery.

Grade	Place of Delivery				Total
	At Home		At Hospital		
	N.	%	N.	%	
Nine	11	18.64	48	81.35	59
Ten	6	10.71	50	43.47	56
Total	17	14.78	98	85.21	115

Source: Field Survey, 2007

5.7 Need of Reproductive and Sexual Health Topics in the Textbook

Most of the respondent in our sample realized the need of reproductive and sexual health in their textbook. Among them, 46(77.96%) were from grade nine and 54 (96.42%) were from grade ten. Whereas, a total of 15(13.04%) were against the view of prescribing the text of reproductive and sexual health in their textbook. Among them 13(22.03%) were from grade nine and 2 (3.57%) from grade ten (Table 5.15).

5.15 Distribution of Respondents Reporting the Perception on Need of Reproductive and sexual Health in Their Text Books.

Grade	Necessary		No Necessary		Total
	N.	%	N.	%	
Nine	46	77.96	13	22.03	59
Ten	54	96.42	2	3.57	56
Total	100	86.95	15	13.04	115

Source: Field Survey, 2007

CHAPTER-VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The reproductive and sexual health knowledge adolescent has been increasingly recognized in recent years. The International Conference on population and Development (ICPD), 1994 stressed that everybody must be informed reproductive and sexual health as a most important key factor in development. A report published by WHO in 1989 for developing countries indicated that more than half of the population under the age of 25 years. They must be relevant and potential age of women is going to be exposed to the respondent life after a few years. But some aspect of reproductive biology revel very poor knowledge on the subject among adolescent girls. Hence, they are must be needed knowledge of reproductive and sexual health.

The study presents knowledge and perception on reproductive and sexual health of high school girls, appropriate age at marriage, desired number of children, child birth interval, opinion on premarital sex, and knowledge on STDs/AIDS. The analysis was based on 115 respondent of the four high school of jhapa district.

6.1 Summary

6.1.1 Respondents Characteristics

Out of the total respondent (76.50%) were in the age group 13-16 years and 23.47 percent of the respondent were in the age group 17-20 years. Higher number of respondents 19 was found age 13 in grade nine and higher number of respondent 17 was found age 15 in grade ten. Almost 10(8.69%) of the respondents were married.

Out of total 34.78 percent respondents were in Brahmin and chhetris followed by 30.43 percent respondents were in hill ethnic group, 8.70 percent were Dalits and 26.09 percent were in Terai origin groups. Whereas, Hindu were higher (80.87%) followed by Buddhist were 19.13 percent of the total respondent.

Family size

The table 4.6 shows that average family size were small from grade ten respondents than the counterparts from grade nine. The majority of the respondents were from 0-5 members of their house of both grades. Little percentage of the family size was of ten and above family size.

Facilities of Their Home

In total 77.39 percent had radio, 33.91 percent had television and only 13.04 percent of facilities of newspaper in total case. In total, 68.70 percent people had tube well and 31.30 percent had other (piped water, well, river) as a drinking water source. Similarly, 84.39 percent of the family had toilet facilities (pakki and kachi) whereas; only 15.66 percent had no toilet facilities.

6.1.2 Parental Background

Table 4.3 shows that the literacy rate of the respondents parents were considerably higher. For example, 19 percent fathers and 24.35 percent mothers of the respondents were reported to be illiterate. Majority of the respondents; fathers have had secondary level education (23.66%) while there were few mothers with secondary (19.54%). Similarly, majority of the respondents mothers have had primary level education (38.00%) as against of father (40.86%).

Most of the respondents' parents were involved in agriculture. Among them more than 56 percent fathers and 25 percent mothers were involved in agriculture whereas least number of respondents' parents was involved in other occupation.

6.1.3 Knowledge on Menstruation, Conception, Fertile period Gestation Period, Child Birth Weight and Child Immunization.

Almost all the high school girl students were found to be reached the menstruation age. Out of total case higher number of the respondents started menstruation age at 14 years of both grade. Some number of 7 respondents stated the means age at 12 years. Whereas, only 9 respondents stated the means age at 16 years.

