

CHAPTER ONE

INTRODUCTION

1.1 General Background

The term “adolescent”, “teenager” and “youth people” are interchangeably throughout this text. The concept of adolescents has been variously defined as “the state or process of growing up” or “the period of life from puberty to maturity” depending upon the subject matter studied. Many studies cover the age group 10-19 as adolescence, while others cover 15-24 age groups. The only universal definition of adolescence appeared to be that, although no longer consider a child, the young person is not yet considered an adult (McCauley and Salter, 1995).

Adolescence is a period where childhood ends but not yet adulthood. Adolescence faces new problems because they reach sexual maturity before they have reach physical, emotional, social and economic maturity. For boys, sexual desire grows strong before opportunity to go to school, to hold a job or to find a suitable husband. Sexual activity at an early age leads to an unwanted pregnancy and sexual diseases or infertility. Both boys and girls need information and guidance to help them this critical role in society. Asian adolescent population as a whole is continuing to grow by 0.6 percent per year between 1990 and 2000 (Bhattarai, 2006). Adolescents can be divided in to two groups: early adolescents (10-14 years) and late adolescents (15-19years). The adolescences start from 10 years and ends at the 19 years of age. Therefore 10-14 years of adolescent population is called early adolescents and 15-19 years of adolescent is called early adolescents. This study deals with late adolescences population of age 15-19.

Youth usually refers to age 15-24 years while adolescents to age 15-19 years. World Health Organization (WHO) defined adolescents as the range 10-19 years, encompassing primarily the middle and high school age is the critical and formative stage of the life cycle. Adolescence is the period of transition from childhood to adulthood. During that phase of life many biological, physical and psychological changes occur.

The United Nations considers adolescents to be young people age 10-19 years and youth to be those age 15-24. The age rang for adolescence is generally between 10 to 19 years but as is not sufficient to determine membership of the adolescents. In fact, it refers to a period of

transition from childhood to adulthood which includes both the development of sexual and physical maturity and psychological and relative economic marital status and by sexual activity. Demographic Health Survey (DHS), 2001 census indicated that FP Program has made modest progress with CPR having increased from 3 percent of married women age 15-19 in 1976 to 39 percent in 2001. The knowledge of any contraceptive methods has risen from 21 percent to 98 percent among adolescent married women of age 15-19 years, the knowledge of contraceptive reached at 97 percent, but contraceptive practice remained at very much lower level indication 6.5 percent for any method and 4.4 percent for any method.

Further, adolescents are major component of population. The 2001 census estimated that those aged 15 to 24 represents 19.38 percent and younger represents 39.35 percent of Nepal's total population (CBS, 2003). In addition the practice of early marriage or more clearly, the child marriage is common in the most part of Nepal particularly in the countryside. According to NFHS 1996, almost 50 percent of girl aged 15 get married and 40 percent bear their first child between ages 15-19 years in which ages mostly a women is not being well prepared to become a mother either physically or mentally. The contraceptive prevalence rate is very low accounting 29 percent. The married teenagers are more likely to expose to the higher risk of maternal mortality, due to pregnancy, childbirth complications and unsafe abortion (MOH, 1996). Moreover, Nepal has a very high infant and maternal mortality, accounting 97 percent and 5.39 per 1000 live birth respectively (FPAN, 1998). Well considered reproductive, sexuality and contraceptive education and service policy are necessary if the young people are to deal responsible with their sexuality.

1.2 Statement of the Problem

Most of the youth people today marry later and more start sex before marriage. They began to perceive sex as normal part of their lives as a sign of modernism. An increase in potential sexual exposure has been leading to higher risks of teenage pregnancy and its subsequent consequences including unsafe abortion, STDs and HIV/AIDs. Where adolescent lack access to information about sexually and reproductive health services, specially counseling and contraception, the debate of sexual behavior is highly correlated with the instance of first pregnancy, so that birth abortion or miscarriage often occur within roughly one year of the first sexual encounter. In other words, without access to information and services, once sexual behavior commence, adolescents are likely to get pregnant. It should be endured that information and services of family planning methods, reproductive and sexual health education are available, accessible to adolescents and all individuals of appropriate age as

soon as possible, particularly to transform adolescents into responsible parents and to save their lives. Therefore, innovative and supportive must be developed to inform, counsel and facilitate to adolescents.

Adolescents are future parents so innovative programs must be developed to inform, counsel and provide facilities. Than the family planning services would be accessible to adolescents. It should be ensured that contraceptive services and reproductive health education should available, affordable to adolescent, to all individuals of appropriate age as soon as possible to transform adolescents into parents.

The world, especially developing countries, is facing the problem of high growth rate of population in one and on the other hand unwanted pregnancy. This high level of unwanted pregnancy, due to the lack of knowledge had increased abortion rate which could endanger the health of mother and babies. Premarital contraceptive use has become important because it is a fundamental determinant of premarital pregnancies. In the survey it was also observed that contraceptive use in younger ages reduced the risk of teenage pregnancy and the related risk. International Conference on Population and Development (ICPD) has recognized the special needs of adolescents and recommended for formulating policies and programs addressing their specific needs. Following the ICPD recommendations, various governments have also acknowledged the needs to address adolescents in their specific needs. Adolescent issues are much broader than reproductive health in which education, employment, empowerment, employment family formation contraceptive knowledge and perception.

An increased period of potential sexual exposure has been leading to the higher risks of teenage pregnancy and its subsequent consequences including STDs, HIV/AIDS (UN, 1989).

As morbidity and mortality among adolescents increasingly become a focus of research and policy initiatives in developing countries, the problems of teenagers' unprotected sexual activity, low contraceptive use rising teenage pregnancy reliance on clandestine abortion become readily apparent. A great deal has been written on the topic and concern range from the levels of teen age pregnancy, abortion, contraception and child bearing whether the problem is essentially a health issue or economic question.

In south Asian region, more than 30% of the total population is in between the age of 10 to 24 of which about 40% are growing into adolescent below the age of 15 years. Many adolescence have already married and started own families, but without information and services which are known to promote healthy and responsible sexual and reproductive

behavior. Younger people are suffering from STDs including HIV, seeking unsafe abortion, resulting into the consequences of early close and frequent pregnancies and social problems.

Recognition has been started to be provided to the adolescents by a number of international organizations. World Health Assembly have incorporated a new programmed on adolescents into the age 8th general programmed of WHO 1990 to 1995. ICPD (1994) in Mexico gave emphasis on prevention of early pregnancy on dissemination of sex education. It suggested that family planning method be made widely and easily available to adolescent. The world conference of review appraises the UN decade for women (1985), the European parliamentarians' forum on child survival women and population. The international conference on better health for women and children through family planning have also stressed the need such action. The Cairo Program of action (1994) has stated that men and women most have access to safe abortion effective, affordable and acceptable methods of FP of their choice for regulation of fertility as well as access to health care services.

1.3 Objectives of the Study

The general objectives of this study is to found out the knowledge, attitude and practice of contraceptives among adolescents and view on marriage and family planning.

The specific objectives are

- To study the knowledge on Emergency Contraception.
- To find out adolescents views on marriage and family planning.
- To assess the attitude of adolescents towards the use of contraceptives.
- To study adolescents views on optimum family size.

1.4 Research Question

- What is Emergency Contraception?
- When did Emergency Contraception used?

1.5 Significance of the Study

The study attempts to provide the information bout among adolescents of some selected higher secondary school. The finding of this study while be very useful for planners and policy maker to develop and improve RH. Adolescents are national pillar of the nation and parents. Therefore they should need more information about their lives. When they know about their reproductive health unprotect sexual intercourse negative thinking about sexually

puberty and they are easily improve and safe their against negative impacts in this stage and walk positive direction. This study aims at collecting, analyzing and providing basic information related to the knowledge, attitude and practice of contraceptive among higher secondary school youth and adolescent respondent who are enter in to the active sexual reproductive lives after a few year.

At every stage in social and physical development, young people need more information and guidance to cope with the every change that they are experiencing. They can be especially confused by the conflicting messages and information they receive about the reproductive, sexuality and contraception. On the other hand, adolescent are potential parents of the future, therefore, before entering in to the reproductive life they need to have adequate and effective information and guidance on concerned matters. Regarding their subsequent reproductive and potential fertility behavior, the proper information about human reproduction system, sexual behavior family planning etc. should be well provided. And their fore required efforts should made to recognize and asses their actual state and need so that necessary steps can be made more effective to help them in securing their future life managed and fruitful.

This study aims at collecting, analyzing and them providing basic information related to the knowledge, attitude and practice of contraceptives among the higher secondary school students who are going to enter into the active sexual and reproductive lives after a few years. Such information at least will be helpful to become familiar with state and need, and thereby to formulate or design appropriate and socially accepted policies and programs. Since, this case study conducted in Lamjung district.

1.6 Limitation of the Study

This study is limited to the higher secondary adolescents of Lamjung district. This study is not a complete KAP survey but it is only a study based on survey data about contraceptive knowledge and perception. This study based on small size and limited the age of the respondent between 13-19. Therefore the finding cannot be generalized to whole nation. Respondents were literate adolescents.

1.7 Organization of the Study

The whole study has been summarized into five chapters. The first chapter has been given to introduction, chapter two for literature review and conceptual framework, third chapter deals with the research methodology of the study, chapter four on socio-economic characteristics of respondents, knowledge, attitude and practice of contraception, knowledge on emergency

contraception, attitude on contraceptives, chapter five deals summary, conclusion and recommendation and nine deals research issue.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.1 Literature Review

The uncontrolled high population has negative impact. To control the high planning should be used. Knowledge, attitude and practice use depends upon various factors. Adolescents have the right to seek knowledge and information about health, sensitive sexual issues and maturity sexuality and gender information could be delivered through various outlets, including counseling and family life education centers. Knowledge of contraception is almost universal among married adolescent understanding of specific method and their sources is limited. There has been a significant increase in contraceptive use among married adolescents but a large unmet need for contraceptives remains the uncontrolled high population growth has negative impact to control the high planning should be used. Knowledge attitude and contraceptive use depends upon various factors therefore an effort is made to review literature related to explanatory capacity of various variables. Adolescents have the right to seek knowledge and information about health sensitive sexual issues and sexual maturity and gender information could be delivered through various outlets in doing counseling and family life education health clinics youth and women groups and so on contraception suitable for young people like condoms oral pills injection implants and emergency contraception should be available to adolescents a contraceptive method is sometimes termed as a birth control method.

