A Study on Mental Health (MH) and Sexual & Reproductive Health (SRH) of Youth & Adolescents

In

Six Wards of of Suddodhan rural Municipality, Kapilvastu, Lumbini Province

Kalika Self Reliance Social Center.

11/5/2020

ACKNOWLEDGEMENT

Kalika Self-reliance Social Centre (KSSC) sponsored the Mental Health (MH) and Sexual & Reproductive Health (SRH) Study carried out across 6 Wards of Suddodhan rural Municipality under GRANT (Girls' Rights against Negative Traditions) Project, funded by Amplify Change, UK.

Although KSSC kindly entrusted me with the responsibility to lead the MH & SRH Study, I could hardly have accomplished the task of data collection of the 120 youth & adolescents sitting with and interviewing them individually (nearly ½ hour for 1 respondent) on two components – (i) sexual health (ii) psychological health, had the 3 KSSC community facilitators and the program coordinator not actively involved doing the job alongside me.

Also, since the task was undertaken amidst spike in Covid-19 pandemic in a district where people wearing masks were few and far between, the respondents (youth & adolescent) seldom if ever put mask on face, I had all the reasons to worry for my safety.

Carrying out the field study for data collection of 120 youth & adolescents across 6 Wards of the rural municipality and accomplishing the daunting task in the midst of Corona pandemic over a span of 5 days was fraught with risk and challenges.

However, the team of KSSC including its vice-chair, executive director, project coordinators and community facilitators, all left no stone unturned to make my job of data collection using paper-based questionnaires easy and successful without hitch.

I am hugely grateful to all of them for their diligent and dedicated efforts into making this study possible against all odds.

I, in particular, would like to sincerely acknowledge the tireless effort of all the 3 community facilitators for coordinating with the CBO networks and facilitating the interviews over the course of data collection.

Special thanks to Mr. Ramendra Singh Rawal, Vice-Chair of KSSC, who not only oversaw the whole process of data collection but also helped in data feeding and data processing.

Ms. Shanta Poudel, the GRANT program coordinator, who recently had fallen with corona infection and recovered, shared my burden demonstrating her devotion to the work which lies fresh in my head.

Last but not the least, executive director of KSSC, Mr. Arjun Thapa Magar deserves mention here for his personal and professional acumen in coordinating with stakeholder and arranging for the trip.

Lastly, my word of appreciation also goes to all the participants (respondents) of the Youth & Adolescents Network who were kind enough to sit with me and answer the questions in the warmth of cooperation.

Sony Khadka

APPROACH, METHODOLOGY, TIME, CONSTRAINTS & LIMITATIONS

1. APPROACH

The MH & SRH study carried out in Participatory Approach. The idea was to sit together, create an informal setting, an enabling environment, where everyone feel at ease and comfortable, feel safe to share issues and problems, and feel encouraged to bring out issues buried in memory. So, this study was strategically designed to be a kind of easy and comfortable exercise as opposed to a rigorous, serious, stern-faced and an academic exercise. It was done so in view of the nature of theme that called for the creation of a more relaxed type of environment that boost confidence and make respondents open up with the researcher. So, the Study adopted a participatory approach and was carried out in a more relaxed environment to achieve maximum within a limited time frame.

2. METHODOLOGY

A variety of methodology was used to solicit information and data collection such as. They may be summarized as:

a. Open discussion
b. Interview on the basis of paper-based questionnaire
c. Story telling
d. Experience-sharing

3. TIME

A total of 12 days were put into the Study of which 5 full days were spent entirely in the field, 2 days in travel, and 5 days in producing the report.

4. CONSTRAINTS

Needless to say, the COVID -19 pandemic, the panic wave triggered by it, the fear-psychosis under which both the Study team and the respondents had to operate, the anxiety, and all that came with it, posed the biggest constraints. Sitting relaxed and comfortably in groups by maintaining safe distance and observing precautionary measures was a challenging task. Throwing caution to the winds was inflicting harm upon oneself. So, a very tricky balance was to be observed, not to compromise the quality of the study, but at the same time, observing maximum safety both for the team and also for the respondents made of youth & adolescents. On the whole, it was a constraining exercise fraught with risk. Nevertheless, it was satisfactorily executed in spite of the constraints.

5. LIMITATIONS

Except nagging fear that occupied the psyche, the Study faced no physical limitation as such. However, the fear by itself was the tallest barrier to cross over. Also, 5 days in the field was less than enough in view of the fear that slowed the pace of Study.

