Final Report

NEEDS ASSESSMENT

FOR THE ESTABLISHMENT OF
ADOLESCENT FRIENDLY CLINIC IN BIR HOSPITAL

Prepared by
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(Principal investigator)

Co- Investigators
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NHRC, Kathmandu Nepal
Foreword

The social and health problem that adolescents face are serious. Their right to information, education and services to protect their reproductive health has been well under stood and accepted now globally. If this is not provided adolescents will increasingly be at risk and fail to develop responsible and safe relations. Early and unprotected sex exposes adolescents especially the teenage girls to serious health risks. Globally more than 15 million girls between 15-19 give birth each year. In Nepal also there is the tradition of early marriage and child bearing, endangering the life of both mother and her child Many pregnancies are unplanned and unwanted and the adolescents tend to resort to unsafe abortion illegally carried out under clandestine. STDs, HIV/AIDS are known to be on the increase among young people and again it is the girls who are at greatest risks. A serious complication of unsafe abortion and lack of early treatment of STDs is an increased risk of infertility. The social and emotional trauma of infertility is deep in our country.

Adolescents in developing countries seldom have access to proper SRH services or counselling. Consequently they often resort to private health services or ineffective and harmful self treatment. We do know that regular public contraceptive services are inaccessible to the unmarried adolescents. Moreover they are not willing to use the facility for fear or on moral grounds and they do not want to discuss their problems openly. Lack of confidentiality, anonymity and long waiting hrs. in the general OPD also discourages them to utilise the facility.

The present study has been carried out with the financial support of NHRC as an initial needs assessment survey on SRH of adolescents for the establishment of youth friendly clinic in Bir hospital.

Nepal Society of Obstetricians and Gynaecologists (NESOG) - a Professional Organisation has been working in the field of adolescent health and development. In this context the Society organised a sensitising seminar to the Health Authorities and other stakeholders in May 2000 and organised an International Conference in April 2001 with the Theme "Adolescent Health: Strength for National Development". Many papers related to Adolescent Health were presented by National and International Speakers and the problems were discussed.

NESOG is in the process of developing a manual and conducting a training programme for the counsellors in the field of Adolescent Health and Development with the financial support from FHD/WHO. The trained manpower will be useful in the adolescent friendly health services.

We are thankful to the Director of Bir hospital for allowing us to conduct the survey in Bir Hospital and other staffs of the FP,MCH clinic of Bir Hospital who helped us in the research work. We would like to express our sincere thanks to the headmasters and class teachers of the respective schools for their help and for allowing us to conduct the interview and providing the necessary arrangements for the FGD.

We express our heartfelt thanks to the adolescents who participated in our study. We extend our sincere thanks to Mr. Ramesh Uprety and his team for the preparation of the questionnaires and Data analysis on the computer.

I am thankful to the members of our research team especially Dr. Sudha Sharma President NESOG without whose continuous support and input this paper would not have been possible to complete. I owe a great to Dr. Chanda Karki, and Dr. Chandra Hira Kansakar who have worked with me throughout the research programme.

Last but not the least our sincere thanks goes to NHRC for providing us the financial support.

Dr. Meera Ojha
Principle Investigator.
Abstract

Adolescents in developing countries seldom have access to proper SRH services or counselling. Consequently they often resort to private health services or ineffective and harmful self treatment. We do know that regular public contraceptive services are inaccessible to the unmarried adolescents. Moreover they are not willing to use the facility for fear or on moral grounds and they do not want to discuss their problems openly. Lack of confidentiality, anonymity and long waiting hrs. in the general OPD also discourages them to utilise the facility.

The present study had been conducted by the members of NESOG with the financial support of NHRC as an initial needs assessment survey on SRH of adolescents for the establishment of youth friendly clinic in Bir hospital.

It was observed from the study that although the knowledge on puberty, menstruation and menstrual hygiene were quite good, the practice on menstrual hygiene were very poor. More than 40% of the respondents received information regarding sex at the age of 15-19yrs. But in schools it was found that some of them knew at the age of 10yrs. There were some misconceptions regarding STDs and AIDS.

The knowledge and Attitudes regarding sex and sexuality were different among the girls from different background. The Adolescent girls in Bir Hospital were less knowledgeable than their counterparts in schools. Similarly the girls of Co-ed schools were less knowledgeable in some issues than their parts in girls school.

The results from the study will be utilised for the initiation of the establishment of Youth friendly clinics in Bir hospital, which will be a model clinic for the adolescent SRH services.

The prevailing attitude and misconception about sexual relations, customs of early marriage, sexuality can be changed by proper counselling in the youth centre.

The proposed study ultimately aims at protecting adolescent girls, one of the vulnerable group in Nepali society as well as boys from STD, HIV/AIDS infection and unwanted pregnancies. Indirectly this may have effect on health care costs saved as well as healthy days gained.
Executive Summary

1. Introduction

According to the action plan of the 1994 International Conference of Population Development (ICPD) in Cairo, HMG MOH has recognised adolescent health and development as one of the priority areas. Reports of unwanted pregnancy and unsafe abortion among teenage girls often resulting in serious complications and even deaths as well as the early age at which the boys and girls in particular are infected with STD and increasingly threatened by HIV infections have alerted the health policy makers. Sexuality is a sensitive topic and is not discussed in the public. The premarital sex is shrouded in silence and has connotations of extreme shame. Abortion is by law a crime.

2. Objective

The fundamental objective of the survey was to collect the adequate data on knowledge, attitude and practice of adolescents on SRH. The present study aims at carrying a survey of adolescents aged 14-19 yrs studying in some selected secondary school of Kathmandu Valley as well as the adolescent clients visiting FP, MCH OPD of Bir Hospital.

3. Methodology

The survey was based on primary source of data collection through anonymous structured questionnaires. In depth questionnaires and FGD were used for sensitive issues like sex and sexuality. Three secondary schools, of which two were co-eds. (Durbar High School and Nandi Ratri High School) and one girls school (Padma Kanya High School) were selected to find out the difference among the knowledge attitude and perception on sex and sexuality of the adolescents and youth studying in homogenous and heterogeneous group. Altogether 300 forms were distributed only 269 responded.

Questionnaires were developed in Nepali.
Separate questionnaires were developed for the adolescent client visiting FP, MCH of Bir Hospital which was filled up by the interviewer. Altogether 200 clients interviewed.
Two FGD in Schools and three in Bir Hospital were undertaken for qualitative analysis.

4. Major findings of the survey

4.1 Hospital

Out of 200 adolescents interviewed about 80% were aged 16-19 yrs. and majority belonged to Brahmin, Chhetri, and Newars, and 47% were married. There were 20% teenage pregnant girls attending the clinic. Nearly 18% of the clients were illiterate and majority of them attended the clinic for some gynaecological problems and for ANC. There were 2% STD cases.
Majority of the clients were well informed about knowledge on puberty, but most of them were practising poor menstrual hygiene. About 40% of the respondents received information regarding sex at the age of 15-19 yrs. Though the sources were varied they got the information mostly from friends. Majority said the right age of marriage for boys and girls should be between 20-24 yrs 60% said the girls should bear children at the age 20 or above. Almost all of them knew at least one method of contraception. About 54% were well informed about STD, HIV/AIDS and majority of them could correctly state the signs and symptoms of STD. Most of them had the knowledge of mode of transmission of HIV and how to prevent it. But there were some misconception like kissing and sharing the toilets and mosquito also leads to transmission of HIV. Majority of them agreed that sex education is essential.

4.2. School

Altogether 300 formats distributed, only 269 responded. There were 97 girls in Padma Kanya school, 75 students (46 boys and 29 girls) in Durbar school and 97 students (53 boys and 44 girls) in Nandi Ratri school. For qualitative analysis two FGD carried out. There were about 86% of the respondents between the age 15-19 yrs. and majority were Newars and Brahmins. 63% of the respondents were from the urban areas and almost everyone of them were having at least one or more communication facility. About 87% knew the physical changes in the body during puberty and about 90% could tell menstruation means the ability to procure and it has 28 days cycle. More than 80% of the girls experienced the first menstruation at the age 10-14 yrs. About 64% did not know the meaning of night fall. Out of those who knew it 44% said it is due to excitement and 51% said it is due to hormones. About 51% knew that the testicle is the organ responsible of producing sperms. About 80% knew about sexual relations and sources were multiple like friends, magazines, radio, TV, cinema..etc. Most of them knew at the age 13-15 yrs. About 80-90% could tell how pregnancy occurs and about 38% were having the knowledge of fertile period. Almost all of them knew at least one method of FP. Pills and condoms were the most common answer. Except five boys and two girls no body was in favour of premarital sex. When asked about their experience on sexual intercourse 92% denied and out of 16 boys and one girl who confessed of having sex the age of first contact varied from 15-16 yrs. The partners were friend and lover. About the right age of marriage and child bearing for boys and girls majority answered it should be 20 or above.

The age for giving sex education to both boys and girls should start from 13-19 was the answer from majority of them. and it should start from lower secondary class. 94% of the students were well informed about STD and AIDS and the major modes of transmission as stated by the students were varied ranging from multiple sex partner to mosquito bite and shaking hands. About 90% knew condoms is the only FP method to prevent STD transmission. Majority could share their ideas about the means of protection from HIV like avoiding unsafe sex, avoiding multiple sex partner, and use of condoms. About 84% could name some of the STDs besides AIDS.
When asked about whether they have visited any health facility for SRH problems 86% denied whereas out of 20% who visited the facility 9% confessed they visited for the treatment of STD.
When asked about the necessity of sex education for the youth in the community about 84% answered yes.
About the kind of health facility for the SRH of the youths in the community most of them said it should be convenient, easily accessible, affordable, trained manpower, preferably of the same sex.

5. Conclusion and Recommendation

Although the knowledge on puberty, menstruation and menstrual hygiene were quite good, the practice on menstrual hygiene were very poor. More than 40% of the respondents received information regarding sex at the age of 15-19yrs. But in schools it was found some of them knew at the age of 10yrs. There were some misconceptions regarding STDs and AIDS.
The knowledge and Attitudes regarding sex and sexuality were different among the girls from different background. The Adolescent girls in Bir Hospital were less knowledgeable than their counterparts in schools. Similarly the girls of Co-ed schools were less knowledgeable in some issues than their parts in girls school.
Based on the findings of the study following recommendations are suggested

➢ Counselling services on puberty should be provided before puberty starts.

➢ Proper knowledge on growth and development should be given to the adolescents to allay fears and concerns regarding developmental variations which are otherwise normal.

➢ Information on safer sex should be provided during counselling.

➢ Information on the contraceptive services should be given to prevent unwanted pregnancy thus preventing unsafe abortion.

➢ Education on STDs and HIV/AIDS should be given to the in-school and out of school adolescents to prevent and control STDs, HIV/AIDS.

➢ Adolescents have misconceptions regarding modes of transmission of HIV, therefore correct information should be provided to dispel fear and stress.

➢ Teachers and parents have negative attitudes towards sex education, therefore they should be counselled before starting sexuality education to the adolescents.
➢ SRH services should be provided through the youth friendly services.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FHD</td>
<td>Family Health Division</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FPAN</td>
<td>Family Planning Association of Nepal</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>HMG</td>
<td>His Majesty’s Government</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry Of Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
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<tr>
<td>NESOG</td>
<td>Nepal Society of Obstetrician and Gynaecologist.</td>
</tr>
<tr>
<td>NHRC</td>
<td>Nepal Health Research Council</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patient Department</td>
</tr>
<tr>
<td>PNC</td>
<td>Post Natal Care</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</tbody>
</table>
Contents

1. Introduction
   1.1 Background
   1.2 Rational
   1.3 Objectives
   1.4 Scope or utilisation of the study
   1.5 Limitation

2. Methodology
   2.1 Survey design
   2.2 Target group
   2.3 Sample size
   2.4 Collection of Data
      2.4.1 Bir hospital
      2.4.2 School

3. Ethical Consideration

4. Methods of Data Analysis

5. Outcome of the Survey
   5.1.1 Profile of Respondents in Bir Hospital
   5.1.2 In depth interview in Bir Hospital
   5.1.3 FGD in Bir Hospital
   5.2.1 Profile of respondents in schools
   5.2.2 In depth interview in schools
   5.2.3 FGD in Schools

6. Conclusion and Recommendation

7. References

8. Annexes
Introduction

1.1 Background

WHO defines adolescent as persons aged 10-19 yrs. and it is the period of transition between childhood and adulthood when young people experience biological maturation and cognitive growth. It is a period of emerging independence to explore one’s identity, accept personal and social responsibility, exercise judgement and practice the skills necessary to become a productive member of society. Life behaviours developed during this stage of life have a profound impact on the health of young people, on their adult lives and on the health of their children. Therefore, young people need opportunities to learn about themselves and their sexuality, and they need access to services that will ensure their health. Moreover, young people need to feel hopeful about their own future.

Nepal is a multiethnic and multilingual society and is basically a Hindu Kingdom with 86% Hindus and 8% Buddhists and rest Muslims and Christians. The population of Nepal has grown 20.3 million in 1996 and is projected to 22.4 million in 1998. Out of this Teen population comprises 2.4 million with an F: M ratio -- 1.2. Age and sex distribution among 15 –19 age groups is in urban population --- 11.2 Male and females are equal whereas in rural population it is 9.5 males and 9.3 females.

Nepal’s population dynamics are characterised by increase in adolescent population, decline in growth rate decline in maternal mortality and infant mortality, increase in life expectancy, decline in total fertility rate and increasing trend in urbanisation.

Adolescents are the largest block in the country. Usually they have no sex education or access to contraceptive supplies due to lack of awareness. Abortion is illegal in Nepal and any act of abortion is punishable by imprisonment to both the service provider and the woman who seeks abortion. This is the reason young adolescent with unwanted pregnancy land up with severe abortion related complications due to unsafe abortion.

Certain section of younger women is involved in commercial sex. Systematic programmes to educate them about the dangers of HIV/AIDS and STD are not adequate. At the same time large numbers of innocent young girls are being trafficked into India for commercial sex. They return home when they are infected by HIV/AIDS.