Before the discovery of the modern contraceptive methods, it was considered that children were the gift of god and their existence cannot be prevented when couple did not want more children they used to kill their new born baby but after discovery of modern artificial contraceptive method. People have practice different artificial birth spacing and birth limiting. The modern contraceptive methods could play the supplementary role for birth spacing might be due to lack contraceptive knowledge or social pressure, couples generally have large number of children, therefore some kinds of social change is necessary to motivate to have fewer children. The spreading of modern contraceptive methods and its positive roles in declining fertility is however depends on contraceptive knowledge attitude and practice as well as the sufficient supply of the method. The knowledge of contraceptives among

adolescents is 98 percent but the current use of modern contraceptive method is 9 percent for married adolescents (DHS, 2001). The rapid growth of population in underdeveloped countries has affected almost every aspect of the economy. Development of any country is influenced by its population and the available resources. The uncontrolled high population growth attitude has negative impact. To control the high planning should be used. Knowledge attitude and contraceptive use depends upon various factors. Therefore on effort is made to review literature related to explanatory capacity of variables (Poudel, 2003). Young men are more likely than women to mention lack of knowledge to avoid pregnancy. Even young people have negative attitude on contraception. Adolescents have the right to seek knowledge and information about health, sensitive sexual issues and sexual maturity sexuality and gender information could be delivered through various outlets, including counseling and family life education centers, health clinic, youth and women groups and so on contraceptives suitable for young people like condoms, oral pills, injections implants and emergency contraception should be available to adolescents. Unmarried adolescents are either restricted from the free supply of contraceptive of their choice or hesitate to seek them because of the society's negative attitude. Only condoms are freely available for everybody in Nepal because of their promotion of HIV / AIDS prevention while then other contraceptive methods for adolescents are not readily available. A contraceptive method is sometimes termed as a birth control method, though "birth control" is used in a broader sense to include international abortion sterilization (Bhattarai, 2006). Complete abstinence from coitus. Family planning is based at the risk of pregnancy and child birth estimates of "unmet-needs" for contraception. Future contraceptive demand, cost of contraceptive commodities, supply on the assumption that unmarried people are not sexually active. Therefore adolescents particularly unmarried are neglected in most family planning programmes, which are specially geared to the needs of adults adult married. This is one covered in the family planning programmes and are subjected to lack of knowledge on sexually and reproductive health and contraceptive methods. More ever developing countries may dramatically differ from each other with respect to risk factor for disease. Hence there are compelling arguments to obtain comparative data for every important method from variety of developing and developed countries (WHO), 1985).

Knowledge of family planning is most universal to urban adolescent but comparatively it is in rural area. Similarly, more of girl of urban area are flexible at having premarital sex. More urban school girls marry late than rural girls. Likewise, the number of girl discussion on sex and sexual is higher in urban area. Therefore urban adolescent school girls want to acquire

more knowledge about reproductive and sexual health and sexual health than the real adolescent school girls. Adolescents are major components of the population. The 2001 census estimated that those ages 15 to 24 represents 19.38% and those aged 15 of Nepal's total population (CBS 2003). In addition the early marriage or more clearly, the child marriage is common in the most part of Nepal particularly in the country side. According to NFHS (1996) almost 50% girl aged 15 get married and 40% bear their first child between age 15 to 19 years in which age mostly a woman not being well prepared to become another either physically and mentally. The contraceptive prevalence rate is very low accounting 29%. The married teenagers are more likely to expose to the higher risk of maternal mortality due to pregnancy, child birth complication and unsafe abortion (MOH, 1996). More ever Nepal has very much high infant mortality accounting 79% and 5.39 per 1000 live births respectably (FPAN, 1998). Well considered reproductive, sexuality and contraceptive education and services policy are necessary if the young people are to deal responsible with their sexuality. FPAN has adopted an especial strategy and implemented programs in some of the selected district accordingly. These programs basically seek to provide education on basic reproductive health and sexuality as well as contraceptive to adopted adolescents. Programmes expand and an increasing proportion of couple wants to practice contraception. If women could have only number of children would fall by one child per women. The fewer children want the more time they spend in need of contraception and services are required. These matters have been major concern, regarding fertility behavior and population growth (UN, 1989).

Where access to fertility regulation is considered, the richer and more educated are usually better able than the less privileged to surmount the berries between them and the needed technologies hence the common inverse relationship between income and family size policies derived from this perspective is discussed (Sudhakar, 1999).

A large no. of couples is not practicing contraception even where services are available mainly due to side effects (Pathak, 1996:50). The modern contraceptive method could play the supplementary role for birth spacing and to improve maternal and child health. However, it might be due to the lack of contraceptive knowledge or social change is necessary to motivate to have fewer children. In some societies significance number of couple might have preferred fewer numbers of children than they were having. While in common parlance, family size refers to the total number of persons in a family, in demography, family size means the total number of children a woman or a couple has borne at a point of time. The

completed family size indicates the total number of children borne by a woman up to the end of her reproductive period (Bhende, 2003).

Emergency Contraception refers to a particular types of contraceptives that is used types of contraceptives that is used an emergency procedure to prevent pregnancy following unprotected possible fertile intercourse. While most contraceptives are appropriate before intercourse. Emergency Contraception is to be used after unprotected sexual intercourse (Rupakheti, 2003).

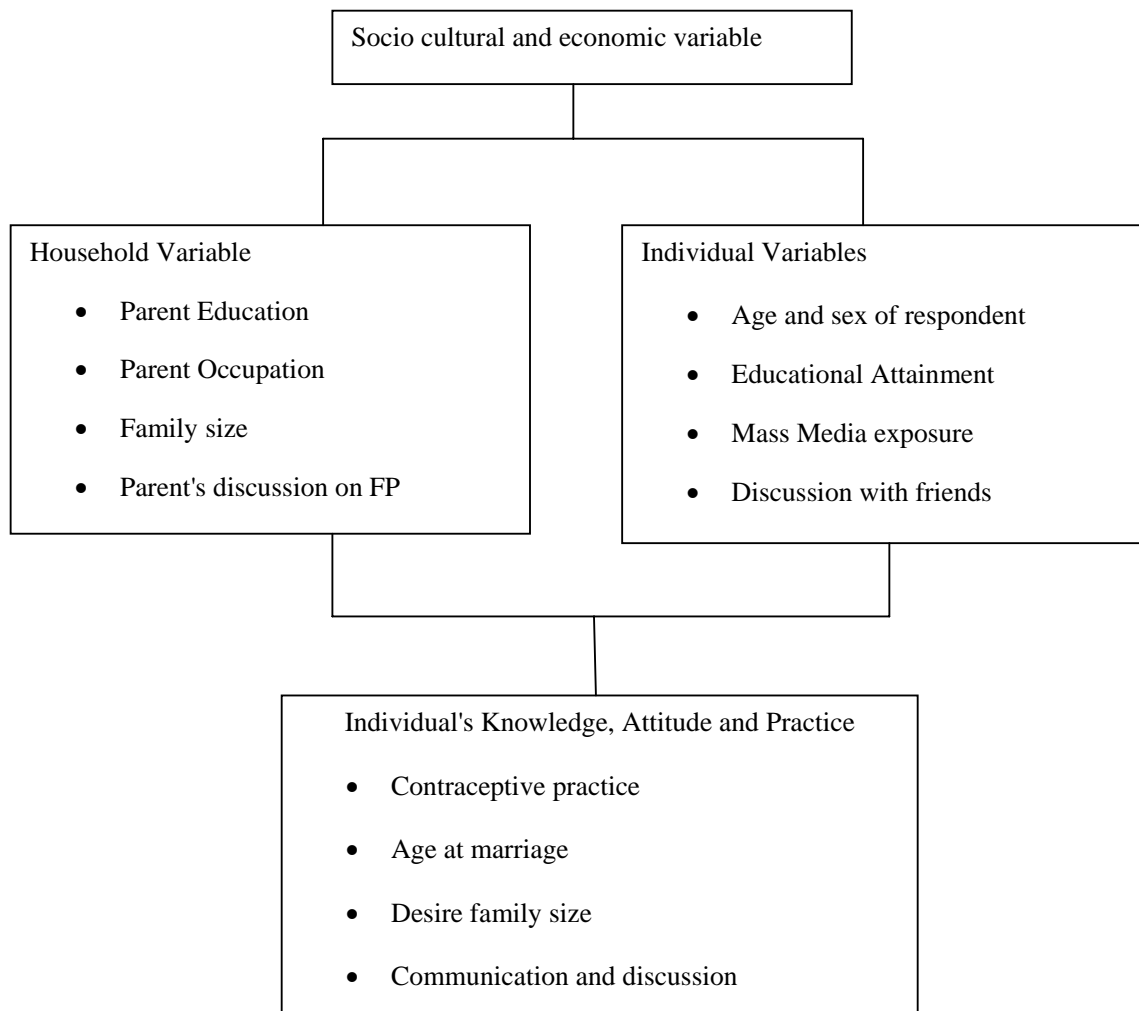
Emergency contraception Pills and IUD have a very short duration of exposure, and their total hormone context is far lower than the estrogen levels experienced during pregnancy. Physicians should be encouraged to inform all potential users about emergency contraception To assess health care provider's knowledge, attitude and practice of barriers regarding emergency contraceptive I-Pills in health maintenance organization. According to Family Health Survey (1996) one third (37%) of women had unwanted pregnancy due to not using contraception and failure of contraception. One study conduct by CREHPA (1998-1999) found that 20-60% of hospitalized female are hospitalized due to unsafe abortion and their average hospitalized duration was 3-7 days. The total costs for treatment is Rs.1000 to 15,000.

