Adolescent Sexual and Reproductive Health in Bangladesh: A Needs Assessment

Abul Barkat
Sayeedul Haque Khan
Murtaza Majid
Nazme Sabina

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Family Planning Association of Bangladesh (FPAB)

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Human Development Research Centre

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EXECUTIVE SUMMARY

BACKGROUND

Adolescent Reproductive Health Situation in Bangladesh has been recognized officially as "unsatisfactory" both in terms of programme efforts and actual performance. It has also been recognized as one of the major health and developmental challenges. Official documents clearly mention that "lack of effective health programmes for reaching out the young people was one of the major missing links in the past". This deplorable situation of adolescent RH prompted the government to target the married youth and those soon-to-be married (unmarried adolescents) as the most critical and unaddressed population segments needing priority in the Health and Population Sector Programme (HPSP).

The Family Planning Association of Bangladesh (FPAB) implemented its project "Reproductive Health and Family Life Education for Youth" since 1980 in 71 sites around the country. The project was evaluated and commended on many counts. However, evaluation indicated that the project activities pertaining to the SRH of the adolescents and youths, and means and ways to reach them and address the issues appear to be largely adhoc. Thus, a need was felt to conduct a detailed assessment of the SRH needs of specific groups of young people. In compliance with this felt-need, the current Needs Assessment has been conducted by Human Development Research Centre in close collaboration with FPAB.

OBJECTIVES

The recent evaluation of the youth program concentrated on the supply side, therefore, the **prime objective** set for the needs assessment was to explore more on the demand side - that is, on the magnitude of sexual and reproductive health needs as perceived by adolescents and youth, parents, and other community members in existing project and non-project areas. The **specific objectives** of the needs assessment were as follows:

- To identify the current sexual and reproductive health needs of adolescent and youth in Bangladesh.
- To identify appropriate means and ways to address sexual and reproductive health needs of adolescent and youth.
- To assess current youth and adolescent program IEC materials and activities in light of the findings of the needs assessment for the purpose of re-designing the IEC component of the program.
- To provide inputs necessary for the appropriate redesigning the future projects, and to prepare a draft project proposal on "Adolescent/Youth Reproductive Health" in collaboration with relevant FPAB staff.

METHODOLOGY

This needs assessment survey covered both FPAB project sites and non-project sites, and thus, the study falls under quasi-experimental design (non-equivalent comparision group design). The study was designed not only to provide relevant information from the project sites and the non-project sites, but also to set an information base on the various dimensions of the subject for Bangladesh as a whole.

The following broad groups of variables were covered in the assessment: demographic and socio-economic, social awareness, human sexuality, sexual and reproductive health, primary health care, access to information and health care services, violence against women, and IEC activities conducted and materials used by the youth project of FPAB. The indicators/group of indicators were further broken down and elaborated in the data collection instruments used for the assessment. The major sources of information were the adolescents (married and unmarried, boys and girls) aged 10-19 years, unmarried youths aged 20-25 years (male and female), parents, and community leaders. All relevant information pertaining to the IEC activities and related materials were procured from FPAB. Information materials of other NGOs involved in adolescent reproductive health were also obtained and studied.

A multi-stage sampling procedure was followed for the survey in the needs assessment. First, the sample areas were selected, and then the sample respondents were drawn. A total of 12 out of 71 project sites (unions having youth programmes of FPAB) were chosen using random sampling procedure. The 12 project sites selected represent 12 districts whereby FPAB implements its youth program in 30 districts (i.e; 40% district coverage). A total of four non-project sites were selected by taking one from each greater Division, but adjacent to any of the selected project sites. In selecting these non-project sites care was taken to select those which areas are not exposed to youth programme, either by FPAB or by other NGOs. The samples by categories included in the survey were 1600 adolescents (1320 unmarried, 280 married), 480 unmarried youth, 480 parents, 80 community leaders and 35 FPAB personnel. The major sample category – the adolescents – were divided equally in to male and female. In addition, a total of 16 FGDs for the adolescents and the community leaders, 4 each **in one** of the project and **one** of the non-project areas were conducted.

Primary data were generated by means of interviewing, focus group discussion (FGD), and checklist for interview. Different types of data collection instruments were administered including eight sets of interview schedules with one set for each of the sample categories, separate sets of FGD guidelines for each of the categories of adolescents and community leaders, and a checklist for interview of the FPAB personnel.