1.2 Rationale

Adolescents constitute nearly 23% of Nepal’s population and are in greater need of information and services on sexual and reproductive health. Though early sexual intercourse is not very common in Nepal it exists in some of the societies. As the average age of puberty falls and that of marriage increases sexual activity before
marriage is more likely to occur. Cultural heritage and religious norms still prefer that girls should be married before their first menstruation. Teenage pregnancy is one of the major problems in Nepal. 19% of women of age 15-19 have already had at least one birth among them. 44% had already 2-3 children before the age 20. (Family Health Survey)

STD is another problem in Nepal. Data of 1998 revealed that 165 of the HIV infected persons are in the age group 14-19. Abortion is illegal in Nepal. Anybody seeking an abortion or willing to do abortion and performing abortion is punishable under the prevailing laws (Muluki A:in 2020). Unmarried adolescents are in greater risks of unsafe abortion because of fear of punishment they seek the services of untrained persons.

Girl trafficking is serious problem in Nepal and is a major form of sexual exploitation. About 200,000 Nepalese girls have been working as commercial sex worker in different brothels of India. (Durga Ghimire 1994). When they are found with HIV infection expelled from the brothel only to return home with all the possibility of spreading the infection.

From the above facts adolescents are a group of persons having less access to information regarding puberty, marriage, human reproduction process and sexual relationships. Therefore they are at high risks of early marriage, unwanted pregnancy unsafe abortions STD and AIDS, rape and violence.

Needs assessment survey is the first and most important step of planning process. Information regarding sexuality are important that guide the curriculum designers, help to policy makers to formulate appropriate policy and strategies for the health improvement of young people. Similarly it helps to information, education and communication strategies formulation. It identifies the areas of knowledge and attitudes where support is necessary.

1.3 Objectives

- To assess the knowledge of adolescents about normal physiological changes in the body (onset of menarche and development of secondary sex characters.)
- To assess the knowledge about pregnancy, premarital sex and contraception.
- To assess the knowledge of adolescents about STD, HIV/AIDS.
- To assess the knowledge on sexuality and sex education.
- To assess their ideas on the kind of service they would like to have in youth friendly clinic.

1.4 Scope or utilisation of the study

The study has done the initial need assessment study of SRH of the adolescent clients attending in the FP, MCH OPD of Bir Hospital and the students of Grade 8 9 10 of three secondary schools of Kathmandu valley.

In the hospital it covers both the married and unmarried adolescent girls only because the clients visiting the clinic are only females. Three Govt. schools were selected out of which one was girl’s school and two were co-ed.

The results from the study will be utilised for the initiation of the establishment of Youth friendly clinics in Bir hospital, which will be a model clinic for the adolescent SRH services.

MOH has identified the adolescent health as one of the priority component of reproductive health and these type of youth friendly services will be more effective
in the long run in collaboration with MOH and can be expanded to other urban and rural settings
From the study of knowledge about STD, HIV/AIDS the on going program on STD, HIV/AIDS of MOH can be more strengthened and directed towards the adolescents.
The prevailing attitude and misconception about sexual relations, customs of early marriage, sexuality can be changed by proper counselling in the youth centre.
The proposed study ultimately aims at protecting adolescent girls, one of the vulnerable group in Nepali society as well as boys from STD, HIV/AIDS infection and unwanted pregnancies. Indirectly this may have effect on health care costs saved as well as healthy days gained.

1.5 Limitation
The present study covers 200 adolescents in Bir Hospital and 300 students of secondary schools. During the study period most of the schools were either closed or running irregularly due to some political reasons only six FGD could be arranged. The questionnaires for the Bir hospital clients and for the school children were different considering their educational status.

2 Methodology

2.3 Survey Design
The study is entirely based on primary source of information. Quantitative data are collected by structured questionnaires and qualitative data were collected through semi structured in depth questionnaires and focus group discussions.
Anticipating the inhibition from the school authorities in permitting this kind of research the schools were chosen were those whose head masters have had some training on SRH and sexuality education. The FPAN has provided RHSE training to the head masters of many schools of Kathmandu Valley.
Govt. schools were selected because they usually cater to the poorer sections of the community and are likely to reflect the knowledge of students of majority of the schools in the country.

2.4 Target Group
In Bir Hospital the adolescent girls aged 14-19 who attended the FP/MCH clinic for various gynaecological problems and also for ANC/PNC and contraceptives were selected.
In schools Students of grade 8 9 10 were selected.

2.5 Sample size
In Bir hospital 200 adolescent girls were interviewed by structured and semi structured in depth questionnaires. For qualitative analysis three FGD were undertaken.
In schools 300 students interviewed.
2.6 Collection of data / Information

A complete set of structured and semi structured anonymous questionnaires was developed covering the objectives. The research team were fully oriented on use of the formats. The questionnaires were pre tested among the school children and clients of Bir Hospital. The principal investigator and co researchers discussed the FGD methodolgy and prepared a guideline.

2.6.1 Bir hospital

The FP counsellor was instructed to select the clients aged 14-19 yrs. who have come to the OPD for various reasons. In the daily OPD hrs the selected clients were interviewed using the structured formats. On an average 4-5 clients were interviewed daily according to the patients flow. Interviews were taken after 12 PM, so that main rush of the patient will be over by that time.
Three FGD were undertaken, six in each group. The adolescent clients were selected randomly during the in depth interview. A guideline containing the list of topics to be covered was developed on FGD. The guideline was discussed thoroughly with the Moderator, facilitator and note taker on the day before the date fixed for FGD. Time was fixed on the weekend. One FGD was undertaken in one week. Consent from the parent or the guardian who accompanied the client was undertaken.
At the outset they felt shy and reluctant and would not participate in the discussion. However the facilitators made several efforts to make the discussions more participatory. The discussion initiated with easier and lighter issues like their desire and aspirations and gradually moved towards more sensitive issues like sex and sexuality.

2.6.2 Schools

The Research team visited the schools (Durbar High School, Padma Kanya High School) on different dates and discussed the research proposal with the principles of the respective schools. The principals were very much enthusiastic and were interested in the relevance and utilisation of the results.
The research team visited the student of each class on the day fixed by the team. The principal investigator introduced the team and explained the students the purpose of the visit and requested their co-operation for the research. Rapport and confidence was built up and total confidentiality ensured. Anonymous self-administered questionnaires distributed to the students by the research team. All the filled up formats were collected at the end of session.
FGD from the randomly selected sample of students, separate for boys and girls were undertaken. Altogether eight students in each FGD were selected. By using the FGD guidelines the discussions concentrated on more sensitive areas like premarital sexual relations use of contraceptives, peer pressures, STD's etc. Case studies and open-ended questions were used as the tools of extracting their knowledge on sex and sexuality.
3. Ethical consideration

Informed verbal consent from the guardian of the adolescent client in the hospital and from the class teacher of the respective schools was taken before proceeding the interview. It was assured that the data collected would be kept confidentially and not to be used in any other purpose.

4. Methods of data analysis

Data were edited before entering the computer and analysed statistically.

5. Outcome of the survey

5.1.1 Profile of the respondents in Bir hospital

A total of 200 teenage girls attending the FP/MCH clinic were interviewed. Out of 200 adolescents interviewed about 80% were aged 16-19 yrs. and majority belonged to Brahmin, Chhetri, and Newars, and 47% were married. There were 20% teenage pregnant girls attending the clinic. Nearly 18% of the clients were illiterate and majority of them attended the clinic for some gynaecological problems and for ANC. There were 2% STD cases.

Table 1. Age distribution (N=200)

<table>
<thead>
<tr>
<th>Age in yrs.</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-16</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>17-19</td>
<td>159</td>
<td>79.6</td>
</tr>
</tbody>
</table>

Table 2. Caste distribution (N=200)

<table>
<thead>
<tr>
<th>Caste</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahmin</td>
<td>94</td>
<td>47</td>
</tr>
<tr>
<td>Chhetri</td>
<td>46</td>
<td>23</td>
</tr>
<tr>
<td>Newar</td>
<td>20</td>
<td>11.5</td>
</tr>
<tr>
<td>Others (Rai, Limbu, Magar, Kami, Damai, Tharu...etc)</td>
<td>40</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Table 3. Address of the youth (N=200)

<table>
<thead>
<tr>
<th>Address</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside Kathmandu valley</td>
<td>84</td>
<td>42</td>
</tr>
<tr>
<td>Kathmandu valley</td>
<td>106</td>
<td>58</td>
</tr>
</tbody>
</table>
### Table 4. Youth accompanied by (N=200)

<table>
<thead>
<tr>
<th>Accompanying person</th>
<th>No.</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Coming alone</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>With parents</td>
<td>54</td>
<td>27</td>
</tr>
<tr>
<td>With husband</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>With friends</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>Others (relatives)</td>
<td>38</td>
<td>19</td>
</tr>
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</table>

### Table 5. Marital status (N=200)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>106</td>
<td>53</td>
</tr>
<tr>
<td>Married</td>
<td>94</td>
<td>47</td>
</tr>
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### Table 6. Educational status (N=200)

<table>
<thead>
<tr>
<th>Education</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Primary</td>
<td>32</td>
<td>16.5</td>
</tr>
<tr>
<td>Middle</td>
<td>75</td>
<td>37.5</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>56</td>
<td>27</td>
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### Table 7. Occupation (N=200)

<table>
<thead>
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<th>Occupation</th>
<th>No</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Student</td>
<td>90</td>
<td>45</td>
</tr>
<tr>
<td>Service</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Business</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>Housewife</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>2.5</td>
</tr>
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</table>

### Table 8. Reason for attending the clinic (N=200)

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<tr>
<th>Reason</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>OBGYN</td>
<td>177</td>
<td>88.5</td>
</tr>
<tr>
<td>Contraceptive advice</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>2.5</td>
</tr>
</tbody>
</table>

### Table 9. Diagnosis (out of the OBGYN cases) (N=177)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual disorders</td>
<td>96</td>
<td>54.2</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>35</td>
<td>10.7</td>
</tr>
<tr>
<td>W/d p/v</td>
<td>27</td>
<td>15.2</td>
</tr>
<tr>
<td>STD</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>2.5</td>
</tr>
</tbody>
</table>
5.1.2 In depth interview in Hospital.

In depth knowledge were rated as well informed for those having good knowledge, less informed for those who could not answer anything and fairly informed for those who had some knowledge. Majority of the clients were well informed about knowledge on puberty, but most of them were practising poor menstrual hygiene.

About 40% of the respondents received information regarding sex at the age of 15-19 yrs. Though the sources were varied they got the information mostly from friends. Majority said the right age of marriage for boys and girls should be between 20-24 yrs 60% said the girls should bear children at the age 20 or above. Almost all of them knew at least one method of contraception.

About 54% were well informed about STD, HIV/AIDS and majority of them could correctly state the signs and symptoms of STD. Most of them had the knowledge of mode of transmission of HIV and how to prevent it. But there were some misconception like kissing and sharing the toilets and mosquito also leads to transmission of HIV. Majority of them agreed that sex education is essential.

Table 10. Knowledge of adolescents on puberty (physical growth) (N=200)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less informed</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Fairly informed</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Well informed</td>
<td>106</td>
<td>53</td>
</tr>
</tbody>
</table>

Table 11. Knowledge on menstrual hygiene (practices during menstrual cycle) (N=200)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>169</td>
<td>84.5</td>
</tr>
<tr>
<td>Good</td>
<td>31</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Table 12. Knowledge on pregnancy, contraception, premarital sex, and dangers of unsafe abortions. (N=200)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less informed</td>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>Fairly informed</td>
<td>46</td>
<td>23</td>
</tr>
<tr>
<td>Well informed</td>
<td>100</td>
<td>50</td>
</tr>
</tbody>
</table>
Table 13. Adolescent first exposure to the information regarding sex. (N=200)

<table>
<thead>
<tr>
<th>Age in yrs.</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>51</td>
<td>25.8</td>
</tr>
<tr>
<td>15-19</td>
<td>81</td>
<td>40.6</td>
</tr>
<tr>
<td>No response</td>
<td>67</td>
<td>33.6</td>
</tr>
</tbody>
</table>

Table 14. Knowledge on family life (N=200)

<table>
<thead>
<tr>
<th>Ideal age of marriage (boys)</th>
<th>Age in yrs.</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10-14</td>
<td>1</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td>15-19</td>
<td>11</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>20-24 yrs.</td>
<td>88</td>
<td>43.85</td>
</tr>
<tr>
<td></td>
<td>25-29 yrs.</td>
<td>64</td>
<td>31.83</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>36</td>
<td>18.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideal age for marriage (girls)</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14 yrs.</td>
<td>3</td>
<td>1.54</td>
</tr>
<tr>
<td>15-19 yrs.</td>
<td>52</td>
<td>26.12</td>
</tr>
<tr>
<td>20-24 yrs.</td>
<td>106</td>
<td>52.76</td>
</tr>
<tr>
<td>25-29 yrs.</td>
<td>9</td>
<td>4.68</td>
</tr>
<tr>
<td>No response</td>
<td>30</td>
<td>15.14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideal age for child bearing</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>19</td>
<td>9.88</td>
</tr>
<tr>
<td>20-24</td>
<td>112</td>
<td>55.05</td>
</tr>
<tr>
<td>25-29</td>
<td>36</td>
<td>18.17</td>
</tr>
<tr>
<td>30-34</td>
<td>5</td>
<td>1.43</td>
</tr>
<tr>
<td>35 and above</td>
<td>3</td>
<td>1.43</td>
</tr>
<tr>
<td>No response</td>
<td>25</td>
<td>12.84</td>
</tr>
</tbody>
</table>

Table 15. Knowledge on FP methods. (N=200)

<table>
<thead>
<tr>
<th>FP methods (Multiple answers)</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>114</td>
<td>57.36</td>
</tr>
<tr>
<td>Condoms</td>
<td>164</td>
<td>81.83</td>
</tr>
<tr>
<td>Injectable</td>
<td>106</td>
<td>53.29</td>
</tr>
<tr>
<td>Norplant</td>
<td>114</td>
<td>57.36</td>
</tr>
<tr>
<td>IUD</td>
<td>101</td>
<td>50.38</td>
</tr>
<tr>
<td>Sterilization</td>
<td>103</td>
<td>51.87</td>
</tr>
<tr>
<td>Knowledge of any one method of FP</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>
### Table 16. Knowledge on STD, HIV/AIDS (N = 200)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly informed</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Fairly informed</td>
<td>51</td>
<td>25.5</td>
</tr>
<tr>
<td>Well informed</td>
<td>109</td>
<td>54.5</td>
</tr>
</tbody>
</table>

