CHAPTER ONE

1. Introduction

1.1 Background of the study

Family planning means to enable couples and individuals to decide freely and make responsible for the number and spacing of their children. In short from 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, other major subjects to save mother's health and life.

The greatest contribution of family planning program lies in avoiding unwanted pregnancies and there by unplanned births and making sure that all births are planned. According to the word data, less then half of all births are unplanned .Many women have terminate unwanted pregnancies in induced abortion .family planning is vary important component to maintain the reproductive health (RH) of male and female family planning program is useful for meeting demand for family planning, offering women's choice, reaching out to youth encouraging safer sex, improving access and quality and saving women life, saving children life (Wagle, 2005).

In Nepal, the importance of family planning program was realized in 1958, after establishment of family planning association of Nepal (FPAN). Since 1965, the HMG/N has been actively involved in providing family planning services and has become an integral part of health services .International conferences on population in Bucharest (1974) and Mexico (1984) have emphasis on family planning program but not given special priority for adolescent .After International Conference on population and Development (ICPD) 1994, the national level and international level programmers on reproductive health have been emphasizing on adolescents.

The history of family planning in Nepal is not very old in formal education system of schools and colleges while ,health related courses exit in both primary and secondary school curriculum ,sexual and reproductive specifically are virtually non –existent except in relation to population education .The secondary level curriculum includes health and science subject but these are optional subjects (which is likely to be taken in preference) within the health curriculum the content relating to sexual and family planning consists of a description of male and female sex organs and population education .

At present, family planning in Nepal is becoming problematic. Political readers as will as other social key persons seem unaware of family planning issues considering the above present situation on family planning , all related institutions have some opinion that the existing population policies could be updated to include policy on family planning and sex education .They all feel that it is right time to introduce the family planning and sex education programmed in Nepal ,especially for adolescent groups .However ,such care should be taken not to spark strong opposition by parents and existing social norms and values regarding family planning and sex education . After ICPD based on the recommendation of its programmed of action, the HMG/N has also adopted more holistic family planning policy.

Nepal's family planning programmer started with the organization of family planning association of Nepal in 1959. In fact Nepal was one of the first countries of South Asia, where information about family planning was available through a non-governmental program since 1986. His Majesty's Government of Nepal has been actively involved in providing family planning services with the establishment of the Nepal family planning and maternal child health (NFP and MCH project) project. Initially family planning program was integrated with maternal child health services. Since the nineties, as all the health services where brought together, family planning has become an integral part of the country's health services. Family planning services have been expanded to cover all 75 districts throughout the country.

Currently, besides the government program, different GO'S, NOG'S AND INGO'S are also providing family planning services as well as information, education and communication services related to family planning.

Adolescents can be divided into two groups: easily adolescence starts from 10 and ends at the 19 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 and 15-19 as late adolescents. (UNFPA, 1998)

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

Adolescence is a period of transition from childhood to adulthood in which physical and behavior changes take place. This is the transition period between puberty and adulthood 'the teenage year'. This is also a period as a 'mile stone' for everyone. This is a time of preparation for undertaking greater responsibility. Adolescent's health is the outcome of several factors such as socio-economic status, environment in which they live and grow good guidance, and family/community. Sexual and family planning knowledge are most necessary to them because they are themselves generally do not have adequate knowledge about their own menstruation, especially sexually, and have little knowledge about family planning. Nepalese cultures reflect myths about adolescent sexuality that creates fear among adults. They have misconceptions on understanding the adolescent characteristics. Adolescent school students are also in transition from childhood to adulthood. Traditionally, in many different Nepalese cultures girls are married in young age and start reproduction.

The rapid growth of adolescent population in Nepal has made the planners and policy makers serious because with the growth of adolescent population there has been a crucial need to develop healthy behavior on them currently, adolescents of the developing world are suffering from various psychophysical problems. Teen-age pregnancy and early age at marriage are some of major problems.

In 2003, the world's population was 6.3 billion. 1.2 billion of them (19.05percent) belonged to the 10-19 age groups (UNFPA, 2003). Young people ages 10-19 number more than 1 billion, comprise nearly one fifth of the world population, and 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 (McCauley 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).

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 childbearing 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).

In south Asian region, more then 30 percent of the total population is between of the ages of 10-24, of which about 40 percent are growing into adolescence below the age of 15. Many adolescents have already married and started own families, but without information and services which are known to promote healthy and responsible sexual and reproductive behaviors. More young people are suffering from STDs including HIV, seeking unsafe abortion, resulting into the consequences of early, close and frequent pregnancies and social problems.

Moreover such problematic situations have been prevailing in almost developing countries and in many developed countries too. The major reproductive and health hazards that young people face are unwanted pregnancy abortion and related complications, higher risk of STDs and HIV infection and maternal and infant mortality and mortality. These problems often seek a firm collaboration for common solutions leading to a hope of a bright future for the young people.

Lack of contraceptive knowledge is one of the important causes of non-use of contraceptive. The definition of the knowledge is not straight forward as it might disappear. A person can be considered as having acceptable knowledge of the contraceptive if he/she describes how to use the method, he /she know from where it can be obtained and side effects of the method. A more comprehensive and refined measure of contraceptive knowledge has been created by combing the proportion of the women who spontaneously mentioned at least one method and knew its source. The contraceptive knowledge can be divided into two group's spontaneous and probed knowledge. The sum of spontaneous and probed knowledge of the contraception is the total knowledge.

This study dealt with early and late adolescent at Shree Tika Vidyashram Secondary School students in Sanepa of Lalitpur district on the title "Knowledge and attitudes toward family planning." (A Case Study of Secondary school student's at Sanepa, in Lalitpur district).

1.2 Statement of the problem

As adolescent fertility knowledge of reproductive health and sexual transmitted disease and morbidity and mortality among adolescent mother increasing becomes a focus of research and policy initiatives in developing countries, the problems of teenager's unprotected sexual activity, low levels of contraceptive knowledge and attitude became readily apparent.

Adolescents are future parents. So innovation programs must be developed to inform council and provide facilities that the family planning service would be accessible to adolescents or students from lower classes to campus level. It should be ensured that contraceptive services

and reproduction 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 adolescents in near future is determined by the current contraceptive knowledge and attitude towards contraceptive use of adolescents.

Adolescence is defined as the stage of life during which individuals reach sexual maturity it is the period of transition from puberty to maturity (United Nations, 1997). The age group 10-19 identifies the period of adolescence. But for the purpose of this study “adolescents” refers to the age group 13-19, as data on RH are most commonly available for this age group.

Typically most survey on fertility behavior and family planning and family planning programmers are based on currently married women of the reproductive age the women assumed to be at risk of pregnancy and childbirth. Estimates of “unmet need” for contraception, couple year of protection future contraceptives and information and counseling service centers as well as largely based on the assumption that unmarried people are not sexually active such researchers and programmers 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.

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The proper knowledge and favorable attitude towards family planning among teenagers after lead to facilitate themselves for effective use of contraceptives in the future they need to be well informed and their attitudes must be improved in this regard. Therefore well considered

and effective programmers need to be formulated and run to have better strategies on this regard (FP service program), and for launching them effectively their current level of knowledge and attitude towards contraceptive use and then practice of contraceptives require to be assessed. Various surveys show that the knowledge of contraceptive among adolescent is high but the use of contraceptive is low which leads to the higher fertility in adolescence. Higher fertility in adolescence period have risk of higher maternal mortality not only this, it is risk overall healthy 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, these studies covered in secondary level students are age 13-19 years whose knowledge and attitudes of contraception is limited. There is a need to identify acceptable knowledge about contractive among target population.

1.3 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. Adolescent 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 crested by unprotected sexual intercourse, negative thinking about sexuality.

The study in intended to collect and then provide the existing basic information relates to the knowledge and attitude of family planning methods among the school students. This study will be helpful to the planner's policy maker's implementers who are interested to study in this field. In addition it will be useful for further research who wants to study related topic. Since Tika Vidyashram Secondary School of Lalitpur district it will be helpful to concerned local authorities and program makers as well as to academic of Lalitpur district.

1.4 Objectives of the study

To get a success and be efficient for a work, we should think about its objective first. To achieve those objectives we have to do with certain activity. To give a certain direction to an educational issue, we should move with certain objectives. Objectives can differ according to the subject matter based on knowledge, scale and concepts. The overall objective of the study is to collect and analyze baseline information regarding knowledge and attitude of contraceptive among the high school adolescent's students both male and female.

The objective of the study is to examine the knowledge and attitude of family planning methods among secondary school 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.

1.5 Limitations of the study

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

1) The researcher being a student has time and economic constraint.
2) The study is part of academic activity; it is for partial fulfillment of the masters Degree of arts in population studies.
3) The study is limited only knowledge and attitudes towards family planning.
4) The area of study is Shree Tika Vidyashram Secondary School in Lalitpur District.
5) The study is limited on secondary school level student.
6) The study is base on small size. Therefore the finding may not be generalized to the whole nations.

