Premarital Sexual Behaviour among Adolescents and Youths in Nepal

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Abstract

Premarital sex (PMS) among adolescents and young people (AY) is reported to be increasing worldwide. Research to date has tended to focus on analysing the prevalence of PMS among AY, and the individual characteristics associated with PMS, rather than pursuing a more nuanced understanding of changes in the younger generations' premarital sexual behaviour (PMSB). Recognising this gap, this study explores the dynamics of PMSB among AY aged 15-24 years in Nepal, a country undergoing major social, economic and cultural transitions, and where PMS is still heavily stigmatised. This study has two objectives: to investigate the social determinants of PMSB in Nepal and, in particular, the factors associated with marked gender differences in PMSB; and to centre the voices of AY themselves so as to better understand their perspectives and experiences.

Using a social determinants of health (SDH) approach, mixed methods are employed in a sequential fashion. It begins with statistical analysis of secondary data from a large-scale national survey—the Nepal Adolescent and Youth Survey (NAYS) conducted in 2010/11. This analysis addresses questions relating to the social determinants of PMSB and gender differentials. The qualitative component involves interviews and focus group discussions with AY and key social agents including parents and teachers. By allowing AY to narrate their perceptions of PMS from their own complex standpoints, this part of the study addresses questions relating to the importance of context and AY subjectivities.

Unsurprisingly, the NAYS analysis identified major gender differences with 23% of males reporting that they had experienced PMSB compared to just 4% of females. For both males and females, the likelihood of having PMS was most strongly associated with marital status, prior involvement in at least one 'love affair', having a permissive attitude towards PMS, and experience of sexual abuse. The direction of association between marital status with PMSB varied by gender. Ever-married females were 2.5 times more likely to have experienced PMS than never-married females, while never-married males were 1.5 times more likely to experience PMS than their ever-married counterparts. Unlike females, males were also more likely to have had PMS if they had got married later and undertaken some form of migration, increasing exposure time and opportunities to engage in PMS.

The in-depth interviews and focus groups allowed for much richer insights into AY perspectives. The findings suggest that gender differentials in PMSB among AY in Nepal is largely due to three reasons: gendered norms and values in relation to PMS; gender differences in vulnerabilities to the consequences of PMS; and gender differences in the opportunity to experience PMS. All of those interviewed were either against PMS or for it – with little middle ground – and with significant differences by age and gender. The majority of the adult participants and female AY had negative attitudes towards PMS, whereas male AY attitudes were more diverse. The findings also suggest that there are three distinct contexts in which AY could experience PMS: within intimate love affairs, in transaction (i.e., with sex worker, or informal exchange of offer), and in coercive contexts.

The use of the SDH theoretical approach in this study is somewhat novel given the dominance, in the literature, of individualistic approaches to exploring PSMB among AY. It enabled me to situate the relationships between individuals' exposure, attitudes, and behaviours and their PMSB within the broader social context in which AY grow up, live and work. As such, this study shows that the change in PMSB among AY in Nepal is significantly influenced by changes in the social structure, increasing both opportunities and vulnerabilities (e.g., when coerced) to experience PMS. The use of a mixed methods approach also helped to surface the multidimensional realities around PMSB among AY and made visible the limitation of relying on a single method. While this study was limited in its ability to operationalise social determinants, its conceptual framework can be used to incorporate many other social determinants of PMSB at different levels, and to develop locally grounded theories that are more sensitive to local social context.

Finally, this study suggests that the reporting of PMS, particularly among females, is likely to be understated due to the heavy social stigma that they have to navigate. Therefore, future studies should look to employ new methods of data collection that are gender sensitive, in order to get a more coherent and accurate picture of PMSB among AY in Nepal.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescents' Sexual and Reproductive Health
AY	Adolescents and youths
FGD	Focus Group Discussion
GDI	Gender Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GoN	Government of Nepal
HBM	Health Belief Model
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDI	In-depth Interview
MDG	Millennium Development Goal
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NAYAS	Nepal Adolescents and Young Adults Survey
NAYS	Nepal Adolescent and Youth Survey
NDHS	Nepal Demographic Health Survey
NHRC	Nepal Health Research Council
NIDEA	National Institute of Demography and Economic Analysis
OR	Odds Ratio
PMS	Premarital Sex
PMSB	Premarital Sexual Behaviour
RH	Reproductive Health
RSE	Relative Standard Error
SCT	Social Control Theory
SDG	Sustainable Development Goal
SDH	Social Determinants of Health
SEP	Socioeconomic Position
SEPC	Socioeconomic and Political Context
SLT	Social Learning Theory
SMAM	Singulate Mean Age at Marriage
SRH	Sexual and Reproductive Health
SRR	Sexual and Reproductive Rights
STI	Sexually Transmitted Infection
TFR	Total fertility rate
TPB	Theory of Planned Behaviour
UoW	University of Waikato
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VDC	Village Development Committee
WHO	World Health Organization

Chapter 1

Introduction

1.1 Overview

In many countries young people are growing up and reaching adulthood in circumstances that differ markedly from those their parents experienced. Today's young people generally have greater access to education, training and employment, and more opportunities in terms of entertainment, technologies, communication and transportation (Gubhaju, 2002; UN, 2019a). They are strongly influenced by supranational dynamics including globalisation, modernisation and 'westernisation[1]', and these influences have led to changing aspirations, expectations and needs relating to career, lifestyle and family formation in areas such as the timing of marriage, selection of marriage partners and sexual choices that depart from traditional and localised perspectives (Blum, Bastos, Kabiru & Le, 2012; Doshi, Dovina & Sasikala, 2013; Inglehart & Welzel, 2005; Offer, Ostrov, Howard & Atkinson, 2013). Child marriage—once widespread in many countries in Asia —has been abolished, and many young people are delaying marriage until they complete a desired level of education and have a stable career path which are seen as increasingly vital for family formation (Caldwell, 2005; Gubhaju, 2002; Offer et al., 2013; UN, 2019b). Young people spend more time outside of the home and direct parental control, enjoy increased opportunities to interact with those of the same or opposite gender, and experience different types of intimacies, including love affairs, romantic relationships and sexual intercourse (Kleinert & Horton, 2016; Sommer, 2015).

Premarital sex (PMS) and ex-nuptial birth have been common in the United States and other wealthy western countries since at least the 1970s (Beeghley & Sellers, 1986; Lesthaeghe, 1995). However, that is not the case in most countries in South Asia, and in many countries in Asia and Africa (Chamie, 2018). Despite these cross-national differences, many studies have shown that significant changes in PMS attitudes and

[1] I mean modernization as a process of social transition from a 'pre-modern' or 'traditional' to a postindustrial society or modern society (Knobl, 2003). Globalization as the process of interaction and integration among people, societies and countries, increasing movements and exchange of human beings, goods, and services, capital, technologies, knowledge, ideas and cultural practices between different regions and populations around the globe (IMF, 2002). Westernization as the process of convergence and adoption of the practices and culture of western Europe by societies and countries in other parts of the world, whether through compulsion or influence (Heath, 2004).

behaviour are occurring among younger generations in those countries (Bearinger, Sieving, Ferguson & Sharma, 2007; Eze, 2014; Gubhaju, 2002; Wong et al., 2009) including Nepal. In the last decade several studies have found that a significant number of young people in Nepal have had PMS and that the prevalence is increasing (MoH, New ERA. & ICF, 2017; Regmi, van Teijlingen, Simkhada & Acharya, 2015). Research to date has tended to focus on analysing the prevalence of PMS among young people, and the individual characteristics associated with PMS, rather than pursuing a more nuanced understanding of changes in the younger generations' premarital sexual behaviour (PMSB). Recognising this gap in the literature, this study explores the dynamics of PMSB among adolescents and youth (AY) aged 15-24 years in the social context of Nepal.

1.2 Statement of the Problem

In 2019 the United Nations (UN) estimated that there were about 1.2 billion AY aged 15-24 years worldwide, comprising about 16% of the world's population (7.7 billion). Children (0-14 years) make up about 1.9 billion, or 26% of the global population, indicating that nearly 42% of the world's people are 25 years-old or younger. There are, however, major differences in age composition between countries and regions (UN, 2019b). About 57% of the global population aged below 25 years lives in Asia (28% in South Asia), followed by Africa (25%). The proportions in other regions are relatively small. In almost all countries in South Asia a large proportion of the population comprises children (UN, 2017). In Nepal, children make up about 35% of the overall population, and nearly 55% are aged under 25 (CBS, 2014b). With a high, albeit declining, fertility rate and a youthful population, Nepal will continue to remain youthful for at least two to three decades (Karki, 2017).

Adolescence is a critical period with respect to the onset of a range of biological and physical changes and the emergence of sexual curiosity and desires. It is a crucial period when most young people decide to enter into sexual activities (Santrock, 2016). In many low- and middle-income countries marriage is considered a precursor for becoming sexually active and sexual intercourse is likely to occur primarily within marriage. Nonetheless, studies have reported significant increases in the rates of PMS among AY, albeit with significant cross-country variation (Chamie, 2018; Gubhaju, 2002; Zuo et al., 2012).

In societies where PMS is socially acceptable, and where sexual and reproductive health (SRH) information and services are available to AY, irrespective of marital status, they are less likely to be vulnerable to negative social and health consequences of PMS. In contrast, in societies where PMS is not permissible, AY are less likely to have ready access to SRH information, education and services. Lack of access can increase the risk of outcomes such as unwanted pregnancy and potentially unsafe abortion, neonatal and maternal complications and sexually transmitted infection (STI) including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) (Gubhaju, 2002; UNFPA, 2015a). Indeed, the way AY develop their sexual behaviour while transitioning to adulthood is strongly influenced by the social context in which they are raised, and the extent to which they are able to have safe and affirming sexual experiences can have a lifelong impact on their health, sexual life, wellbeing and even future reproductive function (Kleinert & Horton, 2016). Given the youthful population structure in so many low- and middle-income countries, changes in SRH behaviour of AY might have broader implications for socioeconomic conditions and sustainable development nationally, regionally, and for the world (Greenwood & Guner, 2010).

Acknowledging the importance of ensuring safe and positive SRH behaviour among AY, the 1994 International Conference on Population and Development (ICPD) called on all UN member countries to take immediate steps to understand their SRH situation and to create an enabling and responsive policy environment that was free of age, gender and marital status discrimination (UNFPA, 2015b). While several programmes have since addressed the SRH needs and rights of AY, most have focused primarily on promoting sexual abstinence prior to marriage. The dominant narrative is that PMS is risky for AY and that it should be controlled. Far less attention has been paid to approaches that support AY to have safe and positive sexual behaviour. In some societies policy makers purposefully deny unmarried AY access to SRH information and services, effectively ignoring their sexual needs and right (Sen & Östlin, 2008). PMS among young teenagers can be risky if they become sexually active without having adequate knowledge about how to keep themselves safe. However, if the social context or environment provides AY with opportunities that empower them with the knowledge and means to engage in safe sex, they are more likely to have PMS experiences that are positive and healthy (Fisher & Fisher, 1998; Harden, 2014; UNFPA, 2008).

According to the World Health Organization's (WHO) current working definition, sexual health is a state of physical, mental and social wellbeing in relation to sexuality. For sexual health to be attained and maintained, individuals' sexual rights must be respected and protected. Sexual relationships should be free of coercion, discrimination and violence (WHO, 2006, p. 5). However, because of the great variation in social contexts, there is no 'one size fits all' approach that is appropriate for all AY globally. To better understand patterns of PMSB among AY, and the factors that support their experiences to be positive ones, we need to go beyond studies of PMS prevalence and shift the research lens from a largely deficit and individualistic approach to one that centres AY's sexual needs and rights within the broader context of social change (Harden, 2014; Moore & Rosenthal, 1993; Sen & Grown, 2013; WHO, 2008). While an increasing number of studies worldwide are taking this more positive, non-judgmental approach, there are very few studies on PMSB among AY in Nepal, let alone studies that adopt this sort of approach.

According to the 2011 Nepal census, 5.3 million AY lived in Nepal, representing one-fifth of the total population (26.5 million) (CBS, 2014b). Like most South Asian countries, Nepal has a young population because of past high levels of fertility. Although the Total Fertility Rate (TFR, the average number of children per woman) declined from 5.1 in 1991 (CBS, 2014b) to 2.3 by 2016 (MoH et al., 2017), Nepal's youthful age structure means that the country's population still has the momentum to grow in size, even if fertility approaches replacement level[2] (Karki, 2017). This is because the number of children born is both a function of fertility levels and the size of cohorts reaching reproductive ages – in youthful populations those cohorts are relatively large. Furthermore, while the relative size of the AY population may decline as the population ages, the absolute number of AY will continue to increase for at least the next two to three decades (MoHP, 2012). The country's future development is, therefore, intimately tied to the health and wellbeing young people. SRH behaviour is an important aspect of health and wellbeing. It is, therefore, important to understand changing SRH behaviour among AY, as well as their SRH needs and challenges, and to address them properly to ensure their healthy lives and wellbeing.

[2]Replacement level fertility is the total fertility rate—the average number of children born per woman—at which a population exactly replaces itself from one generation to the next, without migration. This rate is roughly 2.1 children per woman for most countries (Choe, Thapa & Mishra, 2005).

In many ways Nepal is a country in transition. Recent decades have seen significant changes in the socioeconomic and political context, particularly after the restoration of the multiparty democratic system in 1991 (Shneiderman & Tillin, 2015). In 2015 the new constitution granted unprecedented political freedom and civic liberties, ensuring access to many aspects of universal rights including sexual and reproductive rights (Rai & Shneiderman, 2019). In this broader context, AY are increasingly becoming aware of their human rights including rights relating to sexuality (SRI, 2020; WHO, 2017). Studies have reported wide variation and major gender differences in the prevalence rate of PMS among AY, ranging from 25% to 45% among males, and 4% to 16% among females (BC & Basel, 2014; MoH et al., 2017; MoHP, 2012). To my knowledge, no study has yet explored why and how AY are engaging in PMS in Nepal in the context of these striking gender differences. Not only is there a paucity of in-depth analysis of PMSB among AY to shed light on the structural factors associated with PMS, and how it might vary by gender, but there has been relatively little attention paid to the voices of AY and, in particular, their perceptions relating to the influence of context on PMS and the drivers of change. This study marries a sequential mixed-methods approach with a gender-sensitive social determinants of health framework to address these gaps.

1.3 Rationale for the Study

Nepal Adolescent and Young Adults Survey (NAYAS) conducted in 2000 was the first study to gather information related to PMS among young people males and females aged 14-22 years. It was limited to the Hill and Tarai regions only, thus excluding mountain regions (Choe, Hatmadji, Podhisita, Corazon & Thapa, 2004). The Nepal Demographic Health Survey (NDHS) started to collect information on PMS from 2006 onwards, but analyses of NDHS 2006, 2011 and 2016 have been limited to descriptive analysis of PMS prevalence among never-married AY aged 15-24 years, with some descriptive analysis by socioeconomic and demographic characteristics (i.e., age, gender etc.) (MoH et al., 2017; MoHP, New ERA. & ICF, 2012; MoHP, New ERA. & Macro International Inc., 2007). Since 2006, several studies have investigated the extent of PMSB, and correlations with some factors, but almost all of them have been small and non-representative, and focused on specific groups of homogeneous AY population such as students, factory workers and migrants (Adhikari & Tamang, 2009; Basel, 2014; Tamang, Nepal, Puri & Shrestha, 2001).

Most studies in Nepal regarded PMS as a problem or risky behaviour and emphasized on identifying preventive or protective measures (Adhikari, 2015; Puri & Cleland, 2006; Tamang et al., 2001). These studies have more focused on individual-level factors and 'at risk' populations, with individualistic and behavioural explanations ignoring the important role of social context or structural determinants of PMSB. As noted above, studies have reported an increasing rate of PMS among young people, with far higher rates of PMS among males compared to females. Although these studies have generated important knowledge on the prevalence of PMS among AY, and some of the underlying factors, major knowledge gaps remain in understanding the structural or contextual determinants of PMS, and gender differential in PMS among AY. A key assumption underpinning this study is that the change in PMSB among AY in Nepal is largely due to changes in Nepal's social context. In line with the WHO's (2008) concept of social determinants of health, this study sees all factors tied to different levels of societal structure or context as social determinants and defines these as the conditions in which people are born, grow, live, work and age.

In terms of my motivation for undertaking this study, I am mainly motivated by my academic and professional background, and passion for doing research that promotes AY wellbeing with respect to SRH. I have worked in Nepal as a teacher of population studies, and as a programme manager in a leading non-government organisation working to support AY safe sexual behaviour. During my years of working with young people, I have noted significant changes in lifestyle and sexual behaviours, with an increase in cross-gender friendships, love affairs and dating. Although there are an increasing number of studies on PMS, few focus on PMSB among young people in Nepal and, to my knowledge, none has yet explored the structural determinants of change in PMSB and gender differentials. Having worked as a practitioner in the field for many years, my desire is to make a contribution in this field and, ultimately, to the SRH wellbeing of AY in Nepal.

1.4 Research Objectives and Questions

The main purpose of this study is to provide a structural account of PMSB among AY in Nepal. This study has two objectives: one is to examine the broader structures of PMSB among AY through statistical analysis of nationally representative data, while the other is to centre the voices of AY and key social agents (e.g., parents, teachers,

service providers, and community leaders) in relation to perceptions around PMS, the contexts in which AY are involved in PMS, and the structural drivers of change in PMSB. In so doing, the study addresses the following research questions:

1. What is the extent of prevalence of PMS among different subgroups of AY, particularly in relation to gender and age?
2. What are the important structural determinants of PMSB among AY?
3. What factors account for the substantial gender differences in PMSB?
4. How do AY perceive about PMS and how do their perceptions differ from those of key social agents?
5. What are the contexts in which AY are involved in PMS?

1.5 Significance of the Study

This study makes a unique contribution to theoretical, methodological and substantive knowledge about PMSB among AY in relation to the socioeconomic and political transition being experienced by Nepali society. The study's basic premise is that decisions around PMS are not made in a vacuum, but are shaped by the social context in which individuals live, grow and work. As such the study approach sits broadly within a social constructivist paradigm (Andrews, 2012). To a certain extent, most studies on PMSB among AY in Nepal have been loosely linked to theory, with a focus on individualistic and behavioural explanations rather than the social conditions that structure opportunities and constraints to engage in PMS. Although an increasing number of studies examine the structural causes of variation in SRH among AY (Short & Mollborn, 2015; Viner et al., 2012; Ward, Mamerow & Meyer, 2013; WHO, 2017), only a few have adopted a structural approach when analysing PMSB among AY (Ergun, 2007; Rao, Gopalakrishnan, Kuruvilla & Jacob, 2012). To my knowledge, this study is the first to investigate the social determinants of PMSB among AY in Nepal using a SDH framework.

A few national studies have analysed the prevalence rate of PMS using various socioeconomic and demographic characteristics while analysing the SRH situation. The NDHS 2006, 2011 and 2016 surveys, for example, provided limited analysis of the prevalence of PMS among unmarried AY only, while the NAYS 2010/11 collected comprehensive information on sexual behaviour including PMSB from both currently

married and unmarried AY. However, the NAYS was limited to descriptive analysis of the prevalence rate of PMS (MoHP, 2012). A few small-scale studies focusing on PMSB among AY in Nepal have been conducted. However most have been limited to small homogeneous populations (e.g., students, factory workers and migrants). The findings of these studies, therefore, cannot be extrapolated to the general AY population. Moreover, most were either exclusively quantitative (Adhikari & Tamang, 2009; BC & Basel, 2014; Bhatta, Koirala & Jha, 2013) or qualitative (Acharya, Regmi, Simkhada & van Teijlingen, 2015; Regmi, Simkhada & van Teijlingen, 2010b; Regmi et al., 2015).

Whereas most Nepalese studies have tended to conceptualise PMS as 'risky' sexual behaviour and focused on its negative health impacts (Adhikari, 2015; Puri & Cleland, 2006; Tamang et al., 2001), this study does not make any moral judgment about whether PMS is risky or appropriate. Without passing judgement, this study attempts to understand the contexts in which AY are involved in PMS and the important structural factors associated with change in PMSB among AY. Such a non-judgemental approach helps to gather not only the evidence regarding the PMSB situation, but also a greater depth of meaning to the data (Gall, Gall & Borg, 2007). Moreover, it also attempts to understand how AY perceive about and make sense of PMS in their different social contexts and how their perceptions differ from those of key social agents. To achieve these aims, this study adopted a sequential mixed method approach. It begins with statistical analysis of secondary data from NAYS conducted in 2010/11. This analysis addresses questions relating to the social determinants of PMSB and gender differentials. The qualitative component involves in-depth interviews and focus groups with AY and a focus group discussion with key adult social agents. By allowing AY to narrate their perceptions of PMS from their own complex standpoints, this part of the study addresses questions relating to the importance of context and AY subjectivities.

Given the significant cultural and gender sensitivities involved in this topic, collecting information on PMSB among AY Nepal is not easy. This study's findings, therefore, makes a substantive contribution to increasing practical information or evidence on PMSB among AY. My hope is that the findings will also be useful in promoting sound policy approaches that contribute positively to national development and ensure healthy lives and wellbeing for AY.

1.6 Definition and Concept of Key Terms

This section briefly discusses the definition of key terms and concepts used in the study and how their use here differs from their use in other studies. The methodology chapter discusses in more detail how this study has defined and measured these concepts.

1.6.1 Adolescents and Youth. The terms 'adolescents', 'youth' and 'young people' are used interchangeably in the literature to refer to young people but there is no uniformity regarding age range. Adolescence is often referred to as the transitional stage of human growth from childhood to adulthood. Most studies define adolescence as a stage of human growth beginning at 10 and 12 years of age, and ending somewhere between 18 and 23 years of age. These definitions indicate primarily either the period from the onset of puberty to sexual and reproductive maturity to take on the role of adulthood (Santrock, 2016; WHO, 2018). As cited in Santrock (2016), Hall (1916) defined adolescence as the period between 12 and 23 years of age, whereas Erikson (1968) referred it as the period from 10 to 20 years of age. UN entities define adolescence as the second decade of life and adolescents as individuals aged 10-19 years, who are no longer children and not yet adults (UN, 2012). The United Nations Population Fund (UNFPA) (1998) further classifies adolescents into two groups with 10-14-year-olds as young adolescents and 15-19-year-olds as late adolescents. The UNFPA has also referred to those aged 15-24-year-olds as youths (UNFPA, 1998).

Although adolescence is referred as a period from the onset of puberty to the beginning of adulthood, there is no uniformity in 'landmark' age. Young people in different social contexts may experience the onset of biological and physical changes at different ages. Therefore, age alone may not signify the beginning and the end of adolescence. The essence of adolescence and youth is the transition from childhood to preparation for adulthood (Larson, 2000) and transition from socioeconomic and emotional dependence to relative independence (Sawyer, Azzopardi, Wickremarathne & Patton, 2018; UNFPA, 2015b). Moreover, adolescence is a critical period with respect to the emergence of sexual curiosity and desires. This is an important period when young people seek to make decisions on whether or not and when and how to enter into sexual activities (Santrock, 2016).

Collecting information on sexual behaviour from young adolescents aged 10-14 years is challenging due to the (understandably) stringent research ethics requirements, and the sensitivity of the issue (WHO, 2018). Considering these, the UNFPA and EU, in joint collaboration with local government and NGOs, implemented the Reproductive Health Initiative for Youth in Asia (RHIYA) programme in 2003 in seven countries, namely Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka and Vietnam to improve the SRH status of young people and increase their level of knowledge on SRH targeting late adolescents and youth aged 15-24 years (UNFPA/EU, 2017). Since then, research focusing on SRH among young people in this age group has increased in these countries and other countries in Asia, so that findings within and across the countries can be compared (Ghule, Balaiah & Joshi, 2007; Kaljee, Green, Riel, Lerdboon & Minh, 2007; VaRG, 2005; Zuo et al., 2012). Most studies in Nepal have also focused on analysing SRH behaviour among young people in this age group (MoHP, 2012; MoHP et al., 2012; MoHP et al., 2007). Consistent with those studies, this study also studied AY aged 15-24 years to analyse their PMSB, so that this study's findings can be compared with those of other relevant studies. This age group also matches with the emerging adulthood defined by Arnett, the age period from the late teens to the mid-twenties (Arnett, 2014).

1.6.2 Premarital Sexual Behaviour. The literature refers to a wide span of sexual activities, ranging from the solitary (e.g., masturbation and autoerotic stimulation) to partnered sex (e.g., kissing, hugging, petting and oral, anal and vaginal sex), as sexual behaviour (DeLamater & Hasday, 2007; Kirby, Lepore & Ryan, 2005; Sprecher, Treger & Sakaluk, 2013; Whitaker, Miller & Clark, 2000). Reiss classifies sexual behaviours into two broad categories: body-centred activities that emphasise the physical aspect of sex (i.e., masturbation, autoerotic stimulation, kissing, hugging, petting, oral, anal and vaginal sex) and person-centred activities that emphasise the particular person with whom the sexual act was performed by gender i.e., homosexual and heterosexual activities (Reiss, 1990).

When individuals engage in one type of sexual activity, they may not adhere to only that type, but may engage in different types of sexual activities at the same time (Wellings et al., 2006). Researchers use various measures of sexual behaviour such as nature and frequency of a specific sexual act, numbers of sexual partners, modes of

sexuality and sexual expression and associated forms of control and coercion (Rakesh, 1992; Whitaker et al., 2000; WHO, 2010b). Some studies also use the terms sexual practice and sexual experience instead of sexual behaviour (Ekpenyong & Ekpenyong, 2016; Hald & Sondergaard, 2014; Noroozi, Taleghani, Merghati-khoei, Tavakoli & Gholami, 2014; Poulin, 2010). In this study, PMS refers to a heterosexual vaginal relationship between a never-married individual and a sexual partner, regardless of that sexual partner's marital status. Following the definitions used by the NDHS and NAYS, PMSB refers to an individual's lifetime heterosexual PMS experience, irrespective of whether the activity was voluntary, involuntary or coercive and the activity was performed for the purpose of procreation or recreation.

1.6.3 Sex and Gender. Sex and gender are often used interchangeably in the literature to define people as male and female, but these concepts are not same. Sex has a dual meaning. It is used both to refer to sexual activity and to the biological or physiological characteristics that define an individual as male, female and other (Muehlenhard & Peterson, 2011). To avoid confusion in its dual meaning, the use of the term sex in this study is strictly limited to refer to sexual activity. Gender is used to refer to the sociocultural processes by which individuals are constructed as male or female (WHO, 2011). In line with the WHO's (2011) definitions of gender norms and roles, this study refers to social norms about what roles individuals of a different gender should take and how they should behave in society as gender norms.

The social roles that males and females are expected to undertake within a society are referred as gender roles (WHO, 2011). Similarly, gender relations refer to social relations between and among males and females based on gender norms and roles. This study assumes that gender norms, roles and relations in any society are strongly determined by its sociocultural context. Nepalese society has a long, historical, patriarchal, patrilineal and patrilocal system with distinct gendered norms, roles and relations that provides males with more access, power, opportunity and autonomy to make decisions on marriage, sex and personal development activities than females. This longstanding traditional and patriarchal social system has engendered gender differences in many aspects of men's and women's lives and their socioeconomic status (CBS, 2014c; Joshi & Kharel, 2008).

1.6.4 Sexual and Reproductive Health and Rights. 'Sexual health' and 'reproductive health' are often used in conjunction as well as separately, linking sexual health to sexual activity and sexuality, and reproductive health to the reproductive system, and its functions and processes. Since the 1994 ICPD, sexual health and reproductive health have increasingly been linked. However, whether sexual health is a subset of reproductive health or vice versa has been an issue of debate (Edwards & Coleman, 2004; Lottes, 2000). The discussion on sexual health over the past three decades suggests a long list of sexual health aspects relating to body integrity. These include, amongst others: gender identity and roles; sexual orientation; sexual activity; eroticism; pleasure; intimacy; reproduction; infertility; STIs and HIV/AIDS; sexual dysfunction; sexual violence; sexual safety; and discrimination on the basis of sexual orientation. Although sexual relations are central to both reproductive and sexual health, not all sexual activities result in reproduction. Therefore, whether sexual health should go beyond reproductive health to encompass a broader aspect of sexuality, sexual behaviours and outcomes of sexual behaviours has been debated.

Building on evolving concepts of sexual health, sexuality and sexual rights in different conventions and meetings, the WHO (2006) has advanced the following working definition of sexual health: *Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (p.3)* This definition encompasses a wide range of complex physical, emotional, mental and social attributes of sexual health as well as subjective components of wellbeing.

There is a growing consensus that heathy SRH cannot be achieved and maintained without a positive and respectful approach to, and protection of, human rights that have already been recognised in international and regional human rights documents. These include the rights: to life, liberty, autonomy and security of the person; to equality and freedom from discrimination; to be free from torture, cruel, inhumane or degrading treatment or punishment; to privacy; to the highest attainable standard of health

(including sexual health) and social security; to marry and to choose a partner and enter into marriage with the free and full consent of the intending spouses; to equality in and at the dissolution of marriage; to decide the number and spacing of children; to information, as well as education; to freedom of opinion and expression; and to an effective remedy for violations of fundamental rights. The WHO (2006) referred to the application of these human rights related to sexuality and sexual health as sexual rights. Sexual rights address a wide range of issues and often intersect with several other rights (SRI, 2020). This study also uses the term sexual rights to refer to all rights related to sexuality and sexual health that are essential to individuals' fulfilling and expressing their sexuality and enjoying sexual health. This study assumes that, in order to ensure the highest possible level of AY's sexual health, it is important to support and ensure safe and positive sexual behaviour. Therefore, it is important to understand the emerging sexual needs and challenges AY face in the changing context and ensure an enabling environment for them to have safe and positive sexual behaviour respecting their sexual rights. This study gives the same meaning to the terms sexual, health, reproductive health, SRH and sexual rights discussed in this section.

1.7 Thesis Outline

This thesis comprises seven chapters, including this one. Chapter two provides readers with a high-level introduction to Nepal as a society in transition, in terms of its socio-economic, cultural and political institutions and arrangements. It provides a broad sweep of Nepal's geographic setting, political and sociocultural context, development efforts, and changing demography. It also describes the situation regarding AY population and their SRH and PMS. Chapter three moves from the Nepal context to provide a detailed overview of the relevant literature on PMS among AY in national and international contexts. It pays particular attention to the factors associated with PMSB among AY. It also reviews some of the dominant theories that have been used to explain PMS. Chapter four sets out the study's theoretical approach and research methodology. Beginning with theoretical approach and conceptual framework of the study, it presents an overview of the methodological approach. Focusing first on the quantitative methodology, it describes the data source, study area and the sample size, data collection and management techniques, study variables and measurements, and data analysis techniques. Thereafter, chapter 4 presents the study design of the

qualitative component, including data source and study area, ethical approval, the sample size of the study population, data collection and analysis techniques.

Chapter five presents the results of the analysis of the quantitative study. It focuses on the analysis of the background characteristics of the study population and their PMSB by social determinants measured at different levels of social context i.e., community and household and individual levels. This chapter presents the findings of both the bivariate and the multivariate analysis of association of independent variables with PMSB among AY. The quantitative study primarily attempts to answer research questions 1, 2, and 3.

Chapter six presents the results of the analysis of the qualitative data. Specifically, it aims to answer research questions 2, 3, 4 and 5 on the basis of thematic analysis of the qualitative data collected from the in-depth interviews and focus group discussion. This chapter provides information on the perception of AY and key social agents around PMS, the context in which AY are involving in PMS, drivers of change in PMSB and gender differential in PMSB among AY. Having presented the findings of the qualitative study, this chapter discusses these in light of the study's objectives, research questions and theoretical framework.

The seventh chapter summarises and concludes the entire study. It begins by revisiting the research objectives, questions and approach and the extent to which this study has been able to address them. It synthesises and discusses the key findings within the theoretical approach. It also presents the contribution to existing knowledge, implication of findings and recommendations, limitations of the study, and some concluding comments. Finally, I have attached all the supporting documents in the appendices including the approval to use NAYA data, NAYA questionnaires, ethical approval, tools for qualitative study, and the background characteristics of participants in qualitative study.

Chapter 2

Background of Country Context: Literature Review

2.1 Introduction

This chapter situates the study on PMS among AY within the context of Nepal as a society in transition. It begins by briefly describing the geographic setting, changing political and sociocultural context, development efforts, and demographic situation. It then provides a brief overview of the SRH situation of AY, including social norms around marriage and PMS and policy responses to promote the SRH and wellbeing of AY. The chapter draws on the published literature along with documents produced by the Government of Nepal (GoN), WHO, UNFPA, and the United Nations Development Programme (UNDP). The purpose is to better understand how changes in the broader Nepali socioeconomic context and environment might in turn influence changes in SRH behaviour including PMSB among AY.

2.2 Geographic Setting and Administrative Division

Nepal is a landlocked country located in South Asia, with China to the north and India to the south, west and east. Topographically, Nepal is divided into three distinct layers of ecological regions from north to south: the Mountain, Hill and Tarai regions. The Mountain region bordering China consists of the entire northern frontier with high mountains and snow-covered peaks. It ranges in altitude from 4,877 to 8,848 metres and includes 8 of the world's 10 tallest mountains including the highest point on earth, Mount Everest. The Hill region lies in the middle part; it ranges in altitude from 610 to 4,877 metres. The Tarai region consists of mostly flat areas with altitudes ranging from 60 to 305 metres (MoHP, 2012).

Most of the Mountain region is covered by rolling hills and icy mountains which are unsuited to agriculture and which have made it difficult to develop infrastructure. The terrain in the Hill region is also rugged however, most parts have good road and air transportation facilities and thus more essential social services (i.e., education, health, electricity, communication) than the Mountain region. The Tarai is the best served region in terms of transportation, irrigation, communication and electricity. It has the most fertile land, an open border with India, and is comparatively better for agriculture,

trade and residence. Given the regional variation in facilities and opportunities, there is an increasing trend of internal migration from the Mountains to the Hills and from the Hills to the Tarai, resulting in great variation in population density. According to the 2011 census, the Mountain region, which has 35% of the country's land, contains only about 7% of its total population (26.5 million), while the Tarai, with only 23% of the country's land, contains almost half its total population (CBS, 2014b).

For administrative purposes, the country was previously divided into five development regions, namely Far-Western, Mid-Western, Western, Central and Eastern development regions, 14 zones and 75 districts. Each district was further divided into municipalities in urban areas and village development committees (VDC) in rural areas (CBS, 2014a). Following the new constitution of 2015 that created a federal democratic republic, Nepal is now administratively divided into three tiers of governance: one federal or central government, seven provincial governments and 77 districts. The map in Figure 2.1 shows the demarcation of Nepal's federal states or provinces and districts.

Figure 2.1.*Map of Nepal.*

Each district is divided into metropolitan cities, submetropolitan cities, municipalities and rural municipalities. Each of these is further divided into a number of wards as the smallest units of local government. Currently, there are 6,743 wards under 753 local governments, including six metropolitan cities, 11 submetropolitan cities, 276 municipalities and 460 rural municipalities (CBS, 2019).

Although the NAYS data used in this study is nationally representative, the primary data collected for the qualitative study pertains solely to Kathmandu valley, which comprises three districts: Kathmandu, Lalitpur and Bhaktapur. Kathmandu is Nepal's capital city and acts as the main destination for migrants seeking education and work. It is also the transition area for international travel to the entire country. Nearly 6% of Nepal's population lives in Kathmandu valley, 73% of whom are migrants from elsewhere in Nepal (CBS, 2014b). Kathmandu is also the most diverse area in terms of ethnicity and socioeconomic status.

2.3 Historical Background

2.3.1 Political Context: Feudal Monarchy to Federal Republican System. The political context in Nepal is complex and has undergone significant change in recent decades. The main shift has been from a political system of a feudal monarchy to a federal democratic republic in 2008. Unlike several other countries in southeast Asia, Nepal has never been a colony. The history of modern Nepal dates back to 1767. Before that, its people were scattered across a number of small tribal kingdoms and principalities. Most of these peoples were believed to have come from Mongolia, China and Tibet. Similarly, a large number of people migrated from northern India in the wake of the Muslim invasions and established a number of small kingdoms and principalities from west to east (Shrestha & Bhattarai, 2017). In 1767, the king of Gorkha, Prithivi Narayan Shah, united all these mediaeval kingdoms to form modern Nepal. Thereafter, the Shah dynasty ruled the country as a patrilineal monarchy. However, the country soon became embroiled in a protracted power struggle. The then prime minister, Jung Bahadur Rana, grasped the king's power and introduced a hereditary prime ministerial system in 1846, giving rise to the Rana oligarchy.

In 1951, the Rana oligarchy was overthrown by establishing a multiparty democratic system with a constitutional monarchy. Under this system, Nepalese politics came into the hands of the people for the first time but the system did not last due to interparty and intraparty power struggles. In 1962, King Mahendra dismissed the fledgling multiparty democratic system, assuming all executive, legislative, and judicial powers and introducing the partyless Panchayat system that consolidated the autocracy of the Shah dynasty. It allowed the people to elect their representatives to form the government on an individual basis, but banned political parties and political activities against the Panchayat (Whelpton, 2005).

Through the Panchayat system, King Mahendra institutionalised and invoked three pillars of national identity: the Hindu religion, the Nepali language and the monarchy as a foundation of everyday social and religious life (Gaurab & Kharel, 2017). Toffin (2013) described this move as enacting a politics of Hinduism that aimed to get support from the majority Hindu population. The Panchayat system led to the consolidation of power at the periphery of the palace, which gave rise to the monopoly and autocracy of the Shah dynasty. Despite the ban, people began to move against the Panchayat system by forming different political parties, which accelerated during the 1980s. The Congress and Communist parties initiated a joint movement "Jana Andolan" (people's movement) in 1990 and succeeded in restoring the multiparty democratic system in 1991 (Shneiderman & Tillin, 2015).

Immediately after restoration of a multiparty system, a liberal constitution was promulgated, granting political freedom, civil liberties and human rights. Likewise, the government implemented liberal economic policies and programmes for structural adjustment, emphasising public-private partnership at global, national and local level. This resulted in significant growth in external donors, bilateral and multilateral partnerships, and I/NGOs and private organisations supporting the nation in its development activities (Karkee & Comfort, 2016; NPC, 2016). The country made significant progress in increasing access to social services, i.e., education, information, communications, healthcare, banks and transportation beyond the public institutions. Since then, Nepal has initiated several laws, policies and strategies to eliminate many traditional social and gender discriminatory practices, and acknowledged international standards and principles of human rights. These all increased exposure to opportunities

for education, employment, information, communication and mobility, as well as to 'western' culture and lifestyles (Gaurab & Kharel, 2017). Subsequently, the aspirations and expectations of young people seemed to have change in favour of a more 'modern' and equitable society (Shneiderman & Tillin, 2015). However, the political parties elected to government could not fulfil the people's expectations or even function properly due to ongoing power plays between and within political parties. The Maoist movement thus emerged, demanding radical political and social change (Gellner, 2007; Gurung, 2005).

In the political history of Nepal, the Maoist movement played a vital role in making people aware of socioeconomic, cultural, gender and political issues, including widespread social exclusion and gender inequality (Gurung, 2005). The movement succeeded in mobilising a large section of the youth population from poor and lower socioeconomic classes, and spreading hope for the elimination of social, economic and gender discrimination (Shneiderman & Tillin, 2015). As the government endeavoured to quash the Maoist movement, it turned to armed conflict which resulted in violence and insecurity throughout the country, particularly in remote and difficult-to-reach areas. More than 17,000 people were killed during the conflict (HRW, 2014). Many individuals and families were forcibly displaced from remote areas into nearby cities, towns in different parts of the country, India and other countries (MoLE, 2018; Singh, Sharma, Mills, Poudel & Jimba, 2007). Many females also experienced sexual violence from both security forces and the Maoists (Adhikari & Boyd, 2006; HRW, 2014; Singh, Sonal et al., 2007; Waldman & Overs, 2014). The Maoist movement resulted in unforeseen changes in family structure and disorder along with an increased number of widows and widowers, separation of parents, single parents, internally displaced people and international migration. Nearly half a million people, including around 40,000 children, are estimated to have been internally displaced within the country (Adhikari & Joshi, 2008).

While the country was facing the Maoist movement, King Birendra and his entire family were massacred at the royal palace in 2001, which seems to have played a crucial role in heightening the Maoist movement (Bhattarai, Conway & Dulal, 2010). Gyanendra Shah, the brother of the king, inherited the throne in 2001. Taking advantage of the political instability, in 2005, he dismissed the elected government and assumed

full executive power, thus, following the path of his father, while establishing Panchayat. In opposition to this move, the Congress and Communist parties also aligned with the Maoists, and the joint movement succeeded in overthrowing the 240-year-old feudal system of monarchy and, in 2008, established the federal democratic republican system (Shrestha & Bhattarai, 2017).

Nepal is now in an era of restructuring and rebuilding its political institutions in line with a federal democratic republic system. The new constitution of 2015 has granted unprecedented political freedom and civil liberties, ensuring many aspects of universal rights to individuals, including sexual rights (Secretariate, 2015). Young people are increasingly aware of these fundamental rights, including the right to control their own bodies and their sexuality free of coercion, violence or discrimination (Dhushyanth & Rajbhandary, 2018; WHO, 2017).

As already noted, a significant proportion of AY in Nepal have already engaged in PMS. The country is under pressure from international declarations and development agencies to develop further policies, strategies and programmes to affirm universal rights to SRH and to address the specific SRH needs and challenges (NPC, 2017). However, because of social stigma and the dominance of men and older generations with conservative social norms (Rai & Shneiderman, 2019), the issue of PMSB among AY has not yet received attention in political and policy level debate.

2.3.2 Sociocultural Context. Nepalese society is multicultural, multiethnic, multireligious and multilinguistic (Vaidya, Manandhar & Joshi, 1993). Joshi and Rose (2000) classify the population of Nepal into three broad ethnic groups in terms of origin: Indigenous Nepalese comprising indigenous tribes with indigenous languages and cultures; Tibeto-Nepalese with Tibeto-Burman languages and cultures; and Indo-Nepalese comprising Indo-Aryan people who originally migrated from northern India, are predominantly Hindu and speak Nepali language. The Indo-Aryan people are also known as Khas or Parbatiya, which means inhabitants of hills. Though they were latecomers relative to the Tibeto-Burmans, they have dominated the indigenous and Tibeto-Burman people religiously, culturally and linguistically since the unification of the country, as they constitute the majority (Pradhan & Shrestha, 2005).

The first National Legal Code (*Muluki Ain*) was initiated in 1854 during the Rana regime. As the rulers and a majority of the people were Hindus, they introduced a single hierarchical' caste structure based on the fourfold Varna of Hindu hierarchical caste structure: Brahmins (priests and scholars), Kshatriyas or Chhetri (rulers and warriors), Vaisya (merchants and traders), and Sudras (farmers, artisans, and labourers)—with an additional group technically 'outside' the caste system, categorising them as Dalits, the untouchable caste, because of their 'ritually defiling occupations' (Bennett, Dahal & Govindasamy, 2008). The National Code officially endeavoured to organise the local variations in caste and ethnic groups and codify social practices among the entire population i.e., both non-Hindu and Hindu social groups. The code institutionalised and invoked Hindu religious philosophy and social stratification by caste, assigning different social status and keeping people apart from each other in certain respects, i.e., caste endogamy, restrictions on eating together and on physical contact (Whelpton, 2005). Since then, Hindu ideology has predominated in social laws, norms, cultural practices and gender roles in many aspects of life, including marriage, sexual norms, reproduction and day-to-day activities in Nepalese society. Moreover, the Panchayat Constitution of 1962 declared the country as a 'Hindu Kingdom', 'Nepali' as the national language and the king as an incarnation of the Hindu god "Bishnu". Thus, the Constitution furthered the religious and sociocultural dominance of high caste Hindu Nepali-speaking people of the Hill region (i.e., Brahmin and Chhetri,) over other groups. Consequently, various ethnic, linguistic and religious groups live side by side with some tension and, for some, a sense of exclusion. This has resulted in the evolution of a politics of identity along with a demand for social equity and inclusion (Rai & Shneiderman, 2019).

The 2011 census reported 10 religious groups, an increase from 3 in 1952/54, with a large proportion of Hindus (81%), followed by Buddhists (9%), Muslims (4%), Kirat (3%) and Christians (1%). Under 1% follow one of five other specified religions (i.e., Jainism, Sikhism, Bahai, Prakritit, and Bon) or are part of an unspecified religious group. The census reported 125 caste and ethnic groups, an increase from 60 in the 1991 census. Chhetri (17%) comprised the largest group, followed by Hill Brahmin, Magar, Tharu, Tamang, Newar, Kami, Muslims, Yadav and Rai. The census reported 123 languages, an increase from 92 in 2001 because of an increasing trend of reporting traditional castes and languages, particularly among indigenous people (CBS, 2014c).

Because of the large number of castes and languages, and the small number of people in many caste and language groups, most studies have used the classification of population by ethnic groups in analysing the socioeconomic conditions. However, there is no consistency in classification of sociocultural groups in the literature.