Use of Emergency Contraception Pills and IUD are method of preventing pregnancy after unprotected intercourse, when regular contraception fails or women fears that for regular contraception failed. EC are methods that women can use after intercourse to prevent unwanted pregnancy. Several methods of emergency contraception are safe and effective, including combined hormonal contraceptives taken in a dose higher than is used for regular contraception and insertion of IUD. In addition to preventing pregnancy, emergency contraception can serve as a bridge in to the health care system and a way for women who do not have one. The WHO recommends that reproductive health services offer emergency contraception as part of their routine services. Evaluation the progresses the 1994 Cairo (ICPD) conference regarding reproductive health policies and programs for eight country, exports health have stated that in Nepal, progress towards the Cairo goals has been slight in all areas In all other than policy adoption. In particular support RH service is limited, stockholders are little involved and resource have so far not been mobilized behind the implementation of such service. And ever, like other developing countries, Nepal is also taking beginning steps toward implementing a reproductive health approach.

2.2 Conceptual Framework

Knowledge, Attitude and Practice is influence by social, economic variable such as age, sex, marital status, father's education, occupation. The KAP survey of Contraceptive methods is affected by availability, accessibility, and side effects, counseling and important is attitude on use of contraception.

Conceptual Framework on Contraceptives Knowledge, Attitude and Practice among Adolescents



CHAPTER-THREE

RESEARCH METHODOLOGY

3.1 Selection of the Study Area

The study area will be small area of Lamjung district. It is located at western development reason. Lamjung district is adjoin with Kaski district on west, Gorkha district on east, Tanahun district on south and Manang district on north.

3.2 Source of the Data

This study is based on Primary data which the researcher has collected form of the study area. Data was collect from primary source by distributing the questionnaire among adolescence; from some selected higher secondary school in Lamjung District.

3.3 Method of the Data Collection

Data was collected by interview method to the respondents of higher secondary school's adolescent. Data was collected by using structured questionnaires. The questionnaires were designed to obtain the information about knowledge, attitude and practice among adolescent.

3.4 Sampling Method

The research has adopted purposive sampling technique to collect the data from the three different Higher Secondary School. The data has been collected from 125 respondents by distributing the questionnaire.

3.5 Sample Design

As total 125 college students are local students for this research. For the research, following Higher Secondary School was selected. Three HSS students were used as the respondents for the study which is tabulated in the table No.3.4.1.

Table 3.4.1 Selected Higher secondary schools

S.N.	Name of School	Address	Total no. of respondents
1	Ishaneshwor Higher Secondary School	Bhorletar	40
2	Ganesh Malika Higher Secondary	Neta	40
3	Shanti Higher Secondary School	Kunchha	45
	Total		125

3.6 Questionnaire Design

The survey questionnaire consisted of question in order to collect and analyze the required information regarding contraceptive knowledge, attitude and practice. This written survey has been included different types of question like yes/no types, multiple choice etc.

3.7 Data Analysis

Data were analyzed in a simple form with help of simple statistical tools. General relationship variation within the collected data has been observed in the study. Frequency and tables have been used to manage the data analyzed by using SPSS software program.

CHAPTER FOUR

SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

This chapter deals about social economic and demographic characteristics of respondents and all families. In here the information were collected through one to one interview administered with help of structure questionnaire. This chapter includes the demographic characteristics; knowledge, attitude and practice regarding contraceptives among respondents. This study was carried out in 3 different colleges of Lamjung Districts, which is totally rural area. This study covered a sample population of 125 respondents studying intermediate or +1 and +2 level from different districts of Gandaki Zone.

4.1 Demographic Characteristics

We deal demographic characteristic of respondents. Respondents were from three different districts. They were multi lingual, multi caste and ethnics group. Questions were asked about their facilities at respondent's house. Father's and mother's occupation and education also include in this research.

4.1.1 Respondents District

Respondents were from three different districts in three different higher secondary schools. Most of the respondents were Lamjung, some were from Kaski district and some of them were Tanahun.

Table 4.1 Percentage Distribution of Respondents by Districts

Respondents district	No. of respondents	Percent
Kaski	11	8.8
Lamjung	100	80.0
Tanahun	14	11.2
Total	125	100

Source: field survey 2009

In this research, among the total respondents were from Lamjung district followed by Tanahun and Kaski. The selected higher secondary are lies near the border of Lamjung, Tanahun and Kaski districts. 100 students were from Lamjung, 14 students from Tanahun and 11 from Kaski districts.

4.1.2 Respondents Caste

Respondent were from different cast such as Brahmin, Chhetri, Gurung and other caste. Others denote Dalit, Janajati, Thakuri and Minya etc.

Table 4.2 Percentage Distribution of Respondents by Caste

Caste	No. of respondents	percentage
Brahmin	32	25.6
Chhetri	36	29.2
Gurung/Magar	18	14.2
Newar	7	5.6
Other	32	25.6
Total	125	100

Source: field survey 2009

Most of the respondents were from Chhetri communities following by Brahmin communities. Our country is known as multi lingual country. The 29% respondents was Chhetri, 26% was Brahmin. Among others cast respondent some of them were from Dalits, Janajati etc;

4.1.3 Father's Occupation

Nepal is an agricultural country. Most of respondent's fathers were involved in agriculture because Nepal is an agricultural country.

Table 4.3 Percentage Distribution of Respondents by Father's Occupation

father's occupation	No. of respondents	Percentage
Agriculture	59	49.2
Business	12	10.0
service holder	35	29.2
Others	14	11.7
Total	120	100.00

Source: field survey 2009

Above table shows the occupation of their father's. Most of the respondent's fathers 49% were involved in agricultural sector. Lowest percentages of respondent's father were involved in business sector 10% and 29% respondent's fathers were involved in others work or occupation. The 5 respondent's might be lost their father.

4.1.4 Father's Education

Among total respondent's fathers were different educational statuses.

Table 4.4 Percentage Distribution Respondents by Father's Education

father's education	No. of respondents	Percent
Literate	32	25.6
Illiterate	14	11.2
Primary	24	19.2
Secondary	22	17.6
S.L.C. and above	33	26.4
Total	125	100

Source: field survey 2009

Table shows the educational status of respondent's fathers. The 26% respondent's fathers were S.L.C. and above followed by primary parents among 19%. The lowest percentages of respondent's fathers were illiterate.

4.1.5 Facilities at Home

Electric facilities were electrical communication medium like as Radio, TV, Newspaper, Telephone and others. Many villages developed and reached electricity power and found mass media facilities. All people have same right to take instrument like radio, TV. The below table classified respondent on the basis of electricity facility at home.

Table 4.5 Percentage Distribution of Respondents by Facilities at Home

Facilities at home	No. of respondents	Percent
1	119	48
2	52	21
3	59	23.8
4	14	5.6
5	4	1.6
Total	248	100

Source: field survey 2009

Among total respondents, 48% respondent have 1 type of electric facilities like as Radio, 21% has 2 type of electric facilities were radio and TV followed by 24% has 3 type of electric facilities Radio, TV and Newspaper. The 2% respondent has 5 types of facilities.

4.1.6 Type of Family

We have two type of family nuclear and joint. So respondents were categories according to their type of family, they living now.

Table 4.6 Percentage Distribution of Respondents by Type of Family

Types of family	No. of respondents	Percent
joint	45	36
Nuclear	80	64
Total	125	100

Source: field survey 2009

Among total respondents 36% were live in joint family and 64% were live in nuclear family.

4.2 Individual Characteristic

I deal here individual characteristics of respondents like as marital status, respondent's age and sex.

4.2.1 Age and Sex

Respondents were between the ages 16 to 19.

Table 4.7 Percentage Distribution of Respondents by Age and Sex

Respondent age	Respondent's sex		Total
	Male	Female	
16	2	6	8
17	15	15	30
18	18	31	49
19	16	22	38
Total	51	74	125

Source: field survey 2009

Table shows the age and sex of respondents. Respondents were between the ages 16 to 19. Most of respondents age 18 where as 18 male and 31 female. Respondent's ages 16 were 2 male and 6 female and age 19 were 16 male and 22 female.

4.2.2 Marital Status

Among total respondents some were married and most of them were unmarried.

Table 4.8 Percentage Distribution of Respondents by Marital Status

marital status	No. of respondents	Percent
Yes	16	12.8
No	109	87.2
Total	125	100

Source: field survey 2009

Table shows marital status of respondents. The 13% of respondents were married and 87% were unmarried.

4.3 Knowledge and Use of Contraception

In this chapter I describe about knowledge about family planning, source of information, use of contraception. Among the higher secondary school students gave information which they heard.

4.3.1 Heard about Contraception

We deal here knowledge, source of information and different method of contraception.

Table 4.9 Percentage Distribution of Respondents by Heard about Contraception

Heard about contraception	No. of respondents	Percent
Yes	115	92
No	10	8
Total	125	100

Source: field survey 2009

Among total respondents, 92% respondents were heard about contraception and 8% were unknown about contraception.

4.3.2 Source of Information about Contraceptive

Source of information are electrical communication medium like as Radio, TV, newspaper, Telephone etc.

Table 4.10 Percentage Distribution of Respondents by Source of Information about Contraceptives

Sources of information	No. of respondents	Percent
1	115	35.4
2	73	22.5
3	84	25.8
4	53	16.3
Total	325	100

Source: field survey 2009

Table shows the source of information about contraception. The 35% or 115 respondents heard about contraception from 1 medium like as radio, 26% or 84 respondents heard from 2 medium. 16% respondent heard from 4 medium.

4.3.3 Heard about Contraceptives Methods

We have many family planning methods. Some are chemical methods, natural method and calendar method. Some are oral tablets, other one injectable and some are inserted into uterus and arm.