### Table 17. Correct knowledge on STD (multiple answers) (N=109)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal discharge</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Urethral discharge</td>
<td>61</td>
<td>30.28</td>
</tr>
<tr>
<td>Genital ulcer</td>
<td>62</td>
<td>31.15</td>
</tr>
<tr>
<td>Lower abdominal pain</td>
<td>51</td>
<td>25.5</td>
</tr>
<tr>
<td>Burning micturition</td>
<td>57</td>
<td>28.06</td>
</tr>
</tbody>
</table>

### Table 18. Knowledge on modes of transmission of HIV, AIDS (multiple answers) (N=109)

<table>
<thead>
<tr>
<th>Modes of transmission</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual contact with HIV infected persons</td>
<td>91</td>
<td>45.55</td>
</tr>
<tr>
<td>HIV infected blood transfusion</td>
<td>91</td>
<td>45.56</td>
</tr>
<tr>
<td>Sharing HIV infected needles by drug abusers</td>
<td>90</td>
<td>44.72</td>
</tr>
<tr>
<td>Infected mother to child</td>
<td>86</td>
<td>43.06</td>
</tr>
</tbody>
</table>

### Table 19. Knowledge on prevention of AIDS (n=109)

( Multiple answers)

<table>
<thead>
<tr>
<th>Avoiding sex</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practising single sex partner</td>
<td>86</td>
<td>43.06</td>
</tr>
<tr>
<td>Using condoms</td>
<td>85</td>
<td>42.78</td>
</tr>
<tr>
<td>Avoiding sex with commercial sex worker</td>
<td>32</td>
<td>16.34</td>
</tr>
<tr>
<td>Avoiding sharing needles</td>
<td>33</td>
<td>16.75</td>
</tr>
<tr>
<td>Avoiding infected blood transfusion</td>
<td>23</td>
<td>11.62</td>
</tr>
<tr>
<td>Avoiding sharing shaving razor blades</td>
<td>10</td>
<td>5.06</td>
</tr>
<tr>
<td>Avoiding mosquito bite</td>
<td>1</td>
<td>0.14</td>
</tr>
</tbody>
</table>
Table 20. False beliefs on HIV, AIDS (N=117)

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosquito bite</td>
<td>41</td>
<td>20.86</td>
</tr>
<tr>
<td>Kissing</td>
<td>19</td>
<td>9.82</td>
</tr>
<tr>
<td>Sharing swimming pool</td>
<td>12</td>
<td>6.39</td>
</tr>
<tr>
<td>Shaking hands</td>
<td>11</td>
<td>5.7</td>
</tr>
<tr>
<td>Sitting together</td>
<td>15</td>
<td>7.6</td>
</tr>
<tr>
<td>With drawl</td>
<td>19</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Table 21. Attitudes on needs of sex education (N=200)

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>178</td>
<td>88.89</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>3.06</td>
</tr>
<tr>
<td>Do not know</td>
<td>13</td>
<td>6.39</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

5.1.3 Focus group discussions in Bir hospital

Altogether three FGD were undertaken, six clients in each group. The areas of discussions were.

5.1.3.1 Knowledge of puberty, menstruation and menstrual hygiene.

Almost all agreed that puberty meant growing up. 50% had the vague idea how the menstruation starts and almost all of them shared their bitter experience of being segregated during the first menstrual cycle in a separate dark room. Almost 90% were having the habit of using old rags to hold the menstrual blood.

5.1.3.2 Knowledge about pregnancy, contraception, premarital sex, dangers of unsafe abortion.

About 50% could answer how pregnancy occurs and about 60% agreed that premarital sex is no good. Sex after marriage was an accepted comment from every one. There were four married teenagers who knew the hazards of unsafe abortion but they were not using any contraceptive methods to prevent pregnancy. Most of them remarked the right age of marriage for the girls is 20 and for the boys 24 two of them preferred love marriage for better understanding.

5.1.3.3 Knowledge about STD, HIV/AIDS

50% had heard about STD from friends, TV, magazines. It was quite interesting that almost all them considered white discharge P/N is a form of STD. Some of them about 2 or 3 in the group could name some other forms of STD like gonorrhoea syphilis besides AIDS. Almost every one contributed their ideas on modes of transmission of AIDS and how it is prevented. There was a young girl who feared that she might have contracted STD because she was haring the under garments of her sister who was married and suffering from STD.
5.2 Profile of the respondents in the schools

Out of 300 formats 269 responded, out of which 170 were girls and 99 were boys. There were only 13.53% among the age group 10-14 yrs. Higher proportion of the youths i.e. 86.47% were among 15-19 yrs. age group. 32.34% belong to the Newar community whereas 22.35% belong to Brahmin community, rest were in the minority group.

Majority of them came from urban society (63.5%) 31.23% fathers and 56.13% of the mothers of the respondents were illiterate. 20% of the respondent’s parents were farmers whereas 25% of them were holding Govt. jobs.

Almost all of them were having one or more than one form of media at home.

Table 22. Age Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male Count</th>
<th>Male Col %</th>
<th>Female Count</th>
<th>Female Col %</th>
<th>Group Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 14</td>
<td>12.00</td>
<td>12.12</td>
<td>24.00</td>
<td>14.37</td>
<td>36.00</td>
</tr>
<tr>
<td>15 - 19</td>
<td>87.00</td>
<td>87.88</td>
<td>143.00</td>
<td>85.63</td>
<td>230.00</td>
</tr>
<tr>
<td>Group Total</td>
<td>99.00</td>
<td>100.00</td>
<td>167.00</td>
<td>100.00</td>
<td>266.00</td>
</tr>
</tbody>
</table>

Table 23. Caste Distribution

<table>
<thead>
<tr>
<th>Caste</th>
<th>Male Count</th>
<th>Male Col %</th>
<th>Female Count</th>
<th>Female Col %</th>
<th>Group Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahman</td>
<td>26.00</td>
<td>26.26</td>
<td>34.00</td>
<td>20.00</td>
<td>60.00</td>
</tr>
<tr>
<td>Chhetri</td>
<td>15.00</td>
<td>15.15</td>
<td>32.00</td>
<td>18.82</td>
<td>47.00</td>
</tr>
<tr>
<td>Newar</td>
<td>20.00</td>
<td>20.20</td>
<td>67.00</td>
<td>39.41</td>
<td>87.00</td>
</tr>
<tr>
<td>Magar</td>
<td>5.00</td>
<td>5.05</td>
<td>1.00</td>
<td>0.59</td>
<td>6.00</td>
</tr>
<tr>
<td>Gurung</td>
<td>5.00</td>
<td>5.05</td>
<td>11.00</td>
<td>6.47</td>
<td>16.00</td>
</tr>
<tr>
<td>Rai</td>
<td>7.00</td>
<td>7.07</td>
<td>3.00</td>
<td>1.76</td>
<td>10.00</td>
</tr>
<tr>
<td>Limbu</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
<td>1.00</td>
</tr>
<tr>
<td>Tamang</td>
<td>14.00</td>
<td>14.14</td>
<td>12.00</td>
<td>7.06</td>
<td>26.00</td>
</tr>
<tr>
<td>Yadav</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
<td>1.00</td>
</tr>
<tr>
<td>Jha</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
<td>1.00</td>
</tr>
<tr>
<td>Others</td>
<td>5.00</td>
<td>5.05</td>
<td>4.00</td>
<td>2.35</td>
<td>9.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>2.00</td>
<td>2.02</td>
<td>3.00</td>
<td>1.76</td>
<td>5.00</td>
</tr>
<tr>
<td>Group Total</td>
<td>99.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
</tr>
</tbody>
</table>

Table 24. Place of residence

<table>
<thead>
<tr>
<th></th>
<th>Male Count</th>
<th>Male Col %</th>
<th>Female Count</th>
<th>Female Col %</th>
<th>Group Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>49.00</td>
<td>49.49</td>
<td>122.00</td>
<td>71.76</td>
<td>171.00</td>
</tr>
<tr>
<td>Rural</td>
<td>44.00</td>
<td>44.44</td>
<td>39.00</td>
<td>22.94</td>
<td>83.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>6.00</td>
<td>6.06</td>
<td>9.00</td>
<td>5.29</td>
<td>15.00</td>
</tr>
<tr>
<td>Group Total</td>
<td>99.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
</tr>
</tbody>
</table>
### Table 25. Education of parents

<table>
<thead>
<tr>
<th>Father Education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Stated</td>
<td>66.00</td>
<td>24.54</td>
</tr>
<tr>
<td>Primary</td>
<td>34.00</td>
<td>12.64</td>
</tr>
<tr>
<td>Lower secondary</td>
<td>2.00</td>
<td>0.74</td>
</tr>
<tr>
<td>Secondary</td>
<td>42.00</td>
<td>15.61</td>
</tr>
<tr>
<td>Higher Secondary</td>
<td>13.00</td>
<td>4.83</td>
</tr>
<tr>
<td>Bachelor and Above</td>
<td>28.00</td>
<td>10.41</td>
</tr>
<tr>
<td>Illetreate</td>
<td>84.00</td>
<td>31.23</td>
</tr>
<tr>
<td>Total</td>
<td>269.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Table 26. Occupation

#### Father

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Count</th>
<th>Col %</th>
<th>Female</th>
<th>Count</th>
<th>Col %</th>
<th>Group Total</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>31.00</td>
<td>31.63</td>
<td></td>
<td>20.00</td>
<td>11.76</td>
<td>51.00</td>
<td>19.03</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>18.00</td>
<td>18.37</td>
<td></td>
<td>51.00</td>
<td>30.00</td>
<td>69.00</td>
<td>25.75</td>
<td></td>
</tr>
<tr>
<td>Group Total</td>
<td></td>
<td>28.00</td>
<td>28.57</td>
<td></td>
<td>24.00</td>
<td>14.12</td>
<td>52.00</td>
<td>19.40</td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td>13.00</td>
<td>13.27</td>
<td></td>
<td>47.00</td>
<td>27.65</td>
<td>60.00</td>
<td>22.39</td>
<td></td>
</tr>
<tr>
<td>Daily Wages</td>
<td></td>
<td>5.00</td>
<td>5.10</td>
<td></td>
<td>17.00</td>
<td>10.00</td>
<td>22.00</td>
<td>8.21</td>
<td></td>
</tr>
<tr>
<td>Not Working</td>
<td></td>
<td>2.00</td>
<td>2.04</td>
<td></td>
<td>4.00</td>
<td>2.35</td>
<td>6.00</td>
<td>2.24</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>2.00</td>
<td>1.18</td>
<td>2.00</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td></td>
<td>1.00</td>
<td>1.02</td>
<td></td>
<td>5.00</td>
<td>2.94</td>
<td>6.00</td>
<td>2.24</td>
<td></td>
</tr>
<tr>
<td>98.00</td>
<td>100.00</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Mother

<table>
<thead>
<tr>
<th>Male</th>
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<th>Group Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Group Total</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>8.88</td>
</tr>
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<td>7.84</td>
</tr>
<tr>
<td>Male</td>
<td>8.00</td>
<td>8.08</td>
</tr>
<tr>
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<td>9.00</td>
<td>5.33</td>
</tr>
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</tr>
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<td>24.24</td>
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<td>33.21</td>
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<td>1.01</td>
</tr>
<tr>
<td>Female</td>
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<td>0.59</td>
</tr>
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<td>Male</td>
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<td>Female</td>
<td>8.00</td>
<td>4.73</td>
</tr>
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</tr>
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<td>Male</td>
<td>1.00</td>
<td>1.01</td>
</tr>
<tr>
<td>Female</td>
<td>7.00</td>
<td>4.14</td>
</tr>
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</tr>
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<td>99.00</td>
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<td>169.00</td>
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</table>
Table 27. Physical facility at home

<table>
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<tr>
<th></th>
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<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Radio</td>
<td>92.00</td>
<td>94.85</td>
<td>133.00</td>
<td>80.12</td>
<td>225.00</td>
<td>85.55</td>
</tr>
<tr>
<td>Telephne</td>
<td>39.00</td>
<td>40.21</td>
<td>82.00</td>
<td>49.40</td>
<td>121.00</td>
<td>46.01</td>
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<tr>
<td>Television</td>
<td>78.00</td>
<td>80.41</td>
<td>148.00</td>
<td>89.16</td>
<td>226.00</td>
<td>85.93</td>
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<tr>
<td></td>
<td>97.00</td>
<td>100.00</td>
<td>166.00</td>
<td>100.00</td>
<td>263.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

5.2.2 In depth interview

5.2.2.1. Knowledge of adolescents about normal physiological changes in the body (onset of menarche and development secondary sex organs)

Knowledge about menstruation

87% of the respondents knew about menarche, and about 90% stated that the significance of menstruation is ability to produce children. 96.47% of the female students were having their menstrual periods regularly and 15% of the girls were very much depressed during their first menstrual cycle. About 78.24% of the girls could tell the no. of days in menstrual cycle are 28 whereas only 41% of the boys were having the correct knowledge.

The Knowledge of days in a menstrual cycle among the respondents of coed school (47%) was less than the girls of Girls school (79%)

87% of the respondents knew about menarche, and about 90% stated that the significance of menstruation is ability to produce children. 96.47% of the female students were having their menstrual periods regularly and 15% of the girls were very much depressed during their first menstrual cycle. About 78.24% of the girls could tell the no. of days in menstrual cycle are 28 whereas only 41% of the boys were having the correct knowledge.

The Knowledge of days in a menstrual cycle among the respondents of coed school (47%) was less than the girls of Girls school (79%)

78% of the female respondents and 41% of the males did not know about nocturnal emission (swapna doosh) and among those who knew it 44% said it is due to excitement and about 52% said it is due to hormones. Comparing the girls of co ed. school and girls school, the respondents of girls school (81%) were found more knowledgeable than the respondents of coed. School (47%). Among them 74% stated that the development of breast in females during puberty is due to hormones. Rest of the answers were mixed.