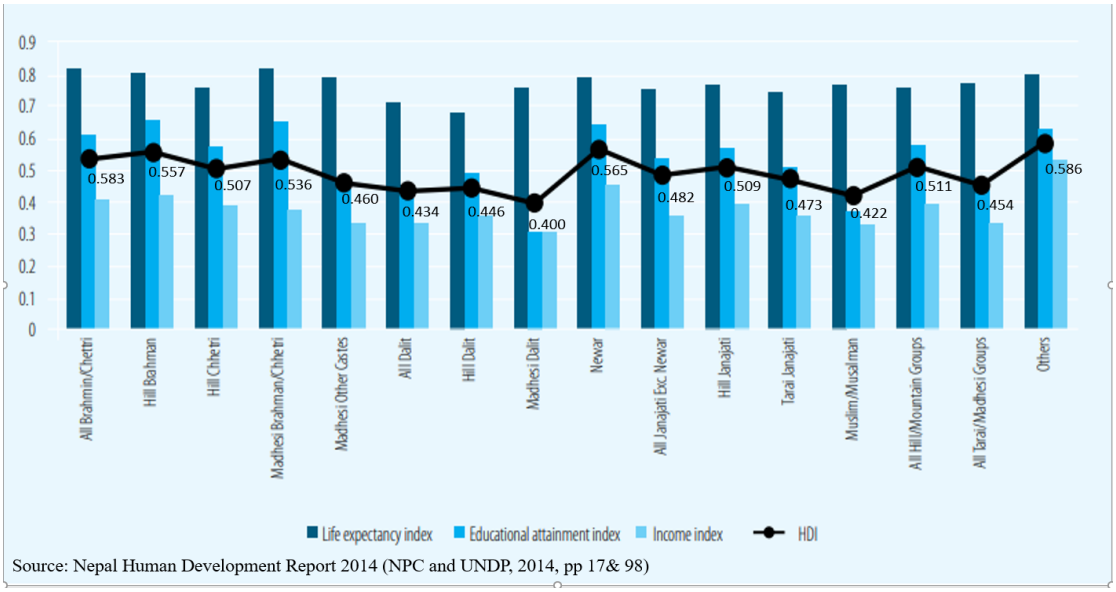
Gurung, Suwal, Pradhan, and Tamang (2014) classified Nepalese social groups into four main cultural groups: Hindu caste groups, indigenous ethnic groups or Adivasi Janajati[3], Muslims and other unspecified caste groups. Dahal (2014) classified Nepalese society into nine ethnic groups under six broad categories i.e., Hindu higher caste origin groups (Hill Brahmins, Chhetri and other upper castes, Tarai Brahmins, Chhetri and other upper castes); Dalits (Hill and Tarai Dalits); Other Tarai caste origin groups; Newars; Indigenous ethnic groups; and other unspecified caste and ethnic groups (Dahal, 2014). In the 2011 census, Adivasi Janajatis were the biggest group (35%), followed by Brahmins and Chhetris (32%), other Tarai castes (15%), Dalits (13%), Muslims (4 %) and others (1%). As most studies use this classification, this study also used it for the quantitative analysis, so that the findings of this study can be compared with those of other studies (CBS, 2011; MoH et al., 2017).

Several studies have demonstrated great variation in socioeconomic conditions and SRH status by religion, ethnicity, and ecological region (Dahal, 2008; Thapa, 1997). People from lower caste Dalits and minority indigenous groups have long been socioeconomically and politically deprived and physically and sexually exploited (Gellner, 2007). Females from some specific Dalit communities such as Badi[4] have been involved in sex work and the entertainment professions for several decades (Cox, 1993). Though social discrimination by caste, ethnicity, religion and gender is reported to be declining gradually over time, significant inequities endure (Gellner, 2007; Gurung, Suwal, Pradhan & Tamang, 2014). The following two subsections briefly discusses inequality in socioeconomic situations by ethnicity and gender, as points of relevance to this study.

[3]All indigenous tribes with indigenous language and culture, who do not fall under the conventional fourfold Varna of Hindu hierarchical caste structure have been grouped into the Adivasi Janajati group. Newars are also an indigenous ethnic group; however, because they have a distinct culture and remarkably higher HDI and socioeconomic indicators compared to other indigenous tribes, some studies have classified them into a different indigenous group (Bennett et al., 2008; Gellner, 2007).

[4] Badi were considered to be an entertainment caste, and the political, cultural and economic context in the past contributed to and produced the development and practice of prostitution as a strategy of survival for many women in the Badi community. Subsequently, it has been said that prostitution is the traditional caste occupation of the Badi women, considering it as a part of the caste system (Cox, 1993).

2.3.2.1 Inequality in socioeconomic condition by ethnicity and region. The 2014 Nepal Human Development Report showed great variation in Human Development Index (HDI)[5] scores across population groups by caste, ethnicity and region. The Hill region had a HDI score of 0.520, compared to the Tarai at 0.468 and the Mountains at 0.440. Unsurprisingly, HDI scores are higher for urban areas at 0.579 compared to rural areas at 0.454 (NPC & UNDP, 2014). However, because of changes in the composition of urban and rural areas in recent years, both the population distribution and HDI may change greatly in reports after 2015. This study analysed whether there is any significant association between PMSB among, and inequality by, ethnicity and ecological region. Figure 2.2 shows the HDI scores for various ethnic groups.



Source: Nepal Human Development Report 2014 (NPC and UNDP, 2014, pp 17& 98)

Figure 2.2. *HDI Values by Major Caste and Ethnic Groups, 2011.*

2.3.2.2 Gender socialisation and inequality. Nepalese society has a long, established patriarchal, patrilineal and patrilocal system, reinforced by the feudal monarchy and Hindu religious philosophy, which generally places more value on sons than on daughters, and assigns men more power in terms of power, resource distribution and utilisation (Acharya, 2003; Jerry, 2016). All caste, ethnic and religious groups have similar gender roles and expectations. They allow a patrimonial inheritance system, which makes girls strongly dependent on parents before marriage, and on husbands

[5] HDI is a summary measure of average achievement in key dimensions of human development: a long and healthy life measured by life expectancy at birth, knowledge measured by adult literacy and mean years of schooling and, a decent standard of living measured by gross national income (GNI) per capita in purchasing power parity (PPP). It is the geometric mean of normalised indices for each of the three dimensions (NPC & UNDP, 2014).

after marriage. The system has reinforced the systematic and structural dominance of parents over daughters and males over females in power, resources and decision-making processes. It has also limited the opportunities for girls to develop their potential and agency to make independent decisions to manage their lives, marriage and sexuality (Choe et al., 2005; UNFPA, 2012). During 240 years of monarchy, no rulers or prime ministers were female. Most kings, prime ministers and males in elite families had multiple wives and married young girls. They excluded women from politics and development activities, thus limiting their freedom and opportunities (Acharya, 2003). Several gender discriminatory norms and harmful cultural practices such as *chhaupadi*[6], dowry[7] and child marriage were practised (Ahmad & Jaleel, 2015). After 1991, the government made significant progress in developing laws, policies and strategies to eliminate many traditional gender discriminatory practices, allowing a space for women to be involved in politics and other development activities. They enacted the Gender Equality Act 2006 to ensure equal inheritance rights for daughters and sons, the Nepal Citizenship Act 2006 provisioning citizenship to pass from mother irrespective of her marital status and amended the Civil Service Act 2007, requiring an at least 33% civil service quota for women (NLC, 2006).

The 2015 Constitution has explicitly outlawed most of the discriminatory practices that constrained girls and women (e.g., chhaupadi, dowry, child marriage, *kamlari*[8]- bonded labour, child labour and polygamy). The Constitution also seeks to empower and develop the agency of girls and women to make independent decisions about personal matters such as selection of marriage partners, sex and reproduction. Since 2000, there has been significant progress in gender equality and women's empowerment (Mishra, 2012; MoWCSW, 2017). The ratio of girls to boys in primary education has increased from 0.79 in 2000 to 1.09 in 2015. Similarly, the ratio of girls to boys in secondary education has increased from 0.70 in 2000 to reach parity (1.0) in 2015, and the ratio of women to men in tertiary education has increased from 0.28 women to every man in

[6] Chhaupadi is a Hindu tradition practised by girls and women during menstruation in the western part of Nepal. This tradition views women as polluted or impure during menstruation and child delivery, forces them to live in cowsheds or other dirty places far from home. In this, women are required to live in the cattle shed or a makeshift dwelling known as a menstruation hut (chhau goth), for 13 days during their first menstruation period and for 5–7 days of each month during menstruation for the rest of their lives, during which they are prohibited from entering usual residence and participating in everyday life events, religious and cultural activities because they are considered impure (Ranabhat et al., 2015).

[7] Dowry is a practice of giving money or materials at the marriage of a daughter by her father to the bridegroom or his family which is most common among Tarai origin community. It is also common among other communities in the form of 'Daijo', however it is not mandatory as in the Tarai community (Richardson, Poudel & Laurie, 2009).

[8] Kamlari is a traditional system of bonded labour practised in southern Nepal, in which socially and economically disadvantaged parents, mostly from indigenous Tharu and Dalit communities would sell their daughter into domestic service to wealthier landowners or buyers for a contracted period (Upadhyaya, 2004).

2000 to 1.05 in 2015 (NPC, 2017). The improvement in gender parity and gender empowerment over time across the country can be clearly seen through the scores of the gender development index (GDI) and gender empowerment measure (GEM) by ecological region for 2001 and 2011 presented in the Table 2.1.

Table 2.1
GDI and GEM by Ecological Region, 2001-2011

Ecological region	GDI		GEM	
	2001	2011	2001	2011
Mountain	0.363	0.487	0.356	0.483
Hill	0.498	0.564	0.408	0.572
Tarai	0.450	0.512	0.372	0.563
Nepal	0.452	0.534	0.391	0.568

Source: Nepal Human Development Report (NPC and UNDP, 2014)

Despite the remarkable progress in GDI[9] and GEM[10], nationally and regionally, the GDI estimated in 2011 ranks Nepal (0.534) 102 out of 188 countries. The greatest inequalities are in technical and higher levels of education and income (NPC, 2017). Table 2.1 shows that both the GDI and GEM vary significantly by region. GDI and GEM values have been consistently highest in the Hill region, followed by the Tarai and the Mountains. During 2001-2011, the Tarai experienced speedy growth in GEM (51%) compared to that in the Mountains (36%) and Hills (40%). This growth is considered to be mainly due to an increase in the share of women in parliament from the Tarai (33% cf. 29% Hills and 19% Mountains), and an increase in the share of women from the Tarai in reserved administrative and professional positions (CBS, 2014a; NPC & UNDP, 2014).

It is clear from the evidence that gender disparities in many aspects of life have declined over time and that significant progress has been made in the development of laws and policies towards gender equality and empowerment. Key initiatives include: an increase in the minimum legal age of marriage; increased access to contraceptives and SRH services; provision of free school education; reservation of quotas for women in political elections and the civil service; and abolition of bonded labour, child labour,

[9] The GDI captures inequality in terms of the same dimensions and variables as the HDI but considers inequality in achievements between women and men. The higher value of GDI corresponds to the higher gender equality or higher level of achievements made by both men and women.

[10] The GEM indicates the relative empowerment of women and men in various political and economic spheres. It reflects opportunities open to women, rather than their capabilities, in three key areas: political participation and decision-making, economic participation and decision-making, and power over economic resources (NPC & UNDP, 2014) .

gender-based violence, girl trafficking and polygamy (CBS, 2014a, 2019; NPC, 2016). Nonetheless, there are still significant gender differentials in socioeconomic status, particularly differentials in socioeconomic and health indicators and the freedom to make independent decisions around marriage and sex (Mishra, 2012; MoH et al., 2017). Studies have also reported an implementation gap between law and practices in relation to gender equality (FWLD, 2007; Hald & Sondergaard, 2014), despite the government signalling these issues as a priority.

2.3.3 Development Efforts and Structural Change. National development in Nepal has been affected by the constant change in its political landscape. Nepal moved towards a planned development process only after 1956 when it implemented its first 5-year development plan. Nepal went from being an agrarian society without schools, hospitals, roads, telecommunications, electric power, industry or a civil service to establishing and institutionalising a number of state-led public institutions ranging from social service to manufacturing by the end the 1980s (Vaidya et al., 1993; Whelpton, 2005). Average literacy, which was about 5% (10% among males and less than 1% among females) in early 1952 increased to 40% (55% among males; 25% among females) by 1991 (CBS, 2014c). However, the pace of progress was not satisfactory compared to that of Nepal's neighbouring countries India and China, and progress did not occur uniformly across the country. This lack of uniformity resulted in considerable disparities in socioeconomic conditions by gender, region and sociocultural groups, mainly due to inadequate efforts at decentralisation, gender equity and social inclusion (Gurung, 2005; Whelpton, 2005).

After the restoration of multiparty democracy in 1991, the government addressed social, gender and regional inequality. It focused on sustainable economic growth, poverty alleviation and rural development. It implemented liberal economic policies and programmes for structural adjustment which emphasised public-private partnership at global, national and local levels. These efforts resulted in significant growth in external donors, bilateral and multilateral partnerships, I/NGOs and private organisations supporting the nation's development activities (Karkee & Comfort, 2016; NPC, 2016). Despite the Maoist movement halted many infrastructures and development activities at that time, it has increased awareness on the greater inequalities present in Nepali society including in terms of ethnicity, rural and urban, indigenous and non-indigenous

and gender among others, demanding for gender and social equity (Gurung, 2005; Gurung et al., 2014). This has made significant progress regarding increasing access to and advancement of education, health services including contraceptives and SRH, roads and air transportation, information and communication or mass media, banks, industries and many other social services throughout the country during last two and half decades.

Until 2000, Nepal had only one state-owned national television channel and telecom service provider; as of 2019, there are more than 16 national television channels and four telecom service providers. Similarly, the number of daily newspapers and FM radio broadcasters at both national and regional levels has increased dramatically, thus increasing country-wide access to information on national and international activities (Ghimire, Samuels & Adhikari, 2014; WHO, 2009). All districts and major towns are now connected by road and air transportation and have radio, television, telecom and internet services. According to the 2011 census, 80% of households have a mobile phone, 55% have television, 17% have computer facilities, and 8% have internet facilities (CBS, 2014a). Importantly, Nepal has also made progress in developing laws, policies and strategies to eliminate many traditional social and gender discriminatory norms and practices since signing a number of international conventions such as the Convention on the Elimination of All Forms of Discrimination Against Women in 1979, the Child Rights Convention in 1989 and the Beijing Platform for Action in 1995 (Basnett et al., 2014; Karkee & Comfort, 2016).

Following the UN's declaration in 2000 to achieve its MDGs by 2015, the Nepalese government aligned its national policies, strategies and programmes to those of the MDG in four consecutive periodic development plans—the tenth to the thirteenth plan (2002/03-2015/16) (NPC, 2016). These met most of the MDG's targets for reducing poverty, maternal mortality, child mortality and for increasing literacy, enrolment in primary schools and parity between girls and boys in access to education, reflecting the positive impact of the MDGs, specifically in reproductive and child health, and education (Ban, Tuladhar, Pant & Suvedi, 2012; Gordon & Shakya, 2011; MoE & UNESCO, 2015). From 1990–2015, the percentage of the population living below US$1 per day halved from 34% to 16%, and the percentage of those living below the national poverty line declined from 42% to 22%. The literacy rate of the 15-24 years AY population increased from 50% to 89%. The ratio of literate female AY to male

AY increased from 0.48 to 0.89. The share of women in waged employment in non-agricultural sectors increased from 19% to 45%. The life expectancy at birth for males increased from 55 to 67 years and that for females from 54 to 70 years. However, these achievements were not uniform across the country. They differed by ethnic group and between poor and rich, males and females and urban and rural dwellers (NPC, 2016).

As a result of reviewing the unfinished agenda of the MDGs, the Nepali government has developed new development targets and indicators for the sustainable development goals (SDGs) to be achieved by 2030 and has realigned its policies, strategies and programmes in line with the SDGs in the fourteenth plan (2016/17-2018/19). SDGs target poverty, inequality, climate change and environmental degradation reduction and sustaining peace and justice by addressing a wide range of inequality, human rights and sustainable development issues (NPC, 2016). Nepal is now beginning to implement its fifteenth 5-year development plan (2019/20-2024/25). Its emphasis is to create an enabling environment to enhance and empower all AY and women to improve their livelihood, health and wellbeing, including SRH, by freeing them from all forms of physical and sexual violence (NPC, 2019). Acknowledging the important role of youth in national development, the government has already initiated a few AY-specific strategies, policies and programmes. These are discussed below in the section on the national response to promote the SRH and wellbeing of AY. However, the SRH of unmarried AY has not yet received the focus it requires, mainly because of widespread social stigma against PMS (Thapa & Nazneen, 2018). Moreover, there is insufficient evidence on PMSB among AY to develop needs-based plans and policies. This study can, therefore, be useful to some extent by providing a picture of the current situation around PMSB among AY.

2.4 Changing Demography

2.4.1 Demographic Transition: Fertility and Mortality. As the 2011 census shows, Nepal's population had increased from 11.5 million in 1971 to 26.5 million. From 1971 to 2001, the population growth rate per annum was constantly higher than 2% but declined to 1.4% from 2001 to 2011 due primarily to lower fertility and mortality and increased emigration, specifically in the youth population (CBS, 2014b). Nepal, like other southeast Asian countries, has undergone a 'demographic transition' – shifting from high fertility and mortality to much lower fertility and mortality, and

slowing population growth. Until 1991, Nepal's population was characterised by high fertility and mortality and limited migration within the country and to India. However, both fertility and mortality started to decline significantly after 1991. Between 1991 and 2011, the crude death rate (CDR) declined from 13.5 to 7.3 deaths per thousand, life expectancy at birth increased from 54.0 years to 66.6 years (CBS, 2014b), and the infant mortality rate declined from 78 to 32 per 1000 live births. During the same period, the crude birth rate (CBR) declined from 39.7 to 22.4 births per thousand population, and TFR declined from 5.1 to 2.6 children per woman. NDHS 2016 reported a further decline in TFR to 2.3 (MoH et al., 2017). Figure 2.3 shows the demographic transition along with CBR and CDR from 1961 to 2011, and the projections for 2021 and 2031.

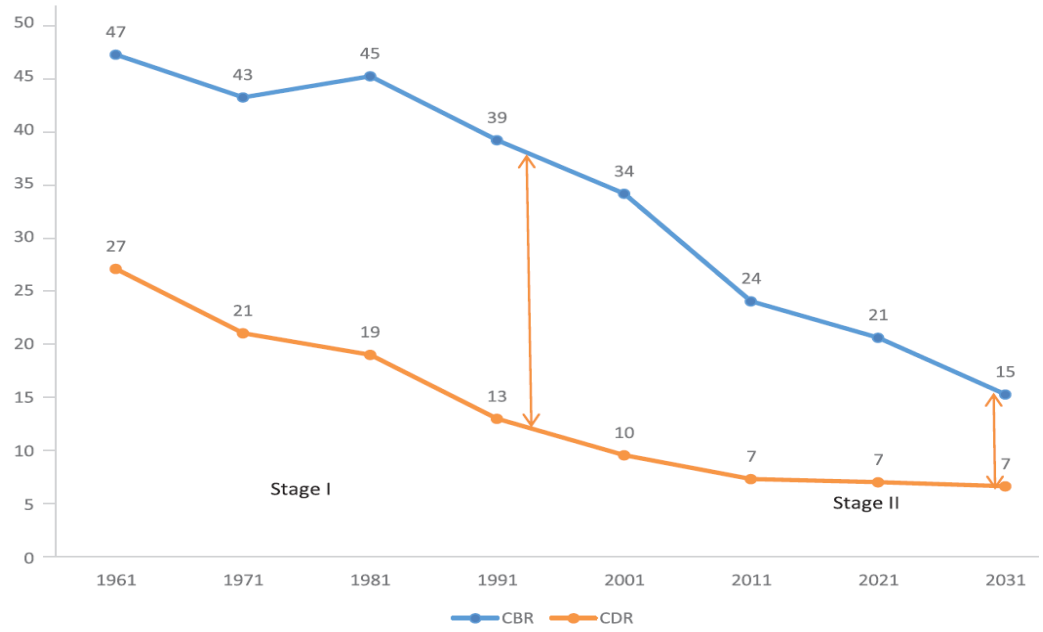


Figure 2.3. *Demographic Transition in Nepal, 1961-2031.* (Karki, 2017, p. 6).

Nepal is currently in Stage II of the demographic transition – where fertility still exceeds mortality – and growth is positive. It is expected that Nepal will approach Stage III very soon, as both the death and birth rates decline (Karki, 2017). The proximate determinant of the decline in fertility over the last two decades is reported to be mainly due to increased access to and advancement of contraceptives, along with the increased prevalence of modern contraceptives and abortion services to terminate unwanted pregnancies and increased youth immigration (Khatiwada, Silwal, Rajendra & Tamang, 2013; MoH et al., 2017).

2.4.2 Population Distribution and Migration in Nepal. A large proportion of Nepal's population is rural, but becoming increasingly urbanised. Despite TFR in urban areas (1.5) being lower than in rural areas (3.04), growth in urban population has outpaced rural population, increasing from 17% to 27% between 2001 and 2011. This growth is largely due to the expansion of urban areas and the increase in municipalities from 58 in 2001 to 130 by 2011, as well as increased migration from rural to urban areas. It is estimated that the reclassification of urban areas attributed about 39% to urban growth with internal migration contributing nearly 22% and 2.3% coming through international migration, mostly from India (CBS, 2014a).

As noted, Nepal's geographic differences mean that the population is not uniformly distributed by ecological region. The Tarai has been experiencing overwhelming population growth due to internal migration (CBS, 2014c; MoHP et al., 2012). Between 2001 and 2011, the proportion of in-migrants into the Tarai was 70% and out-migrants was 18%. Nearly 92% of migrants in the Tarai region were from the Hills. Kathmandu valley is the main destination for migration from all districts. About 2.5 million people, about one-tenth of the national population, live in Kathmandu valley. Nearly 43% of them are in-migrants from different districts. Of the three districts in Kathmandu valley, Kathmandu has the highest in-migrants (48%), followed by Lalitpur (33%) and Bhaktapur (31%). There were about 3.8 million inter-district lifetime migrants in 2011. One-fifth of them were aged 15-24 years. Of those, about 9% were males and 12% were females. AY were reported to have migrated mainly due to dependency, employment, education and marriage. A higher rate of internal migration of female AY is mainly attributed to marriage migration (CBS, 2014b, p. 265).

Emigration has become a prominent phenomenon in the population dynamics of Nepal. Because Nepal and India share a long open border, there is a long history of migration to and from both countries. There is also a long history of men migrating to work in the British army; a few emigrated to other countries before 1990. After the government increased bilateral relationships with many countries, Nepalese, especially youths, started to migrate to different countries for employment and education. Moreover, after the government signed a labour agreement with some Middle Eastern and Asian countries after 1995, the numbers of youth immigrant workers moving aboard to different destinations around the world have consistently outnumbered immigration

numbers, a change which is thought to have had a substantial effect on the decline in fertility. In 2001, more than 100,000 citizens got work permits to officially emigrate to work in a country other than India (CBS, 2001). This number increased to more than 200,000 in 2008/09, to more than 350,000 in 2010/11 and peaked at over 500,000 in 2013/14 (MoLE, 2014). The absent population reported in 2011 was about 2 million, a large jump from the number of 0.8 million in 2001. Nearly 51% of those who migrated were AY aged 15-24 years, and more than 80% were males. The overall emigration rate in Nepal, the number of emigrants (out-movers) per thousand population was nearly 11%, whereas the immigration rate was only about 0.5 per thousand population (CBS, 2014b). During last two decades, the increasing trend of youth emigration seems to have had a substantial impact on Nepal's declining fertility and the population's changing age-sex composition.

With increased youth emigrating for employment, the contribution made by their remittance to the country's GDP is increasing. In 2013/14, remittances contributed about 28% of Nepal's GDP. However, labour emigration has been heavily gendered, with a much higher rate of males. Because unemployment among young people and youths aged 15-29 years is at 19%, the emigration of youths is likely to increase further as the young population grows (CBS, 2019). The migration of young people and their parents helps to improve their economic condition and supports increased knowledge, skill and exposure to external cultures and worldviews. It also reduces parental surveillance of children and cultural obligations, thus providing AY with more freedom to be involved in different activities. Studies suggest that migration of AY and their parents has influenced changing social norms and beliefs, gender roles, aspiration and expectations around marriage, sex and reproduction, in turn, impacting a change in SRH attitude and behaviour among AY (Adhikari, Rawal & KC, 2018; Shattuck, Wasti, Limbu, Chipanta & Riley, 2019; Shneiderman & Tillin, 2015). The impact of migration on PMSB among AY is also accounted for in this study.

2.4.3 Age-Sex Composition and AY Population. Since this study focuses on specific age group of AY population, it is important to understand the age-sex composition of the population. The 2011 census shows that 5.3 million AY live in Nepal, making up one-fifth of the total population (26.5 million). The female and male AY population were 21% and 19%, respectively. The age-sex population distribution,

according to the 2011 census, is shown in Figure 2.4's population pyramid (CBS, 2014b, p. 51). In overall, females have outnumbered males since 1991. In 2011, 52% of Nepal's total population was female with a sex ratio of about 94 males per 100 females. The proportion of females and males aged 15-24 years was 21% and 19%, respectively.

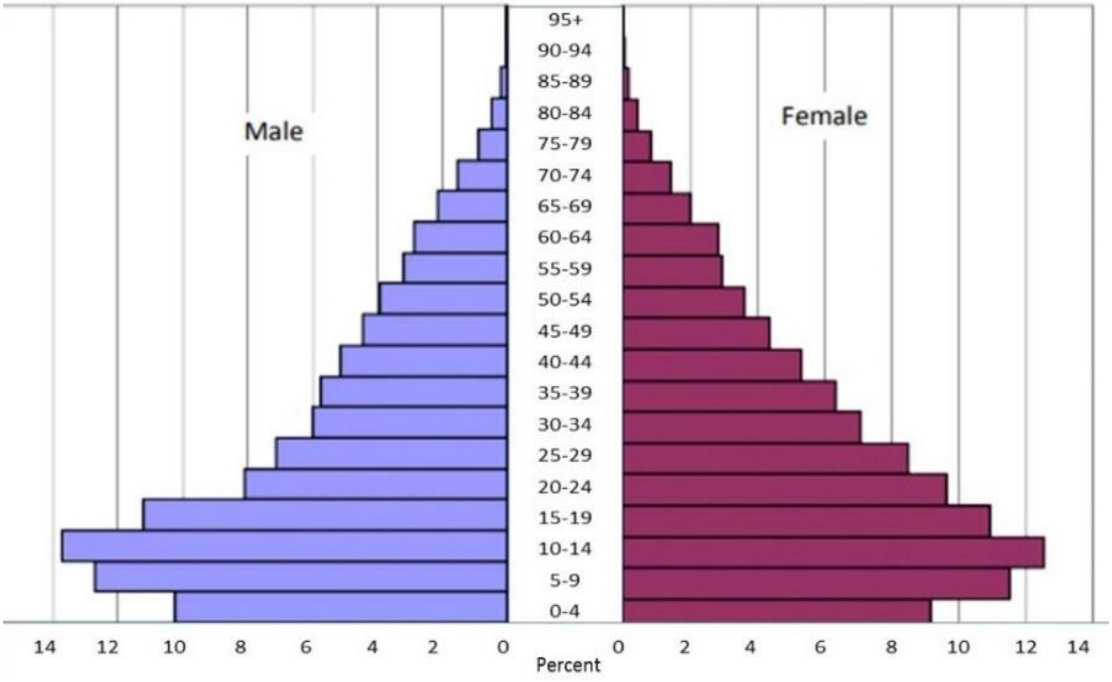


Figure 2.4. *Population Pyramid of Nepal, 2011.*

As Figure 2.4 shows, the age structure of Nepal's population is young. However, the median age of the population has increased significantly, from 19 years in 1991 to 22 years in 2011. Although the population of Nepal is structurally young, it is also gradually aging. More than half of Nepal's population are at reproductive ages (15-49 years). It is projected that the population of Nepal will grow to 30.4 million by 2021, and to 33.6 million by 2031 (CBS, 2014b; Karki, 2017). Although the proportion at ages 15-24 years may decline after a decade, the absolute size of the AY population will continue to grow for at least two to three decades. The country's demographic situation and its future socioeconomic progress will, therefore, be impacted by both the SRH behaviour (for example, age at marriage, age at sex and fertility preference) and productivity potential of current and future AY.

2.5 SRH Situation of AY

2.5.1 Social Norms around Marriage and PMS. Marriage and sex are the key components of SRH. Social norms, values and beliefs around marriage, sex, gender and reproduction in any society are shaped largely by sociocultural and political contexts i.e., national laws, policies and programmes (Caldwell, 2005; Choe et al., 2005; Maitra, 2004). The traditional social norms, attitudes and beliefs in Nepalese society are pronatalist, encourage early marriage, high fertility, and have a preference for sons and a joint family set-up. Marriage is considered as one of the most important social events for entering into sexual and reproductive activities, and sexual relationships are expected to take place only within marital relationships. Therefore, there is a strong association between marriage and sex in Nepalese society. Marriage is indispensable for Nepalese men and women who wish to engage in sexual relationships and reproduction. It is common practice for girls to marry boys who are a few years older. Endogamy—marrying within a specific social group, caste or ethnic group – is also common (Aryal, 2007; UNFPA, 2012). Studies report two main types of marriage in Nepal in terms of the process of selecting a partner: arranged marriage and love marriage(Ghimire et al., 2014; Regmi et al., 2015).

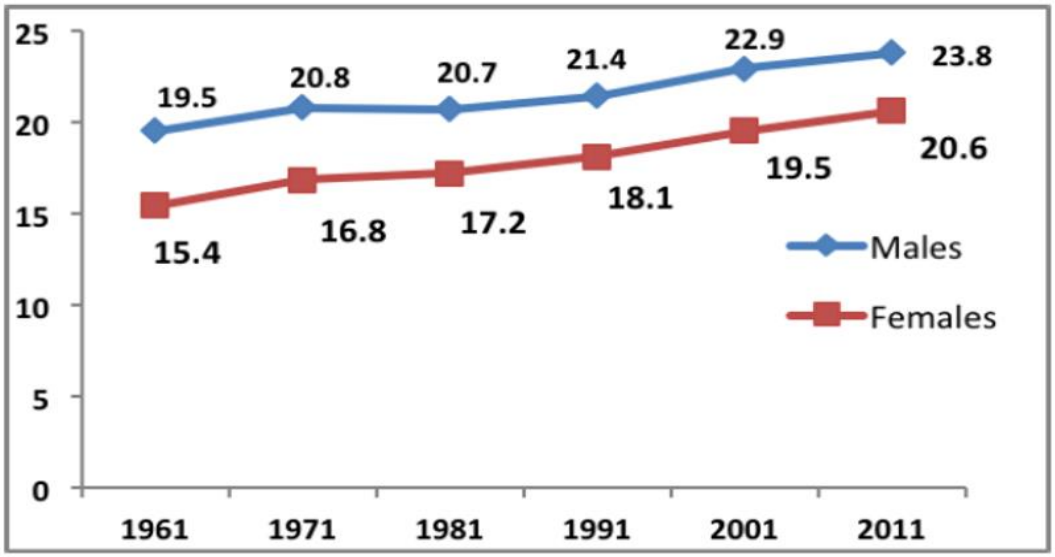
Marriage is considered as a parents' social responsibility and, therefore, marriages are generally arranged by parents through relatives, people they know, or a marriage maker (Allendorf & Ghimire, 2013). In an arranged marriage, parents and family may choose the marriage partner with or without the consent of the boy or girl. However, the tendency to get consent from children is gradually increasing (Acharya, 2003; Bajrachary & Bhandari, 2014). NAYS 2010/11 reported that about 47% of male AY and 62% of female AY married partners chosen by their parents. Of those, about 63% of males and 62% of females had given their consent to the selection of their marriage partner (MoHP, 2012). Love marriage is commonly used to refer to a marriage in which individuals have selected their marriage partner themselves and decided to get married either in consultation, with the approval or opposition of one or both of their families. Though love marriage was not common in the past, it is increasing nowadays among young generation (Bajracharya & Amin, 2010; Maharjan, Karki, Shakya & Aryal, 2012; Regmi et al., 2015). Maharajan et al. (2012) reported that more than a quarter of ever-married males and females aged 15 years and above opted for a love marriage.

Studies have reported significant changes in the paradigm of marriage from endogamy to intercaste unions, and from early to later age marriage. Even for traditional, arranged marriage, there is an increasing trend of consulting the children and allowing them to discuss the match or date for some time and make the decision by themselves (Coltabiano & Castiglioni, 2008; Maharjan et al., 2012; Regmi et al., 2015). NAYS 2010/11 reported that nearly 72% of males and 62% of females were in favour of love marriage, and nearly 53% of males and 45% of females were in favour of intercaste marriage (MoHP, 2012). With increased social acceptance of love marriage, the practice is reported to be increasing among young generations (Regmi et al., 2015). PMS is still perceived as a socially immoral and religiously sinful act and is, therefore, strongly censured by parents and society (Choe et al., 2005; Coltabiano & Castiglioni, 2008). Most parents do not expect their children to have premarital sex. However, a big gender differences in PMS prevalence suggests that there is a gender double standard. While PMS is tolerated for boys, it is heavily censured for girls (Ghimire et al., 2014).

Almost all studies have found that traditional norms and values in relation to gender, marriage and sex predominate among parents and the older generation (Bhatta et al., 2013; Singh, Krishna, Manandhar & Singh, 2007). Those boys and girls who engage in PMS are, in many ways, challenging traditional norms and values. It is not yet clear the extent to which their experiences will influence changes in attitudes, norms and values towards a greater level of acceptance of PMS. One of the aims of this study is to understand how social norms and the perceptions of AY and adults regarding PMS have changed in the changed context and to uncover underlying factors or drivers of change in PMSB within the social context.

2.5.2 Age at Marriage. Early marriage, specifically for girls, is common in Nepalese society. Early marriage of even prepubescent girls was customary and socially acceptable until the 1950s (Bajrachary & Bhandari, 2014; Vaidya et al., 1993). The law on the minimum age for marriage was enacted for the first time in 1962, setting it at 14 years for girls and 18 years for boys. In 1971, the ages were increased to 16 years for girls and 18 years for boys with parental consent, and 18 years for girls and 21 years for boys without parental consent (CBS, 2001; Thapa, 1996). The 1994 ICPD declared marriage before the age of 18 to be a violation of SRH rights, defining it as child marriage (UNFPA, 2015b). In order to eliminate child marriage and the gender

disparity in minimum legal age at marriage, the eleventh amendment of the Country Code in 2015 amended it to 18 years with the consent of parents and to 20 years without the consent of parents for both males and females (Secretariate, 2015). Since the enactment of law regarding the minimum age at marriage in 1962, the mean age at marriage has increased for both males and females. The singulate mean age at marriage (SMAM)[11] for males and females aged 15-50 years from 1961 to 2011 census is shown in Figure 2.6. For males, the SMAM increased by approximately 4 years from 20 years to 24 years. For females it increased by nearly 6 years from 15 years to 21 years (CBS, 2001, 2014b). Age at marriage has consistently been 3 to 4 years earlier for females than for males.



Source: Copied from (CBS, 2014b, p. 80)

Figure 2.5. *Singulate Mean Age at Marriage by Gender, 1961-2011.*

Despite an increasing trend in mean age at marriage for both males and female, a small number of males and females are still reported to have married before the age of 15 years. Table 2.2. presents the proportions of the ever-married population aged below 25 by 5-year age groups and gender for the 1971, 1991 and 2011 censuses.

[11]An indirect estimate of mean age at first entry into marital union from the proportion of never-married population aged between 15 and 49 years by the Hajnal Technique cited in CBS (CBS, 2014b).This value is different from the mean age of marriage that is calculated from mean of first age at marriage at the single point of time whereas SMAM is computed from the cohort of population aged 15 and above who remained unmarried by 49 years of age.

Table 2.2
Proportions of Ever-Married Population by Age and Sex, 1961-2011.

Age group	1971		1991		2011	
	Males	Females	Males	Females	Males	Females
6-9	1.2	2.3				
10-14	6.2	13.4	4.1	7.2	0.5	1.1
15-19	26.6	60.2	19.1	45.5	7.1	23.1
20-24	65.6	91.1	60.3	85.1	42.0	72.3

Source: Census 1971,1991 and 2011 (CBS, 2014b, p. 79)

Table 2.2 shows a complete elimination of marriage before 10 years of age by 1991. Nevertheless, in 2011, nearly 1% of boys and girls aged 10-14 years were reported to have ever been married. Nearly 25% of females, compared to just 7% of males aged 15-19 years, were ever-married. The proportion of ever-married females is higher than for males for all age groups below 25 years, and in all censuses. That said, there has been a gradual decline in the gender differential in early age at marriage among AY. The 2016 NDHS found that the proportion of never-married females aged 15-19 years had increased to 73% from 60% in 2006, and to 24% from 17% for those aged 20-24 years. Between 2006 and 2016, the proportion of males never-married increased from 89% to 94% at ages 15-19 years, and from 44% to 55% at ages 20-24 years (MoH et al., 2017). Scholars attribute the increase in age at marriage among younger generations largely to the law change regarding minimum age of marriage along with increased access to education, employment and the influence of mass media (Bajrachary & Bhandari, 2014; Coltabiano & Castiglioni, 2008; Ghimire et al., 2014). However, marriage before 18 years is still more extensive among females, reportedly due to illiteracy, poverty, patriarchy, cultural traditions, ineffective implementation of laws, social pressure, fear of remaining unmarried and women's lower socioeconomic status (Aryal, 2007; Bajrachary & Bhandari, 2014; Bajracharya & Amin, 2010). With increased access to education and employment and effective implementation of the law, the age at marriage for both males and females is likely to increase further.

2.5.3 Age at Sexual Initiation. There is no specific law regarding the minimum legal age for consensual sex and, therefore, the minimum legal age for marriage is considered to be the legal age of consent for sexual relationship (Waldman & Overs, 2014). In the past, when the age at marriage was considered too early, certain cultural practices kept the bride and groom apart for some time after marriage, sometimes years,

to prevent a sexual relationship (Caro, 2015; Choe et al., 2005). However, with the decline in child marriage, the gap between age at marriage and age at entry into sex has diminished (MoH et al., 2017).

According to NDHS 2016, half of females compared to 42% of males aged 15-24 have had sexual intercourse. This may seem, at first, surprising but is strongly connected to the earlier entry of girls into marriage. About 5% of females and 3% of males had sexual intercourse before age 15. Nearly 38% of females and 27% of males aged 18-24 years had sexual intercourse before age 18. For those aged 25-49 years, the median age at first sexual intercourse was 18 years for women and 21 years for men. The median age at marriage and the first sexual intercourse for females are almost the same at 18 years, but the median age at first sexual intercourse for males (21 years) is about 1 year earlier than the median age at marriage (22 years). This data confirms that men tend to have sexual intercourse before marriage, while the pathway into sexual intercourse for most Nepalese women is through marriage. Gender differences in the timing of marriage also have implications for PMS. Because women, on average marry 3 to 4 years earlier than men, they have a much shorter period to engage in PMS.

2.5.4 Knowledge and Use of Contraceptives among AY. Knowledge of contraceptives (i.e., have heard of any contraceptive methods) is almost universal among both male and female AY in Nepal (MoH et al., 2017; MoHP, 2012). NAYS 2010/11 showed that more than 95% of males and females aged 15-19 and 20-24 years had knowledge of condoms. Nearly, 18% of AY aged 15-19 years and 21% of AY aged 20-24 years had knowledge of emergency contraceptives. Nearly 9% of AY aged 15-19 years and 16% of AY aged 20-24 years had knowledge of the withdrawal method to avoid pregnancy. NDHS 2016 reported that AY accessed information on contraceptives through various sources including mass media (i.e., radio, television, newspapers, magazines, posters/hoardings and the internet), community awareness raising activities (i.e., street drama, orientations, community counselling by female community health volunteers), teachers, peers, and health centres.

Although knowledge of contraceptives among AY is high, the prevalence rate of using modern contraceptive methods was low at only 15% among currently married females aged 15-19 years (compared to 43% among currently married women aged 15-49 years). This gap between contraceptive knowledge and actual use suggests that most

young women want to have a child soon after marriage, in part to secure their marital status (Caro, 2015). Less than 1% of females aged 15-19 years and 7% of females aged 20-24 years reported that their last child was unplanned and unwanted. Qualitative studies indicate that this is likely the result of PMS without protection (Bhatta et al., 2013; Menger, Kaufman, Harman, Tsang & Shrestha, 2015).

2.6 PMS in Nepal

For this study, I reviewed all studies related to PMS in Nepal that were published in national and international journals and national reports prior to 2019. This section focuses on the prevalence of PMS among AY in Nepal, and trends in prevalence. The following chapter discusses findings from the literature regarding the underlying causes and correlates of PMSB. Table 2.3 shows the prevalence rate of PMS among AY at the national level from 2000 to 2016.

As noted earlier, national information on PMS only became available after 2000. However, the 2000 NAYAS survey (Choe et al., 2014) was limited to the Hill and Tarai regions. In addition, the sample population was 14-22 years, which differed from the 15-24 age group used in NDHS 2006, 2011 and 2016. Together these studies have provided a benchmark for understanding the situation of PMS in Nepal. Furthermore, the information available from NDHS 2006, 2011 and 2016 has made it possible to analyse trends in PMS among never-married AY over time at the national level. As Table 2.3 shows, PMS has been consistently higher among males, ranging from 15% to 25%, compared to 0.3% to 3.7% for females (married and unmarried combined).

A few other studies have estimated prevalence rates of PMS among specific populations; these are summarised in the Table 3.1(p.47). Compared to the foregoing national studies, these studies have reported relatively high rates of PMS prevalence, ranging from 25% to 45% among males and 4% to 16% among females (Adhikari & Tamang, 2009; Basel, 2014; Tamang et al., 2001). A 2006 study conducted by Adhikari and Tamang of among male college students aged 15 years and older in Kathmandu reported that 42% of students aged 15-19 years and 35% of students aged 20 years and above have had PMS (Adhikari & Tamang, 2009). Likewise, a study conducted by Basel in 2012 among students aged 18-24 years in Kathmandu reported 45% of males and 4% of females have had PMS (BC & Basel, 2014).

Table 2.3
Percentage of Male and Female AY who have had PMS, 2000-2016.

	Male			Female			Total	
Age	15-19	20-24	15-24	15-19	20-24	15-24	15-24	Source
2000	9.0*	17.0*	15.0*	Na	Na	0.3*	na	NAYAS,2000**
2006	11.8	32.9	17.0	0.3	0.1	0.3	na	NDHS, 2006#
2010/11	na	na	23.4	Na	Na	3.7	13.0	NAYS, 2010/11**
2011	14.7	40.6	22.2	0.6	1.0	0.6	na	NDHS, 2011[#]
2016	18.6	42.2	25.4	0.4	1.2	0.6	na	NDHS, 2016[#]

Note: * NAYAS 2000 used the 14-22 years age group and divided that population into two groups, i.e., 14-19-year-olds and 20-22-year-olds; **prevalence of PMS was calculated irrespective of marital status; [#] prevalence of PMS was calculated for the never-married AY population only, [na] not ascertained in the reports.

In a study of higher secondary level students aged 16-19 years in Jhapa, in the eastern part of Nepal, Bhatta et al. (2011) reported 25% of all students (33% male, 14% female) have had PMS (Bhatta et al., 2013). Similarly, Puri and Cleland's (2006) study of sexual behaviour among young migrant factory workers in Kathmandu valley reported 28% of AY aged 14-19 years, 35% of males, and 16% of females have had PMS. Adhikari et al.'s (2018) study of sexual risk behaviours among returnee male migrants from India found that about 35% of unmarried returnee migrants aged 18 and above had experienced PMS.

Almost all these studies were limited to small homogenous populations (e.g., students, factory workers and migrants), and so the findings cannot be extrapolated to the general AY population. Nonetheless, all of the studies noted here consistently reported a large gender differential in the prevalence of PMS. There has not yet been a study that addresses why this gender differential in PMS is so high in Nepal. Nor has any study considered the vexed question: if young men aren't having sex with young women in Nepal, who are they having it with? It is evident from the literature that the commercialisation of sex work in Nepal is growing (NCASC, 2015, 2018). The following section considers this aspect further.

2.6.1 Commercialisation of Sex in Nepal. Commercial sex is one of the important means through which males and females can experience sexual relationships outside of marriage. Though prostitution or the sex trade is understood to be illegal in Nepal under the Human Trafficking Control Act, 2007 (Huda, 2006; NCASC, 2015; Shrestha, 2006), no specific law has abolished consensual commercial sex (Waldman & Overs, 2014). Commercialisation of sex is reported to be growing under various

guises (e.g., massage parlours, dance bars, cabin restaurants, discos), especially in urban areas (NCASC, 2015; Sanghamitra & Sadhana, 2008; Shrestha, 2006). The sex business in Nepal is operating clandestinely and in an unmanaged way. Studies have shown that females from some specific communities of Dalits and lower castes such as Badi have involved in sex work and the entertainment profession for several decades in the past (Cox, 1993; Richardson et al., 2009).

It is estimated that between 40,000 to 55,000 females and 15,000 to 20,000 males are working as sex workers in Nepal (NCASC, 2018; Poudel, Gupta, Bhattarai & Rawal, 2019). Kathmandu has the highest number of female sex workers at around 10,000. However, because of discrepant views regarding definitions of commercial sex, prostitution, social stigma and clandestine activity, the actual number of commercial sex workers is difficult to ascertain and is likely to be significantly underreported. Outside of Nepal, many males have reported having visited sex workers in India and other countries while travelling, and a significant proportion of girls are also trafficked for sex work to India (Adhikari, R. et al., 2018; NCASC, 2018).

Adhikari and Tamang's study of (2009) male students in Kathmandu found that 40% of those aged 15 years and above had had PMS, and a quarter had done so with paid sex workers. Similarly, Bhatta et al.'s (2013) study of unmarried adolescents aged 16 to 19 years in Jhapa, reported that nearly one third of male adolescents had had PMS. About 14% of them had their first sex with sex workers. The Integrated Biological and Behavioural Surveillance Survey among female sex workers in Kathmandu valley in 2018 reported that nearly 20% of them were never-married and 11% were younger than 20 years, and about 25% were aged below 25 years. Many female sex workers are reported to be from rural, less educated and poor socioeconomic family backgrounds (Kaufman, Jennifer, Menger & Shrestha, 2016; NCASC, 2018; Poudel et al., 2019). The evidence seems to indicate that the growth of the commercialisation of sex in Nepal has implications for increasing PMS among both males and females.

2.6.2 National Response to Ensure SRH and Wellbeing of AY. Until 1998 specific policies and programmes on the SRH of AY were virtually non-existent in Nepal. The first national reproductive health (RH) strategy was developed in 1998 to address the issues of SRH and gender inequalities recommended by ICPD 1994 and the fourth World Conference on Women. In line with the definition of RH endorsed by the

Programme of Action of ICPD, the 1998 RH strategy included eight elements in an RH service package: family planning; safe motherhood; neonatal health; adolescent RH; treatment of infertility; prevention and management of complication of abortion; treatment of reproductive tract infections, STI and HIV/AIDS; and lifecycle RH issues (FHD, 1998; UNFPA, 2008). At that time, abortion was illegal, the status and prevalence of unsafe abortion was not clear, and the issue of adolescent RH was very new with no information on this. However, the inclusion of adolescents in the national RH strategy increased the government's attention towards the SRH of adolescents by considering them as a specific RH programme target group.

