Building Demand for RH Awareness among Adolescent Girls in Conflict Affected Districts of Nepal (BuD for RH)

Mid-Term Evaluation

Final Report

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CENTER FOR RESEARCH ON ENVIRONMENT HEALTH AND POPULATION ACTIVITIES (CREHPA)

P.O. Box : 9626, Kathmandu, Nepal
Tel: 5546487, Fax: 5522724
E-mail: crehpa@crehpa.wlink.com.np

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- ***THE STUDY TEAM***

The Study Team

The Core Team

Anand Tamang	*Study Coordinator*
Jyotsna Tamang	*Co-Investigator*
Kshitiz Yadav	*Research Officer*

Field Supervisor

1. Anu Bista
2. Sabita Mahaju
3. Banika Shrestha

Field Researcher

1. Saraswoti Kari
2. Sachita Dangol
3. Sheela Shrestha
4. Achala Shrestha
5. Sharda Pandey
6. Kamala Karki

Project Support Unit

Ms. Sabina Tamang	*Administration & Finance*
Ms. Sangita Tamang	*Administration & Management*
Ms. Radhika Singh	*Word Processing*

Abbreviations and Acronyms

AED	Academy for Educational Development
AG	Adolescent Group
AMK	Aamaa Milan Kendra
BuD	Building Demand
CEDPA	Center for Development and Population Activities
CREHPA	Center for Research on Environment Health and Population Activities
DMPA	Depomedroxyprogesterone Acetate
FCHV	Female Community Health Volunteers
FP	Family Planning
HDI	Human Development Index
HP/SHP	Health Post/Sub Health Post
IP	Implementing Partners
IUD	Intra Uterine Device
LAM	Lactational Amenorrhea method
MCHW	Maternal and Child Health Worker
MTE	Mid-term Evaluation
NGO	Non Governmental Organization
NRCS	Nepal Red Cross Society
NTAG	The Nepali Technical Assistance Group
OBS	Optimal Birth Spacing
OBSI	Optimal Birth Spacing Interval
RH	Reproductive Health
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
TV	Television
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health Organization

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Chapter 1

INTRODUCTION

1.1 Background

World Health Organization (WHO) defines adolescents as individuals in the 10-19 year age group. Adolescence is a phase rather than a fixed time period in an individual's life. It is a phase of development on any fronts: from the appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; the development of mental processes and adult identity; and the transition from total socio-economic and emotional dependence to relative independence (WHO, 1993).

The needs of adolescents vary with their sex, stage of development as mentioned above, the life circumstances and the socio-economic conditions of their environment. Adolescents learn about reproductive health and sexual matters by observing the behaviour of the adults around them, by listening to peers and the older siblings, through the media in all its forms and by acquiring the knowledge of parents or other trusted mentors. Such information however is limited and sometimes even erroneous. Since the subject of adolescent sexuality remains taboo in most societies, there is widespread ignorance among young people of the risks associated with unprotected sexual activity. Unprotected premarital sexual relations are taking place at earlier ages giving rise not only to risk of early pregnancy and childbearing, but also to induced abortion in hazardous circumstances, and to sexually transmitted diseases including human immunodeficiency virus leading to AIDS.

In Nepal, adolescent population is approximately 5.4 million as per 2001 census. This population is nearly one fourth (23.6%) of the total population of the country (CBS, 2001). Owing to high fertility and young age distribution of population, the proportion of adolescents in the total population is likely to increase in the coming years. According to the Ministry of Population and Environment (MOPE) and Central Bureau of Statistics (CBS), the adolescent population is estimated to reach 6 million by the year 2011 and to almost 7 million in 2021

The Building Demand for Reproductive Health (BuD for RH) is a two year project on adolescents' health and development funded by USAID/Nepal through the Global CATALYST Consortium Project and implemented by the Center for Development and Population Activities (CEDPA), in three districts of Baglung, Udayapur and Mahottari. The implementing partners of this project are *Aamaa Milan Kendra* (AMK), Nepal Red Cross Society (NRCS) and Nepal Technical Assistance Group (NTAG).

BuD for RH Project's primary goal is to improve the ability of low-income, illiterate girls aged 10-19 years, living in conflict areas to make informed decisions regarding reproductive health and to access health services and formal education. The In-school and Out-school adolescent girls groups were formed in 5 VDCs each in these three project districts.

The specific objectives of the project are:

1) Improved RH awareness and knowledge among adolescent girls in conflict areas.
2) Increased literacy among out-of-school adolescent girls' program participants in conflict areas.
3) Increased girls' adoption of behaviors that lead to improve RH outcomes.
4) Enabling family and community environment created for support of girls' program participation and access to health services.

The baseline survey was carried out in September-October 2004 by Center for Research on Environment Health and Population Activities (CREHPA). The project has completed about one year of its two years' term. In order to assess the achievements made so far by the project, mid-term evaluation (MTE) was conducted by CREHPA

About CATALYST

The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Center for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/ Colombia.

CATALYST works in sexual and reproductive health through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning (RH/FP) services and healthy practices through clinical and non-clinical programs.

About CEDPA

Center for Development and Population Activities (CEDPA) is a US-based non-profit organization, which has as its mission to empower women at all levels of society to participate as full partners in development. In Nepal, CEDPA is working towards achieving its mission by helping rural women and girls to

acquire knowledge and skills to make informed decisions and to take appropriate actions to address their educational, social and reproductive health needs. CEDPA works with and on behalf of women and girls in partnership with a variety of government agencies and non-governmental organizations. CEDPA's support aims to contribute to achieving national goals as outlined in government policy and planning documents.

CEDPA's strategies to achieve its goals and objectives involve mobilizing individuals, their families and communities to advocate for and participate in disseminating information and delivering a range of services in their own communities.

CEDPA/Nepal and AMK Partnership

Aama Milan Kendra (AMK) is a national non-governmental organization dedicated to the cause of rights and dignity of women. Established in 1975 on the auspicious occasion of the International Women's Year AMK operates with the basic premise that women themselves best motivate women. It is the pioneer women-focused organization in the country and it undertakes activities to help women become more competent and capable of making and acting upon decisions to improve their lives. AMK has successfully established itself as one of the leading NGOs in the country working for the development and empowerment of women, especially disadvantaged women. Its mission is to empower women at all levels of society and make them full partners in the task of nation building. AMK has an extensive network of 59 local branches spread out in the 19 districts of the country and a huge resource of 5,000 volunteers. Since 1999, it has also shifted its focus to adolescent girls through its reproductive health and other programs that empower their lives towards adulthood.

CEDPA's partnership with AMK began in 1993 with UNFPA funding to support the strengthening of community-based mothers' groups in 100 VDCs of 12 different districts, Morang, Lalitpur, Bhojpur, Jhapa, Bara, Rautahat, Dang, Baglung, Syangja, Dhading, Banke, Rupendehi for the technical backstopping. This relationship flourished and in 1999 with funding and technical assistance from CEDPA, AMK implemented the "Adolescent Girls Initiate for their Reproductive health" (A GIFT for RH) Project in each ward of nine VDCs in Baglung district. Utilizing CEDPA's *'Better Life Options'* program, the project successfully increased the ability of adolescent girls to make and act on informed decisions regarding their social, economic and health needs and rights.

CEDPA/Nepal and NRCS Partnership

The Nepal Red Cross Society is the largest humanitarian organization in Nepal. It provides humanitarian, social services and disaster relief assistance to Nepal's rural poor through its 75 district chapters. NRCS supports a broad range of services including ambulance services, blood transfusion services, health services, primary health care and first aid services, family planning outreach services, drinking water supply schemes and disaster preparedness and relief programs. Its activities aim to improve the lives of the vulnerable people, which also include the issues of women and girls.

NRCS has an extensive organizational network with more than 800,000 volunteers nationwide. Students, youth, and volunteers of Nepal Junior/Youth Red Cross Circles also carry out a significant portion of its activities. NRCS has the organizational capacity to manage community-based programs because of its extensive networks in districts throughout the country. NRCS has branch offices, staffs and networks in each of the project districts. It has demonstrated capacity to implement complex health and family planning service delivery programs, and to develop both national and community-level coalitions in support of its initiatives, which contributes to the long-term sustainability of services. In addition, NRCS has worked for a long time to promote women's empowerment through community mobilization.

In 1999, with CEDPA support, NRCS formed nine youth action groups to increase adolescent boys' knowledge about trafficking and other types of exploitation of women as well as health risks such as STIs including HIV/AIDS. NRCS also launched the "Youth for Each Other" boys program to complement CEDPA's girls' BLOOM program. In Udaypur district, NRCS implemented CEDPA funded ACCESS (1994-1998) and ENABLE (1998-2001) Projects aimed at RH/FP information and services in the community. NRCS Udaypur was also the implementing agency for an operations research project aimed at determining effective communication based mechanism to increase access SRH information and services on young couples. This operations research was carried out by CREHPA with the funding support of FRONTIERS Small Grant Program and managed jointly by the Population Council and Tulane University (2000-2003). CEDPA/Nepal provided technical support to this operations research project.

CEDPA/Nepal and NTAG Partnership

The Nepali Technical Assistance Group (NTAG) focused on the implementation of the National Vitamin A Program at its outset; it has also implemented many community-based health and nutrition programs in various districts. The National Vitamin A Program has already been implemented successfully in 75 districts. It has the units for training, behavior change communication materials

development, monitoring, nutrition and health unit, NGO and Government liaison, etc.

NTAG has played a crucial role in the establishment of the Endowment Fund, which has helped significantly in the mobilization of Female Community Health Volunteers (FCHVs) who contribute considerably in the provision of health services at the community level. NTAG is also carrying out mini-surveys, monitoring, and evaluation of various programs such as Nutrition Rehabilitation, Community-Based Nutrition, Community-Based Integrated Management of Childhood Illness (CB-IMCI), Iron Intensification, Kala-azar, Nutrition Information Sharing (NIS) Network, etc.

In the year 2000, NTAG has provided assistance in coordinating the "National Conference on Safe Motherhood" organized by CEDPA on 8-10 March.

About the Project Districts

Mahottari District lies in the terai (plain) region of the Central Development Region of Nepal. It has a total population of 553,481 (2001 Census). Approximately 96% of the district's population is rural. Jaleshwor is the district headquarters of Mahottari district. The district is connected by the East-West National Highway. *Yadavs* are the dominant ethnic community of the district (population=84,836). The other major ethnic community of the district are Muslim (74,779), terai *Brahmins* (36,270), *Dhanuk* (34,660) and *Koiri* (28,758). The literacy level is low; 45% of adult males and less than half this proportion (22%) of the female adults are literate. The net enrolment ratios at the primary and lower secondary levels are respectively 74 and 29. The Human Development Index (HDI) is 0.322 (ISRSC, 2002).

Udaypur is a hilly district and lies in the Eastern Development Region of Nepal. It has a total population of 287,689 (2001 Census). Approximately, 81 % of the population is rural. Gaighat (Triyuga Municipality) is the district headquarters of Udaypur district. The dominant ethnic communities of the district are *Chhetri* (60,578), *Rai* (47,128), *Magar* (39,721) and Tharu (22,323). About two thirds of the adults males (65%) and over two fifths of adult females (42%) of the district are literate. The net enrolment ratios at the primary and lower secondary levels are respectively 85 and 36. The Human development index (HDI) is 0.355 (ISRSC, 2002).

Baglung district is located in the Western Development Region of Nepal. The entire district has a hilly topography. The district's total population of 268,937 (2001 Census). Over 92% of the population is rural. Baglung is the district headquarters of Baglung district. The dominant ethnic population of the district comprise of *Magars* (population=74,550), *Brahmins* (59,532), *Chhetris* (51,871) and *Kami* (35,150). Nearly three fourths of the adult males (73%) and over a half

of the adult female population (52%) of the district are literate. The net enrolment ratios at the primary and lower secondary levels are respectively 89.1 and 33.9. The Human Development Index (HDI) is 0.337 (ISRSC, 2002).

1.2 Objective of the Mid Term Evaluation (MTE)

To measure mid-term achievements of the CATALYST project on birth spacing and family planning in the intervention districts of the Building Demand for Reproductive Health program among In-school program participants.

1.3 Study Design

The mid-term evaluation (MTE) was confined to 10 out of the total 15 Village Development Committees (VDCs) covered by the project. At the district level, 3 VDCs each were randomly sampled from Baglung and Udaypur and 4 VDCs from Mahottari district. In view of the current conflict situation, the names of these sampled VDCs were shared with the respective implementing partners (IPs) to ascertain the safety of conducting the survey. In each VDC, one school covered by the project was chosen, except in Hardiya VDC of Udaypur, where both the two schools covered by the project was chosen.

The names of the VDCs and the corresponding school sampled from the three project districts are shown in Table 1.1 below.

Table 1.1 Name of the VDCs and the schools covered in each district: Mid-term survey

	Baglung district	Mahottari district	Udaypur district
VDC1	Jaidi	Bijalpura	Sundarpur
VDC2	Binamare	Haathilet	Hadiya
VDC3	Sarkuwa	Maisthan	Beltar
VDC4	-	Gauribas	-
School 1	Sati Dhunga High School, Jaidi	Jan Jagriti High School, Gauribas	Jyoti Higher Secondary School, Beltar
School 2	Janta High School, Sarkuwa	Janta High School, Bijalpura	Shree High School of Siwai, Sundarpur
School 3	Sarbodaya Janak High School, Binamare	Shree High School, Hathilet	Janta High School, Hadiya
School 4	NA	Panchadhura High School, Maisthan	Than Pokhari High School, Hadiya

1.4 Sampling Design

The sample frame consisted of all adolescent girls aged 10-19 years and studying in grade IX and X of the schools covered under BuD for RH project. In each school, the target was to interview 25 girl students. The total sample size was 75 girls each in Baglung and Udaypur and 100 girls in Mahottari district. The present mid-term survey was able to interview 249 out of the target sample of 250 adolescent girls.