Out of the 269 respondents 45% of the females and 62% of the males knew that testicles produce sperms. There were 16 boys and 54 girls who could not state anything. Among the girls respondents 19% of co-ed school and 17% of the girls school had the wrong idea that the organs involved in producing sperms are ovaries.
<table>
<thead>
<tr>
<th>Table 28. Having knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td><strong>Count</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Not stated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cause of menstruation</strong></th>
<th><strong>Sex</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td><strong>Col %</strong></td>
</tr>
<tr>
<td>Wounds on sexual organ</td>
<td>4.00</td>
</tr>
<tr>
<td>Symptom of fecundity</td>
<td>64.00</td>
</tr>
<tr>
<td>Others</td>
<td>4.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Had they experienced menstruation</strong></th>
<th><strong>Sex</strong></th>
<th><strong>Group Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td><strong>Col %</strong></td>
<td><strong>Count</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>164.00</td>
<td>96.47</td>
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<tr>
<td>No</td>
<td>5.00</td>
<td>2.94</td>
</tr>
<tr>
<td>Not stated</td>
<td>1.00</td>
<td>0.59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Feelings during menstruation</strong></th>
<th><strong>Sex</strong></th>
<th><strong>Group Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td><strong>Col %</strong></td>
<td><strong>Count</strong></td>
</tr>
<tr>
<td>Depression</td>
<td>25.00</td>
<td>15.24</td>
</tr>
<tr>
<td>Alleviation</td>
<td>6.00</td>
<td>3.66</td>
</tr>
<tr>
<td>Social boycott</td>
<td>9.00</td>
<td>5.49</td>
</tr>
<tr>
<td>Nothing</td>
<td>106.00</td>
<td>64.63</td>
</tr>
<tr>
<td>Others</td>
<td>1.00</td>
<td>0.61</td>
</tr>
<tr>
<td>Not stated</td>
<td>17.00</td>
<td>10.37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Menstrual cycle</strong></th>
<th><strong>Sex</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td><strong>Col %</strong></td>
</tr>
<tr>
<td>15 days</td>
<td>10.00</td>
</tr>
<tr>
<td>20 days</td>
<td>2.00</td>
</tr>
<tr>
<td>28 days</td>
<td>55.00</td>
</tr>
<tr>
<td>30 days</td>
<td>8.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>24.00</td>
</tr>
<tr>
<td>99.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 29. Knowledge about nocturnal emission (Wet dream)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>knowledge</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>Count</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Not stated</td>
</tr>
<tr>
<td>99.00</td>
</tr>
</tbody>
</table>
Reasons of wet dream

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Group Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Due to excitement</td>
<td>22.00</td>
<td>51.16</td>
<td>13.00</td>
<td>36.11</td>
<td>35.00</td>
<td>44.30</td>
</tr>
<tr>
<td>Due Hormone</td>
<td>20.00</td>
<td>46.51</td>
<td>21.00</td>
<td>58.33</td>
<td>41.00</td>
<td>51.90</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1.00</td>
<td>2.33</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>1.27</td>
</tr>
<tr>
<td>Not Stated</td>
<td>0.00</td>
<td>0.00</td>
<td>2.00</td>
<td>5.56</td>
<td>2.00</td>
<td>2.53</td>
</tr>
<tr>
<td></td>
<td>43.00</td>
<td>100.00</td>
<td>36.00</td>
<td>100.00</td>
<td>79.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 30. Reasons for the physical changes during puberty

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Group Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Eating Nourishing Food</td>
<td>2.00</td>
<td>2.02</td>
<td>0.00</td>
<td>0.00</td>
<td>2.00</td>
<td>0.24</td>
</tr>
<tr>
<td>Eating balanced diet</td>
<td>1.00</td>
<td>1.01</td>
<td>2.00</td>
<td>1.18</td>
<td>3.00</td>
<td>1.32</td>
</tr>
<tr>
<td>Due to Harmos</td>
<td>75.00</td>
<td>75.76</td>
<td>126.00</td>
<td>74.12</td>
<td>201.00</td>
<td>74.72</td>
</tr>
<tr>
<td>Eating too much food</td>
<td>1.00</td>
<td>1.01</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.27</td>
</tr>
<tr>
<td>Others</td>
<td>0.00</td>
<td>0.00</td>
<td>3.00</td>
<td>1.76</td>
<td>4.00</td>
<td>1.12</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>5.00</td>
<td>5.05</td>
<td>19.00</td>
<td>11.18</td>
<td>24.00</td>
<td>8.92</td>
</tr>
<tr>
<td>Not Stated</td>
<td>15.00</td>
<td>15.15</td>
<td>20.00</td>
<td>11.76</td>
<td>35.00</td>
<td>13.01</td>
</tr>
<tr>
<td></td>
<td>99.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

About 75% of the respondents were having the knowledge of the reasons for the physical development. Rest of the answers were mixed.

Table 31. Organ responsible for the production of sperm.

<table>
<thead>
<tr>
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<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Group Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Testicles</td>
<td>62.00</td>
<td>62.63</td>
<td>77.00</td>
<td>45.29</td>
<td>139.00</td>
<td>51.67</td>
</tr>
<tr>
<td>Ovary</td>
<td>16.00</td>
<td>16.16</td>
<td>31.00</td>
<td>18.24</td>
<td>47.00</td>
<td>17.47</td>
</tr>
<tr>
<td>Prostate gland</td>
<td>5.00</td>
<td>5.05</td>
<td>8.00</td>
<td>4.71</td>
<td>13.00</td>
<td>4.83</td>
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<tr>
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<td>16.00</td>
<td>16.16</td>
<td>54.00</td>
<td>31.76</td>
<td>70.00</td>
<td>26.02</td>
</tr>
<tr>
<td></td>
<td>99.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

62% of the boys 45% of the girls could answer that testicles are the organs responsible for the production of sperms. About 16% of the boys and 31% of the girls did not answer anything.

5.2.2.2 Knowledge about sexual relations

Table 32.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Group Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Yes</td>
<td>84.00</td>
<td>84.85</td>
<td>132.00</td>
<td>77.65</td>
<td>216.00</td>
<td>80.30</td>
</tr>
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<td>No</td>
<td>14.00</td>
<td>14.14</td>
<td>36.00</td>
<td>21.18</td>
<td>50.00</td>
<td>18.59</td>
</tr>
<tr>
<td>Not stated</td>
<td>1.00</td>
<td>1.01</td>
<td>2.00</td>
<td>1.18</td>
<td>4.00</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>99.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>
About 84% of the boys and 77% of the girls knew the meaning of sexual relationships and most of them knew at the age of 14, 15 16yrs. only 6 boys stated that they knew it from the age of 9-10 yrs. The source of information were mixed ranging from friends relatives and media. Out of the girls respondents 24% from co-ed school and 18% from girls school did not have any knowledge about sexual relationship.

5.2.2.3 Knowledge about sexuality, pregnancy, premarital sex and contraception

Table 33. Knowledge about pregnancy, safe period

<table>
<thead>
<tr>
<th>Sex</th>
<th>Group Total</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td></td>
<td>Col %</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93.00</td>
<td>95.00</td>
<td>139.00</td>
<td>94.08</td>
<td>252.00</td>
</tr>
<tr>
<td>No</td>
<td>5.00</td>
<td>5.01</td>
<td>10.00</td>
<td>5.92</td>
<td>15.00</td>
</tr>
<tr>
<td>How does it occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td></td>
<td>Col %</td>
<td></td>
</tr>
<tr>
<td>By kissing</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.63</td>
<td>1.00</td>
</tr>
<tr>
<td>By union of sperm and ova</td>
<td>86.00</td>
<td>92.47</td>
<td>132.00</td>
<td>83.02</td>
<td>218.00</td>
</tr>
<tr>
<td>By sexual interaction</td>
<td>7.00</td>
<td>7.53</td>
<td>25.00</td>
<td>15.72</td>
<td>32.00</td>
</tr>
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<td>0.00</td>
<td>1.00</td>
<td>0.63</td>
<td>1.00</td>
</tr>
<tr>
<td>Sex</td>
<td>Group Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td></td>
<td>Col %</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93.00</td>
<td>100.00</td>
<td>159.00</td>
<td>100.00</td>
<td>252.00</td>
</tr>
<tr>
<td>No</td>
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<td>5.00</td>
<td>10.00</td>
<td>5.00</td>
<td>15.00</td>
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</tbody>
</table>

23
<table>
<thead>
<tr>
<th>Safe period</th>
<th>Male</th>
<th>Count</th>
<th>Col %</th>
<th>Female</th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td>during first day to 8th day</td>
<td></td>
<td>16.00</td>
<td>17.39</td>
<td></td>
<td>16.00</td>
<td>10.88</td>
<td>32.00</td>
<td>13.39</td>
</tr>
<tr>
<td>between seventh to 20th day</td>
<td></td>
<td>26.00</td>
<td>28.26</td>
<td></td>
<td>65.00</td>
<td>44.22</td>
<td>91.00</td>
<td>38.08</td>
</tr>
<tr>
<td>after 22 days till next menstruation</td>
<td></td>
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<td>147.00</td>
<td>100.00</td>
<td>239.00</td>
<td>100.00</td>
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</table>

Almost 94% were well informed about pregnancy and 86% could answer that union of ova and sperm is essential for pregnancy to occur.

38% of the total respondents said that the fertile days are in between 7th to 20th days. But there were 17% boys and 10% of the girls had the misconceptions regarding the fertile period.

Almost all of them knew at least one method of contraception. Majority of them were having the knowledge of condoms and pills and their use.

Only 2.6% of the respondents considered premarital sex is right whereas almost 93% considered sexual relation should be undertaken only after marriage. Among the girls respondents 4% from the co-ed school and 2% from girls school said sexual intercourse should occur after knowing each other. 93% had no experience about the sexual relation whereas only 6% (16 boys and one girl) confessed they were having sexual relationships from the age of 14, 15 16 yrs. with lovers or friends.

Almost 96% considered 20yrs or above is the right age of marriage for boys and 72.4% thought 20 yrs. would be the right age of marriage for girls. 95% of the respondents had the opinion of 20 yrs and above would be the right age for child bearing.

Almost 64% to 70% answered the right age for giving sex education for girls and boys should be between 13-19 yrs. Among the girls of co-ed school 65% and 71% of the girls school said the right age for giving sex education for girls should be between 13-19yrs. There was a mixed answer for the right level of giving sex education from primary level to higher secondary level but majority accepted that it should start from lower secondary level.
5.2.2.4 Knowledge about FP methods

Table 34.

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<td>Col %</td>
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Knowledge of Condoms

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<td></td>
<td></td>
</tr>
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Knowledge of pills

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Table 35. Premarital Sex

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Table 36. Experience of sexual intercourse.

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<td>Female</td>
<td></td>
<td>Count</td>
</tr>
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<td>16.16</td>
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<td>0.59</td>
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<tr>
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<td>82.83</td>
<td>168.00</td>
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<td>1.00</td>
<td>0.59</td>
</tr>
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Age of first relationship

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</tr>
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</tr>
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</tr>
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</tr>
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With whom

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Table 37. Appropriate age of marriage and child bearing

Men

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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td>Count</td>
</tr>
<tr>
<td>18 Years</td>
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<td>1.01</td>
<td>2.00</td>
<td>1.18</td>
</tr>
<tr>
<td>19 Years</td>
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<td>1.01</td>
<td>3.00</td>
<td>1.76</td>
</tr>
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<td>164.00</td>
<td>96.47</td>
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Women

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<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
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Child bearing age

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<td>1.01</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
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5.2.2.5.  Appropriate age and level of schooling for giving sex education

Table 38.

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<td>Col %</td>
<td>Count</td>
<td>Col %</td>
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<td>Col %</td>
<td>Count</td>
<td>Col %</td>
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<td>111.00</td>
<td>65.29</td>
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<td>10.00</td>
<td>21.00</td>
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<td>170.00</td>
<td>100.00</td>
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<table>
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<th>Female</th>
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<th>Col %</th>
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<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
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</tr>
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<td>43.53</td>
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<td>5.58</td>
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<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td>269.00</td>
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</table>

5.2.2.6  Knowledge about STD,HIV/AIDS

Table 39.

<table>
<thead>
<tr>
<th>Knowledge of STD</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Group Total</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>94.00</td>
<td>95.92</td>
<td>158.00</td>
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<td>252.00</td>
<td>94.38</td>
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<tr>
<td>No</td>
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<td>4.08</td>
<td>11.00</td>
<td>6.51</td>
<td>15.00</td>
<td>5.62</td>
</tr>
<tr>
<td></td>
<td>98.00</td>
<td>100.00</td>
<td>169.00</td>
<td>100.00</td>
<td>-267.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge of HIV/AIDS</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Group Total</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96.00</td>
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<td>168.00</td>
<td>99.41</td>
<td>264.00</td>
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<tr>
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<td>2.00</td>
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<td>169.00</td>
<td>100.00</td>
<td>267.00</td>
<td>100.00</td>
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</table>
## Transmission of HIV/AIDS

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Using comb, cloth etc of other</td>
<td>2.00</td>
<td>2.08</td>
<td>3.00</td>
</tr>
<tr>
<td>Not using sterilized needle</td>
<td>62.00</td>
<td>64.58</td>
<td>72.00</td>
</tr>
<tr>
<td>Sexual relation with multiple partner</td>
<td>87.00</td>
<td>90.63</td>
<td>150.00</td>
</tr>
<tr>
<td>Giving birth by infected mother</td>
<td>66.00</td>
<td>68.75</td>
<td>69.00</td>
</tr>
<tr>
<td>from infected blood</td>
<td>47.00</td>
<td>48.96</td>
<td>40.00</td>
</tr>
<tr>
<td>Shaking hand/Kissing</td>
<td>1.00</td>
<td>1.04</td>
<td>0.00</td>
</tr>
<tr>
<td>Mosquito bite</td>
<td>5.00</td>
<td>5.21</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
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<td>100.00</td>
<td>168.00</td>
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</tbody>
</table>

## FP used for the protection of HIV/AIDS

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Group Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Condom</td>
<td>95.00</td>
<td>98.96</td>
<td>151.00</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1.00</td>
<td>1.04</td>
<td>15.00</td>
</tr>
<tr>
<td></td>
<td>96.00</td>
<td>100.00</td>
<td>166.00</td>
</tr>
</tbody>
</table>