To deal with their RH issues, the ninth 5-year development plan (1997-2002) and the second long-term health plan (1997-2017) developed initiatives specifically targeting adolescent RH (MoHP, 1997). In 2000, the government developed and implemented the national adolescent health and development strategy, emphasising not only RH, but also sexual health. It also adopted the combined approach of SRH to promote and protect the SRH of AY by increasing the availability of, and access to, adolescent-friendly SRH services (FHD, 2000).

Following the recommendation of the Programme of Action of ICPD that heathy SRH cannot be achieved and maintained without a positive and respectful approach towards human rights, the government shifted its SRH promotion approach towards a human rights approach. The government acknowledged all sexual and reproductive rights (SRR) endorsed by the Programme of Action of ICPD and developed and amended laws to ensure the promotion of the RH and wellbeing of AY without any discrimination by age, gender and marital status. These laws upheld the individual's rights to: equality and freedom from discrimination; privacy; the highest attainable standard of health including SRH; marry and choose a partner with free and full consent; decide the number and spacing of children; information and education on SRH; freedom of opinion and expression, etc. (Hald & Sondergaard, 2014; Joshi & Kharel, 2008). Importantly, the government legalised abortion, which was previously criminalised as homicide, and released a safe abortion policy in 2002 acknowledging safe abortion as a reproductive rights of women (NLC, 2007; Thapa, 2004). Indeed, this was a revolutionary step by government to ensure the SRR of girls and women by challenging the conventional social norms and values.

Following the national adolescent health and development strategy (2000) and national RH strategy (1998), the government incorporated various activities to promote SRH, wellbeing and empowerment of AY to have safe and positive sexual behaviour as part of its work on the MDGs. Furthermore, the national ASRH programme was developed and launched in 2011 to increase SRH information and education to empower AY with enhanced knowledge and skills to reduce unwanted births and maternal deaths; to increase access to SRH services including contraceptives, abortion services and counselling; to combat HIV/AIDS; and to develop public-private partnerships to implement the programme and its activities (Khatiwada et al., 2013; MoHP, 2012). The government initiated a rollout of a national ASRH programme throughout the country through its public health system and so increased access to adolescent-friendly SRH services. The national ASRH programme met the target of making 1,000 public health facilities adolescent-friendly by 2015 and is now being scaled up in the spirit of SDGs (2015–30) to expand adolescent-friendly SRH information, counselling and services in all districts (Thapa & Nazneen, 2018). Significant progress has been made in increasing knowledge of contraceptives and access to contraceptives, emergency contraceptives and abortion services for all AY throughout the country irrespective of marital status. This has gone some way to making it possible to avoid and manage premarital pregnancy and premarital birth, and to have safe PMS (Shrestha, Regmi & Dangal, 2018; Thapa, Neupane, Basnett & Read, 2013).

The fifteenth 5-year development plan (2019/20-2024/25) continues in the spirit of the SDGs. It aims to empower all AY and women by creating an enabling environment to enhance their knowledge and skills to improve their livelihood, health and wellbeing. This aim relates to SDG Goal 3: to ensure healthy lives and promote wellbeing of all; to Goal 4: to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; and to Goal 5: to achieve gender equality and empower all women and girls (NPC, 2019; UN, 2019a). Although the government is silent about PMS, it has sought to increase access to SRH education and services including counselling for all AY irrespective of marital status and to develop their agency to make independent decisions around safe and positive sexual behaviour (NPC, 2019). Systems are also in place to provide free school education up to grade 10 for all children through public schools and free contraceptives services through public health centres (NPC, 2016). In this changing context, AY are more likely to delay marriage and have at least

secondary level education. They are likely to be involved in different types of employment prior to marriage due to increased formal education and training. They might also be required to migrate or live away from home for education and employment. When marriage is delayed, it is not surprising that they might seek to have PMS to fulfil their sexual desire and curiosity. Moreover, increased access to SRH services, along with increasing social acceptance of love affairs, and increased commercialisation of sex, have expanded opportunities for AY to have PMS safely. All of this makes for a timely and fascinating exploration of PMS among AY in the context of significant change. This study examines how changes in the Nepalese social context have impacted PMSB among AY, with an emphasis on the structural drivers of change. The following chapters survey the dominant theories that have elsewhere been used to make sense of PMSB and sets out the theoretical approach adopted for this study, and the research methodology employed.

Chapter 3

Premarital Sexual Behaviour among AY: Literature Review

3.1 Introduction

This chapter presents an overview of prior research and theories on PMSB among AY based on a comprehensive review of the literature. It aims to understand the situation and causes of change in PMSB within and outside Nepal, and to set the background for this study's theoretical and methodological approach. Given the focus of this study is Nepal, I focussed on reviewing all the available literature about PMSB in Nepal published in between 2000 to 2019 that was available in the central library of Tribhuwan University (Nepal), National Planning Commission (Nepal), Nepal Health Research Council, University of Waikato (New Zealand), and Google Scholar web search engine. This helped me to understand the situation of PMS, the research approach and measures used, and the knowledge gaps. Research on PMS in South Asia, Southeast Asia, and Sub-Saharan African countries with similar socioeconomic circumstances to Nepal was also reviewed to understand the pattern of PMS, definitional issues, dominant theories, and empirical factors associated with PMS.

There are three sections in this chapter including this introductory section. The second section surveys prior research within and outside Nepal, identifying relevant research on the prevalence, correlates and causes of PMSB among AY. The third section presents an overview of dominant theories and methodologies related to sexual behaviour, SRH and PMS.

3.2 Overview of Prior Research

This section presents an overview of review of empirical research on PMSB among AY, starting with Nepal and then considering international contexts. Although there are a large number of studies focusing on PMS among AY worldwide, there are few studies specifically on Nepal. When considering the broad theme of AY sexual behaviour, a diverse range of interdisciplinary research in the field has emerged from eclectic theoretical and methodological foundations. The aim of this overview is to present the prevailing rates and structural determinants of PMSB among AY.

3.2.1 Empirical Research on PMSB in Nepal. There is a dearth of research on PMSB among AY in Nepal. However, while there are significant gaps, there are some clear features and trends. All of the Nepalese national level surveys described in chapter two have reported consistently much higher rates of PMS among male than female AY, reflecting a large gender differential. NDHS data shows that the prevalence of PMS among never-married males aged 15-24 increased significantly from 17% in 2006 to 22% in 2011 and to 25% in 2016. By contrast, the prevalence of PMS among never-married females remained extremely low over the same period, at 0.3% in 2006, and 0.6 % in 2011 and 2016 respectively (MoH et al., 2017; MoHP et al., 2012; MoHP et al., 2007). In contrast to the NDHS 2011, NAYS 2010/11 reported a significantly higher rate of PMS among females (4% cf. 0.6%), but similar rates for males (23% against 22%). The differences in the estimated prevalence rates between these surveys could be due largely to differences in the sample population. NAYS rates include both married and unmarried AY, whereas NDHS rates cover only never-married AY.

Aside from the NAYAS 2000 undertaken by Choe et al. (2004), the analysis of PMS data in all national level studies was descriptive and limited to the analysis of prevalence rates by specific socioeconomic and demographic characteristics (e.g., age, gender, place of residence and education). A consistent finding is that prevalence rates are significantly higher for males than females. For males, all studies showed a significantly higher rate of PMS among older AY aged 20-24-year-olds than younger AY aged 15-19-years-olds. NDHS 2016 reported that nearly 11% of never-married males aged 15-17, 30% aged 18-19, 40% aged 20-22 and 48% aged 23-24 indicated that they had experienced PMS. While the prevalence of PMS was less than 0.5% among never-married females aged 15-19 years, it was slightly higher than 1% among those aged 20-24 years (MoH et al., 2017, p. 286).

The prevalence of PMS is also found to be varied by place of residence. NDHS 2016 showed a greater proportion of never-married males in rural areas (30%) reported PMS than did males in urban areas (23%). The difference between females was negligible (0.7% urban c.f. 0.4% rural). NDHS 2011 also showed a similar pattern, but NDHS 2006 showed higher rates of PMS for males in urban areas (21%) than in rural areas (12%). From these studies, it was not clear that whether this shift to higher rates of PMS in urban areas a real trend or an artefact of the changes in who is included in the sample.

By education, the prevalence of PMS among males (30%) and females (0.6%) was consistently higher for those having completed school leaving certificate (SLC) and above education compared to 20-27% among males and <.05% among females having education less than SLC and no education (MoH et al., 2017).

Using NAYS 2000 data, Choe et al. (2004) assessed the associations between PMS and key community, family and individual level characteristics of AY and compared the findings for Nepal with those for Indonesia, the Philippines and Thailand. In all three countries, the prevalence of PMS among males far exceeded that of females. The prevalence rate of PMS for females in Nepal (0.3%) was significantly lower than that in Thailand (4%) and the Philippines (4%) and slightly below Indonesia's figure (1%). The prevalence of PMS among males in Nepal (15%) was lower than in Thailand (40%) and the Philippines (31%), but higher than in Indonesia (7%). About 18% of males in Thailand and 2% in Indonesia had PMS with sex workers. The study also reported regional variation in engagement in PMS in all three countries. In Nepal, the level of PMS among males was lower in the Hill compared to Tarai region (the Mountain region was not included)[12]. In all three countries, there was no statistically significant association between PMS and parental education for both males and females. Having good relationship of AY with parents had shown some effect on the probability of early initiation of PMS among AY in Thailand and the Philippines, but not in Nepal. Thai AY, both males and females, who grew up with both parents have a low probability of initiating PMS. In the Philippines, male AY who had grown up with both parents in a stable marital relationship were less likely to have engaged in PMS. In Thailand, living away from parents was positively associated with PMS for males. In both the Philippines and Thailand, being religiously active was negatively associated with PMS, but only among females. Having initiated substance use (i.e., having ever used alcohol/drugs) showed a strong positive association with PMS in Thailand and the Philippines both males and females, but not in Nepal.

Focusing specifically on Nepal, few small-scale studies have attempted to identify the factors associated with PMSB in addition to the prevalence rate of PMS among specific sub-populations. The findings are summarised in Table 3.1.

[12] That was not consistent with the findings of NDHS 2006, in which PMS was higher among male AY in the Hills (19%) than it was in the Mountain and Tarai regions (15%).

Table 3.1

List of Studies on PMS in Nepal, 2005-2018.

Study title and author	Study area, period and size	Method used	Prevalence of PMS	Other findings
Substance use and premarital sex among adolescents in Indonesia, Nepal, the Philippines and Thailand, (Choe et al., 2005)	Hill and Tarai excluding Mountain region, 2000 7,875 males and females Age: 14-22 years 2,800 urban and 5,075 rural	A cross-sectional national level survey—- NAYAS Multivariate analysis Comparison of data from Nepal, Philippines and Thailand	Female (14–22 years) - < 1% Male (14–22 years) -15% Male (14–19 years) – 9% Male (20-22 years) – 17%	Significant variables: Place of residence: Male youth who live in the Hill region, rural areas are less likely to initiate PMS than those who live in the Tarai region and urban areas Insignificant variables: age; place of birth (urban/rural); parents' education; parental status; in/out of school; have worked for pay; living status; substance use
Sexual behaviour and perceived risk of HIV/AIDS among young migrant factory workers in Nepal, (Puri & Cleland, 2006)	Kathmandu Valley, 2006 1,050 migrant workers in carpet and garment factories; Age: 14-19 years	Mixed methods A cross-sectional survey, and IDI with 23 workers	Male -35% Female -16% Total -28%	4% PMS with sex worker 28% with boy/girl friends A few cases of sexual exploitation by factory owners or managers were reported
A study on prevalence of premarital sex among adolescent students, (Singh et al., 2007)	Chitwan, 2005 1,720 students from 12 higher secondary schools; 960 males; 760 females, Age: 15+	A cross-sectional survey Bivariate analysis	Total – 18% Male -26% Female -9%	Vary by age (15 year -18%; 16 year -13%, 17 year -16%; 18 year -19%; 19 year -28%; 19+ year -26%); religion (Hindu -19%, Buddhist -13%, Muslim -11%, Christians- 10%); types of schools (Public school –21%; Private school – 19%); and association with father's education (-ve), but nonlinear association with mother's education
Premarital sexual behaviour among male college students of Kathmandu, Nepal, (Adhikari & Tamang, 2009)	Kathmandu, 2006 573 male students Aged:15+	A cross-sectional survey Bivariate and multivariate analysis	Male (15–19 years) -35% Male (20+) – 42% Total -39%	Significant variables: age, education, attitude towards male virginity, religion, friends who have had premarital sex Insignificant variables: Marital status, place of birth (Kathmandu/Outside Kathmandu), living arrangement, family structure (joint or nuclear)
There are too many naked pictures found in papers and on the net: Factors encouraging premarital sex among young people of Nepal, (Regmi et al., 2010)	Kathmandu and Chitwan, 2007 75 males and females in FGD 31 males and females in IDI Age: 15-24 years	FGD and IDI Qualitative study	Na	Curiosity towards sex and sexuality issues, personal appearance, peer pressures, exposure to print and electronic media and financial motives are key factors in encouraging premarital sexual intercourse.
Adolescent students' attitude towards premarital sex and unwanted pregnancy, (Bhatta et al., 2013)	Jhapa,2011 324 male and female students from three higher secondary schools Responded by 193 males and 131 females, Age: 16-19 years	A cross-sectional survey using structured self-administered questionnaire Bivariate analysis	Male -33% Female -14% Total -25%	Alcohol consumption habit, has friends who have had PMS, permissive attitude-32% (male-44%, female-15%) Among the respondents having PMS, 61.7% had the first sex at the age of mean ± SD 17.72 ± 0.849 years.
Premarital sex behaviours among college youths of Kathmandu, Nepal, (BC & Basel, 2013)	Kathmandu, 2012 230 male and female students Age: 18-24 years	A cross-sectional survey using structured self-administered questionnaire Bivariate analysis	Youth (18-19 years) -13.5% Youth (20-24 years) -27.8% Male (18-24 years) -44.8% Female (18-24 years) -4.2%	Significant variables: individual level factors: age, gender, place of residence (urban/rural), alcohol drinking, attitudes towards PMS; Family level factors: relationship with parents; peer norms Insignificant variables: individual level factors: ethnicity, religion, GPA, education; Family level factors: living arrangement family income, father's education mother's education, father's occupation, mother's occupation
Dating and Sex among Emerging Adults in Nepal, (Regmi et al., 2015)	Kathmandu and Chitwan, 2007 75 males and females in FGD 31 males and females in IDI Age: 15-24 years	FGD and IDI Qualitative study	Na	Most liked the dating culture. Mass media encourages dating. Most believed that dating culture encourages PMS.
Premarital sexual behaviour among higher secondary students in Pokhara Sub-Metropolitan City Nepal, (Adhikari et al., 2018)	Pokhara, 2012 522 students of higher secondary but only 386 students responded 240 males and 146 females Age: 14-25 years	A cross-sectional study using structured questionnaire sealed in an envelope	Total (14-25 years) – 25% Response rate -74%	Gender (M>F), having love affair, dating, exposure to pornography, discussion on sexual matters with friends

Note: na-not ascertained.

As shown in Table 3.1, all small level studies have reported quite high rates of prevalence of PMS compared to the rates reported in national surveys, ranging from 25-45% among males and 4-16% among females. For instance, Puri and Cleland (2006) examined sexual behaviour among 1,050 young migrant factory workers aged 14-19 years in Kathmandu valley in 2001. They reported that 39% of young migrant factory workers, 35% males and 16% females, had engaged in PMS. Nearly 28% overall had PMS with a boyfriend and/or girlfriend and 4% of males had PMS with sex workers. A few females also reported having experienced PMS through sexual exploitation by factory owners and coworkers (Puri & Cleland, 2006). Although not a representative study, the findings suggest that PMS among both male and female migrants, particularly those migrating from rural to urban areas, is higher than in the general AY population, and that, concerningly, young females working in factories are vulnerable to coercive experiences of PMS. A study of sexual risk behaviours among returnee male migrants from India by Adhikari et al. (2018) also found similar rate of prevalence of PMS (35%) among unmarried males aged 18 years and older (not shown in Table 3.1). Of those, 22% had had sex with sex workers. Nearly, 10% had PMS with sex workers in Nepal and 17% with sex workers in India.

Adhikari and Tamang's (2009) study of 573 male college students aged 15 years and above in Kathmandu was the first published small-scale study in Nepal, specifically focusing to analyse predictors of PMS. The study employed multiple regression to analyse the association between PMS and individual-level factors (e.g., age, level of education, marital status, place of birth, attitude towards PMS); their family context (e.g., family structure, religion); and peers (e.g., has close friends who had experienced PMS). It found the likelihood of PMS was nearly two times higher for male students aged 20 years and older than for those aged 15-19 years. The association was negative for level of education, in that the odds of engaging in PMS decreased as the level of education increased. This finding was not consistent with the findings of NDHS 2011 and 2016, largely because the Kathmandu study only included students with at least intermediate or above level of education.

Adhikari and Tamang (2009) also found that male students who had permissive attitudes towards PMS were almost twice as likely to engage in PMS than those with conservative or negative attitudes towards PMS. Males with close friends who had at

some point experienced PMS were eight times more likely to be involved in PMS than those who do not have such sexually active friends. This finding indicates that peer influence or pressure or peer models can strongly influence males to have PMS. Nearly 23% of males who have experienced PMS had sex with sex workers. The place of birth (whether living in or outside Kathmandu valley), living arrangement (whether living with family or others or alone) and family structure (whether living in joint or nuclear family) showed insignificant association with PMSB among males in the multivariable regression analysis. Among the family level characteristics, Hindu students were nearly three times more likely to have engaged in PMS than those from other religions. The study among higher secondary level students in Chitwan district in 2005 by Singh et al. (2007) also reported a higher rate of PMS among Hindu students (19%) compared to those of other religions (Singh, S. et al., 2007)..

BC and Basel (2014) studied PMSB among 230 male and female college students aged 18-24 years in Kathmandu. Their descriptive bivariate analysis found statistically significant associations between PMSB and a range of factors including age, gender, alcohol consumption habits, attitudes towards PMS, relationship with parents and peer norms. By contrast, the associations with education, ethnicity, religion, marital status, living arrangements, family income, parental education and occupation were statistically insignificant. BC and Basel reported a higher rate of PMS among older youths aged 20-24 years (28% cf. 14% for 18-19 years); males (45% cf. 4%); and rural youth (28% cf .16% urban youth). They also found higher levels of PMS among youth who had more positive attitudes towards PMS, and those who had a poor relationship with their parents (24% cf. 19% for a good relationship).

In addition to large gender differences in PMS (33% among males cf. 14% among females), Bhatta et al. (2013) also found gender differences in attitudes towards PMS. Thus, 85% of females expressed negative attitude towards PMS compared to 56% of males. PMS was higher among both male and female students who had an alcohol drinking habit, had permissive attitudes and had friends who had experienced PMS. Among males who had engaged in PMS, nearly 57% had their first sexual intercourse with a girlfriend, 14% with sex workers and rest with neighbours and relatives. Among females who had experienced PMS, 56% had their first sexual intercourse with a boyfriend, and rest with neighbours and relatives.

A 2012 study conducted in Pokhara, in the western region, also reported a similar rate of prevalence of PMS (25%) among higher secondary school students aged between 14 and 19 years (Adhikari, Adhikari & Sulemane, 2018). It reported that more than half of the respondents had had a love affair with the opposite sex. Among those who had engaged in PMS, the majority had sex with a girlfriend and/or a boyfriend (56%), followed by a friend (21%), sex workers (13%) and others (10%). Though the authors did not analyse PMS by gender, they undertook regression analysis that included gender, having a girlfriend or boyfriend, dating with a girlfriend or boyfriend, exposure to pornography and discussion on sexual matters with friends. All of those variables were significantly associated with PMSB. Exposure to pornography had the strongest association with PMSB, with those who had viewed pornography were nine times more likely to have had PMS. Those who had 'ever had love affairs/romantic partners' were eight times more likely to have PMS than those who did not have love affairs. Similarly, those who frequently dated a girlfriend/boyfriend were six times more likely to have PMS than those who do not date. Those who had discussed sexual matters with friends were nearly three times more likely to have PMS than those who had not.

A common theme across the literature is that AY (both males and females) are increasingly having love affairs which, in turn, increases opportunities to have PMS. Regmi et al.'s (2015) qualitative study on dating and sex among AY in Kathmandu and Chitwan found that both love affairs/romantic partners and a dating culture are increasing among AY and that these were positively correlated to their involvement in PMS. Studies noted that the social and cultural changes in Nepal over time along with increased access to internet and external TV programmes including Indian and Western programmes containing romance and sexual information/images and pornography, have created a space for AY to involve in cross-gender intimate or romantic relationships and different types of sexual activities including PMS (Acharya et al., 2015; Regmi et al., 2015). Besides, Regmi et al. (2010) reported that curiosity about sex and sexuality issues, peer pressure, exposure to pornography and financial motives can influence AY to engage in PMS.

The literature review revealed that both males and females have mostly engaged in PMS within love affairs, although some boys and girls also reported having had PMS with friends, relatives, neighbours and others. It is also clear that girls working in

factories are vulnerable to being coerced into having sex. A significant proportion of males reported having visited sex workers in Nepal, India and other countries. Studies have also reported major gender differentials in attitudes towards acceptance of PMS, with higher rates of liberal attitudes towards PMS among males than females. Despite a few studies have attempted to analyse associations between PMSB and selected variables at the community, family, peer and individual levels, almost all have been atheoretical in approach. As most quantitative studies have limited their analyses to prevalence rates and bivariate analysis, and the samples have been drawn from relatively small, non-representative sub-populations, mostly among students and males, the findings cannot be extrapolated to the general AY Nepalese population.

3.2.2 Empirical Research beyond Nepal. With increased interest in SRH among young people, the number of studies focusing on PMSB is growing worldwide. However, studies on PMSB in Asian, Arab and African contexts are still relatively rare because of the constraining influence of traditional norms and values and of religious instructions and laws that explicitly promote abstinence until marriage (WHO, 2018). Unsurprisingly, attitudes towards PMS and prevalence rate of PMS vary tremendously across the world. A 2013 cross-national survey conducted by the Pew Research Center involving 40 countries and covering three quarters of the world's population, found that nearly 46% had anti-PMS attitude (Chamie, 2018). There was a distinct split in attitude around PMS between high and low-middle income countries. The majority of people from low- and middle-income countries like China (58%), India (67%), Indonesia (97%), Pakistan (94%) and the Philippines (71%) had anti-PMS attitudes (PMS is unacceptable). By comparison, more than 60% of people in the USA, Russia, Japan, and more than 90% of people in Spain, Germany and France, saw PMS as acceptable.

Although PMS is still unlawful in a number of countries (i.e., Iran, Morocco, Pakistan, Saudi Arabia, Somalia and Sudan), data suggests that the reported incidence of PMS is increasing (Chamie, 2018). Studies in Sub-Saharan Africa have documented increasing PMS among AY ranging from 29% among females aged 15-20 years in Ethiopia, to 60% among university students of 16-35 years in Nigeria, and 77% among male students in Kenya (Ekpenyong & Ekpenyong, 2016; Kiragu & Zabin, 1993; Salih, Metaferia, Reda & Biadgilign, 2015). Kiragu and Zabin (1993) reported a large gender differential in PMS among Kenyan students, ranging from 48-77% among males and

16-67% among females, depending on the school type (i.e., primary, secondary and vocational). This study also reported higher rates of PMS among males and females who: were in older age groups, resided rurally, had a weak religious commitment, used substances, attended discos, lived away from parents and held liberal attitudes towards PMS. Having an unstable parental relationship was positive associated with the likelihood of PMS among females. Poor academic performance and living away from parents in a boarding school (hostel) was positively associated with the likelihood of PMS among males.

A study of female students studying in 9-12 grade of age range 15-20 years in northern Ethiopia (Salih et al., 2015) found that those with sisters or friends who had have ever had PMS were more likely to have had PMS themselves. About 29% reported having PMS and, of those, more than half (53%) had their first PMS with boyfriends and fiancés. The most important reason for the respondents' first sexual intercourse included: wanting to get married (34%), for love (30%), for money (9%) and coercion (11%) (Salih et al., 2015).

Reported levels of PMS among AY in Asian countries are increasing. A study conducted in China (Shanghai), Taiwan (Taipei) and Vietnam (Hanoi) among males and females aged 15-24 years reported the prevalence of PMS among males at 7% in Vietnam, 17% in China and 35% in Taiwan; and the rate among females was 2% in Vietnam, 9% in China and 28% in Taiwan (Zhang et al., 2016). PMS was significantly higher among those AY with affluent economic status, a lower level of education, residing in urban areas, currently out of school, males and the older age group (20-24 years). Almost all studies in east Asia and southeast Asia reported similar determinants of PMS: living in an urban area; growing up with a single parent; having a poor parent-child relationship; having friends with permissive attitudes towards PMS and who have had experienced PMS; living away from parents, having a lesser commitment to religion; and higher use of substances (Choe, Hatmadji, Podhisita, Raymundo & Thapa, 2004; Lee, Chen, Lee & Kaur, 2006; Zhang et al., 2016).

Like Nepal, most countries in south Asia have reported significant rates of PMS among AY, with a higher rate among males than females. In analysing the data from the National Family Health Survey in eight cities in India (Delhi, Meerut, Kolkata, Indore, Mumbai, Nagpur, Hyderabad and Chennai), Subaiya (2008) found that the prevalence

of PMS was still fairly low among females and significantly higher among males in all 5-year age groups within the 15-54 years age group, and in all cities. The average rate of prevalence of PMS was 12% among males aged 15-54 years and 2% among females aged 15-49 years (Subaiya, 2008). By age group, the rate was highest among males aged 20-24 years (16%), but was only 1.5% among the females. Among AY aged 15-19 years, the rate was about 9% for males, while it was less than one per cent (0.8%) for females. The study reported higher rates of PMS among both males and females who resided in rural areas, work, had exposure to media and belonged to lower wealth quintiles. Amongst AY aged 15-24 years, PMS was higher among ever-married females (1.3%) and males (14%) compared to never-married females (0.7%) and males (12%), indicating that both male and female AY are likely to get married following PMS. This finding is more or less similar to the findings in Nepal (MoH et al., 2017; MoHP, 2012).

Another study conducted in rural and urban settings of six states in India (Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu) among AY aged 15-24 years reported that 10% of females and 30% of males have had PMS (Santhya, Acharya, Jejeebhoy & Ram, 2011). The majority had first sex with an opposite-sex romantic partner. This study found that those of older age, out of school, residing in rural areas, having habitual substance use and friends who experienced sex before marriage were more likely to have engaged in PMS. In addition, among young women, those who had started working before age 15 were found to be more likely to have PMS than others. The rate was lower among those belonging to scheduled castes, and those who had a good relationship with their parents. The study also reported that the lack of parental support, parental disapproval of romantic relationships, and their perpetration of violence could encourage young women to seek non-familial support from opposite-sex friends. That is, a desire to escape from difficult family environments could result in intimate relationships leading to PMS.

A study conducted among students aged 15-24 years in Gujrat, India in 2005-06 reported a relatively high rate of PMS among females (17%) and males (30%), indicating more likelihood of PMS among college girls (Sujay, 2009). The study showed significant positive associations with age, exposure to pornography and having more frequent interaction with PMSB among both female and male students. Additionally, habitual alcohol consumption and peer pressure were significantly

associated with PMSB among males (Sujay, 2009, p. 23). Similarly, a study in Pune, India among AY aged 15-24 years also found significant impact of habitual alcohol consumption, exposure to pornography and more frequent interaction with peers on PMSB among males and females (Alexander, Garda, Kanade, Jejeebhoy & Ganatra, 2006). Like Santhya et al. (2011), Alexander et al. (2006) also reported that closeness to parents is negatively associated with PMSB among females and that those females who were beaten by their parents or family members had an elevated risk of entering into romantic relationships and PMS.

Studies in Bangladesh have reported significant rates of PMS with great variation by age, gender, place of residence and marital status. Haider, Saleh, Kamal, and Gray's (1997) study among 1860 adolescents aged 15-19 years reported that by age 19 years about 61% of unmarried males and 69% of ever-married males compared to 24% of never-married females and 29% of ever-married females had experienced PMS. By 16 years of age, 40% of unmarried and 46% of married males, and nearly 9% of unmarried and 13% of married females reported having experienced PMS. That study reported an increase in the prevalence rate of PMS in line with increasing age or age at marriage. The study reported consistently higher rates of PMS for both males and females living in urban areas compared to rural areas. Rob and Mutahar's (2000) study among 2626 unmarried adolescents aged 12-19 years in northwest urban areas in Bangladesh reported lower PMS prevalence rates at about 5%, nearly 9% among males and less than one percent (0.3%) among females. Nearly one-third had first PMS with a girlfriend and/or boyfriend, 18% with sex workers, 31% with neighbours, 16% with cousins/relatives and 3% with others. The lower rates of PMS in that study could be due to the fact that nearly 15% of those it included were below 15 years of age.

A recent study among 610 university students in Bangladesh reported that 30% of students aged from 18 to 26 years have had PMS, with figures of nearly 36% for males and 21% for females (Akter & Quddus, 2020). Among those who reported having engaged in PMS, more than half of males (58%) and females (60%) had PMS with girlfriends and boyfriends; nearly 19% of males had PMS with sex workers, and 12% had PMS with maidservants. The study also noted that nearly 10% of females reported experiencing PMS through coercion, mostly by family members. About 9% of female students reported having sex with teachers. The study noted five reasons for

involvement of students in PMS: pleasure (76% male and 58% female), strengthening of love affairs (35% male and 41% female), curiosity about sex (41% male and 22% female), pressure from boy/girlfriends (17% male and 19% female) and being forced to have sex (10% female and 7% male). The study reported seven categories of sex partners: girlfriends/boyfriends, sex workers, married male/female persons, teachers, relatives, maid servants and rapists. Besides gender, this study reported four factors significantly associated with the likelihood of PMS among students. Of these, the strongest association was with exposure to pornography, followed by knowledge of contraceptives, peer pressure and intention to marry the lover.

3.2.3 Summary of Prior Research. The review of the literature revealed major cross-national differences with regard to the prevalence of PMS and the factors associated with it. Significantly, almost all studies in Asian and sub-Saharan African countries have a big gender differential in PMS with significantly higher rates of PMS among males than females. A number of studies have explained this differential, linking it with sociocultural norms and gender roles and expectation (Regmi, Simkhada & van Teijlingen, 2010a; Sen & Östlin, 2008; Zuo et al., 2012). This differential also seems to be due to a large proportion of males having had sex with sex workers (Adhikari, N. et al., 2018; Adhikari, 2008; Akter & Quddus, 2020; Rob & Mutahara, 2000), and reporting bias or underreporting of PMS of females owing to the pervasive double standards regarding PMS – that is, tolerating PMS among males but being far more restrictive with females. Further, it is reported that sexual activities are concentrated among a small proportion of young unmarried girls who tend to have multiple partners (Choe, Hatmadji, Podhisita, Raymundo, et al., 2004; Navaneetham & Dharmalingam, 2012; Zhang et al., 2004; Zuo et al., 2012).

One of the challenges identified in this review is the lack of standard sampling strategies, methodologies and measures used in empirical studies of PMS. Most large-scale studies are limited to revealing prevalence rates of PMS among different AY population groups, mostly by age, gender, states or region, religion and social groups (MoH et al., 2017; MoHP, 2012; Rob & Mutahara, 2000; Subaiya, 2008). Although some small-scale studies have focused on analysing predictors of PMS among AY, most are applied data research; consequently, they are either theoretical or loosely linked to theory. Most of them have focused on analysing PMS among students rather

than out of school AY. Some have regarded PMS among AY as a problem or a risky behaviour, considering it as a cause of teenage pregnancy and childbirth, unwanted pregnancy and emotional and psychological illness among them (Muche, Kassa, Berhe & Fekadu, 2017; Protogerou, Flisher, Aarø & Mathews, 2012), while others have regarded it as an individual need in the changed social context of a positive and rights-based approach (Harden, 2014; Larson, 2000; Majumdar, 2017; Perkins & Borden, 2003; Petersen & Hyde, 2011; Vasilenko, Lefkowitz & Welsh, 2014).

Studies have reported several factors associated with PMSB among AY in different contexts, ranging from individual level to macro-level structural factors such as sociocultural and gender norms, urbanisation, migration, education, mass media, social security, commercialisation of sex etc. Most studies have used similar factors within the categories of community context (i.e., place of residence by urban versus rural, districts, states, ecological region, access to sex workers), family context (i.e., ethnicity, religion, parental status, whether brought up with both parents or a single parent, support of parents or parent-child relationship, parental education, socioeconomic status or household wealth), peer context (i.e., interaction with friends on sexual issues, attitude of peers towards PMS, peer experience of PMS and peer pressure) and individual characteristics (i.e., age, gender, education, living arrangement whether living with parents/family or away from them, habit of substance use, alcohol consumption, working status, experience of migration, attitude towards PMS, religiosity, involvement in a romantic relationship, dating, exposure to pornography and exposure to mass media).

Some studies have used non-standard variables which makes it difficult to compare across contexts - see, for example, type of school, habit of attending discos (Kiragu & Zabin, 1993), PMSB of sisters or family members (Salih et al., 2015), continuing education (Zhang et al., 2016), educational performance (BC & Basel, 2014; Kiragu & Zabin, 1993), knowledge of contraceptives (Akter & Quddus, 2020) and coercion (Rob & Mutahara, 2000; Salih et al., 2015). Some of these factors are associated with PMS in one context, but not in another context. Some are significant only for males. These contradictions can arise even within the same country, as AY live in different communities and family contexts and the opportunities and vulnerabilities relating to experience PMS can greatly vary according to social context and gender norms.

Among the individual characteristics, those who are older in age, live away from parents and family, have less commitment to religion, have a habit of consuming alcohol or substance use, are employed, have exposure of migration, have liberal attitudes towards PMS, have love affairs or romantic partners, have exposure to pornography, have exposure to mass media, have knowledge of contraceptives, have exposure to opportunity to have sex and are vulnerable to sexual coercion are found to be more likely than their counterparts to experience PMS. Among the family level characteristics, wealth quintile, caste and ethnicity and religion have shown inconsistent and nonlinear association with PMSB (Subaiya, 2008; Zhang et al., 2016). However, those who are brought up with a single parent or in an unstable parental relationship and have a poor relationship with parents or poor support from parents are found to be consistently more likely to have PMS than others (Choe, Hatmadji, Podhisita, Raymundo, et al., 2004; Kiragu & Zabin, 1993; Lee et al., 2006; Zhang et al., 2016). In terms of the community context, in the case of east and south-east Asian countries and Bangladesh, those living in urban areas were consistently more likely to have PMS than those living in rural areas, but in the case of Nepal and India, studies have shown inconsistent association between the urban-rural context and PMSB among AY. As noted, there is also no consistency in association between PMS and place of residence by ecological region. The reason could be ascribed to increased urbanisation merging rural areas to municipalities; increased urban cities with commercial sex, employment and other opportunities near rural areas; and increased transportation facilities making it possible to work and study in urban areas and live in rural areas.

3.3 Theories of PMSB

Human sexuality has long been the domain of religion, morality and philosophy, and these have defined PMS as somewhat deviant behaviour that is a socially immoral act by people having few, if any, redeeming characteristics (Reiss, 2015). However, PMS has been prevalent in almost all societies for a very long time. A variety of theoretical approaches have been applied in different disciplines over time to explain sexual behaviour and to understand the drivers of PMSB among young people. Most theories on PMS were formulated on the basis of experiences in either the United States or Europe in mid-20th century, as these regions have large amounts of data related to this compared to other regions where PMS has been a social taboo (Benda & DiBlasio,

1994; Henrich, Heine & Norenzayan, 2010; Ng & Wong, 2016). Although a few studies have focused on PMS among AY in Sub-Saharan Africa and Asia in the late 20th century, most of these are limited to small-sized homogeneous populations and provide inadequate support for establishing comprehensive theories that can be generalised to the AY population (Adhikari & Tamang, 2009; Djamba, 1997; Ng & Wong, 2016; Wong et al., 2009; Zuo et al., 2012). This section, therefore, attempts to discuss some of the dominant theories regarding sexual behaviour. It specifically focuses on PMSB among AY to identify the key factors that influence AY to change their PMSB in different contexts.

3.3.1 Health Behaviour Theories. Most health researchers have linked PMS with health and wellbeing by considering PMSB among AY as one of the risky sexual behaviours responsible for teenage pregnancy, HIV/AIDS, unwanted pregnancy and maternal death (Glanz & Rimer, 2005; Kirby et al., 2005). The health belief model (HBM) and the theory of planned behaviour (TPB) are the most commonly used health behaviour theories, particularly in public health research to understand the sexual behaviour of AY.

The basic assumption of HBM is that the behaviour of an individual that can impact on health is a function of personal traits, knowledge and attitudes. In short, individuals make a decision to engage (or not) in a nonconforming behaviour like PMS based on their perceived beliefs around potential health risks or threats. From the perspective of HBM, the lower the risk of perceived beliefs about health threats, the higher the likelihood of AY having PMS (Strecher & Rosenstock, 1997). Ghaffari, Gharlipour Gharghani, Mehrabi, Ramezankhani, and Movahed (2016) used this approach for a qualitative study in Iran. In line with the assumption of HBM, they found that PMS among AY was likely to increase with decline in susceptibility and severity of health-risk due to PMS (i.e., ease of access and low cost of condoms and contraceptives) and increase in level with confidence to have PMS safely (i.e., increase in knowledge and capability to have PMS safely). The study also reported a strong influence of other factors related to personal beliefs (i.e., attitude, normative beliefs and motivation to comply), culture (i.e., religious-spiritual beliefs) and personal traits (i.e., self-esteem, instinct and sense of independence). This indicates that there could be many other personal and sociocultural factors beyond health-related reasons influencing changed

PMSB among AY. HBM has been strongly critiqued, including for ignoring aspects such as emotion, rationale, desire, enjoyment and pleasure (Wellings, 2012). There has been significant progress in access to and advancement of contraceptives across the world, reducing the risk of pregnancy and other health threats due to PMS. Therefore, HBM limited to explaining predictors of PMSB based on health beliefs might be an incomplete and inapplicable way to explore the drivers of change in PMSB among AY.

TPB has also similarity with HBM in a sense that individuals make a decision to engage (or not) in a nonconforming behaviour like PMS based on or in accordance with their personal beliefs and logic around potential health risks or threats. According to TPB, individuals make a decision to be involved or not involved in a nonconforming behaviour like PMS based on intention that is determined by attitude, subjective norms and perceived behavioural control (Glanz & Rimer, 2005; Madden, Ellen & Ajzen, 1992). The basic concept of this theory is that the higher motivation to be involved in nonconformist behaviour like PMS, the higher the likelihood of the occurrence of PMS. This theory assumes that the principal cause of PMSB among AY is motivation to experience PMS that is determined by their attitude towards performing PMS i.e., personal evaluation of PMS and expected outcomes; perceived beliefs around PMS i.e., subjective norms that whether society approve or disapprove of PMS; and perceived behavioural control i.e., subjective perception of the ease or difficulty of engage in PMS. As noted, Ghaffari et al. (2016) reported the significant impact of personal attitude, normative beliefs and motivation on PMSB among AY. Those AY who have a negative attitude towards PMS, who regarded themselves as religious and believe that PMS is against the social norm were less likely to have PMS than others. Other studies have reported similar results (Cha, Doswell, Kim, Charron-Prochownik & Patrick, 2007; Chitamun & Finchilescu, 2003). Though TPB has incorporated some rational aspects of individuals, it has been critiqued for downplaying other aspects e.g., the nonconscious, contextual, habitual influence of public discourse that constructs the social world (Protogerou et al., 2012).

Regarding PMS as a risky and problem behaviour, those who have used the HBM and TPB approach in analysing PMSB among AY have merely focused on identifying health behavioural factors to design and analyse the effectiveness of preventive or promotional measures to control PMS among AY. These theories are limited to

intrapersonal factors existing within the individual self or mind. Although these theories help us to understand the association between the likelihood of PMSB among AY and their attitude towards PMS and self-efficacy to control the behaviour and health beliefs, they are silent about the influence of external circumstances or social contexts that can impact on attitudes, norms, and beliefs. It is not necessary that PMS always occurs in a planned way following a causal chain of beliefs, attitude, subjective norms and perceived behavioural control. PMS can occur even without clear vision, attitude and plan and be caused by pressure from a sexual partner or in the course of sexual excitement. The other problem with these models is that the suggested constructs of individual beliefs, attitude, norms and behavioural control are very subjective and can vary among individuals over time and space.

3.3.2 Social Theories. A variety of theoretical approaches in different disciplines of social science have been applied to explain sexual behaviour and to understand drivers of PMSB among young people, linking it with social, cultural, cognitive, emotional, behavioural and biological elements (Benda & DiBlasio, 1994; Buss & Schmitt, 1993; Reissing & VanZuylen, 2015; Wellings, 2012). However, most are limited to specific and limited constructs. Consequently, there is still a paucity of well-developed comprehensive theories on PMSB. The extant theories of sexual behaviour relating to PMS in social science can be broadly grouped into two overarching and contrasting paradigms: essentialism and constructionism.

The essentialist view is that most parts of human sexual behaviour are fixed and innate, although the environmental and sociocultural contexts can give rise to variation in biological, physiological growth and choices of individuals, thereby producing variation in sexual behaviour (DeLamater & Hyde, 1998). The views of classical sociobiologists (Barash, 2000; Griffiths, 2006; Nielsen, 1994) and evolutionary psychologists (Buss, 1988; Mathes, King, Miller & Reed, 2002) fall under the essentialism paradigm. The main difference between them is that the sociobiologists' explanations emphasise change in human sexual behaviour based on biological construction (e.g., physiological and hormonal change with growth in age) that presses for emergence of sexual curiosity, desire and expression most urgently during adolescence and more strongly among males than females (Heyman & Giles, 2006; Udry, 1996). On the other hand, the evolutionary theories emphasise the influence of

the genetic and sociocultural context that has been adaptive in cultural practice and ancestral history as a way of explaining variation in sexual behaviour (Buss, 2016; Wellings, 2012).

The sexual strategies theory articulated by Buss and Schmitt (1993) is one of the most prominent theories in evolutionary psychology that attempts to explain variation in sexual choice, including PMSB among AY. This theory acknowledged that males and females might confront different adaptive problems (i.e., risk of pregnancy and other consequences related to this) in having short-term or casual sexual relationships like PMS and that they might have different strategies for decision-making regarding short-term sexual relationships like PMS. According to Buss and Schmitt, because of the risk of pregnancy and other health and sociocultural consequences, girls are more likely than boys to avert PMS. However, girls may accept PMS as a short-term strategy to gain immediate resources (i.e., money, employment etc.), for adaptive functions and with a long-term strategy of assessing the merits of boys for marriage. In contrast, because boys are less vulnerable to pregnancy and sociocultural consequences, they are more likely to engage in PMS with a short-term strategy of selecting girls of their choice (Haselton, Buss, Oubaid & Angleitner, 2005).

In line with sexual strategies theory, Sprecher's (1998) social exchange theory suggests that an individual can make a strategic or rational choice to have short-term sex or PMS in exchange for cost and benefits in several other dimensions (Sprecher et al., 2013). Despite essentialists' views that have generated some hypotheses on individual and gender differentials in PMSB based on individual strategy, choice, biology and sociocultural context, their views have been abundantly criticised for promoting stereotypes of male-dominated sexual norms, culture and choice and ignoring dynamics of social change and their impact on changing social norms, gender roles, cognition, psychology, sexual needs and behaviour (Buss, 2016; Hyde & DeLamater, 2008; Wellings, 2012).

In contrast to the views of essentialists, social constructionists do not see social norms and values as static; they maintain these keep on changing over time. For social constructionists, human sexual behaviours are not fixed but amenable to modification with change in social context over time. They suggest investigating individual and gender differentials in sexual behaviour through the lens of social process and structure

(Szesnat, 1997; Wellings, 2012). They, unlike essentialists, also suggest seeing gender as a social construct rather than a biological construction (DeLamater & Hyde, 1998). From the review of literatures, I noted two broad categories of sociological views regarding PMSB among social constructionists. One is focused on *social processes*, while the other is focused on *social structures* (Wellings, 2012). Implicit in these distinctions is the idea is that there is no main reality, but that reality is socially constructed and can vary over time, place and context or space. The difference between these approaches is that the social process theories regard humans as agents. They emphasise an investigation into human sexual behaviour via analysing social process (i.e., socialization process and social control mechanism, learning and development process), while the social structure theories focus on analysing social structure to understand change in human behaviour and variation in sexual behaviours. Social control theory and social learning theory are the dominant social process theories used for explain PMSB, and the social determinant of health is the prominent structural theory to explain change in PMSB and inequality or differential on PMSB within the community (Andrews, 2012; DeLamater & Hasday, 2007).

3.3.2.1 Social control theory. Social control theory (SCT) focuses on explaining why certain people engage in deviant behaviour by linking the association of human behaviour with social control mechanism (Hirschi, 2017). The basic assumption of SCT is that people are inherently deviant, and every society has mechanisms for controlling social conduct to maintain social order or to inhibit deviance through different institutions like law, religion, family, parents, schools etc. Researchers on PMSB among AY have applied SCT on the presumption that PMS is deviant behaviour and that the lower the strength of social control over AY within the community and family, the higher the likelihood of AY engaging in PMS and other deviant behaviours that can result in PMS (Benda & DiBlasio, 1994). From the perspective of SCT, with the decline in strength of social control (i.e., ineffective reward and punishment laws) and parental control (i.e., parent-children bonding, parental support and monitoring), children are likely to engage in PMS and other nonconforming behaviours (Hirschi, 2017; Reid, Patterson & Snyder, 2002; Reiss, 2015).