Generally, 12 to 15 years must be started the menstruation of the girls. In the percent were not menstruated cases of the total students. Out of 54.78 percent of the respondents had knowledge about the process of conception. Grade ten had higher knowledge (64.28%) about the process of conception then grades nine (45.76). As regards caste and ethnicity, the hill ethnicity group had higher knowledge (60.00%) than other ethnic groups. Similarly, knowledge on risk period for pregnancy during menstruation cycle was found very low. Only (45.21%) of the respondents had knowledge about the risk period of pregnancy (9-18th days after menstruation) of

conception. As regard caste and ethnicity, the Terai origin respondents had higher knowledge than other ethnic group about the fertile period.

In total (48.69%) of the respondents had knowledge about gestation period complete nine month. Grade ten respondents had higher knowledge then grade nine about it. As regard caste and ethnicity all caste and ethnic group had higher knowledge about the gestation period. Knowledge on the weight of the child at the time of birth was low (51.30%) more respondents from grade ten had better knowledge of child birth-weight then grade nine. Whereas, Terai origin groups had better knowledge about it than other ethnic groups.

Knowledge on child immunization for the both grade of respondents was very low. About 68.69 percent respondents knew the BCG, 58.26 percent knew the DPT and 80.86 percent of the respondents had knowledge about the polio. The respondents of grade ten were higher knowledge about all child immunization than grade nine respondents. As regard caste and ethnicity, all had higher knowledge about BCG and DPT and polio.

6.1.4 Knowledge of Family Planning Method

Among the various methods, majority of respondents knew condom (94.78%), pills (89.56%), Depo-Provera (Sanginee) injection (78.26%) followed by female sterilization (78.26%) and male sterilization (75.6%). The respondents of grade ten were higher knowledge for both methods of family planning than the grade nine respondents.

About 57.39 percent respondents had heard about family planning method from communication media of radio. While other sources of information of family planning methods were very low at their home. So, that the radio was popular source of media in rural areas.

6.1.5 Opinion of the Respondents on an Appropriate Age at Marriage, Desired Number of Children, Child Birth Interval, Premarital Sex and Opinion an Abortion

Majority of sixty nine respondents were against the premarital sex, whereas (19.13%) of the respondents had the opinions that premarital sex depends upon situation. Similarly, 20.86 percent of the respondents had the opinion on no matter, 60.0 percent and above respondents were against the opinion on premarital sex.

Out of the total respondents, 52.17 percent choose the between age 20-24 years as an appropriate age at marriage. 34.78 percent respondents had chosen less than 20 years of age. As regard caste and ethnicity all caste and ethnic group had viewed between the age 20-24 years as an appropriate age at marriage.

Out of 115 respondents, 49.56 percent respondents had viewed that it was better to have two children followed by 33.91 percent who had viewed three children. As regards caste and ethnicity, all had view it was better to have two children.

Majority of respondents out of total 55.62 percent respondents were child birth interval must be three years followed by 21.73 percent respondents opinion were must be between three and five years whereas 22.60 percent respondents viewed two years.

Out of the 115 respondents, 78.26 percent respondents had viewed that expulsion of the foetus from the womb would result abortion, whereas grade ten respondents had better knowledge (87.5%) than grade nine (69.49%) about the case of abortion.

6.1.6 Knowledge of AIDS/STDs

Majority (92%) of the respondents heard about AIDS disease. The respondents who knew that had AIDS was caused by a kind a virus were 80.86 percent of the total case. In total 19 percent of the students did not know about the virus. Grade ten respondents had better knowledge than grade nine about the AIDS. Similarly, 85.21 percent respondents were herd about STDs. Among the sexual transmitted diseases. 80.86 percent respondents had knowledge about the AIDS, 67.82 percent of the respondents had known about syphilis and 49.56 respondents had knowledge about the diseases of gonorrhea.