## Protection from HIV/AIDS

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Avoiding unsafe sex</td>
<td>70.00</td>
<td>72.92</td>
<td>87.00</td>
</tr>
<tr>
<td>Sexual relationship with single partner</td>
<td>66.00</td>
<td>68.75</td>
<td>114.00</td>
</tr>
<tr>
<td>Use of condom</td>
<td>75.00</td>
<td>78.13</td>
<td>99.00</td>
</tr>
<tr>
<td>Avoiding sex with commercial sex worker</td>
<td>60.00</td>
<td>62.50</td>
<td>69.00</td>
</tr>
<tr>
<td>Avoiding Sharing razor and blades</td>
<td>50.00</td>
<td>52.08</td>
<td>45.00</td>
</tr>
<tr>
<td>By keeping reproductive organ clean</td>
<td>8.00</td>
<td>8.33</td>
<td>2.00</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1.00</td>
<td>1.04</td>
<td>5.00</td>
</tr>
<tr>
<td>Not Stated</td>
<td>0.00</td>
<td>0.00</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>96.00</td>
<td>100.00</td>
<td>168.00</td>
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</table>

## Types of STDs

<table>
<thead>
<tr>
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<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>79.00</td>
<td>84.04</td>
<td>134.00</td>
</tr>
<tr>
<td>Syphilis</td>
<td>67.00</td>
<td>71.28</td>
<td>91.00</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>34.00</td>
<td>36.17</td>
<td>33.00</td>
</tr>
<tr>
<td>Suijak</td>
<td>18.00</td>
<td>19.15</td>
<td>7.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>6.00</td>
<td>6.38</td>
<td>17.00</td>
</tr>
<tr>
<td></td>
<td>94.00</td>
<td>100.00</td>
<td>158.00</td>
</tr>
</tbody>
</table>

.94% to almost 99% have heard about STD, HIV/AIDS, but the knowledge of the girls of co-ed school were comparatively less than their counterpart in girls school. 89% could answer it is transmitted through sexual relation with infected partner. There were multiple answers regarding the modes of transmission. 94% knew condom is the best method of FP commodity for the prevention of HIV infection. Though there were 8.45% of co-ed girls and 9.28% of the girls school students did not know that use of condoms could prevent AIDS. There were multiple and mixed answers regarding the various means of protection of HIV, but majority replied avoiding unsafe sex, avoiding multiple sex partners and use of condoms could prevent AIDS. About 62% have heard other forms of STD besides AIDS.
5.2.2.7. Ideas on the kind of services they would like to have in youth friendly clinic.

Table 40

<table>
<thead>
<tr>
<th>Ever visited health facility for SRH services</th>
<th>Group Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Count</td>
</tr>
<tr>
<td>Male</td>
<td>17.00</td>
</tr>
<tr>
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<td>17.00</td>
</tr>
<tr>
<td>No</td>
<td>81.00</td>
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<tr>
<td>Not Stated</td>
<td>1.00</td>
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<table>
<thead>
<tr>
<th>Reason for visiting the health facility</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Count</td>
</tr>
<tr>
<td>Male</td>
<td>17.00</td>
</tr>
<tr>
<td>General health checkup</td>
<td>16.00</td>
</tr>
<tr>
<td>Health education</td>
<td>16.00</td>
</tr>
<tr>
<td>Treatment of sexual diseases</td>
<td>3.00</td>
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</table>

<table>
<thead>
<tr>
<th>Is sex education is essential in your community</th>
<th>Group Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Count</td>
</tr>
<tr>
<td>Male</td>
<td>17.00</td>
</tr>
<tr>
<td>Yes</td>
<td>258.00</td>
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<tr>
<td>No</td>
<td>27.00</td>
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<tr>
<td>Not Stated</td>
<td>14.00</td>
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</table>

<table>
<thead>
<tr>
<th>Any change in sex education you would like</th>
<th>Group Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Count</td>
</tr>
<tr>
<td>Male</td>
<td>17.00</td>
</tr>
<tr>
<td>Yes</td>
<td>212.00</td>
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<tr>
<td>No</td>
<td>45.00</td>
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<tr>
<td>Not Stated</td>
<td>12.00</td>
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<table>
<thead>
<tr>
<th>Kinds of SRII services you would prefer in a health facility</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Count</td>
</tr>
<tr>
<td>Male</td>
<td>17.00</td>
</tr>
<tr>
<td>By providing service easily</td>
<td>114.00</td>
</tr>
<tr>
<td>By keeping confidentially while giving service</td>
<td>31.00</td>
</tr>
<tr>
<td>By giving service to youth in integrated manner</td>
<td>54.00</td>
</tr>
<tr>
<td>By providing service in convenient time</td>
<td>40.00</td>
</tr>
<tr>
<td>By Providing service to woman by woman</td>
<td>60.00</td>
</tr>
<tr>
<td>By providing service to man by man</td>
<td>22.00</td>
</tr>
<tr>
<td>By Providing service to woman by woman</td>
<td>32.00</td>
</tr>
<tr>
<td>By providing service to man by man</td>
<td>44.00</td>
</tr>
<tr>
<td>By Providing service to man by man</td>
<td>111.00</td>
</tr>
<tr>
<td>Not Stated</td>
<td>52.00</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1.00</td>
</tr>
</tbody>
</table>

| Not Stated                                                  | 1.00   | 0.47   | Male | 0.47  | 0.47 |
| Not Stated                                                  | 82.00  | 100.00 | Female | 130.00 | 100.00 |

| Not Stated                                                  | 212.00 | 100.00 |
When asked about whether they have visited a health facility to receive SRH/FP services 86% replied in negative. Out of the 12% who visited the clinic only 10% went for the treatment of STD, rest for general health check up or for health education.

About 84% agreed that they need sex education in their community and 78% said they need some change in the sex education given to the youth. About the type of the services there were multiple answers and more than 50% commented it should be open in their convenient time, easily accessible, female health workers were preferred for the female clients and vice versa.

5.2.3 Analysis of FGD in school

Two FGD was undertaken. Each group had eight students selected randomly by the class teachers of the respective classes. Separate groups for boys and girls were arranged on different dates. The time was fixed in the lunch break. Privacy was maintained. Verbal approval from the class teacher and the head master was taken in advance. Each FGD took 45min.to one hr.

The class teacher introduced the team to the group. The moderator did self-introduction of the group followed by a brief explanation of the topics and the rationality of the research. The Moderator then discussed the various topics on Adolescent SRH following the guidelines prepared previously. Facilitator made the things easy and helped them to understand and the Note taker recorded every thing that was discussed.

Topics discussed

5.2.3.1 To assess the knowledge of adolescents about normal physiological changes in the body.

Almost all girls and boys noticed the changes in their bodies and also in their opposite sex during puberty. Most of them liked the change except two boys who did not like the beards and hoarseness of voice. Besides body changes they gave more emphasis on psychological and behavioural changes. All of them knew about menstruation but only 50% could explain the physiology behind it. Every one of them disliked the custom being segregated during periods. Though most of the girls were using old rags to hold menstrual blood they confessed that proper hygiene should be maintained during periods. They did not feel like discussing the topic on masturbation and nightfall.

5.2.3.2 To assess the knowledge on sexuality, pregnancy, premarital sex, and contraception

Almost all knew about conception but only 50% could tell the physiology behind it. 75% of the girls and 50% of the boys knew about the importance of antenatal care and its components. About 50% of the girls and 25% of the boys have seen the complications during pregnancy and childbirth. Almost all agreed that delivery should take place in a clean and safe environment with the help of trained manpower. But only 25% of them know about Trained TBA (sudeni). According to
them PNC is necessary and 50% of them could tell about the components of PNC. The right age of marriage for girls should be 20 or more than that. And for boys it should be more than 25 yrs. when they have completed their education. The right age of bearing child should be more than 20 yrs. They argued about the reasons behind it. Similarly they stressed about the spacing which should be at least 5yrs. But about 2% of the group said it should be 10yrs. All girls and boys are against premarital sex and none of them exposed to sex. Almost all of them name some of the temporary FP methods but only 10% had an clear idea of methods of permanent sterilisation.

5.2.3.3 To assess the knowledge on sexuality and sex education
Almost all boys and girls accepted the needs sex education and all of them said that sex education should start at the age of 14yrs. and the school curriculum must include all the components SRH. All of them know about abortion but none of them had an idea about safe and unsafe abortion.

5.2.3.4 To assess the knowledge of adolescents on STD, HIV/AIDS
Almost all of them know about STD, HIV/AIDS and they could name at least three kinds of STD like Syphilis, gonorrhoea besides HIV. About 50% of the group knew about the means of transmission of HIV and out of this about 90% have knowledge about the use of condoms for the prevention of the diseases. Source of information are teacher, parent friends, papers, books...etc. About 2% had the misconception about the transmission of HIV by mosquito bite.

5.2.3.5 To assess the ideas of adolescents on the kind of services they would like to have in a youth friendly clinic.
Almost all the members of the group felt need of a youth friendly clinic where they can discuss their problems freely. They stressed that the service should be accessible, time convenient, providers should be trained and competent. They felt that there should be privacy and health care providers should be of the same sex.
6. Conclusion and recommendation

It is understood that the onset of menarche does not state the maturity for child bearing. It only indicates the puberty. Still 22% of the respondents in the hospital setting and 10% of the respondents from the school did not know about the cause of menarche. From the FGD it is understood that the clients in Bir hospital were very much ignorant about menstrual hygiene compared to their school counterpart who were aware of the proper hygiene. Even then they were also not practising proper methods to hold menstrual blood. The reported mean age at menarche is 13 yrs. Knowledge on nocturnal emission was very poor. In the FGD in school no body liked the idea of discussion on the topic of nocturnal emission though they were having the knowledge. Therefore the correct knowledge on puberty before 13 yrs. helps them to dispel the fear and mental stress.

First exposure to the information about sex is useful to design the course on sexuality education. About 25% of the respondents in Bir Hospital got the information at 10-14 yrs. whereas in school most of them received the information at the age 13 and above, but there were few boys (19) and girls (11) who got the information below 11 yrs. Therefore education on sexuality should begin from 11 yrs. onwards.

From the study it shows that the main source of information were friends magazines, TV, Radio. Therefore peer education programmes on sexuality should be developed and implemented through schools, youth clubs and in the youth friendly centres. Similarly selected important messages should be passed through electronic media such as Radio, TV, and through magazines and news papers which are frequently read by the adolescents. Some pictorial posters should be developed for those who cannot read.

Although the knowledge about pregnancy and safe period of the adolescents in school is satisfactory, but there were about 31.8% who did not know about safe period, whereas in hospital 22% of the respondents were less informed. Reported ideal age of marriage and for boys and girls was 20 yrs. and above. But in hospital about 26% said it should be between 15-19 yrs. and they considered early child bearing is a desired norm of their family. This behaviour promotes teenage preg. Out of the 200 clients interviewed there were 20.5% teenage pregnant girls which is a high risk preg endangering the life of mother and child. Therefore correct knowledge on pregnancy, childbearing to adolescents should be given to prevent early marriage and early child bearing.

There were few boys (5) and Girls (2) were in favour of premarital sex and about 16 boys having sexual relations. Considering this there should be correct knowledge and information on FP methods for those who want to wait to get married till 20rs. and the contraceptives should be made easily accessible and available through youth centres.

In school though most of them were fully aware about STDs, HIV/AIDS, 9% did not have the knowledge on STDs, some of them were having misconception about the mode of transmission. About the use of condoms for the prevention of STDs the girls were more ignorant than boys. In hospital also 20% of the respondents were
poorly informed about STD and their modes of transmission and many of them had one or more than one forms of misconception. So they need proper counselling about HIV/AIDS and different types of STDs, their modes of transmission, methods to prevent it and clarify the misconceptions.

Attitudes towards care during pregnancy and delivery were very encouraging, but still there were 25% of the boys and about 50% of the girls in school were ignorant about the importance of ANC and Safe delivery. Therefore proper knowledge on the importance of ANC, safe delivery by a trained manpower should be incorporated in the adolescent directed counselling programmes. About 70% of the respondents in school 88.8% in school felt the need of sex education should start from 13 yrs. onwards which is a very positive attitude. In this regard we must raise the awareness of parents and teachers to include the sex education in the curriculum.

The overall knowledge of puberty, menstruation, pregnancy, premarital sex, FP, STDs and HIV were more in the girl respondents of coed school were less than the girls of girls school. The reason may be they have the inhibition of free talks on the sensitive issues. (See annexes.)

About the type of health services almost everyone of them desired that the service should be easily accessible, should be provided in an integrated manner with the maintenance of confidentiality. It should be open in their convenient time and the health worker of the same sex should provide the services. So with all these information there should be the participation of youths and peer groups during the designing and implementation of the youth friendly health services.

As NESOG has shown a keen interest on the issues of adolescent SRH we can suggest and recommend the following SRH package programme for the adolescents through its organisation with the help of HMG and other stake holders.

- Counselling services on physical development, menarche and seminal emission, sexuality should be provided to adolescents before puberty starts.
- Special orientation programme in schools on SRH by incorporating in the curriculum.
- Special orientation programmes for the principals and school teachers about the methodology of sexuality education.
- Peer education programmes should be initiated to impart the knowledge on sexuality to the youths in the community by mobilising the local youth clubs.
- Organise street drama and video shows in the community about SRH/STD/HIV/AIDS by mobilising the local youth clubs.
- Selected and essential information should be provided to the adolescents through Radio TV, Magazines and news papers.
- Parents have negative attitudes towards sex education therefore they should be counselled before imparting sexuality education.
- Establishment of Youth Friendly Services.
6 References

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➤ Adoiescent Pregnancy and its out come—Dr, D.S. Mallia and Mrs. P.L.Shrestha (1996)

➤ SwedenYouth Centers—Policy Programme and guide to start your own center
➤ (FSUM Dec. 1994)
ANNEXES

Variable Knowledge of the girls among homogenous and heterogeneous schools.