As noted, many studies have reported that PMS among AY is likely to increase with a decline in the parent-child relationship and support, increase in the case of migration or

living away from parents and decline in line with commitment to religion, all of which reflect significant association of constructs of social control with PMSB among AY (BC & Basel, 2014; Lee et al., 2006). Studies have shown insignificant association of parent-child relationship and parental status with likelihood of PMSB among AY (Adhikari & Tamang, 2009; Choe, Hatmadji, Podhisita, Raymundo, et al., 2004), however. Therefore, it is not always true that all broken families result in parental deficits in supporting or controlling children that push them to become involved in nonconforming behaviours. SCT has been criticized for generalising location of the origin of deviance in the proliferation of external control and for ignoring the internal control and cognitive capability of individuals and other social causes that can result in weakness in social bondage i.e., poverty, migration, social conflict, employment etc. (Longmore, 1998; Rudman, Fetterolf & Sanchez, 2013).

3.3.2.2 Social learning theory. Social learning theory (SLT) is one of the most frequently used theories for explaining sexual behaviour patterns at the interpersonal level. It assumes that, like other behaviours, sexual behaviours are also learned through socialisation and social interactions with different actors and institutions in society (Bandura & Walters, 1977; Rosenstock, Strecher & Becker, 1988). Researchers have applied SLT to explore why and how people learn PMSB (Hogben & Byrne, 1998). According to SLT, learning is a lifelong process. Individuals can learn sexual behaviour through different means and channels within their family and community through, for example, observing the sexual activities of others; information on sex and ideal behaviour from schools, and mass media; and through reinforcement of its initial occurrence and rewards and costs following the acts (Hogben & Byrne, 1998). According to Reiss' (1967) theory of sexual permissiveness, individuals attitudes and behaviours relating to PMS are based on what they learn from other reference groups including romantic partner, peers and family members (Reiss, 2015). Bandura (1986) added the role of cognition or self-efficacy in SLT and renamed it as social cognitive theory, focusing on the interactions between human behaviour, personal characteristics and environmental factors (Bandura, 2001). Social cognitive theory assumes that individuals are not passive receivers or learners. Rather, they have a sense of agency or self-efficacy to evaluate cost and benefit, pros and cons and control over accepting and rejecting the learned behaviour. Researchers have used social cognitive theory in analysing the association of sexual behaviour with the learning environment in the

society and personal traits, including capability of learning and self-efficacy (Benda & DiBlasio, 1994; Glanz & Rimer, 2005; Wright & Vangeel, 2019). From the perspective of social cognitive theory, sexual and gender norms are generally learned through socialisation. Thus, gender differences in PMSB in many societies is largely due to gender differentials in sexual norms and learning environments (i.e., access to exposure and opportunity to learning). This results in variations in knowledge and cognition to make independent decisions regarding PMS (Oliver & Hyde, 1993; Petersen & Hyde, 2010; Wright & Vangeel, 2019). The argument is that males and females observe sexual behaviours in same-gender models, internalise gender appropriate behaviour and regulate their behaviour in accordance with prevailing gender norms, roles and expectations (Bandura, 2001; Petersen & Hyde, 2011).

Many studies have demonstrated the substantial impact of various social cognitive theory constructs on PMSB among AY and an increase in predictive power while integrating some constructs of social cognitive theory (Benda & DiBlasio, 1994; Hogben & Byrne, 1998; Kirby et al., 2005). Although the exposure to pornography, interaction with peers on sexual issues and mass media have shown consistently a strong positive association with the likelihood of PMSB among AY, level of education seems to have a nonlinear association with PMSB. Because sexual activity is not readily observed in everyday life, AY are more likely to learn about sexual activities from media and peers and, therefore, the permissive PMS model displayed in mass media and having peers with permissive PMS attitudes and behaviour can strongly influence AY to have the same attitude and behaviour (Brown & Keller, 2000; Ng & Wong, 2016; Scott et al., 2011). From the perspective of social cognitive theory, AY who have more exposure to information, communication and education on PMS and sexual safety are more likely to have the knowledge and self-efficacy to have PMS safely and, thus, are more likely to have PMS. Although conceptually clear, the social learning and cognitive theories have been criticised for inadequacies in explaining and incorporating causal factors that can affect the triadic relationship among behaviours, individual factors and environmental factors (e.g., personal inner traits and biological and hormonal factors (Belsky, Steinberg & Draper, 1991).

3.3.2.3 Social determinants of health (SDH). Over the past two decades, public health researchers—and particularly those focused on health inequities—have begun to shift from approaches that focus solely or primarily on individual-level causes of poor health to an approach that accounts for the impacts of social structure (Johnson, Mercer & Cassell, 2009). The model of SDH advanced by the WHO (2008) has a leader in this regard. The explicit assumption of the WHO's SDH model is that inequality in health status and health behaviour, in any society, is largely determined by individuals' social circumstances or context rather than by their individual characteristics. These circumstances are, in turn, shaped by a wider set of forces: economics, social policies, and politics. The SDH framework incorporates a broad range of social determinants ranging from individual to macro level structural factors that can directly or indirectly impact on health and health behaviours. It also accounts for the pathways by which the various factors impact upon health and health behaviour (Figure 3.2).

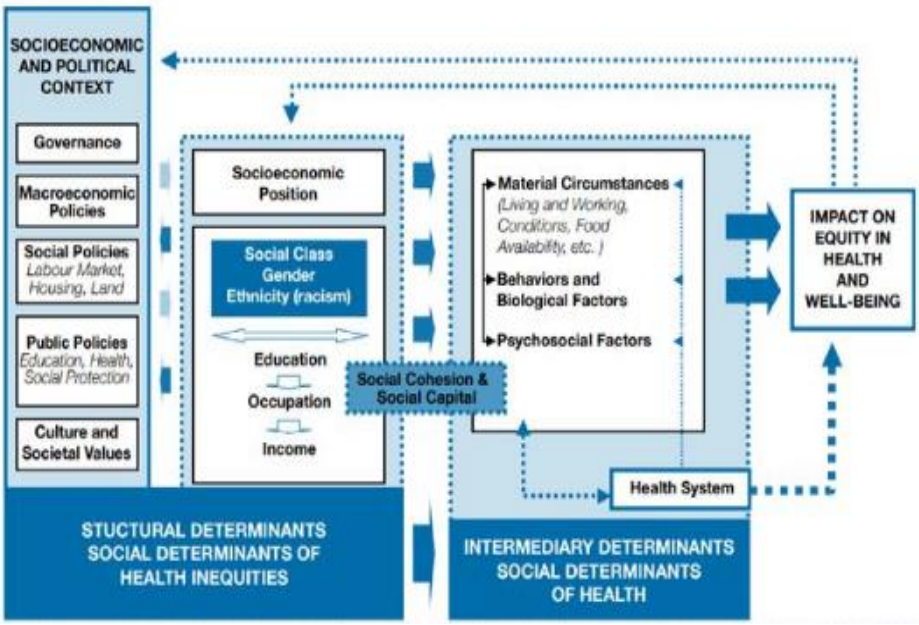


Figure 3.2 *Framework of Social Determinants of Health (WHO, 2010a, p. 48).*

The WHO grounded the framework of SDH within universal human rights and affirmed a rights-based approach. This suggests that investigating the causes of inequality in health and health behaviour (including sexual behaviour) should move beyond an individualised risk reduction approach to a wider focus on creating enabling environments that support individuals to enjoy safe and positive health and sexual behaviour (WHO, 2010a).

The WHO (2008) SDH approach operates at two levels: the proximal and the structural. Proximal determinants are the downstream factors that more directly impact on personal health and health behaviour. Examples include material circumstances — living and working environment, food availability; biological and behavioural factors; and psychosocial factors—mental and physical states, attitude, and stress. The WHO has categorised structural, cultural and functional aspects of society and the resultant socioeconomic condition of communities, families and individuals as structural determinants, which comprise two levels. One is socioeconomic position (SEP) of communities, families and individuals. The other is socioeconomic and political context (SEPC) (Viner et al., 2012; WHO, 2010a, pp. 25-27). SEPC comprises a wide range of structural, cultural and functional aspects of a societal system and mechanisms such as social norms, laws, policies, programmes, governance etc. These are upstream factors through which social members are organised into different groups by region, culture, gender and division of work, social norms and values are reinforced and power and resources are distributed to regulate and maintain social functions. This system gives rise to variation in facilities and opportunities regarding social services within communities, thereby resulting in variation in SEP of families and individuals (e.g., household wealth, education, occupation, income). In the context of SRH and PMS, variation in SEP can give rise to variation in material circumstances (e.g., living and working conditions), and exposure to different types of sexual behaviour, health risks and consequences (both positive and negative). These, in turn, generate group-level inequalities in sexual behaviour including PMSB. According to the SDH model, social determinants both affect and are affected by the health and sexual behaviour of individuals. The pathways of association of various factors of SDH with health behaviour are shown in detail in Figure 3.2.

Although the SDH approach has been criticised for being too broad, complex and difficult to operationalise (Schrecker, 2019), it is increasing used to investigate the causes that affect inequalities in sexual health and behaviour, and for designing programmes to reduce those inequalities (Ergun, 2007; Marmot, Friel, Bell, Houweling & Taylor, 2008; Short & Mollborn, 2015). The change and variation in sexual attitudes and behaviours among AY are increasingly recognised as multidimensional and tied to changed social context and AY agency (Johnson et al., 2009; Viner et al., 2012). The gender differential in sexual behaviour among AY is also increasingly being linked to

social determinants. This aligns with the approach of this thesis, that an investigation into gender inequality in sexual health and behaviour should be focused on social structures (Amin, Abreu Lopes & George, 2020; Risman, 2004; Sen & Östlin, 2008).

In a systematic review of the worldwide data, Viner and colleagues (2012) reported that the strongest determinants of adolescent health are structural factors such as national wealth, access to education, income and employment opportunities. They found that safe and supportive families, schools and working environments are crucial to help young people to develop their full potential to attain the better sexual health and wellbeing in the transition to adulthood (Viner et al., 2012). In the review of the ASRH programme in Nepal in 2015, the team identified that the constructs of SEPC i.e., liberal economic policies, political instability, poor governance and sociocultural and gender norms are the major contextual aspects generating differences in socioeconomic and health conditions, thereby resulting in differentials in the SRH behaviour of people (WHO, 2017). Likewise, studies have reported gendered norms and values in relation to sex and marriage, and access and opportunities to health and other services as the key structural factors resulting in gender differences in SEP, quality of life, health and social wellbeing (Amin et al., 2020; Zuo et al., 2012).

3.3.3 Summary of Theories of PMSB. The aforementioned theories are neither mutually exclusive nor competing, but rather should be seen as complementary. Although none of these theories was specifically developed to explain PMSB, researchers have adapted them to study sexual behaviour. The review of the literature revealed a wide range of factors associated with PMSB among AY, from individual biological factors to macro-level social and political context. The diversity of approaches suggests that the use of any single theory might be too narrowly focused to explain the drivers of PMSB among AY, particularly in the context of societal transitions. Most of the studies discussed in this chapter have used an individualistic approach (Sutherland, 1996) which, from the lens of a rational choice, assumes that individuals are the primary deciders of PMSB. This study aims to investigate the causes of change in PMSB and to shift the focus from individual attributes to a structural perspective. As such, this study uses SDH as its primary theoretical approach which is explicated in chapter four.

Chapter 4

Theoretical Approach and Research Methodology

4.1 Introduction

This chapter provides an overview of the research approach including the theoretical approach and the research methodology. The following section discusses the theoretical approach and conceptual framework, followed by an overview of the methodological approach and why a mixed methods was employed. The final sections describe the quantitative and qualitative method, respectively, including the data sources, study area, sampling, data collection, and data management process.

4.2 Theoretical Approach and Conceptual Framework

4.2.1 Theoretical Approach. This study seeks to understand how changes in the Nepalese social context have impacted PMSB among AY, moving from the dominant individualistic approach to a structural one. AY in Nepal are reaching adulthood in circumstances that differ markedly from their parents and their opportunities to experience PMS, as well as associated vulnerabilities, also look quite different. This study sees gender as one of the important structural determinants that influence opportunities to experience PMS, with gender stratification operating at family, community and national levels. The conceptual framework incorporates most of the PMSB factors identified by previous studies into different levels of social determinants. The conceptual framework is discussed in greater detail below.

4.2.2 Conceptual Framework: Social Determinants of PMSB. Most studies of PMSB have focused on a small set of specific variables. Few have attempted to analyse the relative importance of a wide range factors conceptualised as multilevel ecological factors (Bronfenbrenner, 1994; Small & Luster, 1994; Wong et al., 2009). Some studies have found significant associations between specific factors and PMSB, while others have found no association, even within the same country. Although there are various ways to conceptualise and operationalise social determinants, and they are not always consistent, this study draws on prior research to develop a comprehensive framework summarised in Figure 4.1.

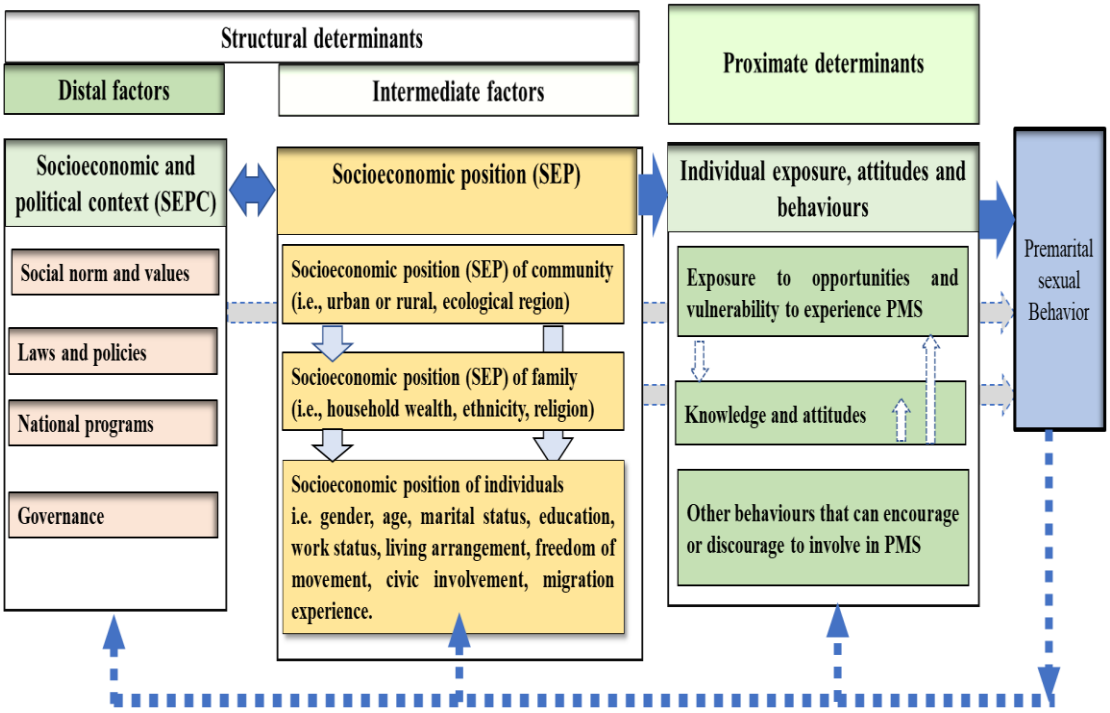


Figure 4.1 *Conceptual Framework of Social Determinants of PMSB among AY.*

Like the WHO framework (WHO, 2010a), the conceptual framework used in this study comprises three different levels of social determinants of PMSB which are grouped into two broad levels: proximal and structural determinants. Proximal determinants comprise the downstream factors that directly impact on individuals' exposure to opportunities and vulnerabilities to experience PMS. These include knowledge of contraceptives; exposure to sexual message/image or pornography, exposure to love affairs or romantic partners, exposure to vulnerability of sexual abuse/violence or seduction, habit of alcohol consumption and attitudes towards permissiveness of PMS.

Structural determinants include a wider range of factors related to societal context and the resultant socioeconomic context of communities, families and individuals. These determinants are further classified into two levels: distal and intermediate. The distal level constitutes the factors related to socioeconomic and political context (SEPC) and intermediate level comprises the factors related to the socioeconomic position (SEP) of community, family and individuals. SEPC includes social norms and values including gender norms and roles, laws and policies, national programmes and governance. These are the fundamental elements of society which play vital roles in the distribution of power and resources to social members and groups, including AY, and in defining and

delimiting norms, values and behaviours related to gender, sex, marriage and PMS. These factors give rise to variation in exposure to social services opportunities (i.e., access to education, employment and income opportunities and other facilities and living conditions), thereby resulting in variation and inequality in the SEP of families and individuals at national and community level and by inhabitants' place of residence.

The underlying premise of the conceptual framework shown in Figure 4.1 is that SEPC factors strongly influence gender differences in PMSB among AY. This influence occurs indirectly, through generating social differentiation in community SEP (e.g., access to education, employment opportunities and income and other facilities and living conditions). This, in turn, affects inequality in family and individual SEP. Inequality in individual SEP plays a central role in shaping the proximal determinants of PMSB among AY. Conversely, increases in PMSB among AY can create pressures for greater societal acceptance of changing social norms and values around PMS, and for change in public policies, laws, and institutions. The arrows in Figure 4.1 indicate the direction of relationships and help to identify the pathways through which the different variables at different levels can influence each other to generate differences in PMSB among AY.

4.3 Methodological Approach

Research methodology simply refers to the way in which a study is carried out to ensure it produces valid and reliable results to address the study's research aim and objectives (Bowling, 2014; Kothari, 2004). This section first presents this study's methodological approach and then addresses the research methods, including how the study was designed and how data was collected and analysed to answer the research questions. Most studies have regarded PMS as one of the indicators of risky sexual behaviours and focused on analysing who is having PMS, what their characteristics are, and how PMS impacts on health (Adhikari, R. et al., 2018; Puri, 2002; Puri & Cleland, 2006; Tamang et al., 2001). When first proposing this study, I too saw PMS as somewhat risky behaviour, perhaps because I am also Nepalese. Nonetheless, after reviewing the literature and discussing the issue with my supervisors, I realised that research should not be based on opinion but should be realistic, unbiased and non-judgemental. Adopting these attitudes has helped me to reconstruct my viewpoint around PMSB among AY to a non-judgemental approach (UNFPA, 2008; WHO, 2017).

Ontologically, this study regards PMSB of individuals as malleable, and largely shaped by the societal circumstances in which they live. This approach falls within the paradigm of social constructivism (Andrews, 2012; Wellings, 2012). It sees gender as socially constructed and gender norms as one of the most important structural-level social determinants of PMS. Epistemologically, this study does not make any moral judgements about whether PMS is right or wrong. It sees AY as actors in their own rights, with capability to construct and determine their social lives. It presupposes that AY do not make decisions relating to PMS in a social or cultural vacuum. Rather, the decisions they make depend greatly on social context to experience such behaviour and, therefore, that differentials in sexual behaviour among individuals within the society are largely due to inequality in exposure to those opportunities and vulnerabilities (Gaventa, 2006; Johnson et al., 2009; Marmot, 2005). The aim of the study is not to establish universal facts, but rather to explore the multidimensional realities of PMSB among AY in Nepal using a mixed method approach.

As noted in the introductory chapter (section 1.4), this study has two objectives: one is to examine the broader structures of PMSB among AY through statistical analysis of nationally representative data, while the other is to centre the voices of AY and key social agents (e.g., parents, teachers, service providers, and community leaders) in relation to perceptions around PMS, the contexts in which AY are involved in PMS and structural drivers of change in PMSB. The study achieves the first objective through a quantitative study analysing secondary data from NAYS 2010/11. Although the statistical analysis of NAYS 2010/11 data allows to analyse extent of prevalence of PMS among AY by gender, and statistical associations between PMSB and some intermediate factors related to SEP and the proximate factors, this lacks information to analyse associations of macrolevel structural factors with PMSB. The NAYS dataset does not permit an analysis of the distal determinants in the form of SEPC factors with PMSB; cause of gender differential in PMSB; perception of AY and key social agents about PMS; and the contexts in which AY are involved in PMS. Because the study has multidimensional research questions, which a quantitative study alone cannot completely respond, this study has also undertaken qualitative research following the quantitative study. Therefore, this study has employed a sequential mixed methods approach (Creswell & Clark, 2017; Johnson, Onwuegbuzie & Turner, 2007).

The definition of mixed methods employed here is a research approach that uses both quantitative and qualitative methods in order to explore diverse perspectives and uncover relationships that exist between the intricate layers of our multifaceted research questions (Creswell & Creswell, 2017; Johnson et al., 2007, p. 123). The mixed method can be used for various purposes i.e., triangulation, complementarity, development, initiation and expansion seeks (Greene, 2007; Schoonenboom & Johnson, 2017). Rather, the approach here is to use different methods to extend the breadth and range of inquiry addressing somewhat different research questions for 'expansion seeks' so as to arrive at a more holistic understanding of AY PMS in Nepal.

The quantitative study (chapter 5) addresses research questions 1, 2, and 3 analysing the secondary data of NAYS 2010/11, while the qualitative study (chapter 6) speaks to research questions 2, 3, 4 and 5 (see Table 4.1) analysing the primary data collected from AY and key social agents through in-depth interviews and focus group discussions. To date, very few studies of PMS have genuinely given AY the space to express their views and perspective regarding PMS in Nepal. The use of mixed methods approach in this study has allowed not only to conduct research on AY, but also to undertake research with them. Table 4.1 presents an overview of research approach by research question, including research methods, study area, and sample size.

Table 4.1
Overview of research method by research question

Research questions	Research method	Data source	Study area/Number of participants
1. What is the extent of prevalence of PMS among different subgroups of AY?	Quantitative	NAYS 2010/11	Entire Nepal 6,260 AY -15-24 Yrs. 2,953 males; 3,307females
2. What are the important structural determinants of PMSB among AY?	Quantitative and Qualitative		
3. What factors account for the substantial gender differences in PMSB?	Quantitative and Qualitative		
4. How do AY perceive about PMS and how do their perceptions differ from those of key social agents?	Qualitative	IDI	Kathmandu Valley -3 districts 24 AY (12 males and 12 females) 4 males and 4 females of 15-17 years 4 males and 4 females of 18-19 years 4 males and 4 females of 20-24 years
5. What are the contexts in which AY are involved in PMS?		FGD	Kathmandu Valley -3 districts (Kathmandu, Lalitpur, Bhaktapur) 3 focus group discussions 1 for 8 males of 20-24 years 1 for 8 females 20-24 years 1 for key social agents*

*2 teachers, 2 ASRH programme managers, 1 local community leader, 1 SRH service provider, 1 media person and 1 police officer

4.4 Study Design: Quantitative Study

4.4.1 Data Source: Nepal Adolescent and Youth Survey (NAYS). The data used for the quantitative component of this study comes from the NAYS conducted in 2010/11. This national-level survey collected a broad range of information related to SRH, including data on nuptiality, fertility, family planning, STI, HIV/AIDS and sexuality from AY aged 10-24 years. The information was intended to help policy makers and planners to formulate policies, plans and programmes related to various dimensions of AY wellbeing (MoHP, 2012).

4.4.2 Rationale for Using NAYS. It is challenging to collect and access information on PMS activity in Nepal, as PMS is still widely considered a social taboo. NAYS was the first ever nationally representative survey carried out by the GoN that focused specifically on collecting SRH behaviour including PMSB among AY aged 10-24 years irrespective of marital status. Though NAYS data allows to undertake robust quantitative analysis of PMSB among AY, its analysis has been limited to bivariate associations in a single report with limited information i.e., prevalence of PMS by gender (MoHP, 2012). Despite significant effort and resource being expended on conducting NAYS, the data has not been fully utilised to date, undertaking in-depth analysis of PMSB. This study, therefore, addresses both an important knowledge gap (as set out in chapter 1) and makes use of an underexploited but rich public dataset. The study received a set of NAYS data and an approval to use this for further analysis from the Ministry of Health (MoH)[13], Nepal (Appendix 1).

4.4.3 Study Area and Sampling. For its sampling strategy, NAYS used a list of enumeration areas with household and population information from the 2001 Census. The overall sample was designed to provide estimates for the country as a whole as well as urban-rural residence including all five development regions (Eastern, Central, Western, Midwestern and Far-western) and Kathmandu valley and three 5-year age groups of the AY population (10-14 year, 15-19 years and 20-24 years). Twelve distinct domains (or strata) were identified based on the cross-section of five development regions and Kathmandu valley as a separate subregion with a rural-urban set-up.

[13] When NAYS was conducted in 2010, the Population Division was under the Ministry of Health and Population (MoHP), and it was under the Ministry of Health (MoH) in 2016 when I received the letter of approval to use NAYS data. It has again changed to MOHP since 2018.

Samples were selected independently from each stratum through a two-stage selection process. In the first stage, the enumeration areas were selected using a probability proportional-to-size approach. As the rural population constituted 79% of the total population, a total of 300 clusters with 63 urban and 237 rural clusters was selected. In the second stage, 30 households in each cluster were selected using a systematic sample method, which identified a total of 9,000 households for the survey. A complete list of currently residing households within the boundary of the cluster was prepared for each of the 300 clusters. All eligible respondents from selected households were interviewed separately , and the survey team made up to three visits in the cluster in case eligible respondents were not available at the first visit (MoHP, 2012, p. 5).

4.4.4 Questionnaires. NAYS 2010/11 used two questionnaires: household (Appendix 2.A) and individual (Appendix 2.B)[14]. The household questionnaire was used to gather basic information about household characteristics like family size, religion, ethnicity, household amenities or economic condition of household and to identify the eligible population for individual interview, i.e., a person of 10-24 years of age who usually resided in the selected household. A household was defined in terms of persons living together in the same dwelling unit(s) or in connected premises with common arrangements for cooking and eating, and only those households where at least one person of 10-24 years of age lived were surveyed (MoHP, 2012, p. 9).

4.4.5 Sample Population and Response Rates. NAYS reported 8,974 households with at least one eligible respondent aged 10-24 years. The overall household response rate was 99.7%. There were 49,280 household members (24,321 males and 24,944 females). Fifteen individuals were reported as "other" (than male or female) and two of them were aged 15-24 years (MoHP, 2012, p. 7). The ratio of males to females in NAYS was slightly higher (98 males per 100 females) than in the 2011 census (94 males per 100 females). The percentage of AY population aged 15-24 years was 21% (of all NAYS household members), which was almost the same as in the 2011 census (CBS, 2014b). A total of 14,854 individuals aged 10-24 years were identified for interview. The individual questionnaires were administered to all eligible AY using a modified de jure method that collected information only from those who were usual residents of selected households. Of the 14,854 eligible AY aged 10-24 years, 99.3%

[14] Both questionnaires are in Nepali language, as received from MoH.

completed the interview (99.5% aged 10-14 years and 99.4% aged 15-24 years). The response rate was almost the same at 99.4% for males and females (MoHP, 2012, p. 7). Because of changes in the observed cluster size at the time of surveying, MoHP calculated and applied cluster level weights for each stratum separately to adjust unequal probabilities of selection. These weights were used in this study and all the numbers presented in analyses are weighted numbers.

4.4.6 Data Management and Effective Size of Study Population. The MoH extracted a set of NAYS data and emailed it to me. The questionnaires were thoroughly reviewed to understand the flow of questions, responses and categories of response. A separate file containing all AY aged 15-24 years was created. I undertook data cleaning and exploratory data analysis (i.e., frequency analysis and cross-tabulation) to know the nature, distribution and errors e.g., missingness, inconsistencies and outliers in all selected variables, specifically focusing on information related to PMS. There were 8,105 weighted cases and 8,153 unweighted cases. Two cases who reported as other gender were excluded from the analysis. All individuals aged 15-24 years were asked questions related to different types of sexual behaviour. If they responded 'No', they were not asked about their possible experience of that activity. Thus, the question 'Have you ever had PMS?' was only asked to those who have responded 'Yes' to the question 'Do you know about PMS?[15]'. Of the 8,105 respondents, 1,845 respondents (23%) said that they did not know about PMS. This left a total of 6,260 (6,312 unweighted) AY who were asked the further question on PMS experience. The sample of AY used in this study is thus 6,260 comprising 2,953 males and 3,307 females (Table 4.1).

4.4.7 Study Variables and Measurements. In keeping with the conceptual framework, the study has selected some specific variables for statistical analysis of their associations with PMSB among AY. This section presents an overview of the outcome or dependent variable and independent or exploratory variables used for the study and their measures.

4.4.7.1 Outcome Variable. The main outcome or dependent variable selected for the study is PMS defined as AY population aged 15-24 years who reported that they have ever had PMS at the time of survey (i.e., answered positively to the question "Have

[15] Question number 319-1 and 319-4 in Appendix 2.B.

you ever had PMS?"). In the context of NAYS, PMS means a heterosexual sexual relationship of a respondent who has never been married or unmarried at the time of NAYS, regardless of the martial status of the other party. Although there were three response options: "Yes", "No", and "Do not know", none of the respondents gave the latter response, which might be due to the fact that only those who indicated they knew about PMS were asked this question. Thus, the outcome variable 'PMS' is a binary variable with only two answers: No=0 and Yes=1.

4.4.7.2 Exploratory variables. In line with the conceptual framework of the study, a set of 20 exploratory variables were selected comprising two community-level, three family-level and nine individual-level socioeconomic factors as intermediate determinants and six factors related to individual exposure, attitudes and behaviour as proximate determinants. The variables were selected based on two factors: first, how frequently those variables were mentioned in reviewed literatures and second, the availability of information in NAYS dataset. As the dataset lacks information regarding upstream variables of SEPC like social norms and national policies and laws, the quantitative analysis of association of exploratory variables with PMS is limited up to intermediate determinants or SEP level of structural determinants. The responses of each variable were coded in ascending order starting from "0" to nominal or ordinal scale, depending upon the nature of the data. Table 4.2 presents a list of variables with summarised operational definition and response scale.

4.4.7.2.1 Community and household-level socioeconomic factors. As noted in the country context, Nepal has significant interregional differences in physical infrastructure and access to social services (i.e., education, healthcare, employment opportunities and income, transportation, communication and other facilities and living conditions) as measured by HDI, GDI and GEM (NPC & UNDP, 2014). In order to capture the structural features of the community where respondents live, two variables are included to reflect the community-level SEP: place of residence (rural=0, urban=1) and ecological region (Mountain=0, Hill=1, Tarai=2).

In order to measure SEP at family or household level, some studies have used income, education or the occupation of parents as proxy measures (Ergun, 2007; Ghule et al., 2007). However, those studies have reported a high level of nonresponse, varying from 20 to 45% (Johnson et al., 2009), because they either do not know, they do not be live

with their parents, or their parents have deceased, which resulted in high item nonresponse, making the use of the parental SEP an unreliable proxy measure (Currie, 2008; Currie, Elton, Todd & Platt, 1997). Therefore, methodologically the choice of an appropriate measure of SEP of family for AY is not entirely straightforward. Conceptually, it is unclear whether parental SEP should be used as a proxy, and if so, which aspect of SEP is most relevant.

NAYS did not collected information on parental occupation, and so information on parental income is incomplete; however, it has collected information on household characteristics, assets and amenities from the head of the household. This information includes number of bedrooms, toilets, electricity, drinking water, kitchen, source of energy for cooking, ownership of house, distance from house to social service facilities, source of income and possession of television, phone, radio, vehicles. The NAYS research team constructed a household wealth index based on household characteristics and possession of household assets and amenities following the methodology used in DHS 2006 (Rutstein, 2008) to comply with NDHS studies (MoHP et al., 2007). This is the only household socioeconomic factor included in this study. MOHP used five levels of wealth quintiles, <20% as the first quintile or the lowest quintile, 20-39% as the second quintile, 40-59% as the third or middle quintile, 60-79% as the fourth quintile and 80-100% as the fifth quintile, also called the highest quintile. Because of the small number of cases, these five household wealth indices were reconstructed into three levels: the first and second quintiles comprising <40% were merged into the first level as the poorest/poor level=0; the third quintile or 40 to 59% became the second or middle level=1 and the fourth and fifth comprising 60-100% were merged into the third category, the rich/richest.

Besides household wealth, two more cultural variables are included in household characteristics: ethnicity and religion. Information on these was collected from the head of the household rather than from individuals themselves. The available information on these, therefore, may not reflect the exact status of those who affiliate differently from their parental religion and ethnicity. Because of the large number of AY were following the Hindu religion (90%) and the small numbers of other religious groups i.e., Buddhist (5%), Kirat (2%), Islamic (2%), Christian and others (<1%), all other religious except Hindu were grouped into a single category “Non-Hindu” and assigned the codes

Hindu=0 and Non-Hindu=1. NAYS reported 103 caste and ethnic groups. These ethnic groups were classified into five groups following the Nepal Living Standards Survey and NDHS categorisation (CBS, 2011; MoH et al., 2017): Brahmins, Chhetri and other upper caste=1; Adivasi Janajati (including all indigenous ethnic groups)=2; Other Tarai caste (including all Tarai caste and ethnic groups except Dalits and Muslims)=3; Dalits (including all Hill and Tarai Dalit caste)=4; and Muslim caste=5. The ordering here reflects the hierarchy of privilege based on HDI scores in that the Brahmin/Chettri and upper caste is considered the most advantaged ethnic group and Muslim the least favoured (NPC & UNDP, 2014).

4.4.7.2.2 Individual-level socioeconomic factors. Nine variables are included in individual-level SEP: age, gender, marital status, education attainment, work status, migration experience, living arrangement, member of social organisation and freedom of movement. Although age, gender and marital status are typically demographic variables, these factors can give rise to variation in living conditions and exposure to opportunities to education, employment and other facilities. Therefore, I have treated these variables as SEP of individuals, following the SDH framework (WHO, 2010a).

I have aggregated age into a binary variable: 15-19 years=0 and 20-24 years=1. Gender is coded as female=0 and male=1. All the respondents were asked for information on their current marital status. Regardless of whether they were divorced, separated, remarried, a widow/widower or married but not living together, those who responded that they had ever been married were grouped into ever-married=1 and those who reported never been married as never-married=0.

Information on education was captured using two questions. The respondents were first asked whether they could read and write any language. Those who reported 'Yes' were further asked about the highest level of education they had completed at the time of the survey. All those who reported 'No' to being literate and had less than a year schooling were grouped into the category 'No schooling'=0. Based on the level of education completed, three more categories were constructed: those who have completed 1 year of schooling to 5 grades at primary level education=1, those who have completed grades 6 to 10, but not completed SLC at secondary level education=2 and those who have education beyond SLC at higher secondary education and above =3, following the categorisation used in the 2011 census and NAYS report (CBS, 2014a; MoHP, 2012).

Table 4.2

List of Variables with Response Scale for the Quantitative Analysis

Type of variables	Question/operational definition	Response scale (code)
Outcome or dependent variable		
Premarital sex	Have you ever had premarital sex?	No (0) Yes (1)
Community level socioeconomic factors		
Place of residence	Where are you currently residing?	Rural (0) Urban (1)
Ecological region	Where are you currently residing?	Mountain (0) Hill (2) Tarai (1)
Household level socioeconomic factors		
Household wealth index	Constructed from household characteristics, possession of assets, amenities and income into three categories.	Poor/poorest (0) Middle (1) Rich/Richest (2)
Ethnicity	What is your ethnicity? (Question addressed to head of household)	Hill and Tarai Brahmin/Chhetri (0) Adivasi Janajati and Newars (1) Other Tarai caste (2) Hill/Tarai Dalits (3) Muslim caste (4)
Religion	What religion do you follow? (Question addressed to head of household)	Hindu (0) Non-Hindu (1)
Individual level socioeconomic factors		
Gender	What is your gender?	Male (0) Female (1)
Age	How old are you? (Completed age)	15-19 years (0) 20-24 years (1)
Marital status	What is your marital status?	Never-married (0) Ever-married (1)
Education attainment	What is the highest grade (level of education) you have completed?	Illiterate or no education (0) Primary education (1) Secondary level (2) Higher secondary and above (3)
Work status	Have you been employed in the last 12 months?	No (0) Yes (1)
Migration experience	In the last 5 years, have you stayed outside your hometown, district or country for at least 1 month or more?	No (0) Yes (1)
Living arrangement	With whom are you residing nowadays?	With family members (0) With nonfamily members (1)
Member of social organisation	Are you a member of any social organisation?	No (0) Yes (1)
Freedom of movement	Are you able to go out of home to (e.g., *haatbazar*, temple, meet friends, parties) without permission from anybody?	No (0) Yes (1)
Proximate variables: Individual exposure, attitudes and behaviours		
Knowledge of contraceptives	Have you heard about contraceptives that help in controlling, delaying and spacing pregnancy?	No (0) Yes (1)
Exposure to pornography	Have you ever watched/read pornography?	No (0) Yes (1)
Love affairs/romantic partner	Have you ever fallen in love with a girlfriend or/and a boyfriend?	No (0) Yes (1)
Ever experienced sexual abuse	Has anybody, at any time and by any means tried to have sexual intercourse with you by applying any method of coercion?	No (0) Yes (1)
Attitude towards PMS	If you know that a young person has engaged in premarital sex, would/did you accept a marriage proposal from that person?	No- Nonpermissive (0) Yes- Permissive (1)
Alcohol consumption	Have you ever taken alcohol i.e., homemade alcohol, hard liquor, beer wine, etc. or not	No (0) Yes (1)

Occupation is one of the most important indicators of individual SEP. Most studies use the current or longest held occupation of a person, but in the case of AY they are most likely to be students or to have worked only for short period, in unpaid domestic work and agriculture, or at the beginning stage of a formal or professional job (MoHP, 2012; MoHP et al., 2012). NAYS did collect information on employment status of AY, asking whether they had undertaken any job to earn money in the last 12 months. There were more than seven options, including an option to specify others. These options were categorised into two categories: those who had not undertaken any paid work in the last 12 months=0 and those who had (=1).

The experience of lifetime migration is also important to determine SEP and exposure to broader social contexts. NAYS asked respondents if they had ever been outside their hometown or district (either domestically or overseas) for at least 1 month. Responses were coded No=0, and Yes=1.

The living arrangements of AY are one of the important factors determining their freedom of mobility and association and decision-making in personal life (Hirschi, 2017; Xenos et al., 2001). They also influence decision-making regarding PMS (BC & Basel, 2014; Choe, Hatmadji, Podhisita, Raymundo, et al., 2004; Lee et al., 2006). In Nepal, most adolescents live with their family, parents or senior relatives unless they have to move for study or work. However, the practice of AY living away from parents is increasing due to the influence of urbanisation, industrialisation, new communication technologies and changing occupational structure (MoH et al., 2017). NAYS had collected information on living arrangements asking the question "With whom are you residing nowadays?" and providing different options i.e., living with mother/father, mothers/fathers-in-law, husband/wife, brother/sister, relatives, employers, alone, boyfriend/girlfriend others (specify). Because of the number of cases in each category, the living arrangement of individuals were aggregated to two categories: living with family members=0 and living with nonfamily members=1.

Involvement of AY in social organisations can be one of the important indicators of their social networks and social autonomy which provide them with opportunities to develop peer networks and to share, learn about and discuss various issues with peers and community members and so enhance their knowledge and capability to make independent decisions regarding their personal life, including marriage and PMS.

Therefore, I used membership of social organisations as one of the important factors of individual-level SEP to comprehend its association with PMSB. NAYS had asked respondents "Are you a member of any social/community organisation?". Responses were coded No=0, and Yes=1.

In order to get information about the situation regarding AY's feelings around freedom of mobility, NAYS asked, "Are you able to go out of your home to (e.g., *haatbazar*[16], temple, meet friends, parties.) without permission from anybody?" and provided the binary options "Yes" and "No". Considering this as one of the important indicators of SEP of individuals within the family, I included this question as an indicator of individual SEP. Responses were coded No=0, and Yes=1.

*4.4.7.2.3 Individual exposure, attitudes and behaviours.*The basic assumption of the study is that structural determinants give rise to variation in exposure to opportunities around social services and other facilities and living conditions. These produce variation and inequality in SEP at the individual level and shape exposure to opportunities and behaviours that can enable or constrain AY to have PMS, but also individuals' perceptions and attitudes towards PMS. Six variables were included under proximate determinants: knowledge of contraceptives; exposure to pornography; love affairs; having ever experienced sexual abuse, violence or seduction; attitude towards PMS and alcohol consumption. These are assumed to be the downstream factors that more directly impact on PMSB. All these variables are assumed to have resulted mainly from structural change in Nepalese society but measured at the individual level.

Knowledge of contraceptives is included as an important proximate determinant. Respondents were asked "Have you ever heard about contraceptives that help in controlling, delaying and spacing pregnancy?". Responses were coded No=0, and Yes=1. The literature reports exposure to pornography as an important source for AY to learn about sex, to increase sexual curiosity and desire and to encourage AY to engage in PMS (Adhikari, N. et al., 2018; Regmi et al., 2010b; Sujay, 2009). In the NAYS questionnaire, respondents were asked if they had ever watched/read pornography. Responses were coded No=0 and Yes=1.

[16] A *haatbazaar*, most often called simply *haat*, is an open-air market that serves as a trading venue for local people in rural areas and some towns in Nepal and the Indian border. Haatbazaars are conducted on a regular basis, i.e., once, twice, or three times a week.

Another factor that has shown a strong association with PMSB in the literature is having a love affair or romantic relationship (Adhikari, N. et al., 2018; Akter & Quddus, 2020). Among unmarried AY, having a long-term love affair can increase opportunities and prompt readiness for PMS (Regmi et al., 2015; Strecher & Rosenstock, 1997). NAYS collected information on whether a respondent had ever fallen in love with a boyfriend or girlfriend but only from unmarried AY. The question asked: "Have you ever fallen in love with a girlfriend or/and a boyfriend?" Responses were coded No=0 and Yes=1. For married respondents, the information on love affairs was obtained indirectly from the question "Did you select your husband/wife by yourself?". Those who responded "Yes" were considered to have ever had a love affair=1; otherwise, they were deemed not to have fallen in love =0.

The literature indicates that a significant proportion of PMS that occurs among AY is due to sexual coercion (Puri & Cleland, 2006; Salih et al., 2015). The response to the question "Has anybody, at any time and by any means tried to have sexual intercourse with you by applying any method of coercion?" is captured as a variable related to exposure to vulnerability to experience PMS. Responses were coded No=0, and Yes=1.

PMSB among AY is reported to be strongly influenced by their attitudes toward acceptance of PMS (Adhikari & Tamang, 2009; Ghaffari, Gharlipour Gharghani, Mehrabi, Ramezankhani & Movahed, 2016). The response to the question "If you know that a young person has engaged in premarital sex, would/did you accept a marriage proposal from that person?" was used to capture individual attitudes towards PMS. Two levels of categorical scales are used for attitude towards PMS: "No" is coded as a non-permissive attitude=0, and "Yes" as a permissive attitude=1. As the literature suggested a significant association between alcohol consumption behaviour and PMSB, the response to the question "Have you ever taken liquor i.e., homemade alcohol, hard liquor, beer, wine etc.)" was used to capture alcohol consumption behaviour of respondents. Those who reported never having consumed liquor were coded as No=0, and those who answered were coded as Yes=1, irrespective of the frequency of their consumption habit, because of the small number of individuals responding "everyday", "frequently" and "sometimes".

4.4.8 Validity and Reliability. NAYS has made a significant effort to maintain the reliability of data (MoHP, 2012, pp. 8 and 155-156). As the sample size in the study is large, following the central limit theory, we can be more confident that the sampling distribution is normally distributed (Statistics, 2016). However, because of the reduced effective sample size in this study, it is worthwhile considering issues of validity and reliability. In line with the methodological approach used for evaluating survey data in NDHS (MoH et al., 2017), I ran reliability tests on some of the study variables to assess the quality of the data used for the study i.e., R value, standard error (SE), the relative standard error (RSE=SE/R) and the 95% confidence interval (R−2SE and R+2SE).

The R value is the mean for scale values and the proportion for categorical or ordinal values. The standard error (SE) indicates the extent to which an estimate from the sample population is likely to deviate from the true population and is expressed as a number. The relative standard error (RSE) is the standard error expressed as a fraction of the estimate and is usually displayed as a percentage. Estimates with a RSE of 25% or greater are subject to high sampling error and should be used with caution (MoH et al., 2017; Rutstein, 2008). The reliability of estimates can also be assessed in terms of confidence intervals, which represent the range in which the true (population) value is likely to lie. For example, there is approximately a 95% chance that the population value lies within two standard errors of the estimates, so the 95% confidence interval is equal to the estimate plus or minus two standard errors. The R value, its standard error (SE), the relative standard error (SE/R), the 95% confidence interval (R ±2SE) and the number of observations from which the estimate was calculated (N) for the selected 10 variables are presented in Table 4.3.

Table 4.3
Evaluation of the Study Data: NAYS 2010/11.

Variables	N*	R	SD	SE	RSE (SE/R)	Confidence Interval	
						Lower	Upper
Premarital sex	6312	0.13	0.34	0.00	0.03	0.12	0.14
Age of respondents	6312	18.99	2.67	0.03	0.00	18.93	19.06
Place of residence (urban/rural)	6312	1.24	0.43	0.01	0.00	1.23	1.25
Place of residence (ecological region)	6312	2.37	0.62	0.01	0.00	2.35	2.38
Ethnicity	6312	5.18	1.89	0.02	0.00	5.13	5.22
Level of education	6312	8.30	3.64	0.05	0.01	8.21	8.39
Living arrangement	6312	1.07	0.30	0.00	0.00	1.06	1.07
Religion	6312	1.21	0.70	0.01	0.01	1.20	1.23
Marital status	6312	0.28	0.45	0.00	0.02	0.27	0.29

Note: *N-Number of unweighted cases

Since only age and level of education are assessed from the exact number of years and other variables are nontime varying with categorical and ordinal values, only R- values for age and level of education are mean values, and for all other variables are proportions. The observed value of R for PMS is 0.13 which lies in between the lower and upper limit of confidence interval (0.12- 0.14). This result indicates means that we can be 95% confident that the percentage of respondents who had PMS was somewhere between 12% to 14%. Likewise, the observed mean age of respondents was 19 years, lying in between the confidence interval (18.93- 19.06) with RSE value far below 25%. The result was also similar for all other variables in Table 4.3, suggesting that there is no significant deviation from normality in the present data set. However, it is important to note that in a large sample, it is very common to get insignificant deviation from normality. Thus, a test of statistical significance does not necessarily tell whether deviation from normality is enough to bias any statistical procedures that the study applies to (Adams & Lawrence, 2018).