Sampling of 25 in-school girls per school was done from the list of the girl students of grade IX and X provided to the research team by the IPs. From each grade, 12 to 13 in-school girls were chosen using random numbers generated through a scientific calculator. Because of the long school vacation (1.5 – 2.0 months' duration) which coincided with the timing of the fieldwork (fieldwork was delayed while securing approval for conducting the survey from Social Welfare Council – a mandatory requirement for every NGO), these selected lists of students were provided in advance to the IPs for the purpose of inviting them at the school premises for the interviews. Table 1.2 presents the number of adolescent girl students sampled in each VDC.

Table1.2 Number of adolescent respondents covered in each VDC and the sample performance: Mid-term survey

District	In- school girls (Grade IX and Grade X)	Total
Baglung		
Jaidi	25	25
Binamare	24	24
Sarkuwa	25	25
Total	74	74
Udaypur		
Sundarpur	25	25
Hadiya	25	25
Beltar	25	25
Total	75	75
Mahottari		
Bijalpura	25	25
Maisthan	25	25
Haathilet	25	25
Gauribas	25	25
Total	100	100
All Total	249	249

1.5 Interviewing Strategy

The concerned IPs visited the homes of all the 25 In-school girls sampled by the research team and requested them to arrive at the school premises on the separate dates and time allocated for them according to their grade. The female research team of CREHPA visited the assigned locations (schools) to interview the girls of specific grade on the same day. The second batch of school girls (of the same grade) was interviewed on the following day. Face-to-face interviews were conducted in private using a structured questionnaire. As a token of appreciation for their participants, each of the girl students were provided with refreshments by the research team.

In the present MTE sample, the proportion of those who were interviewed previously in the baseline survey comprised of only 35% (87 out of 249 girls). Comparatively, Udaypur district sampled less number of baseline respondents (28%) while Baglung registered the highest proportion of baseline respondents (41%).

1.6 Research Instruments

A structured questionnaire developed on the lines of the baseline survey with deletions and few additions was used for the MTE with In-school adolescent respondents. The questionnaire was finalized with the inputs from CEDPA and CATALYST representatives. The final version of the mid-term questionnaire was prepared in both English and Nepali.

1.7 Training and Fieldwork

There were three teams – one team for each district. Each team comprised of one female field supervisor and two female researchers. The field supervisors were responsible for field management, ensuring right girls being interviewed and supervision of questionnaire administration.

The team members attended an intensive training provided by the core team members. The training was held in CREHPA for 4 days. The fieldwork was launched between 22 July to 7 August and took approximately 14 days to complete.

1.8 Data Management and Analysis

All the completed questionnaires were manually edited and coded before these were entered into the computer. Data were entered into dBase IV software program and then transferred into SPSS software package.

The analysis was carried out comparing the mid-term results with the baseline results in order to observe the changes in knowledge, attitude and behaviour over the past one year (August 2004 to July 2005). Frequency and cross tabulations are the main quantitative outputs for the present analysis. Significant T-tests were performed for the conceptually important variables.

1.9 Organization of the Report

This mid-term study report is presented in five chapters. The present chapter (Chapter 1) is the Introduction Chapter of this report. Chapter 2 describes the demographic and socio-economic characteristics of the respondents while Chapter 3 describes the knowledge and perception of reproductive health of adolescent girls. Chapter 4 analyses the knowledge on optimal birth spacing interval and the Chapter 5 is the summary and conclusions of the mid-term evaluation.

Chapter 2

BACKGROUND CHARACTERISITICS OF THE RESPONDENTS

This chapter describes the demographic and socio-economic characteristics of the in-schools adolescent respondents interviewed in the present survey and compares these results with baseline data. The demographic characteristics analysed are current age, marital status and fertility. Likewise, the socio-economic background of the respondents analysed are caste/ethnicity, engagement in domestic chores and in income generating activity.

2.1 Age Distribution of Study Population

Table 2.1 presents the age distribution into early adolescence (10-14 years) and late adolescence (15-19 years) and the specific age distribution of the in-school adolescent girls. A higher proportion of the 15-19 year olds were sampled in the mid-term survey in comparison to the baseline survey in Baglung (58% at baseline; 82% at mid-term) and Mahottari (50% in baseline; 72% in mid-term) districts while in Udaypur a marginal difference in the age was seen. The median age of the in-school respondents in Baglung and Mahottari is 15 years while in Udaypur the median age is 16 years. The age of the adolescent girls interviewed ranges from 13 years to 19 years in all the three districts.

Table 2.1 Percentage distribution of adolescent respondents according to their current age: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	**Mid-term**	**Baseline**	**Mid-term**	**Baseline**	**Mid-term**	**Baseline**	**Mid-term**
Age								
10 -14 years	41.6	17.6	49.6	28.0	28.0	22.7	39.7	23.3
15-19 years	58.4	82.4	50.4	72.0	72.0	77.3	60.3	76.7
Median age	*15.0*	*15.0*	*15.0*	*15.0*	*15.0*	*16.0*	*15.0*	*15.0*
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249
Specific Age distribution								
10	-	-	-	-	-	-	-	-
11	-	-	1.6	-	-	-	.5	-
12	4.8	-	4.8	-	3.2	-	4.3	-
13	17.6	1.4	12.8	9.0	7.2	2.7	12.5	4.8
14	19.2	16.2	30.4	19.0	17.6	20.0	22.4	18.5
15	29.6	40.5	30.4	26.0	31.2	25.3	30.4	30.1
16	20.0	23.0	12.8	29.0	16.8	30.7	16.5	27.7
17	7.2	10.8	4.0	13.0	10.4	13.3	7.2	12.4
18	1.6	8.1	2.4	4.0	9.6	4.0	4.5	5.2
19	-	-	0.8	-	4.0	4.0	1.6	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

2.2 Caste/Ethnicity Composition

As evident from Table 2.2, the ethnic distribution also varied between baseline and mid-term in Baglung and Mahottari while in Udaypur the distribution remained almost the same. In comparison to the baseline survey, there were higher proportions of Brahmin/Chettri respondents in the mid-term survey in Mahottari (36% in baseline; 48% in mid-term), while the hill ethnic communities (Magar/Rai/Tamangs) were in higher proportions in Baglung during the mid-term survey (8% in baseline; 23% in mid-term). The marginalized castes were negligible in proportion in all the districts. In Udaypur, slightly higher proportions of the terai general caste (*Yadav, Tharu, Koiri, Teli*) were sampled compared to the baseline survey (16% in baseline; 20% in mid-term) (Table 2.2).

Table 2.2 Percentage distribution of adolescent respondents according to their ethnicity/caste: Baseline and mid-term survey

Caste	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Hill Ethnicity								
-Brahmin /Chhetri	81.6	71.6	36.0	48.0	53.6	53.3	57.1	56.6
-Newar	0.8	-	2.4	2.0	3.2	6.7	2.1	2.8
-Magar/Rai/Tamang	8.0	23.0	26.4	29.0	24.8	20.0	19.7	24.5
- Gharti	-	-	-	3.0	-	-	-	1.2
- Marginalized castes (*Kami/Damai/Sarki)*	8.8	5.4	4.0	2.0	2.4	-	5.1	2.4
Terai Ethnicity								
- Terai general caste	-	-	29.6	16.0	16.0	20.0	15.2	12.4
- Terai marginalized caste	-	-	1.6	-	-	-	0.5	-
- Muslim	0.8	-	-	-	-	-	0.3	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

2.3 Marital Status and Fertility

Excepting three in-school adolescent girls, all the adolescent girls interviewed are unmarried. The three in-school married girls are from Mahottari district and young in age - 14, 15 and 16 years. Two of the married girls are from the Brahmin/Chettri ethnicity while the one girls was from the terai general caste. All the three married respondents interviewed had never been exposed to pregnancy (Table 2.3).

Table 2.3 Percentage distribution of adolescent respondents according to their marital status, exposure to pregnancy: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Marital Status								
Unmarried	100.0	100.0	99.2	97.0	99.2	100.0	99.5	98.8
Married	-	-	0.8	3.0	0.8	-	0.5	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249
Have you ever been pregnant?								
No	NA	NA	100.0	100.0	100.0	NA	100.0	100.0
Total	NA	NA	100.0	100.0	100.0	NA	100.0	100.0
N	NA	NA	1	3	1	NA	2	3

2.4 Involvement in Domestic Chores

As evident from table 2.4 all the respondents are involved in some type of domestic household work, primarily kitchen work. The involvement of the respondents in kitchen work increased from the baseline to the end line in the two districts namely Baglung (72% in baseline to 92% in end line) and Mahottari (91% in baseline to 93%) while in Udaypur the proportion remained almost the same. The proportion of girls collecting firewood and fodder (91%), bringing water (84%), washing clothes (91%) and cleaning the house (61%) was higher in Baglung district than the other two districts. A large proportion of the in-school girls from Udaypur also mentioned washing clothes (88%) and cleaning the house (76%) as their main type of work.

Almost half of the girls are involved in domestic chores about 3-4 hours in a day. District wise analysis show that more than half of the girls from Mahottari (52%) mentioned that they are involved in domestic chores 1-2 hours in a day while 50% of the girls from Udaypur reported that they are involved 3-4 hours a day and almost half of the girls from Baglung stated that they are involved 3-4 hours a day. (Table 2.4)

Table 2.4 Percentage distribution of adolescent respondents according to their main types of work and daily working hours in domestic chores: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Main types of work								
Kitchen work	72.0	91.9	91.2	93.0	96.0	94.7	86.4	93.2
Collecting firewood and fodder	78.4	90.5	51.2	38.0	57.6	49.3	62.4	57.0
Bringing water	50.4	83.8	56.0	49.0	44.8	57.3	50.4	61.8
Cleaning house	21.6	60.8	48.0	52.0	23.2	76.0	30.9	61.8
Cattle grazing/milking buffalo	5.6	29.7	8.0	11.0	17.6	29.3	10.4	22.1
Farm works	11.2	28.4	8.8	19.0	20.8	28.0	13.6	24.5
Washing cloth	4.0	90.5	47.2	36.0	22.4	88.0	24.5	53.8
Cleaning cowshed	12.0	24.3	6.4	4.0	4.0	24.0	7.5	16.1
Caring siblings	3.2	4.1	4.0	7.0	4.0	5.3	3.7	5.6
N	125	74	125	100	125	75	375	249
Duration of involvement in domestic chores								
Daily, 1-2 hr	48.0	12.2	40.0	52.0	48.8	34.7	45.6	34.9
Daily, 3-4 hr	44.8	48.6	39.2	39.0	40.0	53.3	41.3	46.2
Daily, 5-6 hr	4.0	35.1	16.8	8.0	9.6	12.0	10.1	17.3
Daily, 7 hr or more	-	4.1	1.6	1.0	1.6	-	1.1	1.6
Sometimes, not everyday	2.4	-	2.4	-	-	-	1.6	-
Seldom	-	-	-	-	-	-	-	-
Never	0.8	-	-	-	-	-	0.3	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

Percentages total exceed 100 due to multiple responses.

2.5 Sources of Family Income

Table 2.5 shows the main source of family income of the adolescent girls during the present survey. Agriculture is the dominant sector of the economy of Nepal. The large majority of the rural population in Nepal are involved in the agricultural sector. In the district-wise analysis, the large majority of the girls in Mahottari (81%) and Udaypur (80%) stated that their main source of family income was agriculture while only half of the girls from Baglung stated the same (55%).

Table 2.5 Percentage distribution of adolescent respondents according to the sources of family income: Baseline and mid-term survey

Main sources of income	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Farming	51.2	55.4	80.8	81.0	77.6	80.0	69.9	73.1
Daily wages	3.2	5.4	1.6	-	-	-	1.6	1.6
Business	5.6	1.4	4.0	3.0	6.4	8.0	5.3	4.0
Working in foreign countries	22.4	2.7	-	-	-	-	7.5	0.8
Private service	3.2	13.5	4.0	5.0	-	2.7	2.4	6.8
Govt service	8.8	6.8	8.0	9.0	7.2	4.0	8.0	6.8
Receives pension	-	10.8	-	-	-	-	-	3.2
Uniform service (Army/police)	4.8	4.1	-	1.0	4.8	4.0	3.2	2.8
Others*	0.8	-	1.6	1.0	4.0	1.3	2.1	0.8
N	125	74	125	100	125	75	375	249

**Craftsmanship, Semi-government, Tailoring, Barber, ironsmith, driver, mechanic, singing songs with Sarangi (traditional musical instrument)*
Percentages total exceed 100 due to multiple responses

2.5.1 Involvement in Economic Activity

Similar to the baseline survey, the large majority of the in-school girls in the mid-term survey also do not earn cash income directly. Only one fifth of the girls from Baglung (20%), almost less than one twelfth from Mahottari (7%) and a negligible proportion from Udaypur (3%) were involved in generating cash income. Among those girls from Baglung who were involved in income generating activities, majority had earned as seasonal wage farm labourers while some were engaged in business and tailoring. Almost half of the girls from Mahottari were involved in business whereas the very few had earned through daily wage labourers and as tailors (Table 2.5a).

Table 2.5a Percentage distribution of adolescent respondents according to their involvement in cash earning activities and the nature of work they are engaged for cash income: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Do you earn any cash income directly?								
Yes	7.2	20.3	4.0	7.0	0.8	2.7	4.0	9.6
No	92.8	79.7	96.0	93.0	99.2	97.3	96.0	90.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249
What do you do to generate cash income?								
Daily wage laborer in farm (seasonal)	77.8	86.7	-	14.3	-	50.0	46.7	62.5
Business	11.1	6.7	20.0	42.9	-	-	13.3	16.7
Tailoring	11.1	6.7	40.0	-	100.0	50.0	26.7	8.3
Animal husbandry	-	-	20.0	-	-	-	6.7	-
Teaching dance	-	-	20.0	-	-	-	6.7	-
Weaving wool	-	-	-	14.3	-	-	-	4.2
Gives tuition	-	-	-	28.6	-	-	-	8.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	9	15	5	7	1	2	15	24

Chapter 3

KNOWLEDGE AND PERCEPTION ABOUT REPRODUCTIVE HEALTH

This chapter presents the reproductive health knowledge, attitude, and perceptions among the in-school adolescent girls of the three districts. More specifically, the chapter discusses about adolescent girls' knowledge about physical changes during adolescence, reasons for menstruation, right age for marriage, ways a woman become pregnant, pregnancy care and family planning.

