



AN INVESTIGATION INTO SEXUAL AND REPRODUCTIVE HEALTH AWARENESS AMONG ADOLESCENT GIRLS IN KOHALPUR MUNICIPALITY BANKE, NEPAL

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Abstract

This research paper aimed to examine the level of knowledge and attitude of adolescent girls and their parents regarding sexual and reproductive health education. The study collected primary data from adolescent girls aged 16-19 years and their parents in Kohalpur municipality Banke, Nepal. The respondents were asked about their knowledge of sexual and reproductive health (SRH). Out of 219 respondents, only 23 girls (10.50 percent) reported having knowledge of SRH. Most of the respondents (69.57 percent) obtained information on SRH from school or their teachers, and 82.64 percent of the respondents had knowledge about adolescence. Although all respondents had heard about menstruation, only 40.64 percent had knowledge about sexually transmitted infections (STIs) and 41.56 percent had knowledge about family planning. Furthermore, only 26.04 percent of the total respondents agreed that SRH education could protect against STIs, HIV, and AIDS. 69.86 percent of the respondents believed that the best age for marriage is 20-24 years, and 57.07 percent of the respondents thought that SRH education is necessary for adolescent girls. Only 3.65 percent of the total respondents shared their SRH-related problems with their parents, while almost half of them shared their problems with their friends. None of the respondents reported having engaged in sexual activity. The study found that adolescent girls in Kohalpur Municipality Banke have limited knowledge about SRH, and their sources of information are inadequate. Consequently, they are vulnerable during this sensitive phase of their lives. The study recommends that the community, educational institutions, and other stakeholders take urgent measures to improve the condition of adolescent girls concerning sexual and reproductive health.

Keywords: Adolescent Girls, Sexual and Reproductive Health, Knowledge, Attitude, STIs

Introduction

Background of the study

Adolescence is a critical period of transition from childhood to adulthood, marked by significant physical, socio-emotional and behavioral changes as individuals develop and acquire their identity. During this phase, individuals explore and develop their sex, sexuality, and gender. The concept of adolescence has been defined in various ways, with the definition provided by the World Health Organization (WHO, 1997) being widely accepted. WHO defines adolescence as the period between the onset of puberty and sexual and reproductive maturity, encompassing the



development of adult mental capacity and identity, and the transition from total socio-economic dependence to relative independence. The age range for adolescence is typically defined as 10 to 19 years.

In Nepal, inadequate nutritional care, lack of family support, insufficient guidance, and reluctance to share are some of the factors that can negatively impact adolescent health and attitude. According to WHO (1997), reproductive health encompasses the complete physical, mental, and social well-being in all matters related to the reproductive system, including a satisfying and safe sex life, the ability to have children, and the freedom to make decisions regarding the timing and frequency of reproduction.

Incorporating education and awareness of reproductive health into the learning process is crucial from childhood into adulthood. Adolescent girls' reproductive health is critical to their overall health status and the health of future generations. Reproductive health encompasses a wide range of issues such as contraception, family planning, pregnancy, and prevention of sexually transmitted diseases. Sensitizing adolescents to reproductive health issues may lead to a reduction in unwanted pregnancies, STDs, and maternal and infant mortality rates. In rural Nepal, early marriage or child marriage is prevalent, with almost 50 percent of girls getting married at age 15, and 40 percent bearing their first child between ages 15-19. Contraceptive prevalence is low, accounting for only 29 percent. Married teenagers are at a higher risk of maternal mortality due to pregnancy, childbirth complications, and unsafe abortion.

International and national initiatives, such as the Cairo Program of Action (1994) and the Beijing Platform for Action (1995), have recognized adolescent girls' issues in reproductive and sexual health, including the prevention of HIV and AIDS and other STDs. These initiatives emphasize the importance of access to confidential and private services, parental guidance and support, and addressing the reproductive and sexual needs of adolescent girls.