1.6 Organization of the study

The study is organized into six chapters. The chapter deals with the background of the study. Statement of problem, objective, limitation and significance of the study is included in first chapter. Chapter two deals with literature review and chapter three provides information on research design and mythology of study. Chapter four deals with the socio-economic and demographic characteristics chapter five deals with knowledge and attitudes to ward family planning. Chapter six includes the summary, conclusions and recommendation actions of the study.

CHAPTER TWO

2. Literature Review

Before the discovery of the method modern conceptive methods, it was considered that the children here the gift of the God and their exist once can not be prevented. After discovery of modern contraceptive methods people have started to practice different artificial birth spacing and birth limiting methods The modern contraceptive method could play the supplementary rote for birth spacing to improves maternal and child health, however, it might be due to the lack of contraceptives knowledge or social pressure, copies generally have large number of children therefore some kinds of social change necessary to motivate to have fewer children In some societies significant can't number of couple might have preferred fewer numbers of children than they were having (Sigdel ,2006).

The countries of Sub Saharan Africa have the highest levels of adolescent child bearing in the developing world, typically, rather rates rage between about 120 to about 160 in must countries of this region at the extreme ammonal age specific fertility rate of more than 200 births per 1,000 women aged 15-19 are found inmate and Niger , The Latin America and Caribbean region has the next highest levels , with rate typically rates range between about 120 to about 160 in most countries of these region at the extreme annual age specific fertility rate of ,more than 200 births per 1000 women aged 15 to 19 are found in mail and Niger, the Latin America and Caribbean region has the next highest ,with rate typically ranging from 82 close to 100 births per 1,000 adolescent each year . Five of the eight Asian countries represented, most in Southeast Asia, have low to moderate rates (32-61) births per 1,000 adolescents per years a level that is lower thin that of Latin America and much lower then the typical level in sub Saharan arnica. the other three Asian countries all in south Asia (Bangladesh, India , and Pakistan) have higher rates Bangladesh with an adolescent ASFR of 140 is similar to the countries of sub Saharan Africa where as Pakistan (With an ASFR of 84) is similar in level to the Latin America countries and India with a high rate of 121, falls between these two regions, with the countries of North Africa and the Near east than are represented here, the adolescents fertility rates are relatively low, with Tunisia shining the

lowest ASFR at 27 and tastes ranging from 40-65 in three of the other four countries (Andrej and Kelting, 1980).

In 1950's population studies got its separate discipline after the establishment of National family planning association most of the governments realized that rapid population growth needs to be maintained though family planning program. The aim of family planning program 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 to ensure information choices and make available to full range of safe and effective methods. The success of population education and family planning program in a variety of settings demonstrates that information individuals everywhere can and will act responsibly in the light of their own needs and those families and communities. The principle of informed free choice is essential to the long term success of family planning program (Cairo conference 1994)

Surveys of knowledge ,Attitudes and practices with regard to family planning (KPA Survey) become common place throughout the 1950's and 1960's By the end of the 1960's too such surveys had been carried out world wide (Hodosn 1983:1-14).

The rapid growth of population in under developed countries has affected almost every aspects of the economy. Development of any country is influenced by its population and the available resources. 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 values (Poudyal, 2003).

Emergency contraception (EC) has potential to improve women's reproductive health significantly. In Honduras, where nearly on fourth of pregnancies are unplanned the need for EC is substantial. To increase awareness of this option, non governmental organization launched country wide EC out each activity in 2001-2003. We conducted per and prostitution cross sectional surveys among a total of 2,693 family planning clinic clients to assess EC

knowledge, attitudes and practice at baseline and at toe years post introduction. EC awareness increased over time but remained at just 20 percent at follow up. Respondents generally demonstrate a positive attitude and low rates of concern about EC. Awareness of illness to use EC were strongly associates wit age, education status and city of residence, public sector acceptance of the method is essential to increase awareness of and access to EC. This study is intended to fill an information gap regarding EC in Latin America and the Caribbean and to be useful in determining educational messages and target audiences for future awareness campaigns in Honduras. (Studies in family planning 2006, Vol 37)

In 1970s there comes a new idea of implementing family planning and material child health (FP/MCH) program by central governments. In the same decade, the Bucharest Conference held and the conference recommends that the population policy and program must be persuaded in the context of development are integrated. On the other hand, in countries where reproductive and sexual health education has been included in the school curriculum differences between married and unmarried adolescent in level of knowledge are not expected because contraceptive knowledge is acquired by all. In a number of countries of world fertility survey unmarried adolescent were asked about their knowledge of contraceptives. The survey indicated that in almost every country, teenagers are quite knowledgeable about contraception. However, obviously knowledge of various methods of contraception doesn’t imply that respondents actually know how to use these methods. About on quarter of adolescents in selected courtiers of world fertility survey, who didn't use any contraception at the first inter course, said it was because they had no knowledge of contraception. Thud, generally teenagers are frequently unprepared for their first sexual encounter and therefore are probably unprepared to use an effective means of pregnancy prevention. (UN, 1989).

Shrestha (1996) carried out of survey in 1996 of 300 secondary level girl students of grade 9and 10 of six selected high school, in Kavre district. Two schools were selected from urban area and 4 schools from rural area. Among total respondents, 69 were from urban and 231 were from rural schools. The major aims of the study were to assess the knowledge and perceptions towards reproductive health among adolescents. The survey observed that 76

percent student was heard about condom followed by 70.7 percent pills, 77.7 percent Norplant and 55.3 percent Depo-provera. Vasectomy was heard by 45.3 percent girls where as each of the IUD and Laproscopy/Minilap was heard by about 37 percent of the student. In most of the cases, Chhetri students were found more informed about the different contraceptive method than other casts. More students of Hindu religion had heard about different method contraceptives, than Buddhist students. The students had known the pills as a oral method for female to prevent from unwanted pregnancy (61.7) percent followed by Depo-provera (41.3%) and IUD (25.3%). The use for the condom was known to most students of Newar whereas other methods were known in the urban area had higher level of knowledge about use of different contraceptive methods. Among the Buddhist 74percent and 71.4percent students had known to 43.8percent of the Hindu religion. In general, the students whose parents were literate and working in the non-agricultural sector had more knowledge on technique of contraceptive use. The students whose parents use contraceptive had good knowledge on technique of contraceptive use. It is also observed that 37.3 percent of the students heard about IUD but only 25.3 percent of them were able to identify it was a method which inserted into a women cervix to prevent from unwanted conception. Contraception was heard by many students but their actual knowledge was very low. (Shrestha, 1996).

A little less than three fourth of the country married woman (73.5%) were familiar with at least one method of family planning. Almost all the women who reported such knowledge knew a modern contraceptives method, (75.3%) among the individual methods, female sterilization appears to be the best known contraceptives methods followed by male sterilization, Pill and inject able. 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 considerable less known. Less 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 program from which the over whelming majority of woman obtain their contraceptives. (K.C et. al, 2000)

Adolescents are particularly more vulnerable to reproductive health because of lack of information and access to relevant services. The population census 2001 reveled that the adolescents aged 10-19 years constitutes 23.6 percent of the total population (CBS, 2001).

The mean age to marriage for female increased form 15.4 years,in 1961 to 18.1 years in 1991 and to 19.5 years in 2001. In the case of young girls of 20-24 years, 30 percent were never married in 1961 but increase to 77 percent in 2001.The annual rate of births per, 1000 women aged 15-19 and 20-24 years showed a declining trend during the last four decade. However, there has been still high fertility rate among adolescents overall 21 percent of adolescents girls aged 15-19 are already mothers or pregnant with their child the age specific fertility rate (ASFR) in both urban and ruler is the highest among 20-24 years age group (CBS population monograph of Nepal, 1995 and 2001).

Adolescents lack reliable reproductive health information and thus the basis knowledge to male responsible choices regarding their reproductive behaviors yet in many countries around the world, leader, community members, and parents are reluctant to provide education on sexuality to young men and women for fear that it will lead to promiscuity. However, many adolescents are already sexually active, often at very young ages. The reproductive health status of young people is quite important because is lays the foundation for our demographic future (Pathak, 1996).

Knowledge of contraception is still limited in some of the least developed countries of Asia and in much of sub-Saharan Africa. The percentage of women who know of place to obtained family planning information and services is often lower than the percentage knowing about contraception lack f knowledge of service may reflect either their inaccessibility or ineffective publicity. A minority of women (between 27 and 48%) know of family planning cutlet in Yemen, Burkina, Faso, Mali, Niger, Nigeria, Senegal, Uberia, Madagascar and Pakistan (UNFA, 1999, 67-69). The same source shows that proportion between 50 and 80% were registered in another 14 of the 50 countries with this indicator available. There are also many countries (27 of the 50) where 80% or more women know of an outlet (UNFPA 1999:67-69)

There is little difference in the percentage that has heard of at least one method of contraception by back ground characteristics the high level of knowledge could be attributed to the successful dissemination of family planning messages through the mass media, (NDHS, 2001:67-68).