The Needs Assessment Study was implemented by Human Development Research Centre (HDRC) in close collaboration with FPAB staff at the HQs and the Branches. The assessment was implemented in two broad steps:

1. Development of draft data collection instruments (DCI), Bangla translation and pre-testing of all draft DCIs; finalization of data collection instruments and reproduction of necessary copies; training of field staff; actual field data collection; collection of relevant IEC materials (produced by FPAB and others); preparation of analysis and tabulation plans; editing, coding and data processing; and

2. Analysis and writing of the Needs Assessment Report.

All data collection instruments were pre-tested and necessary revisions made after review of the pre-test results and suggestions by IPPF/SARB and FPAB.

Intensive training was imparted to the field staff. Eight teams consisting of 36 field staff were deployed for the field data collection. Among these field staff, 19 were females and 17 were males. The field work started in November 1999 and continued upto end of December 1999.

The data management activities comprising registration of filled-in data collection instruments, data processing, and computer entry were carried out in-house at HDRC HQs. SPSS software was used to enter, edit and analyze data. The information obtained in the focus groups were analyzed by the members of the core-team.

KEY FINDINGS

The key findings showing the sexual and reproductive health needs of the adolescents which have major policy and programmatic implications are presented below. For convenience and clarity the findings are presented by major themes/issues. Before presenting the major findings by specific themes (issues), it would be pertinent to put emphasis on the following distinct areas of unmet need showing deplorable SRH environment of young people in Bangladesh.

A substantial proportion of the adolescents and youths are **not aware** about the following**:** causes of menstruation, consequences of not maintaining menstrual hygiene, menstruation management, consequences of unprotected sexual act, Gonorrhoea, Syphilis, method of transmission of HIV/AIDS, use of condom for prevention of STD/HIV/AIDS, menstrual regulation, causes of STDs, and availability of treatment facilities for STDs. Experience of premarital sex was reported by around 7 percent of the adolescents (both unmarried and married) and 21 percent of the unmarried youth; and over 50 percent of unmarried adolescent and youth did not use condom during first pre-marital intercourse. A large proportion of the married adolescents are unaware about the need for there antenatal care checkups during pregnancy, post-natal care services, the number of TT doses required for first pregnancy and whole life, emergency obstetric care, emergency preparedness for delivery, and danger of performing abortion by untrained person. A sizeable proportion of young people are not aware about the causes of nightblindness. A large proportion of parents are not aware about the causes of menstruation, consequences of unprotected sexual act and use of condom for prevention of STD/HIV/AIDS. Most young people (including the parents) do not support more than one marriage, and dowry. This is encouraging that most parents and community leaders are not supportive of marriage of girls below 18 years; most of them think that adolescent should be counselled for family planning and be informed about prevention of STD/HIV/AIDS. Most young people, parents and community leaders think that negotiation skill needs to be imparted to young people to avoid sexual act, and consider information on SRH as a right for young people.

Demographic, social and economic characteristics of respondents: More than two-third marriages of the adolescents were held at between 13-15 which is far below the ideal age at marriage.

Seventy percent of the unmarried male adolescents and over 80 percent unmarried female adolescents are students. About 50 percent of youth are students. About 41 percent married adolescents, 33 percent unmarried adolescents and 17 percent youth have no land or less than 50 decimal of agricultural land.

Almost all of the community leaders are literate of them, 17 percent are graduate.

Landlessness is alarming among the parents, more than one-third of the parents have no land.

Social awareness issues: Maintenance of Values and Character in line with religious teaching is considered important by the respondents, particularly, the parents and community leaders. The adolescents and youth are of similar opinion, partly because they do not have any other way but to follow the elders.

Love and emotion is considered natural among the adolescent. However, most of them are not clear as to how to face these phenomenon.

Ideal age of marriage for men differs from that of women. For men, the mean age is 24 while for women the mean age is 20. By and large, the respondents do not support marriage of girls below the age of 18.

Polygamy is not supported by the respondents but remarriage is supported, if the wife is infertile or of questionable character.

Dowry as a condition for marriage is not supported but it is supported as a social norm. Conditional dowry can be controlled through resistance, legal measures and religious values.

Alcoholism and drug abuse is there in the society. While the former is quite prevalent, the latter is not that much, particularly in the rural areas.

In order to raise social awareness about range of SRH issues, the respondents observed that schools, Radio, TV and discussion meeting can be used.