Statement of the problem

Due to the rapid pace of modern lifestyles and the increasing influence of western culture, adolescents are a valuable group that requires knowledge about available contraceptive methods and their proper use. Additionally, they should understand the dangers of indiscriminate termination of pregnancy in the case of pregnancy. Adolescents often lack information about sexual and reproductive health (SRH), which results in early marriage, early and frequent childbearing, unsafe abortion, sexually transmitted diseases (STDs), HIV/AIDS, and substance abuse. Despite some progress in information, education, and communication regarding SRH over the last decade in Nepal, most societies remain closed and traditional with myths and misconceptions about sexuality, reproductive health, contraceptives, STDs, HIV/AIDS, and sexuality education. Adolescence is a critical period and is full of curiosity about sexuality. However, adolescents have low levels of knowledge regarding puberty, reproduction, masturbation, premarital sex, contraceptives, and STDs, HIV/AIDS. Several factors contribute to



the low level of SRH knowledge among adolescent girls in Nepal, which may vary among cultural groups and regions.

Objectives of the study

- To identify the awareness of adolescent girls on Sexual and Reproductive health.
- To identify the parental attitude toward Sexual and Reproductive health.

Delimitations of the study

This study was delimited within the following boundaries

- This study concerns only adolescent girls.
- This study identifies knowledge, attitude about sexual and reproductive health among adolescent girls.
- This study is limited in Kohalpur municipality of Banke district of Nepal.
- This study concerns only parental attitude.

Literature Review

Katz (1967), a functional theorist, proposes that attitudes are developed based on the extent to which a person or object satisfies their needs. According to functionalists, attitudes are shaped by the benefits they provide to the individual. For instance, a person may have a positive attitude toward the president because they perceive his/her political policies as fulfilling their needs. Katz further states that attitudes are formed to uphold self-image and existing values, and they change when the needs of the individual change.

John (1997) addresses the question of how individuals form subjective or objective opinions towards society and how attitudes are altered. The matter of forming attitudes is a complex issue involving deep psychology and intricate human behavior. In particular, the subject of sexual and reproductive health is a multifaceted topic in our context. Drawing from John's theory, it can be concluded that people are influenced by the complex behavior and psychology of both individuals and society as a whole. Consequently, identifying the sources of awareness and attitudes toward sexual and reproductive health is not a straightforward task.

According to Sayers (2006), raising public awareness of a topic or issue aims to inform and positively influence the attitudes, behaviors, and beliefs of a community towards achieving a defined purpose or goal, such as promoting information literacy or improving public health. This implies that the attitudes of society and parents play a significant role in the awareness process of adolescent girls, as their perception of society shapes their own attitudes.

Furthermore, Sayers (2006) notes that the theory and practice of public awareness-raising draws heavily on the literature of mass communication and social marketing for social change.



This highlights the crucial role of media and communication means in effecting change by gradually altering attitudes and behavior towards a more progressive outlook.

However, raising awareness regarding reproductive health care in women is a challenging task due to the social standing of women and the taboos surrounding discussions of safe and unsafe sexual practices, as noted by Vinita and Singh (2007). Nonetheless, increasing women's awareness of reproductive health problems can aid in their prevention and control.

The study conducted by Devkota (2012) aimed to determine the knowledge and attitude of public and private higher secondary level students in Kathmandu District regarding reproductive health and rights. The study used a descriptive research design with a sample size of 120 students. The results showed that most of the students had knowledge about teenage marriage and its disadvantages to women's health, and that they believe the appropriate age for childbearing is between 26-30 years. Many students were against premarital sex and suggested that awareness programs, advocacy, and women empowerment could promote reproductive health and rights. Additionally, the majority of students had knowledge about the advantages of safe sex in preventing STDs.

Ghimire (2010) conducted a study to assess the knowledge, attitude, and practices related to sexual and reproductive health among adolescent girls in Arghakhanchi District. The study found that respondents had knowledge about iron tablets, safe sexual intercourse, and the need for sex education. However, they also faced barriers to using condoms at first sexual contact.

Dangal (2006) explored the complexities and challenges of teenage pregnancy, highlighting the risks to maternal and child health, and the need for prevention and limitation of fertility among adolescents. Teenage pregnancy is a significant public health concern worldwide, affecting both developed and developing societies. It is associated with multiple consequences and requires high-priority services.

Tandon (2005) investigated the sexual and reproductive health knowledge and attitude of 300 adolescent girls in Lalitpur District. The study revealed that most students were aware of condom use (76%), followed by pills and Norplant (70.1%), Depo-Provera (55.3%), and IUD (37.3%). However, only 29.7% knew that AIDS is caused by a virus, and majority preferred an ideal age for marriage between 20-22 years (70.7%). While 29.3% thought premarital sex is acceptable at the age of 20, 94% of the respondents opposed it, 3.3% thought it is not bad, and 2.7% believed it depended on the situation.

