

स्वास्थ्य परिवार नियोजन संघ

पुस्तकालय

# Adolescent Sexuality

*(Knowledge, Attitudes, Beliefs and Practices of Unmarried Adolescents)*

A school based study conducted in Palpa District of Nepal

Family Planning Association of Nepal  
Reproductive Health Care Service and Education Project  
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# CHAPTER - I

## INTRODUCTION

### 1.1 Background

In Nepal adolescents (10 to 19 years of age) comprise more than one fifth (22%) of the total population. Owing to high fertility and young age distribution of population the share of adolescents in total population is likely to increase in the coming years. Early sexual intercourse is common in many societies of Nepal. The average age of puberty falls and that of marriage increases therefore more likely to occur the sexual activity before marriage. Unmarried adolescents are becoming more sexually active. A study conducted at Makawanpur district showed that one in ten unmarried adolescent boys of age between 15-19 years are sexually active, more than half of them had multiple sex partners (Plan International 1996). Another study had showed that 19% of adolescent had sexual experience before marriage (B.K. Suvedi and others 1982). Knowledge about STD and HIV/AIDS is quite low among adolescents especially in rural area. The actual incidence and prevalence of HIV/AIDS among adolescent is not known due to the low reporting status. Among the HIV infected persons 16.4% falls in teenagers group. It is estimated that adolescent commercial sex workers constitute about 20% of the total commercial sex workers in the country. Use of contraceptive for delaying or postponing births is very low among adolescents. Only 6.5 percent of married adolescent couples of age 15-19 are currently using a method of family planning (FHS 1996).

### 1.2 Situation of the Project

A study conducted at Palpa showed that one fourth of adolescents are agreed to use contraceptive before marriage. Only 40% of adolescents know menarche as the natural process and indication of menarche and 13% of adolescents know the indication of nocturnal emission. Knowledge of adolescents on FP methods was at low level, only half of the adolescents heard of FP methods. Similarly, knowledge about prevention of STD is at lower level, only 18% of the adolescents know the means of prevention. Knowledge of unmarried adolescents on family planning methods is estimated 60%.

### 1.3 Rational

From the above mentioned facts, adolescent is the group that have less access to information regarding puberty, marriage, human reproductive process and sexual relationships. Therefore they are in risk of early marriage, unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs) including AIDS, sexual rape and violence and sexual abuse. Considering these things in the mind, Nepal has committed to provide the reproductive health care services to the adolescents and youth. But access to the information regarding reproductive health is essential in order to develop responsible sexual behavior of young people. After International Conference on Population and Development (ICPD), Cairo 1994, as a Non-Governmental Organization (NGO), Family Planning Association of Nepal has been conducting many reproductive health care projects in the different parts of the Kingdom. Reproductive Health Service and Education Project is the first project that has incorporated the sexuality education program in reproductive health care and it has been conducting since 1996.

During the base line survey 1997, information were collected and analyzed to assess the needs of adolescents on sexual and reproductive health. A mini curriculum was developed based on the assessed needs of the adolescents. The curriculum has been tested in the project field for one year but it is yet not approved by FPAN. Whether the curriculum addressed the needs of adolescents regarding the sexuality education or not, always the concern of educational experts and planners. Whether sexuality education program increased the knowledge of adolescents up to the desired level or not. During the mid term evaluation of the project, recommendation was made by the external evaluator to reduce the time and session without loosing the key components of sexuality education. Similarly strategies of sexuality education can be changed in order to cover the maximum numbers of adolescents. Whether the knowledge, attitude, belief and practice are changed regarding the sexual and reproductive health is the most important thing for further program change. The present study can also identify the areas that need more access to information regarding sexuality education. Therefore it is imperative to assess the knowledge attitudes, beliefs and practice on human sexuality in order to assess the performance of the educational activity.

#### **1.4 Objectives**

- To assess the knowledge of adolescents on puberty (physiological changes), marriage, and child bearing and birth, family planning, sexually transmitted infection and sexual relationship.
- To assess the attitudes of adolescents on sexuality education.
- To assess the knowledge and beliefs of adolescent regarding STD including HIV/ AIDS.
- To assess the practice of sexual intercourse before marriage.

