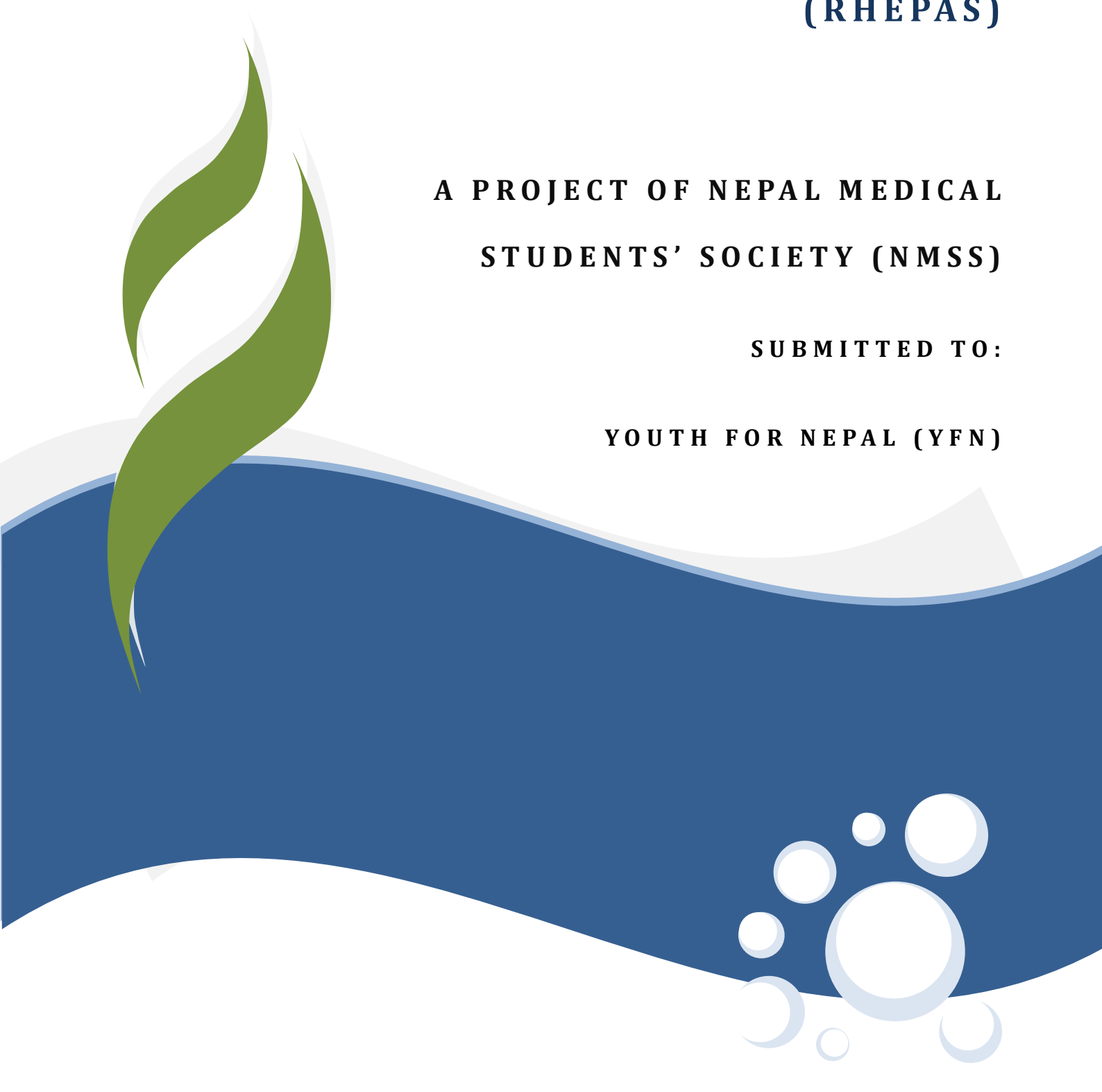


**FINAL REPORT ON
REPRODUCTIVE HEALTH
EDUCATION PROJECT FOR
ADOLESCENTS IN SCHOOLS
(RHEPAS)**

**A PROJECT OF NEPAL MEDICAL
STUDENTS' SOCIETY (NMSS)**

SUBMITTED TO:

YOUTH FOR NEPAL (YFN)



Foreword

This report has been prepared and submitted to Youth For Nepal (YFN) upon the completion of Reproductive Health Education for Adolescents in School (RHEPAS 2011) project.

Our society remains conservative and orthodox regarding issues like reproductive health and sexuality. For the same reason, adolescents and youth of today are under-informed. Moreover, the curriculum designed by the government ignores the most important topics that the youth need to know. Youth of today have a lot of misconceptions and false beliefs about reproductive health. This has resulted in teenage pregnancies, high-risk sexual behavior and increased sexually transmitted infections including HIV/AIDS. Since our project targeted the most vulnerable group, that is the adolescents in secondary schools, we believe that our efforts will help to curb this problem to some extent.

This process has been an overall learning experience to all parties involved. We have gained communication skills, principles of teamwork, time management and organizational skills, and a sense of social satisfaction.

Nepal Medical Students' Society is fully committed to its social responsibility towards the public. This project was a great opportunity to fulfill our responsibilities towards the society and we successfully did it. We look forward to continuation of such a fruitful program in future.

Nepal Medical Students' Society

Acknowledgement

We would like to express our special thanks to International Federation of Medical Students' Associations (IFMSA) for endorsing our project and making our project known worldwide.

The Reproductive Health Education for Adolescents in School (RHEPAS) project was brought up with the vision of raising awareness of the young school going adolescents about reproductive health, something which has not been addressed properly by our curriculum. Youth For Nepal (YFN) helped provide a shape to our project and we are grateful to YFN for that. Special thanks to Mr. Abishkar Shrestha, and Mr. Romeo Maskey from YFN who were in constant touch giving us their kind support and feedback.