Despite the valuable insights provided by the aforementioned studies regarding the sexual and reproductive health needs and challenges faced by adolescent girls, they do not account for the potential variations that may exist among different cultural groups. Specifically, these studies do not investigate whether the sexual and reproductive health needs and challenges experienced by adolescent girls differ based on their cultural background, including their caste or ethnicity.



Furthermore, the studies do not delve into the potential differences in the knowledge, attitudes, and behaviors related to sexual and reproductive health that may exist among adolescents belonging to different cultural groups.

Research Methodology

Research design

This study has two objectives that depend on each other. The first objective requires a complete quantitative research to measure the awareness of adolescent girls on sexual and reproductive health. The second objective is based on subjective understanding and requires qualitative research to identify parental attitudes towards sexual and reproductive health. As the study uses two different approaches, it is based on both qualitative and quantitative research design.

Population of the study

Given that the research aims to investigate the sexual and reproductive health knowledge of adolescent girls and their parents, it is necessary to define the target population in a specific age group. To achieve this, the study will focus on gathering data from adolescent girls aged between 16 to 19 years old. Moreover, the parents of these adolescent girls could also serve as potential participants for the study.

Sample and sampling procedure

This study is based on adolescence girls of 16-19 years old. 219 girls are taken as the source population in order to fulfill the objective of research. The sample is taken from the calculation of statistical method used in the research. I have used Solvin method on the basis of formula which contains 5 percent error which is shown below.

Sampling procedure

According to Solvin (1992)

Total population size (N) = 479

Desire margin of error (e) = 5%

Sample size (η) =?

According to formula: $\eta = \frac{N}{1+Ne^2}$

$$\eta = \frac{479}{1+(479)0.05^2}$$

$$\eta = \frac{479}{1+(479)0.0025}$$

$$\eta = \frac{479}{1+1.19}$$



$$\eta = \frac{479}{2.19}$$

$$\eta = 218.72$$

The sample will be 219

Research tools

This research is based on both primary and secondary data. An interview schedule with closed and opened questions is the primary tool for the data collection. The questions are prepared to collect information of knowledge and attitude about reproductive health. Questions are divided according to the objectives. Basically the closed questions are planned for the adolescent girls to get required information for the research. At the same time, some open questions are also required, similarly, on the same approach is applied with parents to identify their attitude towards sexual and reproductive health. In this process of finalizing for tools trial test was conducted on ten adolescent and two parents of GVN Higher Secondary School, Nepalgunj, Banke.

Sources of data

The study is basically based on primary source of data. Primary data is collected by using the questionnaire containing both closed and opened ended questions, record reports book, paper are consulted as secondary sources. Those primary data are collected from the adolescent girls of 16 to 19 years old and the parents of such adolescent girls.

Data collection procedure

After acceptance of proposal from the authority of Department of the Health, Physical and Population Education, the researcher obtained an approval letter for research and a requested to their Levant authority of study area. The researcher visited the adolescent girls in different age group and their parents. The researchers explained the purpose and nature of the study to the respondents and will requested them to supply their answers and fill up the questionnaire. In this way, data and information were collected.

Data analysis procedures

After the collection of the data the filled questionnaire are checked, verified, edited, and tabulated. The information is classified and categorized according to obtained data. The information is analyzed and interpreted with simple statistical methods. Data are interpreted with the help of different tables and diagrams.

Analysis and Interpretation of Results

The analysis and interpretation of data were made with the help of tables to make the presentation more effective and clear meaningful.

Knowledge and meaning of sexual and reproductive health



The study aims to measure the level of knowledge of sexual and reproductive health among adolescent girls aged 16 to 19 years. Out of the 219 respondents, only 23 girls (10.50 percent) claimed to have knowledge about SRH, while the majority of 196 girls (89.50 percent) did not have knowledge about it. The study found that adolescent girls from different ethnic groups have different levels of knowledge about SRH, which is influenced by their family background associated with ethnicity. The research has presented a table to illustrate the level of knowledge about SRH among different ethnic groups.