EXECUTIVE SUMMARY

As the Corona virus made explosive spread by leaps and bounds worldwide, nations across the globe swiftly scrambled to put the country under "lockdowns" in hope of breaking the infection chain. Nepal, a South Asian country, is no exception and is affected by the outbreak with overwhelming effects on its economy and health system. The mental health impact of a disease outbreak is usually neglected during pandemic management although the consequences are costly. The lockdown, no doubt, has been devastating for adults, but its destructive impact on teenagers/adolescent is arguably far greater. The impact of COVID-19 on mental health is well documented in various countries among different populations including youth & adolescents. However, evidence regarding the impact of the COVID-19 pandemic on youth & adolescents is not available in Nepal. A timely assessment of mental health status of youth and adolescents will help the health service provider to respond and reduce psychological distress.

In this context, this study originally planned as KAP (Knowledge, Attitude, Practice) Survey on Sexual & Reproductive Health of Youth & Adolescents, later incorporated Mental Health Component into it, aimed to evaluate sexual & reproductive health issues, access to services and counseling, alongside mental health issues following months long lockdowns and mobility restrictions blamed at Covid -19.

The idea of incorporating Mental Health component into Sexual & Reproductive Health Study of the youth & adolescents involved in Community Based Organizations (CBOs) across Suddodhan rural Municipality took shape after KSSC noticed adverse effects of the covid-19 pandemic and lockdown particularly on youths and adolescents who increasingly showed symptoms that pointed at possible mental health issues which they struggled to cope with by themselves without external aid or support.

KSSC decided to carry out the study with Adolescents Network Group (CBOs) both on sexual & reproductive health issues as well as mental health issues to determine the extent of disastrous impact on physiological and psychological health of the youth & adolescents brought about by the pandemic and subsequent lockdowns and mobility restrictions in their working area. The study was carried out with the participation of KSSC team members involving both the BoD and senior staff as part of activity under ***GRANT*** project funded by ***Amplify Change*** that studied both the SRH and MH of the youth & adolescents. The GRANT Project is all about sexual & reproductive health of youth and adolescents and fighting off child marriage across the Suddodhan rural Municipality of Kapilvastu district, Lumbini Province.

The study was carried out using two sets of purposely structured paper-based questionnaires, each of them dealing with i.e. Mental Health (MH) and Sexual & Reproductive Health (SRH) separately, and hence, they are separately dealt with in the report.

The average duration of interview for the respondents (youth & adolescents) was 25 minutes. The total numbers of respondents were 120 who have been active members of the CBO network.

PART ONE

Mental Health

INTRODUCTION

Mental health is an integral part of overall health and wellbeing and is a foundation for effective functioning of an individual and community. Mental disorders among population of any country are an important public health concern. Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions that make it difficult for an individual to function and live normally. Adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; taking regular exercise; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions.

COVID-19 pandemic and lockdown has brought about a sense of fear and anxiety around the globe. This phenomenon has led to short term as well as long term psychosocial and mental health implications for youth & adolescents. Lack of mental health professional and access to mental health services is an important health system challenge. In Nepal, the burden of mental health problems in terms of morbidity, disability and costs to individuals, families and societies are overwhelmingly high. The mental health problems ran across all caste/ethnic groups, and it was in no way caste/ethnicity specific. People suffering from mental disorders are often seen as threats to Nepalese society leading to denial for seeking treatment and stigmatization. Then, there are cultural beliefs, myths, and religious convictions around causes and consequences of mental disorders that further discourage people to seek service from the health facilities. People suffering from mental disorders and their families in Nepal seek help from traditional healers.

As a result of COVID-19, youth & adolescents have experienced unprecedented interruptions to their daily lives and it is anticipated that these disruptions may be precipitants of mental illness, including anxiety, depression, and/or stress related symptoms. Multiple factors determine mental health outcomes. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. The COVID-19 outbreak and lockdown may have multiple consequences on the lives of adolescents: chronic and acute stress, worry for their families, unexpected bereavements, sudden school break, and home confinement. Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. The spread of the corona virus has led many people to psychological issues such as fear, low mood, irritability, stress, anxiety, insomnia, emotional exhaustion, anger, depression, posttraumatic stress symptoms, suicidal deaths and a general decrease in overall wellbeing.

The aim of the current study is to find out through a rapid review of youth &adolescent's mental state and mental health issues they facing such as; stress, anxiety, depression, and traumatic stress experienced during the COVID-19 pandemic.

RESPONDENTS BY AGE, SEX, AND FAITH GROUPS

Numbers and percentage of the respondents by age, sex, and faith is illustrated in the tables below. Table 1 shows the Age and Sex of the respondents. They are 30 males and 90 females, altogether 120 Youth & Adolescents affiliated to 6 CBO networks across 6 wards of the rural municipality. By age groups, the respondents in Age Group 10 -14 numbered at 17; 15 - 17 Age Group numbered at 59; and 18 -20 age numbered at 44. In terms of sex, the percentage of females (75%) which is larger than that of the males (25%).