4.4.9 Data Analysis. The statistical analysis was undertaken using the Statistical Package for the Social Sciences (SPSS) version 27 software. I first analysed the distribution of the study population by all selected variables. As PMS is a binary variable, I conducted bivariate analysis using chi-square tests[17] to test the statistical associations of all independent variables with PMS. A significance level of 5% or α=0.05 was chosen to test the level of significance (Adams & Lawrence, 2018).

The associations between all independent variables and PMS were also tested using bivariate logistic regression. This procedure provides the strength of independent associations of exploratory variables with PMS through unadjusted odds ratio (OR)[18]

[17] A chi-square test of association, also known as a chi-square test of independence, is applied to test two categorical variables from a single population. It gives a p-value, which tells whether the association between variables is significant or not (i.e., whether the variables are independent or related). In order to get the p-value, it asks for alpha level (α)- a threshold value to judge whether a test statistic is statistically significant, which can range from 0 to 1. In practice, 0.01 (1%), 0.05 (5%), and 0.1 (10%) are the most commonly used values for alpha. If the p-value of a test is equal to or less than the chosen level of alpha, it is deemed statistically significant; otherwise it is not (Adams & Lawrence, 2018).

[18] An odds ratio is a measure of association between an exposure and an outcome. The OR estimates the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure. The odds ratio gives the value the mean change in the dependent variable for each 1 unit change in an independent variable. An unadjusted OR is calculated by analysing independent association of each of independent variables with dependent variable through one-by-one analysis. It does not take into account the influence, if any, of other factors. Whereas, adjusted OR takes into account the effect due to all the additional variables included in the analysis, when more independent variables are included in the analysis (confounder variables for the said relationship) (Menard, 2010; Mertler & Reinhart, 2016).

and allows the researcher to assess whether the data passes basic assumptions to use binomial logistic regression for multivariable analysis (Field, 2009; Statistics, 2016). The bivariate logistic regression was run for all AY, and for males and females separately. The unadjusted odds ratios for independent associations of all selected variables with PMS are reported, along with significance levels and CI.

Bivariate analysis is useful for understanding the strength of association between a pair of variables but cannot account for the simultaneous influences of other variables (Mertler & Reinhart, 2016). In order to pursue a more theoretically informed analysis, I conducted a series of binary logistic regressions that included all of the variables to identify the most salient factors predicting PMS among AY. In keeping with the conceptual framework of the study, the independent variables were grouped into three sets of social determinants measured at different levels.[19] These were: community, household and socioeconomic characteristics respectively indicating SEP at community and household level; individual-level socioeconomic factors indicating SEP at individual level; and individual exposure, attitudes and behavioural factors as proximate determinants. The grouped factors were analysed using a stepwise approach. The community and household level socioeconomic factors were entered in the first model, then the individual level socioeconomic factors, and finally the proximate variables. The models provided the adjusted odds ratio for the association of every independent variable with PMS taking into account the effect of other independent variables. Regressions were run for the full sample population and by gender separately. Throughout the analysis, a significant level of 5% (α=0.05) was used as the level of significance. Cox and Snell's R-square statistics and Nagelkerke R-square statistics were used to explain the predictive power of the model. The statistics of Omnibus test of models was used to assess the significance of the model (Field, 2009; Gaur & Gaur, 2009; Statistics, 2016).

[19] I examined the multicollinearity of each independent variable with other independent variables measuring the level of tolerance and the variance inflation factor (VIF), which is the ratio of variance in a model with multiple terms divided by the variance of a model with one term alone (Asar, 2017; Field, 2009). None of the selected variables showed a problem of multicollinearity, as VIF statistics were <2 and the levels of tolerance were > 0.5 for all association tests.

4.5 Study Design: Qualitative Study

The qualitative component of this study was conducted to bring forth a richer understanding of how AY and adults as key social agents perceive PMS, contexts in which AY are engaging in PMS, drivers of change in PMSB and gender differential in PMSB among AY. The qualitative study comprised in-depth interviews (IDIs) with AY and focus group discussions (FGDs) with AY and key social agents or adults who can play an important role in influencing PMSB among AY. Details of the sampling and study design follow.

4.5.1 Data Source and Study Area. I focused my qualitative study in the Kathmandu valley, which contains the capital city, 3 of the 77 districts and 5 of the 293 municipalities. It is the best serviced area with more opportunities for better education, employment and trade than elsewhere in Nepal. As Nepal has only one international airport, Kathmandu is also a gateway for international travel beyond India. Therefore, Kathmandu is the main destination for migrants seeking opportunities for education, employment and international migration. Nearly 6% of the national population (26.5 million) lives in Kathmandu valley and 73% are migrants from elsewhere in Nepal (CBS, 2014b). The three districts of Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur) together constitute 29% (11 million) of the total interdistrict migrants. Therefore, people from all districts, ethnicity and socioeconomic status live in Kathmandu, making it an ideal site for proximate representation of the national population for IDIs and FGDs.

4.5.2 Rationale for IDI and FGD. As noted, the quantitative study lacks detailed information about the perceptions of AY, contexts in which AY are engaging in PMS and social determinants of PMSB. IDIs are useful when researchers want detailed information about individuals' perceptions, behaviours and understanding on research issues (Corbin & Strauss, 2008; Creswell & Creswell, 2017; Guest, Namey & Mitchell, 2013). IDIs offers individuals opportunity to express their voices and understandings about the research issue directly. Therefore, I chose to conduct IDIs with AY. Although IDI is useful for understanding personal voices and understandings, it does not offer participants space to exchange their viewpoints and discuss disagreement with each other. Instead, FGD is the best way to capture individuals' perceptions, convergence

and differences on research issues (Creswell & Creswell, 2017; Ivanoff & Hultberg, 2006). For this reason, I chose to conduct FGDs with AY and adults who can play important roles in influencing PMSB among AY to allow them common ground on which to explore their perceptions around PMS, establish convergence and differences in their perceptions as a means to learn about their understanding about the contexts in which AY are engaging in PMS and drivers of PMSB. Moreover, it was expected that the findings of the IDIs and FGDs would also help in understanding, supplementing and substantiating the findings of the quantitative analysis.

4.5.3 Ethical Approval. Given the sensitive nature of the human subject, ethical approval was needed from the Faculty of Arts and Social Science (FASS), Human Research Ethics Committee of the University of Waikato (UoW), New Zealand and Nepal Health Research Council (NHRC), Government of Nepal (GoN) to conduct IDIs and FGDs. Having fulfilled their requirements, the study received ethical approval to conduct IDIs and FGDs from both Human Research Ethics Committee, FASS, UoW (Appendix 3) and NHRC, GoN (Appendix 4). The study has faithfully followed all these requirements in order to address the ethical issues involved in conducting the study. As the University of Waikato's Human Research Ethics Committee of the Faculty of Arts and Social Science suggested that AY should not be asked direct questions related to their own experience of PMS, the participants were not asked about their personal experience, but their views regarding PMS in general. Their views in this study are, thus, limited to their viewpoints at the time point of the study, irrespective of whether or not they had ever personally experienced PMS. Two sets of guidelines and semistructured schedules were developed, one for the IDI (Appendix 8.A) and another for the FGD (Appendix 8.B). The guidelines were first developed in English with the help of my study supervisors and then translated into the Nepali language. The sections that follow detail the procedures used to select the IDI and FGD participants, how the data was collected and how the analysis process derived the results related to the study's research questions.

4.5.4 Selection of Interviewers and Moderators. As Human Research Ethics Committee, FASS suggested not to involve me in collecting data from AY. I recruited two research assistants, one male and one female, identifying prospective candidates through AY organisations, to conduct the IDIs and FGDs. They were both aged above

25 years, had a bachelor's degree in social science and previous experience of conducting IDI and FGD among young people. They were provided with one-day training by me and a qualified trainer with the Training of Trainers in ASRH. The training included covering the objectives of the study, research ethics, the scope of their tasks, the importance of culture and gender sensitivity and potential issues that could arise and how to deal with them. Both assistants were recruited for a month. They signed the terms of reference that described the expected outcome, timeframe, code of conduct to maintain the confidentiality of the participants and the information discussed with and collected from participants. They were provided with audio recorders and notebooks that were to be used only for the study and were taken back after the study. They were not allowed to make a copy of any records and notes, so they did not have records of any of the IDIs and FGDs.

4.5.5 Selection of participants. The participants for IDI were selected using purposive sampling[20]. The study conducted IDI with 24 AY, i.e., with 8 interviewees from each of the 15-17, 18-19 and 20-24-years age groups. Each age group contained four males and four females. To recruit participants for the study, information notices inviting AY to participate were posted on notice boards of randomly selected schools, colleges, youth clubs, youth organisations and health centres. The notices described the main purpose of the interview and provided a contact email address and phone number[21]. I was able to utilise networks I had developed from more than 15 years of working with AY programmes and with the organisations that work for and with AY in Nepal to distribute the notices. Verbal permission to post the notices was obtained from the authorities in these places prior to posting the notices. Because most schools, colleges and health centres were running SRH education and services in line with national strategy, none of the authorities objected.

There were three focus group discussions: two for AY aged 18-24 years (one for males and another for females) and one for adults as key social agents who play important roles in influencing PMSB among AY. As with the recruitment for interviews, notices seeking participation for FGD were posted separately on notice boards of randomly

[20] It is also known as judgment, selective or subjective sampling. In this, the researcher relies on his or her own judgment when choosing members of a population to participate in the study. It is a nonprobability sampling method. Researchers often believe that they can obtain a representative sample by using sound judgment, which will result in saving time and money (Gentles, Charles, Ploeg & McKibbon, 2015).

[21] Temporary email addresses and phone numbers were used and were then destroyed after the data collection process had been completed as a precautionary measure to disconnect the identification of researcher and participants.

selected schools, colleges, youth clubs, youth organisations and health centres. Because youth organisations had already formed peer groups of AY for community awareness programmes, many AY came in contact expressing interest to participate in FGDs. However, in the end, only eight males and eight females aged 18-24 were selected irrespective of marital status and level of education from different locations, ensuring that they are from different locality and do not belong to the same pre-existing peer group. Likewise, eight adults including two teachers (one male, one female), two ASRH programme managers (one male, one female), one local political leader (female), one SRH health service provider (female), one media person (male) and one police officer (male) were selected from my existing networks.

4.5.6 Data collection: IDI. Within two weeks of posting the notice explaining the study, a sufficient number of AY had made contact for IDI by email and phone. After they made contact, they were clearly informed about the purpose of the study, the estimated time that the interview would take and told that their interview responses would be recorded on an audio recorder. They were also informed that their participation was totally voluntary and there was no monetary compensation for participating. Those who were below 18 years were informed about the requirement to have parental consent, were given a parental consent form (Appendix 7) and were asked to bring that parental approval to their interview. Those who were willing and eligible for the interview were asked to schedule convenient dates, venues and times. Consistent with the ethics approval, female AY were interviewed by the female interviewer and male AY by the male interviewer. Most of the participants chose an interview place away from their workplace, school, college or residence. Before the interview, the participant information sheet (Appendix 5) was shared with all participants. They were requested to sign the informed consent form (Appendix 6) before the interview, and the interviews proceeded only after the interviewees had provided their written consent.

Due to the sensitivity of the topic, only a few background characteristics i.e., age, ethnicity, religion, place of birth, place of residence, education, employment status and marital status were collected from the participants without any identifying information (Appendix 9.A). Participants were informed that if they felt uncomfortable at any time during the interview, they were free not to respond to questioning and/or stop the interview. No one refused to sign the consent form. Interviews were conducted one-on-

one in the Nepali language. Once the interviewees had given their consent for the interview to be recorded, the interview started, and the interviewer recorded and noted important information in a notebook. The interviews followed the semistructured schedule (Appendix 8.A). However, the interviews were flexible enough to allow participants to explore their views about the issue more widely. All participants were requested to express their opinions openly and not to identify any person as a reference or example in the course of their interview. I attended two interviews with male respondents, but all of the interviews with female participants were conducted by the female interviewer alone. Interviewing continued until the required numbers of AY were met (as aforementioned). The recorded audio data and notebooks were collected from the interviewers immediately after the interviews, so that no one except myself had the information from IDIs and FGDs. None of the interviews had any identifying information stored with them. The audio files were securely stored on a password protected hard drive and both the hard drive and written notes were locked in a cabinet and will be destroyed after completion of this study.

4.5.7 Data collection: FGD. The FGD with female AY was conducted by the female moderator and the male moderator conducted the male FGD. They conducted the discussions in the Nepali language. A female moderator, who was an ASRH programme manager and had previous experience of conducting similar FGD, facilitate the FGD with key social agents. The discussion with male AY was conducted in a local youth club. The discussion with female AY took place in a college on a weekend, and the FGD with key social agents took place in another college. Before each discussion, the participants were given a participant information sheet (Appendix 5) and were briefed about the nature and purpose of the discussion and the study. They were also informed that the discussion would be audio-recorded and of the need to maintain the confidentiality and anonymity of the participants and the issues under discussion and to refrain from talking about what had been discussed in the focus group with anyone not present in the session.

Participants were also informed that they were not allowed to make any audio recordings or video clips of the discussion and they were requested to switch off their mobile phones. Once they had a clear understanding of the purpose, nature and sensitivity of the FGD, they were then requested to sign the informed consent form

(Appendix 6), and the discussion proceeded only after all the participants had provided their written consent. As with the interviews, some background information was collected along with the informed consent form (Appendix 9.B). Participants were also informed that they were free to leave or not participate at any time during the discussion. No one left the discussion. Once consent to start and record the discussion had been given, the moderator started the discussion and audio-recorded it. The moderators in each discussion also noted some important information in a notebook. The discussions followed thematic guidelines related to the issue under discussion (Appendix 8.B). All the participants were asked to express their opinions actively and they were encouraged to put their views openly. However, they were requested not to identify anyone in the discussion as either a reference or example. I attended the FGDs with male AY and key social agents as a passive listener to evaluate the discussion. I found that the moderators in both discussions facilitated smooth discussion without being judgmental and influenced by personal bias. As with the IDIs, I collected the recorded audio data and notes from the moderators immediately after the discussion and stored the audio files securely in a password protected hard drive. Both the hard drive and written notes have been kept in a cabinet and will be destroyed upon completion of the study.

4.5.8 Data Analysis. I listened to all the recorded data from the IDIs and FGDs carefully many times in order to become fully familiar with the data by immersing myself in it. If a voice or the notes were unclear or confused, I asked the relevant moderator for clarification and confirmation of my interpretation. First, all of the recorded audio data and notes were transcribed in Nepali. Then, using the Nepali transcriptions, I did a verbatim translation into English. However, in a few cases of long statements, I have used summation, paraphrasing and some formal languages to shorten the participant's information. I did this carefully to ensure that the condensed version did not alter the meaning. In order to ensure the credibility and accuracy of my transcription and translation, I randomly selected four sets of translated IDI responses (two from males and two from females) and six FGD statements (two from each discussion group) to check and compare them with the raw data. Additionally, two sets of randomly selected translated IDI responses and four FGD statements were verified by an independent reviewer for any deviation. No significant deviations were found.

The transcriptions were manually analysed using thematic analysis. This process involved a process of identifying pattern and themes within qualitative data, reading and rereading the data many times and highlighting words, phrases, sentences and statements that described specific phenomenon (Gall et al., 2007; Terry, Hayfield, Clarke & Braun, 2017). These highlighted words, phrases, sentences and statements were classified into codes that most exactly described what was being said. Similar codes were then gathered into a category. As a number of categories emerged, they were grouped into subcategories and then subcategories were grouped into higher order categories as themes and subthemes in order to build a "big picture" of the issues salient to understanding a social phenomenon around the research objectives and questions (Alhojailan, 2012; Maguire & Delahunt, 2017). Some constructs from the existing literature were used to name themes and subthemes. However, caution was taken to avoid commonly held beliefs and biases prioritising the themes as they emerged within the data (Miles, Huberman & Saldana, 2014). For example, although most studies have used the term 'romantic relationship' (Akter & Quddus, 2020; DeLamater & Hasday, 2007; Kirby et al., 2005) to describe an intimate relationship between a boy and a girl, most participants explicitly used the term love affair for this (Ghimire et al., 2014; Puri & Busza, 2004), and, therefore, I have used the term love affair instead of romantic relationship. An independent external reviewer was used for this evaluation at an early stage as well as at a late stage to ensure the authenticity (Are different voices heard?) and credibility (Are the results an accurate interpretation of the participants' meaning?) of the data analysis. Her suggestions to split and merge some subthemes were acknowledged. There were no significant problems in data analysis.

In keeping with the theoretical approach and research questions, the qualitative analysis is particularly focused to identify perception, context, and drivers of change and gender differential in PMSB among AY within the broader social context rather than at the level of individual characteristics. The subthemes and themes observed in the IDIs and FGDs were diverse, but strongly interrelated, reflecting similar patterns. For this reason, the findings from the analysis of the IDIs and FGDs data are presented together in the form of specific themes and subthemes related to the research questions and consistent with the data collected. When presenting the study's findings, only translated statements and narrative texts have been used to provide evidence and to support and validate interpretations (Miles et al., 2014).

Chapter 5

Premarital Sexual Behaviour among AY: A Quantitative Study

5.1 Introduction

Informed by the theoretical approach and conceptual framework of the study discussed in the previous chapter, this chapter presents the results from the descriptive and multivariable regression analyses of NAYS 2010/11. The chapter contains four sections. The first presents an overview of the respondents' background characteristics with respect to community and household characteristics and individual level socioeconomic characteristics, along with proximate factors relating to exposure, attitudes and behaviour. The second section presents the descriptive results of the bivariate analysis of PMSB by gender. Its purpose is to understand the basic nature of the relationship between PMS and variables of interest and how those relationships might vary by gender. The third section presents the results from regression analyses that enables us to identify which factors matter the most for PMS, while simultaneously taking account of the potential influence of other factors. This section also reflects on commonalities and differences in factors associated with PMS. The final section presents the conclusion of the chapter.

5.2 Background characteristics of study population

5.2.1 Community and Household Characteristics. Table 5.1 presents the weighted distribution of respondents by community and household characteristics for the total population and by gender (53% female vs. 47% male). As Table 5.1 shows, more than three quarters of respondents (77% females and 75% males) lived in rural areas[22], and more than 90%in the Hill and Tarai regions (46% for Hill and 48 % for Tarai). Gender differences in spatial distribution were very minor. Turning to household wealth, nearly one third of respondents (32%) lived in the poorest households; 21% belonged to the medium wealth households; and 47% lived in wealthier or rich/richest households. Again, the distributions by gender were similar.

[22] When NAYS was conducted in 2010/11, the country had 58 municipalities as urban areas and 3,915 village development committees (VDC) as rural areas with 80% of the AY population living in rural areas. After 2015, the former urban municipalities and VDC were restructured merging some VDCs to urban municipalities (i.e., six metropolitan cities, 11 submetropolitan cities, 276 municipalities) and 460 rural municipalities (CBS, 2019). The distribution of the study population by urban and rural residence in this study is according to the urban and rural categorisation at the time of the 2010/11 survey.

Table 5.1
Community and Household Characteristics of AY by Gender.

Community and household characteristics	Total (n=6260)	Female (n=3307)	Male (n=2953)
	No. (%)	No. (%)	No. (%)
Place of residence			
Rural	4754(76.0%)	2529(76.5%)	2225(75.4%)
Urban	1506(24.1%)	778(23.5%)	728(24.7%)
Ecological region*			
Mountain	409(6.5%)	212(6.4%)	196(6.6%)
Hill	2966(47.4%)	1621(49.0%)	1345(45.6%)
Tarai	2885(46.1%)	1473(44.6%)	1412(47.8%)
Household wealth			
Poor/poorest	1988(31.8%)	1046(31.6%)	942(31.9%)
Middle level	1333(21.3%)	697(21.1%)	636(21.6%)
Rich/richest	2939(47.0%)	1564(47.3%)	1375(46.6%)
Ethnicity*			
Brahmin/Chhetri/Upper caste	2667(42.6%)	1438(43.5%)	1229(41.6%)
Adivasi Janajati	1699(27.1%)	938(28.4%)	761(25.8%)
Other Tarai caste	1112(17.8%)	534(16.2%)	578(19.6%)
All Hill/Tarai Dalits	647(10.3%)	331(10.0%)	317(10.7%)
Muslim caste	134(2.2%)	66(2.0%)	69(2.3%)
Religion			
Hindu	5632(90.0%)	2954(89.3%)	2678(90.7%)
Non-Hindu[a]	628(10.0%)	353(10.7%)	276(9.3%)
Total	**6260(100.0%)**	**3307(52.8%)**	**2953(47.2%)**

[a]Buddhist, Kirat, Islamic, Christian and others
*significant at p≤.05

The information on religion and ethnicity of AY was collected from the head of household and is thus best seen as a household characteristic. The dominant ethnic group was the Brahmin/Chettri/Upper caste group (43%), followed by Adivasi Janajati (27%), other Tarai caste (18%), Dalits including both Hill and Tarai Dalits (10%), and Muslims (2%). The pattern of ethnic distribution was similar for males and females. In terms of religion, 90% of the AY households were Hindu, followed by Buddhist (5%), Kirat (2%), Islamic (2%) and Christian and others (<1%).

5.2.2 Socioeconomic and Demographic Characteristics. The respondents' socioeconomic and demographic characteristics are presented in Table 5.2. Younger AY aged 15-19 years outnumbered those aged 20-24 years (57% vs. 43%). Both the age and gender distributions of the study population were similar to those of the national pattern (CBS, 2014b). A majority of respondents (71%) had never been married. However, the share of ever-married respondents was much higher among female AY (42%) than for males (16%). About 21% of females compared to 4% of males had married before reaching 18 years of age (not shown in Table 5.2).

Table 5.2

Socioeconomic and Demographic Characterises of AY by Gender.

Socioeconomic and demographic characteristics	Total (n=6260) No. (%)	Female (n=3307) No. (%)	Male (n=2953) No. (%)	Percentage point difference
Age group **				
15-19 years	3572(57.1%)	1790(54.1%)	1783(60.4%)	6
20-24 years	2687(42.9%)	1517(45.9%)	1170(39.6%)	-6
Marital status **				
Never-married	4421(70.6%)	1933(58.5%)	2488(84.3%)	26
Ever-married[a]	1839(29.4%)	1373(41.5%)	465(15.8%)	-26
Education **				
No education (illiterate)	496(7.9%)	373(11.3%)	123(4.2%)	-7
Primary level	757(12.1%)	438(13.2%)	319(10.8%)	-2
Secondary level	2390(38.2%)	1245(37.7%)	1145(38.8%)	1
Higher secondary and above	2617(41.8%)	1250(37.8%)	1366(46.3%)	8
Ever worked for earnings				
No	2872(45.9%)	1531(46.3%)	1341(45.4%)	-1
Yes	3388(54.1%)	1776(53.7%)	1612(54.6%)	1
Migration experience **				
No	5427(86.7%)	2977(90.0%)	2450(83.0%)	-7
Yes[b]	833(13.3%)	330(10.0%)	503(17.0%)	7
Living arrangement**				
Living with family members	5934(94.8%)	3166(95.8%)	2768(93.7%)	-2
Living with nonfamily members	326(5.2%)	140(4.3%)	185(6.3%)	2
Member of social organisations **				
No	4819(77.0%)	2695(81.5%)	2124(71.9%)	-10
Yes	1441(23.0%)	611(18.5%)	829(28.1%)	10
Freedom of movement **				
No	3772(60.3%)	2727(82.5%)	1045(35.4%)	-47
Yes	2488(39.8%)	580(17.5%)	1908(64.6%)	47
Total	**6260(100.0%)**	**3307(52.8%)**	**2953(47%)**	**-6**

[a] Married: Married before 18 years of age: 810; Married at 18 years of age and above: 1029

[b] Within country: 639; Outside country: 194 (India; 157; other countries: 37)

**Significant at p<.001

Only a minority of respondents had no education (i.e., were illiterate), but the share was higher for females (11%) compared to males (4%). Though there were only minor gender differences in the proportion of respondents with primary level (2 percentage point) and secondary level education (1 percentage point), the proportion of male AY having higher secondary level and above was significantly higher than for females (46% of males vs. 38% of females). More than half of respondents (54% females; 55% males) had been in paid work in the 12 months preceding the survey. It was not clear from the information that how long they had worked or how much they had earned.

Overall, 13% of respondents had had an experience of migration, i.e., had stayed outside of their hometown, district or country for at least for 1 month or more. A moderate gender gap was reflected in the migration experience figures, (17% of male AY vs. 10% of female AY). However, more females are likely to migrated due to marriage while males are more likely to be migrated for education and employment. About 10% of AY had experienced migration within Nepal and 3% outside of Nepal.

Of the small number who had travelled overseas (not shown in Table 5.2), most had gone to India. The vast majority of respondents (95% overall: 96% of females vs. 94% of males) were living with family members and the rest with nonfamily members (i.e., relatives, employers, friends and alone).

Nepal has seen significant growth in the number of nongovernmental social organisations and community-based organisations since the 1990s, which has created more opportunities for AY to be involved in such organisations (Karkee & Comfort, 2016). Just under one in every four respondents, with significant gender differential (19% females vs. 28% of males) was a member of at least one social or community-based organisation. With regard to their sense of freedom or autonomy in terms of how much control they have over their freedom of movement, more than half of the respondents (60%) said that they were not able to move freely outside of home without family permission. The lack of freedom was far higher for female AY (82%) than for male AY (35%). Taken together, the significant gender differences with regard to marital status, literacy and higher level of education, experience of migration, living arrangement, civic engagement and freedom of movement suggest that female AY in Nepal have far greater constraints on their personal autonomy, freedom of mobility to spend time outside of home and family and to enhance their personal development agency. In contrast, male AY seem to be more privileged in these aspects.

5.2.3 Exposure, Attitudes and Behaviours. NAYS collected a wide range of information on sexual and other behaviours related to SRH. Table 5.3 presents descriptive results relating to exposure, attitudinal and behavioural characteristics that can directly impact on PMSB among AY, and can be approximated to structural change in knowledge, attitudes, behaviour and exposure to opportunities related PMS measured at individual level. Knowledge of contraceptive use—which is essential to protect against unplanned pregnancy and sexually transmitted infections—was universal among both male and female AY. With increasing access to the internet, social media and mass media, access to sexual content and pornography is increasing across Nepal (CBS, 2019; MoH et al., 2017). Nearly half of the respondents had at some time accessed pornography; however, there was a large gender differential in exposure to pornography. Nearly three quarters of males compared to just 28% of females had ever accessed pornography.

Table 5.3

Exposure, Attitudinal and Behavioural Characteristics of AY by Gender.

Exposure, attitudes and behaviours	Total (n=6260)	Female (n=3307)	Male (n=2953)	Percentage point difference
	No. (%)	No. (%)	No. (%)	
Knowledge of contraceptives**				
No	214(3.4%)	141(4.3%)	73(2.5%)	-1.8
Yes	6046(96.6%)	3165(95.7%)	2880(97.5%)	1.8
Exposure to pornography **				
No	3156(50.4%)	2387(72.2%)	769(26.0%)	-46.2
Yes	3104(49.6%)	920(27.8%)	2184(74.0%)	46.2
Love affairs**				
No	3845(61.4%)	2297(69.5%)	1549(52.4%)	-17.0
Yes	2415(38.6%)	1010(30.6%)	1405(47.6%)	17.0
Ever experienced sexual abuse				
No	6160(97.7%)	3222(97.4%)	2898(98.0%)	-0.5
Yes[b]	144(2.3%)	85(2.6%)	55(2.0%)	0.5
Attitude towards PMS**				
Nonpermissive	5401(86.3%)	2922(88.4%)	2479(83.9%)	-4.4
Permissive	859(13.7%)	385(11.6%)	474(16.1%)	4.4
Consumption of alcohol**				
No	4270(68.2%)	2842(85.9%)	1428(48.4%)	-37.6
Yes[a]	1990(31.8%)	465(14.1%)	1525(51.6%)	37.6
Ever had sex**				
No	3740(59.7%)	1897(57.4%)	1843(62.4%)	6.9
Yes	2520(40.3%)	1410(42.6%)	1110(37.6%)	-6.9
Ever had PMS**				
No	5447(87.0%)	3185(96.3%)	2262(76.6%)	-19.7
Yes	813(13.0%)	122(3.7%)	691(23.4%)	19.7
Total	6260(100.0%)	3307(52.8%)	2953(47.2%)	-5.6

[a] Most frequently: 392; sometimes: 1,596

[b] Giving presents or cash: 97 (42 females; 55 males:55); threatening or by using force: 57 (48 females; 9 males); using drugs or liquor: 9 (4 females; 5 males); cheating/deceiving: 7 (4 females; 3 males)

**Significant at p≤001; *Significant at p≤.05

According to Regmi et al. (2015), a culture of dating and having romantic relationships is increasing among younger generations in Nepal. However, the literature suggests that parents still exercise control over or disapprove of such behaviour, particularly for girls and young women. More than one third of respondents (39%) reported that they at some point had a love affair or romantic relationship. The percentage was lower among females (31%) than males (48%), which could possibly be due to girls underreporting their love affairs. In addition, males could be engaging in love affairs with females in age groups which were not covered by the study population. It is important to note here that information on whether a respondent had ever fallen in love with a boyfriend or girlfriend was collected from unmarried AY only. Married respondents, who had selected their husband/wife by themselves were treated as having had a love affair; those who had not chosen their married partner were considered not to have had a love affair. It is, however, highly possible that married AY, particularly female respondents, may underreport their previous love affairs (Regmi et al., 2010a).

When asked whether anybody had tried to establish unwanted sexual relations with them by giving cash, offering inducements or any other offer (seducing), threatening or using force (violence), using drugs or liquor or any other means (cheating or deceiving), 2% of respondents (3% of females vs. 2% of males) reported such incidences. All the males who experienced such incidences mentioned that they had received offers of cash or gifts for sex. For females, more than half of them reported being threatened or coerced (sexual violence) and nearly half reported receiving offers of cash or gifts (seduction) for sex. A few males and girls also reported that someone had attempted to have sex with them by offering drugs or liquor and cheating or deceiving (not shown in Table 5.3 due to small number of cases and multiple responses). However, because those who responded to this question provided multiple responses and information, it was not clear whether these were just attempts at establishing a sexual relationship or whether the respondents had actually experienced a sexual relationship through these means. More than half of males reported that they have at some time consumed liquor (i.e., homemade alcohol, hard liquor, beer, wine). Alcohol was consumed by fewer than 14% of females and by 52% of the male respondents; however, 41% of males and 12% of females reported that they had consumed alcohol only occasionally.

Overall, more than 40% of respondents had had sexual intercourse (43% among females cf. 38% among males). The higher rate of sexual experience among females compared to males could be due to more females (42%) were ever-married than males (16%). The mean age for first sex for females (18 years) was 1 year later than the mean age at marriage (17 years) and was 1 year earlier than the mean age at marriage for males (19 years). This finding suggests that girls are most likely to experience sex only after marriage, whereas boys are likely to experience sex prior to marriage, resulting in higher rate of PMS among boys compared to girls. Turning to self-reported PMS, 13% of respondents reported that they had experienced PMS, with major gender differences (23% of males; 4% of females). In response to the question on whether they would accept a marriage proposal from a person who had engaged in PMS, 86% of respondents (88% of females vs. 84% of males) said no. Although not included in the table above, 5% of respondents (2% of females and 9% of males) said PMS is acceptable for males, but not for females. Less than 1% said PMS is acceptable for females, but not for males. These patterns of responses point to widespread double standards, social norms and gender discrimination in attitudes towards PMS.

The bivariate analysis through chi-square test reflected that there are significant gender differences ($p<.001$) with larger proportion of males than females having contraceptive knowledge; exposure to pornography; involved in love affair; permissive attitudes towards PMS; and alcohol consumption behaviour. The gender differences are minor for contraceptive knowledge but huge for exposure to pornography and alcohol consumption.

5.3 Premarital Sexual Behaviour among AY

As discussed earlier, the prevalence rates of PMS by gender in NAYS 2010/11 have already been documented in the NAYS report (MoHP, 2012). All studies in Nepal have reported a similar pattern of gender difference regarding PMS, with significantly higher rates among male AY. However, a more complex analysis of PMS using different characteristics has yet to be undertaken. This study directly addresses that gap through an empirical analysis informed by a SDH approach. Dearth

5.3.1 Prevalence Rates of PMS and Gender Difference. In line with the theoretical and methodological approach of the study, the variation in PMS prevalence was analysed across a range of different factors, and by gender. Table 5.4 presents PMS prevalence rates using the socioeconomic conditions of community, household and individuals and by exposure, attitudes and behaviours of individuals. The results for males and females are shown separately.

In terms of spatial distribution, the PMS rate was significantly higher among urban dwellers (16% for urban vs. 12% for rural) and those living in Mountain and Hill regions rather than the Tarai region (14% vs 11%). By socioeconomic and demographic characteristics, the rate was higher for those aged 20-24 years versus the 15-19 age group (17% vs. 10%%) and those who had never been married versus who had ever been married (14% vs. 10%). Education was also found to be associated with PMS, with those having higher secondary or above education are most likely to have had PMS than those with no education or illiterate the least likely (16% vs. 7%).

Table 5.4
Prevalence of PMS among AY by Gender.

Background characteristics	Total (813) No. (%)	Female (122) No. (%)	Male (691) No. (%)	Percentage point difference
Community and household				
Place of residence				
Rural	569(12.0%)**	95(3.7%)	474(21.3%)**	17.6
Urban	244(16.2%)	27(3.5%)	217(29.8%)	26.2
Ecological region				
Mountain	58(14.3%)*	6(3.1%)	52(26.5%)**	23.4
Hill	427(14.4%)	61(3.8%)	365(27.2%)	23.4
Tarai	328(11.4%)	54(3.7%)	274(19.4%)	15.7
Household wealth				
Poor/poorest	263(13.2%)	47(4.5%)	216(22.9%)	18.5
Middle level	155(11.7%)	24(3.5%)	131(20.7%)	17.2
Rich/richest	394(13.4%)	51(3.3%)	343(25.0%)	21.7
Ethnicity				
Brahmin/Chhetri/Upper caste	358(13.4%)*	43(3.0%)	314(25.6%)**	22.6
Adivasi Janajati	241(14.2%)	43(4.6%)	198(26.0%)	21.4
Other Tarai caste	123(11.1%)	23(4.3%)	101(17.4%)	13.1
All Hill/Tarai Dalits	80(12.4%)	13(3.8%)	68(21.4%)	17.6
Muslim caste	10(7.7%)	0(0.0%)	10(15.0%)	15.0
Religion				
Hindu	742(13.2%)	112(3.8%)	630(23.5%)	19.8
Non-Hindu	71(11.3%)	10(2.9%)	61(22.0%)	19.1
Socioeconomic and demographic				
Age group				
15-19 years	366(10.3%)**	50(2.8%)*	316(17.7%)**	14.9
20-24 years	447(16.6%)	72(4.7%)	375(32.1%)	27.3
Marital status				
Never-married	621(14.1%)**	45(2.3%)**	577(23.2%)	20.9
Ever-married	192(10.4%)	77(5.6%)	114(24.6%)	19.0
Education				
No education (illiterate)	33(6.7%)**	16(4.3%)	17(14.0%)**	9.7
Primary level	98(13.0%)	24(5.4%)	74(23.4%)	18.0
Secondary level	276(11.5%)	40(3.2%)	235(20.6%)	17.3
Higher secondary and above	406(15.5%)	42(3.4%)	364(26.6%)	23.3
Ever worked for money				
No	319(11.1%)**	45(3.0%)*	274(20.4%)**	17.5
Yes	494(14.6%)	77(4.3%)	417(25.9%)	21.6
Living arrangement				
With family members	745(12.6%)**	113(3.6%)	632(22.8%)*	19.3
With nonfamily members	68(20.8%)	9(6.2%)	59(31.9%)	25.7
Member of social organisations				
No	510(10.6%)**	97(3.6%)	413(19.5%)**	15.9
Yes	303(21.0%)	25(4.1%)	278(33.5%)	29.4
Migration experience				
No	592(10.9%)**	108(3.6%)	484(19.8%)**	16.1
Yes	221(26.5%)	14(4.2%)	207(41.1%)	36.9
Freedom of movement				
No	298(7.9%)**	92(3.4%)*	206(19.7%)**	16.3
Yes	515(20.7%)	30(5.2%)	485(25.4%)	20.3
Exposure, attitudes and behaviours				
Knowledge of contraceptives				
No	10(4.5%)**	4(2.8%)	6(7.9%)*	5.0
Yes	803(13.3%)	118(3.7%)	685(23.8%)	20.1
Exposure to pornography				
No	155(4.9%)**	77(3.2%)*	78(10.1%)**	6.9
Yes	658(21.2%)	45(4.9%)	613(28.1%)	23.2
Ever had love affairs				
No	176(4.6%)**	48(2.1%)**	128(8.2%)**	6.1
Yes	637(26.4%)	74(7.3%)	563(40.1%)	32.8
Ever experienced sexual abuse				
No	755(12.3%)**	104(3.2%)**	650(22.5%)**	19.2
Yes	58(40.4%)	18(20.8%)	41(68.3%)	47.5
Attitude towards PMS				
Nonpermissive	613(11.4%)**	83(2.9%)**	530(21.4%)**	18.5
Permissive	200(23.3%)	39(10.1%)	161(34.0%)	23.9
Consumption of alcohol				
No	283(6.6%)**	91(3.2%)**	192(13.5%)**	10.2
Yes	530(26.6%)	31(6.6%)	499(32.7%)	26.1
Total	**813(13.0%)**	**122(3.7%)**	**691(23.4%)**	**19.7**

**Significant at p≤.001; *Significant at p≤.05

Differences in PMS rates were also identified for: those who have ever worked and those who had never worked for money (15% vs. 11%); those who live alone or with nonfamily members, and those who live with family members (21% vs. 13%); those who were members of at least one social organisation (21% vs. 11%); those who have experienced migration (27% vs. 11%); those who feel they have freedom of movement outside the home (21% vs. 8%); those who have contraceptive knowledge (13% vs. 5%); those who had exposure to pornography (21% vs. 5%); those who have ever had love affairs (26% vs. 5%); those who have ever experienced sexual abuse, violence or seduction (40% vs. 12%); and, finally, those who have a permissive attitude towards PMS (23% vs. 11%).

As shown in Table 5.4, males in all categories had significantly higher levels of PMS compared to those for females, with differences ranging from 5 percentage points for those who have no knowledge of contraceptives to 47 points for those who had experience of someone trying to establish sexual relations through abuse, violence or seduction. The prevalence of PMS was exceptionally high among both males and females (68% for males vs. 21% for females) who had experienced sexual abuse, violence or seduction. As noted above, only a small proportion of females (3%) and males (2%) reported such incidences. All males who reported such incidences had received offers of cash or gifts for sex, whereas more than half the females reported being threatened or coerced. This finding indicates that males and females may engage in or experience PMS in different circumstances depending upon their SEP within their families and communities.

Comparatively, the prevalence rates of PMS were higher for both males and females in the following groups: those who belong to Adivasi Janajati and Hindu households; those aged 20-24 years, who were ever-married, had ever worked for money and had freedom of mobility. PMS prevalence rates for both males and females were also higher for those who lived with nonfamily members or alone, were a member of at least one social organisation, had experience of migration, have knowledge of contraceptives, had been exposed to pornography, consumed alcohol, had had love affairs and held permissive attitudes towards PMS. By ethnicity, none of the Muslim females reported PMS and the rate was also lowest for Muslim males (15%) compared to those belonging to other ethnic groups.

5.3.2 Factors Associated with PMS: Bivariate Analysis Results. Building on the crosstabulations presented in the preceding section, binary logistic regression was undertaken to further test the independent associations of every variable with PMS. The results are shown separately for all AY, males and females. The regression was run for three sets of data i.e., for all AY irrespective of gender, and separately for males and females. Table 5.5 presents the unadjusted odds ratios[23]. Although we would not expect the pattern of associations to be any different from Table 5.4, the odds ratios make it easier to identify the relative strength of the independent variables (although remembering that the combined effects are not controlled for).

For all AY, with the exception of the household wealth and religion, all other variables showed significant independent associations with PMS. The unadjusted odds of involvement in PMS were higher among those AY living in urban areas, Mountain and Hill regions and those belonging to the Adivasi Janajati and Brahmin/Chhetri/Upper caste groups compared to that for their counterparts. Among the individual level socioeconomic and demographic characteristics, gender had the strongest association with PMS with males were eight times more likely than females to have had PMS. The odds of PMS were significantly higher for AY in the following categories: those aged 20-24 years, those who have never-married, those who have primary or higher secondary and above level education, those who have ever worked for money, those who have experienced migration, those who were living with nonfamily members, those who were involved in social organisations and those who have freedom of movement. AY who have ever experienced migration and who felt they have freedom of movement were three times more likely to have PMS than their counterparts.

[23] This gives the value that indicates the probability that an observation falls into one of two categories of a dichotomous dependent variable when individual variables are analysed one at a time.

Table 5.5

Unadjusted Odds Ratios for Factors Associated with PMS by Gender.

	Unadjusted Odds ratio		
Background characteristics	**Total**	**Female**	**Males**
Community and household			
Place of residence			
Rural	Ref.	Ref.	Ref.
Urban	1.42(1.21-1.67)**	0.94(0.61-1.46)	1.56(1.29-1.89)**
Ecological region			
Mountain	Ref.*	Ref.	Ref. **
Hill	1.01(0.75-1.35)	1.25(0.55-2.85)	1.04(0.74-1.46)
Tarai	0.77(0.57-1.04)	1.21(0.53-2.77)	0.67(0.47-0.94)*
Household wealth			
Poor/poorest	Ref.	Ref.	Ref.
Middle level	0.87(0.70-1.07)	0.76(0.46-1.26)	0.87(0.68-1.12)
Rich/richest	1.02(0.86-1.20)	0.72(0.48-1.07)	1.12(0.92-1.36)
Ethnicity			
Brahmin/Chhetri/Upper caste	Ref.	Ref.	Ref.**
Adivasi Janajati	1.07(0.90-1.27)	1.57(1.02-2.41)*	1.02(0.83-1.26)
Other Tarai caste	0.81(0.65-1.00)*	1.44(0.86-2.42)	0.61(0.48-0.79)**
Mountain/Tarai Dalits	0.92(0.71-1.19)	1.29(0.68-2.44)	0.79(0.59-1.07)
Muslim caste	0.54(0.28-1.02)	0.00(0.00-0.00)	0.51(0.26-1.00)*
Religion			
Hindu	Ref.	Ref.	Ref.
Non-Hindu	0.84(0.65-1.08)	0.76(0.40-1.45)	0.92(0.68-1.23)
Socioeconomic and demographic			
Gender			
Female	Ref.		
Male	7.98(6.53-9.74)**		
Age group			
15-19 years	Ref.	Ref.	Ref.
20-24 years	1.75(1.51-2.03)**	1.72(1.19-2.49)*	2.19(1.84-2.60)**
Marital status			
Never-married	Ref.	Ref.**	Ref.
Ever-married	0.71(0.60-0.85)**	2.52(1.73-3.66)	1.08(0.86-1.36)
Education™			
No education (illiterate)	Ref.	Ref.	Ref.
Primary level	2.08(1.38-3.14)**	1.29(0.67-2.47)	1.87(1.06-3.32)*
Secondary level	1.82(1.25-2.65)*	0.75(0.41-1.36)	1.59(0.94-2.70)
Higher secondary and above	2.57(1.78-3.70)**	0.78(0.43-1.41)	2.23(1.32-3.76)*
Ever worked for money			
No	Ref	Ref.	Ref.
Yes	1.37(1.18-1.59)**	1.49(1.02-2.16)*	1.36(1.14-1.62)*
Migration experience			
No	Ref.	Ref.	Ref.
Yes	2.94(2.46-3.50)**	1.16(0.66-2.06)	2.83(2.31-3.47)**
Living with			
With family members	Ref.	Ref.	Ref.
With nonfamily members	1.83(1.39-2.42)**	1.78(0.88-3.63)	1.58(1.15-2.18)*
Member of social organisation			
No	Ref.	Ref.	Ref.
Yes	2.24(1.92-2.62)**	1.13(0.72-1.77)	2.08(1.74-2.49)**
Freedom of movement			
No	Ref.	Ref.	Ref.
Yes	3.04(2.61-3.54)**	1.56(1.02-2.38)*	1.39(1.15-1.67)**
Exposure, attitudes and behaviours			
Knowledge of contraceptives			
No	Ref.	Ref.	Ref.
Yes	3.23(1.69-6.17)**	1.34(0.48-3.68)	3.67(1.56-8.64)*
Exposure to pornography			
No	Ref.	Ref.	Ref.
Yes	5.21(4.34-6.26)**	1.53(1.05-2.23)*	3.47(2.70-4.47)**
Consumption of alcohol			
No	Ref.	Ref.	Ref.
Yes	5.10(4.37-5.97)**	2.13(1.40-3.24)**	3.13(2.60-3.77)**
Ever had love affairs			
No	Ref.	Ref.	Ref.
Yes	7.48(6.27-8.92)**	3.66(2.53-5.31)**	7.46(6.04-9.20)**
Attitude towards PMS			
Nonpermissive	Ref.	Ref.	Ref.
Permissive	2.37(1.98-2.83)**	3.81(2.56-5.67)**	1.89(1.53-2.34)**
Ever experienced sexual abuse			
No	Ref.	Ref.	Ref.
Yes	4.81(3.42-6.77)**	7.85(4.49-13.74)**	7.42(4.27-12.88)**

* Significant at p≤.05; **Significant at p≤001

AY who knew about contraceptives were three times more likely than those who had no such knowledge to engage/have engaged in PMS. Those exposed to pornography were five times more likely to engage in PMS than those had no such exposure. Likewise, those who drank alcohol were five times more likely to be involved in PMS than those who have never consumed alcohol. In addition, those with permissive attitudes towards PMS were twice as likely to be involved in PMS than those with negative attitudes towards PMS. The likelihood of PMS among those who had experience of someone attempting to have sexual relations with them through seduction, threat (violence) or coercion and cheating was five times higher than for those who had never experienced such an incident. However, the numbers were super small and the confidence intervals were wide for both males (5-14) and females (4-13).