Table 1

Knowledge of SRH according to ethnic group

S.N.	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	14/94	14.89
2.	Madhesi	5/56	8.92
3.	Janajati	3/55	5.45
4.	Dalit	1/14	7.14

Among the respondents who reported having knowledge about SRH, only 7 girls (7.07 percent) identified as Hindu, while 6 girls (6.06 percent) identified as Buddhist, and only 1 girl (1.01 percent) identified as Muslim. None of the Christian respondents claimed to have knowledge about SRH. The data suggest that Hindu and Buddhist girls have a slightly higher level of knowledge on SRH compared to Muslim and Christian girls. However, overall knowledge of SRH is poor among all religion groups.

Table 2

Knowledge of SRH according to religion

S.N	Religion	No. of respondents	Percent
1.	Hindu	16/184	8.69
2.	Buddhist	3/21	14.28
3.	Islam	2/8	25
4.	Christian	2/6	33.33

Out of all four religious groups Hindu religion community stand on top in terms of gaining knowledge on SRH. However, only 8.69 percent of total respondents who have knowledge about SRH are from Hindu community. Similarly, only 14.28 percent of respondents who have knowledge of SRH are from Buddhist community. Likewise, Islam (25percent) and Christian (33.33 percent) communities fall in this category. According to the above mentioned fact, girls from Hindu religion were found to be very poor in the knowledge of SRH as compared to other religion groups.



Sources of information about SRH

Source of information plays an important role for the knowledge of sexual and reproductive health. Respondents were asked from which sources they know about human sexual and reproductive health. The results found from the response are given in table.

Table 3

Knowledge of sources of information about SRH

S.N	Source of information	No. of respondents	Percent
1.	School / Teacher	16	69.57
2.	Friends	1	4.34
3.	Parents	1	4.34
4.	Magazine	4	17.41
5.	Radio/ TV	1	4.34
6.	Other	0	0
Total		23	100.00

Table 3 shows that more than two third of respondents (69.57 percent) have got information on SRH from School/Teacher followed by Magazine 17.41 percent, friends 4.34 percent, parents 4.34 percent, Radio / TV 1 percent respondents. The data say that the school and teachers are playing vital role in providing awareness regarding SRH. At the same time magazines are also providing information about SRH.

The above mention table clearly depicts the important role of academic institution. It means the schools have the great responsibility regarding the dissemination of sexual and reproductive health knowledge.

Easiest one in the family to share feeling

Sharing is very important indicator regarding the knowledge and attitude of SRH. It is important to know to whom the girls share their feelings. The following table indicates their response.

Table 4

The easiest one in the family to share feeling

S.N	Family member	No. of respondent	Percent (%)
1.	Mother	117	53.42
2.	Sister	93	42.47
3.	Brother	1	0.46
4.	Grandparents	6	2.73
5.	Other specify	2	0.92



Total	219	100.00
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The respondents were asked with the question who is the easiest one in the family to share their feeling. Almost 50 percent (53.42 percent) of total respondents answered that they would share their feeling with their mothers, 42.47 percent respondents are found to be easy with their sisters, 2.73 percent respondents share the feeling with their grandparents whereas 0.46 percent respondents answered that the easiest one in the family to share feeling is their brothers. The interesting fact is that none of the parents has answered father as the easiest one to share their feeling in the family.

Knowledge about adolescent

The respondents were asked what age group is known as adolescence.

Table 5

Knowledge about adolescent

S.N.	Knowledge about adolescent	No. of respondents	Percent
1.	Age between 5-10	1	0.48
2.	Age between 9-12	21	9.58
3.	Age between 11-19	181	82.64
4.	Age between 19-24	16	7.30
Total		219	100.00

The respondents were asked what adolescence meant, Out of all the respondents 82.64 percent answered correctly. Yet, 17.34 percent students were with the wrong information about adolescence. It shows that the basic knowledge about adolescence is lacking in 17.34 percent cannot be said as remarkable size of adolescent girls.

Table 6

Knowledge of adolescent according to ethnic group

S.N	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	85/94	90.42
2.	Madhesi	49/56	87.5
3.	Janajati	42/55	76.36
4.	Dalit	5/14	35.71

The girls, who know correctly what adolescent is, are more from Brahmin / Chhetri (90.42 percent) and Madhesi (87.5 percent) community compared to Janajati (76.36 percent) and Dalit (35.71 percent). This fact clearly shows the level of knowledge of sexual and reproductive health in specific community. This data show the better picture of Brahmin / Chhetri community in comparison to other ethnic group regarding, the knowledge of adolescent.



