

CHAPTER - ONE

INTRODUCTION

1.1 General Background of the Study

Family Planning means to enable couples and individual to decide freely and make responsible for the numbers and spacing of their childrens. In short form family planning means family management, family welfare program, planned parenthood. Family planning programs play a key role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively (cited in wagle, 2005). Family planning is to make the family life happy through appropriate management and mobilization of income and other sources, another major subject to save mother's health and life.

The greatest contribution of family planning program lies in avoiding unwanted pregnancies and their by unplanned births and making sure that all births are planned. According to the world data less than half of all births are unplanned. Many women have terminated unwanted pregnancies in induced abortion.

Family planning is very important component to maintain the Reproductive Health (RH) of male and female. Family planning programmes is useful for meeting demand for family planning offering women's choice, reaching out to youth, encouraging safer sex, improving access and quality saving women's life, saving children's life (wagle, 2005).

Young people ages 10-19 number more than 1 billion, comprise nearly one fifth of the world population, and are growing in number virtually all of this growth is country in developing countries. As young people today marry later and more start sex before marriage (Mc cauley and salter, 1995). 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).

Of the world's 6.3 billion population in 2003, 1.2 billion people (19.05 percent) belonged to the 10-19 age groups (UNFPA, 2003).

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 pregnancy rates and reliance on clandestine abortion become reading apparent (Amazing, et. al, 1997). A great deal has been written on this topic and consents range from the levels of teenage pregnancy, abortion, contraception and child bearing to whether the problem is essentially a health issue or economic question. The debate continues as to the best strategies to ameliorate the situation (UN, 1989)

Nepal's family planning programme started with the organization of Family Planning Association of Nepal in 1959. Initially its services were limited to the kathmandu valley. the pioneering work of the FPAN lead to the establishment of the semiautonomous Nepal Family Planning and maternal and child health project (NFP and MCH project) in November 1968 at the government level. This project has gradually expanded to cover all 75 districts in Nepal.

Family planning services have become an integral part of government health services. Currently temporary family planning methods (Condoms, the pills and Injectables) are provided on a regular basis through national, regional, zonal and district hospitals, primary health case centers or health centers, health posts, sub health posts and peripheral health workers, and volunteers. Services such as Norplant implants and IUD insertions are only available at a limited number of hospitals, health centers, and selected health posts where trained manpower is available. Depending on the district, Sterilization services are provided at static sites (21 districts) through scheduled "Seasonal" or mobile outreach services.

At the central level, the family health division in the department of health services is responsible for planning, supervising and implementing family planning activities. The

National Health Training and Regional Training centers are responsible for training field workers for reproductive health service. Information, education and communication (IEC) activities on reproductive health are carried out by the National Health Education, Information and Communication Center in the Department of Health Services and by the IEC section of MOPE.

Besides government programs, a number of non-governmental organizations (NGOs) are also involved in the delivery of Family planning services at the grass-roots level. These include FPAN, the contraceptive Retail Sales (CRS) company, the Nepal Red Cross Society, Save the Children Fund (UK and USA), the Adventist Development Relief Agency (ADRA), Marie Stopes International (MSI), the United Mission to Nepal (UMN), the Nepal Fertility Care Center (NFCC), the Center for Development and Population Activities (CEDPA) the Asia Foundation (TAF), and CARE.

In Nepal with the implementation of the third five year plan the Nepalese government has been active involved in providing family planning services and disseminating required information about family planning, which have become as integral part of the country's health services (MOH, 1996).

The eight plan (1992-1997) emphasized the family planning and maternal and child health program, the main objectives of which were to control the growth of the population in a planned way and to improve the standard of living of people by minimizing the possible adverse effects of population growth on the economic and social development of the country (Ministry of Population and Environment, 1998).

The ninth plan (1997-2002) was developed with a vision for a 20 year long term plan. Poverty alleviation is the main thrust of the ninth plan. Major strategies adopted by the plan include reduction in population growth through social awareness, expansion of education and family planning programmes. The immediate objectives of the ninth plan are to attract couples to adopt a two child family norm, to implement various programs to

lower the fertility rate to replacement level, and to make high quality family planning and maternal and child health services easily available and accessible.

Family planning continues to be a priority highlighted in the Tenth Development Plan (2002-2007). The objectives of the National Family Planning programme include gradually reducing the population growth rate. Promoting the concept of a small family norm to the population in general and the rural population more specifically, increasing the availability of and the demand for family planning services providing high quality services and reducing unmet need. The National family planning program also aims to expand and sustain adequate family planning services at the community level utilizing all health facilities (Ministry of Health and population, 2006)

International conferences on population in Bucharest (1974) and Mexico (1984) have given emphasis on family planning program but not given special priority for adolescents. After International conference on population and development (ICPD) 1994, the national level and international level programmers on reproductive health have been emphasizing on adolescents.

Adolescent school students are at the position of entering into the married life in Nepalese Culture, Sexual and reproductive health knowledge are most necessary to them because they are themselves generally do not have adequate knowledge about their own menstruation, especially sexuality and have little knowledge about reproductive health. Traditionally in many different Nepalese culture girls are married in young age and start reproduction.

Lack of contraceptive knowledge is one of the important causes of non-use of contraception. The definition of knowledge is not straight forward as it might disappear. A person can be considered as having acceptable knowledge of contraception if he/she describes how to use the method, he/she knows from where it can be obtained and side effect of the method.

Adolescent is a period of transition from childhood to adulthood in which physical and behavioral change take place. This is the transition period between puberty and adulthood "The teenage years". This is also a period as a "milestone" for every one. This is a time of preparation for understanding greater responsibilities. Adolescents health is the out come of several factors such as socio-economic status environment in which they live and grow good guidance, and family community.

Adolescents can be divided into two groups early adolescent and late adolescents. The adolescence starts from 10 an ends at the19 years of age. Therefore 10-14 years of adolescent population is called early adolescent and 15-19 years of adolescent is called late adolescents. UNFPA, UNICEF and WHO define " young people between the ages of 10 and 24 as those aged 10-24 and "Adolescents" as the population aged 10-19 Adolescents aged 10-14 is known as early adolescents aged 15-19 as late adolescent (UNFPA, 1998)

In Nepal, adolescent population in approximately 5.4 million as per 2001 census. This population is nearly one fourth (23.6%) of the total population of the country 23.3% of the total female and 23.94% of the total male population is adolescents.

1.2 **Statement of the problem:**

Adolescents were familiar with many modern contraceptive methods; there was evidence that their knowledge was incomplete or inaccurate. One fifth of world population in between ages 10 and 19 young people today marry later and some start sex before marriage. Thus they face more risk of unwanted pregnancy and sexually transmitted diseases. In developing countries 20 percent to 60 percent of young women's pregnancies and births are unintended one in ten births world wide are to teenager mothers in least developed countries. 1 in every 6 births is to young women aged 15 to 19 years aged 10-14 are five time more likely to die in pregnancy of child birth than women aged 20-24 (UNFPA, 2002).

Adolescent fertility is a major social and health concern. Teenage mothers are more likely of suffer from severe complications during pregnancy and child birth. According to DHS 2001, nearly 21 percent of adolescent women age 15-19 are already mothers or pregnant with their first child. Similarly child bearing between of adolescent rural and urban have greater difference. In Nepal 23 percent of rural adolescents have begun child bearing, compared with only 13 percent of urban adolescent.

It is estimated that between 1 to 4.4 million abortions occur among adolescent every year globally (WHO, 1997). The younger the adolescent with an unwanted pregnancy so is more likely to seek abortion. Adolescents often subjected to rape and forced prostitution. Because of sexual taboos in Nepal society, very limited information on sexual behaviors is available. Sexual behavior is limited within the married couples many adolescent girls are evolved sexual activity but they do not want to share their problems. Even married women who want to avoid pregnancy are not using contraceptive because their husbands object including other several reasons.