Human Sexuality: Thorough knowledge about the functions of reproductive organs is absent among the respondents. Moreover, wrong information sometimes compounds their confusion.

By and large, parental or 'others' choice of partner for marriage is preferred by the respondents. This is highly because of non availability of relevant information.

Very difficult an issue—pre and extra-marital sex—is believed to be there in the society. Whatever is the prevalence, contraception of some sort is not always used.

Parents and community leaders recognize the necessity of sexual education but they are neither agreeable to extensive nor to intensive education. However, they are of the view that discussion sessions, radio and printed materials should be used to impart the education.

Sexual and reproductive health: The life-cycle concept of reproductive health is mostly unknown to the respondents. Although the respondents did not internalize the life-cycle concept of reproductive health, some were in favour of life long care.

The major responses regarding mental changes at puberty were feeling older and inclination towards opposite sex. The physical changes reported were – becoming taller, growth of body hair, night pollution, enlargement of breast, starting of menstruation etc.

Cause of menstruation was not known to two-thirds of the respondents. Half of the unmarried female adolescents were not aware of 'using clean cloth or pad', and 'cleanliness of body' during menstruation, and their knowledge of avoiding sexual intercourse during menstruation was very poor. The major sources of information on menstruation were mother, sister-in-law, elder sister, friends, health FP/workers and books.

A substantial proportion of male adolescents and of youth believe that mothers have role in determining the gender of child.

The 'media' suggested by parents for this purpose were 'books or magazine' and 'radio or television'.

STD/HIV/AIDS: With the exception of male youths, the three major STDs (except HIV/AIDS) were less known to all other groups of respondents from adolescent and youth. Among all groups of respondents, females were less knowledgeable specially about Syphilis.

The ways of prevention of STD/HIV/AIDS were not known to two-thirds of the unmarrieds and three-fourths of the married adolescents. One-tenth were of opinion that HIV/AIDS has some treatment. One-tenth of them knew prevention and diagnosis of RTIs. When suffered, only one-third of them consulted some one for treatment of RTI.

For treatment of their problems related to RTI, Rural Quack, Compounder, *Kabiraj, Hekim* and Homeopath were the most preferred persons. The most preferred place for treatment of RTI reported was a pharmacy.

The suggested persons to save the adolescents and youth from the curse of STD/HIV/AIDS were 'parents', 'health/FP worker', 'sister-in law', 'NGO/FPAB worker'; and 'Radio/TV', books, newspaper and magazine were the suggested media.

Family Planning: Almost all the respondents were aware that birth can be limited by using FP method. Pill and Condom were the most common ever heard methods, and 'Vasectomy' was least known to them. The most common sources of information in this matter were Health/FP Worker and Radio/TV.

Only twenty eight percent of the female married adolescents reported that they were using some FP method. 'Pill' was the most popular method followed by condom and Injectable. The sources of FP supplies mentioned by them were FWA/field worker, FWC/RD, Pharmacy/Shop, NGO clinic etc.

Most respondents were unaware of side effects of FP methods and its management.

Almost all of the nonusers reported that they intend to practice FP in the future. The intended method reported by most of them was 'Pill'.

'Health/FP worker' or `doctor', 'sister-in-law', 'parents', `NGO/FPAB worker' and 'school teacher' were the desired person to inform adolescents of FP method. The 'media' suggested by them were book, magazine, `TV and Radio'.

Maternal health: More than two-thirds reported the age between 19 and 24 years as the ideal age for bearing the first child.

One-fifth each of the respondents were in favour of two, three and more than three ANC visits.

Only half of the respondents were able to tell the correct number of injections required for TT immunization to pregnant women although they felt the need. One-fifth of these adolescents could tell the correct number of TT injections required for the whole life.

'Health/FP worker' is the major source of information for ANC and TT, followed by 'mothers' and 'FPAB'.

One-fourth of the married female adolescents received some ANC, during last pregnancy. Private doctor or clinic, THC/MCWC, FWC/RD and FWA were the most preferred place for ANC and TT. Some of the respondents counted visit by FWA or field worker as ANC visits.

The preferred persons to communicate the message for increasing knowledge of adolescents and youth on the need of ANC and TT were health/FP worker, 'medical doctor', 'parents', NGO/FPAB worker and 'school teachers'. 'TV, radio, books and magazine were the principal media suggested for dissemination of message on these issues.