Heard of menstruation

The data collected during the survey clearly says that all the respondents have heard about menstruation.

Table 7

Knowledge about the age of starting menstruation

S.N.	Age of starting menstruation	No. of respondents	Percent
1.	Below 15 years	169	77.17
2.	Above 15 years	17	7.76
3.	Don't know	33	15.07
Total		219	100.00

Out of 219 respondents, 169 respondents which means 77.17 percent have the correct information about the age of starting menstruation cycle, whereas rest of others either do not know or have wrong concept regarding it. This data also shows the picture of ignorance about the knowledge of menstruation cycle in many adolescence girls.

It was measured that the respondents would answer correctly because of the simple nature of question. But 15.07 percent which means 33 girls were ignorant about the beginning age of menstruation cycle. They are found not to have remembered or known the exact time when menstruation begins.

Knowledge about STIs

The world wide spread of sexually transmitted infections has been one of the major problems in public health. Respondents were asked about their knowledge on STIs. According to the information, 40.64 percent respondents have knowledge about STIs and 59.64 percent respondents have not knowledge about STIs. Like the earlier data, this one also shows his level of ignorance about STDs in adolescence girls. To analysis this fact more deeply the respondents are categorized according to their ethnicity. The table given below shows the distribution of population by ethnicity.

Table 8

Knowledge of STIs according to ethnic group

S.N	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	66/94	70.21
2.	Madhesi	10/46	17.85
3.	Janajati	8/55	14.54
4.	Dalit	5/14	35.71



All together 89 of total respondents say that they have knowledge of SRH. Out of those who have knowledge of SRH 70.21 percent is from Brahmin / Chhetri community. Similarly, Dalit Madhesi, and Janajati occupy 35.71 percent, 17.85 percent and 14.54 percent receptively. According to the above mention fact Brahmin / Chhetri community has better knowledge of STIs compared to other ethnicity group.

Knowledge on different names of STIs

The respondents were asked the names of STIs. The following table shows the names of STIs that the respondents know.

Table 9

Knowledge on types of STIs

S.N	Types of STIs	No. of respondents	Percent
1.	HIV and AIDS	78	87.65
2.	Gonorrhea	5	5.61
3.	Syphilis	3	3.37
4.	Other	3	3.37
Total		89	100.00

Table 9 shows knowledge on types of STIs. All together 89 respondents had answered about the types of STDs. Out of 89 adolescence girls 87.65 percent have heard about HIV and AIDS, followed by gonorrhea 5.61 percent, syphilis 3.37 percent and 3.37 percent of the respondent are found to responds as other.

Knowledge about family planning methods

Family planning is an important aspect of reproductive health. The knowledge of family planning determines the maternal and child health. In order to assess the knowledge about family planning among adolescent girls, they were asked if they knew about family planning. According to the information 41.56 percent adolescent girl's respondents have knowledge about family planning and 58.44 percent adolescent girl's respondents do not have knowledge about family planning. The number of ones who do not know simply about family planning is quite bigger than the ones who know about it.

This data has given a very dark picture about the knowledge of SRH in adolescent girls only 41.56 percent girls heaving knowledge of family planning is a better fact that shows the extreme level of lack of knowledge about family planning. In this particular issue Madhesi adolescent girls are fount comparatively more ignorant than other ethnic group.

The same fact is described in detail with ethnic background in the following table.



Table 10

Knowledge of family planning according to ethnic group

S.N	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	64/94	68.08
2.	Madhesi	9/56	16.07
3.	Janajati	10/45	22.22
4.	Dalit	8/14	57.14

Like the earlier cases, in this fact also Brahmin/ Chhetri community stands in the first with 68.08 percent of respondents who have knowledge about family planning. Brahmin and Chhetri community is followed by Dalit, Janajati and Madhesi. Occupying by 57.14 percent, 22.22 percent and 16.07 percent respectively. According to above mentioned fact the Brahmin/ Chhetri community stand at the in terms of knowledge about family planning. Which is followed by Dalit community with very small margin.

Knowledge on different types of family planning methods is necessary especially for the adolescents and youth because it helps them to plan the family size in their future and avoid unwanted pregnancy. It's not only related to the health of women but also the health of child is highly affected. It is estimated that more than fifty percent of maternal death is due to unsafe abortion. In order to find out the level of knowledge on family planning methods, the respondents were asked about the knowledge on different family planning methods and the responses are given in table below.