#### **1.5 Scope of the Study**

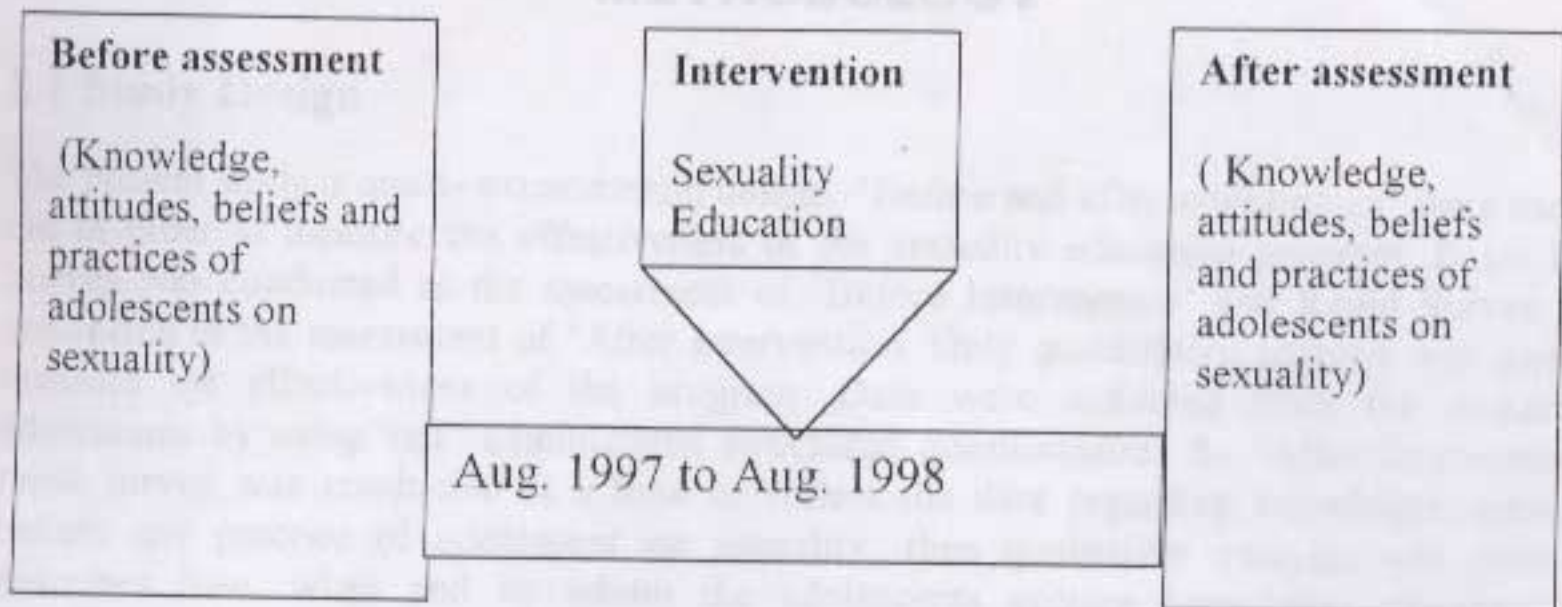
The present study covers the unmarried adolescents' aged 12 to 15 years, which were studying in the school in the rural areas of Palpa district. It does not cover the adolescents who are out of school or married. It is a small study, which is carried out in the RHSE Project area. It neither reflects the regional or national situation. It only collected and analyzed objective verifiable indicates. The purpose of the study is to measure the effectiveness by assessing the intervention of sexuality education program. The applied methodology can be replicated in others rural areas.

#### **1.6 Limitation**

The present study covers 10 schools and 314 unmarried adolescents. In "before intervention" analysis" data of baseline survey were used and in "after intervention" data of the rapid survey were used for analysis purpose. Only effect indicators mainly; knowledge, attitudes, belief and practices of sexuality were collected in surveys. In the base line survey, variables on practices of sexuality were lacking therefore these variables incorporated in rapid survey. Questions regarding homosexuality, oral sex and orgasm were taken out after pretest. The study does not cover the adolescents who are out of school. It had also excluded the married adolescents. The present study is carried out in the RHSE Project area as a part of the project therefore it only reflects the effectiveness of the RHSE Project. It neither reflects the regional scenario or the national scenario.

## 1.7 Conceptual Framework

CHAPTER - II  
METHODOLOGY



### 2.2 Intervention

All the participants, sexuality education was given to the target group (adolescents) sexuality education including anatomy and physiology of reproductive system, menstrual cycle, pregnancy, sexual health, sexual abuse, unwanted pregnancy and abortion, safe motherhood, sexually transmitted infections (STIs) including HIV/AIDS, infertility and family planning.

A curriculum was design to educate the adolescents on sexual and reproductive health. A "Hand book of adolescent" was developed based on the curriculum. The book on family life education through a book on sexuality, types of reproductive system, with focus on family planning and related problems and provide with more exposure to family planning services.

Youth education and awareness were trained on sexual and reproductive health. Concepts as well as methodology were taught to educate the adolescents and enhance the skills of students on sexual and reproductive health.

These activities related to the sexual and reproductive health of adolescents were held in the school premises. The main focus was to provide the adolescents with the necessary information and skills. Lecture followed by discussion, role playing, group discussion and other activities were used to enhance the understanding of the adolescents. This intervention was given to the adolescents aged 12-15 years. Class VII, IX and X were participating and students who were reading in class VII but were more 12 and above were transferred to class VIII to enhance their sexual health.

### 2.3 Sampling Units and Sampling Procedures

Sampling technique used for the study is the multistage random sampling. The Reproductive Health Care Services and Education Project covers 40 schools in the Panchajanya. At the first stage, all the schools of schools were listed in alphabetical order and 10 schools were selected using simple random sampling procedure.