Table 4.11 Percentage Distribution of Respondents by Heard Method of Contraception

Heard of contraception	No. of respondents	Percent
1	117	28.4
2	80	19.4
3	65	15.8
4	92	22.3
5	58	14.1
Total	412	100

Source: field survey 2009

Table shows heard the method of contraception. The 28% respondents heard 1 method, 19% respondents heard 2 methods, 16% heard 3 methods, 22% heard 4 methods and 14% respondents heard 5 methods respectively.

4.3.4 Knowledge on Different Contraceptives

In here, I deal knowledge on different contraceptives methods Pills, Condom, Depo-Provera, Copper-T (IUD), and Norplant. Not only methods I deal how to use them, where to use, when to use, heard any side effects of contraceptives.

4.3.4.1 Condom

Condom is temporary method of family planning. It helps to protect safer sex only for male. Now a day's female Condom is also used.

Table 4.12 Percentage Distribution of Respondents by Heard about Condom

Heard about Condom	No. of Respondents	Percent
Yes	115	92
No	10	8
Total	125	100

Source: field survey 2009

Table shows that about 92% respondents heard about condom and 8% not heard family planning method Condom.

4.3.4.2 Pills

Pill is a temporary method of family planning. It called oral Pill tablets of contraceptive. It used daily. It starting from 1st tab to ending during one months and it must taken Iron tablets after finishing pills tablets.

Table 4.13 Percentage Distribution of Respondents by Heard about Pills

Heard about pills	No. of respondents	Percent
Yes	84	73
No	31	27
Total	115	100

Source: field survey 2009

Pill is an oral method of contraceptives. Among 115 respondents 73% heard about Pill and 27% don't heard.

4.3.4.2.1 How to Use Pills

Contraceptive Pill is an oral method. It used daily before going bed. In this question, only 50 student were involved.

Table 4.14 Percentage Distribution of Respondents by How to Use Pills

They are used	No. of respondents	Percent
used daily before going bed	44	38.0
use once within a week	6	5.2
Don't know	65	56.5
Total	115	100.

Source: field survey 2009

Table shows that among total respondent 38% were agreed with used daily before going bed and 5.2% were agreed with use once within a week but about 57% respondents were unknown about how to use Pills.

4.3.2.2 Heard any Side Effects of Pills

Pill is a hormonal or chemical method of contraceptive when physical hormone and chemical are mixed than some side effects are shown likewise stopping menstruation, bleeding etc.

Table 4.15 Percentage Distribution of Respondents by Heard any Side Effects of Pills

Heard of any side effects of Pills	No. of respondents	Percent
Yes	9	9.4
No	87	90.6
Total	96	100
what are side effects		
side effects		
Nausea	2	22.2
Headache	2	22.2
Others	5	55.6
Total	9	100

Source: field survey 2009

Table shows that 96 respondents gave answer. 9% heard any side effects of pills and 91% respondents don't hear. A pill is chemical method of contraceptive. When chemical hormone and physical hormone reaction in body then side effects are shown likewise heavy bleeding, vomiting stopping menstruation etc. Only 9 students gave the answer of this question. Among them 22% respondents heard nausea, 22% respondents heard headache and 56% respondents heard other side effects of Pills.

4.3.4.3 IUD (Copper-T)

Copper-T is a temporary method of family planning. It made by copper wire on shape T or shape of uterus. So it is called Copper-T or IUD (Intra Uterine Device-IUD) because it is inserted into women uterus. It can remove as women's desire. Sometimes it seems some bad effects like as heavy bleeding.

Table 4.16 Percentage Distribution of Respondents by Heard about Copper-T

Heard about IUD	No. of respondents	Percent
Yes	65	56.5
No	50	43.5
Total	115	100.00

Source: field survey 2009

Table shows that 117 respondents were involved. Among them 57% heard about IUD and 43% don't heard.

4.3.4.3.1 Type of Method IUD

IUD is a method, it inserted into women uterus. Its dose is 10-12 years. It can change or removed as woman's desire or if it seems any bad effects.

Table 4.17 Percentage Distribution of Respondents by Type of Method IUD

Type of method of IUD	No. of respondents	Percent
3 month injection for male	3	4.5
3 months injection for female	4	6.1
device inserted into women's uterus	32	48.5
don't know	27	40.9
Total	66	100.00

Source: field survey 2009

Table shows that about 5% respondent agree with 3 months injection for male, 6% agreed with 3 months injection for female, 48% agreed with devices inserted into women's uterus and 40.9% were unknown about what type of method of IUD.

4.3.4.3.2 Time IUD Can be used

IUD can use 10-12 year. In here 82 respondents were involved in this research among total respondent.

Table 4.18 Percentage Distribution Respondents by Time IUD can be used

How long IUD can be used	No. of respondents	Percent
10 to 12 year	38	57.6
5 years	6	9.1
1 years	2	3.0
don't know	20	30.3
Total	66	100

Source: field survey 2009

The table shows that around 58% respondents agreed with IUD can use 10-12 years, 7% respondents were agreed with 5 years, 2% agreed with IUD can used 1 year, and 30% were unknown about time IUD can be used.

4.3.4.3.3 Heard any Side Effects of IUD

Sometimes it seems some side effects if IUD like as heavy bleeding. It is non hormonal method of FP.

Table 4.19 Percentage Distribution of Respondents by Heard any Side Effects of IUD

Heard any side effects of IUD	No. of respondents	Percent
Yes	29	43.9
No	37	56.1
Total	66	100
If yes, side effects of IUD		
the side effects of IUD		
Nausea	6	20.7
Vomiting	9	31.0
Headache	3	10.3
breast tenderness	1	3.5
Don't know	10	34.5
Total	29	100.00

Source: field survey 2009

Table shows that among total respondents, 66 students were involved in this research about 44% heard side effects of IUD and 56% don't heard any side effects. Among heard side effects of IUD, 21% heard nausea, 31% heard vomiting, 10% heard headache 3% heard breast tenderness and 35% don't heard or they were unknown about any side effects if IUD.

4.3.4.4 Depo-Provera

Depo-Provera is a temporary family planning method. It can use for 3 months. It is chemical method of FP. Some time it seems some side effects like as stopping menstruation, nausea, getting fat, bleeding etc.

4.3.4.4.1 Heard about Depo-Provera

Depo-Provera is a temporary family planning device. It can use by injection for 3 months. It is also chemical method of family planning.

Table 4.20 Percentage Distribution of Respondents by Heard about Depo-Provera

Heard about Depo-Provera	No. of respondents	Percent
Yes	82	71.3
No	33	28.7
Total	115	100

Source: field survey 2009

Table shows that among 115 respondents, 71% heard about Depo-Provera, 29% don't hear.

4.3.4.4.2 Use and Time for method of Depo-Provera

Depo-Provera is used by injection and it can be used for 3 months. It is chemical or hormonal method.

Table 4.21 Percentage Distribution of Respondents by use and time for method of Depo-Provera

You know how to use Depo-Provera	No. of Respondents	Percent
Injectable	71	86.6
Oral pills	3	3.6
don't know	8	9.8
Total	82	100.00
how long Depo-Provera can be used		
Time Depo-Provera can be used		
3 month	74	90.3
6 month	2	2.4
don't know	6	7.3
Total	82	100.00

Source: field survey 2009

Table shows that among 82 respondents about 87% agreed with injectable, 4% agreed with oral pills, 9% were unknown about how to use. The 90% agreed with 3 months injectable, 2% agreed 6 months and 7% were unknown about how long Depo-Provera can be used.

4.3.4.5 Norplant

Norplant is also chemical family planning method. The five small sticks are used by minor operation. It use in women's Arm for 5-7 years by trained doctor or nurse. It can remove to women's desire or it seems any bad effects. It is chemical method of FP.

4.3.4.5.1 Heard about Norplant and Place to Use

Norplant used an Arm. It has 5 small sticks, inserted in arm by minor operation.

Table 4.22 Percentage Distribution of Respondents by Heard about Norplant

Heard about Norplant	No. of respondents	Percent
Yes	48	41.7
No	67	58.3
Total	115	100
If yes, place to use Norplant		
place to use Norplant		
Arm	13	27.1
Uterus	7	14.6
don't know	28	58.3
Total	48	100.00

Source: field survey 2009

Table shows 115 respondents were involved in this research among total about 42% heard about Norplant and 58% were unknown. But total 48 respondents gave answer place to use Norplant. 27% agreed with Arm, 15% agreed use in uterus and 58% were unknown about where to use Norplant.

4.3.4.5.2 Heard Any Side Effects of Norplant

Norplant is a temporary method of family planning. It is also chemical method. Sometime it seems some side effects like as bleeding, vomiting, nausea or chemical hormone and physical hormone are reaction then seems some side effects.

Table 4.23 Percentage Distribution of Respondents by Heard Any Side Effects about Norplant

Heard any side effects of Norplant	No. of respondents	Percent
Yes	10	20.8
No	38	79.2
Total	48	100
If yes, what are the side effects		
what are the side effect of Norplant		
Nausea	3	30
Vomiting	2	20
Headache	1	10
breast tenderness	2	20
Don't know	2	20
Total	10	100

Source: field survey 2009

Table shows that 48 respondents were involved in research, among them around 21% heard side effects, 79% were not heard. But 30% heard nausea, 20% vomiting, 10% heard headache 20% heard breast tenderness and 20% were unknown about any side effects of Norplant.

4.4 Opinion towards Contraceptives

Messages or advertisement motivate people toward the use of contraceptives because they are medium of information.

Table 4.24 Percentage Distribution of Respondents by Messages or Advertisements Motivate People towards to Use of Contraceptive

Advertisement motivate people towards the use of contraceptive	No. of respondents	Percent
Yes	91	72.8
No	23	18.4
don't know	11	8.8
Total	125	100.00

Source: field survey 2009

Table shows about 73% respondents were agreed with messages or advertisements motive people to use of contraception, 18% were not agree and around 9% were unknown about this matter.