Knowledge of contraceptive method is presented for ever married and currently married women and men by specific method findings from the 2001 NDHS shows that knowledge of at cast one modern method of family planning is nearly universal in Nepal with little difference between women and men .the most widely known modern contraceptive methods among both ever married and currently married women are female sterilization (99 percent), male sterilization (98%) inject able(97%) the pill (93%) and condom (91%) four in five women know of implants a little more than one in two women have heard of the IUD, while two in five women have heard of vaginal methods This pattern is similar for ever married and currently married men except that men and relatively more likely than women to have heard of condoms, virginal methods and the IUD and are less likely to have heard of inject able and pills A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in the case of women, only 55 percent of then knowledge of any traditional method reported knowledge of traditional method is much higher among men (more then 80%) one of the reasons for the low reporting of knowledge of a traditional method may be that these methods one not included in the government family planning programmed and women may be reluctant to mention them since they are not widely accepted. (Sigdel, 2006).

Lack of access to service points may not be the main reason women do not make use of family planning services using data from 13 Demographic and health surveys form Africa, Asia and Latin America UNFPA (1995) found that one of the main reasons for non use was the concern about health and side effects associated with contraceptive use. Accessibility of high quality family planning services was also highlighted Cairo in the 1994 international conference on population and Development (ICPD) programmed of action on quality of care.

The most appropriate concept is access with quality, clients needs both (Bongaarts and Bruce, 1995:66).

New information, new understanding and new approaches promise to help me become full partners in better reproductive health, Men as well as women play key roles in reproductive health, including family planning, but increasing men's participation has been difficult. Mostly the family planning methods have directed towards women and men methods are neglected. However it is realized that women can not only reduce the growing population. Both men and women are responsible for it. It implies that family planning is not only concern of either men or women but of both (population journal 2004).
There has been a five- fold increase in the percentage of currently married women, who have heard about modern methods of contraception in the last 20 years (from 21 percent in 1976 to nearly 100 percent in 2001).This high level of knowledge is a result of the successful dissemination of family planning massages through the mass media as well as interpersonal communication established though FCHVs and TBAs. (MOPE, 2004: 34).

Of the world 6.1 billion population in 2000, over one billion people (19.1percent) belonged to the age group 10-19. The Asia region comprises 712 million people in this age group. According to united nation medium-variant projection, in the world as a whole the number of person in the age group 10-19 will confine to grow, reaching 1253 million by the year 2025, while in Asia this number will decline to 698 million by the year 2025 (united nations 2001). The population in the age group 15-19, here after referred to an adolescent wills also experience a remarkable change during the period 2000-2025. In 2000, there were 554 million adolescents living in the world, of which 48.5 percent were females. Over three fifths (62 percent) of these adolescent belong to Asia. In these regions, 9 percent of the total populations in 2000 were adolescents. The largest number of adolescents resides in south and south-west Asia (45 percent) followed by east and north-east Asia (33.6 percent). According to united nation medium variant projections, the world adolescent's population will increase by 40 million to 594 million by 2010, while in Asia it will increase 17 million to 358 million by 2010. While the world's adolescent population will continue to grow to 619 million by

2025, Asia will witness a fall in its adolescent's population to 348million by 2025, dropping to 7percent of the total population. (gubhaju, 2002:3)

The reproductive health and rights of adolescents are growing concern today. The program of action adopted at the international conference on population and development (ICPD), held at Cairo in 1994, Stresses the importance of addressing ASRH and rights issues and promoting responsible SRH behavior(UN 1994). Their reproductive health status is quite important because it lays the foundation for our demographic future. There is lack of detail information on adolescents, their reproductive health and right. Whatever information available at the national level is available for late adolescents (especially married mans) 15-19. Thus, information for early married and unmarried adolescents (10-14) and unmarried late adolescents (15-19) are lacking so it is difficult to generalize the whole adolescent population from the information available from married adolescent population is 15-19. (Pathak, Handout).

CHAPTER THREE

3.1 Research Design and Methodology

3.2 Study site and it's justification

Shree Tika Vidya shram Secondary school Sanepa, Lalitpur was selected as an area of study to complete this dissertation. This School was selected for the point of view that all categories of student, whether they belonged to higher status using the all medias to achieve knowledge about family planning or they belonged to lower status unable to face with such medias are included in their. This school is situated in ward no.2 of Caliper Sub-Metropoliticy of Lalitpur district of central development region. This is one of the wide qualities of government school of this district. This school is located nearly East-North part of the Sub-Metropoliticy which is about 5 km away from ring road. This school is surrounded by multi racial, multi religious, multi-cultural and multi economic background peoples.

3.3 Target Population

I had targeted 120 numbers of students of Grade 8, 9 and 10 as a part of study. But there were 108 students. Although it was 10% less as targeted due to lack of students in those Grades, but it had not affected the main propose of study.

3.4 Research Method

The Survey questionnaire consisted of 45 questions to measure knowledge and attitude towards family planning method .This Survey has included yes/no questions and close-ended type scales for attitudinal responses. These sought questions 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 conception. These included age, gender, caste, religion, birth order, parents' educational and occupational status, family size, media facilities, knowledge and attitude about contraception etc. Model of questionnaire is included in **Annex 1.**

3.5 Types of Study

After proceeding the data, the questionnaire filled by students were checked up manually and fill in table accordingly. Simple Percentage and cross frequency tables were made to present information according to the study objectives. So the study was basically focused on analytical method and the results will also include simple percentage and descriptive measures.

3.6 Sampling Method

The study was mainly based on primary data which were collected through non-probability sampling method. For this research had taken response from respective classes at once. All information was taken from the means of questionnaire.

3.7 Specific Objectives of the Study area

To get success and be effective for a work, we should think about its objectives first. To achieve those objectives we had processed certain activities. The overall objective of the study was to collect and analyze base information regarding knowledge and attitude of family planning among the secondary school adolescent students both male and female.

- ✓ To examine the knowledge of family planning among secondary level students.
- ✓ To identify the attitude of family planning.
- ✓ To examine the opinion of the secondary level students on use of contraception in the future.

3.8 Data Collection

In Bishak of 2064, self administered questionnaire were given to the students in presence of population subject teacher Uma Bist and another subject's teacher Mukash, Buddha and Muna for data collection. For further process one period time (45 minutes) was given to each class. Class ten taken at first after then class nine and than class eight. Before distributing the questionnaire a five to ten minute orientation was given to clear out the purpose and meaning of the survey and way of filling the questionnaire to the students.

3.9 Data Processing

All the questions were preceded. The questionnaires filled up by the students were 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.

3.10 Data Analysis

A general analysis of the status of knowledge and attitudes towards family planning of the adolescent secondary school students were 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 result was also included simple percentage and descriptive measures.

CHAPTER FOUR

4. Socio-Economic and Demographic Characteristics of Respondents

Socio-economic and demographic characteristic plays important role in the development of family as well as society. This chapter provides the information on socio-economic and demographic characteristic of Shree Tika Vidyashram Secondary School mainly secondary level students of Lalitpur Municipality in Lalitpur district.

4.1 Socio-Economic Characteristics of Respondents

A Socio-economic characteristic includes occupational, educational status of respondent's parent's physical facilities at home etc.

Table 4.1: Distribution of Respondents According to Occupation Status of Parents (Father/Mother)

Occupation status	Father		Mother		Both father and mother	Percent
	Number	Percent	Number	Percent		
Agriculture	34	31.5	18	16.7	52	24.1
Services	14	12.9	8	7.4	22	10.2
Business	50	46.3	8	7.4	58	26.9
Housework	_	_	69	63.9	69	31.9
Others*	10	9.3	5	4.6	15	6.9
Total	**108**	**100**	**108**	**100**	**216**	**100**

Source: Field Survey, 2007

Others : - Wages, Laborers, Ploughmen.*

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

Majority (46.3%) of respondents fathers were involved in business followed by 31.5 percent in agriculture, 12.9 percent in services and 9.3 percent were involved in others likewise wages, labors, Ploughmen. But no body involved in housework, whereas majority (63.9%) of the respondents reported that their mothers were engaged in household works similarly about 16.7 percent was involved in agriculture, 7.4 percent in services, 7.4 percent in business and 4.6 percent in others likewise wages, labor, Ploughmen.

Table 4.2: Distribution of Respondents According to Parent's Educational Attainment (Father/Mother)

Education level	**Father**		**Mother**	
	Number	**Percent**	**Number**	**Percent**
Primary Level	40	54.8	20	60.6
Secondary Level	27	36.9	10	30.3
Campus Level	6	8.2	3	9.1
Total	**73**	**100**	**33**	**100**

Source: Field Survey, 2007

The table depicts the fact that majority of the respondents fathers completed primary level of education (54.8%) followed by secondary level (36.9%) and campus level (8.2). In regards to mother's education attainment, it was found that more than 60 percent mother's had primary level education followed by 30 percent completed secondary level and 9 percent mother's were completed there campus level education. This shows that mother's secondary level education had poor than father but campus level education had poor than mother's education. The following bar diagram can clarify this issue.

Fig 4.1: Distribution of Respondents Father/Mother's Educational Level and Number.