Poor educational and economic opportunities and sexual exploitation are major factors for abuse of sex of adolescent. In many societies, adolescent face pressures to engage in sexual activity. Young women, particularly low-income adolescents of both sexes are increasingly at high risk of contacting and transmitting sexual transmitted disease including HIV/AIDS and they are typically poorly informed about how to protect themselves.

Adolescents are future parents. So, innovation programmes must be developed to inform counsel and provide facilities that the family planning services could be accessible to adolescents or students from lower classes to campus level. It should be ensured that contraceptive service and reproductive health education are available, affordable and accessible to adolescents to all individuals of appropriate age as soon as possible to transform adolescence into responsible parents. Expected fertility behavior of adolescent in near future is determined by the current contraceptive knowledge and attitudes toward contraceptive use of adolescents. Estimate of "unmet need" for contraceptive

commodities and information and counseling service centers as well as largely based on the assumption that unmarried people are not sexually active such researchers and programme often neglect the state and need of unmarried people particularly of adolescent. Therefore, such practices would be improved and modified to address the state and need to the adolescent.

The proper knowledge and favourable attitudes toward family planning among teenagers often lead to facilitate themselves for effective use of contraceptive in the future, they need to be well informed and their attitudes must be improved in this regard. Therefore, well considered and effective programmes need to be formulated and run. To have better strategies on this regard (FP service program), and for launching then effectively their current level of knowledge and attitude towards contraceptive use and them practice of contraceptive require to be assessed. In 1997 various demographic and health surveyed show that the knowledge of contraceptives among adolescents is high (more than 90%) but the use of contraceptives is low (less than 10%) which leads to the higher fertility in adolescents. Higher fertility in adolescence period have risk of higher maternal mortality not only this, it is risk of over all health problem. Non- use of contraceptives among adolescents invites the various reproductive tract-infections like HIV/AIDS and others. These problems are the burning issues in the world and in Nepal too.

Thus, this study considers adolescent population as target population belonging to age 12 to 17 years whose knowledge and attitudes of contraception is limited. There is need to identify acceptable knowledge about contraceptive among target population.

1.3 **Objectives of the study**

To get a success and be efficient for a work, we should think about its objectives first. To achieve those objectives we have to do with certain activities. To give a certain direction to on educational issue, we should move with certain objectives. Objectives can differ according to the subject matter and based on knowledge, skill and concepts. The over all objective of the study is to collect and analyze baseline information regarding knowledge

and attitude of contraceptive among the high school adolescent students both male and female.

The specific objectives of the study are as follows:-

1. To examine the knowledge of family planning among secondary level students.
2. To identify the attitudes of family planning.
3. To examine the opinion of secondary level students on use of contraceptives in future.

1.4 **Significance of the study**

This study aims to collecting, analyzing and then providing basic information on knowledge and attitude of contraceptive and reproductive health among secondary level students. Adolescents are future pillar of the nation and parents of coming generation. When they are well known about their sexual and reproductive health they can easily cope with their problems which is created by unprotected sexual inter course, negative thinking about sexuality.

This study will be helpful to the planner, policy maker, implementers, who are interested to study in this field. In addition, it will be useful for further research, who want to study related topic. Since this is a case study of Basanta Ritu Higher Secondary School of Kathmandu Municipality, Kathmandu district it will be helpful to concerned local authorities and programme makers, as well as to academics of Kathmandu district.

1.5 **Limitations of the study**

As every study work has certain limitations. The limitations of the study are as follows:-

- This study is limited only secondary student.
- This study is based on small size. Therefore, the findings can not be generalized to the whole nation.
- This study is limited only 105 secondary level students.
- This study is limited only knowledge and attitudes towards family planning.
- The researcher being a student has time and economic constraint.

- The study is part of academic activity; it is for partial fulfillment of the master's Degree of Arts in Population studies.
- The area of study is Basanta Ritu Higher Secondary School situated at Samakhushi.

1.6 **Organization of the study**

The study result is presented in Six Chapters. The First Chapter comprises introduction of the study, statement of the problem, objectives of study, significance of the study, limitation of the study. The second chapter presents literature review and conceptual framework. The third chapter describes the methodology of the study similarly; chapter four presents socio-economic and demographic characteristics of the study population. Chapter five presents' knowledge and attitudes toward family planning chapter six includes the summary, conclusions and recommendations of the study.

CHAPTER - TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature Review

Acquiring knowledge of contraceptive methods is an important towards gaining access to and then using a suitable method in timely and effective manner. The ability to name or recognized a family planning is a nominal test of respondent's knowledge and not a measure of how much they might know about method however, knowledge of method is a precursor to use. The use of contraceptives actually depends on knowledge and attitude towards them (MOH, New ERA and ORC Macro, 2002).

The aim of family planning programme must be to enable and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and ensure informed choices and make available to full range of safe and effective methods. The success of population education and family planning programme in variety of setting demonstrates that informed individuals every where can and will act responsibility in the of their own needs and those families and communities. the principal of informed free choice is essential to the long term success of family planning programme (Cairo, conference, 1994).

The level of current use varies greatly among the developing regions from an estimated 17 percent of couples using contraception is Sub-Saharan Africa to 39 percent is South Asia and to 68 percent in Latin America and Caribbean. For individual developing countries, for which data are available, the pro-portion range from one percent to 80 percent, while in developed countries at least 50 percent of couples are currently using contraceptives and in most developed countries, 65-80 percent are using it. (UNICEF, 2000).

In the 1996 NBDCS, knowledge of contraceptive method was determined first by asking respondents to mention all the methods they heard about their use and then by reading the

names and brief descriptions about the use of methods they had not mentioned spontaneously and asking whether they had heard about the use of each method. The former is termed as spontaneous knowledge of contraceptive method while the latter is referred to as probed knowledge. The sum of spontaneous and probed knowledge is the total knowledge of a contraceptive method.

A little less than three-fourth of the currently married women (73.5%) were familiar with at least one method of family planning. Almost all the women who reported such knowledge knew a modern contraceptive method (73.3%). Among the individual methods, female sterilization appears to be the best known contraceptive method followed by male sterilization, pill and injectable. For example, about 63 percent of currently married women knew about the use of female sterilization. Similarly, 55,50 and 48 percent knew about were considerably less known. Fewer than one-fourth of the respondents acknowledged familiarity with Norplant, IUD, Vaginal methods (Foam, diaphragm and Jelly) withdrawal and periodic abstinence. The high level of familiarity with sterilization reflects the dominance of this method in the government programme from which the over whelming majority of women obtain their contraceptives.

Contraceptive knowledge and use in Nepal survey's main finding showed that actual level of knowledge (i.e. spontaneous knowledge) is still low, suggesting to strengthen information, education and communication (I. E. C.) programmes in the country. CPR varies with the level of women's education and higher level of education means higher CPR and vice versa. It is therefore, family planning programme needs to be better integrated with the Socio-economic development programmes. This can have a substantial effect in the use of temporary methods as rather than permanent methods in country. Since changes in the method mix of current users in Nepal have been in favour of temporary methods, there is much scope of expanding the temporary methods such as Injectable, Pill, Condom and Norplant in both rural and urban milieu. Eighty percent of current users still received some form of modern contraception from the public sector. Further strengthening of public sector such as district hospitals and health post is crucial in increasing the effectiveness of contraception as well as the prevalence rate in the

country. However, increased provision of contraception through private sectors would also add to CPR, particularly of temporary methods in country.

More than 50 percent of current users reported some form of side-effects. Back/waist pain, physical weakness, headache/dizziness and irregular menstruation were most common. The most complained methods were female sterilization in the permanent method and Injectable in the temporary method. Despite the side effects, the use of these method is increasing. Compared to female sterilization and Injectable lower percentage of users of male sterilization, IUD and Narplant reported about the side-effects of the method they used. There is substantial percentage of women who were not using any contraceptive method due to the rumour of side-effects and health hazard through the use of contraception. It is therefore, expansion of effective and appropriate family planning IEC programme to the grass roots level possesses a key role. The most important temporary methods were Injectable (13.3%), pill (6.8%) and condom (3.92%) (K. C; et. al, 2000).