4.5 Information and Services of Contraceptives are Only for Married People

Information and services are not for only married people. Knowledge of contraception is useful for every person. Any person can ask about contraception so information and services are for all married and unmarried.

Table 4.25 Percentage Distribution of Respondents by Information and Services are Only for Married

Whether information and service of contraceptives are only for married people	No. of respondents	Percent
Yes	44	35.2
No	31	24.8
don't know	50	40
Total	125	100.00

Source: field survey 2009

Table shows that 35% respondents were agree, around 25% were disagree and 40% respondents were unknown about information and services are for only for married.

4.6 Information and Services of Contraceptives Need to Provide to Adolescents Especially Unmarried.

Information and services of contraceptives are for all but services are need to married and unmarried both or user.

Table 4.26 Percentage Distribution of Respondents by Information and Services are Need to Adolescents

Support the information and services of contraceptives need to provide to adolescent especially unmarried	No. of respondents	Percent
Yes	36	28.8
No	29	23.2
Don't know	60	48
Total	125	100.00

Source: field survey 2009

Table shows that about 29% respondents were agree with support the information and services of contraceptives need to provide to adolescents especially unmarried, 23% were disagree and 48% were unknown.

4.7 Discussion about Contraceptives

We mean that how many students are discussed about contraceptives with whom.

Table 4.27 Percentage Distribution of Respondents by Discussed about Contraceptive

You ever discussed about contraceptives	No. of respondents	Percent
Yes	47	37.6
No	78	62.4
Total	125	100
with whom you have discussed.		
Whom you have discussed		
friends	20	42.6
Family member	8	17.0
Health worker	16	34.0
Other	3	6.4
Total	47	100.00

Source: field survey 2009

Table shows that about 38% respondents discussed about contraceptives and 62% don't discussed. Among them 43% respondents discussed with friend, 17% discussed with family

member, 34% discussed with health worker and 6% don't discussed with others may be relatives etc.

4.8 In Your Opinion, Age Will be Appropriate to Marry for Girls

The appropriate age to marry for girls is 20 to 30. In here we divided age 20-29 into two age group 20-24 and 25-29. High or peak fertile age also 20-29. Age under 20 is risk for pregnant women because women's reproductive system is not been matured and over 35 also high risk for pregnancy.

Table 4.28 Percentage Distribution of Respondents by Age Appropriate to Marry for Girl

Appropriate to marry for girls	No. of respondent	Percent
bellow 14	1	0.8
15 to 19	7	5.6
20 to 24	74	59.2
25 to 29	43	34.4
Total	125	100.00

Source: field survey 2009

Table shows that around 1% agreed with below age 14, the 6% agreed aged 15-19 the 59% agreed aged 20-24 and 34% agreed with age 25-29. Most of respondents were accepted age 25-29.

4.9 No. of Children are Appropriate in a Family.

Children are citizen of nation. 1or 2 child is appropriate in an optimum family. In some society children are gift of god and use of contraception is bad. Some couple doesn't use any contraception. So that fertility rate is may be high.

Table 4.29 Percentage Distribution of Respondents by Appropriate no. of Children

Appropriate number of children in a family	No. of respondents	Percent
1	30	24.0
2	85	68.0
3	7	5.6
4	2	1.6
12	1	0.8
Total	125	100.00

Source: field survey 2009

Table shows that 24 % respondents want 1 child, 68% respondents want 2 children, about 6% want 3 children in their future. The 0.8% respondents want 12 children.

4.10 Contraception can be Use during Sexual Contact to Prevent from AIDs/STDs.

Condom is only one contraceptives method which can be used during sexual contact to prevent from AIDs/STDs.

Table 4.30 Percentage Distribution of Respondents Distribution by Contraception which Protect from AID/STDs

Contraception to prevent from AIDs/STDs	No. of respondent	Percent
Condom	111	88.8
Norplant	4	3.2
don't know	10	8.0
Total	125	100.00

Source: field survey 2009

Table shows about 89% respondents were know condom prevent AIDs/STDs and 3% agreed with Norplant and around 8% were unknown with condom can protect from AIDs/STDs. But Condom only prevents AIDS/HIV.

4.11 Opinion on Premarital Sex

Premarital sex means involve in sexual relation before marriage. In our society premarital sex is not allowed openly. So it is bad but not bad. It depends on society and people's attitude.

Table 4.31 Percentage Distribution of Respondents by Opinion on Premarital Sex

Involved in sexual intercourse	No. of respondents	Percent
Yes	27	21.6
No	98	78.4
Total	125	100.00
In your opinion, pre-marital sex is		
your opinion pre marital sex is		
not good	24	19.2
very bad	90	72.0
no difference if happens	4	3.2
depends upon situation encountered	7	5.6
Total	125	100.00

Source field survey 2009

Table shows that 22% respondents were involved in sexual intercourse and 78% were not involved. According to respondent's pre marital sex is not good for 19%, very bad for 72%,

no different if happens about 3% depend upon situation encountered for about 6% respectively.

4.12 Necessary to Include Emergency Contraception in Reproductive and Sexual Health in Our Curriculum

It must to need include EC in reproductive and sexual health in our curriculum. It is not sufficient text in school curriculum.

Table 4.32 Percentage Distribution of Respondents by Need to Include EC and RH in Curriculum

Need to include reproductive and sexual health in our curriculum	Respondents sex			Total	
		male	female	No.	Percentage
Yes	No.	44	61	105	100
	Percentage	39.1	60.9		
No	No.	7	13	20	100
	Percentage	35	65		
Total	No.	51	74	125	100
	Percentage	41.6	58.4		
sufficient text in school curriculum about reproductive and sexual health					
Yes	No.	10	18	28	100
	Percentage	35.7	64.3		
No	No.	41	56	97	100
	Percentage	42.3	57.7		
Total	No.	52	73	125	100
	Percentage	39.7	60.3		

Source: field survey 2009

Table shows 39% male and 61% female were agreed with need to include EC and RH in our school curriculum and 35% male and 65% female respondents were not agreed. The 36% male and 64% female agreed with sufficient text in school curriculum about reproductive and sexual health, 42% male and about 58% female were not agreed with sufficient text in school curriculum about reproductive and sexual health.

4.13 Emergency Contraception

Emergency Contraception refers to a particular type of contraceptives that is used as an emergency procedure to prevent following unprotected possible fertile intercourse (Rupakheti, 2003). While most contraceptives are appropriate before intercourse. ECs are to be used after unprotected sexual intercourse. Emergency Contraceptives are those they can

use after unprotected sex. It can be used contraceptive failure, non use of contraception and after Contraceptive assault. EC may be particularly useful for young people who may otherwise be faced with a difficult decision of early parenthood or termination pregnancy. This historical evolution of emergency Contraceptives regimen begins in the 1920s with the discovery that estrogen containing ovarian extracts interfered with pregnancy in mammals We have two methods of EC. They are combined Pill and Copper-T.

4.13.1 Heard Emergency Contraception

In here, I m trying to analyze of respondents on the basis of knowledge on Emergency Contraception.

Table 4.33 Percentage Distribution of Respondents by Heard Method of EC

Heard emergency contraception	No. of respondents	Percent
Yes	19	17.4
No	90	82.6
Total	109	100
If yes, what are the methods		
Pills	7	36.8
Copper-T (IUD)	3	15.8
Don't know	9	47.4
Total	19	100.00

Source: field survey 2009

Table shows that 19 respondents heard about EC. Among them about 17% respondents heard about Emergency Contraception, 83% don't hear about EC. We have two methods of EC. They are combined Pills and Copper-T. About 37% heard Pill, 16% heard Copper-T and 47% were unknown about methods of EC. The 16 respondents were not participating in this question.

4.13.2 Methods are Emergency Contraception

We have two methods of Emergency Contraception. They are combine Pills and Copper-T.

Table 4.34 Percentage Distribution of Respondents Distribution by Method of EC

Method are emergency contraception	No. of respondent	Percent
1methods	5	26.4
2methods	10	52.6
3methods	2	10.5
don't know	2	10.5
Total	19	100

Source: field survey 2009

Table show that 26% agreed one method, about 53% agreed two methods, around 11% agreed three methods and 10% were unknown about how many methods is EC.

4.13.3 Time is Suitable for Use of Emergency Contraception.

Emergency Contraception is use within 72 hours or 3 days.

Table 4.35 Percentage Distribution of Respondents by Suitable Time for Use EC

Suitable time for use of emergency contraception	No. of respondents	Percent
No limited time	5	26.3
Within 72 hours	10	52.6
Within 12 hours	1	5.3
don't know	3	15.8
Total	19	100

Source: field survey 2009

Table shows 26% agreed with no limit time, about 53% agreed within 72 hours, 5% agreed within 12 hours and around 16% were unknown about time suitable for use of Emergency Contraception.

4.13.4 Eligible for Emergency Contraception

Emergency Contraception is only for women. Pills are oral tablets and IUD is a device inserted into women uterus.

Table 4.36 Percentage Distribution of Respondents by Eligible Person for EC

Who are eligible for emergency contraception	No. of respondents	Percent
Male	5	26.3
Female	9	47.4
don't know	5	26.3
Total	19	100.00

Source: field survey 2009

Table shows 26% respondents agreed with females are eligible for EC, 47% agreed with male and 26% respondents don't know who are eligible for EC.

4.13.5 Tablets of Standard Dose Combine Pills should be taken on First Time Dose

4 tablets is suitable for first dose and then 4 tablets are should be taken for second dose after 12 hours. If it vomiting, others 4 tablets should be taken soon.

Table 4.37 Percentage Distribution of Respondents by Standard Dose for Combine Pills

Standard dose combined I-pills to be taken on first time dose	No. of respondents	Percent
2 tabs	4	21.0
4 tabs	12	63.2
don't know	3	15.8
Total	19	100.00
for 2 nd dose		
how many tablets to be taken on second time dose		
2 tabs	2	10.5
4 tabs	12	63.2
6 tabs	1	5.3
don't know	4	21
Total	19	100

Source: field survey 2009

Table shows that among respondents, around 21% were agreed on 2 tabs, 63% agreed 4 tabs and about 16% respondents don't know about 1st dose of combine Pills and around 11% respondents agreed 2 tabs, about 62% agreed 4 tabs, 5% agreed 6 tabs and 21% were unknown for 2nd dose of combine Pills.