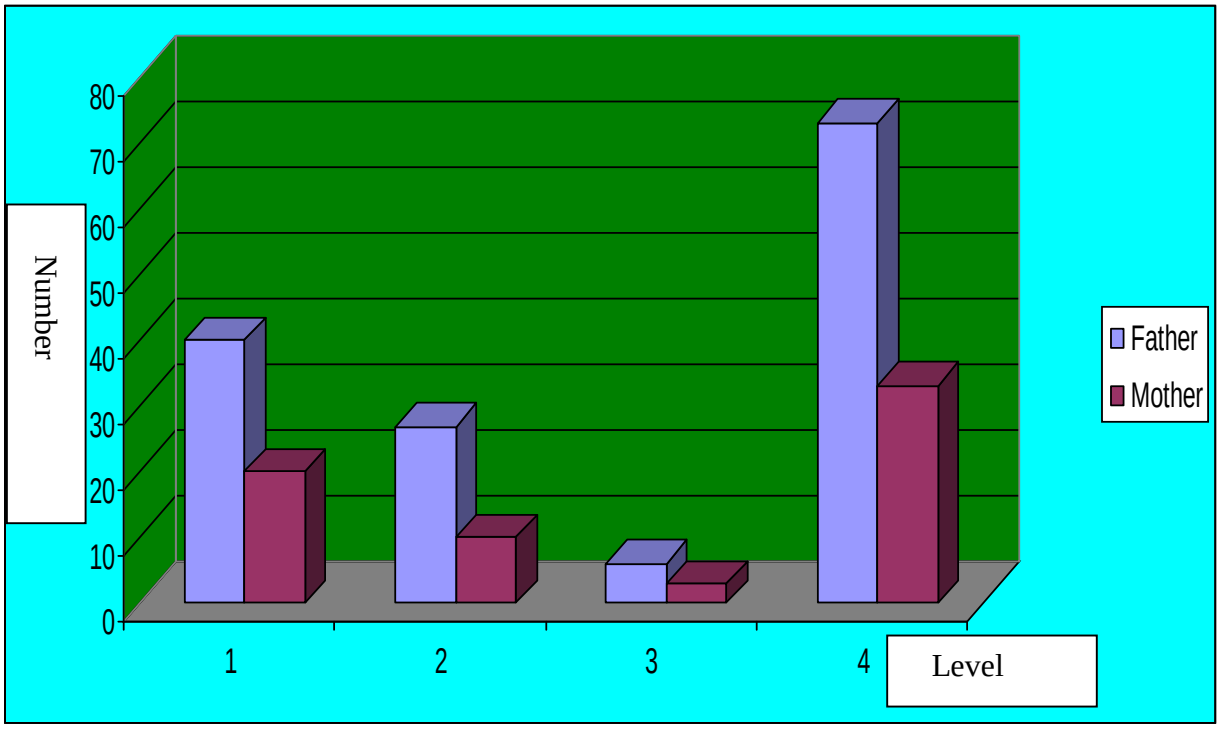

Table 4.3: Distribution of Respondents According to Physical Facilities at Home

Physical Facilities	Frequency	Percent
Radio	99	91.7
TV	85	78.7
Electricity	92	85.2
Solar	15	13.9
Biogas	13	12.0
Total	**108**	

Source: Field Survey, 2007

Note: Total Percent may exceed 100 due to multiple responses

Physical facility also plays important role in demographic and behavioral knowledge of contractive method and attitudes towards it. It is also related to the socio- economic status of the family. Among total respondents about 92 percent respondents had radios and 85.2 percent have electricity in their home and 78.7 percent respondents have T.V in their home,

13.9 percent respondents said that they had solar power in their home. Similarly 12 percent respondents had facility of biogas.

4.2 Demographic Characteristic of Respondents

Demographic characteristic 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 the table 4.4, we see greater numbers of students were in class ten, 35.2 percent respondents were in class ten and 34.3 percent were in class 9 and 30.6% in class 8. By sex total male are 54.6 percent. 63.6 percent in class 8, 56.7 percent in class 9 and 44.7 percent in class 10. Similarly total females are 45.4 percent. Respectively were in class ten followed by 55.3 percent, class nine followed by 43.2 percent and 36.4 percent in class eight. This table also shows that the percentage of male student is higher fore both 8 and 9 class but in class 10 female students is higher than male students.

Table 4.4: Distribution of Respondents by Class and Sex

Class	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	Percent
8	21	63.6	12	36.4	33	30.6
9	21	56.7	16	43.2	37	34.3
10	17	44.7	21	55.3	38	35.2
Total	**59**	**54.6**	**49**	**45.4**	**108**	**100**

Source: Field Survey, 2007

This is further classified by the following pi-chart.

Figure 4.2: Distribution of Respondents by Sex

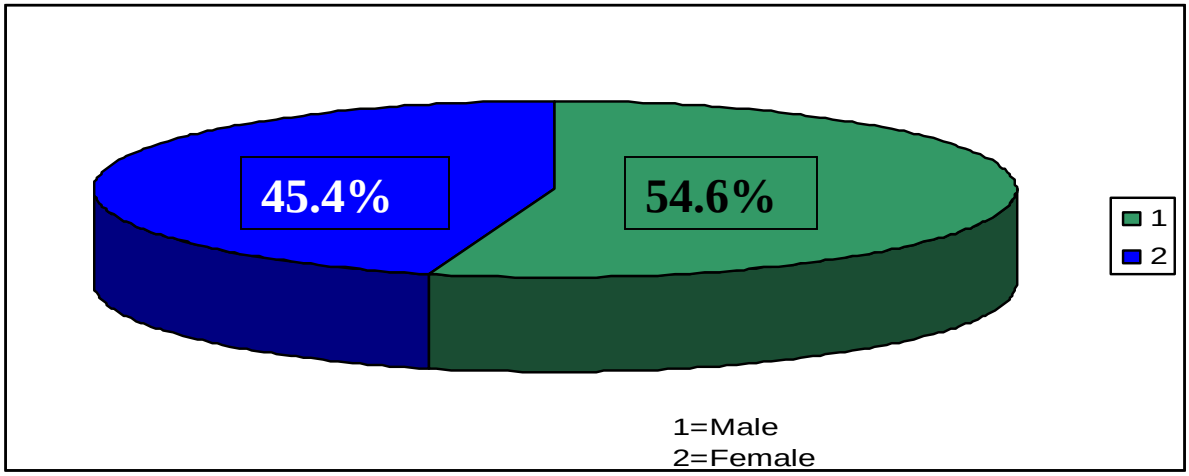

Table 4.5:-Distribution of Respondents by Age

Age	Frequency	Percent
13	9	8.3
14	12	11.1
15	29	26.8
16	35	32.4
17	12	11.1
18	7	6.5
19	4	3.7
Total	**108**	**100**

Source: Field Survey, 2007

This table shows the percent distribution respondents by age, which indicates that higher percent of respondent fall in age 16 years (32.4%) followed by 26.8 percent in age 15 years. Likewise there were 11.1 percent each in 14 and 17 years, 8.3 percent in 13 years 6.5 percent in 18 years and 3.7 percent in 19 years.

4.2.2 Marital Status of Respondents

In the study area, 100 percent respondents were unmarried for both sexes. Detail status of Respondents is as below;

Table 4.6: Distribution of Respondent by Marital Status

Married	**Frequency**	**Percent**
Yes	–	–
No	108	100
Total	**108**	**100**

Source: Field Survey, 2007

4.3 Cast/Ethnicity

Distribution of Respondent by Caste is explain as table no. 4.7.

Table 4.7: Distribution of Respondent by Caste

Caste	**Frequency**	**Percent**
Barhmin	19	17.6
Chhetri	19	17.6
Tamang	13	12.0
Newar	12	11.1
Tharu	12	11.1
Janjati	11	10.2
Magar	8	7.4
Lama	8	7.4
Dalit	5	4.6
Gurung	1	0.9
Total	**108**	**100**

Source: Field Survey, 2007

From the above table we can see that the similar percentage of Brahmin and Chhetri which is (17.6%) respondents followed by Tamangs (12.0%) Newar and Tharu are (11.1%) Ganjati are (10.2%) Magar and Lama are (7.4%) Dalit are (4.6%) and Gurungs are only (0.9%).

4.4. Region of the Respondents

Distribution percent of respondents by religion indicates that higher percent of respondents were Hindus (76.8%). Buddhists are 19.4 percent and 3.7 percent respondents are in Christine. It concludes that majority of students were Hindus at Tika Vidyashram Secondary school. Distribution percent of respondents by religion is shown in table no. 4.8, as below;

Table 4.8: Distribution of Respondents by Religion

Religion	**Frequency**	**Percent**
Hindu	83	76.8
Buddhist	21	19.4
Islam	–	–
Christine	4	3.7
Total	**108**	**100**

Source: Field Survey, 2007

CHAPTER FIVE

5. Knowledge and Attitudes Toward Contraceptives

This chapter analyzes the knowledge and attitudes towards family planning among students of Shree Tika Vidyashram Secondary School at Sanepa of Lalitpur district.