3.1 Knowledge on Physical Changes Occurring among Girls during Adolescence

The in-school adolescent girls were asked about the physical changes that occur in girls at puberty. As evident in the table, knowledge on physical changes among the in-school girls has increased in the mid-term evaluation (MTE) in comparison to the baseline survey. The proportion of MTE respondents mentioning about various aspects of physical changes has increased tremendously. For instance, those mentioning onset of menstruation (from 64% to 87% in Baglung and 80% to 100% in Udaypur), breasts develop (57% to 89% in Baglung; 72% to 78% in Mahottari and 69% to 97% in Udaypur) and under arm hair appear (37% to 69% in Baglung; 44% to 85% in Mahottari; 22% to 80% in Udaypur) has increased sharply among the MTE respondents. Similarly, knowledge that growth spurt occurs during adolescent has also increased by two-folds especially in Baglung (36% to 64% in mid-term) and by 20 percentage points in Udaypur (51% to 70% in mid-term) while appearance of pubic hair was mentioned by the majority in Mahottari (34% in baseline; 67% in mid-term). Other physical changes mentioned by the respondents were appearance of pimples, enlargement of external genitals, narrowing of waistline etc. (Table 3.1)

Table 3.1 Percentage distribution of adolescent respondents according to their knowledge on the physical changes occurring in girls during adolescence: Baseline and mid-term survey

Types of physical changes into puberty stage	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Menstruation begins	64.0	86.5	80.0	73.0	80.8	100.0	74.9	85.1
Breast develops	56.8	89.2	72.0	78.0	68.8	97.3	65.9	87.1
Growth spurt occurs	36.0	63.5	56.0	49.0	51.2	70.0	47.7	59.8
Underarm hair appears	33.6	68.9	44.0	85.0	22.4	80.0	33.3	78.7
Pubic hair appears	27.2	48.6	34.4	67.0	12.0	52.0	24.5	57.0
Pimples appears	24.0	37.8	12.8	9.0	19.2	24.0	18.7	22.1
Change in voice	10.4	37.8	6.4	40.0	4.0	18.7	6.9	32.9
External genital enlarge	4.8	13.5	8.8	24.0	4.0	17.3	5.9	18.9
Waistline narrows	1.6	6.8	4.8	19.0	0.8	18.7	2.4	15.3
Others*	1.6	-	-	-	-	5.3	0.5	1.6
Don't know	9.6		6.4		6.4		7.5	
N	125	74	125	100	125	75	375	249

**White discharge, attraction towards boys*
Percentages total exceed100 due to multiple responses

3.2 Experience of Menstruation

3.2.1 Age at Menarche

In the mid-term survey, more than half of the in-school girls aged 10-14 years (54%) and majority of the girls aged 15-19 years (89%) had experienced menstruation in Baglung district. While in Mahottari district higher proportion of the adolescent girls has experienced menarche especially in the 15-19 years age group (99%) compared to the 10-14 years age group (79%). Similarly in Udaypur the large majority of both the age group respondents had experienced menarche (82% among 10-14 years; 97% among 15-19 years) (Table 3.2).

Table 3.2 Percentage distribution of adolescent respondents according to their experience on menstruation: Baseline and mid-term survey

Experience of menstruation	Baglung				Mahottari				Udaypur				Total			
	Baseline		Mid-term		Baseline		Mid-term		Baseline		Mid-term		Baseline		Mid-term	
	10 -14	15-19	10 -14	15-19	10 -14	15-19	10 -14	15-19	10 -14	15-19	10 -14	15-19	10 -14	15-19	10 -14	15-19
Yes	42.3	94.5	53.8	88.5	79.0	95.2	78.6	98.6	60.0	94.4	82.4	96.6	61.7	94.7	74.1	94.8
No	57.7	5.5	46.2	11.5	21.0	4.8	21.4	1.4	40.0	5.6	17.6	3.4	38.3	5.3	25.9	5.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	52	73	13	61	62	63	28	72	35	90	17	58	149	226	58	191

3.2.2 Perceived Reasons for Menstruation

There has been a remarkable increase in respondents' perceptions about the reasons for menstruation. For example, the proportion of MTE respondents mentioning 'physical maturity for pregnancy' increased from 40% in baseline to 96% in MTE in Udaypur district. In Baglung, those citing this reason increase from 35% in baseline to 51% in the MTE. Similarly in Mahottari the increase was from 58% to 68%. The proportions of those saying 'flow of impure blood' reduced in Mahottari (25% to 17%) while it increased marginally in the remaining two districts (10% to 20% in Baglung and 21% to 35% in Udaypur). Les than a sixth of the MTE respondent in Mahottari said that the occurrence of menses was a healthy sign in girls (to remain healthy). Likewise, Over a fourth of MTE respondents in Mahottari and a sixth in Baglung perceived menstruation as a natural process. A sharp decline is seen in the proportion of those who expressed ignorance about occurrence of menstruation in all the three project districts - Baglung (45% to 10%), Mahottari (26% to 4%) and Udaypur (33% to 1%) (Table 3.2a).

Table 3.2a Percentage distribution of adolescent respondents according to their knowledge on occurrence of menstruation: Baseline and mid-term survey

Perceived reasons for menstruation	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Physical maturity for pregnancy	35.2	51.4	58.4	68.0	40.0	96.0	44.5	71.5
Flow of impure blood	10.4	20.3	24.8	17.0	20.8	34.7	18.7	23.3
Indication of adolescence	4.0	8.1	4.8	16.0	1.6	-	3.5	8.8
Natural process	9.6	17.6	8.8	28.0	12.8	6.7	10.4	18.5
To be healthy	-	-	-	1.0	-	14.7	-	4.8
The egg remains in the ovary and after thick blood accumulates, blood flows out	-	6.8	-	5.0	-	-	-	4.8
Others*	2.4	1.4	0.8	6.0	-	6.7	1.1	4.8
Don't know	44.8	9.5	26.4	4.0	32.8	1.3	34.7	4.8
N	125	74	125	100	125	75	375	249

**Flow of blood by burst urethra, growth and change of physical features, To have sexual intercourse, To marry, Development of reproductive organs, Women have estrogen and progesterone hormones when this ovulates women get menstruation.*
Percentages total exceed100 due to multiple responses

3.2.3 Experience during First Menarche

A large majority of the adolescent girls in all the three districts mentioned that they felt scared when they first experienced their menstruation (61% in Baglung; 66% in Mahottari and 87% in Udaypur). Feeling shy about the experience was reported by two-fifths of the girls in Baglung (41%) and Udaypur (41%) while one

third reported that they felt uncomfortable/awkward (31%) when they first experienced menstruation. No difference in menstruation experiences is observed between the baseline and the MTE respondents (Table 3.2b).

Table 3.2b Percentage distribution of adolescent respondents according to their experience during first menarche: Baseline and mid-term survey

Experience during first menarche	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Nothing happened	14.3	8.2	5.5	10.8	3.8	-	7.5	6.7
Felt scared	61.5	60.7	75.2	65.6	84.9	88.6	74.5	71.4
Felt shy	27.5	41.0	22.9	26.9	25.5	41.4	25.2	35.3
Tension/worried	23.1	19.7	18.3	17.2	7.5	8.6	16.0	15.2
Felt uncomfortable/awkward	9.9	31.1	17.4	9.7	16.0	21.4	14.7	19.2
Felt like an adolescent/young	2.2	-	0.9	-	3.8	5.7	2.3	1.8
Was surprised	-	-	-	3.2	-	-	-	1.3
Don't know	-	-	1.8	-	0.9	-	1.0	
N	91	61	109	93	106	70	306	224

Percentages total exceed100 due to multiple responses

3.2.4 Types of Care Taken during Menstruation

The respondents were asked the different types of personal care being taken during menstruation. The respondents were asked to spontaneously mention the types of care she takes during her menstruation. If she does not mention any of the three important care during menstruation (taking bath daily, changing cloth daily and drying undergarments/sanitary cloth under the sunlight), the interviewers then read out (probed) regarding the remaining practices.

The baseline-midterm comparison shows that the large majority of the adolescent girls mentioned that they bathe daily (90%) and change cloth daily (91%). No increase in proportion was seen in the mid-term survey since the percentage was already high during the baseline survey. The proportion of those who reported that they dry undergarments or pads under the sunlight is universal (100% in Baglung; 100% in Mahottari; 96% in Udaypur). The other types of care mentioned were cleaning genital area, drying sanitary cloth (*talo*) in the room, changing sanitary cloth (*talo*) 2-3 times a day, cutting nails, bathing on the third day etc. (not shown in the table) (Table 3.2c)

Table 3.2c Percentage distribution of adolescent respondents according to the types of personal care taken during menstruation: Baseline and mid-term survey

Types of personal cares taken during menstruation	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Bathe daily								
Yes	74.7	68.9	98.2	95.7	100.0	100.0	91.8	89.7
No	25.3	31.1	1.8	4.3	-	-	8.1	10.3
Change cloth daily								
Yes	80.2	70.5	95.4	98.9	100.0	98.6	92.5	91.1
No	19.8	29.5	4.6	1.1	-	1.4	7.5	8.9
Dry undergarments/ cloth under the sunlight								
Yes	82.4	100.0	95.4	100.0	100.0	95.7	93.1	98.7
No	17.6	-	4.6	-	-	4.3	6.8	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	91	61	109	93	106	70	306	224

3.2.5 Source of Knowledge about Menstruation

As evident in table 3.2d, majority of the in-school adolescent girls reported that they learned about menstruation before they had entered menarche (61%). This proportion was especially high in Mahottari (71%) followed by Udaypur (63%) and Baglung (44%). Mothers followed by friends and sisters continue to be the main sources of information about menstruation during the mid-term evaluation. The majority of the adolescent girls in Baglung (79%), Mahottari (72%) and Udaypur (79%) reported that they had learnt about menstruation through their mother while three fifths of the girls mentioned that sisters were the main source of information in Mahottari (57%) and Udaypur (63%). The proportion mentioning 'mother' as their source of information has increased by 10 percentage points in Baglung (67% to 79%) and Mahottari (60% to 72%) while it increased by 20 percentage points in Udaypur (59% to 79%). In Baglung (61%) and Mahottari (65%), friends constitute an important source of information for menstruation. Moderate increased was seen in all the three districts among those who mentioned that friends were their source of information for menstruation (47% to 61% in Baglung; 51% to 65% in Mahottari; 34% to 47% in Udaypur). The contribution of teachers and facilitators or health workers in providing information on menstruation has not shown to be that remarkable in all the project districts. Only some MTE respondents in Mahottari (15%) cited teachers/facilitators as the sources of information for menstruation while the proportion was negligible in Baglung and Udaypur (Table 3.2d).

Table 3.2d Percentage distribution of adolescent respondents according to their source of information on menstruation: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Did you learn about menstruation before or after it happened?								
Before menstruation	62.6	44.3	63.3	71.0	48.1	62.9	57.8	61.2
After menstruation	37.4	55.7	36.7	29.0	51.9	37.1	42.2	38.8
N	91	61	109	93	106	70	306	224
Source of information on menstruation								
Mother	67.0	78.7	60.6	72.0	59.4	78.6	62.1	75.9
Sisters	36.3	42.6	59.6	57.0	53.8	62.9	50.7	54.9
Friends	47.3	60.7	50.5	64.5	34.0	47.1	43.8	58.0
Other female members of the household	16.5	31.1	24.8	43.0	7.5	11.4	16.3	29.9
Teacher/Facilitators	4.4	1.6	6.4	15.1	0.9	4.3	3.9	8.0
Health worker	-	-	-	7.5	3.8	4.3	1.3	4.5
Population book	-	6.6	-	2.2	-	-	-	2.7
Neighbour	-	1.6	-	-	-	1.4	-	0.9
N	91	61	109	93	106	70	306	224

Percentages total exceed100 due to multiple responses

3.2.6 Types of Domestic Chores Avoided during Menstruation

Women in Nepal follow certain cultural norms and practices during menstruation. As evident form table 3.2e, almost three fourths of the in-school adolescent girls do not enter place of worship (73%) and do not enter the kitchen or clean the house (78%). According to the district wise comparison, the large majority of the girls from Mahottari (83%) and Udaypur (93%) mentioned that they do not enter place of worship while only one third of the girls in Baglung (36%) mentioned this. Other commonly mentioned domestic chores avoided during menstruation include 'not cleaning cowshed and milking buffalo' and 'avoids entering garden and field to collect fodder and work'. The differences in the percentage figures between the baseline and the MTE are not conspicuous (Table 3.2e).