Table 41. Menstrual Cycle

<table>
<thead>
<tr>
<th></th>
<th>Co-Education</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
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Table 42. Nocturnal Emission

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<td>Count</td>
<td>Count</td>
<td>Col %</td>
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<td>1.00</td>
<td>0.59</td>
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Table 43. Reason for Nocturnal Emission

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<td>Col %</td>
<td>Count</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Col %</td>
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<tr>
<td>Due to excitement</td>
<td>6.00</td>
<td>66.67</td>
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<td>33.33</td>
<td>18.00</td>
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<td>Count</td>
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<td>Eating balanced diet</td>
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<td>19.18</td>
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<td>10.00</td>
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<td>77.00</td>
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### Table 45. Sperm is produced by

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<td>37.00</td>
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<td>97.00</td>
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### Table 46. Knowledge about Sexual relationship

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<td>77.00</td>
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<td>24.66</td>
<td>15.00</td>
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<td>100.00</td>
<td>97.00</td>
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### Table 47. Source of Knowledge

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<tbody>
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<td>23.00</td>
<td>29.87</td>
<td>35.00</td>
<td>26.52</td>
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<td>Magazine</td>
<td>22.00</td>
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<td>24.00</td>
<td>31.17</td>
<td>46.00</td>
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<tr>
<td>Radio</td>
<td>18.00</td>
<td>32.73</td>
<td>13.00</td>
<td>16.88</td>
<td>31.00</td>
<td>23.48</td>
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<td>22.00</td>
<td>40.00</td>
<td>14.00</td>
<td>18.18</td>
<td>36.00</td>
<td>27.27</td>
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<td>Sisters</td>
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<td>15-20</td>
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### Table 49. Knowledge about pregnancy

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<tr>
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### Table 50. How pregnancy occurs

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<tr>
<td>By kissing</td>
<td>1.00</td>
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<tr>
<td>By union of sperm and ova</td>
<td>54.00</td>
<td>80.00</td>
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<tr>
<td>By sexual interaction</td>
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<td>16.42</td>
<td>14.00</td>
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<td>100.00</td>
<td>92.00</td>
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### Table 51. Knowledge about Fertile period

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<tr>
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<tr>
<td>during first day to 8th day</td>
<td>5.00</td>
<td>7.46</td>
<td>11.00</td>
</tr>
<tr>
<td>between seventh to 20th day</td>
<td>30.00</td>
<td>44.78</td>
<td>35.00</td>
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<tr>
<td>after 22 days till next menstruation</td>
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<td>13.43</td>
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<td>Others</td>
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<td>1.49</td>
<td>0.00</td>
</tr>
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<td>26.00</td>
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## Table 52. Knowledge about FP Methods

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<td>Count</td>
<td>Colo %</td>
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<td>53.00</td>
<td>60.92</td>
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<td>25.00</td>
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<td>64.00</td>
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## Table 53. Knowledge about Condoms.

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<td>FP method for woman</td>
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<td>2.74</td>
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## Table 54. Knowledge about FP. Pills

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<td>Count</td>
<td>Colo %</td>
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## Table 55. Suitable Time for Sexual Intercourse

<table>
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<td>Count</td>
<td>Colo %</td>
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<td>95.88</td>
</tr>
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### Table 56. Experience of sexual intercourse

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<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
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<td>1.00</td>
<td>1.37</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>100.00</td>
<td>97.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

### Table 57. Appropriate age of marriage for men

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.00</td>
<td>1.37</td>
<td>1.00</td>
<td>1.03</td>
<td>2.00</td>
<td>1.18</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Years</td>
<td>0.00</td>
<td>0.00</td>
<td>3.00</td>
<td>3.09</td>
<td>5.00</td>
<td>1.76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 or above</td>
<td>71.00</td>
<td>97.26</td>
<td>93.00</td>
<td>95.88</td>
<td>164.00</td>
<td>96.47</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not stated</td>
<td>1.00</td>
<td>1.37</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>100.00</td>
<td>97.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Table 58. Appropriate age of marriage for women

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th></th>
<th></th>
<th>Girls School</th>
<th></th>
<th></th>
<th>Total</th>
<th></th>
<th></th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
<th>Count</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>1.03</td>
<td>1.00</td>
<td>0.59</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Years</td>
<td>11.00</td>
<td>15.07</td>
<td>2.00</td>
<td>2.06</td>
<td>13.00</td>
<td>7.65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Years</td>
<td>9.00</td>
<td>12.33</td>
<td>10.00</td>
<td>10.31</td>
<td>19.00</td>
<td>11.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 or above</td>
<td>52.00</td>
<td>71.23</td>
<td>84.00</td>
<td>86.60</td>
<td>136.00</td>
<td>80.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not stated</td>
<td>1.00</td>
<td>1.37</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.59</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>100.00</td>
<td>97.00</td>
<td>100.00</td>
<td>170.00</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 59. Appropriate age of child bearing

| Co-education | | | Girls School | | | | | Total | | | Count | Col % | Count | Col % | Count | Col % | Count | Col % |
|-------------|---|---|-------------|---|---|-------|---|---|-------|---|---|-------|---|---|-------|---|---|
| 20 or above | 70.00| 95.89| 96.00| 98.97       | 166.00| 97.65|
| not stated  | 3.00 | 4.11| 1.00| 1.03        | 4.00| 2.35|
|             | 73.00| 100.00| 97.00| 100.00      | 100.00| 100.00| 39 |
Table 60.  Appropriate age for giving sex education for girl

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>below 13</td>
<td>10.00</td>
<td>11.00</td>
<td>21.00</td>
</tr>
<tr>
<td>13 to 19</td>
<td>48.00</td>
<td>69.00</td>
<td>117.00</td>
</tr>
<tr>
<td>above 19</td>
<td>4.00</td>
<td>12.00</td>
<td>16.00</td>
</tr>
<tr>
<td>Don't Know</td>
<td>7.00</td>
<td>3.00</td>
<td>10.00</td>
</tr>
<tr>
<td>not stated</td>
<td>4.00</td>
<td>2.00</td>
<td>6.00</td>
</tr>
<tr>
<td>Total</td>
<td>73.00</td>
<td>97.00</td>
<td>170.00</td>
</tr>
</tbody>
</table>

Table 61.  Appropriate age for giving sex education to boys

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>below 13</td>
<td>12.00</td>
<td>8.00</td>
<td>20.00</td>
</tr>
<tr>
<td>13 to 19</td>
<td>44.00</td>
<td>67.00</td>
<td>111.00</td>
</tr>
<tr>
<td>above 19</td>
<td>5.00</td>
<td>8.00</td>
<td>13.00</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8.00</td>
<td>9.00</td>
<td>17.00</td>
</tr>
<tr>
<td>not stated</td>
<td>4.00</td>
<td>5.00</td>
<td>9.00</td>
</tr>
<tr>
<td>Total</td>
<td>73.00</td>
<td>97.00</td>
<td>170.00</td>
</tr>
</tbody>
</table>

Table 62.  Level of standard to give sex education

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Primary level</td>
<td>11.00</td>
<td>5.00</td>
<td>16.00</td>
</tr>
<tr>
<td>lower secondary</td>
<td>27.00</td>
<td>47.00</td>
<td>74.00</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>25.00</td>
<td>35.00</td>
<td>60.00</td>
</tr>
<tr>
<td>Ten plus two</td>
<td>3.00</td>
<td>5.00</td>
<td>8.00</td>
</tr>
<tr>
<td>not stated</td>
<td>7.00</td>
<td>5.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Total</td>
<td>73.00</td>
<td>97.00</td>
<td>170.00</td>
</tr>
</tbody>
</table>

Table 63.  Knowledge about STD

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
</tr>
<tr>
<td>Yes</td>
<td>65.00</td>
<td>95.58</td>
<td>128.00</td>
</tr>
<tr>
<td>No</td>
<td>7.00</td>
<td>4.12</td>
<td>11.00</td>
</tr>
<tr>
<td>Total</td>
<td>73.00</td>
<td>97.00</td>
<td>170.00</td>
</tr>
</tbody>
</table>
Table 64. Knowledge HIV/AIDS

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>Yes</td>
<td>71.00</td>
<td>98.61</td>
<td>97.00</td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>1.39</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>100.00</td>
<td>97.00</td>
</tr>
</tbody>
</table>

Table 65. Knowledge about modes of transmission

<table>
<thead>
<tr>
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<th>Girls School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>Using comb, cloth etc of other</td>
<td>1.00</td>
<td>1.41</td>
<td>2.00</td>
</tr>
<tr>
<td>Not using sterilized needle</td>
<td>38.00</td>
<td>53.52</td>
<td>34.00</td>
</tr>
<tr>
<td>Sexual relation with multiple partner</td>
<td>59.00</td>
<td>83.10</td>
<td>91.00</td>
</tr>
<tr>
<td>Giving birth by infected mother</td>
<td>37.00</td>
<td>52.11</td>
<td>32.00</td>
</tr>
<tr>
<td>from infected blood</td>
<td>22.00</td>
<td>30.99</td>
<td>18.00</td>
</tr>
<tr>
<td>Mosquito bite</td>
<td>5.00</td>
<td>4.23</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>71.00</td>
<td>100.00</td>
<td>97.00</td>
</tr>
</tbody>
</table>

Table 66. Protection from HIV/AIDS

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>Avoiding unsafe sex</td>
<td>49.00</td>
<td>69.01</td>
<td>38.00</td>
</tr>
<tr>
<td>Sexual relationship with single partner</td>
<td>50.00</td>
<td>70.42</td>
<td>64.00</td>
</tr>
<tr>
<td>Use of condom</td>
<td>49.00</td>
<td>69.01</td>
<td>50.00</td>
</tr>
<tr>
<td>Avoiding sex with commercial sex worker</td>
<td>37.00</td>
<td>52.11</td>
<td>32.00</td>
</tr>
<tr>
<td>Avoiding Sharing razor and blades</td>
<td>22.00</td>
<td>30.99</td>
<td>23.00</td>
</tr>
<tr>
<td>By keeping reproductive organs clean</td>
<td>1.00</td>
<td>1.41</td>
<td>1.00</td>
</tr>
<tr>
<td>Don't Know</td>
<td>4.00</td>
<td>5.63</td>
<td>1.00</td>
</tr>
<tr>
<td>Not stated</td>
<td>1.00</td>
<td>1.41</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>71.00</td>
<td>100.00</td>
<td>97.00</td>
</tr>
</tbody>
</table>
### Table 67. Types of STDs

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>55.00</td>
<td>96.49</td>
<td>79.00</td>
<td>94.05</td>
<td>134.00</td>
</tr>
<tr>
<td>Syphilis</td>
<td>35.00</td>
<td>61.40</td>
<td>56.00</td>
<td>66.67</td>
<td>91.00</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>14.00</td>
<td>24.56</td>
<td>19.00</td>
<td>22.62</td>
<td>33.00</td>
</tr>
<tr>
<td>Sujak</td>
<td>2.00</td>
<td>3.51</td>
<td>5.00</td>
<td>5.95</td>
<td>7.00</td>
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<td></td>
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<td>100.00</td>
<td>84.00</td>
<td>100.00</td>
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</table>

### Table 68. Ever visited a health facility to receive SRH services

<table>
<thead>
<tr>
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<th>Girls School</th>
<th>Table Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>Yes</td>
<td>8.00</td>
<td>8.00</td>
<td>8.25</td>
</tr>
<tr>
<td>No</td>
<td>63.00</td>
<td>88.00</td>
<td>90.72</td>
</tr>
<tr>
<td>not stated</td>
<td>2.00</td>
<td>1.00</td>
<td>1.03</td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>97.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Table 69. Reason for visiting

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Total</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Col %</td>
<td></td>
</tr>
<tr>
<td>General health checkup</td>
<td>4.00</td>
<td>2.00</td>
<td>6.00</td>
<td>37.50</td>
<td></td>
</tr>
<tr>
<td>Health education</td>
<td>4.00</td>
<td>5.00</td>
<td>9.00</td>
<td>56.25</td>
<td></td>
</tr>
<tr>
<td>Treatment of sexual diseases</td>
<td>0.00</td>
<td>1.00</td>
<td>1.00</td>
<td>6.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.00</td>
<td>8.00</td>
<td>16.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>
FORMAT OF A FOCUS GROUP MODERATOR GUIDE

I. Warm up and Introduction

A. Introduction.
1. Moderator to Group
2. Purpose of the session
3. Planned activities

B. Ground Rules
1. Time: One Hour
2. Speak Clearly
3. Participation of all in conversation
4. Everyone’s opinion is taken.
5. No Right/Wrong answers.
6. Encourage everyone to speak.

C. Introduction of Participants to group.
1. Name
2. Education or class
3. Where from
4. Marital status.
5. No. of children.
6. Anything else eg. Hobby….etc.