Eighty five percent and above of the respondents from project and non-project site reported 'home' as the place of delivery. 'Doctor/nurse/midwife/FWV' attended only 12 percent of the deliveries and 'trained TBA' attended 15 percent. Rest of the deliveries were attended by either 'untrained TBA', 'relative', 'friend or neighbour'.

Only 7 percent of adolescent mothers went for post-natal checkup during their last post-natal period.

More than two-thirds were of the opinion that obstetric complication can appear at any time during pregnancy, childbirth or postpartum. Knowledge of five danger signs was poor among the married adolescents with poorer in the non-project site.

Half of the adolescents were of opinion that some preparedness for obstetric emergency is necessary. However, a large proportion were ignorant of possible preparedness for emergency

Sources of information on EOC issues were 'health/FP worker' or 'sister-in-law', 'radio/TV' 'FPAB' and mother-in-law.

Abortion/MR: Although abortion is a known issue among others, one-third of the unmarried adolescents did not ever heard it. Interestingly, spontaneous abortion was more known to married adolescent and youth, and induced abortion to unmarried adolescents in project site.

Danger of performing MR by untrained person was not known to half of them.

Those undergone abortion, none reported of receiving any post abortion family planning.

More than half of the married adolescents were in favour of withdrawal of restriction on safe abortion.

The most preferred 'person' to improve knowledge on abortion/MR were health/FP worker or doctor, sister-in-law and parents. Regarding `media' for improving knowledge of adolescents and youth on danger signs of unsafe abortion, the parents and community leaders suggested TV, radio, books and magazine.

Primary health care: Almost (90 percents) all respondents knew how diarrhoea spreads and under-5 children are more vulnerable. Around three-fourths knew the purpose of immunization.

Media was the most pronounced source of information about weaning as reported by the adolescents.

Access to information: Eighty eight percent married adolescent, 83 percent unmarried adolescent and 93 percent unmarried youth thought that all should have their right on access to information on SRH. Few of them participated in training or discussion on this topic during last year.

All the parents and community leaders supported for everybody's right on access to information on SRH and training on developing negotiation skill for adolescents. But only one-tenth parents and one-third community leaders support any provision for training on negotiation skill to avoid sexual act in their area

Violence against women (VAW): Battering and verbal abuse were the most frequently reported form of VAW. Supportive services for VAW are quite well known among the respondents. Majority of them know about legal services.

Over 75 percent parents and community leaders report legal services as one of the supportive services available for victims. One-third parents and two-fifths community leaders suggested to increase social awareness building activities to prevent VAW.

FPAB-IEC materials and activities: FPAB has produced good amount of information and education materials regarding sexual and reproductive health. Nevertheless, the design and implementation of the materials have been constrained by the lack of relevant research with socio-cultural and gender context. Bearing in mind our socio-cultural context, IEC should be designed in a way so that they are SMART: Specific (age, gender, geographical area, marital status), Measurable (impact), Achievable (sensitivity), Relevant (whom, when, what) and Time-related (occupied or not) for this group. The adolescents SRH related IEC materials and activities proposed by many to be done under the auspices of FPAB include, among others, the following**:** development of a curriculum for school going adolescents which will give them age-appropriate information about sexual and reproductive health; arrange training and support school teachers so that they can teach about reproductive health accurately and comfortably; facilitate a system which ensures better communication about reproductive health between adolescents and their parents; help parents so that they can give accurate information and guidance on talking with their adolescent children; make the community and religious leaders aware that there are social as well as personal causes of young people's reproductive health problems and needs; and make the community aware about maintaining a double standard whereby boys' sexual activity is overlooked while girls' move of that nature is severely reprimanded. But one should know, it needs two (a boy and a girl) for sexual relationships.

FPAB's Set-up to serve adolescents and youth: Although FPAB has been serving since 1953 but inclusion of adolescents and youth as their clients is of recent origin. Recognizing the special needs of adolescents and youth, FPAB started its youth programme in 1980. However, in the head quarters level there are two full-time staffs, one being an Assistant Director and other being Senior Youth Officer. In the District/Branch level the District Project Officer looks after the programme along with other programmes of the FPAB, which numbers to around 24 in some branches/districts.