Table 3.2e Percentage distribution of adolescent respondents according to the types of domestic chores avoided by adolescent girls during menstruation: Baseline and mid-term survey

Types of domestic chores avoided during menstruation	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Does not enter place of worship	49.5	36.1	71.6	82.8	85.8	92.9	69.9	73.2
Does not enter kitchen and does not clean house	100.0	82.0	61.5	60.2	77.4	72.9	78.4	70.1
Does not clean cowshed and milk buffalo	15.4	18.0	17.4	12.9	13.2	12.9	15.4	14.3
Avoids entering garden and field to collect fodder and work	19.8	24.6	33.9	19.4	29.2	22.9	28.1	21.9
Does not bring water	15.4	32.8	9.2	6.5	-	11.4	7.8	15.2
Does not carry heavy load	3.3	3.3	2.8	14.0	0.9	1.4	2.3	7.1
Does everything	-	8.2	8.3	-	2.8	2.9	3.9	3.1
Others*	-	4.9	4.6	7.5	0.9	7.1	2.0	6.7
N	91	61	109	93	106	70	306	224

** Does not touch litters, does not graze cattle*
Percentages total exceed100 due to multiple responses

3.2.7 Types of Rituals Performed during First Menstruation

The adolescent girls who had experienced menstruation were asked the different cultural practices that had to be performed when a girl first started her menstruation. As shown in the table, various types of cultural practices were mentioned. In the MTE, most girls in Baglung (84% as compared 30% in baseline) stated that when a girl first starts her menstruation she is kept in a house of another person for a certain number of days to avoid her from seeing others. This practice was mentioned by only half of the girls in Mahottari (50%) and Udaypur (49%). Half of the girls in Baglung (49%) mentioned that a girls is kept in a room for certain number of day to avoid from seeing others (particularly by males) while more than one third of the girls in Mahottari (37%) and Udaypur (39%) stated the same practice. Some of the other practices mentioned were 'not being allowed to touch water source', 'not to enter kitchen or temple', 'not allowed to see the sun', 'not to observe the roof of her own house', sprinkle cows urine for purification etc. (Table 3.2f).

Table 3.2f Percentage distribution of adolescent respondents according to the cultural rituals performed during the occurrence of menstruation for the first time: Baseline and mid-term survey

Cultural practices	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Keep the girl in the house of a person whose caste is different for a certain number of days (ranging from 1-22 days) to avoid her from seeing others and thereafter she is given new clothes	29.7	83.6	29.6	50.0	35.8	48.6	31.8	58.7
Not allowed to see father/brother	52.7	-	8.3	-	32.1	-	29.8	-
Keep her in a room for certain number of days (ranging from 2-22 days) to avoid her from meeting others	98.9	49.2	45.0	37.0	60.4	38.6	66.3	40.8
Not allowed to touch drinking water source/enter the kitchen/not allowed to enter temple	2.2	55.7	-	21.7	16.0	25.7	6.2	32.3
After certain number of days (7-15) she has to take bath and wear clean clothes and is allowed to enter the house after being sprinkled with gold to purify her	-	34.4	-	16.3	-	10.0	-	19.3
Not allowed to see the sun	-	4.9	-	22.8	-	8.6	-	13.5
Not allowed to observe the roof of her own house	-	8.2	-	9.8	-	21.4	-	13.0
Sprinkle cows urine for purification	-	-	-	3.3	-	18.6	-	7.2
Others*	14.3	-	11.9	7.6	2.8	7.1	9.5	5.3
No custom/tradition	-	6.6	47.7	29.3	23.6	44.3	25.2	27.8
Don't know	-	-	-	-	-	1.4	-	0.4
N	91	61	109	93	106	70	306	224

**Should not use cloth used during menstruation, Cut the rope where the bamboo is tied for fencing (in the room where the girl is kept), cannot eat meat/fruits, enter the house with new clothes, sprinkle water with gold kept in it, Not allowed to touch the cow for 22 days, Not allowed to stamp on grass (dubo-which is usually used for religious purpose) After 12 days she is brought back from the house of the other person and a priests wife has to put vermilion on her forehead, On the first day of menstruation the girl has to tie the bamboo wall with a rope in seven places and on the seven days two sisters has to cut the rope in seven places, Not allowed to drink cows milk, Tie the rope which is usually tied for bamboo fencing in three places on the first day and on the 7th day cut the rope with a sickle and take bath with 3 manas (about 1.5 ltrs.) of water'*

Percentages total exceed100 due to multiple responses

3.3 Perception on Right Age at Marriage

The recent amendment of the Civil Code 2020 increased the legal age at marriage for a girl to keep par with that of a boy. As per the new Marriage Act, it is 18 years with parental consent and 20 years without the parental consent for both a boy and a girl. Prior to the legislation, the legal age at marriage for a girl was with parental consent and 18 years without parental consent while for a boy it was 18 and 21 years respectively. It was disappointing to find that in the present MTE, there was 3 married adolescent girls aged 14 to 16 years. Whether or not they were already married at the time of the baseline survey (one year ago) is difficult to establish since they did not fall in the baseline sample.

Table 3.3 compares the baseline and mid-term perceptions of the respondents regarding the right age of marriage for a girl. The proportion of respondents who perceived 20 years is the right age for marriage for a girl has increased in the mid-term survey (70% in baseline to 81% in mid-term). This increase is statistically significant at the level of .01. The perceived right age as mentioned by the respondents ranges from 16 years to 25 years. District wise comparisons show that slightly higher proportions of the girls from Mahottari (84%) mentioned 20 years as the right age for marriage for a girl followed by Udaypur (80%) and Baglung (77%).

Table 3.3 Percentage distribution of adolescent respondents according to their perception on right age at marriage for girls: Baseline and mid-term survey

Appropriate age for marriage	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Up to 19 years	20.0	9.5	11.2	11.0	11.2	9.3	14.1	10.0
20 yearsΦ	**68.0**	**77.0**	**73.6**	**84.0***	**68.8**	**80.0***	**70.1**	**80.7*****
21years and above	12.0	13.5	15.2	5.0	20.0	10.7	15.7	9.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

Φ t-test performed for only this response

*** $p \leq .01$ ** $p \leq .05$ * $p \leq .10$

3.4 Reaction to Marriage Proposed by Parents

Similar to the baseline survey, the MTE respondents were asked what they would do if their parents or guardians proposed to marry them off before the appropriate age perceived by them. More than half of the respondents in the MTE reported that they would convince their parents to postpone the marriage (56%) while two fifths of the girls stated that they would revolt against the decision taken by their parents (42%). The proportion of the respondents saying that they would convince their parents increased sharply in Baglung district from

22% in Baseline to 54% in MTE which is noteworthy. This increase is highly significant ($p \leq .01$). In the remaining two districts the proportion of those saying so was already high (51-52%) in the baseline and increased marginally to 53-60%.

On the contrary, the proportion of the respondents saying that they would revolt or disagree with parents decision has declined sharply in Baglung district only from 74% in Baseline to 40% in the MTE. In the remaining two districts, it has either increased marginally (Mahottari) or remained the same (Udaypur) (Table 3.4).

Table 3.4 Percentage distribution of adolescent respondents on their reaction to marriage proposal by guardians before their perceived right age: Baseline and mid-term survey

What would you do if your guardians propose to marry you off before that age?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Accept parent decision	4.0	5.4	12.0	-	1.6	-	5.9	1.6
Try to convince parents to postpone the marriage[+]	22.4	54.1***	51.2	60.0	52.0	53.3	41.9	56.2***
Disagree/revolt	73.6	40.5	36.8	40.0	46.4	46.7	52.3	42.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

[+] *t-test performed for only this response*

*** $p \leq .01$

3.5 Knowledge and Perception about Pregnancy

3.5.1 Knowledge about Ways to Become Pregnant

Both spontaneous and probed knowledge about ways of becoming pregnant was solicited from the respondents. If the respondents did not mention any of the three conditions of pregnancy (through sexual intercourse between a girl and a boy, sexual intercourse without using FP, through sexual intercourse during a specific cycle) the interviewers were probed on the non-mentioned responses.

As shown in Table 3.5, knowledge that a woman can get 'through sexual intercourse' and 'sexual intercourse without using FP method' was nearly universal among the adolescent in-school girls in all the three districts. Respondents who mentioned women can get pregnant through sexual intercourse during a specific cycle has also increased over the years (in MTE) in all the three districts. This increase is highly significant ($p<.01$) (Table 3.5)

Table 3.5 Percentage distribution of adolescent respondents according to their perceived knowledge about how a woman gets pregnant: Baseline and mid-term survey

How can a woman become pregnant?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Through sexual intercourse between a boy and a girl								
Yes	98.4	100.0	99.2	100.0	100.0	100.0	99.2	100.0
No	1.6	-	0.8	-	-	-	0.8	-
Sexual intercourse without using FP method								
Yes	95.2	98.6	93.6	99.0	89.6	100.0	92.8	99.2***
No	4.8	1.4	6.4	1.0	10.4	-	7.2	0.8
Through sexual intercourse during a specific cycle								
Yes	26.4	44.6	39.2	69.0	27.2	76.0	30.9	63.9***
No	73.6	55.5	60.8	31.0	72.8	24.0	69.1	36.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

Significant test performed only for total

*** $p \leq .01$ ** $p \leq .05$ * $p \leq .10$

3.5.2 Knowledge about Ways to Avoid Pregnancy

Knowledge about at least two ways to avoid pregnancy - abstinence and using contraception - was already nearly universal among the baseline respondents. However, less than a third of the baseline respondents knew that avoiding sex during certain period could prevent pregnancy to occur.

In the MTE, all the adolescent girls were aware about abstinence (100%) and contraception as ways to avoid pregnancy. There has been a two-fold increase in proportion of those saying 'Avoiding sex during certain period of a woman's cycle' in the mid-term survey (32% in baseline 'vs' 64% in mid-term). This increase is highly significant ($p \leq .01$). At the district level, the proportion mentioning 'avoiding sex during certain period of her cycle' increased sharply in Udaypur (25% to 76%) and Mahottari (41% to 70%) and moderately in Baglung (30% to 42%) (Table 3.5a)

Table 3.5a Percentage distribution of adolescent respondents according to the perceived knowledge about ways to avoid pregnancy: Baseline and mid-term survey

How can a woman avoid pregnancy?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Abstaining from sex								
Yes	98.4	100.0	99.2	100.0	99.2	100.0	98.9	100.0
No	1.6	-	0.8	-	0.8	-	1.1	-
Avoid sex during certain period of her cycle								
Yes	30.4	41.9	40.8	70.0	24.8	76.0	32.0	63.5***
No	69.6	58.1	59.2	30.0	75.2	24.0	68.0	36.5
Using contraception								
Yes	96.8	100.0	95.2	100.0	92.8	100.0	94.9	100.0***
No	3.2	-	4.8	-	7.2	-	5.1	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

Significant test performed only for total

*** $p \leq .01$ ** $p \leq .05$ * $p \leq .10$

3.6 Knowledge and Perception about Pregnancy Care

As in the Baseline survey, all the MTE respondents were asked about the good health practices that should be followed by pregnant women. As evident from Table 3.6, knowledge on good health practices has increased in all the program areas. For instance, knowledge was nearly universal regarding eating nutritious food during pregnancy in Baglung (87% to 99%) and Udaypur (89% to 96%). While in Mahottari the proportion saying so declined by seven percentage points (from 88% to 81%).

Respondents' knowledge about the need for health check up during pregnancy has also increased by nearly two folds almost in Baglung (42% to 81%) and Mahottari (46% to 79%) and quite considerably in Udaypur (51% to 72%). Other perceived good health practices such as rest and performing only light works which is very important for a pregnant woman has increased steeply in Udaypur (65% to 91% in mid-term) while the increase was moderate in Baglung (70% to 84%) and Mahottari (79% to 82%) (Table 3.6)

Table 3.6 Percentage distribution of adolescent respondents according to their knowledge about good health practices that pregnant woman should follow: Baseline and mid-term survey

Types of practices pregnant woman should follow	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
To eat nutritious foods	87.2	98.6	88.0	81.0	88.8	96.0	88.0	90.8
Rest and perform light works	70.4	83.8	79.2	82.0	64.8	90.7	71.5	85.1
Regular health check up	42.4	81.1	46.4	79.0	51.2	72.0	46.7	75.0
Personal hygiene	20.0	40.5	30.4	40.0	21.6	33.3	24.0	38.2
To take Iron tablets/Vitamin	0.8	2.7	7.2	20.0	-	13.3	2.7	12.9
Vaccination (TT)	3.2	9.5	18.4	25.0	9.6	24.0	10.4	20.1
Not to drink/smoke	4.0	6.8	4.0	11.0	4.8	16.0	4.3	11.2
*Others	2.4	2.7	2.4	11.0	-	10.7	1.6	8.4
Don't know	4.8	-	5.6	-	3.2	-	4.5	-
N	125	74	125	100	125	75	375	249

** Avoid long travel, Physical exercise, Avoid sexual intercourse*
Percentages total exceed100 due to multiple responses

3.7 Knowledge about Harmful Practices during Pregnancy

Table 3.7 shows the proportion of adolescent respondents citing various hrmful practices which needs to be avoided during pregnancy. It is evident from the table that the respondents' knowledge about harmful practices such as 'heavy work' (86%) and 'not paying attention to food' (76%) was mentioned by an overwhelmingly large proportion of the respondents

District-wise comparison shows that there has been a steady increase among the girls who mentioned 'heavy work' in Baglung (73% to 92%) and Mahottari (71% to 83%) but a slight decline in Udaypur (96% to 83%). Likewise, the proportion of those mentioning 'hard work' increased by two-fold among the girls in Mahottari (32% vs. 63%) and by 13 percentage points in Udaypur (30% vs. 43%). Similarly the proportion of girls mentioning 'not paying attention to food' has increased steadily in all the three districts (52% to 84% in Baglung; 67% to 58% in Mahottari; 45% to 92% in Udaypur). Some of the other commonly mentioned harmful practices were 'not going for check-up' which has sharply increased in Udaypur (2% to 31%), 'not taking rest' and 'smoking and drinking' (Table 3.7).