Table 1: Distribution of sample by age-group and sex (n=120)

	Age Group (10-14)	**Age Group (15-17)**	**Age Group (18-20)**	**Total**
Male	7	9	14	30
Female	10	50	30	90
Total	17	59	44	120

Table 2 shows the distribution of respondents on the basis of sex and faith group. Of the total number of respondents 95% followed Hindu faith while 5% Muslim followed Islam faith. In terms of sex the percentage of females has been 75% and males 25%.

Table 2: Distribution of sample by faith group and sex (%) (n=120)

Male	**Female**	**Total**
25%	75%	100%
Hindu	Muslim	Total
95%	5%	100%

The Mental Health Study sought to disaggregate the total respondents in terms of faith/religion with a purpose. Almost all the respondents belonged to the homogenous *Madhesi* community living in one and the same tradition and cultural framework. So, the Study sought to find out if faith or religion could be a factor in stabilizing or destabilizing ones mental health conditions in a crisis situation, for example, if Hindus or Muslims are better placed mentally in coping with challenges or vice versa. It was for this reason among the homogenous Madhesi ethnic groups, the Study sought to look at the mental health of respondents through the faith lens.

MENTAL HEALTH ASSESSMENT

Table 3: Sleep disorder or problem

Sound sleep or fitful night sleep		
	N	%
Sound Sleep	110	92
Fitful night's sleep	10	8

Sleep disorder or sleeplessness was not discovered as major issue amongst the sampled respondents of youth & adolescents. 110 or 92% of the respondents said that during the lockdowns or even after lockdowns lifted, they never have had the sleep problem and they always got sound sleep. However, 10 respondents or 8% had different opinion. They said they have had sound sleep before Corona pandemic struck and during the lock lockdowns and even after it is lifted; they still get fitful nights' sleep.

Table 4: Got sacred without any good reason

Got scared without any good reason		
	N	%
No	97	81
Yes	23	19

Again, there is no significant occurrence of anxiety issue discovered amongst the respondents which means the pandemic, lockdowns, and mobility restrictions didn't really have any significant impact on their mental health increasing anxiety level amongst the respondents. Almost 81% of the respondents appeared to be sound in mental health as to the anxiety problem. They said they didn't experience any change pre or post-pandemic. However, 19% of the respondents admitted that they have had some anxiety problem and they get fear of the unknown or feel a sudden surge of fear in them even if/when the fear inspiring agent is not present.

Table 5: Feeling difficulty while breathing

Feeling difficulty while breathing		
	N	%
No	113	94
Yes	7	6

In this category too, high majority of respondents didn't show any symptoms of mental health as regards breathing. 113 or 94% are having no breathing problem or experiencing any difficulty in breathings. They said they never experienced or noticed any such complications. Only 7 or 6% reported to have had breathing problem in the post-lock down period which is a tiny fraction of the respondents.

Table 6: Do they feel "Not being able to do anything or worthless?"

Not being able to do anything or feeling worthless		
	N	%
No	98	82
Yes	22	18

The Study sought to detect depressive symptoms amongst the sampled respondents of youth & adolescents. Though symptoms of depression were noticed amongst some respondents, the number was never alarmingly high. The majority 98 or 82% never felt worthless or not being able to do

anything. They demonstrated zeal and drive and were found full of youth energy. It was only 22 or 18% demonstrated some symptoms of depression who felt their spirit dampening or feeling doubt about their own ability to do a thing. This shows that pandemic and lockdowns have had some depressive effect on youth & adolescents, the number is not seriously high, though.

Table 7: Hesitation or poor confidence in taking initiative for a new task

Hesitation or shaky confidence in taking initiative for a new task		
	N	%
No	27	23
Yes	93	77

This question was meant to gauge the anxiety level of the respondents. But, the data gathered could also be a normal condition for larger bulk of population anywhere and everywhere. It is considered perfectly normal for people to feel hesitant or shaky on taking a new initiative. And, so this doesn't really tell us whether they are on the borderline or crossing it. It cannot be treated as any serious anxiety disorder. It was found as illustrated in the table above that 93 out of 120 or 77% admitted that they feel hesitation or shaky in taking new initiative. Only 27 or 23% denied ever feeling so. It also could be assumed that the pandemic or lockdowns have had some negative impact on their mind as the majority of them said that the feeling of hesitation or dwindling confidence is aggravated after the crisis.