4.13.6 Days after Unprotected Sex IUD Can be inserted

IUD (Copper-T) is another Emergency Contraception method. IUD can insert within 5 days with the help of trained doctor or nurse.

Table 4.38 Percentage Distribution of Respondents by Days after IUD be Inserted

Days after unprotected sex can IUD be inserted	No. of respondents	Percent
no limit time	2	10.5
within 3 days	2	10.5
within 5 days	10	52.7
don't know	5	26.3
Total	19	100.00

Source: field survey 2009

Table shows that 10.5% respondents were agreed with no limit time, 10.5% agreed within 3 days, 52.7% agreed within 5 days, 26.3% were unknown about days after unprotected sex can be inserted.

4.14 Attitude on Contraception

In here, I try to understand their attitude on contraception, because we can hear bad attitude about contraceptives. Some contraceptives are made by chemical hormone. Sometimes physical hormone and chemical hormone are reaction in woman's body and shown some effects. In Muslim community family planning is cursive. So they don't use family planning.

4.14.1 Contraceptives Are Harmful

Contraceptives aren't harmful but sometimes chemical hormone and physical hormone can't accommodation in female body than some effects are shown.

Table 4.39 Percentage Distribution of Respondents by Contraceptives is Harmful

		Respondent sex		Total	
		Male	Female	No	Percent
contraceptives are harmful	No	16	19	35	100
	Percent	45.7	54.3		
agree	No	1	1	2	100
	Percent	50	50		
strongly agree	No.	5	7	12	100
	percent	41.7	58.3		
don't know	No.	26	36	62	100
	percent	42	58		
disagree	No.	3	11	14	100
	percent	21	79		
strongly disagree	No.	51	74	125	100
	percent	40.8	59.2		
Total					

Source: field survey 2009

Among total respondents 46% male and 54% female were agree, 50% male and 50% female were strongly agree, 42% male and 58% female respondents were don't know, around 42% male and 58% female were disagree and 21% male and 79% female were strongly disagree with contraceptives are harmful.

4.14.2 Pills Are Gathered in Stomach

Pill is a hormonal method of contraception. It is Emergency Contraception method. Pills are not gathered in stomach. It is bad attitude of Pills.

Table 4.40 Percentage Distribution of Respondents by Pills are Gathered in Stomach

pill are gathered in stomach		Respondents sex		Total	
		Male	Female	No.	Percentage
agree	No.	8	12	20	100
	Percentage	40	60		
strongly agree	No.	0	2	2	100
	Percentage	0	100		
disagree	No.	32	34	66	100
	Percentage	48.5	51.5		
strongly disagree	No.	4	17	21	100
	Percentage	19	81		
don't know	No.	7	9	16	100
	Percentage	43.8	56.2		
Total	No.	51	74	125	100
	Percentage	41	59		

Source: field survey 2009

Pills are not gathered. In this research, 48% male and 52% female respondents were disagree, 40% male and 60% female respondents were agree, 100% respondents were strongly agree, 19% male and 81% female were strongly disagree. About 49% male and 51% female were disagreeing. The 44% male and 56% female respondents were unknown respectively.

4.14.3 IUD Moves on Heart

IUD (Copper-T) is a method which is made by copper's wire so that it is a non hormonal device. It use into woman's uterus so that it can't move from uterus to heart.

Table 4.41 Percentage Distribution of Respondents by IUD Moves on Heart

IUD moves on heart	Respondents sex		Total	
			No	Percent
agree	Male	Female	15	100
	No.	7		
Percent	46.7	53.3		
strongly agree	Male	Female	1	100
	No.	0		
Percent	0	100		
disagree	Male	Female	47	100
	No.	20		
Percent	42.6	57.4		
strongly disagree	Male	Female	26	100
	No.	10		
Percent	38.5	61.5		
don't know	Male	Female	36	100
	No.	15		
Percent	41.7	58.3		
Total	Male	Female	125	100
	No.	51		
Percent	41	59		

Source: field survey 2009

Among total respondents about 42% male and 58% female were unknown about this matter. The 43% male and 57% female respondents were disagree, about 39% male and 62% female respondents were strongly disagree, 47% male and 53% female were agree with IUD moves on heart.

4.14.4 In our Society, Children are Gift of God

In our society, children are gift of god but in modern society, modern technology has developing day by day. We have many family planning methods for controlling birth. In our society many no. of children are wealth. Son preference is even a problem of high fertility in Nepal. Unfertile women are cursive in our society.

Table 4.42 Percentage Distribution of Respondents by Children is Gift of God

In our society children are gift of god	Respondents sex		Total		
	Male	Female	No.	Percent	
Agree	No.	3	2	5	100
	Percent	60	40		
Disagree	No.	40	57	97	100
	Percent	41	59		
strongly disagree	No.	6	12	18	100
	Percent	33	67		
don't know	No.	2	3	5	100
	Percent	40	60		
Total	No.	51	74	125	100
	Percent	41	59		

Source: field survey 2009

Among total respondents more of them were disagree in this matter. The 41% male and 59% female respondents were disagreeing but 40% male and 60% female respondents were unknown about matter. About 33% male and 67% female were strongly disagreeing. The 40% male and 60% female were disagreeing with children is gift of god.

4.14.5 Emergency Contraception is Effective than Regular Contraception.

Emergency Contraceptives are effective because women can use soon while they doubt pregnant. They can use within 72 hour. In first dose 4 tablets are suitable and 4 tablets after 12 hours is appropriate.

Table 4.43 Percentage Distribution of Respondents by EC is Effective than Regular Contraception

Emergency contraception is effective than regular contraception	Respondents sex			Total	
		Male	Female	No	Percent
Agree	No.	10	23	33	100
	Percent	30	70		
strongly agree	No.	2	5	7	100
	Percent	29	71		
Disagree	No.	8	8	16	100
	Percent	50	50		
strongly disagree	No.	4	6	10	100
	Percent	40	60		
don't know	No.	28	31	59	100
	Percent	47.5	52.5		
Total	No.	50	71	125	100
	Percent	41	59		

Source: field survey 2009

Among total respondents 30% male and 70% female were agree, 29% male and 71% female were strongly agree, 50% male and 50% female were disagree, 47% male and 53% female respondents were unknown about Emergency Contraception is effective than regular contraception.

4.14.6 Women Can Get Emergency Contraception Easily Anywhere

Emergency Contraceptive Pills can get from health post, sub health post, and medical center. But IUD is not available elsewhere because it cannot use without trained medical person. In remote area, there are sub health posts for check up. Pills can get there but IUD can't get because it inserted into women's uterus by trained person.

Table 4.44 Percentage distribution of respondents by EC can get easily

	Respondent sex		Total	
	Male	Female	No.	Percent
Women can get emergency contraception easily anywhere				
Agree	No.	5	9	14
	Percent	33.3	66.7	
strongly agree	No.	3	8	11
	Percent	27.2	72.8	
Disagree	No.	14	22	36
	Percent	38.8	61.2	
strongly disagree	No.	1	5	6
	Percent	16.7	83.3	
don't know	No.	29	31	60
	Percent	48.3	51.7	
Total	No.	52	73	125
	Percent	41.8	58.2	

Source: field survey 2009

Emergency Contraception method can't get easily anywhere but Pills can get some medical and health-post. The 33% male respondents and 67% female respondents were agreeing. The 27.2% male respondents and 72.8% female respondents were strongly agree, about 39% male respondents and 61% female respondents disagree, 16.7% male respondents and 83.3% female respondents were strongly disagree and 48% male around 52% female respondents were unknown about EC can get easily anywhere.

4.14.7 Condom Protect from Sexually Transmitted Infection

Condom is a common method of family planning. Condom help protect from sexually transmitted infection.

Table 4.45 Percentage Distribution of Respondents by Condom Protected from Sexually Transmitted Infection

Condom protect from sexually transmitted infection	Respondents sex			Total	
		male	female	No.	Percent
Agree	No.	39	53	92	100
	Percent	42.4	57.7		
Strongly agree	No.	10	9	19	100
	Percent	52.6	47.4		
Disagree	No.	2	9	11	100
	Percent	18.2	81.8		
Strongly disagree	No.	0	3	3	100
	Percent	0	100		
Total	No.	51	74	125	100
	Percent	40.8	59.2		

Source: field survey 2009

Among total respondents, about 41% were male and 59% were female. The 42% male and 58% female respondents were agree, about, about 53% male and 47% respondents were strongly agree, 82% female and 18% male respondents were disagree and only 100% respondents were strongly disagree with condom protect from sexually transmitted infection.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study is conducted in Lamjung district. Three higher secondary schools were selected. Schools were in different VDC of western part of Lamjung. The main objective of this study is to find out the knowledge, attitude and practice of contraceptives among adolescent and view on marriage and family planning.

Objectives of study are the knowledge on Emergency Contraception, to find out their views on marriage and family planning, to assess the attitude of adolescents towards the use of contraceptives, to study their view on optimum family size.

Among total respondents most of the respondents 80% were from Lamjung, 11.2% were Tanahun and 8.8% were from Kaski.

Total respondents were between the ages 16-19. Almost of them were from Chhetri community 29% and followed by Brahmin community 26% and others 26%. Respondent's fathers and mothers were involved in agriculture.

The 28% respondents heard 1 method, 19% respondents heard 2 methods, 16% heard 3 methods, 22% heard 4 methods and 14% respondents heard 5 methods respectively.