Table 3.7 Percentage distribution of adolescent respondents according to their knowledge on practices that are harmful for pregnant woman: Baseline and mid-term survey

Types of perceived practices harmful for pregnant woman	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Heavy work	72.8	91.9	71.2	83.0	96.0	82.7	80.0	85.5
Hard work	20.0	20.3	32.0	63.0	29.6	49.3	27.2	46.2
Not taking rest	23.2	23.0	40.0	44.0	22.4	44.0	28.5	37.8
Not paying attention to food	52.0	83.8	67.2	58.0	44.8	92.0	54.7	75.9
Not going for check up	20.0	28.4	16.8	41.0	1.6	30.7	12.8	34.1
Smoking and drinking	3.2	9.5	5.6	14.0	8.8	16.0	5.9	13.3
Use of medicines without medical prescriptions	4.0	10.8	10.4	10.0	2.4	8.0	5.6	9.6
Being unhygienic	1.6	14.9	2.4	6.0	0.8	2.7	1.6	7.6
Long travel	6.4	4.1	1.6	6.0	0.8	8.0	2.9	6.0
Sexual relationship	3.2	4.1	4.8	5.0	1.6	5.3	3.2	4.8
Not taking TT vaccine	-	1.4	2.4	6.0	-	9.3	0.8	5.6
Anxiety	1.6	1.4	-	5.0	0.8	2.7	0.8	3.2
Others*	-	-	3.2	2.0	-	1.3	5.3	1.2
Don't know	8.0	-	6.4	-	1.6	-	5.3	-
N	125	74	125	100	125	75	375	249

**Should not wear high heel shoes, Not taking iron capsules and iodine salt, sleeping on her chest, should not wear tight undergarments*
Percentages total exceed100 due to multiple responses

3.8 Knowledge about Assistance during Delivery

3.8.1 Appropriate Person to Assist Delivery

The National Safe Motherhood Program encourages women to deliver at facilities under the care of skilled attendants when it is feasible and ensures that facilities are upgraded and providers are trained to manage complications. The high maternal morbidity and mortality in Nepal can be attributed to the adoption of traditional birthing practices that are not generally safe. At the national level, only 9 percent of births are delivered at the health facilities compared with 89 percent at home (MoH, 2001).

Similar to the baseline survey, the respondents of MTE were asked to mention the type of person most appropriate to assist a delivery. As seen from Table 3.8, three fourths of the MTE respondents stated that doctor should be the main person to assist during a delivery (73%) while two thirds of them mentioned trained TBA (63%) and half of them mentioned nurse as the appropriate person (51%). The proportion of those citing doctor as an appropriate person for assisting delivery increased by over 20 percentage points in Baglung (43% to 62%) and Udaypur (50% to 73%) and slightly less this proportion in Mahottari

(69% to 82%). In Mahottari, the proportion of those stating trained TBA increased by nearly three folds (26% to 73%) while it was about two fold increase in Baglung (26% to 42%) and Udaypur (37% to 69%).

Overall, the proportion of in-school girls mentioning other types of health workers such as maternal and child health worker (MCHW) (14% to 26%), female community health volunteers (FCHV) (10% to 24%) and auxiliary health worker (AHW)/health assistant (4% to 11%) has increased in the mid-term survey in comparison to the baseline survey. The increase has been more pronounced in Baglung district only (Table 3.8).

Table 3.8 Percentage distribution of adolescent respondents according to their knowledge on appropriate person to assist during delivery: Baseline and mid-term survey

Knowledge of appropriate person to assist during delivery	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Doctor	43.2	62.2	68.8	82.0	50.4	73.3	54.1	73.5
Trained TBA	26.4	41.9	26.4	73.0	36.8	69.3	29.9	62.7
Nurse	29.6	28.4	33.6	57.0	46.4	66.7	36.5	51.4
TBA	9.6	28.4	19.2	4.0	8.0	14.7	12.3	14.5
Family member	11.2	5.4	20.0	4.0	8.8	6.7	13.3	5.2
MCHW	16.0	32.4	20.8	27.0	4.0	17.3	13.6	25.7
Neighbors	4.0	-	0.8	1.0	0.8	6.7	1.9	2.4
AHW, HA, Health worker	9.6	33.8	0.8	2.0	-	-	3.5	10.8
FCHV	13.6	14.9	14.4	38.0	1.6	14.7	9.9	24.1
Don't know	0.8	-	3.2	-	1.6	-	1.9	-
N	125	74	125	100	125	75	375	249

3.8.2 Persons Appropriate to Assist in Their Own Delivery

The respondents were further asked about the type of person they would prefer to assist them at the time of their own delivery. It is evident from Table 3.8a that the proportion of respondents citing a doctor increased in all the three districts. It was also interesting to note that more than half of the respondents in Udaypur (55%) and less than a half in Mahottari (45%) and only about one fifth in Baglung (20%) said that they would prefer their family member at the time of their down delivery. However, the proportions have decreased significantly in both Udaypur and Mahottari in the MTE from the baseline figures of 74% and 78% respectively.

Compared to the baseline, the increase in the proportion of those preferring a traditional birth attendant (TBA) in Baglung (2% vs. 41%) and Udaypur (7% vs. 45%) has been very sharp whereas the increase has been negligible in Mahottari (11% vs 15%). In Mahottari, however, the proportion of respondents citing trained TBA has increased from one fourth in the baseline to nearly two fifths in the MTE – an increase of 10 percentage points (25% vs. 38%) (Table 3.8a).

Table 3.8a Percentage distribution of adolescent respondents according to their perception on appropriate person to assist during their own delivery: Baseline and mid-term survey

Appropriate person to assist during delivery	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Family member	16.0	20.3	77.6	45.0	73.6	54.7	55.7	40.6
Doctor	32.8	52.7	63.2	75.0	26.4	56.0	40.8	62.7
TBA	2.4	40.5	11.2	15.0	7.2	45.3	6.9	31.7
Trained TBA	16.8	5.4	24.8	38.0	25.6	14.7	22.4	21.3
Nurse	25.6	25.7	30.4	56.0	31.2	61.3	29.1	48.6
FCHV	8.0	10.8	7.2	20.0	-	14.7	5.1	15.7
MCHW	8.8	25.7	14.4	19.0	5.6	9.3	9.6	18.1
Health post in charge /Health worker	8.0		1.6		-		3.2	
Other*	4.0	-	0.8	-	-	-	1.6	-
Don't know	1.6	-	3.2	-	0.8	-	1.9	-
N	125	74	125	100	125	75	375	249

**Friends, Neighbours*
Percentages total exceed 100 due to multiple responses.

3.9 Perception on Who Should Decide on Family Size

Respondents' perception on who in the family should decide the number of children to have (family size) was solicited in the MTE also. As evident from Table 3.9, the most adolescent girls in all the three districts perceived that both woman and her husband should decide jointly about how many children to have in a family. This response was already high in the baseline survey (73%), which increased to 80% in the MTE. At the district level, the percentage increase of respondents saying 'joint decision' was more pronounced in Mahottari (68% vs. 79%) and Baglung (76% vs. 84%). Few respondents gave importance to husband or woman herself as the decision maker in the MTE (Table 3.9).

Table 3.9 Percentage distribution of adolescent respondents according to their perception on decision making about family size: Baseline and mid-term survey

Who decides when and how many children are to be born in family?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Woman and husband	76.0	83.8	68.0	79.0	75.2	78.7	73.1	80.3
Woman herself	12.0	5.4	12.8	10.0	16.0	17.3	13.6	10.8
Husband	8.0	10.8	16.0	11.0	4.8	4.0	9.6	8.8
In-laws	1.6	-	0.8	-	0.8	-	1.1	-
Don't know	2.4	-	2.4	-	3.2	-	2.7	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

3.10 Knowledge about Family Planning

3.10.1 Knowledge about Family Planning Methods

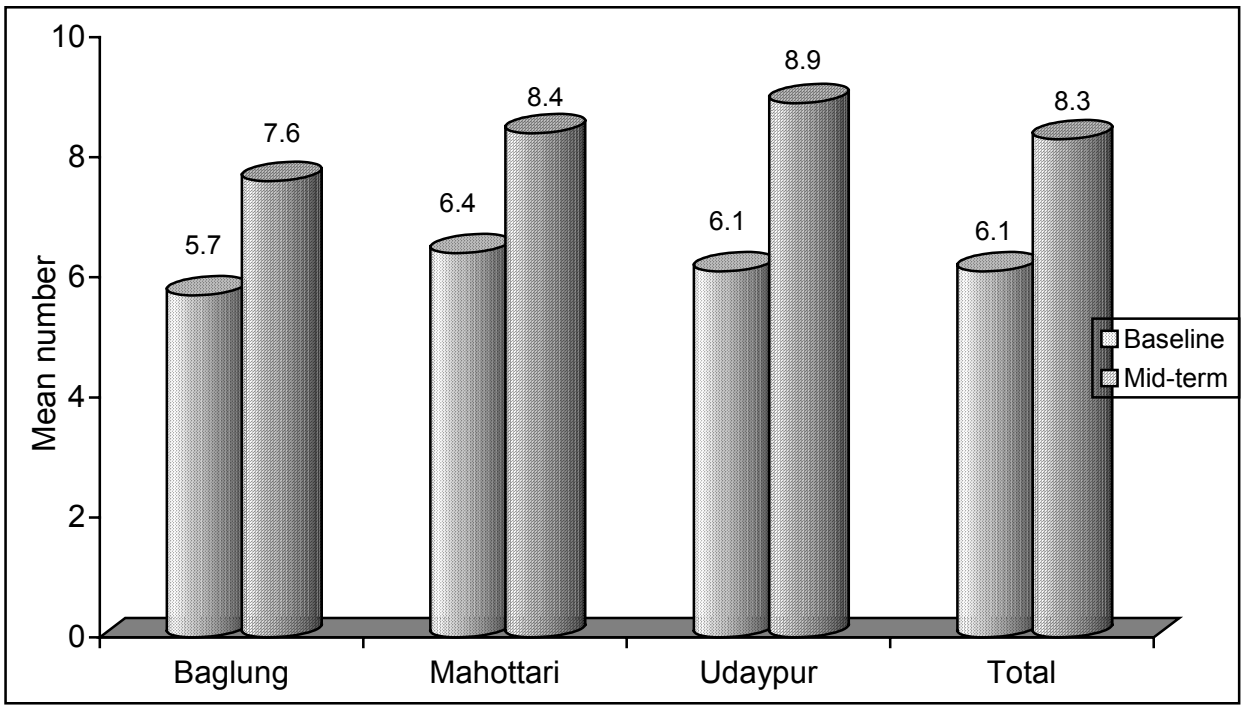
In-school girls' knowledge about various FP methods was already very high at the time of the baseline survey. In the MTE, the percentages increased further in all the districts. For instance, in Udaypur, the mean number of methods heard by the baseline respondents was 6.1, which increased to 8.9 in the mid-term survey. Similarly, mean number of methods known by a school girl in Mahottari increased from 6.4 in the baseline to 8.4 in the MTE and in Baglung it increased from 5.7 to 7.6 which is highly noteworthy.

Knowledge about oral pills (99%), condom (100%) and Depo provera (99%), male sterilization (98%) and female sterilization (97%) was nearly universal among the girl students interviewed in the MTE. A sharp increase in knowledge was also evident for Norplant (64% in baseline; 92% in mid-term), IUD/Copper T (70% to 93%). Moreover, two thirds of the adolescent girls have also heard about calendar method (67%), while half of them have heard about lactational amenorrhoea method (LAM) (51%), which is encouraging. (Table 3.10)

Table 3.10 Percentage distribution of adolescent respondents perceived knowledge on Family planning method: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Pills								
Yes	78.4	98.6	85.6	98.0	84.8	100.0	82.9	98.8
No	21.6	1.4	14.4	2.0	15.2	-	17.1	1.2
Condom								
Yes	98.4	100.0	92.8	100.0	96.0	100.0	95.7	100.0
No	1.6	-	7.2	-	4.0	-	4.3	-
Depo provera								
Yes	95.2	97.3	96.8	100.0	99.2	100.0	97.1	99.2
No	4.8	2.7	3.2	-	.8	-	2.9	0.8
Norplant								
Yes	52.8	85.1	69.6	98.0	68.8	92.0	63.7	92.4
No	47.2	14.9	30.4	2.0	31.2	8.0	36.3	7.6
IUD/Copper-T								
Yes	66.4	85.1	73.6	98.0	70.4	93.3	70.1	92.8
No	33.6	14.9	26.4	2.0	29.6	6.7	29.9	7.2
Male Sterilization								
Yes	76.8	98.6	88.8	97.0	88.0	100.0	84.5	98.4
No	23.2	1.4	11.2	3.0	12.0	-	15.5	1.6
Female Sterilization								
Yes	78.4	97.3	94.4	95.0	88.8	100.0	87.2	97.2
No	21.6	2.7	5.6	5.0	11.2	-	12.8	2.8
Withdrawal method								
Yes	13.6	25.7	14.4	26.0	5.6	54.7	11.2	34.5
No	86.4	74.3	85.6	74.0	94.4	45.3	88.8	65.5
Calendar method								
Yes	14.4	48.6	22.4	69.0	7.2	81.3	14.7	66.7
No	85.6	51.4	77.6	31.0	92.8	18.7	85.3	33.3
Breastfeeding								
Yes	-	23.0	-	62.0	-	65.3	-	51.4
No	-	77.0	-	38.0	-	34.7	-	48.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249

Figure 3.a Mean number of FP method heard by district: Baseline and mid-term survey



3.10.2 Sources of Information on Family Planning

The adolescent girls were asked to mention the sources of information about the various family planning methods they were aware of. It is apparent from Table 3.10a that at the time of the baseline survey, only about a fifth of the in-school respondents (21%) cited friends of adolescent groups as sources of information on family planning methods. In the MTE, this proportion soared by more than three folds (72%). Friends of the adolescent girls' group as the sources of information were more frequently cited in Udaypur (83%) than in other districts.

Radio was cited as the main source of family planning information by respondents in Udaypur (61% in baseline to 81% in MTE) and Mahottari (38% to 61%). In Baglung the proportion has declined from 68% to 51%. In the MTE, roughly two fifths of the respondents mentioned that they had also acquired information about family planning method from Choose Your Future Manual (42%) and other health related text books (29%) (Table 3.10a).