Table 8: Feel like losing interests in everything

Feel like losing interest in everything		
	N	%
No	43	36
Yes	77	64

The data thrown up by the survey in response to the question is a cause for concern. The majority 77 out of 120 or 64% admitted that they "feel like their interest in everything is on decline", which could be seen as onset of the symptom of depression, not necessarily, though. However, 43 or 36% responded in negative. If one is to judge by figures shown above in the table, it appears that most of them show depressive symptoms.

Table 9: Feel like "I have no hope or expectations from future"

No hope or expectations from future		
	N	%
No	85	71
Yes	35	29

Responses to this question stand in contrast to the question in Table 8, although either of them was meant to find symptoms of depression among the youth & adolescents and their responses signal the anomaly. A sizeable majority which is 85 out of 120 or 71% showed optimism as opposed to despondency. They appeared confident and hopeful of future. They didn't show loss of hope. So, if one is to judge by this indicator, one hardly finds any symptom of depression among majority of the respondents. Only 35 or 29% showed symptoms of depression, for they appeared to be bereft of hope or expectation from the future.

Table 10: Often have crying bouts without and good reason

Often have crying bouts without and good reason		
	N	%
No	94	78
Yes	26	22

Again the question aimed at detecting the other symptoms of depression among the youth & adolescents. Here too, the majority denied having any such symptoms. A total of 94 out 120 or 78% responded in negative. They said that didn't experience any such thing. However, 26 or 22% admitted experiencing or feeling "crying bouts" without good reason. So, the onset of depressive symptoms is detected in 22% of the respondents.

Table 11: Living painful memories of stressful events

Living painful memories of stressful events		
	N	%
No	63	53
Yes	54	47

The question aimed at fathoming out the post-traumatic stress caused by pandemic and lockdowns amongst the target youth & adolescents. The discovery was staggering. The data shows slightly less than half 54 out of 120 or 47% admitting living painful memories of the stressful past and that it didn't go away in spite of effort on their part. A little more than half 63 or 53% denied having living painful memories. If any conclusion to be drawn from the findings, it can be safely said that Covid-19 pandemic and subsequent lockdowns was successful in sowing seed of post-traumatic stress among significant number of youth & adolescents.

Table 11: Often wanting to be alone

Often wanting to be alone		
	N	%
No	109	91
Yes	11	9

To this question which is again about detecting symptom of depression, the majority 109 out of 120 or 91% responded in negative. This means the onset of symptoms of depression is very low, although it is prevalent amongst small group of youth & adolescents. Only 11 or 9% admitted wanting to be alone which means they carry the symptom of depression.

To sum up, the data collected from 120 youth & adolescents from 6 wards of the Suddodhan rural municipality who participated in the interview, although a small sample size gives glimpses of the overall status of mental health against the backdrop of Covid-19 pandemic breakout.

It needs a mention here that the majority of the respondents were young/adolescent girls. The data collected speak of the fact that a bulk of participants covered by the Study is struggling with some sort of mental health problems, compounded by worries and anxiety. A significant number of the respondents had developed the symptoms of stress, anxiety, depression and sleep disorder.

Mental health problems range from worries that we all experience as part of everyday life to serious long-term conditions that make it difficult for an individual to function and live normally. The bulk of respondents (120) studied at the community; from all faith groups are having one or the other kind of mental health issues; most of them struggling with stress, anxiety, depression and sleep disorders. The fact is that the majority of youth & adolescents experiencing mental health problems can get over them or learn to live with them, especially if they get help early on.

MAJOR FINDINGS

Over the course of Mental Health Study of the Youth & Adolescents across 6 Wards of the rural municipality, interviewing them, and converting their responses into data, the Study has come up with the following major findings:

I. It is observed amongst 120 respondents that the male adolescents have better mental health condition than that of female.

II. The highest population of youth & adolescents who suffer from one or the other mental health problems and struggle to cope with them belong to the age group 15-18.

III. Almost all respondents shared their mental health problem with someone, majority of them shared with friends and a few with family members.

IV. There has been no psychologist or psychiatrist in the community health post to offer counseling or treatments; they report their problems with the local health service providers who are not trained to address mental health issues.

V. Most of the respondents do not know what a mental health issue is or any type of disorders related to mental health.

VI. Adolescents who are the only child at home are more likely to perceive their parents being overprotective toward them during the pandemic; this therefore likely to lead to more depressive and anxious symptoms.

VII. Youth & adolescents are highly eager to participate in mental health related programs. Provided the opportunity, they would help in preventing mental disorders and promoting mental health of youth & adolescents.

VIII. Anxiety, depression, stress, and sleep disorders are the most prevalent current diagnosis amongst adolescents aged 14–17 years.

IX. Sudden school drop-out and home confinement has been the key leading factor in developing depressive and anxiety symptoms in most of the adolescents.