We would like to acknowledge the Principals of Adarsha Higher Secondary School, Dhading; Munal Academy Secondary School, Dhading; Sikshya Sadan Higher Secondary School, Banepa; Dhulikhel English Boarding School, Dhulikhel; Bhawani Higher Secondary School, Ranipauwa and Langtang Snow View Boarding School, Ranipauwa; Matsya Narayan Ma Vi, Palung; Shree Himalayan Boarding School, Daman; Jana Jagriti Uchha Ma Vi, Sangachok; Jugal Boarding School, Chautara for letting us conduct our educational programs in their schools to their students. Thanks are also due to all those curious and enthusiastic students of the schools that we went to, who listened to us intently and quenched their curiosities whole-heartedly.

The most important group of people deserving our thanks is our group of volunteers, which form the backbone of this project. They have toiled hard in preparing for the project and the implementation of the project occurred through them.

Fellow members of the Nepal Medical Students' Society deserve our special thanks. Thanks are also due to seniors and colleagues for constant guidance, support and advices.

Executive Summary

With the prevalent scenario in our Nepali society where reproductive health subjects form major taboos; this RHEPAS project was initiated by the 23rd body of the NMSS to address the needs of reproductive health education that is felt to be lacking in school curricula. The 24th Executive body has been giving a continuation to the noble work begun by its predecessor.

The agreement with Youth for Nepal for financial support provided the much-needed backbone to go forward institutionally what had been the ideas of a few minds of this organization. The overwhelming support from the medical students and doctors of IOM to volunteer in this project and the uncompromising leadership of the body members of the NMSS together worked out a perfect way to educate the school adolescents.

The different session of the project was conducted in 10 different schools of 5 different districts around Kathmandu Valley: Dhading, Kavre, Nuwakot, Makwanpur, Sindhupalchok; one public school and one private school of each district. Volunteers were divided for each school together with the body members and supplied with all the logistics they required.

It was no surprise that the pre-teaching questionnaire survey and discussions showed many misconceptions and lack of knowledge on various reproductive health issues including abortion, age for first sex, masturbation and many more.

A planned approach of interactive teaching through the aid of diagrams, charts and facts was implemented over a session of 2 hours, which in most schools would prove short for answering all the queries that were put upon, in fact a lot of them and some about issues that were not in the project curriculum such as sexual abuse.

At the end, the adolescents that underwent the teaching learning exercise were happy faces who spoke words of gratitude to their tutors warmly. The post teaching questionnaire was always a success for us. The other teachers in the school and the students themselves did not hesitate to remark that the exercise was overtly beneficial, and in fact the students would ask their tutors to visit them again in future; some asking for phone numbers to people and places where they could ask for help in the future.

A total of 771 boys and 998 girls were included in the program, adding up to 1769 students. Sixty-five percent of the students were from government schools revealing the higher number of enrollment into government schools in the peripheries. The total number of questions in the questionnaire was 14. The overall average score was 11.94 in the pre-lecture questionnaires, and 12.92 in the post-lecture questionnaires, reflecting an improvement of 8.2%.

The average scores of government school students were lower than that of students of private schools. However, the improvement upon delivery of interactive lecture sessions was higher in the government schools than in the private schools. The knowledge and grasp of girls and boys was identical between boys and girls in private schools whereas in government schools, girls appeared backwards.

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Abbreviations

CAC: Comprehensive Abortion Care

HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome

IFMSA: International Federation of Medical Student's Associations

IOM: Institute of Medicine

KAP: Knowledge Attitude and Practice

MoU: Memorandum of Understanding

NFHS: National Family Health Survey

NMSS: Nepal Medical Students' Society

RHEPAS: Reproductive Health Education Project for Adolescents in School.

STDs: Sexually Transmitted Diseases

TUTH: Tribhuvan University Teaching Hospital

VDC: Village Development Committee

WHO: World Health Organization

YFN: Youth for Nepal

Introduction

Adolescence is a period of transition from childhood to adulthood. The World Health Organization defines adolescence as the period of life between ages 10 and 19. Changes in the pattern of thinking, attitude, moral standards and abilities take place in this period which can have life - long effects on the individual, family and society^{1,2}. Premarital sex resulting in adolescent pregnancy, unwanted pregnancy and induced abortion are common during this period³. Adolescents are also one of the groups hard hit by STIs including HIV/AIDS. These problems of adolescents exist in large proportions in Nepal too and are only expected to worsen with the currently changing socio-cultural environment of Nepal if nothing is done about it⁴.

A few studies from Nepal, as in many developing countries, confirm that a large proportion of adolescents have unmet reproductive health education needs. Evidence of unmet need is reflected in the fact that many young people lack adequate knowledge and understanding of the reproductive process, and many harbor misconceptions like “mosquitoes can transmit HIV infection” and “use of contraceptives can cause infertility”⁵.

On the other hand, adolescent pregnancies because of early marriage are also a major problem in Nepal. They account for 15.5% of the total expected pregnancies in Nepal and this high incidence has been identified as a problem in the safe motherhood program of the government of Nepal⁶. According to the 1996 National Family Health Survey (NFHS), nearly half (44%) of all female adolescents were married in 1996 and over half (54.3%) of the married adolescent girls in the 1996 NFHS were already mothers or were pregnant⁷. Although the legal age of marriage for boys and girls in Nepal are 21 and 18 respectively, many are unaware of this and early marriages are common.

Knowledge about reproductive health is important for healthy sexual behavior of adolescents⁸. This includes knowledge on risks of teenage pregnancy, sexually transmitted diseases (STDs), and measures to stay free from such diseases and about contraceptives. School education programs have been proved to be an effective method of improving knowledge and leading to healthy sexual behavior among adolescents^{9,10}.