Table shows that about 92% respondents heard about condom and 8% not heard. The 73% heard about Pill and 27% don't hear. The 9% heard any side effects of pills and 91% respondents don't hear. A pill is chemical method of contraceptive. When chemical hormone and physical hormone reaction in body then side effects are shown likewise heavy bleeding, vomiting stopping menstruation etc. Only among them 22% respondents heard nausea, 22% respondents heard headache and 56% respondents heard other side effects of Pills.

The 57% heard about IUD and 43% don't hear. About 5% respondents agree with 3 months injection for male, 6% agreed with 3 months injection for female, 48% agreed with devices inserted into women's uterus and 40.9% were unknown about what type of method of IUD. Around 58% respondents agreed with IUD can use 10-12 years, 7% respondents were agreed with 5 years, 2% agreed with IUD can used 1 year, and 30% were unknown about time IUD can be used. About 44% heard side effects of IUD and 56% don't hear any side effects.

The 71% heard about Depo-Provera, 29% don't hear. About 87% agreed with injectable, 4% agreed with oral pills, 9% were unknown about how to use. The 90% agreed with 3 months injectable, 2% agreed 6 months and 7% were unknown about how long Depo-Provera can be used.

About 42% heard about Norplant and 58% were unknown. But total 48 respondents gave answer place to use Norplant. The 27% agreed with Arm, 15% agreed use in uterus and 58% were unknown about where to use Norplant. Around 21% heard side effects, 79% were not heard. But 30% heard nausea, 20% vomiting, 10% heard headache 20% heard breast tenderness and 20% were unknown about any side effects of Norplant.

Table shows about 73% respondents were agreed with messages or advertisements motive people to use of contraception, 18% were not agree and around 9% were unknown about this matter.

The 35% respondents were agreed, around 25% were disagreeing and 40% respondents were unknown about information and services are for only for married.

About 29% respondents were agree with support the information and services of contraceptives need to provide to adolescent especially unmarried, 23% were disagree and 48% were unknown.

The 38% respondents discussed about contraceptives and 62% don't discuss. Among them 43% respondents discussed with friend, 17% discussed with family member, 34% discussed with health worker and 6% don't discussed with others may be relatives etc.

In the matter of age appropriate age for girl, 1% agreed with below age 14, the 6% agreed aged 15-19 the 59% agreed aged 20-24 and 34% agreed with age 25-29. Most of respondents were accepted age 25-29.

The 24 % respondents want 1 child, 68% respondents want 2 children and about 6% want 3 children in their future. The 0.8% respondents want 12 children

About 89% respondents were known condom prevent AIDs/STDs and 3% agreed with Norplant and around 8% were unknown with condom can protect from AIDs/STDs. But Condom only prevents AIDS/HIV.

The 22% respondents were involved in sexual intercourse and 78% were not involved. According to respondent's pre marital sex is not good for 19%, very bad for 72%, no different if happens about 3% depend upon situation encountered for about 6% respectively.

It shows 39% male and 61% female were agreed with need to include EC and RH in our school curriculum and 35% male and 65% female respondents were not agreed. The 36% male and 64% female agreed with sufficient text in school curriculum about reproductive and sexual health, 42% male and about 58% female were not agreed with sufficient text in school curriculum about reproductive and sexual health.

It finds that 19 respondents heard about Emergency Contraception. Among them about 17% respondents heard about EC, 83% don't hear about EC. We have two methods of EC. They are combined Pill and Copper-T. About 37% heard Pill, 16% heard Copper-T and 47% were unknown about methods of EC. The 16 respondents were not participating in this question. Table show that 26% agreed 1 method, about 53% agreed 2 methods; around 11% agreed 3 methods and 10% were unknown about how many methods is EC. The 26% agreed with no limit time, about 53% agreed within 72 hours, 5% agreed within 12 hours and around 16% were unknown about time suitable for use of Emergency Contraception and 26% respondents agreed with females are eligible for EC, 47% agreed with male and 26% respondents don't know who are eligible for EC.

On the matter of attitude on contraception, among respondents, around 21% were agreed on 2 tabs, 63% agreed 4 tabs and about 16% respondents don't know about 1st dose of combine Pill and around 11% respondents agreed 2 tabs, about 62% agreed 4 tabs, 5% agreed 6 tabs and 21% were unknown for 2nd dose of combine Pill.

Among total respondents 46% male and 54% female were agree, 50% male and 50% female were strongly agree, 42% male and 58% female respondents were don't know, around 42% male and 58% female were disagree and 21% male and 79% female were strongly disagree with contraceptives are harmful.

Pills are not gathered. In this research, 48% male and 52% female respondents were disagree, 40% male and 60% female respondents were agree, 100% respondents were strongly agree, 19% male and 81% female were strongly disagree. About 49% male and 51% female were disagreeing. The 44% male and 56% female respondents were unknown respectively.

Among total respondents about 42% male and 58% female were unknown about IUD moves on heart. The 43% male and 57% female respondents were disagree, about 39% male and 62% female respondents were strongly disagree, 47% male and 53% female were agree with this matter.

Among total respondents more of them were disagree children is gift of god. The 41% male and 59% female respondents were disagreeing but 40% male and 60% female respondents

were unknown about matter. About 33% male and 67% female were strongly disagreeing. The 40% male and 60% female were disagreeing with in this matter.

The respondents 30% male and 70% female were agree, 29% male and 71% female were strongly agree, 50% male and 50% female were disagree, 47% male and 53% female respondents were unknown about emergency contraception is effective than regular contraception.

Emergency Contraception method can't get easily anywhere but Pills can get some medical and health-post. The 33% male respondents and 67% female respondents were agreeing. The 27.2% male respondents and 72.8% female respondents were strongly agree, 38.8% male respondents and 61.2% female respondents disagree, 16.7% male respondents and 83.3% female respondents were strongly disagree and 48% male around 52% female respondents were unknown about EC can got easily anywhere.

Among total respondents, about 41% were male and 59% were female. The 42% male and 58% female respondents were agree, about, about 53% male and 47% respondents were strongly agree, 82% female and 18% male respondents were disagree and only 100% respondents were strongly disagree with condom protect from sexually transmitted infection.

5.2 Conclusion

Three higher secondary schools were selected for research. 125 higher secondary school adolescents were involved in research. Positive response is a gratitude for me. In this research, among the total respondents were from Lamjung district followed by Tanahun and Kaski. The selected higher secondary are lies near the border of Lamjung, Tanahun and Kaski districts. 100 students were from Lamjung, 14 students from Tanahun and 11 from Kaski districts.

Heard the method of contraception, 28% respondents heard 1 method, 19% respondents heard 2 methods, 16% heard 3 methods, 22% heard 4 methods and 14% respondents heard 5 methods respectively.

Above shows that 109 respondents were involved in research. Among them about 17% respondents heard about Emergency Contraception, 83% don't hear about EC. We have 2 method of EC. They are combined Pills and Copper-T.

In above, I am trying to understand their attitude on contraception. Because we hear bad attitude about contraceptives. Some contraceptives are made by chemical hormone.

Sometimes physical hormone and chemical hormone are reaction in woman's body and shown some effects. The 17% respondent heard about Emergency Contraception, 83% don't hear about EC.

It must to need include EC in reproductive and sexual health in our curriculum. It is not sufficient text in school curriculum.

It find that 24 % respondents want 1 child, 68% respondents want 2 children, about 6% want 3 child in their future. 0.8% respondent wants 12 children is appropriate in an optimum family.

5.3 Recommendations

The following major recommendation for policy makers and other related after this study.

- Information for adolescents on EC many prevent them from being early age mother, unprotected pregnancy and unsafe abortion. Academic curriculum should contain a chapter on EC together with family planning.
- In country like Nepal with low level of contraceptive prevalence rate, if the use of ECs would add an addition strength to reduce fertility and the unwanted pregnancy. Therefore programmers should be initiated.
- Awareness on use of ECs in the community level may be an advantage for preventing unwanted pregnancy and unsafe abortion.
- The education system should include in depth information on contraceptive in order to provide enough knowledge to adolescents.
- Student's exposure to mass media is the most common one. They frequently hear the contraceptive advertisement and information on the Radio. However still their knowledge cannot be considered well and adequate.
- The evaluation system should include in depth information on contraception in order to provide enough knowledge to adolescents.
- The major berries of adolescents should be identified and programmed should be initiated to overcome them.
- In general many adolescents do not have an adequate understanding of contraception even when they have frequently heard about contraception.
- NGOs/INGOs can extend Reproductive and Sexual Health programmed to community level.
- It is necessary to include Need to Include EC and RH in Curriculum.

Research Issues

This study is limited to the Higher Secondary level adolescents of Lamjung Districts. If we could cover the adolescents of lower level (under S.L.C), it will be better or more beneficial and we expand such types of study by nationally representative sample, it would be still more beneficial to recognize the status and needs of adolescents regarding reproductive health and contraceptive information and service nationwide.

Only contraceptive knowledge, attitude and practice were considered in the research. Other researcher including other aspects of contraceptive method will be asset.

On the other hand, Nepal has low literacy rate. A large no. of adolescents did not reach to higher secondary levels because they drop out schooling and if some student did not go school because poor education, geographic and economic status of parents. This study covers limit area and giving limit information of Reproductive Health and importance of family planning methods, but this case study provides great support for adolescents who are running in the late adolescent's period.

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Questionnaire

Contraceptive Knowledge, Attitude and Practice among Adolescents

(Some selected Higher Secondary School Students in Lamjung District)

Name..... Age.....

Sex..... Address..... District.....

1. House hold questionnaire

1.1) Which is your caste?

- | | |
|--------------------------|-------------------|
| i) Brahmin.....1 | ii) Chhetri.....2 |
| iii) Gurung/Magar3 | iv) Newar4 |
| v) Others.....5 | |

1.2) What is your religion?

- | | |
|---------------------|--------------------|
| i) Hindu1 | iii) Bouddha.....2 |
| ii) Christian.....3 | iv) others.....4 |

1.3) How many family members are in your family?

.....

1.4) What is your father's occupation?