X. All of the respondents are found struggling with mental health problems; the majority living with stress, followed by anxiety, depression and sleep disorders etc.

XI. All of the adolescents were of opinion that a separate adolescent corner in the health post was needed so that it would be easy for them to share their personal problems with the health service provider.

XII. Among causal factors contributing to the mental health problems of the youth & adolescents largely found are; home confinement, sudden school drop-outs, distancing from peer group etc.

MAJOR ISSUES

The major issues associated with the mental health of the youth & adolescents of the CBO networks across Suddodhan rural municipality as identified by the lead researcher over the course of FIVE days mental health field study are as follows:

I. It is absolutely necessary that the youths and adolescents get some sort of mental health training so that they could help, support and promote mental health of the youth & adolescents'. Unfortunately, they haven't had such training yet.

II. Youth & adolescents have problems related to their mental health that they want to discuss with the health service provider but due to lack of private adolescent corner in health posts they do not feel safe to share their problems.

III. CBO networks of the youth & adolescents have no access to resource, knowledge, and skill to implement mental health related programs and trainings.

IV. In absence of knowledge about mental health and service facilities, youths and adolescents might involve in risky behaviors.

V. Youth & adolescents complain of poor collaborative role of health professionals.

VI. Existing plans, policies, and programs to address mental health issues of youth & adolescents are either not adequate or poorly implemented.

SUGGESTIONS AND RECOMMENDATIONS

From what has emerged from the Mental Health Study of the youth & adolescents across Suddodhan rural municipality, there can be no two opinions about it that some sort of mental health intervention is needed in the community. At least, short-term mental health counseling, cognitive behavior therapy training, meditation, and training on mindfulness etc. could be of immense help.

Based on the findings, the Study recommends a way forward for all concerned including the KSSC, Municipality, Health service outlets, and others:

1) Mental health prevention, promotion and education must figure prominently in the health plan of the local government, and the annual budget set aside for it,

2) Arrangement need to be made to ensure that psycho counselor, psychiatrist etc. make occasional visits to local health posts and give one to one counseling and advice to the needy youth & adolescents.

3) The local government and the KSSC should collaborate in organizing programs and spreading awareness on mental health issues and disorders,

4) Implementation of youth & adolescents mental health plan, policies and programs must be formulated at the local government and implemented through health facilities,

5) Common mental health services and a private adolescent corner for sharing personal/confidential issues must be created at local health facilities,

6) Local Government needs to initiate necessary measures to ensure better mental health situation of youth & adolescents.

7) The Health Providers at the Health Posts should be given basic training on mental health so as to enable them identify and understand the mental health needs and issues of the youth & adolescents.

CONCLUSION

The study shows significant prevalence of mental health problems, issues, and disorders among the youth and adolescents that the health authorities cannot afford to ignore, and nipping them in the bud is stitching in time and saving nine. Hence, it should figure prominently in the health priority of planners and effort must go into saving and promoting sound mental health of the youth and adolescents before it spirals out of control.

PART TWO

Sexual & Reproductive Health

INTRODUCTION

Adolescence is one of the life's most complex stages, when young people take on new responsibilities and experiment them with independence. Sexual and reproductive health pertains to the state of physical, mental, and social well-being in all matters related to the reproductive system. The World Health Organization (WHO) defines an adolescent as an individual in the 10-19 years age group. Adolescence is a period of transition from childhood to adulthood during which adolescents develop biologically and psychologically and move towards independence.

During the COVID-19 pandemic, lockdowns and mobility restrictions as well as closure of essential services including health, many a youth & adolescents had suddenly lost access to essential sexual and reproductive health services due to the pandemic. Ripple effects of the COVID-19 pandemic are more likely to affect adolescents in particular, as they already have higher rates of unmet need for health services, face greater social and logistical hurdles to accessing care, and have limited access to protective programs and health care services. During the pandemic, these challenges are heightened and adolescents face increased barriers to confidential sexual and reproductive health care. Restrictions to movement prevent youth & adolescents from going to health clinics, while the closure of schools disrupts sex education curriculum and prevents students from visiting school-based health centers that offer sexual and reproductive health care, as well as broader social supports.

Outbreaks are inevitable, but catastrophic losses for sexual and reproductive health are not. The reality is that the crisis will have a truly devastating impact on the future of youth & adolescents. An adolescent's sexual and reproductive health is strongly linked to their particular social, cultural, and economic environment. With disruption to schools, health services and community centers, new ways of providing information and support to adolescents and young people need to be established. The sexual and reproductive health decisions which adolescents make today will affect the health and wellbeing of the communities and of the countries for decades to come.