The adolescent and youth programme of FPAB is being run in 60 unions of 20 districts/branches with 03 unions from each district, and in 10 special work units (one site in each unit), totaling 70 unions (project sites). In each project site there are 25 youth leaders who motivates 70 youths to be part of the project activities, totaling 1750 youths, out of which 140 youth organizers are selected equally from both sexes. These youth organizers are imparted seven days training on capacity building. Having received the training the youth organisers are asked to contact at least 25 out-of-school adolescents/youth of both sexes. The local DPO/ADPO addresses these youths once a month for 1 to 1.5 hours. Side by side the adolescents of class IX are addressed once a month on sexual and reproductive health. Moreover, annual debate is regularly organised on adolescent and youth issues in local to national level. Apart from the above activities, linkage and network is established with relevant government organisations and IEC materials of different types are distributed.

RECOMMENDATIONS

Based on the key findings of the needs assessment, the following recommendations in two broad clusters are presented below for consideration. The first cluster of recommendations are related to specific themes of SRH and are of general nature, and those in the second cluster are related specifically to FPAB.

- Different segments of the rural and urban societies should be reminded time and again by employing some method so that the people within the segments are able to recognize others need, particularly the variety of needs of the adolescents. The adolescents, in turn, should also be reminded to recognise and appreciate the need of the elders and parents. In short, an environment of mutual respect need to be created in the society by launching a coordinated campaign. These campaigns will not only create a favourable environment for SRH intervention but scores of other interventions being made by other NGOs. Therefore, other NGOs may be asked to join and share. The national media e.g. radio, television, newspapers and magazines should be used for campaign.

- The relevant issues about human sexuality i.e.; reproductive organs and their functions along with the functions of different parts of human body can be discussed/portrayed/ narrated so that knowledge is improved. The issue of reproductive organs alone and its discussion may have some sexual overtones but discussion about the functions of human body may appear much more tolerable.

- Not only the adolescents should be targeted but also the other members of the society should be fed with some information so that they appreciate the adolescents need and allow a favourable environment.

- Special information about STD/HIV/AIDS, RTI, ANC, PNC and EOC to the relevant group can be provided through printed materials, mass media, and personal communication.

- Family planning is an important component of RH and more qualitative information about different methods of family planning should be disseminated so that the users, prospective users and non-users are able to make an informed choice.

- Maternal health scenarios for adolescents is precarious in Bangladesh. Both adolescents girls along with their parents and in-laws should be made much more aware about their variety of needs at different stages of pregnancy.

- Abortion though forbidden in Bangladesh (except on medical and legal grounds) is being practised for different reasons. A clear idea about Abortion/MR should be made available to adolescents and their parents and in-laws so that people can take resort to or people can guide others.

- Knowledge about immunization against different diseases are somewhat there but detailed knowledge is still lacking. Therefore knowledge about immunizable diseases should be imparted to the parents and would - be parents.

- Special programmatic effort should be given for FP use among married adolescents. The newly-wed couples should be motivated for delayed child bearing.

- The information need of adolescents about SRH issues is recognized by the society at large. Their recognition should be further strengthened and widened by launching periodic media-campaign at national and local level.

- Violence of any sort, not to speak of violence against women is intolerable, therefore the society should be made aware about the special need of women, children and other vulnerable groups on this issue.

- The parents should be supplied with information of the risk of adolescent marriage, pregnancy at an early age and repeated pregnancies without interval. Every effort should be taken to increase the age at marriage.

- The use of condom as prevention of STDs and birth control should be popularized among married adolescents and unmarried youth.

- `Training on negation skill' is to be formulated properly and client segmentation is to be done for its implementation.

- School may be a good place for training of adolescents on hygiene and management of menstruation. However, training of teachers and segmentation of students is very important in this case. Provision should be made for those out side school. Appropriate training materials is to be improvised for different groups to work on this.

What FPAB can do to serve adolescents and youth: Among others, FPAB should have a vision vis a vis need of adolescents and youth. Some need of the adolescents and youth are universal while others are area specific. Therefore, FPAB and other similar organisations may think of introducing `Adolescent and Youth Wing/Unit' within the organisation headed and supported by relevant persons. These persons can be hired from socio-cultural organizations like *`Kanchi-Katcher Mela', `Mukul-Fouz', `Chaianot'* etc. In fact, these socio-cultural orgnizations are there in different parts of the country – with whom a strategic alliance of FPAB can be forged as the broad goals of these organisations with those of FPAB are similar.