Majority, 82.6 percent of the respondents identified the correct routes of AIDS transmission. The respondents who identified routes of AIDS transmission were sexual contact with multiple partners. Some to the respondents believed that AIDS could be transmitted through blood transfusion (13.04%), mosquito bites (0.86%), hand shaking and kissing (0.86%), sharing of room, toilet and kitchen (1.73%) and sharing combs and clothes (0.86%) of the respondents.

Majority of the respondents (93.04%) viewed condom was the major way to prevention from AIDS/STDs. The respondents who did not correctly answer the way of prevention for AIDS were (6.95%) respondents. The respondents from grade 10 had higher knowledge the way of prevention for AIDS than grade nine.

6.1.7 Appropriate Place of Delivery

Majority, 85.21 percent respondents were reporting the appropriate place of delivery at hospital whereas, only 14.78 percent respondents were reporting at home.

6.1.8 Need of Reproductive and Sexual Health at Text.

Out of 115 respondents, 86.95 percent from both grades had viewed of prescribing the text of reproductive and sexual health in their textbook whereas 13.04 percent were against the view on the necessity of reproductive and sexual health in their textbook.

6.2 Conclusion

In this survey 115 secondary level girl students of Jhapa district. The sample includes 59 respondents from grade nine and 56 respondents from grade ten. The majority aims of the study were to assess student’s level of knowledge on reproductive and sexual health. Among the respondents, 52.17 percent respondents opinion that the appropriate age at marriage between 20-24 years. The survey observed that 57.78 percent knew that the female could become pregnant if meets the male sperm with the ovum of female. The question asked which days of her menstrual cycle a female is mostly likely to get pregnant if she had sex whereas only 45.21 percent respondents give the correct answer.

The higher number of respondents (78.26%) have actually use of contraceptic knowledge and the major source of information were radio. The opinion of the majority of the respondents had their first menstruation at the age between 13-15 years. The respondents had better knowledge about STDs/AIDS. The majority of the respondents (82.6%) reported that AIDS can be transmitted through multiple sex partners. About (93.04%) respondents knew that condom to prevent STDs/AIDS. The majority of the respondents (85.21) were viewed appropriate place of delivery at hospital whereas only 14.78 percent viewed at home. Higher number of respondents (86.95%) was viewed on the necessity of reproductive and sexual health in their textbook whereas only 13.04 percent were against of them. The majority of the respondents were family size 0-5 members of their house of both grades.

6.3 Some Recommendations

Adolescent of today are parent of future generation. Women's status and their decision making power in the areas of reproductively and sexuality can be improved by successful implementation of population programmers. In case of our country, we have such type of programmer is very limited and its successful implementation is very low. Many research works have shown that progress in education of reproductively and sexuality ultimately contribute for the reduction of fertility, mortality and morbidity.

1. The high school girl were found comparatively low knowledgeable about reproductive and sexual health. They should given more education on these matters.
2. The students should be informed about sex with a single partner and the use of condom during sexual contact as prevention of STDs/AIDS.
3. The student should be aware on consequence of sexual behaviors of pre-marital sex and sexual intercourse with multiple partners in their community.
4. The information about the proper sex education should be broadcast and made familiar through mass media such as radio, television and newspapers to prevent the people from the dangerous infectious diseases like AIDS/STDs.

5. Use of the family planning methods by their parent had impact on knowledge of daughter government should enhance the current level of contraceptic production and distribution.
6. High school teacher should train about reproductivity and sexuality. They were also shy on talking about in those matters.
7. Since respondents of rural areas have less knowledge on reproductivity and sexual health, so more emphasis should be given on rural areas in lunching such type of programmes.

6.4 Some Further Research Issues

This study is limited to the high school girls of grade nine and ten only. In the context of Nepal, large number of adolescent girls did not go to attain education. It is not able to cover adolescent girls who were out of school. A research covering all the adolescent girls may be more useful to estimate their level of knowledge and opinion on reproductive and sexual health.

This study is carried out by using very simple statistical tools. Due to the time limit, a limited number of dependent and independent variables were used to study in the level of knowledge and opinions on reproductive and sexual health. It is not sufficient to explain the level of knowledge and perception of adolescents.