The aim of the current *Sexual & Reproductive Health Study* across 6 Wards of Suddodhan rural municipality was to fathom out the level of knowledge, attitude, and practice (KAP) as well as their access to SRH services during the Covid -19 crisis, lockdowns and mobility restrictions.

RESPONDENTS BY AGE, SEX, AND FAITH GROUPS

The focus of the Study has been 30 males and 90 female youth & adolescents, altogether 120. These are the same respondents who participated in the Mental Health Study. Table 1 shows the population of respondents in terms of age and sex. In terms of age the respondents aged 10 - 14 numbered at 17, 15 - 17 numbered at 59 and 18 - 20 numbered at 44. In terms of sex, the percentage of female is 75% larger than that of the males 25%.

Table 1: Distribution of sample by age-group and sex (n=120)

	Age (10-14)	**Age (15-17)**	**Age (18-20)**	**Total**
Male	7	9	14	30
Female	10	50	30	90
Total	17	59	44	120

Table 2 shows the distribution of respondents on the basis of sex and faith group. Of the total number of respondents, 95% followed Hindu faith and 5% Muslim followed Islam faith. In terms of sex the percentage of females is 75% and males is 25%.

Table 2: Distribution of sample by faith group and sex (%) (n=120)

Male	**Female**	**Total**
25%	75%	100%
Hindu	**Muslim**	**Total**
95%	5%	100%

SEXUAL & REPRODUCTIVE HEALTH STUDY

Table 3: Visiting health post or health service provider with sex-related issues during the lockdowns

How often did you visit health post or health provider with sex-related issue?				
Sometimes	**When needed**	**Once in a month**	**Once in a week**	**Never**
24	50	1	0	45

The figures above indicate the status of access to sexual and reproductive health services of the respondents during the lockdown triggered by the COVID-19 crisis. The responses of the respondents painted a bleak picture on accessibility to SRH services during the crisis. Out of 120 respondents, 45 reported that they never visited health post or health service provider with sex related issues during the lockdown period while 50 respondents said they did “when needed” and 24 said “sometimes”.

Table 4: Do health post and health provider give counseling on SRH issues?

Does the health post or health provider offers counseling on SRH issues?	
Yes	90
No	30

The responses to the question varied subject to individual experiences. 90 out of total 120 respondents answered in positive saying they received some sort of counseling on SRH issues at the health posts. However, 1/3rd of the total 120 respondents answered in negative saying that they never received any counseling on issues/problems they went the health post with. Since the rural municipality has 6 health posts spread over 6 Wards, it could be that in some health posts the health providers didn't offer counseling services while in others they did. As the MH/SRH Study didn't cover health providers as respondents for their views, nor did it include health post as study objective, it is difficult to say with any degree of certainty the reason for it. This would require a different study focused on health posts and health providers.

Table 5: What particular SRH issues take you to the health post or health provider?

What particular SRH issues take you to the health post or health provider?			
Menstrual hygiene	Contraception/pills	Counseling	Any other
65	8	20	27

The key SRH issues that the respondents visited health post and health providers for help appears to be menstrual hygiene issues, followed by counseling and accessing contraception pills. The other SRH issues that they had discomfort/consternation discussing or disclosing are lumped together in the "Any other" column.

The majority of respondents 65 out of total 120 youth & adolescents, slightly above 50%, visited health posts with menstrual hygiene issues. Counseling on issues related to SRH has been the other propeller to drive them to the health posts. At least, 20 respondents are found visiting health posts to receive counseling. The other 27 out of 120 who didn't visit the health posts for either of the above had some other issues related to SRH which they declined to discuss or disclose. And so, they are placed under "Any other" category. Only 8 out of 120 openly admitted that they went to the health posts to get contraception means and pills.

Table 6: What kind of SRH services do you want to see in the health posts?

What kind of SRH services do you want to see in the health posts?			
Contraception/ pills free access	SRH Counseling	Private Adolescent Corner	No idea
10	20	87	3

Over the course of Study it is found that there is a growing swell of demand amongst Youth & Adolescents for setting up Private Adolescent Center in the existing health facility in the rural municipality. No denying that there is a crying need for it. Of the facilities/services the Youth & Adolescents of the Suddodhan rural municipality wanted to see the most in the existing health facility is the Private Adolescent Corner. The majority 87 out of 120 pointed at the need for private adolescent corner, while 20 out of 120 gave priority to SRH counseling facility, 10 out 120 stressed on free access to contraception & pills, and 3 didn't have any say.

Table 7: Do they take Sexual & Reproductive Health as an important issue?

Do they treat Sexual & Reproductive Health as an important issue?	
Yes	**No**
120	0

Absolutely no doubt about it that all of the youth & adolescents roped in for the Study are found well aware of sexual & reproductive health issues. All in all 120 treated SRH issues as highly important issues. No negative response was found to it.