Analysing the independent associations of independent variables with PMS for females and males separately revealed that the associations vary by gender and the associations between the PMS and the independent variables were generally much stronger for males. Except marital status, all independent variables that have shown significant independent association with PMSB for all AY also showed significant association with PMSB of males. Some variables that showed significant associations for all AY and males showed insignificant associations for females (i.e., place of residence by urban vs. rural area, ecological region, level of education, living arrangement, civic engagement, migration experience, knowledge of contraceptives). This could be largely due to small number of females who have had PMS and number of females who have had PMS in most of the categories of many variables were super-small. Household wealth and religion consistently showed insignificant associations with PMS for all three models, indicating that the independent influence of these variables in controlling or facilitating PMSB among AY is likely to be insignificant. The univariate logistic regression provides only the independent association between an exploratory variable and dependent variable; and does not make an allowance for the potential influence of other explanatory variables in that association nor does it provide any inferences about interaction effect. Therefore, the multivariable analysis was performed following the univariate logistic regression.

5.3.3 Factors Associated with PMS: Multivariable Analysis Results. In keeping with the conceptual framework of the study, the independent variables were grouped into three groups of social determinants for the multivariable regression analysis. The first group included community and household level indicators of SEP; the second group comprised individual-level measures of SEP including freedom of movement and migration experience. These are conceptualised as structural determinants. The third group included exposure, attitudes and behaviour of individuals that can directly impact on changing PMSB among AY. These are regarded as proximate determinants. The grouped factors were analysed using a stepwise method. The regressions were run for the full sample population and by gender separately. The findings of all multivariable regression analyses comprising adjusted OR, significance levels and CI, Cox & Snell R-square statistics, Nagelkerke R-square statistics and the statistics of the Omnibus test of model are discussed below in separate subsections.

5.3.3.1 Multivariable analysis of factors associated with PMS for all AY. The results of the regression analysis for all AY irrespective of gender is shown in Table 5.6. Amongst the five community and household level variables entered in Model I, only the place of residence was significant, indicating that community and household level characteristics are poor predictors of PMSB among AY in Nepal

When individual level socioeconomic and demographic characteristics were entered in Model II, gender had the strongest association with PMS, with males seven times more likely to have engaged in PMS than females. The next strongest factor was by migration experience, followed by age, and membership of any social organisation. Freedom of movement and prior work were also significantly associated with PMS, even accounting for the effects of the other variables in the model. The predictive power of the model increased to 12-23%, suggesting that including variables of individuals' SEP had far greater predictive power than including just community and household characteristics. When individuals' exposure, attitudes and behavioural variables were added in Model III, the association of place of residence by urban vs. rural became insignificant. However, household wealth became significant, suggesting that household wealth can influence PMSB among AY by impacting on their SEP and exposure, attitudes and behaviours that, in turn, have a direct impact on PMSB.

Table 5.6

Adjusted Odds Ratios for Factors Associated with PMS among All AY.

Study variables	Adjusted odds ratio Model I**	Model II**	Model III**
Community and household			
Place of residence			
Rural	Ref.	Ref.	Ref.
Urban	1.46(1.22-1.76)**	1.45(1.18-1.77)**	1.17(0.94-1.46)
Ecological region			
Mountain	Ref.	Ref.	Ref.
Hill	0.94(0.69-1.27)	0.98(0.70-1.37)	0.92(0.64-1.31)
Tarai	0.78(0.56-1.08)	0.82(0.58-1.17)	0.85(0.58-1.24)
Household wealth			
Poor/poorest	Ref.	Ref.	Ref.*
Middle level	0.89(0.71-1.10)	0.84(0.66-1.06)	0.79(0.61-1.02)
Rich/richest	0.90(0.74-1.09)	0.82(0.66-1.03)	0.73(0.57-0.94)*
Ethnicity			
Brahmin/Chhetri/Upper caste	Ref.	Ref.	Ref.
Adivasi Janajati	1.06(0.88-1.28)	1.15(0.93-1.42)	0.89(0.71-1.12)
Other Tarai caste	0.92(0.72-1.18)	0.84(0.65-1.09)	1.04(0.79-1.38)
All Hill/Tarai Dalits	0.92(0.71-1.20)	0.88(0.66-1.18)	0.78(0.57-1.06)
Muslim caste	0.71(0.35-1.44)	0.53(0.25-1.14)	0.93(0.42-2.05)
Religion			
Hindu	Ref.	Ref.	Ref.
Non-Hindu	0.80(0.59-1.08)	0.89(0.64-1.23)	0.78(0.55-1.10)
Socioeconomic and demographic			
Gender			
Female		Ref.	Ref.
Male		6.86(5.45-8.64)**	4.29(3.29-5.59)**
Age group			
15-19 years		Ref.	Ref.
20-24 years		1.79(1.49-2.15)**	1.63(1.34-1.99)**
Marital status			
Never-married		Ref.	Ref.
Ever-married		0.95(0.76-1.19)	0.92(0.72-1.16)
Education			
No education (illiterate)		Ref.	Ref.
Primary level		1.35(0.86-2.11)	1.17(0.73-1.89)
Secondary level		1.23(0.81-1.86)	0.91(0.58-1.43)
Higher secondary and above		1.23(0.80-1.88)	0.82(0.52-1.31)
Ever worked for money			
No		Ref.	Ref.
Yes		1.21(1.02-1.44)*	1.04(0.86-1.25)
Living with			
With family members		Ref.	Ref.
With nonfamily members		1.29(0.94-1.77)	1.17(0.83-1.65)
Freedom for movement			
No		Ref.	Ref.
Yes		1.27(1.06-1.53)*	1.00(0.82-1.22)
Member of social organisations			
No		Ref.	Ref.
Yes		1.75(1.47-2.08)**	1.32(1.09-1.60)*
Migration experience			
No		Ref.	Ref.
Yes		2.09(1.72-2.55)**	1.92(1.56-2.38)**
Exposure, attitudes and behaviours			
Knowledge of contraceptives			
No			Ref.
Yes			1.35(0.66-2.78)
Exposure to pornography			
No			Ref.
Yes			1.80(1.44-2.25)**
Consumption of alcohol			
No			Ref.
Yes			1.76(1.45-2.13)**
Love affairs			
No			Ref.
Yes			4.60(3.79-5.60)**
Attitude towards PMS			
Nonpermissive			Ref.
Permissive			1.64(1.32-2.03)**
Sexual abuse/seduction			
No			Ref.
Yes			5.35(3.42-8.37)**
Constant	0.17	0.02	0.01
-2 Log likelihood	4798.12	4006.09	3495.21
Cox & Snell R-square	0.01	0.12	0.19
Nagelkerke R-square	0.01	0.23	0.36

*Significant at p≤.05; **Significant at p≤.001

With the exception of knowledge of contraceptives, all of the proximate variables were significantly associated with PMS. Interestingly, there was a significant decline in the odds of males (cf. females) having PMS, from 7 times to 4.2 times more likely. This is likely due to the strong gendered nature of other factors also closely associated with PMS including exposure to pornography, consumption of alcohol, and love affairs. The odds of having PMS was five times greater among those who have had a love affair than for who have not [OR: 4.60 (95% CI: 3.79-5.59, p<.001)]. Similarly, the odds of having PMS were five times greater among those who have experienced sexual abuse, violence or seduction than who have not [OR: 5.35 (95% CI: 3.42-8.37, p<.001)]. However, the confidence intervals were wide. As the Omnibus test of model statistics show, all three models were significant at p<.001. The predictive power of Model III, as shown by Cox & Snell R-square and Nagelkerke R-square statistics, increased to 19% and 36% respectively with significant reduction in -2LL. Using these statistics, we can say that the variables in Model III can explain between 19% and 36% of the variation in the odds of having PMS among AY (Field, 2009). The model was significant with χ^2 (27)=1341 at p<.001.

5.3.3.2 Multivariable analysis of factors associated with PMS among females.

To try to untangle the complex ways in which gender structures the relationship between PMS and the factors included in the foregoing analysis, I conducted separate regression analysis by gender. The results are reported in Table 5.7.

In Model I, with the exception of ethnicity, there were no significant associations between PMS and other community and household variables. Adivasi Janajati females were found to be two times more likely to have engaged in PMS than women from the Brahmin/Chhetri/ Upper caste. However, the model, as shown by the statistics of the Omnibus test of model, was statistically insignificant, indicating that community and household level characteristics cannot significantly determine PMSB among AY when variables of individuals' SEP and proximate determinants are controlled. Adding individual-level SEP variables in Model II showed only one significant association with PMS which was marital status. Although Model II was statistically significant with χ2(20)=49 at p<.001, the predictive power of the model was only 2-5%. Even in Model III, after the addition of exposure, attitudes and behavioural factors, marital status retained significance, but all other variables of individuals' SEP remained insignificant

and the association of ethnicity also became insignificant. In both Models II and III, married females were about 2.5 times more likely to have experienced PMS than those who were never-married, indicating that females are likely to get into marriage as soon as they have PMS.

Among the proximate determinants, the strongest associations, net of the effects of other factors, were experiences of sexual abuse, violence or seduction, attitudes towards PMS and love affairs. Females who had love affairs or a boyfriend and who had permissive attitude towards PMS were three times more likely to be involved in PMS than those who have not had a love affair and who have a negative attitude towards PMS. The odds of having PMS were seven times higher among the females who had, at some stage in their lives, experienced sexual abuse, violence or seduction although because the numbers were relatively small, the confidence intervals were very wide and should be treated with extreme caution [OR: 6.91 (95% CI: 3.70-12.90, p<.001)].

The findings of the analysis indicate that females who had positive attitudes towards PMS are likely to engage in PMS, mostly within a love affair or with a boyfriend. This finding is in line with those of previous studies in Nepal (Adhikari, N. et al., 2018; Bhatta et al., 2013). As married females were found to be more likely to have experienced PMS than never-married females, it seems that most girls who experienced PMS, either willingly or forcedly, are likely to get married soon after experiencing PMS. It is also possible that females choose to engage in sex before marriage in line with sexual selection strategy theory (Buss & Schmitt, 1993) and the findings in some literature (Akter & Quddus, 2020; Salih et al., 2015). In Model III, both Cox & Snell R-square statistics and Nagelkerke R-square statistics increased significantly, suggesting that the variables in Model III can explain between 5-17% of the likelihood of PMS among females. Model III was significant with $\chi 2(26) = 158.27$ at p<.001.

Table 5.7

Adjusted Odds Ratios for Factors Associated with PMS among Females.

Study variables	Adjusted odds ratio		
	Model I	Model II**	Model III**
Community and household			
Place of residence			
Rural	Ref.	Ref.	Ref.
Urban	1.07(0.66-1.73)	1.09(0.67-1.79)	0.80(0.47-1.36)
Ecological region			
Mountain	Ref.	Ref.	Ref.
Hill	1.37(0.59-3.17)	1.33(0.57-3.10)	1.04(0.44-2.48)
Tarai	1.42(0.59-3.44)	1.37(0.56-3.35)	1.26(0.51-3.15)
Household wealth			
Poor/poorest	Ref.	Ref.	Ref.
Middle level	0.78(0.47-1.29)	0.78(0.46-1.31)	0.77(0.45-1.33)
Rich/richest	0.68(0.43-1.08)	0.69(0.41-1.14)	0.69(0.40-1.18)
Ethnicity			
Brahmin/Chhetri/Upper caste	Ref.	Ref.	Ref.
Adivasi Janajati	1.68(1.06-2.66)*	1.76(1.10-2.81)*	1.36(0.81-2.28)
Other Tarai caste	1.34(0.75-2.41)	1.31(0.72-2.41)	1.30(0.69-2.43)
All Hill/Tarai Dalits	1.15(0.60-2.21)	1.05(0.53-2.08)	1.05(0.52-2.12)
Muslim caste+			
Religion			
Hindu	Ref.	Ref.	Ref.
Non-Hindu	0.71(0.35-1.45)	0.78(0.38-1.59)	0.73(0.35-1.52)
Socioeconomic and demographic			
Age group			
15-19 years		Ref.	Ref.
20-24 years		1.08(0.70-1.66)	0.93(0.60-1.47)
Marital status			
Never-married		Ref.	Ref.
Ever-married		2.54(1.60-4.04)**	2.45(1.51-3.99)**
Education			
No education (illiterate)		Ref.	Ref.
Primary level		1.53(0.78-3.00)	1.27(0.63-2.56)
Secondary level		1.31(0.68-2.53)	1.02(0.51-2.04)
Higher secondary and above		1.47(0.73-2.98)	1.10(0.51-2.35)
Ever worked for money			
No		Ref.	Ref.
Yes		1.30(0.88-1.93)	1.15(0.77-1.73)
Living with			
With family members		Ref.	Ref.
With nonfamily members		1.83(0.88-3.80)	1.79(0.84-3.79)
Freedom of movement			
No		Ref.	Ref.
Yes		1.54(1.00-2.39)	1.42(0.89-2.25)
Member of social organisations			
No		Ref.	Ref.
Yes		1.01(0.63-1.60)	0.98(0.61-1.59)
Migration experience			
No		Ref.	Ref.
Yes		1.03(0.58-1.85)	1.00(0.55-1.83)
Exposure, attitudes and behaviours			
Knowledge of contraceptives			
No			Ref.
Yes			1.05(0.36-3.10)
Exposure to pornography			
No			Ref.
Yes			1.31(0.85-2.02)
Consumption of alcohol			
No			Ref.
Yes			1.41(0.85-2.34)
Love affairs			
No			Ref.
Yes			3.08(2.05-4.61)**
Attitude towards PMS			
Nonpermissive			Ref.
Permissive			3.31(2.15-5.10)**
Ever experienced sexual abuse			
No			Ref.
Yes			6.91(3.70-12.90)**
Constant	0.03	0.01	0.01
-2 Log likelihood	1030.42	995.46	885.92
Cox & Snell R-square	0.004	0.02	0.05
Nagelkerke R-square	0.02	0.05	0.17

+ No cases; *Significant at p≤.05; **Significant at p≤001

5.3.3.3 Multivariable analysis of factors associated with PMS among males.

Turning to males, Table 5.8 shows a very different story. In contrast to females, two of the five community and household level variables (i.e., place of residence by urban vs. rural and household wealth) showed significant associations with PMS. In addition to marital status, three more variables of individuals' SEP (i.e., age, member of social organization and migration experience). Those males who were never-married were 1.5 times more likely to have experienced PMS than those who were ever-married.

Although there were significant independent associations between PMSB of males and their working experience, living arrangement and freedom of movement in the bivariate analysis, and the fact that some studies have shown a significant association with these variables, when taken into account interaction effects of all independent variables, the associations of working experience, living arrangement and freedom of movement of males with their PMSB were insignificant in this study. Instead, all the individuals' exposure, attitudes and behavioural factors or proximate determinants (i.e., exposure to pornography, alcohol consumption habit, having love affairs, attitudes towards PMS and experience of sexual inducement or abuse) with the exception of knowledge of contraceptives showed positive associations with the odds of engaging in PMS for males. This implies that household wealth, working status and freedom of movement are likely to impact on PMSB of males mainly through impacting their exposure, attitudes and behaviours.

The strongest factor associated with male PMS was exposure to love affair. Male AY who had, at some stage, fallen in love were five times more likely to have engaged in PMS than those who had not (95% CI: 4.08-6.43, $p<.001$). As in the case of females, the odds of having PMS among males who had received inducements to have sexual relationship, e.g., offers of cash or gifts etc. were four times more likely than those who had never received such inducements. As noted, males who were offered cash, gifts etc. to have sex are most likely to be women older than them beyond the bracket of age group of study population. Therefore, this could be one of the reasons why there was a higher rate of prevalence of PMS among males than females in the study population. Like females, when incorporated all independent variables, with significant decline in -2LL, the predictive power of Model III increased to 21-31%. The Model III was significant with $\chi^2(26) = 687.21$ at $p<.001$.

Table 5.8

Adjusted Odds Ratios for Factors Associated with PMS among Males.

Selected variables	Adjusted odds ratio		
	Model I**	**Model II****	**Model III****
Community and household			
Place of residence			
Rural	Ref.	Ref.	Ref.
Urban	1.54(1.24-1.90)**	1.58(1.26-1.98)**	1.31(1.02-1.68)*
Ecological region			
Mountain	Ref.*	Ref.	Ref.
Hill	0.94(0.66-1.33)	0.93(0.64-1.35)	0.87(0.58-1.29)
Tarai	0.70(0.48-1.01)	0.74(0.50-1.10)	0.76(0.50-1.16)
Household wealth			
Poor/poorest	Ref.	Ref.	Ref.
Middle level	0.91(0.71-1.17)	0.82(0.63-1.07)	0.78(0.58-1.04)
Rich/richest	0.96(0.76-1.21)	0.83(0.64-1.07)	0.72(0.55-0.96)*
Ethnicity			
Brahmin/Chhetri/Upper caste	Ref.	Ref.	Ref.
Adivasi Janajati	0.97(0.77-1.21)	1.07(0.84-1.36)	0.87(0.67-1.12)
Other Tarai caste	0.74(0.56-0.98)*	0.78(0.58-1.04)	0.98(0.71-1.34)
All Hill/Tarai Dalits	0.81(0.60-1.11)	0.87(0.63-1.20)	0.73(0.51-1.03)
Muslim caste	0.63(0.29-1.35)	0.57(0.26-1.28)	1.08(0.45-2.57)
Religion			
Hindu	Ref.	Ref.	Ref.
Non-Hindu	0.91(0.64-1.30)	0.94(0.64-1.36)	0.80(0.53-1.19)
Socioeconomic and demographic			
Age group			
15-19 years		Ref.	Ref.
20-24 years		1.98(1.61-2.43)**	1.80(1.44-2.26)**
Marital status			
Never-married		Ref.	Ref.
Ever-married		0.69(0.52-0.90)*	0.66(0.49-0.88)*
Education			
No education (illiterate)		Ref.	Ref.
Primary level		1.71(0.94-3.11)	1.54(0.80-2.98)
Secondary level		1.68(0.95-2.95)	1.26(0.67-2.35)
Higher secondary and above		1.62(0.91-2.87)	1.08(0.57-2.04)
Ever worked for money			
No		Ref.	Ref.
Yes		1.24(1.01-1.51)*	1.05(0.85-1.30)
Living with			
With family members		Ref.	Ref.
With nonfamily members		1.14(0.80-1.62)	1.01(0.69-1.49)
Freedom of movement			
No		Ref.	Ref.
Yes		1.28(1.04-1.57)*	0.99(0.79-1.24)
Member of social organisations			
No		Ref.	Ref.
Yes		1.92(1.58-2.33)**	1.36(1.10-1.69)**
Migration experience			
No		Ref.	Ref.
Yes		2.37(1.91-2.95)**	2.20(1.74-2.79)**
Exposure, attitudes and behaviours			
Knowledge of contraceptives			
No			Ref.
Yes			1.72(0.66-4.50)
Exposure to pornography			
No			Ref.
Yes			2.13(1.61-2.83)**
Consumption of alcohol			
No			Ref.
Yes			1.89(1.52-2.35)**
Love affairs			
No			Ref.
Yes			5.12(4.08-6.43)**
Attitude towards PMS			
Nonpermissive			Ref.
Permissive			1.34(1.05-1.71)*
Ever experienced sexual abuse			
No			Ref.
Yes			3.94(2.14-7.24)**
Constant	0.38	0.1	0.02
-2 Log likelihood	3161.96	2948.76	2526.3
Cox & Snell R-square	0.02	0.09	0.208
Nagelkerke R-square	0.03	0.13	0.313

*Significant at p≤.05; **Significant at p≤001

5.3.4 Commonalities and Differences in Factors Associated with PMS. The findings of the bivariate and multivariable regression analysis revealed that not only is PMS heavily gendered, but that the predictors of PMSB also vary by gender. That is, many of the factors that were strongly associated with PMS for males lacked explanatory power for females.

As expected, gender was the factor most strongly associated with PMSB, with male AY more than four times likely than females to have experienced PMS. In addition, nine variables (i.e., household wealth, age, civic engagement, migration experience, exposure to pornography, consumption of alcohol, love affairs, attitude towards PMS and experience of sexual abuse, violence or seduction) showed significant associations for all AY in multivariable analysis. In the male only model, all of the foregoing variables were also significant, along with place of residence and marital status. For females, only four variables – marital status, love affairs, attitude towards PMS, experience of sexual abuse, violence or seduction -were significantly associated with PMSB. Interestingly, the direction of association between marital status and PMSB differed by gender. Ever-married females were 2.5 times more likely to have experienced PMS than never-married females, while never-married males were 1.5 times more likely to have experienced PMS than those who had ever-married.

Delaying age at marriage increases the 'exposure' time to experience PMS. So, in contexts where PMS carries social stigma and females marry young, we would expect never married AY to be more likely to have experienced PMS than those who had ever-married. However, this study showed that ever-married females were more likely to have experienced PMS than never-married females, which is surprising. This may indicate that females are vulnerable to experience PMS at an early, may be through coercion, deception, or pressure; and those females who experienced PMS at an early age are likely to get married sooner after experiencing PMS. It is also possible that females choose to engage in PMS in order to secure a marriage partner, which is in line with the sexual selection strategy theory (Buss & Schmitt, 1993) and the findings of the studies by Hossen and Quddus (2020) and Salih et al. (2015). These are only suggestions as the limitations of the NAYS data do not allow for further exploration.

Sex is not a single person act – it requires a sexual partner. Having a love affair or a boyfriend/girlfriend was strongly associated with PMSB for both females and males.

However, the proportion of males having love affairs was higher than for females (48% vs. 31%, see Table 5.3); and the strength of association was also stronger for males than for females. Males and females who had love affairs were respectively five times and three times more likely to have PMS than those who did not. This implies that either girls are having PMS with multiple boyfriends, or they have under reported their PMS within love affairs. It is also possible that boys might have overreported or misreported their PMS within love affairs. For example, they had PMS with casual partners or sex workers, but reported that they had it with a girlfriend.

Although the proportions of males (2%) and females (3%) reported having experienced sexual abuse, violence or seduction were small, this factor showed the strongest association with PMS for all AY. However, the confidence intervals of independent association of this with PMS were wide for both males and females. All males who reported such incidences reported that they had received offers of cash or gifts for sex, whereas more than half of females reported being threatened or coerced. This finding suggests that males and females might experience PMS in different contexts, and that these may vary depending on their SEP within their family and community. For young women in Nepal, social context is heavily gendered and would seem to constrain, rather than enable, their freedom, exposure of time, and opportunities to engage in PMS.

5.4 Conclusion

The analysis undertaken in this chapter has enabled a stronger focus on the social determinants of PMSB. It explored the prevalence rates of PMS among different subgroups of AY in Nepal, the associations between key explanatory factors and PMS, and the structural factors that account for gender differences in PMS. Overall, 13% of AY reported having experienced PMS, with a substantial gender difference (23% of males cf. 4% of females. Some of the variables were significantly correlated with PMS in bivariate analysis, but not in the regression analysis. This is important because many of the extant studies on PMSB among AY have relied on bivariate analysis. This is particularly important for gender-focused analysis as only four variables (i.e., love affair, attitude towards PMS, experience of sexual abuse, violence or seduction, and marital status) were significantly associated with PMS for females in the regression models. Even then, the associations were weaker than for males, such that the models had less explanatory power.

While most of the factors significantly associated with PMS (i.e., civic engagement, migration experience, exposure to pornography, involvement in love affairs and attitude towards PMS) seem to be individual attributes, they reflect changes in the social context. For example – increased involvement of AY in love affairs is associated with increasing social acceptance of love affairs and love marriage. Likewise, increased migration of AY is also associated with increased urbanization, access to transportation, unemployment, social insecurity and so forth. The change in PMSB among AY in Nepal is, therefore, largely due to changes in social context, increasing exposure to engage in PMS.

PMS is not always entered into willingly. AY, particularly females, may also experience PMS in coercive contexts, or through inducement. The contexts in which males and females engage in or experience PMS may vary depending upon their daily life circumstances, and family and community contexts. Gender differences in PMSB among AY in Nepal reflects, at least in part, gender differences in age at marriage, freedom of mobility and exposure to migration that limit their exposure to be involved in love affairs and opportunities to engage in PMS. It is striking that 42% of females aged 15-24 were married compared to just 16% of same age males. One fifth (21%) had married before reaching 18 years compared to just 4% of males. The mean age at marriage for girls was 17 years, confirming that child marriage is still prevalent for girls in Nepal. Longstanding social norms regarding gender roles and expectations, and the pressure for girls to marry at an early age, seem to have structurally constrained the freedom of girls outside the home (i.e., for higher education, employment, civic engagement and migration). This, in turn, reduces their exposure to sexual information, cross-gender friendships, and love affairs.

Chapter 6

Premarital Sexual Behaviour among AY: A Qualitative Study

6.1 Introduction

The qualitive component of this study seeks to surface a richer understanding of how AY and adults, as key social agents, perceive PMS, the contexts in which AY are involved in PMS, and the drivers of change and gender differentials in PMSB among AY. This chapter presents the analysis of the qualitative data collected from IDIs with 24 AY (12 males and 12 females) and three FGDs (1 with 8 male AY, 1 with 8 female AY and 1 with 8 key social agent or adult informants). Details of the selection process, and breakdown of participants by age and gender, can be found in chapter four, while other details are contained in the appendices (9.A, 9.B, 10.A, 10.B). Chapter four also includes a description of the processes by which transcription and translation were undertaken.

Analyses of the data from the IDIs and the FGDs revealed a range of diverse themes that had strong synergies. As such, the findings of the IDIs and FGDs are presented together in the form of specific themes relating to the research questions. The following sections present the thematic findings from the IDIs and FGDs, exploring the participants' perceptions around PMS, the contexts in which AY are involved in PMS, and the drivers of change and gender differential in PMSB among AY. The final sections discuss the findings relating to the research questions and SDH framework, and provide concluding comments.

6.2 Perceptions Around PMS

All the participants were asked about their perceptions around PMS among AY. The perceptions they offered were generalised views rather than a description of their own personal experiences. The participants expressed two conflicting perceptions around the emerging practice of PMS among AY: anti-PMS and pro-PMS perceptions.

6.2.1 Anti-PMS Discourse: No Sex before Marriage. There was a distinctly different perception of PMS along gender lines, with the majority of the females in both

IDIs and FGD having a negative view of PMS, while the majority of males perceived it much more favourably. When the views of anti-PMS participants were analysed, two distinct subthemes emerged, namely, social norms and values around PMS and the consequences of PMS.

6.2.1.1 Social norms and values around PMS. Almost all the participants who expressed nonpermissive attitudes towards PMS linked it with long-established historical and traditional norms and values around PMS. They asserted that PMS goes against their social norms, culture and religion and, therefore, is an antisocial and sinful act. The following statement illustrates this view:

> *Premarital sex is a sexual perversion. It is against our culture and religion. One should respect the norms and values of the society where they live, being a responsible citizen for social coherence. For me, having premarital sex is an unsocial, disobedient, immoral and sinful act of people having deviant behaviour.* Chandani, female, 17 years, IDI-1

She added:

> *Our parents and society do not expect us to involve in premarital sex. Since I had my first mensuration, I have been told by my mother and sisters for many times to avoid premarital sex referring to virginity as a symbol of cultural purity, social prestige and pride of a girl and entire family. Breaching this not only impacts moral context of a girl, but social status and reputation of entire family.'*

Like Chandani, almost all female participants those who were anti-PMS said that they disapprove of PMS, because girls are socially pressured from childhood by their parents and family members to protect their virginity. In their opinion, marriage is central to social life in Nepal. Virgin brides are strongly in demand for the cultural purity and social prestige they carry. It was also observed that parents have high expectations that their children, and particularly their daughters, will avoid PMS to maintain good marriage prospects and the family's social status.

Whereas most of those who were anti-PMS were strongly concerned about the social implications of PMS for girls, they had little to say against PMS for boys. Indeed, they did not seem to have any major concerns about boys' engaging in PMS, as it was not much questioned by parents and society. Although most parents do not seem to be too

concerned about their sons' PMS, they were strongly against the idea that their sons would marry a girl who had indulged in PMS. Even the boys said that they would prefer not to marry such a girl. The double standard in social acceptance of PMS here was noted explicitly. The following comments typify this attitude:

> *Most parents will not question premarital sex of boys, sons and grooms, and it is not easy to know whether a boy has premarital sex unless one of the sexual partners discloses the fact. However, if a girl is suspected to have had premarital sex, most parents won't allow their son to marry such a girl. Even boys won't easily accept to marry such girls, as it might raise issue of cultural impurity and social acceptability in family and community.* Niraj, male, 21 years, FGD-16

> *Even when a boy is known to have had premarital sex, I think parents and others might remain silent, ignoring this. But, if a girl is known to have premarital sex, the parents might take it as an issue of social status, and the entire community will raise a question on her character labelling her a 'chhada begreki keti' - a girl of loose and bad character.* Basanti, female, 23 years, IDI-2

A few participants mentioned issues around the legal complications and pressure that may be applied to a boy, if he impregnates a girl with whom he has had PMS. A boy in one FGD said:

> *When a boy has premarital sex and a girl becomes pregnant, he might face legal complications, pressurising him to marry the girl immediately. If they fail to marry and the girl gives birth, it can have long-term legal and social complications in property and citizenship issues.* Nirjal, male, 21 years, FGD-16

While expressing the anti-PMS view, most participants shared examples of social backlashes and the consequences experienced by people who had had PMS in the past. A female participant from Tanahun, who was living with parents in Kathmandu and was in the second year of a Bachelor's degree, said:

> *A girl in my village had a premarital pregnancy when she was 18 years of age. When community members came to know this, they passed negative comments on her character and entire family making it difficult for her to live there. Finally, she committed suicide. This example has been used by our parents and community*

members to educate daughters, girls and women not to be involved in premarital sex. Eureka, female, 22 years, IDI-8

She added:

> *When a girl is suspected to have had premarital sex, she will be pressurised to marry as early as possible with a boy with whom she is suspected to have had sexual relationship. If she fails to marry, she might face relentless harassment, humiliation and social boycott. The family members and entire community can give continuous mental torture making it difficult for her to live that could even compel her to take some wrong decision like run away from home, drop out from school and even force her to commit suicide.*

As the above statements show, girls, who engage in or experience PMS and fail to marry the boy with whom they had PMS, may face relentless harassment, humiliation and mental torture. They may also need to settle for an "unmatched" marriage, hiding their PMS experience by marrying either the boy or someone else, thus, compelling them to live in stress and fear throughout their lives. A female participant from Tarai community in FGD said:

> *I think having premarital sex for a girl is just like inviting unnecessary problems, as she might have several problems after this. If the love affair breaks up, it can make it difficult for her to find a marriage partner or she might need to accept an unmatched marriage with an older, widowed, or divorced man. Even after marriage, she might need to hide her premarital sex and might need to live in stress and fear that if her husband comes to know of this; it could become a reason for family conflict and break up.* Katrina, female, 18 years, FGD-6.

Like Katrina, almost all anti-PMS participants expressed a deep concern about the social backlash, consequences and cultural implications of PMS. Aside from the sociocultural implication of PMS, almost all anti-PMS participants noted a few other consequences of having PMS. These are presented below.

6.2.1.2 Consequences of PMS. In addition to the sociocultural consequences already discussed, the anti-PMS participants came up with three other consequences of PMS: economic, health and wellbeing consequences. With regard to economic consequences, parents may need to pay a high dowry to find a marriage partner for a

girl who has had PMS because finding a husband for her will be difficult, specifically in the Tarai community. As Katrina, who is a Tarai girl, said:

> *When a girl has premarital sex, and fails to marry a/the boy with whom she had a sexual relationship, it not only affects her moral context and social image but the social status of her entire family, which can also affect the marriage chances of her sisters too, if there are any. This can make parents need to pay high price in dowry to find a marriage partner for them.* Katrina, female, 18 years, FGD-6

Some participants stressed the risks of premarital pregnancy and the health consequences of PMS, particularly among girls. A female from Dhangadhi, the Far-Western region said:

> *It is likely that when a boy and a girl have unprotected sex, a single moment of premarital sex can result in unwanted pregnancy, seeking for abortion, early motherhood resulting in childbirth complication, STI, and other physical health complications and mental health problems.* Devina, female, 24 years, FGD-4

The anti-PMS participants talked mostly about social, cultural, economic and health consequences of PMS for girls rather than boys. A few participants also talked about the negative impact of PMS on the wellbeing of both males and females. For example:

> *When a boy has premarital sex and a girl becomes pregnant, the boy might be pressurised to marry the girl immediately. This can result in early parenthood, maternal complication and health problems due to early age at pregnancy, negatively impacting on their health and wellbeing. This can also compel them to limit education and personal development activities, compelling to involve in survival jobs.* Nirjal, male, 21 years, FGD-16

> *While I was a teacher in school, a girl student aged 16 years was pregnant by a boy in the same class. As she was 4 months pregnant, they were forced to marry. They discontinued schooling to start working at an early age for running the family.* Bhagwati, female, 34 years, FGD-22

As mentioned in the above statements, most of the anti-PMS participants perceived that PMS can have a negative impact on the wellbeing of young people by limiting their schooling and other personal development opportunities if a pregnancy occurs. They see PMS as a barrier to personal career development, thus, highlighting a norm in Nepal

that young adulthood was a period for advancing the professional and not the personal or sexual aspects of oneself. This norm may be in contrast to that found in other (potentially 'western' contexts) where youth is framed as a 'natural' period for the exploration of sexuality and sexual identities (Harden, 2014). In the Nepali context, a similar exploration was considered to be a "naughty activity", as Aashish noted below:

> *Premarital sex has several health and social consequences which we might not be able to manage at our age. A single moment of enjoyment can destroy a whole life, undermining all the good things one did, so I take it negatively and suggest young people focus on career development rather than such nonsense and naughty activity at a young age.* Aashish, male, 17 years, IDI-13

Although the anti-PMS participants emphasised the point that both males and females should avoid PMS, their views were strongly gendered. Their arguments for the prohibition of PMS tended to be grounded in the moral consequences that were disproportionately faced by girls, rather than boys. They seem to be more worried about the negative impact of PMS on the morality and safety of girls than for boys.

6.2.2 Pro-PMS discourse: Need to Change with the Times. Four of the 12 female IDI participants and four of the eight females in FGDs held pro-PMS attitudes, while the majority of the male participants (10 of 12 in IDI and six of the eight in FGD) viewed pro-PMS positively. Among the key participants, only around a quarter of the male and female participants were in favour of PMS. When the views of pro-PMS participants were analysed, two distinct subthemes emerged: traditional norms and values around PMS are no longer being appropriate; and enhanced capability of AY.

6.2.2.1 Traditional norms and values around PMS are no longer appropriate. Almost all the AY and key informants with pro-PMS viewpoints were of the opinion that there has been significant change in Nepal's social, economic and political contexts. Currently, young people are growing up in circumstances different to what the older generation experienced when they were young and, therefore, they believe that the traditional anti-PMS norms and values are no longer appropriate in the current context. The following statement by a male university professor illustrates this point:

> *There has been big progress in access to and advancement of education, health*

services, employment opportunities, transportation, mass media, information, communication. Young people are under strong influence of globalisation, modernisation and westernisation that have led to erosion of many traditional norms and values constraining their potential development. Their aspirations and expectations in relation to sex, marriage and gender are changing from traditional avenues and, therefore, age-old traditional norms and values restricting premarital sex might no longer be appropriate in the current context. Achyut, male, 59 years, FGD-17

As Achyut stated, there have been significant progresses in infrastructures and institutions in last three decades, increasing access to many modern social services for the young generation, which has been discussed earlier in the chapter two. In line with Achyut's above statement, almost all the pro-PMS participants linked structural change in the social context with sexuality. They acknowledged that young people are growing up in a different context and that this has influenced and changed the aspirations and expectations of AY away from the traditional to a modern lifestyle. More particularly, they mentioned that the younger generation's marriage preference is shifting away from traditional arranged marriages to love marriages and that young people are delaying marriage, thus, increasing the likelihood of having a love affair or a boyfriend/girlfriend and PMS within these encounters. The following statement by a female participant from Ramechhap, in the Eastern hilly region, who was studying in at Bachelor's level in Kathmandu illustrates this idea:

Undoubtedly, we are having better opportunities for education, training, sport etc. than the older generation. Like me, many young people are increasingly living away from parents for study and employment. I think, attitude of young generation is gradually changing towards acceptance of premarital sex. When one has a boy/girlfriend and lives away from home and postponing marriage, it is likely that they might involve themselves in premarital sex, which is not bad for me. Indira, 24 year, IDI-9

Similarly, a male participant from the Western region, who had discontinued schooling after secondary education and was currently working in Kathmandu, said:

> *It is obvious that when one delays marriage, s/he might seek for sexual relationship. I think it is not bad to have sex with a boy/girlfriend or sex workers. These days, condoms and emergency contraceptives are easily available in the market to avoid the risk of pregnancy and STI. Even if one fails to use a condom, emergency contraceptives and abortion services are easily available. Unmarried people also have rights to have sex.* Jayendra, male, 20 years, FGD-13

As with Indira and Jayendra, the pro-PMS participants saw sex as something natural that one might have when marriage was delayed. If sex is not secured via marriage, it will be secured in any other way possible. The easy availability of contraceptives and, therefore, the reduced risk of pregnancy, makes it possible to have PMS without the risk of pregnancy, which seems to have had an influence on changing their perception that PMS is risky and bad in the current context.

In contrast to the anti-PMS negative impact that PMS can have on one's personal development, pro-PMS participants do not think that PMS hampers personal development. In fact, some believed that PMS can have a positive impact on young people. Munindra, for example, said:

> *I think, the absolute restriction on premarital sex may compel young people to live suppressing their sexual desires and curiosity with stress and anxiety and may compel them to get marriage at an early age for sex. But if one has opportunity to have sex prior to marriage safely and responsibly, it can have a positive impact on enabling potential development by reducing stress and anxiety due to sexual curiosity and desire.* Munindra, male, 20 years, FGD-15

Most of those in favour of PMS were aware of the rights of AY to choose to engage in PMS safely and independently. The pro-PMS participants connected PMS to SRR and an individualistic action. For example:

> *Sex is not something to share publicly. It is also not good to criticise the sexual behaviour of others. It is against the rights of privacy to disclose private sexual activity of others.* Indira, 24 years, IDI-9

> *The country has made big progress in developing laws, policies and programs .... in accordance with international declarations and universal human rights. The school and university curriculums have been amended accordingly and,*

therefore, young people are more likely to be aware of sexual and reproductive health and sexual and reproductive rights. Achyut, male, 59 years, FGD-17

Pro-PMS participants were often strongly critical of the social censure of individuals who practised PMS that was frequently raised by anti-PMS participants. For them, sex was a private matter and so there was no need to disclose the private sexual activity of others. They emphasised the need to respect and to be sensitive towards the rights of individuals to make independent decisions around having PMS.

6.2.2.2 Enhanced capability of AY to have PMS safely. Most pro-PMS participants maintained that AY are becoming more informed and knowledgeable about sex and safe sex. As contraceptives are easily available and an unwanted pregnancy can be safely avoided, such concerns about the risk of unwanted pregnancy from PMS and its negative impact on the social, health and wellbeing of AY are no longer at the forefront of their decisions to engage in sexual activity. A male participant from Panchthar, the Eastern hills, who was working in Kathmandu made this point:

With increase in knowledge and access to sexual education and contraceptives, boys are increasingly becoming confident about having premarital sex safely and responsibly. With enhanced capability to have safe PMS, AY are more likely to utilise the opportunity of premarital sex. Lomus, 20 years, FGD-14

Lomus' comment illustrates the point that most pro-PMS participants were of the view that AY are increasingly becoming knowledgeable and capable and, therefore, confident about PMS as they know how to safely and responsibly protect themselves and others from the potential risk of pregnancy and other health consequences. Similarly, a Bachelor-level female student working in the media sector said:

The time has come to think differently looking out of the box of traditional social and gender norms around premarital sex. Girls are also becoming capable of having safe sex. If boys can have sex before marriage, why not we girls. If we remain silent, professing the importance of virginity of girls for marriage prospects, we can never come out of traditional gender discriminatory roles and sexual norms. We should challenge such gender discriminatory norms and values for gender equality. However, I think, young adolescents aged below 18 years might be too immature to make independent decisions to have safe sex and, thus,

should be controlled. Ganga, 23 years, IDI-7

Like Ganga, most of the pro-PMS female participants raised the issue of gender discrimination in social acceptance of PMS, demanding equality and social equity. They claimed that, like males, females are also becoming capable of managing their personal and sexual lives and can attain financial independence. Therefore, girls' PMS should not be linked solely with risk of premarital pregnancy and fear of reduced marriage prospects, which emphasise the value of female virginity for social mobility through marriage. However, Ganga importantly suggested that avoiding PMS before 18 was a good idea. Durga, a female from Lalitpur, offered an interesting story:

> *My elder sister eloped with her classmate when she was 19 years, but that did not go well, and she got divorced after 2 years of marriage. She remarried 2 years ago. She is happily enjoying her marital life. Both times she chose her marriage partner herself. My parents did not oppose her. Even after marriage, she continued her studies. She has completed her Master's degree and is working in good organisation. Like her, I am pretty sure that girls today are capable of managing their sexual and personal lives independently. So, premarital sex of girls should not be linked only with marriage prospects and culture, which can constrain their aspiration and potentials. Instead, girls need to be supported to solve the problem even if they make a mistake rather than harassing and criticising them.* Durga, female, 20 years, FGD-3

In agreement with Durga's position, most of the pro-PMS female participants were of the view that, instead of people and society reinforcing negative aspects of PMS, girls should be empowered to make independent decisions regarding marriage and sex and should be supported to solve any problems, if they made mistakes. A few participants shared their knowledge of incidences of PMS among young adolescents which had occurred in coercive contexts. These are presented in the following section which discusses the context of PMS. Most of the pro-PMS participants, both males and females, were strongly against PMS in coercive contexts and among young teenagers below 18 years. The following quotation from Jayendra illustrates this point:

> *I think young teenagers could also experience premarital sex through coercion.*

They might also become involved in sex unknowingly through infatuation or cheating. I am totally against both sex at an early age and coercive sex. Therefore, it is important to educate young people about sexual norms and morals so that they have consensual sex only. I think both boys and girls will be physically and mentally mature enough to make the right decision regarding sex only after 18 years and, therefore, sex prior to this age should be controlled. Jayendra, male, 20 years, FGD-13

Likewise, almost all pro-PMS participants stressed that PMS is acceptable if, and only if, both partners are mature enough to make independent decisions to have mutually consenting PMS. They viewed sex as acts of maturity. For them, if one is capable of having PMS safely and responsibly, then AY should be able to experience PMS whenever there is an opportunity to do so.

6.3 Profile and Prevalence of PMS

In order to understand the contexts in which AY are involved in PMS, all the participants were asked to put their views about the prevalence of PMS among AY in varied circumstances. Analysis of the information they provided identified three distinct contexts in which PMS can occur among AY i.e., within love affairs, in transaction (i.e., sex work, informal exchange of offer), and in coercive contexts.

6.3.1 PMS in Love Affairs. Although much of the literature uses the terms 'love affair' and 'romantic relationship' interchangeably, most of the participants in this study used the term love affair to refer to an intimate relationship between a boy and a girl who are not in a marital relationship, but who mutually acknowledge their affection and intention of marry. As noted, almost all the participants acknowledged that, with increasing social acceptance of love marriage, the practice of having love affairs prior to marriage is growing among the younger generation. Love affairs seem to one of the important contexts in which AY are likely to have PMS deliberately. The following statement by Bimal illustrates this view:

The preference of love marriage over arranged marriage is increasing these days. When a boy and a girl are in a love affair, it provides them with an opportunity to have frequent interaction and dating that may progress to involvement in different types of sexual activities. I think, with delay in marriage

and the maturity of the love affair, they are more likely to become involved in premarital sex. However, girls are less likely than boys to accept PMS in love affairs. Bimal, 19 years, FGD-9

Both male and female participants mentioned that, in general, the first PMS within a love affair is likely to occur in an unplanned way when the partners are sexually excited; however, they might have subsequent sexual relationships in a planned way. The following statement by a female participant, who was studying at Bachelor's level, illustrates this viewpoint:

When a boy and a girl are in a love affair, they may go dating, to a movie, or party frequently and even watch romantic movies and pornography together. While doing so, they might engage in kissing, hugging progressing to sexual relationships in excitement, in an unplanned way. Although girls are less likely than boys to initiate and involve in premarital sex within love affair, once they have first sexual encounter, they might have subsequent sexual relations in a planned way. Indira, female, 24 years, IDI-9

Regarding the process of negotiation having PMS in love affairs, the participants mentioned that boys and girls might have different choices and strategies in making decisions around PMS. A female participant from Rupendehi, who was studying for her Bachelor's degree in Kathmandu said:

I think boys might not be committed in a love affair. They might hook up with girls for a short-term relationship and entertainment. They are more likely than girls to initiate sexual activities, but girls will not easily accept, as they are likely to be cautious about pregnancy risk and its consequences. Moreover, a girl will assess the merits of a boyfriend for a long-term relationship and marriage. I hope a girl will accept premarital sex only when she is assured that the boy is trustworthy and their relationship will turn into marriage. Once they have sex, they are likely to have subsequent sexual relations. Dina, female, 20 years, FGD-5

Similarly, a female from Kathmandu said:

I agree that girls are less likely to initiate first sex, as this might give a space to

suspect that she ever had sex. However, with the maturation of a love affair, they might have sex. When they have sex, girls will definitely ask boys to use a condom or take precautions, but a decision of boys predominates in practice. It is more likely that a girl will ask a boy for marriage or elope soon after having sexual relations. Lalita, female, 23 years, FGD-7

Like Dina and Lalita, most AY participants, both male and female, admitted that boys are more likely than girls to make the first move as agents to have PMS in love affairs. Girls seem to be more likely to remain passive in expressing their sexual desire and to hide their sexual experience, if they have any, to maintain the illusion of virginity. Girls were also more likely to 'invest' in PMS with the intention of the relationship's culminating in marriage. Boys were viewed as less likely to be concerned about the health and social consequences of PMS. Almost all the adult participants in FGD also agreed that those AY having love affairs are likely to have PMS with increased maturity and trust in a love affair. Like Lalita, most female participants indicated that once a girl has PMS in a love affair, she will be eager for the relationship to culminate in marriage. Moreover, in Bhagwati's extract, most participants also noted that PMS in a love affair can compel both the male and female to enter into marriage at an early age because of pregnancy and social pressure.