Table 11

Knowledge on family planning method

S.N.	Knowledge family planning method	No. of respondents	Percent
1.	Pills	25	27.49
2.	Condom	48	52.76
3.	IUCD	8	8.79
4.	Norplant	5	5.49
5.	Depo-Provera	2	2.19
6.	Minilab	1	1.09
7.	Vasectomy	2	2.19
	Total	91	100.00

The table shows that all together 91 respondents answered this question. Out of that, 52.76 percent adolescents have knowledge about condom. Similarly, 27.49 percent know about pills and 8.79 percent know about IUCD. Likewise, 5.49 percent know about Norplant and 2.19 percent



girls have knowledge about Depo-Provera, Similarly 2.19 percent respondents know about Vasectomy and 1.09 percent has knowledge about Minilab.

According to the fact mention in the above table, maximum adolescent girls know about condom as family planning method. It reflects that condom is quite popular or famous compare to other contraceptive method. Similarly, very few girls know about minilab vasectomy and Depo-Provera.

Knowledge on SRH education about STIs, HIV and AIDS

Respondents were asked whether the sexual and reproductive health education can protect from STDs including HIV and AIDS or not in order to know their attitude on STIs HIV and AIDS. The responses based on survey are presented in the table below.

Table 12

Awareness on SRH education protecting from STIs HIV and AIDS

S.N.	Awareness of respondents	No. of respondents	Percent
1.	Yes	57	26.04
2.	No	67	30.59
3.	Don't know	95	43.37
	Total	219	100.00

Table 12 shows that 26.04 percent of the respondents agreed that SRH education protects from STIs HIV and AIDS. 30.59 percent respondents disagreed on it. 43.37 percent respondents do not know whether the SRH education protect from STIs HIV and AIDS. This data is also the proof of the big number of adolescence girls without knowledge about SRH protecting from STIs and AIDS.

All of the 30.59 percent of total respondents saying SRH do not prevent STIs and 43.37 percent adolescent girls knowing if SRH prevent STIs or not are very negative indictors. Because big number of girls either knows wrong thing or do not know the thin fact of SRH about preventing STIs the school, teachers and curriculum seem to have failed giving SRH.

Knowledge about appropriate age for marriage

In general, the tendency of girls getting married in early or in inappropriate age results with less opportunity to improve their future career.

Table 13

Opinion about appropriate age for marriage

S.N.	Age for marriage	No. of respondents	Percent
1.	Before 16 years	4	1.83



2.	16-20 years	33	15.06
3.	20-24 years	153	69.86
4.	After 24 years	29	13.25
	Total	219	100.00

The table above shows the various opinions of the respondents about the appropriate age to get married. About 70 (69.86) percent of total respondents think that 20-24 years of age is the best age for marriage. Similarly, 15.06 percent respondents say that his age of 16-20 is appropriate to get married. 13.25 percent of them think marriage is appropriate after 24 years and 1.83 percent of the total respondents believe the age before 16 years is the appropriate for marriage.

Out of all the respondents, 16.89 percent girls says that appropriate age of marriage is below 20 years, which is an indicator of lack of proper knowledge about SRH. In proper education and lack of awareness can be the cause of this kind of in proper concept about the appropriate age of marriage.

Knowledge about necessity of SRH education

Like of proper education regarding sexual and reproductive health care's a lot of sexual delinquency and harassment. Sexual and reproductive health education for adolescent is very importance and sensitive issue.

All 219 respondents were asked if SRH education is needed for adolescence girl or not. 57.07 percent of the respondents think SRH education is needed for adolescence girl but 42.93 percent of them think it's not needed.

They think sexual and reproductive health education is needed for adolescent girls because it provides sex education that can be helpful to girls in terms of avoiding sexual harassment. Similarly, it provides knowledge about menstruation cycle and about and cleanness during monthly period. They even think sexual and reproductive health education gives knowledge about appropriate age of married and family planning which will be helpful in their future life. But in the same case 42.93 percent girl's respondents with negative answer about the need of SRH. It sound a big requirement of effective awareness related to SRH.

This finding is also analyzed from ethnic background as in earlier cases the table shows the knowledge about necessity of SRH in relations to ethnicity.