5.1 Knowledge of Contraceptive Methods

This study was conducted to find the knowledge about contraceptive among secondary school students. Respondents were asked whether they had heard about family planning methods or not. All the respondents said that they had heard about family planning methods.

Table 5.1: Distribution of the Respondents who have Knowledge about Contractive by Sex

	Male		Female	
	Number	**Percent**	**Number**	**Percent**
Any Modern Method				
Female sterilization	33	55.9	29	59.2
Male sterilization	26	44.1	22	44.9
Pills	14	23.7	27	55.1
IDU	9	15.3	11	22.5
Injectables	12	20.3	16	32.6
Implants	9	15.3	2	4.1
Condom	32	54.2	32	65.3
Foam/Jelly	6	10.2	8	16.3
Traditional Method				
Periodic abstinence	_	_	1	2.0
Withdrawal	_	_	_	_
Total	**59**	**_**	**49**	**_**

Source: - Field survey, 2007

Note: Total percent may exceed 100 due to multiple respondents

Table 5.1 shows knowledge of contraceptive methods among total respondents. Among total respondents the most widely known modern contraceptive methods was sterilization. Male had better knowledge about condom (54.2%) and female had also better knowledge about condom (65.3%). Nearly 55.9% male had heard about female sterilization followed by male sterilization (44.1%) Pills (23.7%) Injectables (20.3%) IUD and Implants (15.3%) and Foam/ Jelly (10.2%).Likewise, 59.2 percent females had knowledge about female sterilization followed by pills (55.1%), male sterilization (44.9%), Injectables (32.6%), IUD (22.5%), Foam/jelly (16.3%) and Implants (4.1%). A greater proportion of male and female were reported knowledge about modern method than a traditional method only 2 percent female had heard about Traditional periodic abstinence method. But males are not heard about Traditional method while observing survey data.

Fig 5.1: Distribution of the Respondent by Sex and Number.

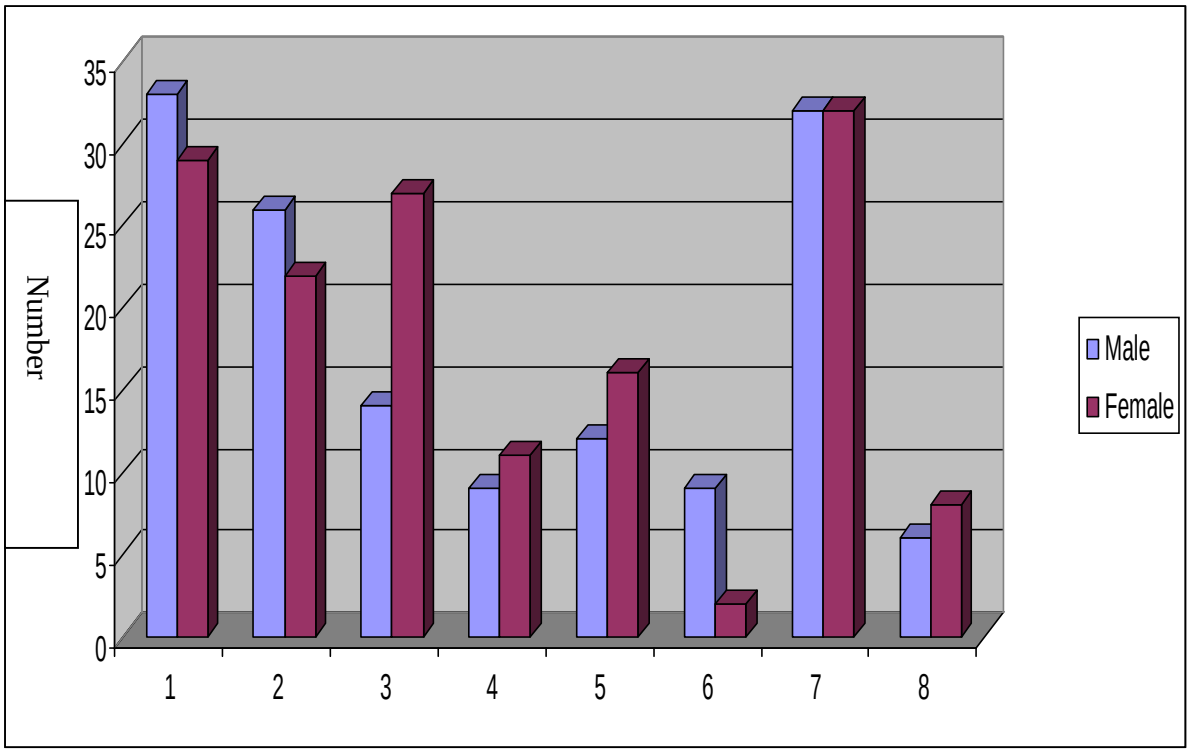

Table 5.2: Distribution of Respondents according to their knowledge on Source of Information of Family Planning

Sources of information	Number	Percent
Government Hospital, Clinic	49	45.4
PHC, Health Centre	18	16.7
Health post	45	41.7
Sub-health post	10	9.3
FCHV	4	3.7
Others government sector	–	–
FPAN	1	0.9
Mariestopes	1	0.9
ADRA	1	0.9
Nepal Red Cross	10	9.3
Other non-government sector	–	–
Private Hospital/Clinic/Nursing Home	10	9.3
Pharmacy	3	2.8
Radio	57	52.8
Television	52	48.2
Magazine	36	33.3
Course Book	43	39.8
Friend	38	35.2
Family Members	24	22.2
Total Number of Respondents	**108**	

Source: Field Survey, 2007

Note: Total Percent may exceed 100 due to multiple respondents

According to the above table about 52.8 percent respondents have known about family planning through radio, followed by television (48.2%), similarly, government sector like hospital, clinic (45.4%), 41.7 percent from health posts, 39.8 percent knew it form course books, 35.2 percent knew it from there friends, 35.2 percent from reading magazine and 22.2 percent knew it from family members. 16.7 percent from PHC, health centre. 9.3 percent from sub-health post, Nepal red cross, private hospital/clinic/nursing home. 3.7 percent from FCHV, 2.8 percent from pharmacy and 0.9 percent from FPAN, Mariestopes and ADRA. By analyzing the table, we can conclude that many of the respondents had known about family planning through electric media, government hospital/clinic, health post , course book, friend

and so on rather than other governmental or non-governmental institutions who have opened especially for health concern.

5.2 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 unmarried students were asked about their intention to use family planning in the future. Shown that majority of (65.7%) of the respondents they are unsure on future use of family planning.

The results shown in table 5.3 among total respondents, 20.4% reported that they intend to adopt a family planning method in the future, 13.9 percent said that they don't intend to use any methods and 65.7 percent were unsure. Fifty eight percent of them felt hesitation for any reply. There was equal number of respondents for intend to use family planning and do not intend to use family planning and do not intend to use after marriage. But there is difference in percentage of male and females who didn't intend to use contraceptive after their marriage, 15.3 percent males and 26.5 percent females were intend to use family planning methods in future. But 16.9% males and 10.2% females reported that they didn't intend to use any contraceptives. Similarly more males (76.8%) than females (63.3%) express that they were unsure about whether they use contraceptives or not after marriages.

Table 5.3: Distribution of Respondents Who Intention to use Contraceptive Method After Marriage by Sex

Intention	**Sex**				**Total**	
	Male		**Female**			
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Intend to use	9	15.3	13	26.5	22	20.4
Unsure	40	67.8	31	63.3	71	65.7
Doesn't intend to use	10	16.9	5	10.2	15	13.9
Total	**59**	**100**	**49**	**100**	**108**	**100**

Source: Field survey, 2007

Table 5.4: Distribution of Respondents who Intention to use Contraceptive Method After Marriage by Specific Method According to Sex

Contraceptive	Male		Female	
Modern Method	**Number**	**Percent**	**Number**	**Percent**
Female Sterilization	4	44.4	9	69.2
Male Sterilization	1	11.1	1	7.7
Pills	_	_	5	38.5
IUD	_	_	_	_
Injectables	_	_	_	_
Implants	_	_	_	_
Condom	6	66.7	1	7.7
Foam/Jelly	1	11.1	_	_
Traditional method				
Periodic abstinence	_	_	_	_
Withdrawl	_	_	_	_
Total	**9**		**13**	

Source: Field survey, 2007

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

An important indicator of changing demand for family planning is the extent to which non users of contraception plan to use contraception in future. Respondents who intend to use contraceptive in future were asked which method they preferred to use. Table 5.4 indicates that majority of male (66.7%) respondents preferred condom after their marriage followed by (44.4%) said that female sterilization and (11.1%) of them prefer male sterilization and foam/jelly. Like wise, among female respondents majority (69.2%) of them preferred female sterilization which is followed by their preference to pills (38.5%). Likewise, an equal percent (7.7%) of them prefer male sterilization and condom. Nobody was found to use Traditional method like periodic abstinence and withdraw method after their marriages.