6.3.2 PMS as Transaction. The participants talked about two distinct contexts in which AY can experience PMS as transaction: PMS in commercial sex and in informal exchange.

6.3.2.1 PMS in commercial sex. Almost all participants stated that commercial sex through which both males and females can experience PMS is growing across the country. The following statement illustrates this perception:

The sex business is growing in urban cities and gradually expanding across the country in a variety of forms i.e., massage parlour, dance and singing or 'dohari' restaurants, cabin restaurants, disco, call girls or travelling partners. A few young unmarried females might involve in sex business. I hope, young unmarried men are likely to visit sex workers with growth in their age and financial independence. Mostly, those men who visit sex workers are likely to be drivers, transport workers, daily wage labourers, factory workers etc. and those who travel frequently. Kiran, male, 23 years, IDI-19

Like Kiran, some participants explicitly stated that mostly those AY who work in informal sectors i.e., drivers, transport workers, daily wage labourers, factory workers etc. and those who travel frequently are more likely to visit sex workers because they spend more free and private time away from family and have the resources to buy sex. Some key participants in FGD, however, mentioned that affluent young men and those who are in white collar jobs also visit sex workers. A male leader said:

> *I think, there are different categories of sex workers. Some are targeted at lower income groups and some are targeted at higher income groups. All categories of men seeking for young girls, including drivers, daily wage workers, politicians, builders, bureaucrats, doctors, engineers etc. can visit sex workers. But most girls who enter sex work are likely to be from poor socioeconomic backgrounds, broken families and broken relationships.* Jagdish, male, 34 years, FGD-28

As observed in the views of the participants, the growth in the commercialisation of sex means that boys are increasingly able to choose to have PMS whenever they want to. They thought, however, that very few girls might experience PMS through procuring commercial sex. In their opinion, girls do not generally engage in commercial sex voluntarily, but might be compelled to do so due to poverty, unemployment, or being trafficked for sex by force or deception. However, a few participants also talked about the involvement of some girls in sex work being voluntary in order to earn quick money, as Dina said:

> *I think, girls will not enter into sex work happily or voluntarily unless they have some compulsion to do so. Most girls in the sex business are likely to have entered into sex work due to being trafficked, deception or exploitation, or pressure to meet immediate requirements or to support family needs than through their own choices. They are more likely to be less educated, less skilled and from rural and poor socioeconomic backgrounds. Some might also opt to enter into sex work through imitation or under the influence of their friends and relatives and to make their own decision to enjoy sex and make money. It has become easy to run a sex business via online chat and phone.* Dina, female, 20 years, FGD-7

From the views of the participants, it is noted that both males and females might engage in PMS via commercial sex. Nevertheless, the engagement of girls and boys is very different: boys purchase the sex; girls are the providers. The former is a position of

power, the latter is not. Regarding the process of finding partners and negotiating intimacies with sex workers, the participants mentioned different places i.e., massage parlour, dance bars, entertainment and cabin restaurants, discos, hotels and lodges where sex workers can be directly contacted. In addition, some participants also mentioned call girls and home-based sex workers who can be directly contacted via phone and online chatting.

6.3.2.2 PMS in informal exchange. Besides love affairs and commercial sex, it was noted that AY are also involved in casual PMS through informal exchange of different types of favours/opportunities and deliberate choices. For example:

> *I have read and heard about many cases where unmarried girls had sex for financial and social support, employment opportunity, business, modelling, movies etc. with landlords, merchants, businessmen, senior officers, police, armies, politicians and film producers/directors. A friend of mine who was seeking a better role in movie had sexual relations with a film producer and succeeded in getting roles in movies. Now she has established herself as one of the good actresses.* Lalita, female, 23 years, FGD-7

> *Few years back, one of my relatives who was about 24 years was in short-term relationship with a married man who supported her to establish a boutique business. I don't know whether they had a sexual relationship or not but many people around them used to pass negative comments about their sexual relationship. Five years back, she got married with another man, and she seems to be living happy marital life.* Manoj, male, 21 years, IDI-21

Most male and female AY participants acknowledged that both males and females can be involved in proposing, influencing or luring opposite gender partners to have a sexual relationship by offering or accepting various types of offers. However, because of Nepal's patriarchal economic system in which most people in politics, bureaucracy, trade and business are men, married and adult men who have power and resources are more likely than younger, unmarried males to propose that young unmarried girls have sexual relationships with them in exchange for something on offer. For example:

> *It is not easy to get a decent job and better opportunity for young girls. I know a few young unmarried girls who had a sexual relationship with adult men for jobs,*

promotion in jobs, roles in movies, business and better opportunities. As sex is private activity, when one involves in sexual relationship in exchange of offer in mutual consensus secretly, others will not come to know unless one of the partners disclose. So, there could be many such cases which have not come to notice of others. Monica, female, 18 years, FGD-8

It is evident from the statements of the participants that girls from lower socioeconomic backgrounds are more vulnerable to accepting PMS as informal exchange. The following statement of a female SRH service provider, who is from Gulmi but currently working in Kathmandu, illustrates this point:

The majority of people holding power, authority and resources are men in Nepal, and some of them they are sexually exploiting young girls through informal exchange for different types of opportunities. Girls from higher socioeconomic family backgrounds are likely to have access to and network with people holding higher power authority and resources, but those from lower socioeconomic backgrounds are less likely to have access to people with power and resources and, thus, they are more likely to be vulnerable to being compelled to have premarital sex in exchange for opportunities. Chhabu, female, 33 years, FGD-24

Some participants also mentioned that some unmarried males are involved in sexual relationships with married women. For example:

Some of my friends have shared that they had sexual relationship with married women. They were offered some cash, gifts, and opportunities to travel a long trip, and to visit restaurants. Some had also had sexual relationship with divorcees, widows and unmarried adult women. Chandra, male, 22 years, IDI-15

With increased emigration, young adults are leaving behind married wives, and, as a result, some unmarried men seem to have had opportunities to have sexual relationships with married women. Regarding the process of negotiating PMS in exchange for services, the participants mentioned that both males and females can initiate PMS in exchange for different types of favours and opportunities. Mostly powerful and resourceful adult men rather than young males seem to have initiated sexual relationships with unmarried girls.

As Monica mentioned above, a few participants also said that PMS that results from

sort of exchange is less likely to be reported by girls, indicating potential underreporting of such incidences. Because the participants in this study were asked to share only their perspectives rather than their own sexual experiences, it was not possible to distinguish whether the PMS of the person they referred to had been consensual or non-consensual. Participants who explicitly shared information of others' PMS in a coercive context through rape, incest, cheating, and threatening are referred to here as non-consensual sex. The following section deals with these.

6.3.3 PMS in Coercive Contexts. The issue of coercive PMS was another theme that emerged in the research, both in the IDIs and FGDs. However, the line between consensual and non-consensual PMS was not very clear. As Jayendra aforementioned (see p.124), many participants, both males and females, explicitly mentioned that young unmarried girls experienced PMS in coercive contexts. It is noted that young girls, in particular, are vulnerable to experiencing coercive PMS in all types of relationships at all times. For example:

> *A girl in my neighbourhood who was working as a housemaid was pregnant at 16 years by the male houseowner in his late 40s. She informed her mother and the wife of perpetrator about this, but they tried to settle the issue through a mutual agreement and took her for an abortion secretly. As she got some medical complication, it became a police case.* Chandani, female, 17 years, IDI-3
>
> *A girl of 15 years in my village was pregnant by her own brother, who was about 18 years. They used to sleep in a common room as there was not enough rooms in their house.* Monica, female, 18 years, FGD-8
>
> *Girls are not safe from sexual abuse in all places even within home and workplace. Even in love affairs, a boy can pressurise and cheat a girl into having premarital sex and leave her stranded after she becomes pregnant. I know some cases where girls have committed suicide because of pregnancy after coercive sex.* Juna, female, 21 years, FGD-4

As mentioned in above statements, girls are vulnerable to experience PMS in initiation of others by pressure, cheating, alluring and threatening in varied contexts. It is noted from the study that most of such incidences are not reported. A married Tamang female from Kathmandu said:

> *Many young girls do experience various forms of verbal or physical sexual harassment i.e., unwanted sexual touching, sexual messages and sexual proposals, but most of them keep silent accepting this as gendered normative culture. Even those girls who experienced coercive sex do hide such incidences due to fear that if others come to know it can hamper their moral image and marriage prospects.* Dina,20 years, FGD-5

From the above statements, it seems possible to infer that there could be much underreporting of cases of coercive PMS. As Chandani mentioned, it is likely that most incidences of coercive sex are settled by mutual agreement without reporting or legal action. When this issue was discussed in the FGD with key informants, the police officer confirmed that possibility:

> *I agree that there could be some underreported cases. Even those who reported have not reported on time with evidence (i.e., within 35 days), which can sometimes make it difficult to prove rape cases under current laws. Therefore, it is very important to empower young people, specifically girls, to take actions and precautions against potential sexual abuse or coercive sex and change the mindset of all women, men and young people not to hide or settle such incidences by mutual agreement, as it can encourage perpetrators to repeat such activities and get away with it without any punishment.* Sushil, male, 54 years, FGD-18

Likewise, a male university lecturer, who was a former schoolteacher in a remote hill area during the Maoist movement, revealed:

> *During times of armed conflict, some young unmarried girls in conflict affected areas were sexually abused by both security forces and Maoists; however, most remained silent about their ordeal due to the stigma attached to premarital sex and virginity and fear of perpetrators.* Bijaya, male, 38 years, FGD-19

Thus, overall, the participants believed that girls were vulnerable to coercive PMS and that it could arise within the family due to poor housing, within the community due to poverty, and as a result of conflict, lack of social security and poor governance or ineffective legal action against perpetrators.

6.4 Drivers of PMSB: Social Determinants of PMSB

All the participants were asked what they think the key drivers of the emerging practice of PMS or changing PMSB among AY are and about variations in PMSB, particularly by gender. They mentioned factors ranging from individual-level characteristics to a broader-level social context. As this study aimed to identify the drivers of changing PMSB within the social context where AY grow up, live and work, the determinants they reported were first grouped into two broad categories: proximate and structural determinants, in line with the study's conceptual framework which was based on a modified approach of SDH (Figure 4.1, p.69). The elements that related to the daily living circumstance of individuals and that can more directly impact on the PMSB of AY were grouped into proximate determinants. Those elements which related to structural, cultural and functional aspects of society and the resultant socioeconomic context of communities, families and individuals were grouped into structural determinants. These, in turn, were further classified into two levels: the socioeconomic and political context (SEPC) and the socioeconomic position (SEP).

SEPC is a broader context that comprises a wide range of structural and functional aspects of a societal system and mechanisms through which power and resources are distributed among social members, thereby resulting in variation and inequality in the socioeconomic conditions of families and individuals. The resultant socioeconomic conditions of communities, families and individuals are referred to here as SEP. The underlying premise of the conceptual framework of social determinants of PMSB in this study is that SEPC exerts a strong impact on changing PMSB and generating gender differentials in PMSB among AY; however, SEPC does not impact on PMSB directly. It impacts on PMSB through generating social differentiation with variations in SEP at community, family and individual levels, thereby resulting in variation in exposure to proximate determinants or exposure to opportunities and vulnerabilities to experience PMS. Both proximate and structural determinants are referred to as social determinants. As the participants were just asked to name the drivers of changing PMSB, this study lacks detailed information on mechanisms that influence the elements they were talking about and specific statements for each of these. The determinants which were extracted from the statements already cited above are not restated here but mentioned briefly. However, the specific statements regarding some determinants are presented below.

6.4.1 Proximate Determinants. Analysis of the study data revealed two particular elements of proximate social determinants of PMSB among AY that seem to have directly impacted AY's experience of PMS at the individual level: increased exposure to information and knowledge about sexual activities; and increased exposure to opportunities to engage in PMS and vulnerability to experience PMS.

6.4.1.1 Exposure to information and knowledge of sexual activities. Almost all the participants were of the view that these days AY are having more exposure to information on SRH, SRR, sexual activities, contraceptives and safe sex through education, mass media, pornography, and peers, and so they have increased knowledge, skills and confidence to have PMS safely, reducing the risk of unwanted pregnancy and the health threats of PMS. Moreover, AY are having easy access to contraceptives, emergency contraceptives and abortion services. The participants perceived that increased knowledge of contraceptives, abortion services and safe sex, coupled with increased access to these services, have played an important role in changing the attitude of young people towards premarital sex from a nonpermissive to a liberal perception and facilitated AY PMS. The previous extract from Jayendra (p.122) and Babita's statement below illustrate this point of view:

> *These days, we are getting information on contraceptives, abortion and safe sex through various channels i.e., school, college, TV, radio, movies, internet, magazines, and awareness raising programmes on HIV/AIDS and family planning. I hope, all these have played an important role to change the attitude of young people towards premarital sex from nonpermissive to liberal. I think, those who have positive attitude and knowledge of contraceptives are more likely to have premarital sex, when they have opportunity to do so with a boy/girlfriends and sex workers.* Babita, female, 20 years, FGD-1

Many participants reported that these days AY are having more exposure to pornography through print media, videos and open access to digital media. This seems to have increased AY's sexual curiosity and desire to imitate what they have learned from pornography. Almost all the participants thought that those AY who have had more exposure to pornography were more likely to engage in PMS, but there was no real consistency in their views. Most anti-PMS participants talked about the negative impact of pornography in that it can increase AY vulnerability to being involved in

risky PMS i.e., rape, incest etc., while pro-PMS participants talked about the positive impact of pornography on AY and the idea that it can increase their knowledge and skills to have safe PMS. For example:

> *Few years back a friend of mine had watched porn movie on computer with his cousin sister and in the excitement had sex which made her pregnant. Both of them were just 16 years old at that time. I think, exposure of young adolescents to pornography can encourage them to be involved in risky sexual behaviour, including coercive sex, rape and incest in sexual excitement or loss of control over the emotion of sexual desire. Therefore, the exposure to pornography of young adolescents should be controlled.* Lomus, male, 20 years, FGD-14

> *Sexual activity is not readily observed in everyday life. We can learn more about the sexual activities from pornography. We do share pornography and share learnings from the pornography amongst best friends. So far I think, those who have more exposure to pornography might have more knowledge of sexual activities and self-confidence to have safe sex are more likely to be involved in premarital sex.* Jayendra, male, 20 years, FGD-13

Like Jayendra, many participants also talked about the important role of peers in changing attitudes and behaviour around PMS. Dina's statements and the following statement exemplify this point:

> *We do openly share and discuss about sexual activities, masturbation, sexual curiosity, contraceptives and pornography with friends which we cannot discuss with parents, siblings and teachers. Moreover, we support each other to find love partners, and places for dating, sexual entertainment and commercial sex workers. I think, those who have more friends with permissive attitude and experience of premarital sex are also likely to have similar attitude and behaviour, but those who have friends with negative attitudes towards premarital sex are also likely to have nonpermissive attitude and likely to avoid premarital sex.* Munindra, male, 20 years, FGD-15

The participants brought out three important factors which they think have played an important role in increasing information and knowledge about sexual activities and contraceptives: education, mass media and peers. All these seem to have given AY the information, knowledge, skill and confidence to have PMS and to be playing a part in

changing attitudes and reducing the risks and consequences of PMS. Particularly, increased peer interaction and influence seem to have played an important role in changing attitudes and behaviour around PMS among AY. The peers can also discourage AY to engage in PMS, if they have nonpermissive attitudes toward PMS.

6.4.1.2 Exposure to opportunity and vulnerability to PMS. Almost all participants mentioned that changed social context has increased both AY's opportunities and vulnerabilities in terms of experiencing PMS. The study noted three main elements of the social context that have driven an increase in PMS among AY in these areas: increased prevalence of having love affairs; growth of commercial sex; and increased opportunity to have PMS as an exchange. As noted in the country context, both the practice and social acceptance of love affairs and love marriage are increasing in Nepal (Regmi et al., 2015). A boy and girl having a love affair prior to marriage is reported to be one of the important elements driving AY to engage in PMS, as it increases exposure to a sexual partner and so can prompt a readiness through self-initiation or a partner's initiation to engage in PMS (Regmi et al., 2015; Strecher & Rosenstock, 1997). However, the study indicated that girls are less likely than boys to accept PMS in love affairs. The earlier extracts from Bimal (p.126), Indira (p.126), Dina (p.126) and Lalita (p.127) support this perception.

It is also important to note that increased access to and advancement in communication and transportation and the expansion of the market throughout the country have made it easy to run a sex business. The commercialisation of sex is growing under various guises in the form of massage parlours, dance bars, cabin restaurants, discos etc. With the growth of the commercialisation of sex, males, in particular, seem to have increasingly become involved in PMS, but only a few unmarried girls seem to be involved in sex work. Most of the participants believed that most of the unmarried young females who become involved in sex work do so mainly because of poverty, unemployment, and being trafficked for sex by force or deception. The statements above from Kiran (p.127) and Dina (p.128) typify this perception.

Besides love affairs and commercial sex, some boys and girls also have involved in casual PMS as an informal exchange. As Lalita (see p.129) and Chhabu (see p.130) abovementioned, Nepal's patriarchal economic system means that most of those with power and resources are males; consequently, young unmarried females seeking

employment and other opportunities are vulnerable to being propositioned by adult males for sex in exchange for jobs offers or opportunities. As Chandra mentioned above (see p.130), some unmarried males also have sexual relationships as part of an exchange bargain with married women, because increased numbers of young males are leaving their wives at home in Nepal for a long time when they emigrate for employment.

Not all PMS is entered into willingly. Some AY experience unwanted PMS as a result of being pressured, cheated, tempted or threatened by someone. As Chandani (p.131), Monica (p.131) and Juna (p.132) mentioned, given their socioeconomic and living conditions young girls, in particular, are vulnerable to coercive sex in all types of relationships. It seems that girls' vulnerability to coercive PMS can relate to their family's poor housing and conflict within communities due to lack of social security, bad governance or ineffective legal action against their abusers.

6.4.2 Structural Determinants. As noted, the determinants related to structural, cultural and functional aspects of society and the resultant socioeconomic context of communities, families and individuals were grouped into structural determinants, which were further classified into two levels: SEPC as distal factors and SEP as intermediate factors. This section presents the key elements of SEP and SEPC identified from the analysis of the participants' responses. Besides age and gender, the study reported nine elements related to the SEP i.e., freedom of mobility, level of education, work status, living arrangement, migration experience, religion, household wealth, family structure and place of residence (urban/rural). The first five elements are tied to the SEP of individuals themselves. They are also related to one another, however, and so are not mutually exclusive. The last four are related to the SEP of the family and community where individuals live.

6.4.2.1 Socioeconomic position (SEP) of individuals. Almost all participants reported that parental and social control over AY's freedom of mobility has been gradually declining over time. Their view was that those AY who have freedom to spend more time outside the home are more likely to have PMS than those who are under stricter control by parents and society. The following statement from Pralhad illustrates this point:

These days, young people are less likely to remain under strong control of parents, as they are increasingly having education, working and living away from parents. Certainly, those who have more freedom of mobility will have more opportunity to have more friends, to have love affairs and to enjoy their lives in the way they wish to do. This can also enable to involve themselves in premarital sexual activities. Pralhad, male, 24 years, IDI-23

Some participants talked about the impact of education on changing PMSB. However, there was no consistency in their views in relation to the direction and mechanism of impact. For example:

I think, increased level of education provides opportunity to have knowledge of contraceptives, SRH, SRR and sexual safety that can empower young people to make independent decisions regarding marriage and sex. Therefore, with increased level of education, the likelihood of boys and girls to have premarital sex might increase. Lomus, male, 20 years, FGD-SN14

I hope, it is not because of level of education but age of maturity that young people of higher level of education are more likely to be involved in premarital sex. But it is likely that those having more education have knowledge of contraceptives to have safe premarital sex compared to those who have a low level of education. Juna, female, 21 years, FGD-4

Lomus sees education as improving knowledge of contraceptives and the capability to make a rational decision regarding PMS, whereas Junu links education with improving maturity in age rather than any specific knowledge.

Some participants mentioned an association between AY's living arrangements and PMSB. In their opinion the living arrangements of AY can impact on PMSB, as these can impact on individuals' freedom or social autonomy, because they may be exposed to the opportunity to engage in PMS, or because they may be made vulnerable to experiencing unwanted PMS. The following statement by Ganga exemplifies this perception:

> *These days, young people are increasingly living away from family for education, employment, trainings etc. When they live away from family, they will be free from parental control, cultural and religious bindings. They will have more freedom to enjoy their lives i.e., roaming with friends, exposure to pornography, and having love affairs and frequent dating. It also provides them safety and privacy to have sexual activities. However, girls might be vulnerable to experiencing premarital sex in coercive contexts due to social insecurity and might be compelled to do so for survival.* Ganga, female, 23 years, IDI-7

Experience of migration was reported to be another factor enabling AY to have PMS in that the participants thought that those AY who travel frequently or have experienced short- or long-term migration are likely to have PMS, as they will have more freedom and privacy to perform the act of their wish. For example:

> *These days, young people increasingly travelling for short or long-term within and outside the country for education, employment and entertainment. When they travel away from home, definitely they will have more freedom and opportunity to have more friends, exposure to pornography and to engage in premarital sex in love affairs and commercial sex.* Pralhad, male, 24 years, IDI-23

Most participants mentioned that the likelihood of AY being involved in PMS increases with the growth in age and delay in the age of marriage. They linked the growth in age with an increased likelihood of PMS through increase in maturity, sexual desire, knowledge of sexual safety, financial independence and exposure to opportunity and vulnerability to have PMS. The statements by Juna (p.138) and Kiran (p.127) cited above illustrate this position.

The most important factor among the SEP of the individuals which was repeatedly reported by almost all the participants was gender. They thought that girls were less likely than boys to become involved in PMS, due to the risk of pregnancy and double standards in acceptance of PMS. The earlier statements by Ganga (p.123) and Durga (p.124) exemplify this belief. Moreover, the participants pointed out that, because of prevailing gender norms and roles placing higher value on virgin brides, girls are more controlled than males in terms of their freedom to make independent decisions on mobility, marriage, and migration. This lack of agency seems to have constrained girls' ability to engage in PMS. Girls are encouraged to remain virgins to enhance their

socioeconomic conditions and, as a result, their exposure to information and knowledge of sexual activities and exposure to opportunities to engage in PMS at an individual level are constrained. The next section, in its discussion of drivers of gender differentials in PMSB, considers how gender as a social construction in a broader context impacts on PMSB among AY.

6.4.2.2 Socioeconomic position (SEP) of family and community. As noted above, the study reported four elements related to family and community SEP: religion, economic condition of the family or its household wealth, family structure, and place of residence (urban/rural). Although most participants mentioned religious beliefs as a shield to avoid PMS, none of the participants explicitly mentioned the likelihood of PMS in any specific religious and ethnic group. A female participant from Dadeldhura, in the Far-Western region, who belongs to the Dalit community and is currently studying in the first year of a Bachelor's degree said:

> *I think, social norms regarding premarital sex in Nepalese society are unacceptable in all religious and ethnic groups. However, those who are more religious, belong to a religious family or are affiliated to a religious organisation are more likely to be against premarital sex than those who are less religious. They are also likely to less involve in premarital sex.* Farina, 17 years, IDI-6

As Farina says, it is more likely that those AY from a religious family and those who are religious or are associated to religious organisations are less likely to be involved in PMS. Nepalese society encourages a joint family set-up, which keeps young people under strong control from parents and family members (Nightingale, 2003). It was also noted that most AY live with their parents or family members and, therefore, that they are strongly dependent to the socioeconomic conditions of their parents and family to enhance their SEP. It was noted that a household's socioeconomic conditions or its household wealth in terms of SEP can have a significant impact on PMSB among AY, in terms of their housing and living circumstances and household amenities. All these can impact on not only their level of freedom, access and exposure to information and knowledge of sexual activities, but also their exposure to opportunities to engage in PMS at an individual level. The earlier extracts from two key informants, Jagdish (p.128) and Chhabu (p.130), exemplify this connection. Besides the economic condition of a family, it was noted that family structure also impacts on PMSB among

AY. The following statement by Basanti typifies this point:

> *I think AY, mostly girls, living in a disorganised family such as single parent, step-parent or without parents are under less control of parents. They might feel socially and financially insecure and, thus, likely to seek for love partners. Moreover, if the economic condition is poor, they are likely to enter into employment at early age and also, might compel to have sex in exchange of offer.* Basanti, female, 23 years, IDI-2

Here, Basanti seems to be indicating a belief that certain types of households may provide some AY with less social control and support, which can lead to financial and social insecurity among AY which may prompt them to seek loving partners and increase their exposure to opportunities and vulnerabilities to become involved in PMS.

In addition to one's family SEP, some participants seem to indicate that the community context i.e. place of residence can also impact on PMSB among AY. In their view, those in urban cities will have greater access to information and knowledge of sexual activities and exposure to opportunities to engage in PMS than do those in rural areas. Thus, there was a perception that the community context can impact on PMSB among AY through impacting on their SEP as regards variation in information and knowledge of sexual activities and exposure to opportunities to engage in PMS.

6.4.2.3 Socioeconomic and political context (SEPC). The study identified three paramount social determinants of SEPC that have driven changing PMSB among AY and created an enabling environment in which either to have PMS or to constrain involvement in PMS among AY. These determinants are: social norms and values around PMS; laws, policies and programmes; and progress in social services to enhancing the capability of AY in transition to adulthood.

6.4.2.3.1 Social norms and values. Although almost all the participants mentioned that Nepalese society is progressing towards modernisation, the participants reported that many traditional norms and values in relation to gender, marriage and sex still predominate and constrain AY from engaging in PMS. Particularly, parents and older generations seem to play a significant role in reinforcing anti-PMS perceptions among girls through transferring traditional norms and values and making young people aware of the negative outcomes and social backlashes experienced in the past by those

who have had PMS. The previous statements by Chandani (p.116), Niraj (p.117) and Basanti (p.117) exemplify this point.

Despite the existence of widespread anti-PMS traditional norms and values, most participants said that the attitudes and behaviour of AY are gradually progressing towards acceptance of PMS. The earlier extracts from Achyut (p.121), Indira (p.121) and Munindra (p.135) illustrate this view. It was evident from what some participants said that some boys and girls have already had PMS, deliberately challenging the traditional norms and values around PMS, yet without facing any health and social consequences. The change in attitude and behaviour towards acceptance of PMS among AY seem to be largely driven by the changes in the social context driven by change in laws, policies and programmes that reduce the cost of PMS through increased access to contraceptives and other opportunities that enhance agency to make independent decisions regarding AY's personal lives, including marriage and sex.

6.4.2.3.2 Laws, policies and programmes. The participants were not asked whether they knew of any specific laws, policies and programmes related to AY, SRH and SRR. However, some participants talked about the important role of some laws in changing PMSB among AY. They specifically reported two laws: abolishing marriage before 18 years for both males and females in 2015 and the legalisation of abortion in 2002 as drivers of changed PMSB among AY. For example:

> *I think, the change in laws regarding increase in minimum age of marriage and provision of free and compulsory school education for all children have increased opportunity to have education and employment, delaying marriage. With delay in age at marriage, and increased access to education, young people are becoming aware of SRH and SRR, and enable to have sex safely and responsibly. Moreover, the legalisation of abortion and increased access to contraceptives have made it possible to have sex without risk of pregnancy and to abort the unwanted pregnancy, if they fail to use contraceptive.* Ganga, female, 23 years, IDI-7

Like Ganga, many participants seem to be aware of changes in laws prohibiting child marriage and the legalisation of abortion. There is no way to know if laws changed practices. However, the current legal context seems to support empowerment, safety, public health and informed choices around PMS. They linked the increase in the minimum age of marriage with providing AY with the opportunity to delay marriage

and to get an education and employment prior to marriage. These changes in the law have provided AY with increased exposure to the external world and increased the length of their exposure to the possibility of having PMS. Simultaneously, increased access to contraceptives and abortion service seems to have increased confidence among AY to engage in PMS, avoiding the risk of an unwanted premarital pregnancy,

6.4.2.3.3 Progress in infrastructures and social services. Almost all the key informants said that they had seen massive progress in infrastructures and institutions which had increased access to education, health service, communication, mass media and transportation during the last two and half decades. The AY participants also acknowledged this progress. The following statement typifies this view:

> *There have been big progresses in access to education, health care, transportation, mass media and communication. Young people are growing up under strong influence of modernisation and western cultures, which have changed their attitudes, aspirations and expectations towards modern and western lifestyles. They, particularly males, are delaying marriage, unless they feel financially stable. With delay in marriage, it is not surprising that young people will have premarital sex within and outside the love affair when they have opportunities to do so.* Munindra, male, 20 years, FGD-15

Like Munindra, many participants reported the significant changes in Nepalese society over time. They were of the view that these days AY are growing up in a circumstance that differ markedly from their parents and their opportunities to experience PMS, as well as associated vulnerabilities, also look quite different. With increased access to transportation, information and communication and the commercialisation of sex, along with the increased practice of having love affairs, AY are having more opportunities to involve in PMS. The statements by Bimal (p.125) illustrates this point. Likewise, as Pralhad (p.138) said, the progress in transportation across the country has made it easy to travel for dating, to have PMS within love affairs and to visit sex workers throughout the country and beyond. As noted, an increasing trend of parental and AY migration has also impacted on changing PMSB among AY by providing living arrangements, freedom and privacy in which to engage in PMS.

6.5 Discussion

This section discusses the findings related to each of the themes and subthemes in the light of the study objectives, research questions and the conceptual framework of the study. Specifically, this section discusses the conflicts and convergence in perceptions around PMS; varied contexts in which PMS is occurring; and drivers of PMSB that have driven AY to change and generate gender differentials PMSB among AY.

6.5.1 Conflicts and Convergence in Perceptions around PMS. In analysing the views of the participants, this study identified two conflicting perceptions around emerging PMS practices among AY. These were anti-PMS and pro-PMS attitudes. Anti-PMS perceptions were found to predominate among the older generation and females. The main difference between the views of the anti and pro-PMS participants is that the views of anti-PMS participants conformed largely to established, longstanding, historical and traditional norms and values that one should have sex only after marriage. In contrast, the opinions of the pro-PMS participants were aligned to progressive views. They held a liberal attitude whereby an absolute restriction on PMS was not seen as appropriate in the current context. They believed that PMS should be acceptable, if one is mature enough to make independent decisions to choose to engage in consensual sex. On the one hand, anti-PMS participants viewed PMS as sexual perversion, behaviourally immoral, socially deviant, culturally unacceptable and a religiously sinful act. On the other hand, pro-PMS participants viewed PMS as a private matter or a personal action which was related to the rights of individuals rather than social activity.

The anti-PMS participants linked PMS with the risk of pregnancy and premarital birth and PMS' social, cultural, health, legal, economic and wellbeing consequences. They viewed, premarital pregnancy and childbirth as socially, culturally and legally problematic in the Nepalese social context, as these can give rise to legal complications, conflict between the older and younger generation and between males and females within family and community. Although they said that PMS should be unacceptable for both boys and girls, they placed more emphasis on the importance of a girls' s virginity as a symbol of cultural purity, social prestige and pride, a proxy for an ideal daughter and an asset that enhanced a girls' social mobility through marriage (see also Ghimire et al. 2014). The anti-PMS proponents emphasised the idea that it is the responsibility

of all individuals, parents and community members to control PMS to conserve cultural identity and to maintain social harmony and equilibrium, a view held also by most social control theorists (Benda & DiBlasio, 1994; Hirschi, 2017; Reid et al., 2002). Anti-PMS individuals seem to have internalised the prevailing cultural bias that females should maintain their virginity while males need not. This double standard in terms of acceptance of PMS amongst males saw male PMS as biologically natural and culturally normative. The anti-PMS participants seem to be playing an important role in reproducing and reinforcing gender inequality in PMS, rather than resolving such inequality which ignores the rights of girls to have PMS and gender equality.

In contrast, the pro-PMS participants claimed that with increased access to and advancement in contraceptives, the risk of pregnancy and its social, cultural, economic, health and legal implications are no longer an issue. They seem to be confident that AY have enhanced knowledge and capability to have PMS safely and responsibly. They claimed that girls are also becoming equally capable of attaining economic independence and managing their sexual and personal lives independently, and, therefore, it is not necessary that girls should pin their prospects for social mobility on marriage. They spoke strongly against the prevailing double standard norms around PMS, seeing that double standard as an injustice to girls and women. They emphasised the need to resolve the disparity between the genders and to accept PMS for both boys and girls. They believed that a failure to do so could otherwise intensify gender inequality and patriarchy, inevitably leading to conflict between males and females in the future. They emphasised the point that all individuals, parents and community members should not be judgmental regarding sex and marriage based on age-old traditional norms and values. They suggested seeing PMS differently by looking outside of the box of primitive sociocultural and gender norms and understanding the changing context. They spoke of changing sexual needs, aspirations and expectations in AY and respecting the rights of AY to have PMS. For them, PMS should not be judged a priori but in context, a viewpoint which is in line with the views of social constructionists (Andrews, 2012; Beeghley & Sellers, 1986; DeLamater & Hasday, 2007; Wellings, 2012).

The anti-PMS participants associated PMS among AY with a lack of maturity and inability to judge safety and to manage PMS' latent health and other consequences. The pro-PMS participants also associated age and maturity with safety. However, their comments leaned towards ensuring that conditions for informed decision-making existed for those who were vulnerable. They suggested that one should have sex only when one is mature enough to make an independent decision to have sexual relations safely and responsibly in mutual consensus. In their view, the appropriate age for the commencement of sex for both boys and girls should be 19-20 years of age.

Both the anti- and pro-PMS discourses emphasised the importance of educating AY on sexual health, rights, safety, norms and morals. The difference between them was that the anti-PMS group prioritised enhancing AY's capability to avoid PMS, whereas the pro-PMS group prioritised enhancing their agency to make independent decisions to engage in safe and positive sexual behaviour. Similarly, both the anti- and pro-PMS discourses admitted that parents and the older generation still do not expect AY to have PMS. The anti-PMS discourse emphasised increasing parental and social control over PMSB among AY, whilst the pro-PMS emphasised parents and society facilitating and supporting the creation of an enabling environment in which AY could develop their agency to enjoy safe and positive sexual behaviour. They emphasised to support AY to solve problems rather than harassing them, if they make any mistakes.

The anti-PMS participants claimed that the mass media has strongly influenced AY by exposing them to a western sexual culture and that this has played an important role in increasing PMS among AY. They, therefore, suggested controlling open access to western sexual culture and pornography. Conversely, the pro-PMS participants claimed that local state-controlled media are deliberately promoting material which encourages AY to avoid PMS by presenting just negative aspects of PMS based on traditional social context. They believe this approach is playing an important role, specifically among girls, in constraining AY from having PMS. They claimed that reinforcing a nonpermissive PMS environment could hinder the potential of AY by compelling them to suppress their sexual curiosity and desires, whereas a permissive PMS environment could facilitate AY to enhance their potential and so reduce stress and anxiety due to sexual curiosity and desires.

6.5.2 PMS in Diverse Contexts. Although the literature shows that the prevalence of PMS is not yet pervasive among AY, the data from the study participants suggests that PMS is progressing markedly among both males and females in the young generation. One stand-out finding was that all the participants reported that they had heard about PMS and know about the prevalence of this [24]. They referred to various sources of information. These included peers, parents, family members, relatives, schools/colleges and print media, radio, TV, movies, internet etc. Importantly, the study noted that not all AY engage willingly in PMS and that non-consensual sex could result from pressure, cheating, alluring and threatening. In particular, the study identified three distinct contexts in which AY could experience PMS: within love affairs, in transaction (i.e., with sex worker, or informal exchange) and coercive contexts.

In line with the findings of previous studies (Ghimire et al., 2014; Regmi et al., 2015), the participants in this study said that with increased social acceptance of love marriage, the preference for having a love affair rather than entering into a traditional arranged marriage is increasing among AY. This acceptance seems to have increased the practice of having love affairs among AY and with it increased access and opportunity to actively choose to have PMS. This finding is in line with the findings of previous studies in Nepal (Adhikari, N. et al., 2018; Bhatta et al., 2013). Adhikari et al. (2018) found that those who have romantic partners were eight times more likely to have PMS than those who did not. Bhatta et al.'s (2013) study in Jhapa, Nepal reported more than half (57%) of higher secondary school-level male students who had had PMS (33%) with a girlfriend. Although having a love affair increases access to PMS for both boys and girls, it was noted that girls are less likely to accept PMS because they are likely to be cautious about the risk of pregnancy and the sociocultural consequences. However, it is noted that once they have sex, they are likely to have subsequent sexual relations. As girls are less likely to accept PMS in love affairs, it was found that boys seek other alternatives to fulfil their sexual desires i.e., by visiting sex workers and having PMS through informal exchange.

[24] This is contrary to findings of the quantitative study where 23% of respondents in the NAYS 2010/11 reported they do not know about PMS. The main reason for this can be that the participants in this qualitative study were preinformed about the topic, purpose and nature of the discussion prior to giving their consent, whereas NAYS asked the question about PMS to the participants in the midway during the interview. Moreover, all participants in this study had completed at least secondary level education and so, they might be familiar with SRH issues including PMS from their course of education whereas in NAYS, one-sixth population had education less than secondary level education.

In line with the country reports (NCASC, 2015), this study also reported that the commercialisation of sex is growing in Nepal. Boys seem to be increasingly becoming involving in PMS through commercial sex within and outside the country. This finding supports the findings of previous studies (Adhikari, R. et al., 2018; Adhikari & Tamang, 2009; Bhatta et al., 2013). It was noted that with increases in their level of income or financial independence, boys are likely to have commercially procured PMS. Girls, on the other hand, are more likely to become involved in commercial sex due to unemployment, poverty, being trafficked or subjected to force or deception. The growth in commercialised sex has given boys greater opportunities to have PMS willingly at any time. Nevertheless, only a few young unmarried girls seem to have experienced PMS in the commercial sex context. Nonetheless, the involvement of just one girl in commercial sex can serve many males and allow them to have PMS. This seems to be one of the main reasons for a big gender differential in PMS.

To my knowledge, no study to date reflects the prevalence rate of PMS in informal exchange. Some participants in this study reported PMS among AY through informal exchange for different types of favours/opportunities and deliberate choices. They linked this practice with increasing unemployment, competition for jobs and better opportunities and with a patriarchal economic system where most people in politics, bureaucracy, trade and business are men. Because girls from higher socioeconomic family backgrounds are likely to have access to and network with people holding higher power authority and resources, it was girls from lower socioeconomic backgrounds who were found to be more vulnerable to being compelled to have PMS in exchange for an offer of some sort. Remarkably, it was also noted that some unmarried males have had opportunities to have PMS with single adult women and married women as part of an exchange bargain. It is evident from the statements of the participants that, as a result of increased emigration of young adult men who leave behind married wives, male AY are having the opportunity to have sex with married women. Some other studies also revealed such findings (Gartaula, Visser & Niehof, 2012; Shattuck et al., 2019). This finding indicates that there is an increase not only in PMS, but also in extramarital sexual affairs.

Many studies within and outside Nepal have revealed coercive sex of young girls (Puri & Cleland, 2006; Salih et al., 2015). This study also reported that a few girls have experienced PMS in coercive contexts in various types of relationships (i.e., employer and employee, teacher and student, house owner and tenant, house owner and housemaid, relatives and neighbours). Many cases of coercive sex experienced by unmarried girls may go unreported to the legal authorities, due to fear that if others come to know about it, the victims' moral image will be tarnished and their marriage prospects hampered. The study of PMS among unmarried adolescents in northern Ethiopia by Salih et al. (2015) reported that 12% of unmarried female students who had experienced PMS for the first time (29%) had been coerced. However, no study to date reflects the prevalence rate of PMS in coercive contexts in Nepal.

6.5.3 Drivers of PMSB among AY. It is evident from the participants' contributions that some AY have already experienced PMS in different contexts, and that PMS is likely to increase in the current context. However, there is conflict views of argument in this and a big gender differential in the prevalence rate. This section fundamentally discusses the key factors of social determinants that have influenced the participants to have anti- or pro-PMS perceptions; what has driven change and generated variation in PMSB among AY; and what has generated a substantial gender differential in PMS among AY.

6.5.3.1 Drivers of anti and pro-PMS perception. As noted, the study identified that those with an anti-PMS perception among key informants were from the older generation and female. Both anti- and pro-PMS perceptions seem to be largely embedded in a past versus a present social context. The anti-PMS perception seems to be driven largely by traditional social norms and values against PMS which were established long ago in a context when there were no means of birth control; at a time when people had limited exposure to the external world; when young people used to stay in a joint family set-up under strong control of parents and family members; when there were limited education and employment opportunities; when child or early marriage was common practice; when females were strongly dependent on males socially and economically; when people were strongly affiliated to sociocultural and religious activities; and when there was little employment outside the home.

The anti-PMS participants' views seem to result from knowledge of the negative outcomes and social backlash meted out to people who in the past had PMS. Parents, the older generation and local media seem to have played an important role in reinforcing and reproducing these traditional social, norms, values and presenting scripts to avoid PMS, particularly among females. Although, the anti-PMS participants were aware of increased access to and advancement in contraception in the current context, which have made it possible to have sex without risk of pregnancy, they were unwilling to accept PMS. Their opposition of those who approve of PMS seems to be largely driven by their reluctance to go against their local culture, religion and social norms and values and parental expectations, and, particularly, to conserve their culture, maintain social harmony and make their parents happy by being obedient children rather than employing their own rational logic.

Conversely, the acceptance of PMS among pro-PMS participants seems to be influenced largely by the following drivers: a changed social context that has increased opportunities to have education and employment; encouragement for AY to delay marriage; increased access to and advancement in contraception, emergency contraceptives and abortion services, thus, making it possible to have sex without risk of pregnancy and sexual diseases; increased knowledge of SRH, SRR, contraceptives and safe sex among AY, enhancing their capability to have PMS safely and responsibly; increased exposure to external worldviews through education, mass media and migration; increased involvement of AY in different types of employment outside the traditional one of agriculture; increased access and opportunity to have PMS (i.e., through love affairs, commercial sex, informal exchange); and acknowledgment of PMS as a biological need, an individual's rights issue and a private matter rather than a social activity. Moreover, those who are pro-PMS seem to be relatively more liberal minded. They were willing to adapt to changes in the social context for the wellbeing and positive development of AY by challenging the traditional gendered norms and values around PMS. They seem to be confident about changing traditional, inappropriate norms and values regarding gender, marriage and sex in the current context and of changing their own attitude and behaviours towards acceptance of PMS.

6.5.3.2 Drivers of change in PMSB among AY. The study's analysis of the IDI and FGD data in relation to drivers of PMSB among AY identified several social determinants at different levels of the social context that ranged from individual to broader contexts. These determinants seem to have brought about changes in PMSB among AY in different ways as proximate, intermediate and distal factors. These revealed that the exposure of individuals to proximate social determinants of PMSB may greatly vary by community, family and individual SEP. Importantly, it was noted that drivers of PMSB are strongly gendered. This section has discussed the findings related to drivers of changing and generating variation in PMSB among AY overall irrespective of gender. The following section discusses the drivers of gender differential in PMS among AY.

6.5.3.2.1 Proximate determinants: Knowledge, opportunity and vulnerability. As the statements from the study participants revealed, increase in PMS among AY seems to be driven by three proximate social determinants which more directly impact on the possibility of experiencing PMS: increased knowledge of sexual activities and contraceptives; increased exposure to opportunities to engage in PMS (i.e., within love affairs, with sex workers and in informal exchange); and vulnerability to experience PMS in coercive contexts.

It was noted that AY are increasingly having information on SRH, SRR and sexual content, including sexual activities, skills and contraceptives through various channels i.e., school/college, media, pornography, peers and awareness-raising programmes. All these seem to have played a role in enhancing their knowledge, capability and confidence to have PMS safely without risk of premarital pregnancy and other health risks and, thus, increasing the likelihood of engaging in PMS when they have choice to do so. Concurrently, AY are increasingly having exposure to opportunities to have PMS through love affairs as these become more common; through commercial sex due to the growth in commercialised sex in various guises; and casual sex in informal exchange. The increased knowledge of and access to contraceptives and abortion services, coupled with increased exposure to opportunity to have PMS, seem to have driven AY to engage in PMS deliberately, a finding which is in line with those of previous studies (Adhikari, N. et al., 2018; Akter & Quddus, 2020; Regmi et al., 2015).

While most such studies have revealed the prevalence rate of PMS overall, they fail to show that some PMS occurs in coercive contexts. It is explicitly noted in this study that AY, particularly young girls, could also experience PMS unwillingly when others initiate it in settings related to their socioeconomic and living conditions and/or subject them to pressure, threats, cheating and deception. It seems young girls living in poor housing, and in communities where there is conflict, lack of social security and bad governance or ineffective legal actions against perpetrators are particularly vulnerable to becoming victims of coercive or non-consensual PMS. Puri and Cleland (2006) revealed coercive sex among young girls in carpet factories and studies in Bangladesh and northern Ethiopia revealed significant rates of PMS among girls (Akter & Quddus, 2020; Salih et al., 2015). These studies showed that girls reported having experienced PMS in coercive contexts, mostly at the hands of males older than them. However, there is no study to date that explicitly investigates the prevalence rate of coercive PMS in the context of Nepal Although the participants in this study shared examples from the past, as noted in the country context, many of the traditional discriminatory, vicious and harmful practices that can result in sexual exploitation have been abolished now. If the government makes progress in good governance by effectively implementing laws and programmes for the empowerment of girls, coercive PMS among AY may decline in future (FWLD, 2014; Waldman & Overs, 2014).

The study found that those AY who have more knowledge of contraceptives or sexual safety, more exposure to pornography and sexual contents, more peers with permissive attitudes towards PMS or who have experience of PMS, love affairs, easy access to sex workers and those who are vulnerable to sexual exploitation are more likely to experience PMS than their counterparts. This finding is in line with the findings of previous studies (Adhikari, R. et al., 2018; Bhatta et al., 2013; Gubhaju, 2002).