Despite this, strategies of Nepalese government to impart reproductive health education to adolescents are implemented solely through the health sector and do not encompass the education sector. One reason for this is that the education system suffers from lack of trained manpower on reproductive health issues, with many teachers themselves having many misconceptions. Also, a certain degree of shyness and reluctance to speak freely on reproductive health issues have been observed amongst school teachers in Nepal. The current curriculum too does not properly address reproductive health issues of adolescents^{11,12}.

Hence, adolescents in Nepal are left on their own to understand reproductive health issues leading to beliefs in myths and origin of misconceptions. This ultimately results into unhealthy sexual practices leading to teenage pregnancy, abortion and STIs (inc.HIV /AIDS). Also, adolescents have the right to know about the changes going on in their body like puberty, menstruation and masturbation. It might be surprising to some us that still in many parts of Nepal women are made sleep outside in animal shed during menstruation. One can imagine the psychological impact of this activity on a young adolescent who lives under the impression that she has done something wrong by menstruating. Similar are the practices to treat a puerperal lady. These activities have played

important role in increasing the infant and maternal mortality rates of our nation. Therefore, there is a dire need to improve the overall knowledge of adolescents on reproductive health and this school health education program can be an important initial step in achieving this national requirement.

Goals and objectives

Goals:

1. Obtain a baseline data on knowledge and practice on reproductive health issues amongst adolescents studying in schools.
2. Improve the knowledge on reproductive health amongst adolescents studying in schools.
3. Create mechanisms for sustaining the knowledge gained by adolescents through the project.

Objectives:

1. Obtain secondary data on knowledge and practice amongst adolescents on reproductive health from various organizations working for adolescent health in project area.
2. Obtain information on knowledge, attitude and practice on reproductive health issues such as STDs, HIV/AIDS, Puberty, Menstruation, Contraceptive use etc. among adolescents studying in schools in project area through a questionnaire survey.
3. Impart knowledge on reproductive health to adolescents through lectures, interactive sessions and focus group discussions in 10 secondary schools in project area.
4. Formulate a curriculum to be implemented during the teaching sessions so as to bring in uniformity in the sessions at all schools and in evaluation.
5. Evaluate the effectiveness of such teaching sessions through pre and post session tests.
6. Involve school teachers, school administration and community leaders actively in the project so as to garner their support and create a momentum on reproductive health that lasts even after the project's end.
7. Provide school administration and local teachers with necessary knowledge and technical help so that they can conduct sessions on reproductive health on their own in future.
8. Encourage adolescents who have participated in the sessions to share the information gained with their peers and other members of community so as to create a ripple effect.

Methodology:

- Project Partnership with YFN

A project partnership was signed between Nepal Medical Students' Society (NMSS) and Youth For Nepal (YFN) for the successful execution for the project. NMSS was responsible for arranging volunteers and logistics while YFN was remitted for financial support.

- Curriculum

A curriculum was prepared, highlighting the method of conduction, the topics to be discussed, the aims and objectives, and the lesson plan for the project.

- Target Group

10 schools were selected from 5 districts around the Kathmandu valley – 1 was private and one was public from each district. One school was visited for pretesting our questionnaire. The students studying in classes 8, 9 and 10 were our target groups.

- Volunteers

A group of MBBS students studying at Institute of Medicine volunteered for the project. They were divided into 10 groups, each to visit one school.

- Orientation

A pre-project orientation was conducted by NMSS to brief about the project as well as to acquaint the volunteers with the activities they were expected to carry out during the project. Useful tips were also given out by some participants during the session along with experience sharing about such similar programs attended in the past. Some notes and handouts were also distributed.

- Literature Review

In preparation prior to the project, the volunteers went through different books, magazines, manuals, handouts and articles on the internet regarding reproductive health.

- Questionnaires

Questionnaires were prepared for the pre and post-evaluation of the target group in order to assess their knowledge prior to the project as well as learn the effectiveness of our program. The questionnaire was translated into nepali as well for the better understanding for the students specially those studying in public schools.

- Project tools

- a. Pre-evaluation questionnaires
- b. Post-evaluation questionnaires
- c. Notes and articles on the subject
- d. Models of the reproductive system and processes
- e. Blackboard
- f. Charts and Graphs

- Project technique

The volunteers attended the school they were assigned to. They visited the classes and took a 2-hour long interactive session on reproductive health. The students were shown charts and models of the reproductive system and explained about the reproductive processes. Before the session, a pre-evaluation of the target group was performed to assess their existing knowledge on the subject, using the questionnaires. A post-evaluation was performed again in order to know how much the students have gained from the information sharing and if any improvements during teaching had to be made on any area of the program. The questionnaires were thoroughly reviewed after the project.

School Profiles:

Schools visited

1. Adarsha Higher Secondary School
Total number of students: 120
Total number of girls: 74
Total number of boys: 46
Venue: Gajuri, Dhading
Date of visit: 2068/02/18 (June 1st, 2011)

2. Munal Academy Secondary Boarding School
Total number of students:89
Total number of girls: 45
Total number of boys: 44
Venue: Gajuri, Dhading
Date of visit: 2068/02/18 (June 1st, 2011)

3. Dhulikhel English Boarding School
Total number of students: 160
Boys: 90
Girls: 70
Venue: Dhulikhel, Kavre
Date of visit: 2068/02/27 (10th June, 2011)

4. Sikshya Sadan Higher Secondary School
Total number of students: 309
Total number of boys:1 54
Total number of girls:155
Venue: Dakshutol, Banepa, Kavre
Date of visit: 2068/02/27 (10th June, 2011)

5. Bhawani Higher Secondary School
Total number of students: 325
Total number of boys: 135
Total number of girls: 190
Venue: Chahuvale, Nuwakot
Date of visit: 2068/03/07 (21st June, 2011)

6. Langtang View Boarding School
 - Total number of students: 63
 - Total number of boys: 33
 - Total number of girls: 30
 - Venue: Ranipauwa, Nuwakot
 - Date of visit: 2068/03/09 (23st June, 2011)