Table 5.5: Distribution of Respondents who do not intend to use Contraceptive According to Main Reason by Sex

	Male		Female		Total	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Fertility related reason	11	18.6	8	16.3	19	17.6
Opposition to use	8	13.6	8	16.3	16	14.8
Lack of knowledge	33	55.9	29	59.2	62	57.4
Method related reasons	7	11.9	4	8.2	11	10.2
Total	**59**	**100**	**49**	**100**	**108**	**100**

Source: Field survey, 2007

The respondents who didn't intend to use contraceptive and unsure to use of contraceptives in future were asked main reason why they didn't intend to use contraceptive in the future. In their response most of them (57.4%) reported that they didn't intend to use contraception in future because of lack of knowledge at that time. There was 17.6% of them said that fertility related reason, 14.8 percent said that opposition to use contraception and 10.2 percent said that method related reason. By sex higher percent of male in two reason that are fertility related reason(18.6%) and method related reason(11.9%) but low in opposition to use (13.6%) and 11.9 percent in method related reason than female. Likewise, higher percentage of female reported in lack of knowledge (59.2%), there was equal percentage for fertility related reason and opposition to use any contraceptive methods (i.e.16.3%) and method related reason (8.2%) was female.

5.3 Knowledge of Fertile Period

The table 5.6 shows the knowledge of fertile period among secondary school students. Among respondents, 52.6 percent male and 47.4 percent female in class 8 who had heard about fertile period , 52.6 percent female and 47.4 percent male in class 9 who had heard about fertile period and in class 10 53.3 percent female and 46.7 percent male had heard about fertile period. This 5.6 table indicates that only total 19 students had heard about fertile period in class 8 and 9. But 30 students had heard it in class 10.

Table 5.6: Distribution of Respondents who heard about Fertile Period by Sex

Class	Sex					
	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
8	10	52.6	9	47.4	19	100.0
9	9	47.4	10	52.6	19	100.0
10	14	46.7	16	53.3	30	100.0

Source: Field survey, 2007

N=108, Students are Respondents.

5.4 Knowledge about Side Effects of Family Planning

Respondents were asked whether they had knowledge about the side effects of family planning or not. The respondents having the knowledge about the side effects of family planning were asked about the types of side effects which are clarified by table 5.7.

Table 5.7: Distribution of Respondents according to their Knowledge on Side Effect of Family Planning

Knowledge about side effects	Frequency	Percent
Yes	43	39.8
No	65	60.2
N	**108**	**100**
Types of side effect of family planning	Number	Percent
Heavy Bleeding	40	93.0
Spotting	24	55.8
Weight Gain	33	76.7
Weight Loss	35	81.4
Eye Problem	26	60.5
Laziness	31	70.1
Vomiting	34	79.1
n*	**43**	**100**

Source: Field survey, 2007

** Percent may exceed 100 due to multiple respondents, respondents are those who have knowledge on side effect.*

Among total respondents 60.2 percent of them didn't knew about any side effects of family planning, while remaining 39.8 percent knew about it. Majority of the students were unaware about the issue.

Out of the total respondents who have knowledge on side effect, 93 percent of them reported that family planning not good because women face heavy bleeding problem similarly 81.4 percent reported that it is not good because women had weight loss. Likewise 79.1 percent reported that it is not good because it becomes vomiting. 76.7 percent reported that it is not good because women had weight gain. 72.1 percent reported that it becomes laziness. 60.5 percent reported that it is not good because women face eye problem and 55.8 percent reported that women face spotting. In conclusion we find that majority of them had known that family planning causes heavy bleeding to women.

5.5 Knowledge about Purpose of Family Planning Methods

Table 5.8: Distribution of Respondents according to knowledge on Purpose of Family Planning Services

Knowledge on family planning purpose	Number	Percent
Yes	74	68.5
No	34	31.5
Total	**108**	**100**

Source: Field survey, 2007

This table shows the knowledge about purpose of family planning services of respondents. When the respondents were asked if they had any knowledge about purpose of family planning service, 68.5 percent said yes and remaining about 32 percent said No. This result can be very much optimistic.

Table 5.9: Distribution of Respondents according their Knowledge on Purpose of Family Planning Service

Types of Purpose of family planning services	Number	Percent
Birth Spacing	17	22.9
Birth control	52	70.3
Prevention from STD/HIV/AIDS	3	4.1
Prevent unwanted Pregnancy	14	18.9
Saving women's lives	3	4.1
Safe Sex	14	18.9
All of the above	18	24.3
Total	**74**	-

Source: Field survey, 2007
Note: Total percent may exceed 100 due to multiple respondents.

The total respondents who know about purpose of family planning services 70 percent of them reported that family planning is for birth controls followed by all of above (24.8%),22.9 percent reported that birth spacing, 18.9 percent said that prevent unwanted pregnancy and safer sex(18.9%) and 4.1 percent said that prevention from STD/HIV AIDS and saving women's lives.

5.6 Knowledge on Family Planning According to Class by Age and Sex

The knowledge of family planning in the students according to class by the age and sex who was determined which is evident in table 5.10. The table provides to the information on family planning knowledge among adolescent according to class by age and sex, majority respondents of class 10 were of 16 to 19 years age group. From this age group 32 respondents know about family planning, where 56.3 percent were female and 43.8 percent were male have knowledge about family planning. In the next age group 13 to 15, only six respondents knew about family planning, whereas 57.9 percent male and 42.1 percent female known about it. Likewise, in class nine and 25 respondents in class 8 who were in 13 to 15 years age group. From this age group 56 percent were male and 44 percent were female. In the next age group 16 to 19, only 8 respondents had known about it. Whereas 87.5 percent were male and 12.5 percent were female. By the table we can say that respondents from the age group had better knowledge about family planning.

Table 5.10: Distribution of Respondents who have Knowledge on Family Planning According to Class by Age and Sex

Class	Age group	Sex			Total
		Male		Female	
8	13-15	Number (%)	14(56.0)	11(44.0)	25(100)
	16-19	Number (%)	7(87.5)	1(12.5)	8(100)
9	13-15	Number (%)	10(55.6)	8(44.4)	18(100)
	16-19	Number (%)	11(57.9)	8(42.1)	19(100)
10	13-15	Number (%)	3(50.0)	3(50.0)	6(100)
	16-19	Number (%)	14(43.8)	18(56.3)	32(100)

Source: Field survey, 2007

5.7 Attitude Towards Contraceptive Methods

This section analyzes the attitude towards family planning among the secondary school students. Attitudes towards family planning includes attitudes towards condom, attitudes towards pills, attitudes towards IUD attitudes towards injectable, attitudes towards disadvantages of family planning methods.

Table 5.11: Distribution of Respondents According to their Attitude Towards Condom

Attitude	Frequency	Percent
Use for Male	73	67.6
Use for Female	5	4.6
Use for both Male and Female	18	16.7
Don't know	12	11.1
Total	**108**	**100**

Source: Field survey, 2007

Among total respondents most of the respondents (67.6%) reported that condom is used by male while 16.7 percent of them said it can be used both male and female. It indicates that some respondents had heard female condom (femendom) as well. Eleven percent of

respondents said that they had no knowledge about condom likewise; nearly 5 percent was used by females.

Table 5.12: Distribution of Respondents According to Attitude Towards Pills

Attitudes	Frequency	Percent
Oral pills for Male	4	3.7
Oral pills for Female	88	81.5
Don't Know	16	14.8
Total	**108**	**100**

Source: Field survey, 2007

In this Table, we see 81.5 percent respondents had known pills as oral pills for female. 14.8 percent said they didn't now about it and nearly 4 percent said pills as oral for male.

Table 5.13: Distribution of Respondents According to Attitude Towards IUD

Attitudes	Frequency	Percent
Three Monthly device for Male	7	6.5
Three Monthly device for Female	94	87.0
Device inserted into women's uterus for 10 to 12 Years	5	4.6
Don't know	2	1.9
Total	**108**	**100**

Source: Field survey, 2007

This table shows respondents attitude towards IUD. Majority of respondents (87.0%) had reported that three monthly device for female. Followed by 6.5 percent attitudes towards IUD was three month device for male , device inserted into a women's uterus for 10 to 12 years was (4.6%) and don't know (1.9%).

Table 5.14: Distribution of Respondents According to their Attitude Towards Injectable

Attitude	Frequency	Percent
Three Monthly device for Male	7	6.5
Three Monthly device for Female	52	48.2
A Yearly injection for Male	2	1.9
A Yearly injection for Female	27	25.0
Don't know	20	18.5
Total	**108**	**100**

Source: Field survey, 2007

Most of the respondents (48.2%) reported that injectable as three monthly injection for females followed by a yearly injection for female (25.0%). 6.5 percent respondents said that three monthly injection for male and nearly 2 percent of respondents said that a yearly injection for male. This table indicates that still 18 percent of respondents didn't express their view towards injectable. This is clarified by the following pi-chart.