Table 14

Knowledge about necessity of SRH education according to ethnic group

S.N.	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	76/94	80.85
2.	Madhesi	19/56	33.92
3.	Janajati	25/55	45.45
4.	Dalit	5/14	35.71



Total	125/219
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Out of all the positive respondents Brahmin / Chhetri occupies 80.85 percent which is followed by Janajati (45.45 percent), Dalit (35.71 percent) and Madhesi (33.92 percent) respectively. This data also tells that Brahmin / Chhetri community gives more priority to necessity of SRH compared to other ethnic group.

It has always been the matter of questions that in which age sexual and reproductive health education should be provided for adolescents for maximum output. Therefore in the survey, an attempt was made to gather adolescents' view about suitable age to provide sexual and reproductive health education. The result from the study is presented in table below.

Table 15

Appropriate age to provide SRH education

S.N.	Appropriate age	No. of respondents	Percent
1.	Before 13 years	16	12.8
2.	Between 11 to 19 years	83	66.4
3.	Between 19 to 23 years	22	17.6
4.	After 24 years	4	3.2
Total		125	100.00

Table 15 shows that only 125 respondents came with the opinion regarding the starting age of SRH education. 66.4 percent of 125 adolescent girls say that SRH is to start at 11-19 years of age. 17.6 percent respondents have view to start SRH education at the age of 19 to 23 years. According to the view of 12.8 percent respondents, it's to start before the age of 13 years and 3.2 percent respondents have view about starting it from the age of 24 years.

Problem shared with parents about SRH

Parents are responsible for physical, mental, social and emotional change and development of their children. In case in this context parents have to lead and guide their children according to their capacity, ability and mental status. The respondents were asked if they share some things related to SRH with their parents or not.

Table 16

Specific ethnic group sharing problem of SRH with their parents

S.N	Ethnicity	No. of respondents	Percent
1.	Brahmin/ Chhetri	6/94	6.38
2.	Madhesi	1/56	1.78
3.	Janajati	1/55	1.81
4.	Dalit	0/14	0



Out of 219 respondents, only 8 of them, do sharing their problem with the parents. Rest of all that means 211 of the respondents do not do sharing their problems with the parents. Out of those who share the problem with Parents, 6.38 percent is Brahmin/ Chhetri, 1.81 percent is from Janajati, 1.78 percent is from Madhesi and none of the Dalit has shared the problem about SRH with their problem.

Similarly, the ones whose parents have taught about sexual and reproductive health, the education they get from parents was only related to hygiene and sanitation during monthly period. 211 girl respondents not shearing the problems with parents, is a very big number this fact clearly mentions the distance between parents and children. Girl's children are not comfortable and easy with parents regarding the issue of SRH.

Problem shared with friends about SRH

The respondents were asked if they share their problems related to SRH with their friends or not. According to the data, only 43.38 percent respondents share their problems related to sexual and reproductive health with their friends but rest of all do not do any sharing. The survey shows that some of adolescent girls do shearing about sexual and reproductive health with their friends. The ones who share their problems with friends talk about monthly period, sexual harassment, appropriate age for marriage.

Information about having had sex

Adolescent period is one of the most sensitive periods of human development. Rapid growth of sexuality and due to hormonal change develops sexual desire in adolescences. Premarital sexual contact may lead to various health's and social problem like sexual transmitted disease, unwanted pregnancy, unsafe abortion etc. According to the information none of the respondents have had sex.

Major Findings and Conclusion

Major Findings

A very small number of adolescent girls have knowledge about sexual and reproductive health, as only 23 out of all the respondents have such knowledge while 196 do not.

- The majority of respondents would share their feelings about SRH with their mother (53.42%), followed by their sister (42.47%), grandparents (2.73%), brother (0.46%), and others (0.92%). None of the respondents reported that their father was the easiest person to share their feelings with.
- School and teachers are playing a vital role in providing awareness regarding SRH, as 69.57% of respondents have received information on SRH from school/teachers, followed by magazines (17.41%), friends (4.34%), parents (4.34%), and radio/TV (1%).