Information on the use of contraceptives for the purpose of pregnancy prevention among unmarried adolescents is scanty for the country. The 2001 NDHS provides age specific contraceptive use among currently married women of reproductive age i.e. 15-49 years on the basis of this date source, the contraceptive use among the 15-19 years married girls is low. In 1996, only 6.5 of the married adolescent girls were currently using contraception and this percentage doubled in 2001 (12%). The proportion of those using modern contraceptives methods was 9.3% indicating their desire to space or delay the 1st birth. A large majority of the married adolescents still do not use contraception because of their intentions to early childbearing and also because of the married adolescents using modern methods, (4.4%) uses condom and (3.7%) uses Injectable. (MOH, 2002)

In a study conducted among young factory workers in Kathmandu, awareness of at least one contraceptive method was found to be almost universal (95%) among the adolescents. Although higher proportions of girls were aware of at least one contraceptive method, the proportion of correct knowledge of the method was higher among the boys

of those who were sexually active (41%) of boys and (21%) of girls reported using a contraceptive method condom (82% boys and 21% girls) followed by Depo (10% boys and 52% girls) and pills (6% boys and 16% girls) were the most frequently used contraceptive methods by these young adolescents (Puri, 2002).

Birth planning: Knowledge and practice among urban youth in Nepal survey was conducted in July and August 2000. The survey's major finding was that almost all young adults (99%) were aware of at least one method of contraception and 93 percent of them state that they were familiar with how to use it over two third of married youth have discussed family planning with their partners while almost all young married both male and female reported having knowledge of at least one modern method of family planning, only 40 percent reported ever using a method. But only one fourth of married young were currently using contraception. It was found that more educated persons tend to participate more in fertility decision making and were more likely to know about and use family planning (Aryal, Ram Hari - 2002).

Family planning has proven benefits in terms of gender equality maternal health; child survival and preventing HIV. Family planning can also reduce poverty and promote economic growth by improving family well being, raising female productivity and lowering fertility. It is one of the wisest and most cost effective investments any country can make towards a better quality of life. Limited access to contraception, on the other hand, constrains women's opportunities to pull themselves and their families out of poverty. Since reliable methods became available in 1960s the use of modern contraception has risen steadily to 54 percent of all women currently married or in union. The figure rises to 61 percent when traditional methods are taken into account. As a result, fertility rates continue to fall. In the developing world, the total fertility rate average number of births per women has fallen from over six in the 1960s to under three per woman today. Some of the world's poorest countries have made slow or only halting progress over the past 30 years in increasing contraceptive access.

Contraceptive use is uneven both among and within countries. It varies according to income, education, ethnicity, proximity to clinics and the strength of family planning programmes. In Africa, only 27 percent of married women are using any method of contraception and only 20 percent are relying on more effective modern methods. The wealthiest women are four times more likely to use contraception than the poorest. In some countries, the rate is 12 times higher. Globally, some 201 million women lack access to effective contraceptives but many would practice family planning if given the option. The ICPD called for universal access to a "full range" of family planning methods. However, in most countries, one or two methods dominate, three methods female sterilization, intrauterine devices and oral contraceptives account for most contraception world wide. Contraceptives under development, including a male hormonal method, may soon add to the mix of choices available in wealthier nations. But it will be many years before these become available in developing countries (UNFPA, 2005).

The percentage of currently married or "in union" women of reproductive age who are currently using any form of contraception. Percent of married women 15-19 using contraception in Nepal is all methods (39%) and modern methods (35%). (World population data sheet, 2005).

The annual target of current users and achievements both in terms of absolute number and percentages for last 3 fiscal years are in FY 2061/62, 97 percent achieved. The total number of voluntary surgical contraception acceptors had increased from 78,571 in FY 2056/060 to 84,051 in FY 2061/61 and to 87,298 in FY 2061/62. Out of 87,298 clients, contribution of HMG, I/NGO in Vsc achievements FY 2061/62 were MOHP (60.7%), FPAN (1.4%), MSI (35.2%) and others (2.8%) Number of spacing method new acceptors over the preceding 2061/62 years total 442,371 out of total new acceptors (53.5%) were Depo-provera users followed by condom (25.2%) and oral pills (17.4%), IUCD (1.92%) and Norplant (2.07%). Here IUD and Norplant users were found low than others. The met and unmet need of family planning the percentage of met and unmet needs for family planning as of the Demographic and Health Survey 2001. The total demand for family planning was (67.1%) of MWRA of which (39.3%) was met (35.5%) using to limit and

(3.8%) using to space. Similarly, 27.8 percent of need not yet met (11.4 percent for spacing and 16.4 percent for limiting) and (32.9%) expressing not demand of family planning methods. (DoHS, Annual Report, 2061/62 (2004/2005)).

Finding from the 2006 NDHS show that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are, Injectable (99%), female sterilization (99%), condoms (97%), male sterilization (96%) and contraceptive pill (95%). Eighty-four percent of married women known of implants, about two in three women have heard of IUD, and 7 percent of women have heard of emergency contraception.

The current use of contraception is nearly one in two currently married women (48%) is using a method of family planning, with 44 percent using a modern contraceptive method.

Women in urban areas are more likely to use a family planning method than rural women, reflecting wider availability and easier access to methods in urban than in rural areas. The contraceptive pre-valence rate for modern methods is 54 percent in urban areas, compared with (43%) in rural areas.

Contraceptive use varies by ecological zone, use of a modern method among currently married women is highest in the terai (48%), followed by the hills (41%) and mountains (36%). Female sterilization is most popular in the terai where 29 percent of currently married women are using it male sterilization is more popular in both the mountains and hills- where 14 percent and 9 percent of women, respectively, reported using it - than in the terai (3%) Injectables are most popular among currently married women living in the mountains and hills (13% each). The impact of education on contraceptive use is mixed use of modern methods is highest among women with no education (46%) and lowest among women with some secondary education (39%). Trends in modern contraceptive use among currently married women, Nepal 2006 is any modern method (44%), female

sterilization (18%), male sterilization (6%), pill (4%), Injectables (10%), condom (5%), Implants (1%) and IUD (1%). Number of children at first use of contraception indicates that twelve percent of all women first used a method of family planning when they had four or more children only 6 percent of all women first used at the time they had no children, and 14 percent first used after the birth of their first child.

All current users of modern contraceptive methods were asked the most recent source of their methods. The government sector remains the major source of contraceptive methods in Nepal, providing methods to almost four in five current users. Six percent of users get their methods from the non-government sector, mostly from the Family Planning Association of Nepal (FPAN) and Marie Stopes, and 14 percent get their methods from the private medical section, mostly pharmacies.

One-year contraceptive discontinuation rates based on the calendar data showed that nearly half of all contraceptive users in Nepal discontinue using the method within 12 months of starting its use. Discontinuation rates are highest for condom users (73%), followed by users of pills (64%), withdrawal (62%), Rhythm (58%) and Injectable (42%).

Among currently married women who are not using contraception, 74 percent report that they intend to use a family planning method in the future 22 percent say that they do not intend to use a method in the future and 4 percent are unsure of their future intention. Nearly two-thirds of women do not intend to use contraception in the future because of fertility related reasons. Currently married women (15-49 yrs) do not intend to use due to fertility-related reasons is 65.4 percent. Twelve percent of women do not intend to use because of opposition to use, with most of them citing religious opposition as a reason for nonuse. Eighteen percent of women cited method related reasons for non use, the most important of these being fear of side effects (10%). Most currently married women would prefer to use Injectable (31 percent) and female sterilization (28 percent) in future. About 9 percent of women mentioned male sterilization as a potential future method, and 8 percent mentioned the pill.