Table 3.10a Percentage distribution of adolescent respondents according to their knowledge on sources of information of FP method: Baseline and mid-term survey

Sources of information	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Family/relatives	32.0	12.2	59.2	27.0	35.2	25.3	42.1	22.1
Radio	68.0	51.4	61.6	38.0	60.8	81.3	63.5	55.0
Friends of Adolescent group	16.0	66.2	29.6	69.0	17.6	82.7	21.1	72.3
Health institution	24.0	18.9	16.8	26.0	24.0	18.7	21.6	21.7
TV	8.0	4.1	44.0	26.0	32.8	52.0	28.3	27.3
Poster/pamphlet/printed materials	45.6	12.2	35.2	7.0	28.8	12.0	36.5	10.0
From choose your future manual/adolescent classes	-	48.6	-	38.0	-	40.0	-	41.8
From books on health and text books	-	36.5	-	25.0	-	28.0	-	29.3
Other friends	-	8.1	-	12.0	-	13.3	-	11.2
Teacher	11.2	5.4	4.0	11.0	2.4	17.3	5.9	11.2
FCHV	1.6	4.1	10.4	11.0	0.8	4.0	4.3	6.8
Others*	4.8	-	6.4	6.0	4.0	1.3	5.1	2.8
N	125	74	125	100	125	75	375	249

*Neighbour, Medical shop, Srijana samuha, Husband, Street drama, from *gaunghar* clinic, IRDS training, CARE Nepal training

Percentages total exceed 100 due to multiple responses.

3.10.3 Knowledge of Sources of Contraceptive Supplies in the Locality

Table 3.10b presents the respondents' knowledge of the places in their locality where one can obtain family planning contraceptives. The proportion of the respondents citing FCHV/TBA as sources of contraceptive supplies increased sharply in Mahottari (18% to 55%) and Udaypur (9% to 67%) and to some extent in Baglung (7% to 28%). HP/SHP as the sources of contraceptive supplies were cited by the majority of the respondents of Mahottari district only (57%) while medicine shop (chemists) was mentioned by a considerable proportion of respondents in Mahottari (42%) and Udaypur (44%) (Table 3.10b).

Table 3.10b Percentage distribution of adolescent respondents according to their knowledge of availability of FP method in the locality/ ward: Baseline and mid-term survey

Places where FP method obtain in the ward	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Not available	42.4	24.3	38.4	-	8.8	13.3	29.9	11.2
FCHV/TBA	7.2	28.4	18.4	55.0	8.8	46.7	11.5	44.6
HP/SHP	37.6	27.0	22.4	57.0	34.4	30.7	31.5	40.2
Health workers	2.4	4.1	4.8	12.0	8.8	2.7	5.3	6.8
Medical shops	5.6	4.1	9.6	42.0	20.8	44.0	12.0	31.3
Retail shop	-	-	-	-	-	6.7	-	2.0
Others*	-	6.8	2.4	1.0	3.2	1.3	1.9	2.8
Don't know	11.2	9.5	14.4	-	27.2	2.7	17.6	3.6
N	125	74	125	100	125	75	375	249

**Woman's saving groups, Gaunghar clinic, MCHW, private clinic*
Percentages total may exceed 100 due to multiple responses

3.10.4 Knowledge about Types of FP Methods Available in Their Ward

The MTE respondents were asked about the types of FP methods available in the ward. Nearly all of them perceived that the Pills (90%) and condom (92%) were available in their ward. DMPA (Depo provera) as the method readily available in their locality/ward was mentioned by nearly two thirds of the MTE respondents (64%). The district-wise comparison of the baseline and mid-term results reveal about 20 percentage points increase in knowledge among the girls in Mahottari on the availability of pills (73% in baseline; 91% in mid-term) while only a slight increase was seen among those who mentioned condom in Mahottari (81% in baseline; 94% in mid-term) and Udaypur (79% in baseline; 83% in mid-term) as the corresponding percentages were already high in the baseline survey.

Table 3.10c Percentage distribution of adolescent respondents according to their knowledge on types of FP method available in the ward: Baseline and mid-term survey

Types of FP method available in the ward	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Pills	65.5	88.0	72.9	91.0	72.5	90.5	70.6	90.1
Condom	91.4	80.0	81.4	94.0	78.8	98.4	83.2	92.0
Depo-Provera (Injection)	56.9	56.0	61.0	72.0	72.5	57.1	64.5	63.8
Norplant	-	-	-	1.0	-	-	-	0.5
Don't know	-	2.0	-	-	-	-	-	0.5
N	58	50	59	100	80	63	197	213

Percentages total exceed100 due to multiple responses

3.11 Communication on FP

The adolescent respondents were asked if they had talked to anyone regarding FP and the person they had communicated with. As evident from figure 3.b communication on FP among adolescent girls has more than doubled from the baseline survey (30% in baseline to 77% in mid-term). Almost all the girls from Udaypur stated that they had talked to someone about family planning (99%) while four fifths of the girls from Mahottari (79%) mentioned the same. Only half of the in-school girls from Baglung reported that they had talked to someone about FP (51%). The baseline and midterm comparison show that there has been steep increase among adolescent girls who communicated on family planning in all three districts. This increase was highly significant at the level of $p \leq .01$.

It is interesting to note that the large majority of the girls mentioned that they have talked to their friends (74%) on FP. The baseline and mid-term comparison shows that only a slight increase among those who communicated with their sisters (34% to 41%). In the mid-term survey friends from adolescent group was also mentioned by the majority of the girls in Baglung (82%) while half of the girls from Mahottari (49%) and one third from Udaypur (38%) mentioned the same. Other persons mentioned were mothers, female family members, health personnel etc.

Figure 3.b Percentage of adolescent girls who communicated on FP: Baseline and mid-term survey

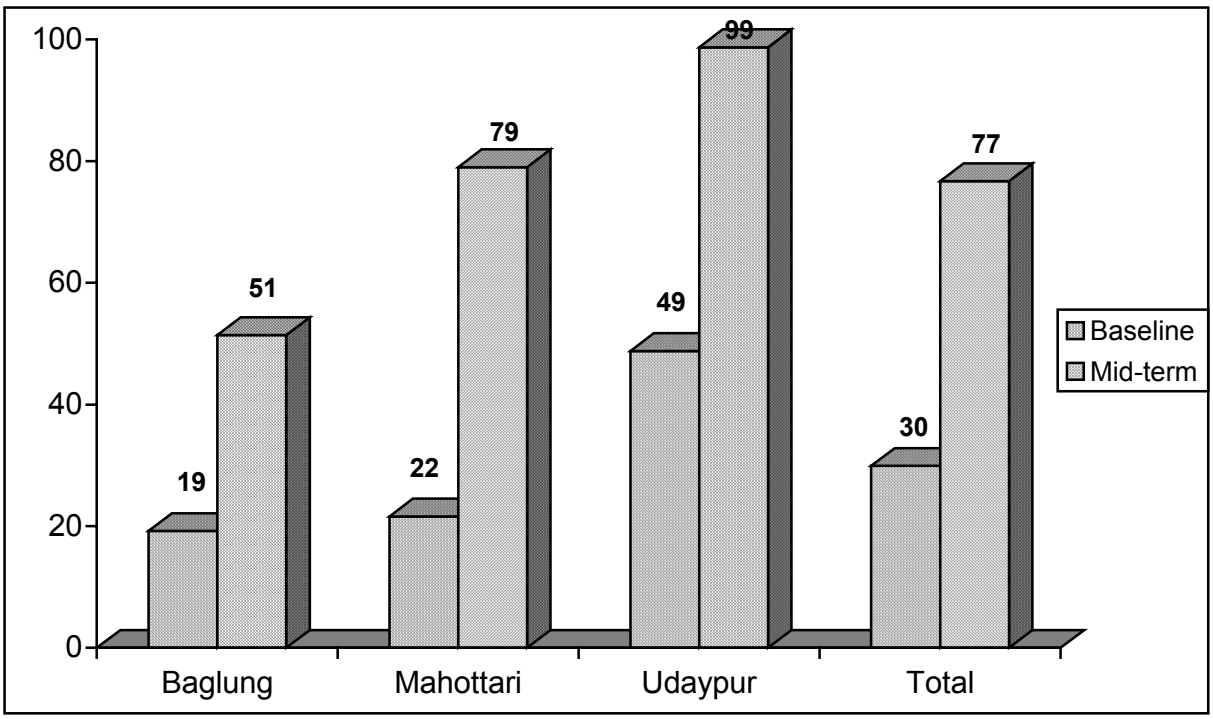


Table 3.11 Percentage distribution of adolescent respondents according to the person they talked to about FP: Baseline and mid-term survey

With whom have you talked on family planning?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Friend	62.5	39.5	74.1	78.5	59.0	86.5	63.4	73.8
Sister	8.3	10.5	51.9	49.4	37.7	48.6	34.8	41.4
Friends in AG	-	81.6	-	49.4	-	37.8	-	51.3
Mother	-	15.8	18.5	24.1	16.4	23.0	13.4	22.0
Other female family member	8.3	2.6	44.4	43.0	18.0	23.0	22.3	27.2
Teacher	20.8	-	-	3.8	-	1.4	4.5	2.1
Health personnel	8.3	-	-	7.6	1.6	10.8	2.7	7.3
Husband	-	-	3.7	-	-	-	0.9	-
Others*	4.2	-	7.4	-	6.6	2.7	13.4	1.0
N	24	38	27	79	61	74	112	191

** FCHV, Neighbour, Father*
Percentages total exceed 100 due to multiple responses

3.12 Use of Contraception

As in the baseline survey, all the MTE respondents, irrespective of their marital status, were asked about contraceptive ever use and current use. Of the total adolescent girls, 3 in-school girls from Mahottari were married.

3.12.1 Ever Use of Contraception

Table 3.12 shows the ever use of contraception among adolescent girls in the three districts. Only one in-school girl from Mahottari had ever used a family planning method. The contraceptive that she used was condom.

Table 3.12 Percentage distribution of adolescent respondents who had ever used FP method and type of method ever used: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Have you ever used a family planning method?								
Yes	-	-	0.8	1.0	-	-	0.3	0.4
No	100.0	100.0	99.2	99.0	100.0	100.0	99.7	99.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	125	100	125	75	375	249
Ever used FP method								
Pills	-	-	-	-	-	-	-	-
Condom	-	-	-	1	-	-	-	1
Depo-Provera (Injection)	-	-	-	-	-	-	-	-
Withdrawal method	-	-	1	-	-	-	1	-
Female sterilization	-	-	-	-	-	-	-	-
N	-	-	1	1	-	-	1	1

3.12.2 Current Use of FP

As evident from table, only one in-school girl from Mahottari was currently using condom (Table 3.12a). The adolescent girl who uses condom was asked where she has obtained the method the last time and the duration of current use of the family planning method. She had obtained condom from the pharmacy the last time and had been using condom since the last four months (Table not shown).

Table 3.12a Distribution of adolescent respondents by current use of FP method: Baseline and mid-term survey

	Mahottari		Total	
	Baseline (N)	Mid-term (N)	Baseline (N)	Mid-term (N)
Are you currently using any family planning method?				
Yes	1	1	1	1
No	-	-	-	-
N	1	1	1	1
Currently using family planning method				
Pills	-	-	-	-
Depo-Provera (Injection)	-	-	-	-
Condom	-	1	-	1
Withdrawal method	1	-	1	-
Female sterilization	-	-	-	-
N	1	1	1	1

Chapter 4

KNOWLEDGE ON OPTIMAL BIRTH SPACING INTERVAL

This chapter examines the change in knowledge of in-school adolescent girls regarding optimal birth spacing interval concept. This chapter also focuses on the perception of girls regarding men's involvement in optimal birth spacing and the ways to enhance male's involvement in this important reproductive health decision.

4.1 Awareness about Optimal Birth Spacing Interval

As shown in Figure 4.a, awareness on optimal birth spacing interval (OBSI) has become nearly universal among in-school girls. At the time of the baseline survey, only about a fifth of in-school girls in Mahottari and about two thirds in Udaypur and Baglung had known about OBSI. The increase in knowledge is highly significant ($p \leq .01$).

During the baseline, most of the adolescent girls believed OBSI as "the decision making to have another child". Adolescent girls perspectives have changed in the MTE and now they consider OBSI as decision making for spacing births/time (ranging from 2-8 years) between one child and another. It may be mentioned that the number of in-school girls giving correct response (spacing time between one child and another should be 3-5 years) was 'nil' in the baseline. In the present MTE, more than three-fourths of the adolescent girls from Udaypur (77%), almost half of the girls from Baglung (47%) and two fifths of the girls from Udaypur (38%) stated that OBSI is the 3-5 years of spacing time between one child and another. Two thirds of the girls from Baglung also mentioned that OBSI is the decision making for the spacing time between one child and another (Table 4.1).