II. Discussion.

A. General Questions.
   1. Easy to Answer
   2. Rapport Building.

B. Specific Questions

C. Interventions (eg: posters, logos, messages etc.)

III. Wrap up summary

A. Summary of the points covered and group opinion.
B. Acknowledgements.
FOCUS GROUP DISCUSSION

TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ABOUT NORMAL PHYSIOLOGICAL CHANGES IN THE BODY

- Age
- Organs that changes by gender
- Use of organs
- Understanding of the term 'puberty'
- Awareness of the term 'Masturbation' and attitude or perception towards the practice of masturbation
- Age of 'Menarche' for any girl
- Source of information about 'Menstruation'
- Types of social behavior when a girl menstruates for the first time and place of behavior
- Attitude towards the social behavior (satisfaction or dissatisfaction with reason)

TO ACCESS THE KNOWLEDGE ABOUT PREGNANCY, PREMARITAL SEX AND CONTRACEPTION

- Understand by the term 'conception' & 'pregnancy'
- Knowing about how pregnancy occurs
- What a women is expected to do during pregnancy
- Problems that a women face during delivery
- Place of delivery
- Competency of staff who involve in the delivery
- Components of ANC/PNC
- Whether receive ANC/PNC services and place of services
- Right age for marriage for girls
- Right age for marriage for boys
- Right age for a women to give birth to her first child and the reason behind this
- Opinion towards the birth spacing and the number of years to be spaced between births
- Age at which boys and girls come in sexual contact for the first time
- Age at which boys and girls come in sexual maturity
TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ON SEXUALITY AND SEX EDUCATION

- Ever been exposed to sex education
- Opinion towards sex education
- Is it must for youth
- Is it an essential elements for youth development
- Willingness to get sex education
- Interest in recommending other people to get sex education
- Most appropriate platform/media for providing sex education
- Aspects of reproductive health to educate adolescent
- Involvement of community members towards awareness of the SRH issues of the adolescents
- Even visited to a health facility to receive SRH services
- If yes, reason for visiting the facility
- If No, reason
- Who decide to go to the facility (yourself or somebody else)

TO ACCESS THE KNOWLEDGE OF ADOLESCENTS ABOUT STD/HIV/AIDS

Have you heard about AIDS?
Do you know the modes of Aids transmission?
Tick (✓) in the routes of AIDS transmission you heard:
What is the name of contraception that can be used during sexual contact to prevent from AIDS / STDs
How can we protect ourselves from STD/HIV
Have you heard about STDs except AIDS? If yes, write the name of STDs

TO ACCESS THE IDEAS OF ADOLESCENT ON THEIR IDEAS ON THE KIND OF SERVICES THEY WOULD LIKE TO HAVE IN A YOUTH FRIENDLY CLINIC

- Availability of services
- Accessibility of services
- Confidentiality of the services
- Maintenance of privacy
- Atmosphere of the service center
- Timing of the Services
- Type of Health Personnel required
- Sex of Health Personnel required
Name of the Participants of FGD in School

1. Urmila Shahi
2. Rashmi B.K
3. Dev Narayan Mondal
4. Saraswati Shrestha
5. Sambhu Gyawali
6. Gyanendra Karki
7. Neeta Uprety
8. Srijana Subedi
9. Savita Ghale
10. Deepak Yami
11. Ritika Shakya
12. Ramesh Pant
13. Shyamsunder Gaire
14. Uma Neupane
15. Nirmal Kharel
16. Kumari Gurung
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<tr>
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<tr>
<td>1</td>
<td>Deepa Shrestha</td>
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<tr>
<td>2</td>
<td>Teeka Devi</td>
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<td>Nisha Ale</td>
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<td>Neelam Koirala</td>
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<td>Aiti Maya</td>
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<td>Reeta Regmi</td>
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<td>Kopila Rai</td>
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<td>Bishnu Devi</td>
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<td>10</td>
<td>Maiya Manadhar</td>
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<td>11</td>
<td>Sunita Bajgain</td>
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<td>Ram Devi</td>
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<td>13</td>
<td>Ranjana Adhikari</td>
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<td>14</td>
<td>Devi Dahal</td>
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<td>Sushma Bhandari</td>
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<td>16</td>
<td>Savitri Shrestha</td>
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<tr>
<td>17</td>
<td>Ganga Devi Khatri</td>
</tr>
<tr>
<td>18</td>
<td>Suravi Baral</td>
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</table>
किशोर किशोरीहरूको यौन तथा प्रजनन स्वास्थ्य सम्बन्ध
ज्ञान,धारणा तथा व्यवहार सम्बन्ध अध्ययन

प्यारा विद्यार्थी भाई वहीनीहरु,

प्रसूति तथा स्त्रियाँग विशेषज्ञहरूको समाज (NESOG) द्वारा किशोरावस्थामा यौन तथा प्रजनन स्वास्थ्य सम्बन्ध ज्ञान,धारणा तथा व्यवहार वारे अध्ययन गर्न यस स्कूलका कक्षा ८, ९ र १० का किशोर किशोरीहरू चयन गरिएको छ। प्रस्तुत प्रश्नावलीवाट संकलन गरिएका तथ्यांकहरूका आधारमा दिइएका सुभावहरु तथा शिफारस अनुसार युवा स्वास्थ्य केन्द्रको स्थापना गर्न उद्देश्य यस अध्ययनले राखेको छ। प्रश्नहरू यौन तथा प्रजनन स्वास्थ्य सम्बन्ध भएकाले आफुले जानेका उत्तरहरु पूर्ण ईमान्दारीका साथः दिनु भई सहयोग गरी दिनु हुन अनुरोध गर्दछौं। प्रश्नावलीमा तपाईंको नाम उल्लेख हुने छैन र पूर्ण गोपनियतताको पालना गरिने विश्वास पानि दिलाउन चाहन्दछौं।

सहयोगको लागि धन्यबाद

NESOG
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<thead>
<tr>
<th>प्रश्नावली</th>
<th>प्रश्नवाली</th>
<th>संभावित उत्तरावली</th>
<th>कोड</th>
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<tbody>
<tr>
<td>001</td>
<td>तपाई जीले कुन काम आयोजन गरिरहनु प्रयास गर्नुको छ?</td>
<td>का...</td>
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<td>002</td>
<td>तपाई जीले किन वर्षमा हुनु पार्दछ?</td>
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<td>003</td>
<td>लिङ (कृपया विन्यास लगाउनु हो)</td>
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<td>004</td>
<td>तपाई कता जातीको हुनुहुन छ?</td>
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<td>005</td>
<td>तपाईको घर कता छ?</td>
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### 9. पारिवारिक विनिमय

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<th>प्र.नं</th>
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<th>संभावित उत्तरावली</th>
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<tr>
<td>101</td>
<td>तपाईको दुवाओ शैक्षिक योग्यता के हो?</td>
<td>आर्थिकता</td>
<td>66</td>
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<td></td>
<td>तह</td>
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<tr>
<td>102</td>
<td>तपाईको आमाको शैक्षिक योग्यता के हो?</td>
<td>आर्थिकता</td>
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<td>तह</td>
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<tr>
<td>103</td>
<td>तपाईको दुवाओ मुख्य पेशा के हो?</td>
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<td>अन्य (उल्लेख गरिनुहोस्)</td>
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<tr>
<td>104</td>
<td>तपाईको आमाको मुख्य पेशा के हो?</td>
<td>कम्पनी</td>
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<td>105</td>
<td>तपाईको धरम तल रिएक्स सुविधाहर कुन कुन छन्</td>
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### प्रश्नावली

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</table>
2. शारिरिक हुए शारिरिक परिवर्तनका सम्बन्धमा किशोर तथा किशोरीहरुको ज्ञान

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<td>201</td>
<td>केहीलाम्बियनो प्रथम हुन सहज (१०००) नहीं भन्ने केहीलाम्बि रक्षा गर्नुहुन्छ</td>
<td>छैन</td>
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<td>202</td>
<td>बाहि केहि भने, नस्त्रुलिन बन्ने ले चुरुलुल गुन मा?</td>
<td>छैन अथवा गाउँ हुन</td>
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<td>गैरसहजता देखाउने वीणा रक्षा कुन दर्ज बने भने रक्षा गर्नुहुन्छ</td>
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(लोगौं सन् २०१ र २०१५ गैरसहजता भएको सामग्री)

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<td>क्यों प्रथम गैरसहजता प्रथम हुने</td>
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<td>204</td>
<td>बाहि केहि भने, गैरसहजता हुने वर्तमान अनुभूत भयान</td>
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<td>समाजवाद विस्तार भएको अनुभूत भयान</td>
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<td>205</td>
<td>सामाजिकता महान्यो नीतिहरुको प्रकरण नयू भयान हुन्छ?</td>
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<td>२० दिन</td>
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<td>206</td>
<td>तपाईलाई स्वयंसेवको वाणिज्य बेडी धारण</td>
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<td>207</td>
<td>बाहि केहि भने, स्वयंसेवक हुन्छुन व्यवहारको हकारात्मक</td>
<td>जलविद्यालय भएको हकारात्मक</td>
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<td>उल्लेख (excitement) भएको हकारात्मक</td>
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<td>गाउँ हुनुन</td>
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<td>208</td>
<td>केहि वा केहि लाम्बियनो हुने शारिरिक परिवर्तन (जसले केहि लाम्बियनो गुण जानु) केहि लाम्बियनो स्वतन्त्र गर्ने जानु) को व्यवहार गाउँ भएको हुने?</td>
<td>पीहेक्को तथा पृथक्को सामान्य भाषाले</td>
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<td>स्वतन्त्र भाषाले</td>
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<td>शारिरिक हामी भाषाले</td>
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<td>गाउँ हुनुन भाषाले</td>
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<td>अन्य (उल्लेख गर्नुहुन्छ)</td>
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<td>गाउँ हुनुन</td>
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<td>209</td>
<td>हल दिनघिन ब्रह्महरु मध्ये कुन पहिले अगाडै सुप्रीमक्ट पैदा गरेको हो?</td>
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<td>गोल्डियोट गन्नद</td>
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3. किशोर तथा किशोरी हर्षमा धिबाङ्ग पूव योग सम्बन्ध, गर्मीहारण र गर्म वृत्तिय विकास हुन
<table>
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<tr>
<th>संख्या</th>
<th>प्रश्न/परामर्श</th>
<th>उत्तर/प्रतिक्रिया</th>
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<tbody>
<tr>
<td>304</td>
<td>तपाईको गर्भधारण छने कुना मात्र</td>
<td>छ 1, छ 2, छ 3</td>
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<tr>
<td>305</td>
<td>तपाईले योग गर्ने प्रयास गरेनुहोस्?</td>
<td>युनियन संस्थान 1, युनियन संस्थान 2, युनियन संस्थान 3</td>
</tr>
<tr>
<td>306</td>
<td>विवाहित दम्पतिले नवना उज्ज्वल तथा हिदो गरे सनातन उज्ज्वलनको निम्न प्रश्न प्राप्त गरिएको सारांश सहित यदि प्रश्नहरू छन्, तो माथि माथि जानाउनु हो।</td>
<td>पिल्स 1, कार्डिया 2, युक्ति संस्थान 3, व्यवस्था संस्थान 4, आयुष्य 5, भाषा-शैक्षणिक 6, मानवीय 7, प्रयोगिक 8, वित्त-शास्त्रीय 9, वि.स.स.न.स. 10</td>
</tr>
<tr>
<td>307</td>
<td>परिवार नियोजनको आज्ञाय सामान केही मनहोनको तल दिइएको माथि कैसै हो?</td>
<td>पुरूष एवं बहिनी चक्र 1, पुरूष एवं बहिनी चक्र 2, पुरूष एवं बहिनी चक्र 3, पुरूष एवं बहिनी चक्र 4, पुरूष एवं बहिनी चक्र 5, पुरूष एवं बहिनी चक्र 6, पुरूष एवं बहिनी चक्र 7, पुरूष एवं बहिनी चक्र 8, पुरूष एवं बहिनी चक्र 9, पुरूष एवं बहिनी चक्र 10</td>
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<td>308</td>
<td>तपाईको निर्भरता एउटा जीवन योग दिइएको माथि कैसै हो?</td>
<td>निको 1, जीवन 2, निको 3, जीवन 4, निको 5, जीवन 6, निको 7, जीवन 8, निको 9, जीवन 10</td>
</tr>
<tr>
<td>309</td>
<td>तपाईको निर्भरता एउटा जीवन योग (निको, जीवन) जोनि तल दिइएको माथि कैसै हो?</td>
<td>निको 1, जीवन 2, निको 3, जीवन 4, निको 5, जीवन 6, निको 7, जीवन 8, निको 9, जीवन 10</td>
</tr>
<tr>
<td>310</td>
<td>तपाईको निर्भरता एउटा जीवन योग सम्पत्ति राशि पत्रमा (कितने देख योग सम्पत्ति राशि पत्रमा)</td>
<td>विकल्प तन्त्र 1, विकल्प तन्त्र 2, विकल्प तन्त्र 3, विकल्प तन्त्र 4, विकल्प तन्त्र 5, विकल्प तन्त्र 6, विकल्प तन्त्र 7, विकल्प तन्त्र 8, विकल्प तन्त्र 9, विकल्प तन्त्र 10</td>
</tr>
<tr>
<td>311</td>
<td>तपाईले कितने शारीरिक योग सम्पत्ति सम्मु बनाउने र बनाउने पत्रमा</td>
<td>विना 1, विना 2, विना 3, विना 4, विना 5, विना 6, विना 7, विना 8, विना 9, विना 10</td>
</tr>
<tr>
<td>312</td>
<td>तपाईले कितने शारीरिक योग सम्पत्ति सम्मु बनाउने पत्रमा</td>
<td>सामान्य 1, सामान्य 2, सामान्य 3, सामान्य 4, सामान्य 5, सामान्य 6, सामान्य 7, सामान्य 8, सामान्य 9, सामान्य 10</td>
</tr>
<tr>
<td>313</td>
<td>तपाईले कितने शारीरिक योग सम्पत्ति सम्मु बनाउने पत्रमा</td>
<td>१४ वर्ष 1, १४ वर्ष 2, १४ वर्ष 3, १४ वर्ष 4, १४ वर्ष 5, १४ वर्ष 6, १४ वर्ष 7, १४ वर्ष 8, १४ वर्ष 9, १४ वर्ष 10</td>
</tr>
<tr>
<td>314</td>
<td>तपाईले कितने शारीरिक योग सम्पत्ति सम्मु बनाउने पत्रमा</td>
<td>२० वर्ष 1, २० वर्ष 2, २० वर्ष 3, २० वर्ष 4, २० वर्ष 5, २० वर्ष 6, २० वर्ष 7, २० वर्ष 8, २० वर्ष 9, २० वर्ष 10</td>
</tr>
<tr>
<td>प.न.</td>
<td>प्रश्नकर</td>
<td>उपायित उत्तरकर</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>401</td>
<td>के लाई योग्य योगदान रोगक चिकित्सा पारम ् पाल</td>
<td></td>
</tr>
<tr>
<td>402</td>
<td>मद्दत चे चे, एकादीशी</td>
<td>योग्य योगदान चक्क</td>
</tr>
<tr>
<td>403</td>
<td>के लाई एक तरीका 15 उपायक । केंद्रीय चक्क</td>
<td></td>
</tr>
<tr>
<td>404</td>
<td>के लाई एकादीशी । एक समयक चक्क</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>प.न.</th>
<th>प्रश्नकर</th>
<th>उपायित उत्तरकर</th>
<th>कोड</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>तपाईंको विश्लेषणा रोजाना विश्लेषण गर्दै चे उपायक उमेका कृपा हो रहै?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>115</td>
<td>तपाईंको विश्लेषणा एकदिवसकाले उपयुक्त उमेका चार नं जिवा जन्मापन पाहिंसा नहुने उपयुक्त उमेका</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>116</td>
<td>तपाईंको विश्लेषणा केंद्रीय उपयुक्त उमेका देश योग योगदान दिन उपयुक्त हुदै होना?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>117</td>
<td>तपाईंको विश्लेषणा केंद्रीय उपयुक्त उमेका देश योग योगदान दिन उपयुक्त हुदै होना?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>118</td>
<td>तपाईंको विश्लेषणा धारणा चौं तह परिपत्र विश्लेषणा लाई दिन उपयुक्त हुदै होना?</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>119</td>
<td>तपाईंको विश्लेषणा धारणा चौं तह परिपत्र विश्लेषणा लाई दिन उपयुक्त हुदै होना?</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