The exposure to family planning messages - indicates that majority of women (68 percent) and men (75 percent) age 15-49 have heard a family planning message recently on the radio, where as only 40 percent of women and 48 percent of men have heard family planning messages on television. Fifteen percent of women and 38 percent of men have read about family planning in the news paper or magazine. Forty percent of women and 75 percent of men have seen a family planning message on a poster and 6 percent of women and 14 percent of men have been exposed to family planning messages at a street drama. One fourth of women and one-tenth of men have not been exposed to family planning messages in any of the specified media sources.

Men's attitudes toward contraception shows that about one in ten Nepalese men (11 percent) agree that contraception is a woman's business alone, and 17 percent of men agree that women who are sterilized may become promiscuous. Two-fifths of men agree that a woman should be the one to get sterilized since she is the one who gets pregnant. As expected, educated men and women in the highest wealth quintile display a more accepting attitude towards contraceptive use. However the impact of age and place of residence on men's attitude towards contraceptive use in general is mixed. Husband's knowledge of wife's use of contraception shows that use of contraception among married women at the time of the survey was asked whether their husband knew of their use. Almost all users (99%) reported that their husbands know about their use of contraception an indication, perhaps, that Nepalese husbands in general are supportive of contraceptive use among their wives (data not shown).

Over all, 57 percent of women never discussed family planning with their husband in the past year. Thirty-one percent of women discussed family planning once or twice with their husband, while 12 percent of women discussed family planning with their husband more often in the past year. Any modern method of Family Planning is (44%) and any method is (48%). The highest use of F. P. method is female sterilization and Inectable (NDHS 2006).

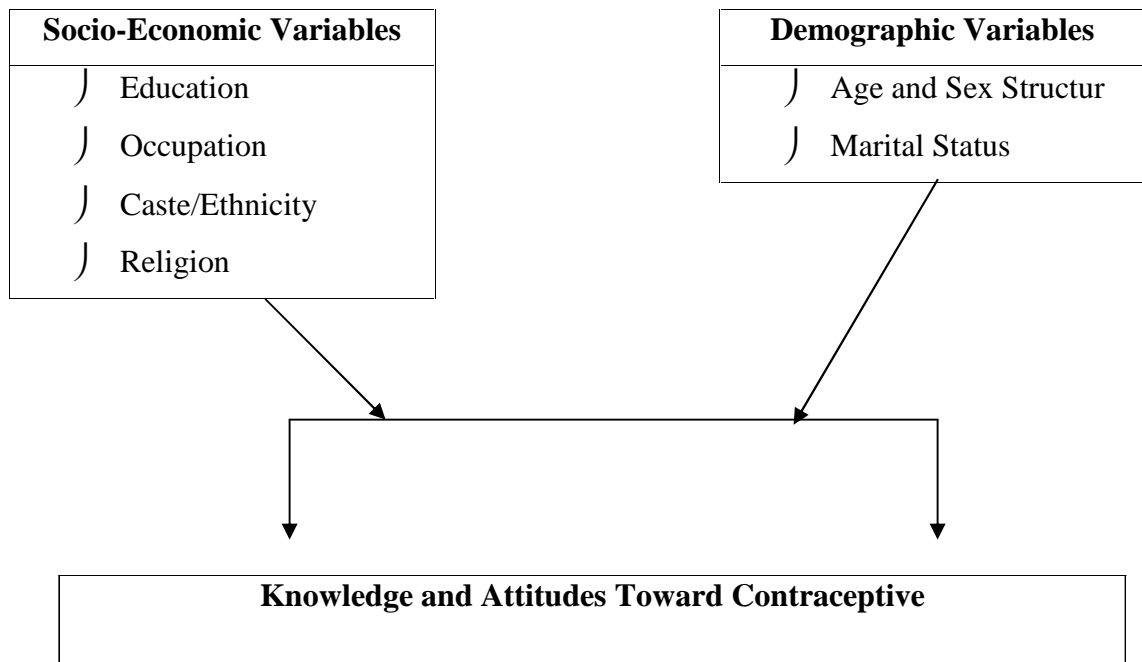
2.2 **Conceptual Framework**

On the basis of above literature review, a conceptual framework has been conceived to analyze the knowledge and attitudes toward family planning (A case study of Basanta Ritu Secondary School students).

Socio-economic and demographic characteristics of parents play an important role in influencing the level of knowledge and attitudes towards contraceptive among the Secondary level students. The parents status can have an effective role on knowledge and attitudes building process of adolescents boys and girls. Therefore, this study considers parents characteristics like : education, occupation, caste, religion determine the knowledge and attitude on contraceptive among students. Then demographic characteristics of the students like : age and sex structure, marital status, IEC influences their knowledge and attitudes towards family planning.

On the basis of the above assumption the following conceptual framework has been developed to analyze the knowledge and attitudes on contraceptive among secondary school students.

Conceptual Framework



CHAPTER - THREE

METHODOLOGY OF THE STUDY

3.1 Introduction to the study area

Basanta Ritu secondary School at Samkhushi has chosen as area of the study. It is situated at Samakhusi in Kathmandu district. This school was founded in 2039 B.S. (1982 A.D.). It is recognized by His Majesty's Government, District Education Office of Ministry of Education, Culture and Social Welfare.

3.1.1 Geographical location of Basanta Ritu Secondary School.

Basanta Ritu Secondary School is located in ward no. 29, Kathmandu Metropolitan City, Kathmandu District. It is nearly 3.5 Km from old Bus park and 1 km from new bus park. Thamel and Lainchour are located to the South of this school and Lazimpat is situated in the east of this school. Gangabhu town planning is located to the north of this school and Balaju in the west. It has been situated in the north-west of Kathmandu district. The temperature climate and little bit Jungle area of Mahepi Monastery have provided favourable geographical situation to this school. The students from different cast and religion study in this school in friendly manner.

3.1.2 Background of Basant Ritu Secondary School

This school was established in 2039 B. S. with the aim of quality education for the development of nation. In the beginning, only the primary wing had run in the rented house at Kapurdhara, Kathmandu. There after the primary wing along with lower secondary and secondary started running in four storied rented building.

3.1.3 Present situation of the school

This school has 600 students but only 115 are in secondary wing. The students have got qualified teachers, modern facilities, extra activities and friendly environment. This school has no any traffic disturbances however it is inside the Ringroad of Kathmandu metropolitan city. The genius and poor students get full scholarship in this school.

3.2 **Sample Design**

The study has used the Primary data collected through the purposive random sampling method. This study is conducted among secondary level students of a high school of Basanta Ritu School. This study includes a total of one hundred five students of class eight, nine and ten. Among them 30 students from class eight, 31 from nine class and 44 students from class ten by random sampling method. Among the selected students from class eight there were 17 boys and 13 girls. Similarly, from class nine 15 boys and 16 girls and from class ten 18 boys and 26 girls. Information is taken from all through the means of questionnaire.

3.3 **Questionnaire Design**

The survey questionnaire consisted of 60 questions (105 copies) to measure knowledge and attitude toward family planning method. This survey has included yes-no questions and close-ended type scales for attitudinal responses. These questions sought to obtain data on the demographic characteristics of the respondents and their parents, as well as other important factors that may have a bearing on the knowledge and attitude about contraception. These included age, gender, caste, religion, birth order, parent's educational and occupational status, family size, media facilities, knowledge and attitude about contraception etc.

3.4 **Sources of Data**

The study is based on Primary as well as Secondary data as discussed below.

Primary Source: -

Primary source is the main source of this study. In study data collection was done under random sampling method directly interviewing with questionnaire to students of class 8, 9 and 10. Therefore, the main source of this study is primary source.

Secondary Source

The information about school like: Introduction, background of the school etc. which are not acquired from Primary source, are taken from secondary source like. A glimpse of Basanta Ritu School (BARISC) Academic year: 2051 (1995). Likewise, study is greatly helped by many other books like - Nepal Population journal, NDHS 2006, MOPE 2004, Population Magazines, and other articles in many newspapers. Therefore, secondary source too has an important role for the completion of the study.