7. Matsya Narayan Ma. Vi.
 - Total number of students: 256
 - Total number of boys: 79
 - Total number of girls: 177
 - Venue: Palung VDC Makwanpur
 - Date of visit: 2068/03/23 (7th July, 2011)

8. Shree Himalayan Boarding School
 - Total number of students: 187
 - Total number of boys: 96
 - Total number of girls: 91
 - Venue: Daman VDC , Makwanpur
 - Date of visit: 2068/03/23 (7th July, 2011)

9. Jana Jagriti Uchha Ma Vi
 - Total number of students: 353
 - Total number of boys: 140
 - Total number of girls: 213
 - Venue: Sanghachok VDC, Sindhupalchok
 - Date of visit: 2068/04/11 (27th July, 2011)

10. Jugal Boarding School
 - Total number of students: 213
 - Total number of boys: 78
 - Total number of girls: 79
 - Venue: Chautara VDC, Sindhupalchok
 - Date of visit: 2068/04/11 (27th July, 2011)

Logistics:

- Stationery

Stationery items included chart papers, diary, notebook, pen, pencil, letter-pad, markers, curriculum, models for teaching, charts. It also included some books on reproductive for a reference to the volunteers. Also books related with health science used by the schools of secondary level were bought to identify the gaps in terms of the knowledge regarding reproductive health. Photocopies were made to get the pre and post intervention questionnaire evaluating the difference in knowledge of the schoolchildren regarding reproductive health. Computer works and internet expenses have also been included here.

- Transportation

Transportation was used before the school visit for contacting the various schools as well as while visiting them for our educational sessions. Mostly we used reserved public vehicles like bus and microbus. Microbuses were usually reserved for this purpose. After the school visit the volunteers were dropped back to the college campus by the same vehicle.

- Food

As volunteers of about 15 –20 in number went to each district in group and divided in 20 groups of about 7-10 for each schools. The departure time was 8 am and we arrived back to the hostel at around 6 to 8 pm. Some money was allocated for them to have some food. The group leader of that day would be handed the total money and would be responsible for arranging food.

- Communication

During the project, it was necessary to be in regular contact with the Principal of our schools which we intended to visit. It was necessary to select the appropriate day for our program as well as for getting directions to reach there. It was also necessary for us to be in regular touch with our partner organization YFN.

Finance

Following were the different headings under which money was spent.

Stationery expenses

- (chartpapers, diary, notebook, pen, pencil, letterpad markers, curriculum, models for teaching, charts): **\$60**
- computer works **\$30**
- photocopy of questionnaire (in every school about 400 sets were prepared. Each set consists of two pages, Total number of schools were 10, cost per page was Rs 2) so cost approximates $400 \times 2 \times 10 \times 2 = \text{Rs } 16000$ **\$225**
- Certificate printing for Volunteers. **\$30**

Transportation expenses:

- Transportation cost per a district visit = \$120. Hence for 5 district visits, expense: **\$600**

Fooding and lodging expenses:

- For every schools visit, group leader was given \$45 for arranging fooding and lodging where it was necessary for approximately 15 volunteers. So total food expense **\$450**

Communication expenses:

Total communication expense **\$30**

Total Expense: **\$1425**

Money received from YFN: **\$1430**

In First lot **\$715**

In Second lot **\$715**

Total Money received: **\$1430**

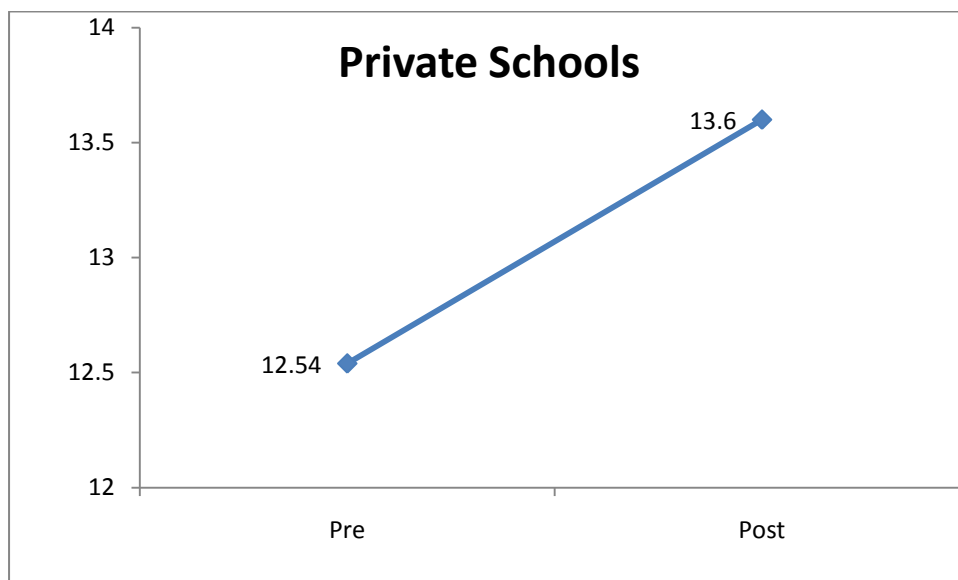
Analysis of the Questionnaires

The analysis of the questionnaire results was made based on the average scores gained by the students in every group. For the purpose of analysis the students were categorized into various subgroups, namely Private and Government-funded schools. They were further subdivided into boys and girls. The average score was calculated from the questions answered correctly before and after each interactive lecture sessions.