Figure 4.a Percentage of adolescent girls who have heard about OBSI

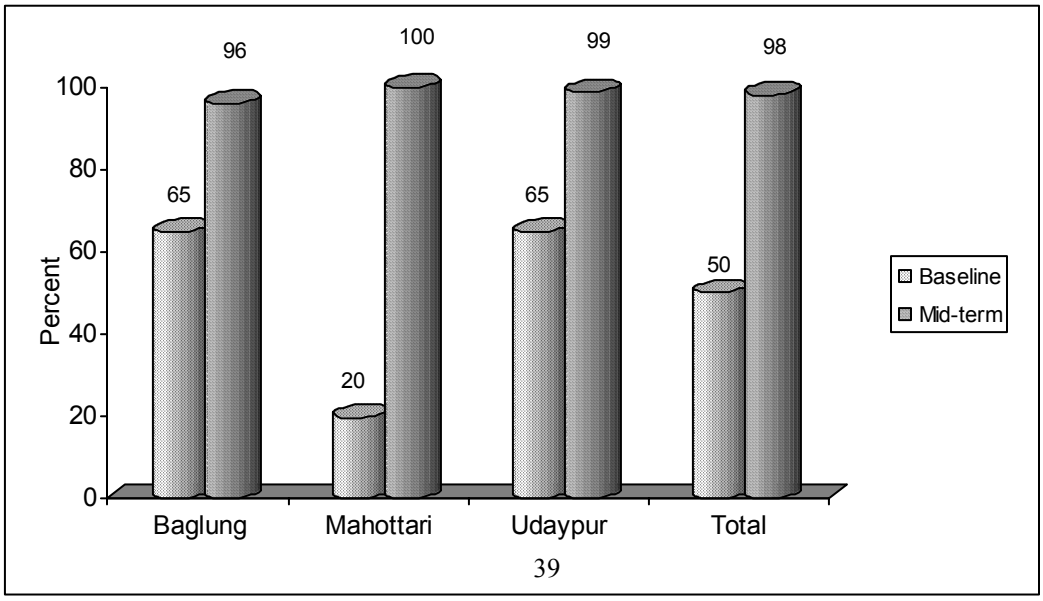


Table 4.1 Percentage distribution of adolescent respondents by their knowledge about optimal birth spacing: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Have you ever heard about optimal birth spacing interval (OBSI)?								
Yes	64.8	95.9***	19.7	99.0***	64.8	98.7***	50.0	98.0***
No	35.2	4.1	80.3	1.0	35.2	1.3	50.0	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	122	100	125	75	372	249
If yes, what is OBSI?								
Decision making for the desired number of children	27.2	2.8	16.7	11.1	12.3	18.9	19.4	11.1
Decision making for the time to have a child	9.9	2.8	12.5	10.1	63.0	16.2	33.3	9.8
Decision making for the spacing time between one child and another	81.5	36.6	83.3	3.0	21.0	18.9	55.4	17.6
Spacing time between one child and another should be 3-5 year+	-	46.5	-	38.4	-	77.0	-	52.5
Spacing time between one child and another should be 5 years	-	9.9	-	13.1	-	2.7	-	9.0
Spacing time between one child and another should be 3 years	-	7.0	-	15.2	-	1.4	-	8.6
Others*	-	7.0	-	18.2	-	5.6	-	11.1
Don't know	-	-	-	1.0	7.4	-	3.2	0.4
N	81	71	24	99	81	74	186	244

***** Spacing time between one child and another should be (2-5, 2-3, 3-4, 4-5, 8 years)

Percentages total exceed100 due to multiple responses

*** $p \leq .01$

$^{+}$ t-test performed for only this response

4.2 Source of Knowledge on OBSI

The in-school adolescent girls were asked about their sources of information on OBSI. This question was asked only to the respondents of MTE. It is evident from Table 4.2 that the large majority of the respondents mentioning friends of adolescent groups as their main sources of information on OBSI (72%). The district wise distribution shows that the higher proportion of the girls from Udaypur (78%) followed by Mahottari (72%) and Baglung (66%) citing friends of adolescent girls' group. It was also encouraging to note that half of the girls from all the districts (51% in Baglung; 59% in Mahottari; 57% in Udaypur) also mentioning 'Choose Your Future Manual' and adolescent classes as sources of information ob OBSI. About a quarter of the MTE respondents (25%) also cited

school text book /curricula on health and population as sources of information on OBSI (25%) (Table 4.2).

Table 4.2 Percentage distribution of adolescent respondents by their source of information on OBSI: Baseline and mid-term survey

Source of information on OBSI	Baglung	Mahotari	Udayapur	Total
Friends of AG	66.2	71.7	78.4	72.1
From Choose your future manual/from adolescent classes	50.7	58.6	56.8	55.3
From school curriculum/ Health and population book	28.2	22.2	25.7	25.0
From radio	11.3	6.1	8.1	8.2
From teacher	2.8	9.1	9.5	7.4
Other friends	4.2	2.0	6.8	4.1
Health institutions/health personnel	1.4	5.1	4.1	3.7
From TTBA/FCHV	1.4	4.0	1.4	2.5
From TV	-	-	4.1	1.2
Facilitators	-	-	4.1	1.2
Others*	1.4	-	4.0	2.0
N	74	100	75	249

* WOREC training, sister

Percentages total exceed100 due to multiple responses

4.3 Knowledge about Benefits of OBSI

Knowledge on benefits of OBSI to the mother, new born, father, family and community was solicited from the in-school adolescent girls. As shown in the table, proportion of the respondents mentioning the benefits of OBSI has increased. The proportion of those stating that OBSI will improve maternal health situation has slightly increased as this proportion was already high during the baseline survey (84% in baseline; 92% in mid-term overall). This increase was significant ($p<.05$). In comparison to Baglung and Mohattari, a significant increase was seen among the girls in Udaypur ($p<.01$). Similarly those mentioning other benefits such as 'have enough time to take care of the child and herself' has slightly increased while a sharp increased was seen among those who perceived that OBSI would reduce maternal mortality (3% to 31%). This increase was found to be highly significant especially in Mahottari and Udaypur ($p<.01$). Other benefits which were mentioned during the mid-term survey (but not during the baseline) are 'women will have sufficient time to do other work', 'will not be infected with STDs and cancer', 'women will be healthy (physically and mentally)' and 'avoidance of premature rupture of membrane'.

Various benefits of OBSI to the newborn have been cited by the MTE respondents. Of these the most frequently cited response was 'the new born would receive enough breast milk' if OBSI was practiced (92%). The proportion of the MTE respondents citing this benefit increased significantly in all the districts

(79% to 97% in Baglung; 67% to 84% in Mahottari; 63% to 97% in Udaypur). The large majority of the girls also stated that the newborn would receive enough care from the parents (74%). A considerable increase was also seen among girls from Udaypur (47% to 73%) and Mahottari (25% to 36%) who perceived that the new born would grow healthy if OBSI is practiced.

It is interesting to note that the proportion of those saying that they were 'ignorant' (those who gave don't know responses) about the benefits of OBSI to the father has decreased sharply in Mahottari (57% in baseline; 19% in mid-term) and Udaypur (57% in baseline; 19% in mid-term) while the decrease was only moderate in Baglung (43% in baseline; 32% in mid-term). Adolescent girls cited various benefits of OBSI to the father. Of the various benefits mentioned, almost half of the respondents stated that OBSI helps in 'reducing economic pressure' and this proportion has increased sharply among the girls from Udaypur (5% in baseline; 62% in mid-term) while a 20 percentage point increase was seen among the girls from Baglung (22% in baseline; 42% in mid-term) and only a moderate increase was seen among girls from Mahottari (29% in baseline; 37% in mid-term). Apart from this more than half of the girls from Mahottari (56%) and two fifths of the girls from Udaypur (45%) perceived that OBSI would 'reduce physical and mental problem' of the father. The other benefits mentioned were 'receives more attention from the partner', 'easy to take care of children', 'sufficient time to work and 'less expenditure during post-delivery'.

Various benefits to the family were also mentioned. The commonly perceived benefits were 'reduction of spending due to illness', 'reduction in economic pressure' and 'enough time to find income for the family'. The baseline-mid term comparison showed that there has been a substantial increase among the adolescents in Mahottari (13% in baseline; 53% in mid-term) and Udaypur (20% in baseline; 49% in mid-term) who believed that OBSI reduces spending due to illness. The proportion of adolescent girls stating that practicing OBSI 'decreases population' has increased in Mahottari (8% to 32%) while it remained the same in the other districts. Reduction in economic pressure has also increased in Baglung (3% in baseline; 30% in mid-term), Mahottari (8% in baseline; 25% in mid-term) and Udaypur (5% in baseline; 53% in mid-term).

As evident from the table, knowledge on the benefits of OBSI to the community is moderate. About one third of the adolescent girls have mentioned that the community can benefit with the decrease in population (32%). Other perceived benefits are 'development within the community' (25%), 'poverty reduction' (23%) and clean environment (35%). The proportion of those who mentioned that the community will remain clean and peaceful has increased in the mid-term (9% in baseline; 35%). As compared to the baseline survey, only one fifth of the adolescent girls gave 'don't know' responses (40% in baseline; 22% mid-term). (Table 4.3)

Table 4.3 Percentage distribution of adolescent respondents according to their knowledge about the benefits of OBSI: Baseline and mid-term survey

	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Benefit to mother								
Improve maternal health situation+	87.7	90.1	79.2	89.9	81.5	95.9	83.9	91.8
Have enough time to take care of child and her self	53.1	49.3	45.8	27.3	30.9	81.1	42.5	50.0
Have enough time to take care of the family	19.8	14.1	16.7	9.1	11.1	17.6	15.6	13.1
Reduce maternal mortality rate+	4.9	8.5	4.2	44.4	1.2	33.8	3.2	30.7
Others*	-	1.4	-	5.1	-	6.8	-	4.5
Don't know	1.2	1.4	4.2	1.0	6.2	-	3.8	0.8
Benefit to new born								
Enough breast feeding	79.0	97.2	66.7	83.8	63.0	97.3	70.4	91.8
Receive enough care from the parents	79.0	84.5	58.3	63.6	34.6	77.0	57.0	73.8
Healthy	44.4	35.2	25.0	36.4	46.9	73.0	43.0	47.1
Fully immunized	3.7	-	-	11.1	6.2	-	4.3	4.5
Will have less chances of being malnourished	-	-	-	2.0	-	5.0	-	2.5
Don't know	-	1.4	8.3	1.0	3.7	-	2.7	0.8
Benefit to father								
Reduce physical and mental problem (stress)	34.6	18.3	8.3	55.6	35.8	44.6	31.7	41.4
Receive more attention from the partner	12.3	8.5	20.8	19.2	3.7	13.5	9.7	14.3
Reduce economic pressure	22.3	42.3	29.2	37.4	4.9	62.2	15.6	46.3
Will be easy to take care of children	-	5.6	-	16.2	-	9.5	-	11.1
Will have sufficient time to work	-	2.8	-	2.0	-	12.2	-	5.3
Less expenditure during post delivery	-	7.0	-	-	-	2.7	-	2.9
Don't know	43.2	32.4	41.7	13.1	56.8	18.9	48.9	20.5
Benefit to family								
Have enough time to find more income for the family	38.3	28.2	25.0	25.3	38.3	33.8	36.6	28.7
Reduction in spending due to illness	33.3	15.5	12.5	52.5	19.8	48.6	24.7	40.6
Population control /healthy family	13.6	14.1	8.3	32.3	3.7	5.4	8.6	18.9
Reduce economic pressure	2.5	29.6	8.3	25.3	4.9	52.7	4.3	34.8
Possibility of receiving care from their son and daughter-in-law	-	8.5	-	12.1	-	14.9	-	11.9
No arguments in the family	-	2.8	-	13.1	-	10.8	-	9.4
Responsibility towards the son and daughter-in-law (economic, social) will be reduced	-	5.6	-	6.1	-	8.1	-	6.6
Don't know	33.3	26.8	50.0	4.0	39.5	6.8	38.2	11.5

Benefit to community								
Contribute to community development	17.3	9.9	4.2	13.3	37.0	33.8	24.2	25.4
Decrease population	28.4	33.8	29.2	29.3	22.2	32.4	25.8	31.6
Reduce infant mortality rate	3.7	7.0	-	16.2	1.2	9.5	2.2	11.5
Poverty reduction	33.3	5.6	12.5	43.4	6.2	12.2	18.8	23.0
Reduce maternal mortality rate	3.7	2.8	4.2	19.2	3.7	13.5	3.8	12.7
Healthy community	-	-	8.3	-	-	-	1.1	-
Clean/peaceful community	9.9	36.6	12.5	27.2	6.2	44.6	8.6	35.3
Don't know	39.5	31.0	50.0	15.2	38.3	23.0	40.3	22.1
N	81	71	24	99	81	74	186	244

** Women will have sufficient time to do other work, Will not be infected with STDs and cancer, Women will be healthy (physically and mentally), Avoidance of premature rupture of membrane (breaking of the waters too early)*

Percentages total exceed100 due to multiple responses

$^{+}$ *t-test performed for only this response*

4.4 Risk of Not Practicing OBSI

Knowledge on risk of not practicing OBSI to the mother and newborn was also solicited. This question was asked to the respondents during the present MTE only. As evident from the table, various types of risks to the mother if OBSI is not practiced was mentioned. The large majority of all the adolescent girls in the three districts (Baglung 73%; 84% in Mahottari; 85% in Udaypur) believed that mortality will be high among mothers ('the possibility of the death of the mother') if OBSI is not practiced. The majority of the girls in Baglung (68%), Mahottari (62%) and Udaypur (58%) believed that the 'health of the mother will be weaken' if OBSI is not practiced. The risk of uterine infection after delivery was also mentioned by half of the girls from Udaypur (55%) and one third from Mahottari (33%) while very few in Baglung mentioned this risk (6%).