3.5 Data Collection

For this study, in Baishak of 2064, self administered questionnaire was given to the students in presence of population subject teacher of the school. For the further process one period time (45 minutes) was given to each class. Class 8 was taken at first, then 9 and lastly class ten. And before distributing the questionnaire a five to ten minutes orientation was given to clear out the purpose and meaning of the survey to the students as well as the way of filling the questionnaire.

3.6 Data Processing

All the questions were preceded. The questionnaire filled up by the students was checked up manually before making the computer attempt. Data were processed using SPSS software package. And for the consistency of data, a careful attempt was made during the data entry.

3.7 Data Analysis

A general analysis of the status of knowledge and attitudes towards family planning of the adolescent high school students is attempted. General relationships and variations within the data collected with regard to the selected background characteristics of students were observed. Simple percentages and cross frequency tables were used to present information according to the study objectives. The results had also included simple percentage and descriptive measures.

CHAPTER - FOUR

Socio-Economic and Demographic Characteristics of Respondents

Socio-economic and demographic characteristics play important role in the development of family as well as society. This chapter provides the information on Socio-economic and demographic characteristics of Basanta Ritu Secondary School students.

4.1 Socio-economic characteristics of respondents

Socio-economic characteristics include occupational, educational status of respondent's parents, physical facilities at home etc.

Table 4.1 Distribution of respondents according to occupational status of parents

Occupational Status	Father		Mother	
	No	%	No	%
Agriculture	6	57.14	3	2.85
Services	56	53.33	9	8.57
Business	41	39.04	5	4.76
House work	2	1.90	83	79.04
Other	-	-	5	4.76
Total	105	100	105	100

Source: Field Survey, 2007

Socio-economic status also plays an important role in demographic and behavioral knowledge of contraceptive method and attitudes towards it.

Majority (57.14%) of respondent's fathers were involved in agriculture, followed by 53.33 percent in service, 39.04 percent in business and 2 percent in housework likewise, majority (79.04%) of the respondents reported that their mothers were engaged household work as 8.57 percent in services, 4.76 percent in Business and 2.85 percent in agriculture.

Table 4.2 Distribution of respondents according to parent's educational attainment (Father/Mother)

Educational Status	Father		Mother	
	No	%	No	%
Primary Level	10	9.61	16	19.75
Secondary Level	17	16.34	23	28.39
S. L. C. and above	77	74.03	42	51.85
Total	104	100	81	100

Source: Field Survey, 2007

The table depicts the fact that majority (70.03%) of the respondent's fathers completed S. L. C. and above education (74.03%) followed by Secondary level (16.34%) and Primary level (9.61%). In regards to mother's educational attainment, it was found that fifty two percent mothers had completed S. L. C. and above followed by Secondary level (28.39%) and Primary level (19.75%). In comparison to father, mother had poor level of educational attainment. The following bar diagram can clarify this issue.

Figure 1.1 Education Status of Father and Mother.

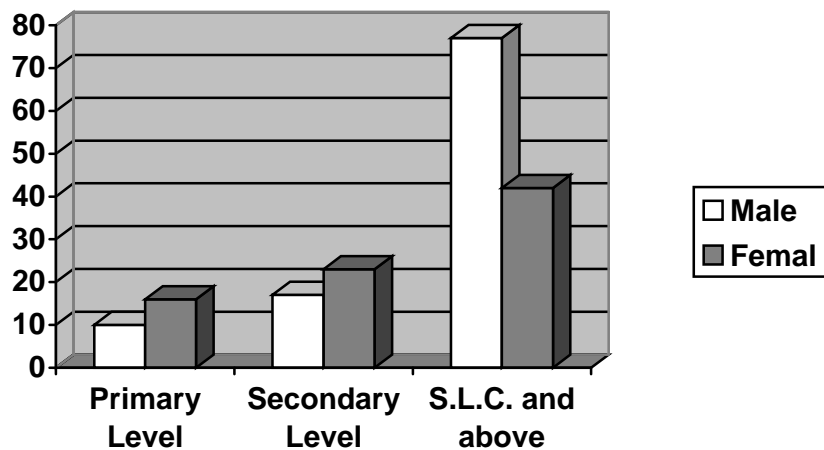


Table 4.3 : Distribution of respondents according to physical facilities at home.

Physical Facilities	Frequency	Percent
Electricity	102	97.1
Radio	104	99.0
T. V.	103	98.0
Telephone	98	93.3
Bicycle	66	62.8

Source: Field Survey, 2007

Among total respondents 99 percent have radios, television (98%). Similarly ninety seven percent respondents said that they have electricity facility followed by telephone (93%) bicycle (62%). Physical facility also plays important role in demographic and behavioral knowledge of contraceptive method and attitudes towards it. It is also related to the Socio-economic status of the family.

4.2 **Demographic characteristics of respondents:** - Demographic characteristics include age-sex structure of respondents, marital status of respondents.

4.2.1 **Age - Sex structure of respondents**

Age- Sex composition plays an important role in determining the population distribution or population dynamics. According to table 4.4, we can see that greater number of students were in class 10. Forty two percent respondents were in class ten and twenty-nine percent were in class 9 and twenty-eight percent were in class 8. By sex, 59 percent and 40 percent males and females respectively were in class ten followed by 45 percent and 55 percent males and females were in class nine, fifty seven percent and 43 percent males and females were in class 8. This table shows that the percentage of male students is higher for class eight and ten in comparison to females.

Table 4.4 : Distribution of respondents by class and sex.

Class	Sex				Total	
	Male		Female		No	%
	No	%	No	%		
8	17	56.66	13	43.3	30	28.57
9	14	45.16	17	54.8	31	29.52
10	26	59.09	18	40.9	44	41.90
Total	57	54.2	48	45.7	105	100

Source: - Field Survey, 2007

This is further clarified by the following Pie-Chart

Figure 1.2 Distribution of respondents by sex.

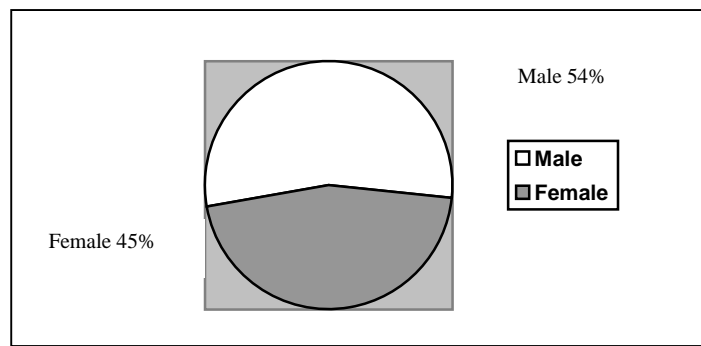


Table 4.5 : Distribution of respondent by age:

Age	Frequency	Percent
12	11	10.4
13	23	21.9
14	22	20.9
15	42	40
16	6	5.7
17	1	0.9
Total	105	100

Source: Field Survey, 2007

This table shows the percent distribution of respondents by age, which indicates that higher percent of respondent falls in age 15 years (40%) followed by 21.9 percent in age 13 years, twenty one percent in 14 years, 11 percent in 12 years, 6 percent in 16 years and 1 percent in 17 years.

4.2.2 Marital status of respondents

Marriage is not a biological event like birth or death, rather it is a social event that is determined by the society. In the study area, 100 percent respondents were unmarried for both sex.

Table 4.6: Distribution of respondents by marital status

Married	Frequency	Percent
Yes	-	-
No	105	100
Total	105	100

Source: Field Survey, 2007

4.3 Caste/Ethnicity

Table 4.7: Distribution of respondent by caste

Caste	Frequency	Percent
Brahman	34	32.3
Chhetri	21	20
Magar	3	2.8
Other (Specify)	47	44.7
Total	105	100

Source: Field Survey, 2007

others :- Giri, Gurung, Rai

From the above table we can see the majority (44.7%) of the respondents were in other caste (Specify) ie Giri, Gurung, Rai. In is followed by Brahman (32.3%), Chhetri (20%) and Magar (2.8%).