4. योग जन्य रोग । एकादीशी । एक वारे कोशि तर विश्लेषणात्मक ज्ञान
### प्रश्नावली

<table>
<thead>
<tr>
<th>प्र.नं</th>
<th>प्रश्नहरू</th>
<th>संभावित उत्तरहरू</th>
<th>कोड</th>
</tr>
</thead>
<tbody>
<tr>
<td>४०१</td>
<td>के तपाईले रचन्त स्वास्थ्य संरक्षण गर्न मान्य छो? स्वास्थ्य र प्रज्ञन भन्दा निन्जु भएको छ?</td>
<td>जुलुलाम गर्दै सम्पूर्ण तापा रहेर</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>एक जनालग नाट मान्य शारीरिक सफाई राम्रेक</td>
<td>२</td>
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<tr>
<td></td>
<td></td>
<td>कुष्ठमको प्रश्न गर्ने</td>
<td>३</td>
</tr>
<tr>
<td></td>
<td></td>
<td>विश्वास रित्वियाँ तापा रहेर</td>
<td>४</td>
</tr>
<tr>
<td></td>
<td></td>
<td>अस्त्रक्रमाले प्रश्न गर्ने</td>
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</tr>
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<td></td>
<td></td>
<td>प्रज्ञन अगाडी सफाई गर्ने</td>
<td>६</td>
</tr>
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<td></td>
<td></td>
<td>खैन उपरुपरमा गर्न्दै</td>
<td>७</td>
</tr>
<tr>
<td></td>
<td></td>
<td>याल छैन</td>
<td>८</td>
</tr>
<tr>
<td>४०२</td>
<td>यदि तपाईं छ भने तपाईले के कता योग रोगाहरूको वार्या याल पाँचौ भएको छ? उल्लेख गर्ने</td>
<td>(A)</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(B)</td>
<td>२</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(C)</td>
<td>३</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(D)</td>
<td>४</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(E)</td>
<td>५</td>
</tr>
</tbody>
</table>

### ५. युवाहरूका लागि संचालन गरिने किचनिकमा युवाहरूका लागि व्यवस्था गर्न पनि सुविधा तथा सेवाहरू सम्बन्धित जानकारी

<table>
<thead>
<tr>
<th>प्र.नं</th>
<th>प्रश्नहरू</th>
<th>संभावित उत्तरहरू</th>
<th>कोड</th>
</tr>
</thead>
<tbody>
<tr>
<td>५०१</td>
<td>के तपाईले कोहिल्यै कुनै स्वास्थ्य संरक्षण गर्न मान्य तथा प्रज्ञन स्वास्थ्य र प्रज्ञन, सम्बन्धि सेवा निन्जु भएका छ?</td>
<td>याद्रायण स्वास्थ्य परिक्रमा</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>स्वास्थ्य विश्वास</td>
<td>२</td>
</tr>
<tr>
<td></td>
<td></td>
<td>योग रोगको उपचारका नागरिक</td>
<td>३</td>
</tr>
<tr>
<td></td>
<td></td>
<td>अन्य (उल्लेख गर्ने)</td>
<td>४</td>
</tr>
<tr>
<td>५०२</td>
<td>यदि छ भने केही आफ्नो जानु भएको हो?</td>
<td>पखाँ</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>आवश्यक छैन</td>
<td>२</td>
</tr>
<tr>
<td>५०३</td>
<td>के तपाईले निमित्त गर्न तथा प्रज्ञन स्वास्थ्य र परीक्षण निमित्त दिइने एक तपाईले तपाईले स्वास्थ्यको समतालाई दिने जरूरत गर्न पनि</td>
<td>पखाँ</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>आवश्यक छैन</td>
<td>२</td>
</tr>
<tr>
<td>५०४</td>
<td>के तपाईले निमित्त गर्न तथा प्रज्ञन स्वास्थ्य र परीक्षण निमित्त दिइने एक तपाईले तपाईले स्वास्थ्यको समतालाई दिने जरूरत गर्न पनि</td>
<td>पखाँ</td>
<td>१</td>
</tr>
<tr>
<td></td>
<td></td>
<td>आवश्यक छैन</td>
<td>२</td>
</tr>
</tbody>
</table>
Dear Students,
You kindly requested to read the following questions carefully and put a circle in an appropriate answer box, then return it back to us. Thank you very much for your cooperation.

### Background:

<table>
<thead>
<tr>
<th>Q.No</th>
<th>Name of the School</th>
<th>Class</th>
<th>Age in completed years</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Class you are studying now</td>
<td>Class</td>
<td>[ ]</td>
</tr>
<tr>
<td>002</td>
<td>Age of respondent (Your age)</td>
<td>Age in completed years</td>
<td>( )</td>
</tr>
<tr>
<td>003</td>
<td>Your Sex:</td>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>004</td>
<td>Caste /ethnicity:</td>
<td>Brahman</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chhhetri</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Newar</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Magar</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gurung</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rai</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limbu</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tamang</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yadav</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jha</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Other please specify----------</td>
<td>Other please specify----------</td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>Place of residence</td>
<td>Urban</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rural</td>
<td>2</td>
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</tbody>
</table>

### Family background

<table>
<thead>
<tr>
<th>Q. No</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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<td>101</td>
<td>What is the level of education your father has completed?</td>
<td>Illiterate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade completed</td>
</tr>
<tr>
<td>102</td>
<td>What is the level of education your mother has completed?</td>
<td>Illiterate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade completed</td>
</tr>
<tr>
<td>103</td>
<td>What is your father's main occupation?</td>
<td>Agriculture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily wages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Govt. Office Holder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-govt Office Holder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specify----------</td>
</tr>
<tr>
<td>104</td>
<td>What is your mother's main occupation?</td>
<td>Agriculture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily wages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office Holder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>House wife</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specify----------</td>
</tr>
<tr>
<td>105</td>
<td>Do you have following facilities in your home?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Radio</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Television</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
<td>1</td>
</tr>
<tr>
<td>106</td>
<td>Do you live in your house (owned by a family member) or in a rented house</td>
<td>Own house</td>
</tr>
<tr>
<td></td>
<td>Rented house</td>
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2. Knowledge of adolescents about normal physiological changes in the body (onset of menarche and development of secondary sex characters)

<table>
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<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
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</thead>
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<tr>
<td>201</td>
<td>Have you heard about menarche or onset of menstruation?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>202</td>
<td>If Yes, What does it signify?</td>
<td>Injury in genital organ</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capable to procreate</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (Specify).........</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don't Know</td>
<td>4</td>
</tr>
<tr>
<td>203</td>
<td>Have you already experience menstruation?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>204</td>
<td>What was your experience of the onset of menstruation</td>
<td>Depression</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elevation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeling of Outcast</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Did not feel anything</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify..........)</td>
<td>5</td>
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<tr>
<td>205</td>
<td>How many days are there in a menstruation cycle</td>
<td>15 days</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 days</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28 days</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 days</td>
<td>4</td>
</tr>
<tr>
<td>206</td>
<td>Do you know about nocturnal emission</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>2</td>
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<tr>
<td>207</td>
<td>What is the cause of nocturnal (night time) emission?</td>
<td>Eating hot food</td>
<td>1</td>
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<td></td>
<td></td>
<td>Excitement</td>
<td>2</td>
</tr>
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<td></td>
<td></td>
<td>Production of Hormones</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Other specify</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don't know</td>
<td>5</td>
</tr>
<tr>
<td>208</td>
<td>Why do the breast of girls increases in size and boy has moustache?</td>
<td>Due to the production of Hormones</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eating much</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specify</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don't know</td>
<td>4</td>
</tr>
<tr>
<td>209</td>
<td>Which of the following organs produces the sperms?</td>
<td>Testes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ovary</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prostate gland</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specify</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don't know</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Knowledge about pregnancy, premarital sex and contraception

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 Do you know about sexual relationship</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>302 If Yes, from what source do you know about this</td>
<td>Friend</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Magazines</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TV</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Radio</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify......)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>303 At what age you were aware of the sexual relationship between male &amp; female? Write age</td>
<td>......age</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>304 Do you know about pregnancy</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>305 If yes, How does woman get pregnant?</td>
<td>Kissing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Touching</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meeting of ovum with sperm following sexual intercourse</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specify</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Which is the high-risk period of getting pregnant from sexual contact?</td>
<td>First to 8th day of menses</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7-21 days of menses</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22 days to next menses</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specify</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Tick () mark in the following FP method you have heard to delay or stop</td>
<td>Withdrawal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>child bearing by married couples?</td>
<td>Safe period method</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pills</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Condom</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IUD</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minilap</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vasectomy</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depo-Provera</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Norplant</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Contraceptives</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specify</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Condom, a temporary method of FP is</td>
<td>Oral pills for male</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral pills for female</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For male use</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For female use</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specify</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Pills (Nilocan, Gutaf), a temporary method of FP, is</td>
<td>Oral pills for male</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral pills for female</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For male use</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For female use</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specify</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>In your opinion when should a person should establish sexual</td>
<td>Before marriage</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>relationship</td>
<td>After marriage</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowing each other</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify......)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Do you have the experience of sexual intercourse?</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>If Yes, what is your age at that time?</td>
<td>Age</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Who was your sexual partner</td>
<td>Lover</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friend</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSWs</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stranger</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify......)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>What is the ideal age of marriage for boys</td>
<td>Less than 15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 years</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 years</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 years</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 years</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19 years</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 years</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>What is the ideal age of marriage for girls</td>
<td>Less than 15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 years</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 years</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 years</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 years</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19 years</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 years</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>What is the ideal age for child bearing</td>
<td>Age</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td>Choice</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>317</td>
<td>What is the appropriate age for a girl to provide sexual education at school?</td>
<td>Below age 13, Between age 13-19, Above age 19, Never, Do not know</td>
<td>1</td>
</tr>
<tr>
<td>318</td>
<td>What is the appropriate age for a boy to provide sexual education at school?</td>
<td>Below age 13, Between age 13-19, Above age 19, Never, Do not know</td>
<td>1</td>
</tr>
<tr>
<td>319</td>
<td>Which level would it be more appropriate to give sexuality education?</td>
<td>Primary, Lower secondary, Secondary, 10 + 2</td>
<td>1</td>
</tr>
</tbody>
</table>

4. **Knowledge of adolescent about STD/HIV/AIDS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>401</td>
<td>Have you heard about STDs?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>402</td>
<td>If yes, have you heard about HIV/AIDS?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>403</td>
<td>Tick marks in the routes of AIDS transmission you heard.</td>
<td>Sharing combs, clothes and towels, Using unsterilized syringes and needles, Having sex with multiple sex partner, Child born by mother of AIDS victim, Blood transfusion, Shaking hand and Kissing, Mosquito bite, Other specify, Don't know</td>
</tr>
<tr>
<td>404</td>
<td>What is the name of contraception that can be used during sexual contact to prevent from AIDS / STDs.</td>
<td>Pills, IUD, Depo-Provera, Condom, Other specify, Don't know</td>
</tr>
<tr>
<td>405</td>
<td>How can we protect ourselves from STD/HIV</td>
<td>By avoiding sex, Practicing single sex partners, Using condoms, Cleaning genital organs, Withdrawal, Other (specify...), Don't know</td>
</tr>
<tr>
<td>406</td>
<td>Have you heard about STDs except AIDS? If yes, write the name of STDs.</td>
<td></td>
</tr>
</tbody>
</table>
5. Ideas on the kind of services they would like to have in a youth friendly clinic

| 501 | Have you ever visited a health facility to receive SRH/FP services? | Yes | 1  
No | 2 |
|-----|---------------------------------------------------------------|-----|-----|
| 502 | If yes, what was your reason for visiting the facility?     | General health check-up | 1  
Health Education | 2  
STD treatment | 3  
.............other (specify) | 4 |
| 503 | In your opinion, do you think that there is need for making provision to provide information services to adolescent and youth like you in your community for SRH services | Necessary | 1  
Not necessary | 2 |
| 504 | In your opinion, do you think that there is need for changes in the kinds of SRH services provided to adolescent and youth like you in your community | Yes | 1  
No | 2 |
| 505 | If yes, what kinds of Reproductive Health Services would you prefer? | Should be easily accessible | 1  
Privacy & Confidentiality is well maintained | 2  
Friendly atmosphere where all services are available | 3  
Suitable timings | 4  
Preferable female health workers including Doctors for a female clients | 5  
|
Table 70. Is sex education essential to youth like you in your community

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>Yes</td>
<td>56.00</td>
<td>76.71</td>
<td>84.00</td>
</tr>
<tr>
<td>No</td>
<td>12.00</td>
<td>16.44</td>
<td>6.00</td>
</tr>
<tr>
<td>not stated</td>
<td>5.00</td>
<td>6.85</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>73.00</td>
<td>100.00</td>
<td>97.00</td>
</tr>
</tbody>
</table>

Table 71. Kind SRH services they like

<table>
<thead>
<tr>
<th>School Type</th>
<th>Co-education</th>
<th>Girls School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Col %</td>
<td>Count</td>
</tr>
<tr>
<td>By providing service easily</td>
<td>27.00</td>
<td>46.55</td>
<td>38.00</td>
</tr>
<tr>
<td>By keeping confidentiality while giving service</td>
<td>13.00</td>
<td>22.41</td>
<td>10.00</td>
</tr>
<tr>
<td>By giving service to youth in integrated manner</td>
<td>9.00</td>
<td>15.52</td>
<td>11.00</td>
</tr>
<tr>
<td>By providing service in convenient time</td>
<td>3.00</td>
<td>5.17</td>
<td>7.00</td>
</tr>
<tr>
<td>By Providing service to woman by woman</td>
<td>35.00</td>
<td>60.34</td>
<td>32.00</td>
</tr>
<tr>
<td>By providing service to man by man</td>
<td>35.00</td>
<td>60.34</td>
<td>27.00</td>
</tr>
<tr>
<td></td>
<td>58.00</td>
<td>100.00</td>
<td>71.00</td>
</tr>
</tbody>
</table>