Figure 5.2: Distribution of Respondents According to their Attitude Towards Injectables

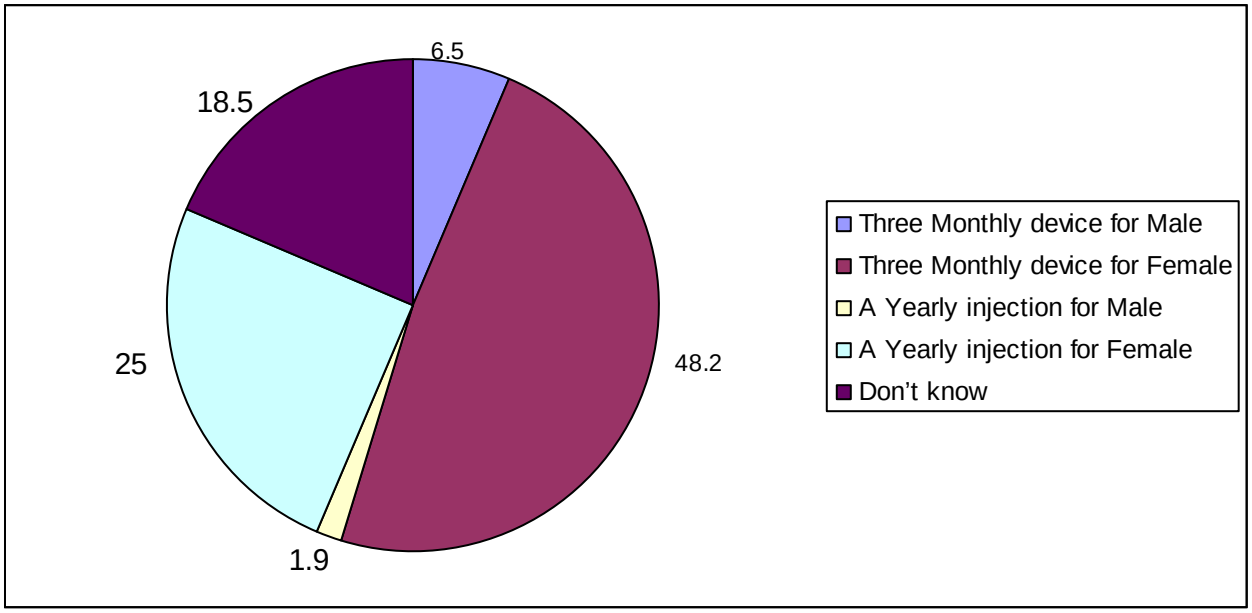

Table 5.15: Distribution of Respondents According to their Attitude Towards Disadvantages of Family Planning Method

Disadvantage of FP Method	Frequency	Percent
No Privacy	3	2.8
Side effects	10	9.3
Sexual displeasure	5	4.6
Chance of failure of contractive	3	2.8
Don't know	87	80.6
Total	**108**	**100**

Source: Field survey, 2007

The respondents were asked about disadvantages of family planning. In response 80.6 percent respondents don't know about any disadvantages of family planning. Among the respondents, who had attitude about disadvantages of family planning, 9 percent respondents said side effects follo0wed by sexual displeasure (4.6%) and no privacy and change of failure of contraceptives are equal percent (2.8%).

Table 5.16: Distribution of Respondents According to their Opinion towards Family Planning

Opinion toward family Planning	Frequency	Percent
Birth control	74	68.5
Reducing the population	2	1.9
Birth Spacing	26	24.8
Making family happy	1	0.9
Safer sex	4	3.7
Saving women's life	1	0.9
Total	**108**	**100**

Source: Field survey, 2007

In this opinion question majority of respondents had reported that 68.5 percent were family planning was birth control, followed by 24.8 percent were said that birth spacing , 3.7 percent said that safer sex, 1.9 percent reported that reducing the population and there was equal percentage for making family happy and saving women's life (0.9%) . This table respondents shows that birth control was family planning.

CHAPTER SIX

6. SUMMARY, CONCLUSION 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 behavior 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 only. In context of Nepal as well many adolescents are unaware of it.

This research has been done to help adolescents for their knowledge and attitudes about family planning and to know their knowledge, attitude and behavior about it. This study present the current level of 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 Shree Tika Vidyashram secondary school Sanepa in Lalitpur 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.

This study includes total 108 students of class 8,9and 10. Among them 33 are taken from class 8 by the census method and 37 students taken from class 9 and 38 student taken from class 10. Out of 33 in class 8, there were 21 boys and 12 girls. Similarly out of 37 in class 9, there were 21 boys and 16 girls. But in class 10 there were 17 boys and 21 girls among the 38 students.

All 108 students were distributed on questionnaire for one .All 45 questions in the questionnaire 44 were closed ended and only one question in the questionnaire was open ended.

All one hundred and eight students included in this research were from 13 to 19 years old. Among them majority (32.4%) of them were16 years, and minority (3.7%) were of 19 years. Likewise, while observing at them on the basis of caste there were Bramin, Chhetri, Tamang, Newar, Thauru, Janjati, Magar, Lama, Dalit and Gurung etc. studying in the school. Where, Brahmin students and Chhetri's students were in majority. They were 17.6 percent. From religious observation, we get, 76.8 percent students out of total 108 were Hindus and 19.4 percent were Buddhist. Only remaining 3.7 percent were from Christine.

Majority students of this research were children of Business man. While looking at students' parents' occupation about 46.3 percent fathers were involved in Business and 63.9 percent mothers were engaged in housework. Rest students parents only were involved in services, agriculture and other occupations. In academic qualification, majority fathers and mothers had acquired only primary education, among them 54.8 percent fathers and 60.6 percent mothers were with their primary education.

As physical facility 91.7 percent students has radio in their homes, 78.7 percent others had TV which runs by electricity. By it we know, the student's main medium (source) for information was radio. While observing at knowledge of students about family planning 65.3 percent girls had heard about condom and 59.2 percent girls had heard about female sterilization while 55.9 percent boys had heard about female sterilization followed by 59.2 percent boys had heard about condom. Girls had heard more about traditional methods than boys. Similarly, modern method also heard girls are found ahead.

All of respondents are unmarried that is why students were asked whether they would use or not method of family planning in their future. In response, only 20.4 percent students were found wanted to use methods of family planning. All remaining others were included as unsure and not intended to use.

Among the one's who intend to use methods of family planning in there future 69.2 percent of girls want female sterilization whereas 66.7 percent of boys preferred to use condom and no body want to use the traditional methods. There were 11.1 percent boys who prefer foam/ jelly for his wife and 7.7 percent girls who prefer male sterilization for her husband. Similarly 44.4 percent boys prefer female sterilization for his wife and 7.7 percent girls prefer condom to use her husband and 38.5 percent girls prefer pills in their future to control birth as well as safe there life from unwanted pregnancy. The students who didn't intend to use any method of family planning and those who were unsure whether they will use or not gave methods related reason.

Only 68 students out of 108 have known about fertile period. Likewise, 81.5 percent had good attitude towards pills, which is followed by condom with support of 67.7 percent students other 48.2 percent had positive attitude about injectable. But unfortunately very low percent had IUD, which was only 4.6 percent.

Radio becomes the main source of knowledge to 52.8 percent students. Television and course books are other influence source. But governments and non-governmental sector have only limited influence as source of information. Government sector was slightly good than the non-governmental sector information.

In this study 60.2 percent students were found not having knowledge of any side effects of family planning. Among those who know about side effects, 93 percent said heavy bleeding. Likewise, only 55.8 percent said spotting as side effect of family planning, 74 respondents in this research had known the purpose of family planning where 70.3 percent said the purpose to birth control. A great number of students (87) were found any disadvantage of family planning and among the one's who had known about said side effect to be main disadvantage.

In age wise division and observation, got majority (59) students of age group 16-19 had known about family planning. While there were 49 students of age group 13-15 also knew about it.

6.2. CONCLUSION

Adolescents of today are percent of future generation. They couldn't be ignored when talking about various aspects of population. Adolescence is a critical period in a person life. Contraceptive knowledge and attitudes of adolescents can be improved the successful implementation of population programs. In case of our country we have such type of programmers in a very limited member and its successful implementation is very low.

From the research it was found that majority parent's of students were engaged in business, agricultural, housework, occupation. Majority parents had got education up to primary level only. Many respondents were found not known about any methods of family planning. It can be cause of lack of information about family planning in primary level. There is a saying, if female is educated, family becomes educated. But majority of mother's of respondents were engaged in housework and didn't have good education. This also can be one reason for female respondents had more knowledge about family planning than male respondents.

Radio was the main source of knowledge about family planning as the majority of them had radio facility in their home. Likewise Television and course book was another main source for such information. Female respondents had a better knowledge about family planning than male have. Majority of respondents didn't have positive attitude toward family planning. Many students said "don't know" in response to family planning related questions. Therefore, they should clear in these issues. Students didn't have proper knowledge about side effects of family planning. Heavy bleeding was main side effects of family planning. Heavy was main side effect in majority student's understanding. In spite of teaching of environment, health and population studies from sit classes onwards, major students lack of knowledge on the subject matter.