4.4 Religion of the respondents

This table shows the percent of distribution of respondents by religion which indicates that the higher percent of respondents were Hindu (i.e. 83.8%). Only one percent respondents include Christian religions, Fifteen percent respondents were Buddhist we can conclude from this table that majority of students were Hindus.

Table 4.8: Distribution of respondents by religion

Religion	Frequency	Percent
Hindu	88	83.8
Buddhist	16	15.2
Muslim	-	-
Christian	1	1
Other (Specify)		
Total	105	100

Source: Field Survey, 2007

CHAPTER - FIVE

Knowledge and Attitudes Towards Contraceptive

This chapter analyzes the knowledge and attitudes toward family planning among Basanta Ritu Secondary School students.

5.1 Knowledge of contraceptive methods

In table 5.1, knowledge of contraceptive methods is presented for Basant Ritu Secondary School students by specific methods. This table indicates that knowledge of at that are modern method family planning is universal for all respondents, with title variations between male and female. Most widely known method among both male and female are condoms (89.47% Vs 70.83% respectively). Followed by Pills(50.87%) IUD (38.59%), MS (33.33%), FS (31.51%) for males in case of female Pills (64.58%) IUD (50%), MS (44%), FS (48%). Are the most widely known method. In case of tradition method female are more likely to knowledge than males.

Table 5.1: Distribution of the respondents who have knowledge about contraceptive by sex

Contraceptives	Male		Female	
	No	%	No	%
Any modern Method				
Female Sterilization	18	31.57	23	47.91
Male Sterilization	19	33.33	21	43.75
Pills	29	50.87	31	64.58
IUD	22	38.59	24	50
Injectables	12	21.05	16	33.33
Implants	3	5.26	15	31.25
Condom	51	89.47	34	70.83
Foam/Jelly	7	12.28	19	39.58
Traditional Method				
Periodic abstinence	-	-	5	10.41
With drawal	3	5.26	6	12.5
Folk method	3	5.26	3	6.25
Total	57	-	48	-

Source: Field Survey, 2007

Figure 1.3 Knowledge of male respondents about contraceptive.

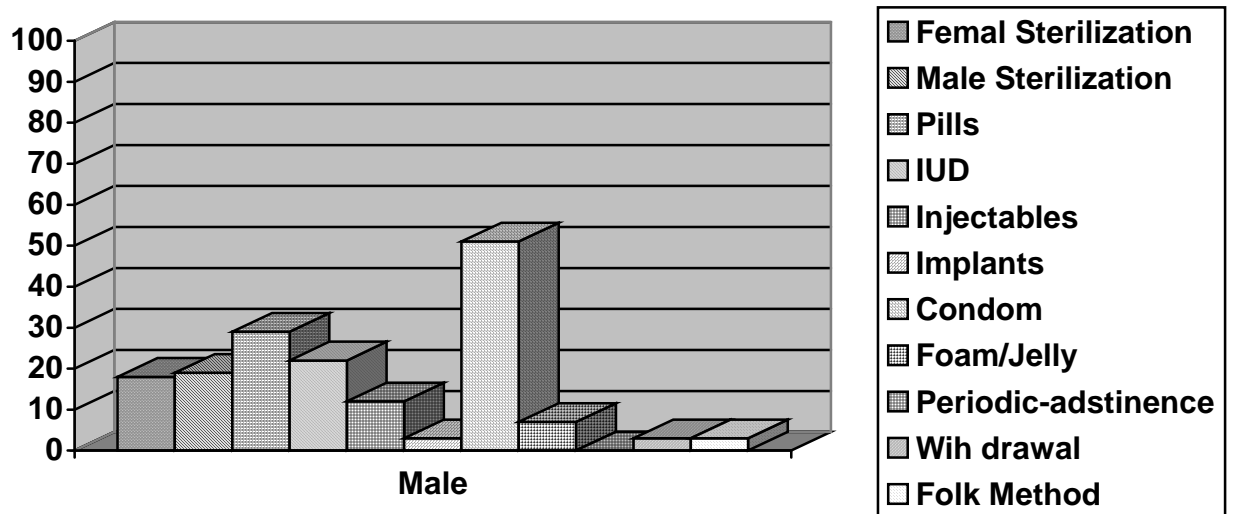
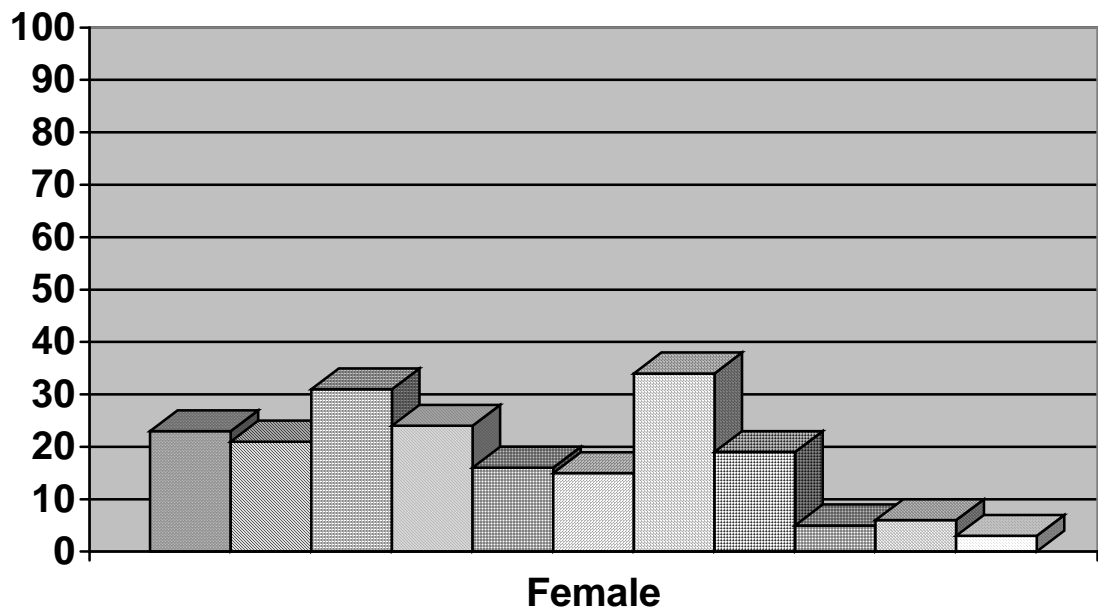


Figure 1.4 Knowledge of female respondents about contraceptive.



Sources of Contraception

Table 5.2: Distribution of the respondents according to their knowledge on sources of contraception.

Sources of contraceptives providers	Number	Percent
Government Hospital Clinic	66	62.85
PHC/Health Centre	26	24.76
Health Post	34	32.38
Sub-Health post	24	22.85
FCHV	12	11.42
Other Government Sector	10	9.52
<u>NGO</u>		
FPAN	2	1.90
Maries topes	10	9.52
ADRA	–	–
Nepal Red Crass	–	–
Other Non-Government Sector	31	29.52
<u>Private Medical Sector</u>		
Private Hospital Clinic	26	24.76
Nursing Home	30	28.57
Pharmacy	17	16.19
Other Private	12	11.42
<u>Other Source</u>		
Shop	11	10.47
Friend relatives	15	14.28
Others	13	12.38
Total no of Respondents	105	100

Source: Field Survey, 2007

Note: Total percent may exceed 100 due to multiple responses.