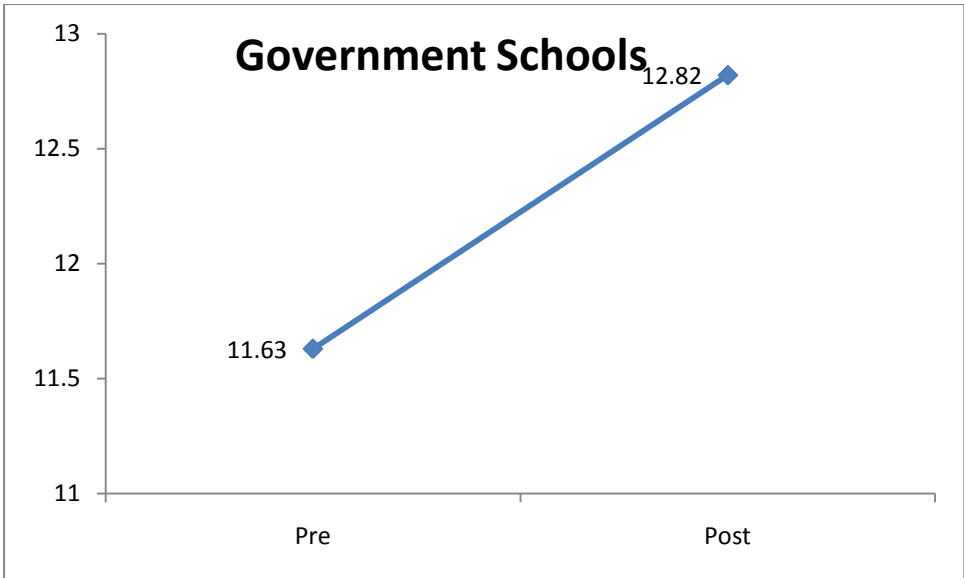
The total number of boys that answered the questionnaires was 771 whereas 998 girls answered it, summing up to 1769 students covered in total.

454 boys and 709 girls were from government schools adding up to 1163. 316 boys and 290 girls were from private schools adding up to 606.

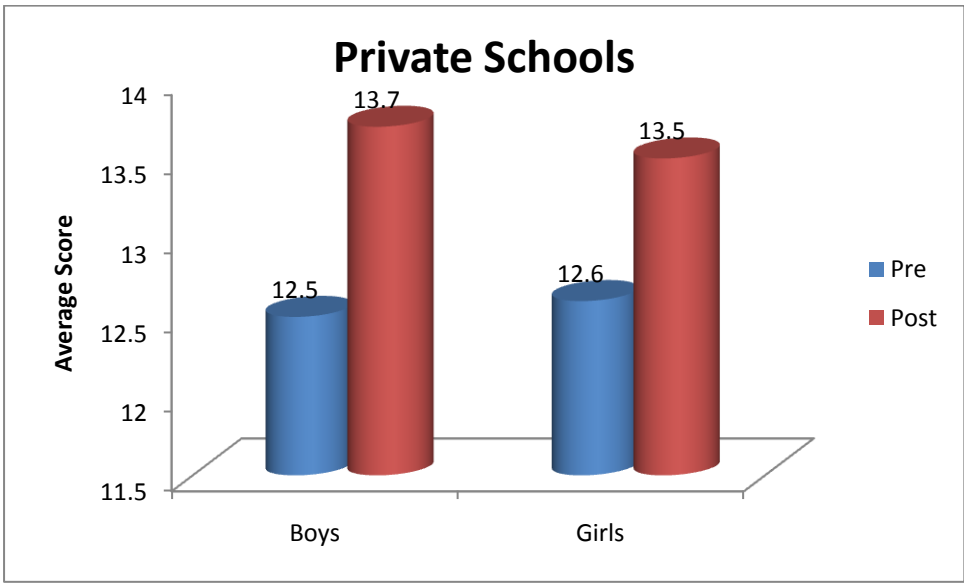
Upon analysis of the questionnaires, the average score overall was 11.94 on pre-questionnaires and increased to 12.92 on post-questionnaires.



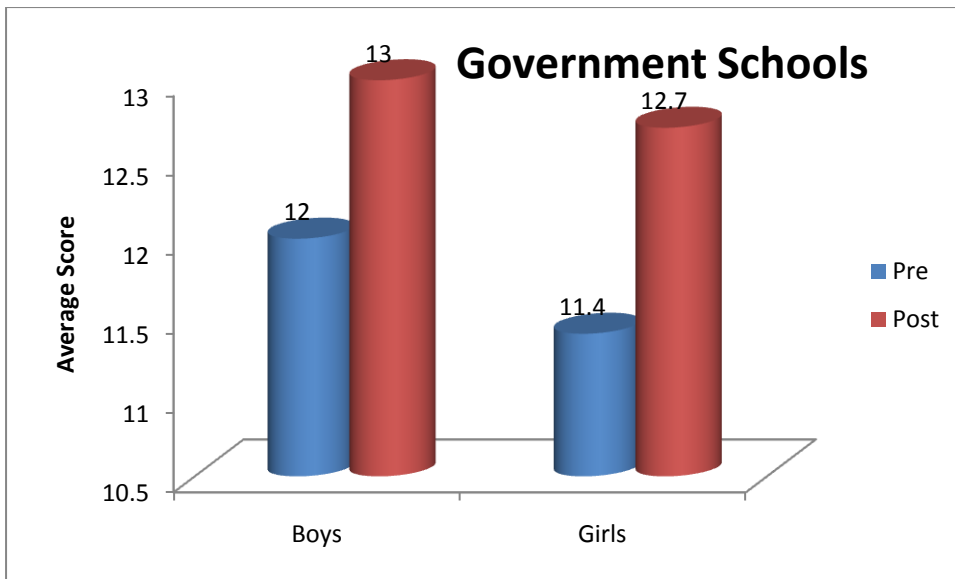
The above chart shows that the average score before lecture sessions were conducted was 12.54 and increased to 13.6 after completion of the lecture sessions, among private school students. The overall improvement in score was 8.4%.



Among government school students, the average score was lower than that of private school students to begin with. In turn, the average score after the completion of the lecture sessions was also lower than that of private school students. However, the improvement rate was higher, 10.23%.