In the branch/district level, the DPOs/ADPOs may appear over burdened as well as busy in minding routine works. Therefore, new people should be recruited to take care of otherwise innovative work or project. These new recruits can be oriented and motivated to meet the variety of needs of adolescents and youth. Among variety of needs, clinical counseling on different diseases like STDs/HIV a tricky issue since the sufferer may not always feel easy to fetch the advice, nor s/he can always share with his/her peers-largely because there is lack of privacy and confidentiality. Adolescent-to-adolescent, Youth-to-youth, and adolescent-friendly service delivery can be thought of but before that adolescent and youth should be properly equipped with the relevant knowledge. In these days of computer and information technology, web-site on adolescent/youth can be of use and so are telephones hot line or peer chat-line.

Table 1: Status of SRH environment of young people in Bangladesh

Indicators	Unmarried adolescent	Married adolescent	Unmarried youth	Parents	Community Leaders
1. % thinks love is natural	72.6	77.5	80.2	-	-
2. % support more than one marriage	6.9	0.9	4.5	8.6	26.3
3. % support dowry	4.7	9.8	6.3	1.7	0.3
4. % of male having experience of drug abuse	5.3	5.2	7.6	-	-
5. % don't support marriage of girls below 18 years	-	-	-	93.4	99.0
6. % in favor of self-choice of partner for marriage	17.4	36.5	35.0	16.7	32.0
7. % experienced pre-martial sex	6.0	7.4	21.0	-	-
8. % didn't use condom during 1st intercourse	57.3	39.1	53.1	-	-
9. % unaware about mental changes during adolescence	15.4	21.9	13.6	-	-
10. % unaware about physical changes during adolescence	11.9	16.4	15.6	-	-
11. % unaware about consequences of not maintaining menstrual hygiene	30.4 (female)	28.2 (female)	28.8 (female)	10.6	-
12. % of female not informed about management of menstruation before onset	24.0	-	25.0	23.4	-
13. % unaware about cause of menstruation	55.4 (female)	58.4 (female)	57.7 (female)	47.8	21.3
14. % unaware about HIV/AIDS	27.9	48.1	17.2	-	-
15. % unaware about Syphilis	87.5	60.1	51.1	-	-
16. % unaware about gonorrhea	86.2	74.7	62.1	-	-
17. % unaware of consequences of unprotected sexual act	41.5	57.0	30.7	31.7	12.7
18. % unaware about how a person can be infected with HIV/AIDS	44.5	67.7	39.4	-	-
19. % didn't report anybody for treatment of RTI	71.7 (female)	58.0 (female)	65.2 (female)	-	-
20. % doesn't recognise condom for prevention of STD/ HIV/AIDS	65.4	75.6	46.4	61.4	23.7
21. % uninformed by health/FPworker about causes of STDs	89.5	88.2	82.8	-	-
22. % uninformed by health/FP worker about treatment of STDs	90.7	91.1	83.7	-	-
23. % thinks adolescent should be informed about prevention of STD/HIV/ AIDS	-	-	-	90.1	96.0
24. % thinks adolescent should be counselled for FP	-	-	-	85.8	94.3
25. % knows about FP	91.0	97.7	97.0	99.5	99.7
26. FP use rate (CPR)	-	28.0	-	-	-
27. % unaware of 3 ANC during the whole pregnancy	-	66.7	-	-	-
28. % unaware of the number of TT doses required to immunize 1st pregnant women	-	50.0	-	-	-
29. % unaware of the number of TT doses required for whole life	-	77.5	78.1	-	-
30. % unaware of EOC	-	60.0	-	-	-
31. % unaware of emergency preparedness for delivery	-	51.6	-	-	-
32. % never heard of abortion	35.4	24.1	11.0	3.2	0.0
33. % never heard of MR	56.7	42.1	66.5	18.6	14.7
34. % unaware of danger of performing abortion by untrained person	-	27.6	18.2	2.0	0.0
35. % unaware about causes of nightblindness	24.7	34.4	22.6	-	-
36. % ever participated in training/discussion on sexuality	12.8	9.5	12.1	-	-
37. % think negotiation skill needs to be imparted to young people (to avoid sexual act)	85.2	88.2	94.2	89.2	99.3
38. % unaware about consequences of VAW	15.0	22.5	9.9	3.9	-
39. % consider information on SRH as a right for young people	83.3	88.2	93.0	99.1	99.7