Table 5.2 shows the percentage distribution of respondents according to their knowledge on sources of contraception. Nearly 63% of the respondents reported that governmental hospital, clinic are the major sources of contraceptive method followed by health post (32.38%) non government (29.54%) nursing home (28.57%), PHC/Health Centre and Private Hospital Clinic (24.76%), Sub Health post (22.85%). Similarly respondents reported that Pharmacy, friends and relatives, FCHV are also the major sources of contraceptive method.

5.2 Knowledge of fertile period

The table 5.3 shows the knowledge of fertile period among secondary level school students. Among respondents, 80 percent male and 20 percent female in class 9 who had heard about fertile period. In class 10, 46.6 percent male and 53.3 percent female heard about fertile period. The table indicates that only few students of class 9 and 10 have knowledge about fertile period.

Table 5.3: Distribution of respondents who heard about fertile period by sex

Class	Sex					
	Male		Female		Total	
	No.	%	No	%	No	%
9	20	80	5	20	25	100
10	14	46.6	16	53.3	30	100

Source: Field Survey, 2007

N = 105

5.3 Knowledge about purpose of family planning method

Table 5.4: Distribution of respondents who know about purpose of Family Planning Services

Knowledge	No	Percent
Yes	82	78.10
No	23	21.90
Total	105	100

Source: Field Survey, 2007

This table shows the, knowledge about purpose of Family Planning Services of respondents. When the respondents were asked whether they have knowledge about purpose of family planning service, 78.10 percent said 'yes' and remaining 21.90 percent said 'no'.

Table 5.5: Distribution of respondents who have knowledge on types of purposes of Family Planning Service

Types of purpose	No	Percent
Birth Spacing	10	12.19
Birth Control	20	24.39
Prevention from STD/HIV/AIDS	7	8.53
Prevent unwanted pregnancy	4	4.87
Saving women's lives	5	6.09
Safer Sex	3	3.65
All of above	56	68.29
Total	82	

Source: Field Survey, 2007

Out of the total respondents who know about purpose of family planning service, 68 percent of them reported that so many types followed by birth control 24.39 percent, birth spacing 12.19 percent, prevention from STD/HIV/AIDS 8.53 percent, saving women's lives 6.09 percent, prevent unwanted pregnancy 4.87 percent and safer sex 3.65 percent.

5.4 **Knowledge on family planning according to class by age and sex.**

The table 5.6 provides the information on family planning knowledge among adolescent according to class by age and sex, majority respondents of class 10 were of 16-18 age group. From this age group 39 respondents have knowledge about family planning, where 53 percent were male and 46 percent were female have knowledge of family planning. Likewise in class 9 were of 13-15 age group. From this age group 17 respondents have knowledge about family planning, where 52 percent were male and 47 percent were

female have knowledge of family planning. By the table we can say that respondents from the age group 16-18 have better knowledge about family planning.

Table 5.6: Distribution of respondents who have knowledge on Family Planning according to class by age and sex

Class	Age-Group	Sex			
			Male	Female	Total
9	13.15	No	9	8	17
		%	52.94	47.05	100
10	16-18	No	21	18	39
		%	53.84	46.15	100

Source: Field Survey, 2007

5.5 To the knowledge about side effects of family planning

Respondents were asked whether they had knowledge about the side effects of family planning or not.

Table 5.7: Distribution of respondents have knowledge about side effects of family planning.

Knowledge	Frequency	Percent
Yes	33	31.43
No	72	68.58
Total	105	

Source: Field Survey, 2007

Among total respondents 69 percent of them haven't knowledge about any side effects of family planning, while remaining 31.43 percent have knowledge about it.

Table 5.8: Distribution of respondents according to their knowledge an side effect by types

Types of side effect	No	Percent
Heavy bleeding	12	36.3
Spotting	2	6.06
Weight gain	7	21.21
Laziness	16	48.48
All above	23	69.69
Total	33	

Source: Field Survey, 2007

Out of total respondents, 31 percent who have knowledge on side effect reported that family planning is not good because of so many problems 69 percent followed by laziness 48 percent, heavy bleeding 36 percent, weight gain 7 percent, spotting 2 percent.

5.6 Sources of information

Table 5.9: Distribution of respondents who have knowledge about sources of information of family planning method

Sources of information	No	Percent
Radio	58	55.2
T. V.	89	84.76
News paper/Magazine	45	42.85
Course Book	49	46.66
Friends	39	37.14
Relatives	26	24.76
Others	17	16.19

Source: Field Survey, 2007

According to the table about 85 percent of the respondents have known about family planning by T. V. followed Radio (55.2%), Course book (46.66%), Newspaper/Magazine (42.85%), Friends (37.14%), relatives (24.76%) and others (16.19%). This table shows that highest percent of respondents have knowledge about sources of information of family planning method was T. V. 84 percent.

5.7 Attitudes towards contraceptive methods

This section analyzes the Attitudes towards family planning among the Secondary School students. Attitudes toward family planning includes, Attitudes toward condom, Attitudes toward pills, Attitudes toward IUD, Attitudes toward injectable, Attitudes toward disadvantages of family planning method.

Table 5.10: Distribution of respondent's attitudes towards condom

Attitudes	Frequency	Percent
Use of male	38	36.2
Use for both male and female	28	26.67
Don't know	39	37.14
Total	105	100

Source: Field Survey, 2007

Among total respondents, most of the respondents have any information was (37.14%), while (36.2%) of them said it used for male. Twenty seven percent said it is use for both male and female.

Table 5.11: Distribution of respondents attitudes towards pills

Attitudes	Frequency	Percent
Oral pills for male	1	0.95
Oral pills for female	43	40.95
Don't know	61	58.1
Total	105	100

Source: Field Survey, 2007

In the table we see, fifty eight percent respondents said they have not any information about it. Forty one percent respondents have known oral pills for female and oral pills for male was (0.95%).

Table 5.12: Distribution of respondent's attitudes towards IUD

Attitudes	Frequency	Percent
Three monthly device for male	2	1.90
Three monthly device for female	64	60.95
Device inserted into a women's uterus for 10 to 12 years	39	37.15
Total	105	100

Source: Field survey, 2007

This table shows respondents attitude towards IUD reported three monthly device for female (61%), followed by device inserted into a women's uterus for 10 to 12 years (37.15%), three monthly device for male (1.90%).

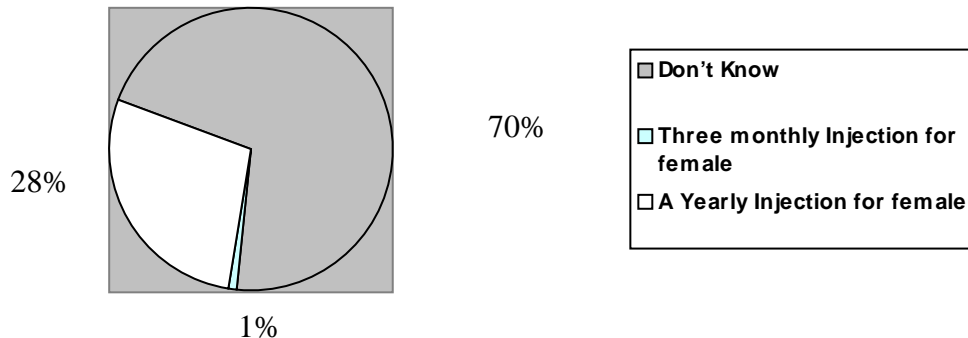
Table 5.13 : Distribution of respondents according to their attitude towards injectable

Attitudes	Frequency	Percent
Three monthly injection for female	30	28.58
A yearly injection for female	1	0.94
Don't know	74	70.48
Total	105	100

Source : Field Survey, 2007

Most of the respondents (70.48%) reported that they have not any information (don't know) injectable as three monthly injections for females (28.58%) followed by a yearly injection for female (0.94%). No one reported injectable for three montly injection for male. This table indicates that still (70.48%) of respondents did not express their view towards injectable. This is clarified by the following Pie-Chart.

Figure 1.5 Respondents attitude towards Injectable.