The average score of boys and girls were similar before and after the lecture sessions in private schools. The chart shows that there was remarkable improvement in average scores after the lecture sessions were conducted.



In a similar chart depicting the average scores of students of government schools, we can see that there is quite a difference in the average scores of boys and girls, both before and after the conduction of lecture sessions.

Overall analysis shows that the average scores of government school students were lower than that of students of private schools. However, the improvement upon delivery of interactive lecture sessions was higher in the government schools than in the private schools. The knowledge and grasp of girls and boys was identical between boys and girls in private schools whereas in government schools, girls appeared backwards.

Our project seems to have left a positive impact among all the students.

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ANNEX

1. Curriculum used for the project
2. Questionnaire used for evaluation (English)
3. Questionnaire used for evaluation (Nepali)

Curriculum

Topics

- Introduction and Concept of Reproductive Health
- Reproductive System
- Awareness of Sex
- Puberty in Girls and Menstruation
- Puberty in Boys
- STDs (including HIV)
- Sexual and Reproductive Rights
- Management of Adolescent Problems
- Pregnancy
- Family Planning
- Safe Motherhood
- Abortion and its Legalization in the context of Nepal
- Taboos in Society

Curriculum

Duration:

2 hours

Profile:

Aimed for Boys and Girls from class 8 and upwards (age 12+).

(It would be better if the class was divided into the different genders and was delivered by volunteers of respective genders to avoid any sort of awkwardness.)

Resources:

Blackboard to draw diagram of a body to show changes and draw internal organs roughly so the students have an idea where the internal and external organs are. Draw a brain and put arrows from brain to the sexual organs to show affect of hormones. Charts and posters can also be used. If possible pictorial representation of the process of fertilization would be good.

Aims:

To provide information about all aspects of reproductive health so that they are aware of the changes they go through, emphasising on reproductive hygiene.

Objectives:

- To explore how much knowledge they already have about reproductive health
- To make the session interactive, trying to make the pupils comfortable about talking about “the change”
- To raise awareness about reproductive health
- To dispel any myths/ old wives tales about reproductive health
- To evaluate the knowledge they acquired through this session

Lesson Plan:

Time		
5 min	Introduction	Settle the class down, introduce yourself, and explain why you are there and what you are going to talk about. Explain that you want the class to be as interactive as possible, however, not be disruptive. Allow students to ask as many questions as they want. (Appear confident, the students will be just as nervous about the topic.)
2 min	Introduction to Reproductive Health	Allow students opportunity for comments. Then, concisely define reproductive health as: <i>“Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life.”</i>
5 min	Introduction to Reproductive Organs	Drawing clear diagrams make sure that the students know about the different internal and external reproductive organs and their functions. If you have divided the class into genders, always start with the respective organs and be brief about the opposite gender's organs.
15 min	Awareness of Sex	Sex has two meanings- a) insertion of a man's penis into a woman's vagina and, b) gender. Dangers of sex- Unwanted pregnancy, STIs, psychological distress. Explain that it is perfectly normal to feel embarrassed when it comes to the subject of sex. Initiate discussion on the following questions: <ol style="list-style-type: none">1. Why do we feel uncomfortable when talking about sex?2. How do people learn what sex is? How did they first hear about it? Let them answer (In the playground? Older pupils? Brothers/sisters? Parents?) Who is it better to hear it from?3. What is the difference between love and sex? Are they the same thing?

<p>15 minutes</p>	<p>Puberty in boys and girls and menstruation</p>	<p>4. Why do some teens have sex? Let them answer (peer pressure, love??/ wanting to please, thinking they are ready, unaware of consequences?)</p> <p>What is sexuality? Heterosexual- Interest in the opposite gender. Homosexual (gay-both males and females) - Interest in the same. Pedophilia- sexual interest in children. This is not accepted in a lot of societies.</p> <p>Sex and the law: What is the minimum age of consent? 18 years. What is sexual harassment? Make them shout out ideas.</p> <p>Define puberty. Puberty is the stage in which an adolescent is capable to sexually reproduce. Puberty usually occurs at an average of 10-11 for girls and 13-14 for boys.</p> <p>Puberty in girls:</p> <p>Breast development- may experience pain in the breast area as the breast starts to grow. Slight voice change. Growth of hair in the armpits and groin areas. Greasy skin-pimples, menstruation-bleeding from the vagina every month for an average of 4-8 days. Deposition of fat-become curvier, hip enlargement, growth spurt height increase, internal reproduction organ enlargement for pregnancy.</p> <p>Puberty in boys:</p> <p>Mood changes- everyone's against me. Change physically- grow taller, facial hair, hair in the groin area, legs, armpits, narrowing of the hips. Voice change, growth of voice box- Adam's apple. Ready to sexually reproduce. Skin changes- greasy and pimples.</p> <p>Puberty can be one of the toughest parts of life. With the help and support of relative and friends, you can sail through it, though. You are not the only one going through this. Respect your body. Get plenty of exercise. Don't suffer in silence. Communicate. Give your parents a chance.</p>
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10 min	STDs (HIV & AIDS)	<p>Ask what the students understand by the acronyms HIV and AIDS, then explain in detail giving their full forms and telling them about the virus how it infects the human body. Give them the latest statistics regarding AIDS. Ask and then explain how HIV can be spread. Tell the students that infected people often do not experience symptoms for years and brief them about the symptoms they eventually develop.</p> <p>There is no cure for HIV or AIDS and prevention is the option we have right now. So, explain the preventive measures. The smartest thing to do is know the facts and not put yourself at risk.</p> <p>Also explain briefly about other sexually transmitted diseases particularly Syphilis and Gonorrhoea.</p>
5 min	Sexual and Reproductive Rights	<p>Ask if they know about such rights. Then explain to them about the reproductive rights we are privileged according to the laws of Nepal.</p>
30 min	Management of Adolescent Problems	<p>Start by saying that you were an adolescent once and you have passed through the same phase that the students are now passing through. Share your experience and feelings about being an adolescent and tell them that almost everyone feels the same way.</p> <p>Then ask them if they feel the same way. Ask them if they feel different. Ask them to share their experiences. Ask if they have any problems regarding the issue and try to persuade them to share them. Be attentive and understanding, interacting all the while. As far as possible, try to provide them with a solution.</p>