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SAMPLE QUESTIONNAIRE

Tribhuwan University

Central Department of Population Studies

(For the purpose of M.A Dissertation)

"Knowledge and Perception on Reproductive and Sexual Health among High School Girls"

Group 'A'

Survey 2007

(Individual Questionnaire)

Date:-……

Address: VDC/Municipality……Ward No……..
Grade……Religion…….Caste/Ethnicity……..
Total family member……males…….females…….
Name of the school……..

1	What is your complete age?	Year ……. Month…….
2	Are you married?	Yes ……..1 No……2
3	If yes, in what age did you married?	Years ……
4	Where do you live?	At home……1 Hostel……...2 Rented room…….3 Relative…….4
5	How many friends do you got?	Many……1 Some……2 Less……..3 No friends……4
6	Who is the best friends of yours?	Male ……1 Female…….2 Both…….3 None……4
Group- "B' Household characteristic		
7	What is your father's occupation?	Agriculture…….1 Business…….2 Industry……..3 Service……...4 Daily wage…….5 Other……..6 None……..7
8	What is your mother's occupation?	Agriculture……1

		Business……2 Industry…….3 Service……..4 Daily wage……5 Household wife….6 Other…….7 None…….8.
9.	Does your father read and write?	Yes……..1 No……2
10	If yes,what grade has he completed?	Grade……..
11	Does your mother read and write?	Yes……..1 No……2
12	If yes,what grade has she completed?	Grade……..
13	Does you have following facilities in your home?	Radio……..1 Television……..2 Newspaper…….3 All of the above…….4
14	What is main source of drinking water in your locality?	Piped……..1 Well (kuwa)…...2 River/stream…..3 Others……4
15	Does your family have toilet facilities?	Yes…….1 No……..2
16	If yes, what type of toilet do you have?	Pakki……..1 Kachi……..2
17	Does your family own agriculture land?	Yes…….1 No……..2
18	If yes, how much land does your family owned?	In katha……..
19	Do you have own sisters and brothers?	Sisters…….1 Brothers……..2
20	How much children do you prefer for ideal family?	Total no. of child……. Total no. of sons…….. Total no. of daughter…..
Group:-‘C’(knowledge and perception on reproductive and sexual health)		
21	In your opinion in what age does menarche occur with a girls?	Below 10 years…….1 10-11 years……2 12-15 years……3 15 years and above……4 Don’t know……5
22	Have you started your menarche	Yes…….1 No……..2
23	If yes, how old were you when menarche occurred?	Age……
24	In your opinion which age is appropriate for marriage?	Years……..
25	Do you know when the highly risky period for the getting pregnant in menstrual cycle is?	1^{st} to 8^{th} days of means……..1 9^{th} to 18^{th} days of means……..2

		19th day to next month……3 Don't know…….4
26	How does a woman get pregnant?	In a single sexual intercourse……..1 After frequent intercourse……...2 Intercourse done in fixed days……3 After meeting sperms which ovum……..4 Don't know…….5
27	What should be child bearing space for the better health mother and child?	One year….1 Two years……2 Three years…..3 Between three to five years…..4 Don't know…5
28	How long does foetus normally stay in a women's womb?	Eight months……..1 None months……..2 Ten months……3 Don't know……....4
29	How much of weight should have a healthy baby at birth?	1.5 to 2.4 kg……1 2.5 to 3.0 kg……2 3.1 to 4.0 kg……....3 Don't know…….5
30	Have you ever heard about abortion?	Yes…….1 No……..2
31	Do you know what the abortion is?	Expulsion of the foetus from the womb…….1 To give birth of a baby……..2 To kill and infant immediately after the birth……..3 Don't know……..4
32	In your opinion which time is abortion suitable for mother's health?	Yes…….1 No……..2
33	Do you think abortion should be legalized?	Yes……..1 No……2
34	In your opinion normally what age will be appropriate to start sex?	15-16 years…….1 17-20 years…….2 20-22 years…….3 23-25 years…….4 25+ years……5
35	What is your opinion on pre marital sex?	Does not matter whether pre-marital or post marital……1 Not good……2