- Although 82.64% of respondents answered correctly when asked what adolescence meant, 17.34% provided wrong information, indicating a lack of basic knowledge about adolescence in a notable number of adolescent girls.
- All respondents have heard of menstruation, with 77.17% having the correct information about the age of starting menstruation, while the rest do not know or have a wrong concept about it.
- 40.64% of respondents have knowledge about STIs, while 59.64% do not.
- Among the types of STIs, HIV and AIDS were the most well-known, with 87.65% of respondents having heard of it, followed by gonorrhea (5.61%) and syphilis (3.37%). Some respondents (3.37%) reported other types of STIs.
- 41.56% of respondents have knowledge about family planning, while 58.44% do not.
- Only 26.04% of respondents agreed that SRH education protects from STIs, HIV, and AIDS, while 30.59% disagreed, and 43.37% did not know.
- The majority of respondents (69.86%) reported that the proper age for girls to get married is between 20-24 years. A small number of respondents reported before 16 years (1.83%), between 16-20 years (15.06%), and after 24 years (13.25%).
- 57.07% of respondents reported that SRH education is necessary for adolescent girls, while 42.93% think it is not needed.
- 66.4% of respondents believe that SRH education should start between the ages of 11-19 years, while 17.6% think it should start between the ages of 19-23 years. Some respondents (12.8%) believe it should start before the age of 13 years, and a few (3.2%) believe it should start from the age of 24 years.
- Out of all respondents, 211 girls did not share their SRH problems with their parents, while 8 girls did.
- The Brahmin/Chhetri community has better knowledge about SRH compared to other ethnic groups.
- 56.62% of respondents did not share their SRH problems with friends, while 43.38% did. The topics they discussed were monthly periods, sexual harassment, and the appropriate age for marriage.
- None of the respondents reported having had sex.

Conclusion

The study conducted an academic research on the knowledge of adolescent girls about sexual and reproductive health and the attitude of parents towards the same subject matter. The



objectives of the research were clearly defined, and the researcher attempted to avoid bias. A review of relevant literature was conducted before collecting primary data, which provided a strong theoretical foundation. The study focused on a sensitive social phenomenon that is important to adolescent girls. A questionnaire was designed to obtain primary information from 15-19-year-old girls and their parents, while secondary data was also used. The quantitative and qualitative analysis of the data produced significant findings, including the limited knowledge of adolescent girls about sexual and reproductive health and the inadequate support they receive from family, schools, and society. The findings regarding the attitude of parents towards sexual and reproductive health were not significantly different from earlier research. The study offers recommendations to stakeholders on how to improve the sexual and reproductive health of adolescent girls.

References

- Dapaah, Jonathan. (2016, January). Advances in sexual medicine. *Knowledge about sexual and reproductive health service and practice of what know is known among ghanaian youth, a mixed method approach*, available: <<http://www.scrip.org>>
- Dangal, D.G.(2006). *Teenage pregnancy: complexities and challenges*. Kathmandu: Paramount Publication, Putalisadak.
- Devkota, P. (2012). *Knowledge and practice of reproductive health and right among the public and private higher secondary level students in Kathmandu district*. An unpublished Master's Thesis, HPPE Department, Tribhuvan University, Kirtipur.
- Ghimire, K. (2010). *Knowledge, attitude and practice on sexual and reproductive health among adolescent girls of higher secondary school in Arghakhanchi District*. An unpublished Master's Thesis, HPPE Department Tribhuvan University, Kirtipur.
- Katz. D. (1987). The functional theory of attitude. Available: www.boundless.com/users .
- John. F. Jones,(1997). *The theory of attitude formation and change and its application to social group work*, Available:<http://web.psych.vtoronto.ca/psy320/Required%20reading-fiels/week2-2.pdf>
- Roper, Carl. Grau, Joseph. &Fischer, Lynn (2006). *Security education, awareness and training* Available:https://books.google.com.np./books/aboutsecurity_education_awareness_and_trianing
- Tandon, A.K. (2005). *Knowledge and attitude on sexual and reproductive health among adolescent girls in Lalitpur District*. An unpublished Master's Thesis, HPPE Department, Tribhuvan University, Kirtipur.
- United Nations Fund for Populations Activities (1997). *The state of world population right to choose reproductive rights and reproductive health*, New York: The author.



World Health Organization (WHO), 1997, Adolescent, the Critical Phase: Challenge and Po Dapaah, Jonathan. (2016, January). Advances in Sexual Medicine. *Knowledge about sexual and reproductive health services and practice of what is known among Ghanaian youth*, Available: <<http://www.scrip.org>>