6.3 RECOMMENDATIONS

This study was done in Shree Tika Vidyashram Secondary School among 108 students of class 8, 9, and 10 to know about their knowledge and attitude towards family planning. During the study many weakness were found to solve many drawbacks the following are:-

1. Knowledge about family planning was found better in female students than males in this study. So, male should be made aware by launching different program like family health program.
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 students' attitude about family planning was not positive for that subject teachers should make them clear on the issue.
4. From the research it was found that radio was the main source of contraceptive knowledge. Availability of only radio and TV is not sufficient for proper contraceptive knowledge and attitudes. They should be informed time to time about reproductive health, sexual health and family planning.
5. The education system should include in depth information on contraceptive in order to provide enough knowledge to adolescent's timely updated curriculum should be prepared in order to include mast current information.
6. Many students said that they won't use any devices of family planning in future (after their marriage). Therefore, Program should be launched to increase positive attitude of students toward family planning. Likewise, government should make all birth limiting and birth spacing tools easily available in all parts of the country.
7. Many students should be informed about fertile period.
8. Many students said heavy bleeding is the main side effect of using devices of family planning. So, these students are found to be unaware of appropriate side effects. For that they should be taught on the topics.
9. Students from Islam community prefer not to use methods of family planning and want many children in future due to the religious cause. Therefore, program of information should be launched to increase awareness about essence of family planning.
10. Most of the students had poor effective knowledge it is necessary to emphasis on information education and communication (IEC) program.

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Annex 1

Tribhuvan University

Central Department of Population studies

(For the purpose of M.A dissertation 2007)

Questionnaire

Title: - "Knowledge and Attitudes toward Family Planning (A case study of Shree Tika Vidyashrma Secondary School adolescent at Sanepa in Lalitpur district)."

Name of student: - **Class:-**

Sex: - **Total no. of student in class:-**

Date:-

Group 'A'

Individual characteristic

S.N	Questions	Coding Categories	Skip
1	How old are you?	Complete Year [_____]	
2	What is your cast?	Brahmin----------1 Chhetri ----------2 Magar ----------3 Other (Specify)-------4	
3	What is your religion?	Hindu ----------1 Buddhist ----------2 Islam ----------3 Christine----------4 Others (Specify) ----5	
4	Have you always attended your school?	Yes ----------1 No----------2	
5	What is your birth order?	[_____]	

Group 'B'

Household Characteristic

6	**How many Members are there in your family?**	**No of family members [_____]**	
7	**How many Brothers and Sisters do you have?**	**No of brothers [_____]** **No of sisters [_____]**	
8	**What is your father main occupation?**	**Agriculture----------1** **Services----------2** **Business----------3** **Others----------4**	
9	**What is your mother main occupation?**	**Agriculture----------1** **Services----------2** **Business----------3** **Housework----------4** **Others----------5**	
10	**Can your father read and write?**	**Yes----------1** **No----------2**	**Q.N.12**
11	**If yes, what is his level of education?**	**Primary level----------1** **Secondary level----------2** **Campus level----------3**	
12	**Can your mother read and write?**	**Yes----------1** **No----------2**	**Q.N.14**
13	**If yes, what is her level of education?**	**Primary level----------1** **Secondary level----------2** **Campus level----------3**	
14	**Do you Have following facilities in your home?**	**Radio----------1** **Television----------2** **Electricity----------3** **Solar----------4** **Bio-gas----------5**	
15	**Does your family have toilet facility?**	**Yes----------1** **No----------2**	**Q.N.17**
16	**If yes, what type of facilities do you have?**	**Kachchi----------1** **Pakki----------2**	

Group 'C'

Knowledge and Attitudes on Family Planning Methods

17	**Have you ever heard about Family planning method?**	**Yes----------1** **No----------2**	**Q.N.19**
18	**If yes, Which method do you have heard?**	**<u>Any modern method</u>** **Female sterilization ----------1** **Male sterilization----------2** **Pill ----------3** **IUD----------4** **Injectables----------5** **Implants----------6** **Condom----------7** **Foam/Jelly----------8** **<u>Any traditional method</u>** **Periodic abstinence ----------9** **With drawl----------10**	
19	**Are you married?**	**Yes----------1** **No----------2**	**Q.N.27**
20	**If yes, Have you ever used any family planning devices?**	**Yes----------1** **No----------2**	**Q.N.22**
21	**If yes, which method have you used?**	**<u>Any modern method</u>** **Female sterilization ----------1** **Male sterilization----------2** **Pill ----------3** **IUD----------4** **Injectables----------5** **Implants----------6** **Condom----------7** **Foam/Jelly----------8** **<u>Any traditional method</u>** **Periodic abstinence ----------9** **With drawl----------10**	**Q.N.26**
22	**Do your husbands or your wife use any family**	**Yes----------1** **No----------2**	**Q.N.26**

	planning devices now days?		
23	**If, yes, which device are you using?**	**<u>Any modern method</u>** **Female sterilization ----------1** **Male sterilization----------2** **Pill ----------3** **IUD----------4** **Injectables----------5** **Implants----------6** **Condom----------7** **Foam/Jelly----------8** **<u>Any traditional method</u>** **Periodic abstinence ----------9** **With drawl----------10**	
24	**From where did you get those devices?**	**Government sector----------1** **Non-government sector--------2** **Private sector----------3** **Others----------4**	
25	**Why did you bring the device from that institute?**	**To get chipper service----------1** **Being near----------2** **For it's good service----------3** **For secrecy ----------4**	
26	**If not, what are the main reasons for not using any family planning devices?**	**Wanting child----------1** **Because or** **Pregnancy----------2** **Because of religion city--------3** **Because of disagreement of husband /wife----------4** **Lack of knowledge ----------5** **Costly----------6** **Far ----------7** **Others----------8**	
27	**If no (Q.N.19) have you planned to use any contractive after marriage or in future?**	**Intends to use----------1** **Unsure----------2** **Does not intend to use----------3**	
28	**If intended to use, which method will you use?**	**<u>Any modern methods</u>**	

		Female sterilization----------1 **Male sterilization----------2** **Pill ----------3** **IUD----------4** **Injectables----------5** **Implants----------6** **Condom----------7** **Foam/Jelly----------8** **<u>Any traditional methods</u>** **Periodic abstinence----------9** **Withdrawal----------10**	
29	**From where will you bring those devices?**	**Government sector----------1** **Non-government sector--------2** **Private sector----------3** **Others ----------4**	
30	**What time taken to reach source of contraception?**	**Time in minutes----------**	
31	**What reasons for not intending to use contraception?**	**<u>Reason</u>** **Fertility related region --------1** **Opposition to use ----------2** **Lack of knowledge----------3** **Method related region---------4**	
32	**Have you ever heard of fertile period?**	**Yes----------1** **No----------2**	
33	**Condom, a temporary method of family planning is?**	**Use for male ----------1** **Use for female----------2** **Use for both male and Female----------3** **Don't know----------4**	
34	**Pills (Nilocon,Gulaf) a temporary method of family planning is ?**	**Oral pills for male----------1** **Oral pills for female----------2** **Don't know ----------3**	
35	**IUD a temporary method of family planning is?**	**Three monthly devices for men----------1** **Three monthly devices for female----------2** **Device inserted into a women's uterus for ten to twelve year----------3**	

		Don't know----------4	
36	**Injectables a temporary method of family planning is?**	**Three monthly injection for men----------1** **Three monthly injection for female----------2** **A yearly injection for** **Male----------3** **A yearly injection for** **Female----------4** **Don't know----------5**	
37	**What are the sources of information about family planning method?(multiple responses)**	**<u>Government sector</u>** **Government hospital,** **Clinic----------1** **Phc. health centre----------2** **Health post----------3** **Sub-health post----------4** **FCHV----------5** **Others----------6** **<u>Non-government sector</u>** **FPAN----------1** **Mariestopes----------2** **ADRA----------3** **Nepal red cross----------4** **Others----------5** **<u>Private medical sectors</u>** **Private hospital/clinic/nursing home----------1** **Pharmacy ----------2** **<u>Others source</u>** **Radio ----------1** **Television----------2** **Magazine----------3** **Course book ----------4** **Friend----------5** **Family members----------6**	
38	**How many children do you want to have in future?**	**No of children [_____]**	

39	**Do you know any side effects of family planning?**	**Yes----------1** **No----------2**	**Q.N.41**
40	**If, yes, please mention what type?**	**Heavy bleeding----------1** **Spotting ----------2** **Weight gain----------3** **Weight loss----------4** **Eye problem----------5** **Laziness----------6** **Vomiting----------7** **Others----------8**	
41	**Do you know the purpose of family planning services?**	**Yes----------1** **No----------2**	**Q.N.43**
42	**If yes, What is the Purpose (multiple responses)?**	**Birth spacing----------1** **Birth control----------2** **Prevention from STDS/HIV/AIDS----------3** **Prevent unwanted** **Pregnancy----------4** **Saving women's life----------5** **Safer sex----------6** **All of above----------7**	
43	**What do you think are the disadvantages of family planning methods?**	**No privacy----------1** **Side effects ----------2** **Sexual displeasure----------3** **Chance of failure of** **Contractive----------4** **Don't know----------5**	
44	**In your opinion, how many children better to have for a family?**	**No of sons [_____]** **No of daughters [_____]**	
45	**In your opinion what is the family planning?**	**----------**	