- | | |
|---------------------------|--------------------|
| i) Agriculture.....1 | ii) Business.....2 |
| iii) Service holder.....3 | iv) others.....4 |

1.5) What is your father's education?

- | | |
|------------------------|----------------------|
| i) Literate.....1 | ii) illiterate.....2 |
| iii) Primary3 | iv) Secondary.....4 |
| v) SLC and above.....5 | |

1.6) What is your mother's education?

- | | |
|---------------------|---------------------|
| i) Illiterate.....1 | iii) literate.....2 |
| ii) Primary.....3 | iv) Secondary.....4 |

1.7) What is your mother's occupation?

- | | |
|----------------------|---------------------|
| i) Agriculture.....1 | iii) Business.....2 |
| ii) House wife.....3 | iv) Others.....4 |

1.8) Do you have following facilities at your home? (Multiple Answer)

- | | |
|----------------------|---------------------|
| i) Radio.....1 | iii) TV.....2 |
| ii) Telephone3 | iv) Newspaper.....4 |
| v) Others.....5 | |

1.9) What types of family do you live?

- | | |
|----------------|-------------------|
| i) Joint.....1 | ii) Nuclear.....2 |
|----------------|-------------------|

2. Individual questionnaire

2.1) Are you married?

- | | |
|--------------|----------------------------------|
| i) Yes.....1 | ii) No.....2 (If no go to no. 3) |
|--------------|----------------------------------|

2.2) If yes, what age you got married?

..... (Complete age)

2.3) Do you have children?

- | | |
|---------------|---------------|
| i) Yes1 | ii) No2 |
|---------------|---------------|

2.4) If yes, how many children have you got?

.....

2.5) How many daughter/s?

.....

2.6) How many son/s?

.....

3. Knowledge and use of FP

3.1) Have you heard about contraception?

i) Yes.....(1)

ii) No.....(2)

3.2) If yes, what is the source of information about contraceptive? (Multiple answer)

i) Radio.....1

ii) TV.....2

iii) Poster.....3

iv) Newspaper.....4

v) Others.....5

3.3) which methods have you heard? (Multiple answer)

i) Condom.....1

ii) pill.....2

ii) IUD (Copper-T).....3

iv) Depo-Provera.....4

v) Norplant.....5

vi) others.....6

3.4) Have you heard about permanent family planning?

i) Yes.....1

ii) No.....2

3.5) Have you heard about male sterilization?

i) Yes.....1

ii) No.....2

3.6) If yes, what is the name of male sterilization?

i) Vasectomy....1

ii) Condom....2

iii) don't know....9

3.7) Have you heard about female sterilization?

i) Yes.....1

ii) No2

iii) don't know.....9

3.8) If yes, what is the name of female sterilization?

i) Minilap.....1

ii) Depo.....2

iii) Norplant3

iv) Pills.....4

v) Don't know.....9

3.9) Have you heard about Pills? (If no go to Q. 3.13)

i) Yes.....1

ii) No.....2

3.10) How they are used?

i) Used daily before going bed.....1

ii) use once within a week.....2

iii) Use once within a month2

iv) Don't know.....9

3.11) Have you heard any side effects of Pill?

i) Yes.....1

ii) No.....2

iii) don't know.....9

3.12) If yes, what are the side effects?

i) Nausea.....1

ii) Vomiting.....2

iii) Headache.....3

iv) Breast tenderness.....3

v) Fever.....4

vi) Others.....6

3.13) Have you heard about IUD (Copper-T)? (If no go to Q. 3.21)

i) Yes.....1

ii) No.....2

3.14) Where to use IUD (copper-T)?

i) Arm.....1

ii) use in Uterus.....2

iii) Don't know9

- 3.15) What types of method of IUD?
 i) 3 months injection for male1 ii) 3 months injection for female.....2
 iii) Device inserted into women’s uterus.....3 iv) Don’t know.....9
- 3.16) How long IUD can be used?
 i) 10-12 yrs.....1 ii) 5 yrs.....2
 iii) 1 yrs.....3 iv) Don’t know.....9
- 3.17) Is IUD permanent method of Family Planning?
 i) Yes.....1 ii) No.....2 iii) don’t know.....9
- 3.18) If no, which method of family planning?
 i) Permanent.....1 ii) Temporary.....2 iii) don’t know.....9
- 3.19) Have you heard any side effects of IUD?
 i) Yes.....1 ii) No.....2 iii) Don’t know.....9
- 3.20) If yes, what are the side effects of IUD?
 i) Nausea.....1 ii) Vomiting.....2 iii) Headache.....3
 iv) Breast tenderness..... 3 v) Fever.....4 vi) Others.....6
- 3.21) Have you heard about Depo-Provera? (If no, go to Q. 3.26)
 i) Yes.....1 ii) No2
- 3.22) Do you know how to use Depo-Provera?
 i) Injectable.....1 ii) Oral pills.....2 iii) don’t know.....9
- 3.23) How long Depo-Provera can be used?
 i) 3 months1 ii) 6 months.....2 iii) don’t know.....9
- 3.24) Have you heard any side effects of Depo-Provera?
 i) Yes.....1 ii) No2
- 3.25) If yes, what are the side effects of Depo-Provera?
 i) Nausea.....1 ii) Vomiting.....2 iii) Headache.....3
 iv) Breast tenderness.....4 v) Fever.....5 vi) Others.....6
- 3.26) Have you heard about Norplant?
 i) Yes.....1 ii) No.....2 iii) don’t know9
- 3.27) Where to use Norplant?
 i) Arm1 ii) Uterus.....2 iii) don’t know9
- 3.28) Have you ever heard any side effects of Norplant?
 i) Yes.....1 ii) No.....2 iii) don’t know.....9
- 3.29) If yes, what are the side effects of Norplant?
 i) Nausea.....1 ii) Vomiting.....2 iii) Headache.....3
 iv) Breast tenderness..... 3 v) Fever.....4 vi) Others.....6
- 3.30) In your opinion, messages or advertisements motivate people towards the use of contraceptive?
 i) Yes.....1 ii) No.....2
- 3.31) What do you think whether information and services of contraceptives are only for married people?
 i) Yes.....1 ii) No.....2 iii) don’t know.....9
- 3.32) Do you support the information and services of contraceptives need to provide to adolescent especially unmarried?
 i) Yes.....1 ii) No.....2 iii) don’t know.....9

- 3.33) Have you ever heard emergency contraception? (If no go to Q.3.42)
i) Yes.....1 ii) No.....2 iii) don't know.....9
- 3.34) If yes, what are the Emergency Contraception methods?
i) Pills.....1 ii) Copper-T (IUD)2
iii) Norplant.....3 iv) Depo-Provera....4 v) Don't know...9
- 3.35) If yes, how many methods are Emergency Contraception?
i) 1 methods.....1 ii) 2 methods.....2
iii) 3 methods.....3 iv) don't know.....9
- 3.36) Which time is suitable for use of Emergency Contraception?
i) No limits time.....1 ii) within 72 hours.....2
iii) Within 12 hours3 iv) don't know.....9
- 3.37) Who are eligible for Emergency Contraception?
i) Male.....1 ii) Female.....2 iii) don't know9
- 3.38) How many tablets of standard dose combined I-pills should be taken on first time dose?
i) 2 tabs1 ii) 4 tabs.....2
iii) 6 tabs.....3 iv) don't know.....9
- 3.39) How many tabs of standard dose combined I- pills should be taken on the 2nd dose?
i) 2 tabs.....1 ii) 4 tabs.....2
iii) 6 tabs3 iv) don't know.....9
- 3.40) How many hours interval in required for 2nd dose of emergency contraception pills?
i) 12 hours.....1 ii) 24 hours....2 iii) don't know.....9
- 3.41) How days after protected sex can IUD is inserted?
i) No limit time.....1 ii) within 3 days.....2
iii) Within 5 days.....3 iv) don't know.....9
- 3.42) Have you ever discussed about contraceptives? (If no go to Q.3.45)
i) Yes.....1 ii) No.....2
- 3.43) If discuss, with whom you have discussed?
i) Friends.....1 ii) Family member2
iii) Health worker.....3 iv) Others.....4
- 3.44) In your opinion, what age will be appropriate to marry for girls?
i) Below 14.....1 ii) 15-19 yrs.....2
iii) 20-24 yrs.....3 iv) 25-29 yrs.....4
- 3.45) In your view how many children are appropriate in a family?
.....
- 3.46) what is the contraception which can be use during sexual contact to prevent from AIDs/STDs?
i) Condom1 ii) Norplant.....2 iii) Don't know....9
- 3.47) Have you involved in sexual intercourse?
i) Yes.....1 ii) No.....2
- 3.48) Have you ever heard pre-marital sex?
i) Yes.....1 ii) No.....2
- 3.49) In your opinion, pre-marital sex is
i) Not good.....1 ii) Very bad.....2

- iii) No difference if happens.....3 iv) Depends upon situation encountered. ..4
- 3.50) Does Emergency Contraception protect against STDs & HIV/AIDs?
 - i) Yes1 ii) No.....2
- 3.51) Do you know fertile period of women?
 - i) Yes.....1 ii) No.....2
- 3.52) If yes, what age is fertile age?
 - years
- 3.53) In your opinion, how many members appropriate in a optimum family?
 -
- 3.54) Is it a need to include Reproductive and Sexual Health in our curriculum?
 - i) Yes.....1 ii) No2
- 3.55) Is it sufficient text in school curriculum about Reproductive and Sexual Health?
 - i) Yes.....1 ii) No.....2

4. Attitude on contraception

(Agree, Disagree, Strongly agree, Strongly Disagree)

- 4.1) Contraceptives are Harmful []
- 4.2) Pills are Gathered in stomach []
- 4.3) IUD Moves on Heart []
- 4.5) In our Society, Children are gift of god []
- 4.6) Emergency Contraception is Effective than regular Contraception. []
- 4.7) Women can Get Emergency Contraception easily Anywhere []
- 4.8) Condom Protect from Sexually Transmitted Infection. []