Similarly, various risks to the newborn as a consequence of not practicing OBSI were cited by the respondents. The major risk stated by them varied across the three districts. For instance, more than three fourths of the girls from Udaypur (78%) and half of the girls from Baglung (55%) mentioned that the new born child may not get enough breast milk which will affect the child's immunity system and in turn may be likely to be malnourished. More than two fifths of the girls from Mahotari and Udaypur mentioned that the newborn baby may have low birth weight. Two fifths of the girls from Udaypur (41%) stated that the chances of physical development needed in an infant may be low due to various reasons such as lack of breast milk, low birth weight etc. The other risk mentioned were risk of pre-term birth, the new born may not receive enough care from the parents, may be physically challenged etc. (Table 4.4)

Table 4.4 Percentage distribution of respondent according to their knowledge about the risk to mother and new born if OBSI is not practiced: Mid-term survey

	Baglung	Mahotari	Udayapur	Total
Potential risk to mother				
Possibility of maternal death	73.2	83.8	85.1	81.1
Mentally tensed and physically weak	67.6	61.6	59.5	62.7
Possibility of infection of uterine lining after delivery	5.6	33.3	55.4	32.0
Problems in the uterus/uterus cancer	1.4	15.2	6.8	8.6
Excess bleeding	5.6	8.1	8.1	7.4
Anemia	-	7.1	4.1	4.1
Risk of premature rupture of membrane (breaking of the waters	2.8	2.0	6.8	3.7
Risk of uterus prolapse	4.2	5.1	1.4	3.7
Possibility of miscarriage	1.4	2.0	4.1	2.5
Others*	1.4	2.0	6.8	3.3
Don't know	1.4	-	-	0.4
Risk to new born				
The new born child may not get enough breast milk and will not have immunity power and likely to be malnourished	54.9	19.2	78.4	47.5
Possibility of low birth weight baby	14.1	43.4	48.6	36.5
Will not be able to get sufficient breast milk	31.0	34.3	17.6	28.3
Chances of lack of physical development needed in an infant	28.2	11.1	40.5	25.0
Risk of pre-term birth	11.3	46.5	4.1	23.4
Weak/ill	18.3	27.3	20.3	22.5
May die	2.8	23.2	18.9	16.0
The new born will not get enough care and love from mother	25.4	9.1	-	11.1
Can be born physically disabled (lulo langado)	1.4	17.2	8.1	9.8
Malnourished	-	17.2	-	7.0
Don't know	1.4	-	-	.4
N	71	99	74	244

**Possibility of bleeding during the third trimester period (7-9months), White discharge, Difficulty during delivery, Breast cancer, and Weak eyes.*

Percentage total may exceed 100 due to multiple responses

4.5 Perceived Age at Which Women Should Not be Getting Pregnant

Table 4.5 shows the perceived age at which women should not be getting pregnant anymore. The majority of the MTE respondents were aware that women should stop childbearing at the age of 35 years and after. Those who specifically pointed out 35 years as the cut off age increased from 23% in the baseline to 34% in the MTE while those citing more than 35 to 45 years decrease from 46% to 25%. The proportion of those citing 45 years and over as the age to stop childbearing has increased marginally from 12% in the baseline to 15% in the MTE. This increase is more conspicuous in Mahottari district (10% to 18%) (Table 4.5).

Table 4.5 Percentage distribution of respondents by their perceived age that women should not be getting pregnant: Baseline and mid-term survey

At what age should a woman not be getting pregnant?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
30-34 years	8.0	8.1	15.6	17.0	20.8	9.3	14.8	12.0
35 years	36.8	48.6	27.9	32.0	5.6	21.3	23.4	33.7
>35-45 years	45.6	10.8	34.4	24.0	58.4	40.0	46.2	24.9
After 45 years	8.8	13.5	9.9	18.0	12.0	12.0	10.2	14.9
Other ages	-	19.0	-	9.0	-	14.7	-	13.7
Don't know	0.8	-	12.3	-	3.2	2.7	5.4	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	122	100	125	75	372	249

4.6 Perceived Birth Interval

The adolescent girls were asked about their perception on the ideal birth interval that a woman should adopt before giving birth again. Two third of the girls in Udaypur (64%) and one-third of the girls in Baglung (37%) stated that a woman should wait for 3-5 years before giving birth again. The proportion of respondents in Mahottari citing 3-5 years is very low; 8% only. Nearly two fifths of the girls in Baglung (39%) and Mahottari (40%), mentioned that a woman should wait for at least 5 years before giving birth again. Two fifth of the girls in Mahottari also mentioned that a woman should 2-4 years before giving birth again (40%). None of the MTE respondents in Baglung and very few in Mahottari (3%) and Udaypur (5%) cited less than I year to 4 years as birth intervals (Table 4.6).

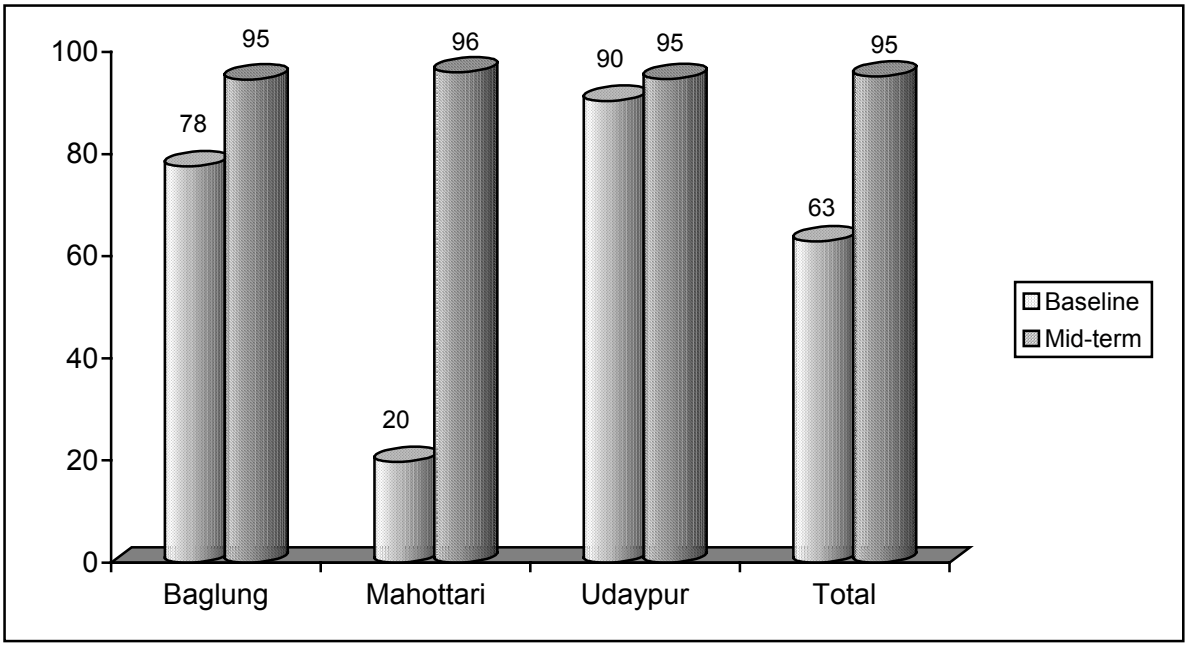
Table 4.6 Percentage distribution of adolescent respondents perception of birth interval: Baseline and mid-term survey

How long do you think it is best for a woman to wait after giving birth to give birth again?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Less than 1 year	0.8	-	0.8	-	-	-	0.5	-
1-less than 2 years	3.2	-	6.6	-	2.4	1.3	4.0	0.4
less than 4 years	19.2	-	13.9	3.0	18.4	4.0	17.2	2.4
3-5 years	**-**	**36.5**	**-**	**8.0**	**-**	**64.0**	**-**	**33.3**
4years and above	74.4	2.7	77.0	5.0	77.6	-	76.3	2.8
5 years	-	39.2	-	40.0	-	20.0	-	33.7
2-4 years	-	18.9	-	40.0	-	9.3	-	24.5
2.5 years	-	2.7	-	4.0	-	-	-	2.4
Doesn't matter	0.8	-	-	-	0.8	-	0.5	-
Don't know	1.6	-	1.6	-	0.8	1.3	1.3	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	125	74	122	100	125	75	372	249

4.7 Perception of Men's Involvement in OBSI

The perception that men should be involved in OBSI has increased significantly in the MTE. At the time of the baseline survey, only about a fifth of the adolescent girls in Mahottari (20%) opined that men should be involved in OBSI. The baseline figures for the remaining two districts (Udaypur = 90% and Baglung = 78%) were already high. In the present MTE, this knowledge became nearly universal in all the three project districts (95-96%) (Figure 4.b).

Figure 4.b **Percentage distribution of adolescent respondents according to their perception that men should be involved in OBSI**



Various reasons were cited for the importance of men's involvement in OBSI. The commonly mentioned reason in all the three districts was that birth spacing is a concern of both the husband and wife (76%). One fourth of the girls also mentioned that since men are the heads of the family, they should be involved in birth spacing (25%). At the district level, the proportion of those saying so was higher in Mahottari (42%) than the other two districts. Other reasons were: 'men decide the number of children they want' and men also choose the method hence they should be involved in OBSI' (Table 4.7)

Table 4.7 Percentage distribution of adolescent respondents according to their perception about male involvement in OBSI: Baseline and mid-term survey

Why do you think men should be involved in OBSI?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
BS is common issues for both partners (wife and husband)	64.9	80.0	62.5	63.5	47.8	88.7	56.4	75.9
Men are the head of the family	16.5	7.1	8.3	41.7	12.4	21.1	13.7	25.3
Men decide the number of children they want	13.4	2.9	12.5	20.8	6.2	21.1	9.8	15.6
Men decide to choose a BS method they want	5.2	8.6	12.5	2.1	4.4	9.9	5.6	6.3
It is the responsibility of the father to decide about next child	-	2.9	-	-	-	1.4	-	1.3
Others*	-	-	-	5.2	-	-	-	2.1
Don't know	16.5	12.9	20.8	5.2	32.7	4.2	24.8	7.2
N	97	70	24	96	113	71	234	237

*Women will be able to take care of her health, Men decide to choose a family planning method they want.

Percentages total exceed100 due to multiple responses

4.8 Perceived Ways in Which Men Could be Involved in OBSI

Perception on ways that men could be involved in OBSI was solicited from the adolescent girls. Close to half of the girls stated that men can participate in OBS counseling with his spouse while accessing OBS services (46%). Some of them also mentioned that man could use FP method instead of his wife (25%). Other respondents stressed that men should be focused while implementing programs relating to OBSI. The proportion of those who mentioned that they don't know has decreased sharply from 49% in the baseline to 16% in the MTE.

Table 4.8 Percentage distribution of adolescent respondents according to their perceived ways in which men can be involved in OBSI: Baseline and mid-term survey

How could the men be involved in OBSI?	Baglung		Mahottari		Udaypur		Total	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Participate in OBS counselling with his partners while accessing OBS services	35.1	38.6	45.8	50.0	34.5	46.5	35.9	45.6
Provide support to his partner to continue to use FP	13.4	2.9	4.2	11.5	6.2	9.9	9.0	8.4
The male partner can use FP method instead of his partner	18.6	61.4	12.5	14.6	3.5	4.2	10.7	25.3
Wife can suggest her husband about Birth Spacing	1.0	1.4	8.3	10.4	-	19.7	1.3	10.5
Implement programs relating to OBSI in the community such as training, street drama, workshop, make health related man group and group discussion	-	1.4	-	21.9	-	15.5	-	13.9
Involve men in all the programs that women are also involved	-	-	-	14.6	-	-	-	5.9
Others*	-	1.4	4.2	2.1	-	5.6	0.4	3.0
Don't know	41.2	17.8	33.3	8.3	58.4	23.9	48.7	15.6
N	97		24		113		234	

*Take men to the health provider so that they can be told about OBSI, Conduct OBSI classes like the AG classes, The health workers should visit door to door and give information about OBSI, Provide counseling about Birth Spacing after gathering men in the community

Percentages total exceed100 due to multiple responses

Chapter 5

SUMMARY AND CONCLUSIONS

The purpose of the mid-term evaluation (MTE) was to measure the mid-term achievements of the CATALYST project on birth spacing and family planning in the intervention districts of the BuD for RH Project among in-school girls currently studying in grades IX and X. The study covered 249 girls of eleven schools from 10 VDCs of Baglung, Mahottari and Udaypur districts. Only a third of these students had been interviewed previously in the baseline survey.

No significant difference in age composition of respondents between the baseline and MTE sample is observed in Udaypur while in the remaining two districts, the representation of 15-19 years old in-school girls was high. Similarly, variation in the ethnic composition of the respondents is observed in Baglung and to some extent in Mahottari when compared to the corresponding baseline ethnic composition. Further analysis is required to analyse the influence of these two factors (age and ethnicity) on the RH knowledge and perception of the respondents.

The MTE study showed that adolescent in-school girls' awareness about the types of physical changes occurring among girls and the correct knowledge regarding why menstruation occur in girls have increased sharply in all the three districts. It was encouraging to find the impact of the project on adolescent girls' good personal hygiene being taken during menstruation such as taking bath daily, changing cloth daily and drying undergarments under the sunlight.

Mothers continue to be the main source of information regarding menstruation for the adolescent girls. However, the MTE showed that there has a remarkable increase among the girls receiving information regarding menstruation.

Adolescent girls' knowledge about the right age at marriage for a girl (20 years) and ways to get pregnant or to avoid getting pregnancy were also significantly high in the MTE as compared to the baseline figures. Likewise a steady increase in knowledge on harmful practices for a pregnant woman was also observed among the girls in all the districts.

The proportion of those who stated that doctor, trained TBA and nurse are the appropriate persons to assist delivery increased in the mid-term survey. In the case of their own delivery, a considerable proportion of adolescent girls would also rely on their family member. It was evident from the MTE that some of the adolescent girls did not differentiate between trained TBA and traditional birth attendant. However, no probing was done, in the survey to ascertain whether or

not they meant trained TBA *(Talimprapta Sudeni*) whenever they cited an appropriate person for assisting births.

In-school girls' knowledge about various FP methods was already very high at the time of the baseline survey. In the MTE, the percentages increased further in all the districts. The mean number of method the girls were aware about increased from 6.1 to 8.3 which s noteworthy. Knowledge about oral pills, condom, Depo provera, male sterilization and female sterilization was nearly universal among the girl students. Sharp increase in awareness of other methods of contraception was also evident in the MTE. It was further encouraging to find girls in the in-school adolescent group shared information regarding contraceptive methods among themselves.

Awareness about OBSI has increased significantly in all the three program districts. As compared to the baseline respondents, the MTE respondents related OBSI more with the spacing time between one child and another for at least 3-5 years. It was further encouraging to find that the main sources of information for the girls happened to be the adolescent girls' group and the special adolescent classes conducted for the group on "chose a future". Most of the MTE respondents are convinced that OBSI benefits the mother, her new born, the father and the family members. The proportion of those who were ignorant about the benefits of practicing OBSI decreased in MTE.

The knowledge about the importance of male involvement in OBSI was already very high among the adolescent girls in Udaypur and Baglung but low in Mahottari district. The MTE showed a dramatic increase in knowledge among the in-school girls of Mahottari also. Perceptions on ways that every man could be involved in OBSI by participating in OBS counseling along with his wife and by adopting FP method himself were also commendable.

The above evidences show that the project has been effective to a large extent in enhancing RH knowledge among the rural in-school girls.

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