15 min	Pregnancy, Family Planning and Safe Motherhood	<p>Pregnancy is the result of unprotected sexual intercourse. It should be monitored with regular antenatal checkups. The mother should take plenty of nutritious diet and adequate rest. Delivery of the baby, if possible, should be done in a health care center. If at home, only in the presence of a skilled birth attendant.</p> <p>Teenage pregnancy is dangerous to the life of the mother and child, because the mother is not yet physically and mentally prepared.</p> <p>Unwanted pregnancy can be avoided adopting the various measures of family planning. For unmarried teenagers, best is to use barrier methods such as condoms. Then briefly explain other measures of family planning. Also, mention in brief the meaning of emergency contraceptive.</p>
8 min	Abortion and its Legalization in the context of Nepal	<p>Ask the class what they understand by the term 'abortion', and then explain by saying that Abortion is the termination of a pregnancy before the fetus reaches the age of 22 weeks.</p> <p>It has been legalized in Nepal since September 2002. According to the law, abortion can be done:</p> <ul style="list-style-type: none"> a) before 12 weeks on mother's consent b) before 16 weeks if it a case of rape or incest c) anytime if it is endangering the life of the mother or the fetus or there is a risk of severe congenital anomaly in the fetus <p>Abortion can only be done by skilled personnel that have been licensed by the Nepalese government. Various CAC (Comprehensive Abortion Care) Centers are available widely for this purpose.</p>
5 min	Taboos in the Society	<p>Ask them what they understand by Taboos with a few examples. Explain with examples of your own.</p>

5 min	Summarize and Wrap up	Summarize the most important topics in your presentation. Also, invite any questions from the students.
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Questionnaire

Questionnaire for survey of KAP of school going children about reproductive health and related topics

The purpose of this study is to find out the background knowledge, attitude and practice in school going adolescents of Nepal. It is important that I know it is my decision to choose whether or not to take part in this study and that I may decide to withdraw from it at any time. **All information about me will remain strictly confidential.** I understand that my participation in this study is completely voluntary and that my signature below indicates that I give my informed and voluntary consent to participate in the study.

Signature: _____

Time: 20 minutes

1. What is reproductive health?
 - i) Study of reproductive organs
 - ii) Study if reproductive organs and their functions
 - iii) Study if reproductive organs and their functions during adolescence
 - iv) Study if reproductive organs and their functions at all stages of life

2. What is family planning?
 - i) A way to control the no of children using temporary methods
 - ii) A way to control the no of children using temporary or permanent methods
 - iii) The process of killing the baby before it is born

3. What do you think is the ideal age of marriage
 - a) For a boy
 - b) For a girl?

4. The following are STIs (Sexually Transmitted Infections)
 - a) HIV/AIDS *i) yes ii) no*
 - b) Syphilis *i) yes ii) no*
 - c) Gonorrhoea *i) yes ii) no*
 - d) Hepatitis A *i) yes ii) no*
 - e) Hepatitis B/C *i) yes ii) no*
 - f) Genital Wart *i) yes ii) no*

5. How does HIV/AIDS spread?
 - a) By sexual contact *i) yes ii) no*
 - b) By blood transfusion *i) yes ii) no*
 - c) From a HIV infected mother to a child *i) yes ii) no*
 - d) By shaking hands with a HIV positive person. *i) yes ii) no*
 - e) If someone with HIV coughs or sneezes near other people *i) yes ii) no*

6. Abortion is
 - a) Killing the baby inside the womb whenever needed
 - b) Throwing the baby out of the mother's womb whenever needed
 - c) Termination (finish) the pregnancy before 12 weeks
 - d) Termination of pregnancy before 22 weeks

7. What is the ideal place for the delivery of a baby?
- Home
 - Home in the presence of a skilled birth attendant
 - Any Hospital
 - Hospital where urgent surgery can be done
8. Does using condoms prevents us from sexually transmitted infections?
- Yes
 - No
9. What should be the minimum time interval between two child births?
- 1 yr or less depending on the need
 - 1-2 yr
 - 2-3 yr
 - 3-4 yr
 - 5 yr or above
10. When should a woman be pregnant for the first time?
- Less than 18 years
 - 18-20 years
 - 20-25 years
 - 30-35 years
 - More than 35 years
12. True or false.
- A man can have an STD without having any symptoms. a)true b) false
 - A woman can have an STD without having any symptoms. a)true b) false
 - It is possible to be vaccinated against Hepatitis B a)true b) false
 - It is possible to be vaccinated against HIV AIDS a)true b) false
13. Which is the most fertile period of the menstrual cycle of a female?
- Day 10-Day 20
 - Day 7-Day 14
 - Day 15-Day 25
 - Day 12-Day 16
 - Any other combinations/suggestions
14. Attitude towards HIV/AIDS
- I would stop being friends with someone if that person got HIV
 - Agree
 - Disagree
 - Not sure
 - Young people who have HIV should be allowed to stay in school.
 - Agree
 - Disagree
 - Not sure

- People with HIV have only to blame themselves.
a) Agree b) Disagree c) Not sure
- People who have HIV should be allowed to work with young people.
a) Agree b) Disagree c) Not sure

15. We feel odd when someone talks about sex, such a feeling:

- Is normal and we should not worry about it
- Means we are overcurious
- Is a bad feeling and we should avoid it
- Is a very good feeling and we should immediately tell everyone.