		Very bad……...3 Depend upon situation..4
36	Have you had sexual intercourse so far?	Yes…….1 No……..2
37	If yes, what is your age at first sexual intercourse?	Age……..
38	Have you heard about any family planning methods?	Yes……..1 No……...2
39	If yes, can you name any methods?	……1 …….2 …….3 …….4
40	Have you heard about the use of contraceptive?	Yes……...1 No……2
41	Have you found any body using contraceptive?	Yes……...1 No……2
42	If yes, who have you found using it?	Fathers…….1 Mothers……2 Brothers……3 Sisters……...4 Relatives……...5 Friends……..6 Myself……..7
43	If yes, is that person married or unmarried?	…….
44	Have you ever use any contraceptives?	Yes……..1 No……...2
45	Do you know about pills (nilokan, gulaf) a temporary method of FP is?	Oral pill for man……1 Oral pill for female……2 Use for male……..3 Use for female……...4 Don't know……5
46	Depo-Provera injection a temporary method of FP is?	Three month injection for male use……1 Three month injection for female…….2 A yearly injection for male/female…….3 Don't know…….4
47	IUD a temporary method of FP is?	Three month injection for male use……1 Three month injection for female…….2 Device inserted into women's uterus……..3 Don't know……....4
48	What are the source of information you have got on FP method?	Radio……..1 Tv/cinema……...2 Pamphlet/poster……..3 Newspaper/magazine…..4 Textbook…….5

49	Have you heard about STDs?	Yes…….1 No……..2
50	If yes what are the diseases relating to STDs?	……1 ……2 ……3 ……4
51	Have you heard about HIV/AIDS?	Yes……..1 No……...2
52	Do you know the source of AIDS?	Bacteria……...1 Insects…….2 Virus……...3 Worms……4 Don't know…….5
53	What is the main source of HIV/AIDS transmission you have heard/read?	Sharing of comb and cloths……..1 Sharing of room,toilet,kitchen…….2 Hand shaking and kissing……3 Blood transformation….4 Mosquito bite…….5 Having sexual intercourse with multiple sex partner……....6
54	What is the contraception that can be used during sexual contract to prevent for AIDS/STDs?	Pill……1 IUD……...2 Depo-Provera……3 Condom…….4 Don't know……5
55	Safe motherhood mean?	Care of mother……..1 Care of baby……..2 Care of both before delivery……..3 Care of both after delivery…….4 care of both after and before of delivery…….5 Don't know……6
56	Write dose of each of the following vaccines?	1dose 2dose 3dose BCG 1 2 3 DPT 1 2 3 Polio 1 2 3
57	With whom are the following vaccines related?	Mother baby don't BCG 1 2 3 DPT 1 2 3 Polio 1 2 3
58	Have you known about anemia?	Yes……1 No…….....2
59	If yes,which of the supplement is given to pregnant	Vitamin A……1

	women to prevent from anemia?	Vitamin B……..2 Vitamin C…….3 Iron tablet……..4 Don't know……5
60	Have you gone to cinema hall?	Yes…….1 No……..2
61	If yes, what kind of movie do you watch mostly?	Social…….1 Love story……..2 Sentimental……3 Anyone……...4 Blue……5
62	Do you have health worker in your locality?	Yes…….1 No……..2
63	What is the main source for your to have knowledge on health?	Health worker……1 Teacher……..2 Pamphlets/posters……..3 Books…….4 Others…….5
64	Do you think delivery should be done at home or in hospital?	At home……..1 At hospital……..2 Don't know…….3
65	If at home, why?	Inexpensive…….1 No need to go hospital…2 It's tradition……3
66	If in hospital, why?	To lessen complicated of both mother and baby….1 More reliable……..2 Because other go……3 Don't know……4
67	Do you think the inclusion of the text on reproductive and sexual health is must in the secondary level of education	Yes…….1 No……..2
68	If yes why?	…….... …… ……. …….