Table 8: Is there anyone in the family or friends who they can talk about SRH issues?

Is there anyone in the family or friends who they can talk about SRH issues?	
Yes	**No**
120	0

The Study wanted to find out whether or not they had someone, somewhere who they could turn to for support or to share with their personal SRH issues or they had no choice but to keep it to oneself and live it out. It was found that all of them (120) had one or the other in the family and friends to share their personal SRH issues with.

Table 9: Which of the following would you use or (intend to use) to prevent pregnancy?

Which of the following would you use or (intend to use) to prevent pregnancy?			
Safe Period	**Contraceptive/Pills**	**None of the two**	**Any other**
6	40	70	4

It was anticipated beforehand that the respondents wouldn't be candid with the answer to this question. The question might cause some inhibitions and embarrassment on their part. The researcher didn't expect very encouraging response from the respondents. Nevertheless, at least 46 out of 120 respondents (all young girls) came up with straight answer without showing any kind of inhibitions. 40 of them said they use or intend to use contraceptives/pills and 6 of them safe period. Others were found only too shy to admit, hence, refused to divulge. At least 70 out of 120 didn't subscribe to the idea of using contraceptive/pills or safe period; however, they refused to get in on any discussion about it. The Study researcher avoided putting the squeeze on them. 4 of them wouldn't use safe period nor would they use contraceptive pills nor did they want to be specific about it.

Table 10: Should all young people have access to contraception and other reproductive health services regardless of their marital status?

Should all young people have access to contraception and other reproductive health services regardless of their marital status?	
Yes	111
No	9

A difference of opinion was very much expected among the Youth & Adolescents, difference was marginal though, given their rural background and the conservative culture they were brought up in and the traditional mindset they carried. As sex is still a taboo to discuss in the rural frontier villages inhabited by the *Madhesi* community, it was not surprising to find them answering in negative. Even then, 111 or nearly 90% of the respondents (majority of population being young girls) stressed on the point that all young boys and girls, regardless of their marital status, should have access to contraception and other reproductive health services. A very small number 9 (nearly 7%) disagreed with it.

Table 11: Do you want to SRH related programs implemented in your community?

Do you want to see SRH related programs Implemented in your community?	
Yes	**No**
101	19

Once again, there is a difference of opinion over whether or not to implement Sexual & Reproductive Health related programs in the community; the difference is marginal though, owing perhaps to the conservative, traditional mindset. But again, those demanding the SRH programs to be implemented in the community heavily outweigh those that are against it. Altogether 101 youth & adolescents out of 120 sample size (over 90%) spoke in favor of SRH programs to be implemented in the community. 19 respondents, however, didn't favor it.

Table 12: How do you get information on SRH related issues if and when you need it?

How do you get information on SRH related issues if and when you need it?				
Friends	**Family**	**Mass media**	**Social media**	**Others**
33	42	17	20	8

On source of information over SRH related issues for the youth & adolescents, the family has been major source of information supply, followed by friends, social media and mass media etc. The majority 42 out 120 respondents pointed out family as major source of information while 33 out 120 had friends as major source of information on SRH related issues. The third popular source of information has been social media. At least 20 out of 120 said that they used social media for SRH

related information, and the other 17 out of 120 depended on mass media for the source of information. A negligible 8 relied on other sources for information which they didn't specify. The findings amply suggest that the youth & adolescents have had access to information on SRH related matters.

Table 13: Do you feel confident to talk about SRH issues with the health provider?

Do you feel confident to talk about SRH issues with the health provider?			
Yes	**No**	**Somewhat**	**Not at all**
91	9	10	10

The question aimed at measuring level of confidence the youth & adolescent have talking personal sexual & reproductive health issues with the health providers at the health facility. Among 120 respondents, those that said they had confidence numbered at 91 which constituted the overwhelming majority. This means large number of youth & adolescents can talk about their personal SRH related issues with the health provider at the health facility without any inhibitions or being in a dither. 10 out of 120 said that they have "somewhat" confidence which means they are cautiously confident. The other 19 didn't show any level of confidence with 9 flatly saying "No" and the other 10 said they dint at all have any confidence to talk about personal SRH related issues.

From the findings it is revealed that the existing health facilities are required to do the needful to build confidence of the youth & adolescents on personal counseling services provided to them.