Thank you so much for your invaluable participation and cooperation for the study
checked and verified by the study administrator

- | | | |
|--------------|-----------------|--------------|
| a) Full name | c) phone number | e) Signature |
| b) College | d) E-mail | |

प्रजनन स्वास्थ्य र सम्बन्धित बिषयहरुमा माध्यमिक विद्यालयका विद्यार्थीको ज्ञान जाँच प्रश्नावली

हस्ताक्षर

समय : २० मिनेट

१. प्रजनन स्वास्थ्य भनेकोको अध्ययन हो

- क) प्रजनन अंगहरु
- ख) प्रजनन अंगहरु र तिनका कामहरु
- ग) प्रजनन अंगहरु र किशोरावस्थामा तिनका कामहरु
- घ) प्रजनन अंगहरु र जीवनका प्रत्येक अवस्थामा कामहरु

२. परिवार नियोजन भनेकोहो ।

- क) अस्थायी उपायहरु अपनाएर सन्तानको संख्या नियन्त्रण गर्ने
- ख) अस्थायी वा स्थायी उपायहरु अपनाएर सन्तानको संख्या नियन्त्रण गर्ने
- ग) जन्म अघि नै शिशुको हत्या गर्नु

३. विवाहका लागि उपयुक्त उमेर कुन हो?

- क) पुरुषका लागि
- ख) महिलाका लागि.....

४. यीमध्ये कुन कुन यौनजन्य रोग हुन?

- क) एच आइ भी / एड्स हो / होइन
- ख) भिरिगी हो / होइन
- ग) सुजाक हो / होइन
- घ) हेपाटाइटीस ए हो / होइन
- ङ) हेपाटाइटीस वि/ सि हो / होइन
- च) जननेन्द्रियको मुसा हो / होइन

५. एच आइ भी / एड्स कसरी सर्छ?

- क) यौन सम्पर्क बाट हो / होइन
- ख) रक्तदान लिनाले हो / होइन
- ग) एच आइ भी संक्रमित आमाबाट शिशुमा हो / होइन
- घ) एच आइ भी संक्रमित व्यक्ति संग हात मिलाउनाले हो / होइन
- ङ) एच आइ भी संक्रमित व्यक्तिले हाछ्युँ गर्दा वा खोकदा हो / होइन

६. गर्भपतन भन्नाले के बुझिन्छ?

- क) आमाको पेटभित्र बच्चाको हत्या गर्ने
- ख) आमाको पेटभित्रको बच्चालाई बाहिर फ्याक्ने
- ग) १२ हप्ता भन्दा अगाडी गर्भावस्थाको अन्त्य गर्ने
- घ) २२ हप्ता भन्दा अगाडी गर्भावस्थाको अन्त्य गर्ने

७. बच्चा जन्माउनका लागि सबैभन्दा उपयुक्त स्थान कुन हो?

- क) घर
- ख) तालिम प्राप्त स्वास्थ्यकर्मी को उपस्थितिमा घर
- ग) कुनै अस्पताल
- घ) आकस्मिक शल्यक्रिया गर्न मिल्ने अस्पताल

८. कण्डम प्रयोगले यौनजन्य रोगबाट जोगाउँछ कि जोगाउँदैन?

- क) जोगाउँछ
- ख) जोगाउँदैन

९. दुईवटा सन्तानका बीचमा न्यूनतम कति अन्तर हुनु पर्छ?

- क) १ वर्ष वा त्योभन्दा कम
- ख) २ वर्ष
- ग) ३ वर्ष

- घ) ४ वर्ष
 इ) ५ वर्ष वा बढी
 १०. पहिलो गर्भ कुन उमेरमा हुनुपर्छ?
 क) १८ वर्ष भन्दा कम
 ख) १८-२० वर्ष
 ग) २०-२५ वर्ष
 घ) ३०-३५ वर्ष

१२. ठीक कि बेठीक?

- क) कुनै पुरुषलाई लक्ष्यण बीना यौनजन्य रोग लाग्न सक्छ ठीक / बेठीक
 ख) कुनै महिलालाई लक्ष्यण बीना यौनजन्य रोग लाग्न सक्छ ठीक / बेठीक
 ग) हेपाटाइटिस बि का विरुद्ध खोप उपलब्ध छ ठीक / बेठीक
 घ) एच आइ भी / एड्स का विरुद्ध खोप उपलब्ध छ ठीक / बेठीक

१३. रजस्वाला चक्रमा सबैभन्दा उर्वर अवधि कुन हो?

- क) १०-२० दिन
 ख) ७-१४ दिन
 ग) १५-२५ दिन
 घ) १२-१६ दिन
 इ) अन्य कुनै

१४. एच आइ भी / एड्स प्रतिको धारणा

- एच आइ भी / एड्स लागेको व्यक्तिसंग म साथी बन्दिन
 - सहमत / असहमत / थाहा छैन
- एच आइ भी / एड्स लागेका व्यक्तिलाई स्कूलमा आउन दिनु पर्छ
 - सहमत / असहमत / थाहा छैन
- एच आइ भी / एड्स लागेका व्यक्तिहरु आफूमात्र दोषी हुन्
 - सहमत / असहमत / थाहा छैन
- एच आइ भी / एड्स लागेका व्यक्तिलाई युवाहरुसंग काम गर्न दिनु पर्छ
 - सहमत / असहमत / थाहा छैन

१५. यौनका बारेमा कसैले कुरा गरेमा हामीलाई अप्ठ्यारो लाग्छ। यस्तो भावना

- क) सामान्य हो र हामीले यसको बारेमा चिन्ता गर्नु पर्दैन
 ख) को अर्थ हामी अधिक जिज्ञाशु छौं
 ग) गलत हो र हामीले बच्नुपर्छ
 घ) राम्रो भावना हो र सबैलाई बताउनुपर्छ

धन्यवाद!!!!

checked and verified by the study administrator

- a) Full name c) phone number e) Signature
 b) College d) E-mail