5.8 Future use of contraception

An important indicator of the changing demand for family planning is the extent to which non users of contraception plan to use family planning in the future. At the time of survey students were asked about their intention to use family planning in the future. The results are shown in table 5.14 among total respondents, 45 percent reported that they intend to use a family planning method in future, 5 percent said that they does not intend to use any methods and 50 percent were unsure. By sex 48 percent male and 40 percent female intend to use any contraceptive. Similarly 9 percent male doesn't intend to use contraceptive after their marriage. Likewise nearly 60% of female and 43% of male were unsure of their intention.

Table 5.14: Distribution of respondents by intention to use contraceptive method after marriage by sex

Intention	Sex				Total	
	Male		Female			
	No	%	No	%	No	%
Intends to use	28	48.28	19	40.42	47	44.76
Unsure	25	43.10	28	59.58	53	50.48
Does not intend to use	5	8.62	-	-	5	4.77
Total	58	100	47	100	105	100

Source: Field Survey, 2007

Table 5.15: Distribution of respondent who intended to use Contraceptive method after marriage by specific method according to sex

Contraceptives method	male		Female	
	No	%	No	%
Female Sterilization	11	39.28	10	52.63
Male Sterilization	13	46.42	1	5.26
Pills	-	-	13	68.42
IUD	-	-	16	84.21
Injectable	2	7.14	7	36.84
Condom	24	85.7	3	15.78
Implants	-	-	1	5.26
Foam/Jelly	-	-	-	-
Total	28	100	19	100

Source: Field Survey, 2007

Respondents who intend to use contraceptive in future were asked which method they prefer to use. Table 5.15 indicates that majority of male respondents preferred condom after their marriage (85.7%), followed by male sterilization (46.42%), female sterilization (39.28%), injectables (7.14%). Among female respondents majority of them prepared IUD (84.21%), followed by pills (68.42%), female sterilization (52.63%), Injectables, (36.84%) condom (15.78%), male sterilization (5.26%), Implants (5.25%).

Table 5.16: Distribution of respondents according to disadvantages of Family Planning method

Disadvantages of FP method	Frequency	Percent
No privacy	10	9.52
Side effects	59	56.2
Sexual displeasure	7	6.67
Chance of failure of contraceptive	29	27.7
Total	105	100

Source: Field Survey, 2007

The respondents were asked about disadvantages of family planning. In response 56.2 percent respondents side effects followed by chance of failure of contraceptive (27.7%), no privacy (9.52%), sexual displeasure (6.67%).

CHAPTER - SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

Adolescents in many developing countries are found unaware about knowledge and attitudes of family planning. And most surveys on fertility behaviour and family planning and family planning programmers are based on currently married women of the reproductive age, the women assured to be at risk of pregnancy and child birth. So, adolescents or teenagers are found having little bit knowledge. In context of Nepal many adolescents are unaware of it.

This research has done to help adolescents for their knowledge and attitudes about family planning and to know their knowledge, attitude about it. This study presents the contraceptives. Knowledge among adolescents, opinion (on appropriate knowledge and attitudes) on use of contraceptive in future relating to different background varieties.

This study deals with early and late adolescent students at Basanta Ritu Higher Secondary School, Samakhushi of Kathmandu District on the title "Knowledge and Attitudes Towards Family Planning".

The main objectives of this study are: to examine the knowledge of family planning among Secondary School students; to identify the attitudes toward family planning and to examine the opinion of Secondary level students on use of contraceptives in future.

One hundred and five students included in this research were from 12 to 17 years old. Among them majority of them were of 15 year (40%), and minority were of 17 years (0.9%). Likewise, while observing at them on the basis of caste, Brahman, chhetri, Magar are the major caste by religious we get, 83 percent students were Hindu, Christian students only (1%) and Buddhist 15 percent.

Majority student's parents of this research were services holder. While looking at student's parent's occupation about 53 percent fathers were in services. Where 79 percent mothers were engaged in house work. Rest students parents were only involved in business, agriculture and other occupations. In academic qualification, majority of the reportes fathers and mothers had S. L. C. and above education. (74 percent for fathers and 52 percent for mothers).

As physical facility, 99 percent students had Radio in their homes, followed by bicycle 63 percent, TV (98%), telephone (93%), electricity (97%). While observing at knowledge of students about family planning 89 percent boys had heard about condom and 71 percent girls were found having heard of condom.

Out of 105 respondents all were unmarried. Students were asked whether they could use or not method of family planning in their future. In response, 45 percent students were intend to use remening 55 percent were unsure.

Out of 105 only 55 students have known about fertile period. Likewise, 36 percent had a good attitude toward condom, followed by oral pills for female 41 percent, IUD 37 percent, three monthly injection for female 28 percent. But attitude towards condom don't know was 37 percent, pills (58%), Injectable (74%) showed that respondents did not express their view towards condom, pills and injectable contraceptive methods.

T. V. become the main source of information of family planning method, 85 percent students have this main source of knowledge. Radio, Course book, News paper/magazine, Friends, relatives and others are also sources of information of family planning method to the respondents.

Thirty one percent students were found having knowledge about side effect of family planning. Sixty nine percent students were found not having knowledge of any side effects of family planning. Among those who know about side effects, 48 percent said laziness as side effect of family planning, 36 percent said heavy bleeding, 21 percent said

weight gain and 6 percent said spotting. Eighty two respondents in this research had known the purpose of family planning, where 24 percent said the purpose to be birth control, 68 percent said all given types were the purpose of family planning services. A great number of students were found attitude towards disadvantages of family planning method was side effects 56 percent.

In age wise division and observation, got majority (39) students of age group 16-18 had known about family planning. While there were 17 students of age group 13-15 also knew about it.

6.2 **Conclusions**

Adolescents of today are parents of future generation. They couldn't be ignored when talking about various aspects of population. Adolescence is a critical period in a person's life.

Contraceptive knowledge and attitudes of adolescents can be improved by successful implementation of population programmes. In case of our country we have such type of programmes in a very limited number and its successful implementation is very low.

From the research it was found that majority parents of students were engaged in service holder and house work occupatin. Majority parents had got education S.L.C. and above. Female respondents were found better knowledge about contraceptive than male. Majority of mothers of respondents were engaged in housework.

T.V. was the main source of knowledge about family planning as the majority of them had radio facility in their home. Likewise Radio was another main source for information. Female respondents had a better knowledge about family planning than male have. Majority of respondent's didn't know attitude toward family planning. Many students said "don't know" in response to family planning related questions. Therefore, they should be cleared in these issues. Students had proper knowledge about side effects of family planning. The respondents knew all types of side effect of family planning.

6.3 Recommendations

This study was done in Basanta Ritu Secondary School among 105 students of class 8, 9 and 10 to know about their knowledge and attitudes towards family planning. During the study, many weaknesses were found to solve many drawbacks following recommendations can be referred: -

1. Knowledge about family planning was found better in female students than males. So, male should be made aware by launching different programme.
2. Many students were found not to be aware about traditional method of family planning such knowledge seems to be focused to them.
3. Many student's attitude about family planning was not positive. For that subject teachers should make clear on the issue.
4. Many students should be informed about fertile period as many of them were unaware about it.
5. Many students said that they won't use any devices of family planning in future (after their marriage). This is because of lack of knowledge about family planning and their negative attitude about it. Therefore, programme should be launched to increase positive attitude of students towards family planning. Likewise, government should make all birth limiting and birth spacing tools easily available in all parts of the country.
6. Most of the students had poor effective knowledge. It is necessary to emphasis on Information, Education and Communication (IEC) programme.
7. From the research it was found that T.V. was the main source of contraceptive knowledge. Availability of only radio and T. V. is not sufficient for proper contraceptive knowledge and attitude. They should be informed time to time about reproductive health, sexual health and family planning.
8. The contents in the school curriculum are not sufficient to enhance the knowledge on adolescents therefore the contents should be enlarged.

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