Table 14: *Do you think the health facility observes confidentiality on matter of personal sexual and reproductive health information?*

Do they observe confidentiality on matter of personal sexual and reproductive health information?	
Yes	72
No	10
Don't know	33
May be	5

On matters of observing confidentiality and privacy at the health facility about SRH information shared with them by the youth & adolescents, which has been the key concern of the youth & adolescents, 72 (over 60%) respondents out of 120 gave a positive nod that they did. However, 33 respondents out of 120 had no idea if they did or didn't and were not very confident about it. 10 out 120 out rightly rejected the idea that they did, which means this group has been reluctant to share any personal information related to SRH issues. The other 5 said "May be", which means they too were not very confident about it.

Youth & adolescents often have less access to information, services, and resources than adults. Health services are rarely designed to meet specific needs of the youth & adolescents. It is perhaps not surprising therefore that there are particularly low levels of health-seeking behavior among youth & adolescents. It is crucial to acknowledge the importance of the SRH concerns of youth & adolescents. Almost all the respondents (120) studied at the community, from all faith and caste groups, are found hungry for information on SRH and wanted more of it.

FINDINGS

I. Youth and adolescents are yet to be considered health priority group,
II. Youth and adolescents in a variety of contexts have reported that access to sexual and reproductive health services is not without obstacles,
III. Most of the youth and adolescent talked about sexual and reproductive health related issues with their family members.
IV. Almost all of the 120 respondents want to participate in sexual and reproductive health related programs which would help in promoting sexual and reproductive health of the youth & adolescents,
V. Not adequate interventions are done to address sexual and reproductive health needs of youth & adolescents.
VI. SRH programs are often not prioritized.
VII. Most of the respondents who have doubt about confidentiality and privacy are less likely to access SRH services offered in the health facility,
VIII. Personal attitudes of youth & adolescents towards SRH are often under-researched.
IX. Both adolescent boys and girls have similar attitudes toward contraception. Overall, most girls and boys felt that using a contraceptive method to prevent pregnancy is smart.
X. The youth & adolescent respondents' knowledge of contraceptive method and SRH is deficient in many respects,
XI. SRH facilities for youth & adolescents with convenient service hours are lacking,
XII. Health service providers need adolescent/SRH education to provide non-judgmental adolescent SRH counseling and services.

MAJOR ISSUES

i. Due to lack of proper education and programs related to SRH, youth &adolescents can be the victim of early marriage and unwanted pregnancy.
ii. Lack of information, misinformation, or disinformation about contraceptive methods.
iii. Because of community disapproval and stigma, most of the adolescents do not feel safe to share their problems with the next person.
iv. Majority of the adolescents refuse to go to the health service providers because they believe that health service providers have a negative attitude towards adolescents' SRH related issues, which discourage them to share their problems.

v. Knowledge about Sexual & Reproductive Rights and the Sexual & Reproductive Rights Act is deplorably poor amongst youth & adolescents. The Act is not effectively implemented to facilitate the youth & adolescents' access to the services.
vi. Addressing the SRH needs of youth & adolescents have not been taken as seriously as it should have been.

SUGGESTIONS AND RECOMMENDATIONS

1) Nepal's Sexual & Reproductive health rights Act need to be well disseminated down to the grassroots and implemented in the letter and spirit,
2) Prioritize and enforce observing confidentiality and privacy at the health facility on SRH related issues shared by youth and adolescents to build their confidence in sharing SRH related personal information,
3) Create and implement effective programs related to SRH to ensure better SRH access & services to the youth & adolescents.
4) Set up Adolescent Corner at the health facility equipped with resourceful materials,
5) SRH needs of adolescents and young people must be prioritized and addressed so that it can have life-long protective benefits.
6) Schools can play a role in providing quality education on SRH, transforming the future and improving the well-being of youth & adolescents as we know, the role of the education sector is therefore crucial as schools can offer skills based SRH education.
7) Programs and services to provide adolescents with needed SRH care and related information, education, counseling and support must be implemented.
8) Eliminate physical and psychological barriers & obstacles in accessing SRH services provided at the local health facility,
9) Health providers at the local health facility must be trained in SRH counseling and observing confidentiality,
10) Expand access to and promotion of the youth & adolescents' SRH needs.

CONCLUSION

The study showed most of the youth & adolescents have limited knowledge on SRH issues, Acts and Laws of the land, to guarantee their SRH rights, and knowledge about how to exercise those rights, and hence, a host of activities need to be carried out to enhance their knowledge on SRH issues as well as their SRH rights. Awareness generation programs through issue-based social movements, street drama, radio program and others may be absolutely necessary to spread awareness on SRH issues amongst youth & adolescents. Aside from this, workshops and interaction programs focused on Act and Laws on Sexual & Reproductive health may equally be necessary to sensitize both the service providers and service takers. In short, programs must be implemented on both the supply side and the demand side to ensure e+asy access of youth & adolescents to SRH services and counseling.