6.5.3.2.2 Intermediate determinants: SEP of community, family and individuals. Besides the biological factors of individuals i.e., age and gender, the study identified five elements of individuals' SEP that impact on PMSB among AY i.e., freedom of mobility, level of education, work status, living arrangement, and migration experience. According to the participants, those AY who have more freedom of mobility, who have dropped education or are pursuing higher levels of education, who are employed in jobs that make them vulnerable to sexual exploitation (i.e., housemaids, hotel workers and

those who work in restaurant and glamorous sectors), who are financially independent, who live away from parents and family, and who travel frequently or have experienced migration are more likely to have PMS compared to their counterparts. These findings are in line with the findings of previous studies (Adhikari, N. et al., 2018; Adhikari, R. et al., 2018; Adhikari & Tamang, 2009).

Indeed, AY's freedom of mobility, level of education, involvement in paid work, opportunity to live away from family and opportunity to migrate are likely to increase as young people age. All these factors are, therefore, interrelated and strongly dependent on age. In a society where early marriage is common, AY might have less time to be exposed to education, involvement in paid work, opportunity to live away from family, opportunity to migrate and freedom of mobility to spend time outside the home prior to marriage and, therefore, would have shorter exposure to the possibility of engaging in PMS. When it was common practice for Nepalese AY to marry before 18 years of age, AY in the past had less opportunity to engage in PMS. However, marriage before 18 years has been abolished, encouraging the delay of marriage until 20 years of age (NPC, 2015); the mean age at marriage increased from 20 to 24 years for males and from 16 to 21 years for females between 1961 and 2011(CBS, 2014b). These days, AY are likely to have at least some years of school education, because free and compulsory school education is provided for all children (MoE & UNESCO, 2015). Similarly, AY are taking up different types of employment prior to marriage. Therefore, marrying later, coupled with increased exposure to worlds beyond the home, seems to have impacted PMSB among AY and their SEP, living and working conditions and, thereby, their exposure to proximate determinants. Studies have shown significant positive association between age cohort and PMS in Nepal (Adhikari, 2015; Adhikari & Tamang, 2009; MoH et al., 2017) and outside Nepal (Kirby et al., 2005; Ng & Wong, 2016; Sujay, 2009).

The literature has shown the significant impact of cultural variables like religion and ethnicity on PMSB among AY (Adhikari & Tamang, 2009; BC & Basel, 2014). However, while none of the participants in this study mentioned the likelihood of PMS by any specific religious and ethnic group, they did think that those who are more religious, belong to religiously conservative families and are affiliated to religious organisations are more likely to avoid PMS than are those who are less religious.

As observed from the views of the participants, there are significant variations in the SEP of individuals by SEP of family and community. This study identified two particular elements of SEP of families that seem to have impacted PMSB among individuals, producing variation in the SEP of individuals. These were: the economic condition of family and family structure. It seems that a family's economic condition can impact on PMSB among AY through its impact on conditions related to housing, living, working, freedom and the overall SEP of individuals and, thereby, exposures to proximate determinants. It was observed that a poor socioeconomic background of family can compel girls to accept PMS in consenting and in coercive contexts, whereas boys from privileged socioeconomic families are likely to have more agency to have PMS in all contexts. However, studies have shown inconsistent association between household wealth and PMSB among AY (Adhikari, 2015; Kirby et al., 2005).

A number of studies have revealed changes in family structure and increase in family disorder as a result of increases in divorce rates, separation of parents, single parents, single mothers and migration of youth and adults within and outside the country. These changes leave wives and children, females and elders at home (CBS, 2014c; Khatiwada et al., 2013; Maitra, 2004; Shattuck et al., 2019). This study also reported this phenomenon. Some participants suggested that the lack of a biological parent may decrease social control and support and lead to financial and social insecurity among AY. They also thought that a lack of stability in the home environment could cause them to seek out love partners and that this behaviour could lead to their involvement in PMS. Some also suggested that those AY living with both biological parents and who have a good relationship with their parents are more likely to be under regular surveillance of parents and therefore, less likely to have PMS compared to those who live with a single or step-parent. This finding is in line with the findings of some other studies (BC & Basel, 2014; Kiragu & Zabin, 1993; Lee et al., 2006; Zhang et al., 2016); however, a few studies have shown insignificant association between parental status and the likelihood of PMSB among AY (Choe, Hatmadji, Podhisita, Raymundo, et al., 2004). Therefore, it might not always be true that all single parent or step-parent households result in parental deficit in supporting or controlling children that result in pushing them to become involved in non-conforming behaviours.

The study reported only one variable related to the context of community. It related to whether AY live in urban or rural areas. Most participants were of the opinion that AY living in urban areas will have opportunities to have greater access education, health services, employment, transportation, communications, mass media, internet and commercial sex than those living in rural areas have. Therefore, SEP at the community level can impact on the SEP of both the family and individuals. Those living in rural areas may have fewer means and less access to social services, social security, and living and working conditions and these deficits can result in differential in the SEP of individuals. Thereby, these differences in exposures to proximate determinants of PMSB can produce variation in PMSB by place of residence. This study found that the prevalence of PMS among AY is likely to be higher in urban areas than in rural areas. Although the literature has revealed significant variation in SEP between urban and rural areas, these studies have shown inconsistent and insignificant association of PMS with urban versus rural areas.

The study analysis found that AY's SEP can strongly impact on their exposure to proximate determinants. Moreover, both community and family SEP can also directly or indirectly impact PMSB among AY and impact on their SEP (i.e., education, employment, freedom, living and working conditions). All SEP variables together seem to impact PMSB among AY as intermediate determinants, impacting on exposure to proximate determinants. However, community, family and individual SEP are largely determined by the broader level of SEPC through which social norms and values are reinforced, national laws, policies and programmes are implemented, social members are stratified and resources are distributed both at national and local level.

6.5.3.2.3 Distal determinants: SEPC. The study identified three elements of SEPC that can account for changed PMSB among AY as distal determinants: social norms and values; laws, policies and programmes; and progress in infrastructures and social services to enhance knowledge and the capability of AY as they transition to adulthood. This finding is in line with the findings of previous studies (WHO, 2017; Xenos et al., 2001). Although there are no explicit laws against consenting PMS, the traditional social norms and values in Nepalese society have largely constrained AY from having PMS. However, some boys and girls have already challenged the traditional norms and values regarding PMS by practising PMS safely. Likewise,

parents, older generations and AY with anti-PMS attitudes have been influenced by stories of the negative outcomes that people who had PMS in the past experienced, the positive experience and outcomes for people who have practised PMS in the current context will definitely have an influence on changing norms and values towards acceptance of PMS in the future.

As noted in the country context, since the political change towards democracy in 1991, Nepal has made significant progress in laws and policies to ensure many aspects of the universal rights of individuals including SRR, social inclusion, and social wellbeing by signing up to and adopting many international development declarations (Basnett et al., 2014; Karkee & Comfort, 2016). This study reported two laws that have driven change in PMSB among AY: abolishing marriage before 18 years of age in 2015 and the legalisation of abortion in 2002. The law abolishing marriage before 18 years has increased the practice of delaying age at marriage among AY and in so doing increased the length of time during which Nepalese AY are exposed to PMS. In addition, increased access to and advancements in contraception, along with the legalisation of abortion, have made it possible to avoid unwanted premarital pregnancy and to abort unwanted premarital pregnancy, if one fails to use contraceptives (Thapa et al., 2013).

In the view of the participants, Nepal has made significant progress in increasing access to social services i.e., education, healthcare, information, communication, banks, digital media and transportations over last two and half decades. The younger generation are becoming aware of national and global politics, social contexts, development agendas, western culture and modern lifestyles. Likewise, they are becoming aware of SRH, SRR and contraceptives and are thus able to make safe and independent decisions regarding marriage and sex. These, in turn, have changed their attitudes, aspirations and expectations, making them think beyond the traditional norms and beliefs around PMS. With delay in marriage and increased exposure outside the home, and social acceptance of love marriage, AY are increasingly having the opportunity to have love affairs, increasing opportunities to have PMS within love affairs. Moreover, increased access to transportation and communication, along with the commercialisation of sex, have increased opportunities to have PMS through commercial sex. Similarly, due to unemployment, poverty and changes in family structure due to emigration, some AY also seem to have had PMS as part of an exchange offer.

As the study's analysis makes clear, SEPC and its components (i.e., social acceptance of love marriage; change in laws regarding age at marriage and abortion; increased access to education, employment, migration, contraceptives, commercial sex etc.) have played a crucial role in changing PMSB among AY. However, the impact of most of components of SEPC on individuals' PMSB are distal, indirect and less visible. The change in SEPC and its components seem to have impacted change and generated variation in PMSB among AY primarily through impacting directly the growing, living and working conditions of individuals and the SEP of individuals within communities and families, thereby resulting in variation of individuals' exposure to proximate determinants i.e., exposure to information and knowledge of sexual activities; exposure to opportunities to engage in PMS; and vulnerability to experience PMS. Although all the components of proximate determinants seem to be closely linked to individual-level exposure, attitudes and behaviours, these are indeed, socially caused due to changes in the social context. Therefore, the change and variation in PMSB among different subgroups of AY are largely due to changes and variation in exposures to proximate determinants produced by change in the social context over time. Similarly, the gender differential in PMSB among AY also seems to be due to variation in SEP and exposure to proximate determinants by gender. These findings are further discussed below.

6.5.3.3 Drivers of gender differential in PMSB. Analysis of the participants' data showed that the gender differential in PMS among AY in Nepalese society seems to be largely due to three reasons: gender-biased norms and values in relation to marriage and PMS; differential in vulnerabilities to the consequences of PMS; and differential in exposures to opportunity to have PMS experiences.

Although the participants, both key informant adults and AY expressed notable changes in the attitude of parents and older generation around providing opportunities for education, employment, freedom of mobility, having cross-gender friendship and acceptance of love marriage for the younger generation, almost all the participants acknowledged that there are still widespread gender-biased norms and values, roles and expectations in Nepal. There is a double standard in acceptance of PMS, with high value being placed on the virginity of girl. Girls' PMS is still severely censured by their families and society, but boys' PMS is not much questioned, allowing them to be involved in PMS secretly. Since having had PMS can reduce the marriage prospects of

girls, they are generally married off at an earlier age than boys are. In contrast, boys are encouraged to delay marriage until they achieve financial independence. This disparity has clearly generated gender differentials in the length of time the different genders are exposed to the possibility of experiencing PMS. Even if girls delay marriage, they are more likely to avert PMS and suppress their sexual desires because of social norms and values. Girls themselves seem to have internalised the importance of virginity for their marriage prospects. They appear to accept that the easy way to social mobility is through marriage to a good husband. The participants in this study indicated that the traditional gender-biased social norms and values in relation to marriage and PMS are still widespread and that these have systematically and structurally positioned boys to have privileged SEP and more exposure, agency and opportunity to have PMS than girls have, resulting in a large gender differential in PMS.

As noted above, perceived perceptions around PMS among AY suggest that girls are more vulnerable than boys to social, cultural, economic and health consequences of PMS in Nepal. The study found two main reasons for the gender differential in vulnerabilities to the consequences of PMS: biological and social consequences. Although, the biological risk of pregnancy is natural, it can be easily avoided and managed in the current context. However, most unmarried girls still feel cautious and uncomfortable about accessing these services because of social stigma (Dahal, 2008). Moreover, girls are found to be more cautious than boys about social censure, their marriage prospects and the social status of their entire family, as, if a girl fails to marry a boy with whom she has had PMS, it not only affects her moral and social image, but also the social status of her entire family. In this way, her behaviour also affects the marriage prospects of her sisters, if she has any. She might also need to face relentless harassment, humiliation and social boycott. Some girls who have become pregnant due to PMS have even killed themselves. The study indicated that the social construction of gender in Nepal has structurally constrained the agency of girls to avoid and manage the risk of pregnancy and its consequences independently. Therefore, the interplay of biological construction with social construction of gender roles and the valuing of female virginity seems to have systematically and structurally made girls more vulnerable than boys to the social, cultural and economic consequences of PMS, thereby resulting in a gender differential PMSB.

Despite the fact that the emerging practice of love affairs has increased access and opportunity to have PMS for both boys and girls, the study found that girls are more likely to have anti-PMS perceptions due to the double standard in acceptance of PMS and differential vulnerabilities of females to the consequences of PMS. Therefore, girls are less likely than boys to become involved in PMS even in love affairs. A few girls seem to have become involved in PMS via both formal and informal transaction (i.e., sex work, informal exchange of offer); however, the number is likely to be very few. Nonetheless, the involvement of just one girl in commercial sex can serve many males and allow them to have PMS. Besides through love affairs, boys seem to be increasingly having opportunities to engage in PMS through commercial sex. Some boys also have had opportunity to have PMS with adult or married women. Therefore, boys are having more exposure to opportunities to have PMS compared to girls.

The analysed data revealed that the gender differential in PMSB in Nepal seems to be largely due to the social construction of gender rather than biological construction. The prevailing traditional gendered norms and values, roles and expectations, power and relation seem to have structurally positioned boys to have privileged SEP and more exposure, agency and opportunity to have PMS than girls. Some females spoke out against the prevailing gender discriminatory norms and values around PMS, regarding this as social injustice. They contended that, if the traditional gender discriminatory norms and values around sex and marriage are not resolved immediately, this discrimination could further intensify gender inequality and patriarchy, inevitably resulting in conflict between males and females in society. Therefore, it is important to look into the gender differential in PMS from a broader point of view by analysing gender power and relations and their intersection with social context, in order to address and transform the structures that have been reinforcing gender inequality and discrimination in PMS.

6.6 Conclusion

This chapter focused on analysing qualitative data collected from AY and adults as key social agents through IDIs and FGDs. The analysis undertaken in this chapter has enabled to bring forth a richer understanding of viewpoints of AY and adults regarding their perceptions around changing PMSB among AY; contexts in which AY are engaging in PMS, drivers of change in PMSB and cause of gender differential in PMSB.

The study reported two conflicting perceptions around PMS, that are largely pro and anti. There were generational as well as gender differential in perceptions around PMS that majority of adults and female AY had an anti-PMS perception, whereas majority of male AY had pro-PMS perception. As noted above, the study informed widespread gender double standard in acceptance of PMS that it is somewhat accepted for boys, but not at all for girls. The views expressed in the anti- and pro-PMS discourses were largely embedded to the social context of past versus present. The views of anti-PMS participants were largely driven by the traditional sociocultural norms and values established long years back when there were no reliable means of contraception and people were unaware of birth control. In contrast, those who had liberal attitude or pro-PMS perceptions seem to be largely driven by a changed social context that has reduced risk of pregnancy and enhanced capability of AY to construct and determine their social lives, and to have PMS safely and responsibly. For pro-PMS participants, the risk of pregnancy and other consequences expressed by the anti-PMS (see section 6.2.1) are no longer an issue in the current context. They emphasised the need to resolve the prevailing gender double standard in acceptance of PMS. They claimed that a failure to do so could otherwise intensify gender inequality and patriarchy, inevitably leading to conflict between males and females in the future.

In line to the finding the quantitative component of study, the analysis of qualitative data also informed that PMS is not always entered into willingly or in self-initiation. AY, particularly females, are vulnerable to experience PMS in coercive contexts or through inducement also. However, the girls who experienced PMS in such context are less likely to report their PMS experience, due to the heavy social stigma that they have to navigate throughout their lifetime. Even, girls are less likely to report their PMS experience in the survey like this. Therefore, the actual prevalence rate of PMS among females could be somewhat higher than the rates reported by the studies. This suggests seeking for local culture and gender sensitive methods of data collection to get a more coherent and accurate picture of PMSB among AY.

This study noted three different contexts in which AY can experience i.e., with love affairs, as transaction (with sex workers, for informal exchange of offer and opportunities) in coercive context. The change in PMSB among AY is reported to be driven by three proximate determinants in main: increased *exposure to knowledge* of

sexual activities and contraceptives, signalling confidence in the sexual act; increased *exposure* to opportunities to engage in PMS (i.e., through love affairs, commercial sex, sex in informal exchange); and *vulnerability to experience PMS* in coercive contexts. This suggests that variation in PMSB among AY could be largely due to variations in AY's exposures to these proximate determinants. As noted above in the section 6.5.3, the study noted many variables related to SEP and SEPC that can impact on PMSB directly or/and indirectly, visibly or/and invisibly. Importantly, it is noted that the SEP of individuals within both family and community is strongly gendered and that it, therefore, results in a major gender differential in exposure to proximate determinants, which, in turn, results in a large differential in PMSB by gender. Although all the components of proximate determinants seem to be closely linked to individual-level exposure, attitudes and behaviours, these are strongly dependent to social context whether they live. Therefore, the change and variation in PMSB among different subgroups of AY are largely due to changes and variations in exposures to proximate determinants produced by change in the social context over time, rather than by individual characteristics. Similarly, the gender differential in PMSB among AY is largely due to variations in SEP and exposure to proximate determinants by gender.

The study identified three reasons for the large gender differential in PMS among AY in Nepalese society: gender-biased norms and values in relation to marriage and PMS; differential exposures and vulnerability to consequences of PMS; and differential exposures to opportunity to PMS. It was noted that in a society like Nepal, where marriage is central to social life, as long as there is demand for virgin brides, there is little incentive for girls to have PMS. Instead, there are rewards for those who wait to have sex until after marriage. It was also observed that the lower rate of prevalence of PMS among girls could also largely be due to underreporting of their experience of PMS due to the social stigma around revealing it. Despite the existence of strong gendered norms and values, most participants admitted that many of gender discriminatory norms are gradually declining and that girls are increasingly becoming aware of their SRR and rights to freedom and privacy. Some girls have already chosen to have PMS safely, responsibly and privately, thus, challenging the traditional norms and values around PMS. With the empowerment of girls and the pressure for gender equality in all aspects of life, including norms and values around PMS, the gender differential in PMS is likely to decline in future.

Chapter 7

Summary and Conclusion

7.1 Introduction

This chapter draws together the findings of the quantitative and qualitative analyses, and reflects on them within the context of the study's research objectives and questions. It considers the study's contribution to new knowledge, its limitations and implications, and concludes with some forward-looking comments.

7.2 Overview of Research Objectives, Questions and Methodology

The main purpose of this study was to explore PMSB among AY in Nepal – a country undergoing major social, economic and political transformation - using a SDH approach. It had two objectives: to examine the broader structures of PMSB among AY and its gendered dimensions through statistical analysis of nationally representative data, and to centre the voices of AY and key social agents to better understand their perceptions of PMS, the contexts in which AY are engaging in PMS, and the structural drivers of change and gender differential in PMSB among AY. In so doing, the study focused on five research questions:

1. What is the prevalence of PMS among different subgroups of AY, particularly in relation to gender and age?
2. What are the important structural factors associated with change in PMSB among AY?
3. What factors account for the substantial gender differences in PMSB?
4. How do AY think about and make sense of PMS in their different social contexts and how do their perceptions differ from those of key social agents?
5. What are the contexts in which AY are involved in PMS?

This study did not make any moral judgements about whether PMS is right or wrong, desirable or undesirable. An important approach of this study is that AY decisions are largely determined by the societal circumstances and social milieu in which they live, grow, work and age. This means we need to move beyond an individualistic perspective towards a structural account. In this study I adapted the SDH framework to be relevant

to the Nepalese social context, drawing on prior studies where it made sense to do so. An underlying premise of the framework is that while macro-level socioeconomic and political contextual factors exert a strong impact on PMSB – and particularly its gendered manifestations – these forces are indirect and hard to measure. Rather than operate directly on PMSB, these factors work through environmental conditions that, in turn, affect a wide range of social services at national, community and family levels (i.e., access to education, employment opportunities and income and other facilities, and living and working conditions), that produce inequities in SEP. Differences in individual and household SEP can shape the opportunities that AY have to experience PMS in a safe and positive way. The relationships are not one-way. Changing behaviours, such increasing PMSB among AY, can also shift societal social norms and values and perhaps also leads to changes in policies, laws and institutions. In short, social determinants both affect and are affected by changes in individuals' sexual behaviour over time.

7.3 Key findings of the study

7.3.1 Extent of prevalence of PMS. The vast majority of AY, 86% of respondents (88% of females vs. 84% of males) had negative attitudes towards acceptance of PMS, indicating that PMS is still stigmatised in Nepalese society. However, a considerable proportion of AY (13%) reported having experienced PMS, with a major gender differential (23% among males cf. 4% among females). The prevalence rate of PMS in overall ranged from 4% to 40%, depending on particular characteristics and circumstances. The prevalence of PMS was exceptionally high among both males and females who had reported that someone had attempted to have sex with them by inducement (e.g., giving cash, kinds or any offer), threat or force. However, it should be noted that only a small proportion of females (3%) and males (2%) reported such incidences. Of those, all males who reported such incidences had received offers of cash or gifts for sex, whereas more than half the females reported being threatened or coerced and nearly half reported that they had been offered an inducement to engage in PMS. This suggests that males and females may engage in or experience PMS in different circumstances depending upon their SEP within their families and communities.

Comparatively, the prevalence rate of PMS was higher for those AY those who live in an urban area (16%) and hill and mountain regions (14%), who belong to Adivasi Janajati (14%) ethnic group and Hindu religious group (13%), 20-24 years age group (17%), who were never-married AY (14%), who had higher secondary or above level of education (16%), who had ever worked for earning money (15%), who live with non-family members (21%), who have freedom in mobility (21%), who were member of at least one social organization (21%), who have experienced migration (26%), who knew contraceptives (13%), who had exposure to pornography (21%), who had ever consumed alcohol (27%), who had love affairs (26%), who have permissive attitude towards PMS (23%), and who had ever experienced sexual abuse (40%) than their counterparts.

7.3.2 Drivers of PMSB among AY. A key recurring theme in this study is that PMS is heavily gendered in Nepal. Although most of the selected variables were significantly associated with PMSB in bivariate analysis, many of them were not when controlling for the influence of other factors, particularly for females. This indicates the importance of not conflating correlation with causation, especially when only examining associations between two variables.

In regression analysis for all AY, gender was (by far) the variable most strongly associated with PMS—males were 4.3 times more likely than females to have engaged in PMS. When separate gender analysis was conducted, quite different patterns emerged. For males, many factors were correlated with PMSB (as previously described). For females, only four variables (involvement in a love affair, having a permissive attitude towards PMS, exposure to sexual abuse, violence or seduction, and marital status) were associated with PMSB. And, as previously described, the direction of association of marital status with PMSB differed by gender. Surprisingly the odds of PMS were higher for ever-married than never-married females. This may be because girls are vulnerable to experiencing non-consensual PMS at an early age. Furthermore, those who experience PMS at early ages (whether willingly or not), may also be pressured to get married quickly, due to pregnancy or social pressure. These are only suggestions as they cannot be formally tested using the NAYS data.

There were significant gender differences with higher rate of males compared to females having exposure to pornography, involvement in love affairs; permissive attitudes towards PMS; and alcohol consumption behaviour, which were all positively correlated with PMSB. This suggests that a big part of the gender differences in PMSB arises from gender differences in exposure to the underlying factors. This, in turn, can be traced to the traditional gender-biased social norms and values that have structurally enabled boys to have more freedom, exposure, agency and opportunity to have PMS than girls.

The findings of the quantitative study indicated that the changes in PMSB among AY in Nepal are largely due to changes in broader social circumstances, generating differences in individuals' SEP and their exposure, attitudes and behaviour that can directly impact their experience of PMS. The operationalisation of social determinants was limited to SEP level because of the lack of information on upstream variables of SEPC within the NAYS dataset. However, the qualitative study identified three elements of the SEPC that can be seen to influence PMSB among AY as distal determinants: social norms and values; laws, policies and programmes; and progress in infrastructures and social services to enhance knowledge and capability of AY in transition to adulthood.

This study has found that change in SEPC – specifically social acceptance of love marriage; change in laws regarding age at marriage and abortion; increased access to education, employment, migration, contraceptives, commercial sex etc. have played a crucial role in changing PMSB among AY through impacting growing, living and working conditions of individuals within family and community, and then increasing individuals' exposure to information and knowledge of sexual activities; exposure to opportunities to engage in PMS, and vulnerability to experience PMS.

Though the qualitative study indicated that the boys from rich or privileged socioeconomic families are more likely to involve in PMS in all contexts, it is not reflected by the quantitively study. Similarly, other studies have also shown inconsistent association between household wealth and PMSB among AY. None of the participants mentioned about likelihood of PMS among any specific religious and ethnic group in the context of Nepalese society. Instead, those who are more religious, belong to religiously conservative family and affiliated to religious organizations are

reported to be likely to avoid PMS than those who are less religious.

The qualitative study informed that family structure or parental status can also impact on PMSB among AY through impacting on financial and social support and social control. Those AY living with both biological parents are more likely to have financial and social support of parents and are more likely to be under regular surveillance of parents and therefore, less likely to have PMS compared to those who live in disorganized family or with single or step-parent. This is in line with the findings of other studies; however, a few studies have shown insignificant association of parental status with likelihood of PMSB among AY. Therefore, it might not be always true that all single parent or step-parent household result in parental deficit in supporting or controlling children that push them to be involved in nonconforming behaviours.

In line with the findings of the quantitative study, the qualitative study also reported similar associations of most of all variables of proximate determinants with PMSB, under three main themes: increased knowledge of sexual activities and contraceptives; increased exposure to opportunities to engage in PMS (i.e., love affairs, commercial sex, sex in informal exchange); and vulnerability to experience PMS in coercive context. Although all these components are closely linked to individual level exposure, attitudes and behaviours, these are indeed, external to individual characteristics. These are socially caused and therefore, the change and variation in PMSB among different subgroups of AY are largely due to change and variation in exposures to proximate determinants produced by change in social structure over time.

7.3.3 Drivers of gender differential in PMSB. The findings of this study suggests that the gender differentials in PMS among AY in Nepalese society is largely due to three reasons: gender biased norms and values in relation to marriage and PMS; differential in vulnerabilities to consequences of PMS; and differential in exposures to opportunity for PMS. The study clearly noted double standard in acceptance of PMS placing high value on virginity of girl, cultural purity and marriage for social mobility. It is noted that as long as there is demand for virgin brides, there will be little incentive for girls to be involved in PMS and instead rewards for sex after marriage. The study noted two main reasons for gender differential in vulnerabilities to consequences of

PMS: biological and social. Although, the biological risk of pregnancy can be easily avoided and managed in the current context, most girls seem to have internalized the importance of virginity, mainly for marriage prospects to get a 'good husband', and the prospects for social mobility through marriage. Therefore, the interplay of biological construction with the social construction of gender roles and expectations has structurally constrained girls to avoid PMS.

Despite the emerging practice of love affairs has increased access and opportunity to have PMS to both boys and girls, because girls feel more vulnerable to social, cultural, economic and health consequences of PMS, they seem to be less likely than boys to be involved in PMS even in love affairs. Therefore, boys are likely to seek to involve in PMS through commercial sex and exchange of offer. With increased commercialization of sex and opportunities to have PMS in exchange of offer, boys seem to be having more opportunities to engage in PMS independently outside the love affairs. Although, a few girls seem to have involved in PMS both in formal and informal transaction (i.e., sex work, informal exchange of offer), the number is likely to be very few. Nonetheless, involvement of one girl in commercial sex can serve many males to involve in PMS, resulting in gender differential in PMS. More importantly, prevailing practice of marrying off girls at an early age narrows their window of opportunity to involve in sexual activities prior to marriage. The longstanding traditional social norms regarding gender roles and expectations have structurally constrained girls to involve in PMS. Therefore, gender differential in PMSB in Nepal is largely socially caused due to its social construction of gender.

Despite the strong gendered norms and values, more particularly among older generation, it is noted that many gender discriminatory norms are gradually declining among young generation, and girls are increasingly becoming aware of their SRH and SRR. Some girls have already chosen to have PMS safely challenging the traditional norms and values around PMS. With the empowerment of girls, the pressure for gender equality in all aspects of life including norms and values around PMS seem to increase and gender differential in PMS is likely to decline in future.

7.3.4 Perceptions around PMS. The study identified two conflicting perceptions around emerging PMSB among AY: anti-PMS and pro-PMS. There was predominance of anti-PMS perceptions among older generation and female AY, reflecting generation

and gender differential in perceptions around PMS. The views of both anti and pro-PMS discourse were largely embedded to the social context of past versus present. The opposition to PMS among participants was largely driven by traditional social norms and values established long years back when there was no means of contraceptives to control unwanted premarital pregnancy and therefore, there were high risks of social, cultural, health, legal, economic and wellbeing consequences of PMS. In contrast to this, the pro-PMS views seem to be largely driven by the changed social context with increases access and advancement of contraceptives, and enhanced agency of AY to have PMS safely and responsible avoiding risk of pregnancy.

The anti-PMS participants have internalized prevailing gender biased double standard norms and values around PMS as biologically natural and gendered normative culture whilst, the pro-PMS participants strongly voiced against this, seeking to challenge the prevailing gender discriminatory norms and values for achieving gender equality and social justice. Despite the predominance of anti-PMS perceptions among parents, adults and females, with increased knowledge of contraceptives, SRH and SRR and gender equality, and empowerment of females, it seems that the attitude towards acceptance of PMS is more likely to progress in future, among both males and females diminishing the double standards in acceptance of PMS, thereby increasing PMSB among AY.

The pro-PMS group sees sexuality as both physiological and socially constructed. They consider sex as biological need. If it isn't secured via marriage, it will be secured in any other way possible. They connect it to 'rights'. They view PMS as a private matter rather than social activity. For them, traditional anti-PMS norms and values are no longer appropriate in the current context. It could hinder the potential of AY compelling them to suppress their sexual curiosity and desires, whereas the permissive PMS environment can facilitate AY to enhance their potentials reducing stress and anxiety due to sexual curiosity and desires.

7.3.5 Context of PMS. The study identified three distinct contexts in which AY could experience PMS: within love affairs on intimacy, in transaction (i.e., sex work, informal exchange of offer), and in coercive contexts.

Both quantitative and qualitative analyses informed that the practice of having love affairs prior to marriage is increasing among AY. More than one third of AY (48% of

males cf. 31% of females) at some point had love affair with a boy/girlfriend. About one-fourth of AY who had love affair (40% of males cf. 7% of females) compared to 5% of those who do not have love affair (8% of males cf. 2% of females) have had PMS. Both males and females seem to have experienced PMS through commercial sex. However, it is heavily gendered in that more males have involved in PMS through commercial sex compared to very few girls. This seems to be one of the main reasons for a big gender differential in PMS. It is noted that some AY have also been involved in PMS through informal exchange for different types of favours/opportunities and deliberate choices. The study informed that both males and females might be involved in PMS in informal exchanges of different types of offers and opportunities, making strategic or rational choice assessing cost and benefits in several other dimensions.

A few young girls seem to have experienced PMS in coercive context. Young girls are reported to be vulnerable to experience PMS through seducing, threatening or coercion in all types of relationships, assessing their socioeconomic and living conditions. It seems that the vulnerability of coercive PMS among girls could arise within family due to poor housing, and within community due to conflict, lack of social security and bad governance or ineffective legal actions against perpetrators. The study informed that the conditions of 'engagement' of boys and girls in PMS in all abovementioned contexts may be very different. Mostly, the former is in a position of power, the latter is not; and boys purchase the sex, but girls are providers.

7.4 Contribution to knowledge

This study makes a significant contribution to knowledge about PMSB among AY in three ways: theoretical, methodological, and substantive knowledge. Most studies on PMSB in Nepal have been only loosely linked to theory, and focused on individualistic and behavioural explanations rather than the social conditions that structure the opportunities (and constraints) for AY to experience PMS. The use of a SDH approach to understand the contextual factors driving change in PMSB among AY is somewhat novel. Employing a SDH approach enables me to situate the relationships between individuals' exposure, attitudes, and behaviours and their PMSB within the broader social context in which AY grow up, live and work. The marked gender differences in PMSB among AY in Nepal also reflects gender inequities in the wider social structure. Accounting for both individual and structural accounts of PMSB shows that the two

approaches need not be viewed as antagonistic. There is plenty of scope for a greater focus on the structural determinants of PMSB, given the overwhelming dominance of individualistic theories and approaches in the literature. Looking ahead, there are also opportunities to develop locally grounded theories that are more sensitive to Nepal's history and local context than is possible using a globally-oriented SDH framework.

The use of the mixed method approach has helped to surface the multidimensional realities around PMSB among AY. It has also made visible the limitation of relying on a single method, and the need to further extend the breadth and range of inquiry on PMSB among AY, advancing locally appropriate research tools and measures of analysis. Taken together, the statistical analysis and qualitative component of this study also makes a substantive contribution to knowledge about PMSB among AY. While there are ongoing efforts to develop policies, strategies and programmes that affirm the rights of all AY to SRH, irrespective of marital status, there is insufficient evidence to develop needs-based plans and policies. Given cultural and gender sensitivities, it is still very challenging to collect information on PMSB among AY from a heterogenous population on a large scale. The findings of this study thus make a substantive contribution to addressing the knowledge gap in this area. There is also an opportunity for the findings to be useful in promoting sound policy approaches, to ensure healthy lives and wellbeing of AY.

7.5 Implications of Findings and Recommendation

The findings of this study have several implications for future research and policy approaches in Nepal. Most studies have focused on establishing PMS prevalence, and the assumption tends to be that PMS is consensual and self-initiated. This study clearly shows that not all PMS among AY occurs through self-initiation or by consent – AY also have to contend with pressures, inducements, and even threatening behaviours. Data limitations means that I am unable to distinguish between consensual and non-consensual PMS in my study. This could be an important topic for future study, particularly with respect to efforts to support female AY sexual rights, health and wellbeing.

This study is limited to analysing the associations of PMS and variables that are 'proxies' for broader social determinants. However, in future, the conceptual

framework can be used to incorporate many other social determinants of PMSB at different levels. This study suggests that the reporting of PMS, particularly among females, is likely to be understated due to the heavy social stigma that they have to navigate. The actual prevalence rate of PMS among females could be somewhat higher than the rates reported in this and previous studies. Future studies should look to employ new methos of data collection that are gender sensitive, in order to get a more coherent and accurate picture of PMSB among AY in Nepal.

Although the government has emphasised access to SRH information and services should be available to all AY, irrespective of marital status, enduring and widespread social stigma is likely to mitigate against PMS. The use of a neutral, non-judgemental approach in this study has provided space for AY voices to be heard. Their voices suggest that it is the social context which makes PMSB risky or safe. Therefore, policy that seeks to enable AY to have safe, positive and responsive sexual behaviour needs to take account of contextual factors rather than focus rigidly on individual interventions. This study also suggests that prevailing gender discrimination - particularly norms and values around sex and marriage – are harmful for girls and young women. If left unresolved, they could further intensify gender inequality and patriarchy, resulting in conflict and further discrimination. This study suggests for promoting sound policy approaches to ensure gender equity in sexuality.

7.6 Limitations

Despite the foregoing contributions of the study, there are limitations in both the quantitative and qualitative components. The first limitation of the quantitative study relates to the timing of NAYS data that was undertaken in 2011 (a decade ago). Since then, Nepal has undergone significant socioeconomic change (e.g., increased use of internet and social media among AY), that my analysis has not been able to capture. Another limitation relates to the effective size of study population that includes only 77% of the sample of AY population in NAYS. That is because of the response pattern to the ‘filter’ question on PMS. Many studies on sexual behaviours among AY have reported higher rates of social desirability bias, that is, the tendency for participants to respond according to social expectations of what is right (Majumdar, 2017; Rudman et al., 2013; Wellings et al., 2006). We do not know if those excluded from the analysis would have changed the observed prevalence rates, and patterns of association, had

they been included. In addition, because of the smaller number of cases, the response options for some variables had to be aggregated, in the process losing some granularity, particularly where variables were binary.

The cross-sectional nature of the NAYS data also means that the analysis is solely correlational - I do not make any claim to causality. Finally, the measurements of social determinants are many and complex (Sen & Östlin, 2008; Viner et al., 2012; WHO, 2010a). While the quantitative analysis in this study focused on limited number of 'proxy' variables of social determinants, based on the literature and the availability of data, the conceptual framework of the study can be used to incorporate many other social determinants of PMSB at different levels of society in future studies.

Turning to the qualitative component, it is worth reiterating that the study was limited to Kathmandu valley, and the study population are not representative. Although the study area constitutes people from all districts, ethnicity and socioeconomic status, the results may differ from that of studies where respondents or participants were selected from other parts of the country. Unfortunately, I was not able to pilot the IDI and FGD tools, due to resource and time constraints. Piloting would have been very helpful for identifying cultural and gender sensitive terminologies and questions appropriate for the participants. Also, because of ethics requirements, I was unable to carry out respondent validation as the ethics approval did not allow me to trace the participants. Although I was very careful to try and provide an accurate translation of the participants' words, it is possible that some of my translations did not properly capture the fullness of their intended meanings due to language differences. Finally, in this study, the definition of PMS is limited to the heterosexual veginal sexual relationship of a never-married individual. This study does not provide information on other types of premarital sexual activities beyond this.

7.7 Conclusion

AY in Nepal are reaching adulthood in circumstances that differ markedly from their parents and with this comes increasing exposure to opportunities experience PMS, and in different ways. Increased social acceptance of love marriage; changes in laws regarding age at marriage and abortion; and increased access to education, employment, migration, contraceptives and commercial sex are reshaping the context in which PMS

occurs. Although PMS is still a social taboo in Nepal, the study shows that there is very much a gender double standard: PMS is tolerated for boys, but heavily censured for girls. The longstanding traditional gender roles and expectations have structurally positioned boys to have more freedom, autonomy and opportunity to spend time outside the home, increasing their exposure to opportunities to engage in PMS. Girls, on the other hand, are very limited in their capacity to have and enjoy these freedoms. The risk of pregnancy and social stigma are strong disincentives to engage in PMS that they have to navigate.

This study identified three reasons for the marked gender differentials in PMS among AY in Nepal: gender biased norms and values in relation to marriage and PMS; differences in vulnerabilities to the consequences of PMS (e.g., risk of pregnancy), and differences in exposures to opportunities to experience PMS. Though the biological risk of pregnancy can be easily avoided and managed in the current context, most girls seem to have internalized the importance of virginity, mainly for marriage prospects to get a 'good husband', and the prospects for social mobility through marriage. In a society like Nepal, where marriage is so central to social life, as long as there is a demand for virgin brides, the incentives to remain 'pure' (or, alternatively, the sanctions for engaging in PMS), will continue to maintain the marked gender differences in PMSB. If prevailing gender norms and values around sex and marriage are not resolved, this may intensify gender inequality and patriarchy, and ultimately conflict.

That said, Nepal is a society undergoing major transitions, with an increasing practice of delaying marriage, increasing mobility for education, employment and other opportunities, increased knowledge of and access of contraceptives, increasing involvement in love affairs, and increased commercialization of sex. Because of this it seems inevitable that PMSB among AY will increase among both males and females. It is, therefore, more important more than ever to bring a strong gender analysis to future PMS studies and interventions. To that end, my hope is that this study helps to inform evidence-based responses to promote safe sexual behaviour among AY in order to advance their health and wellbeing.

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Appendices

Appendix 1 Consent to Use NAYS 2010/2011 Data, MOH

Government of Nepal

Ministry of Health

Phone: - 4262987, 4262590,
4223580, 4262696, 4262802
Ramshahpath, Kathmandu

Ref..1.6.6

Date: 2016-11-20

Prabin Shakya
PhD candidate
National Institute of Demography and Economic Analysis
Faculty of Social Science
University of Waikato
Waikato, New Zealand.

Re: **Consent to use "Nepal Adolescents and Youth Survey, 2010/11" data.**

Dear Mr. Shakya,

In response to your request for the "Nepal Adolescents and Youth Survey, 2010/11" data and permission to use it, I am happy to inform you that your request has been accepted. You are granted a permission to use the "Nepal Adolescents and Youth Survey, 2010/11" data for your PhD study. We hope that your study will add value and will have significant contribution in exploring sexual and reproductive health behaviour among adolescents and youth in Nepal, which is also an important issue of population and health, and sustainable development of Nepal.

Kindly submit one copy of your thesis in this Ministry after completing your dissertation in the University.

I wish you all the best for successful completion of the study.

Thank you,

Jhabendra Prasad Pandey
Director

Appendix 2.A NAYS Household Questionnaire

नेपाल किशोर-किशोरी तथा युवा सर्वेक्षण २०६८

(नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालय, जनसंख्या महाशाखाद्वारा संचालित)

पारिवारिक प्रश्नावली

सुसूचित सहमती:

नमस्कार ! मेरो नाम ..... हो । म नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालय, जनसंख्या महाशाखाद्वारा संचालित नेपाल किशोर किशोरी तथा युवा सर्वेक्षण २०६७ कार्यक्रम अन्तर्गत अनुसन्धान सहायकको रुपमा कार्यरत छु । यस अनुसन्धानको मुख्य उद्देश्य नेपालका १०-२४ वर्षका किशोर-किशोरी तथा युवा युवतीहरुको पारिवारिक, सामाजिक, आर्थिक तथा स्वास्थ्य अवस्थाहरुको बारेमा अध्ययन गर्नु रहेको छ । नमूना प्रणालीबाट गरिने यस अध्ययनबाट प्राप्त तथ्याङ्कले नेपालका १०-२४ वर्षका किशोर-किशोरी तथा युवा युवतीहरु सम्बन्धि अझ प्रभावकारी नीति तथा कार्यक्रमहरु बनाउनमा ठोस सहयोग पुर्याउने विश्वास गरिएको छ । यसै सन्दर्भमा हाल नेपालको सबैजसो जिल्लाहरुमा तथ्याङ्क लिने कार्य भइरहेको छ । यस क्रममा मैले परिवार मूली / परिवारको बारेमा सबै भन्दा नढी जानकारी भएको सदस्य तथा १०-२४ वर्षका किशोर किशोरी तथा युवा युवतीहरुसंग अन्तर्वार्ता लिनुपर्ने हुन्छ । तपाईसंगको अन्तर्वार्ताको लागि ३० मिनेट जति समय लाग्ने छ । यो अन्तर्वार्तामा तपाईको इच्छा नभोजिम मैले सोधेका सबै वा केही प्रश्नहरुको उत्तर दिन पनि सक्नुहुन्छ र नदिन पनि सक्नु हुन्छ । तापनि हामी आशा गर्छौं कि मैले सोधेका सबै प्रश्नहरुको उत्तर दिई हामीलाई सहयोग गर्नु हुनेछ । हामी तपाईको सहयोगको हृदय देखि नै प्रशंसा गर्न चाहन्छौं । म तपाईलाई के कुराको पनि विश्वास दिलाउन चाहन्छु भने हामीले संकलन गरेका सूचनाहरु "तथ्याङ्क ऐन २०१५" नभोजिम गोप्य राखिनेछ र अध्ययनका नतिजाहरु व्यक्तिगत स्तरमा कहिल्यै पनि प्रकाशित गरिने छैन ।

खण्ड १: परिचयात्मक विवरण *(घरमूली अथवा परिवारको बारेमा सबैभन्दा धेरै जानकारी भएको सदस्यलाई सोध्नु पर्ने)*

०१.	PSU क्र.सं *(Sampling list बाट लानें)* :		०८.	वडा नं :	
०२.	क्लष्टर क्र.स *(Sampling list बाट लानें)* :		०९.	टोलको नाम _____	
०३.	घर क्र.सं *(Sampling Frame बाट लानें)* :		१०.	घरमूलीको नाम र थर: _____	
०४.	छानिएको परिवारको क्र.सं *(Sample Frame बाट लानें)* :		११.	घरमूलीको जातजाती र कोड *(कोड भर्ने)* : _____	
०५.	जिल्लाको नाम र कोड *(कोड भर्ने)* : _____		१२.	घरमूलीको धर्म के हो? *(कोड भर्ने)*	
०६.	गाउँ/शहर : .....(गाउँ.....1, शहर.....2).....		१३.	घरमूलीको लिङ्ग :.....(पुरुष.....1, महिला.....2).....	
०७.	गाविस/न.पा. को नाम र कोड *(Sampling list)* : _____		१४.	उत्तरदाताको नाम र थर: _____	

FIELD SURVEY OPERATION

	विवरण	भेट्न गएको पटक	
		पहिलो	दोश्रो
१५	मिति (DD / MM / YY)		
१६	गणकको नाम, सही_____	कोड भर्ने...	
१७	अन्तर्वार्ताको परिणाम _____	कोड भर्ने...	
१८	अर्को पटक भेट्न जाने मिति (DD / MM / YY)		

प्रश्न १७ को कोड (अन्तर्वार्ताको परिणाम) :

अन्तर्वार्ता पुरा भएको	1	उत्तर दिन नचाहेको.....	3	परिवार लामो समयको लागि अन्यत्र गएको.....	5
घरमा कोही नभएको	2	घर फेला नपरेको.....	4	अन्य (खुलाउने)_____	6

खण्ड २: पारिवारिक अवस्था

२.१ पारिवारिक लगत (यस लगतमा परिवारमा अक्सर बसोबास गर्ने सबै व्यक्तिहरुलाई समावेश गर्ने । परिवारमा घरेलु कामदार भए उनीहरुलाई पनि अन्त्यमा समावेश गर्ने । परिवारको कुनै सदस्य ६ महिना भन्दा बढी समय बाहिर बस्ने रहेछ भने उनीहरुलाई खण्ड २.२ मा समावेश गर्ने)

व्यक्ति को क्रम संख्या (ID)	परिवारका सदस्यहरुको नामावली *(घरमूलीको नामबाट शुरु गर्ने)*	घरमूली संगको नाता घरमूली.....1 श्रीमान/श्रीमती.....2 छोरा, छोरी.....3 ज्वाई, बुहारी.....4 नाती, नातीनी.....5 बाबु, आमा.....6 भाई, बहिनी.....7 सासु, ससुरा.....8 भतिजा, भतिजी.....9 घरेलु कामदार.....10 अन्य (खुलाउने)___	[नाम] को लिङ्ग के हो ? पुरुष.....1 महिला.....2 अन्य (खुलाउने)___	[नाम] को पुरा भएको उमेर कति हो? *(एक वर्ष भन्दा कम भए ०० लेख्ने)*	५ वर्ष र सो भन्दा माथिकाको लागि		१० वर्ष र सो भन्दा माथिका लागि	[नाम] को जन्मदर्ता भएको छ कि छैन?	[नाम] मा कुनै अपांगता छ? छ.....1 छैन...2 *(यदि 2 कोड आएमा 2112 जानु)*	यदि छ भने कस्तो अपांगता रहेको छ? शारीरिक.....1 दृष्टि सम्बन्धि.....2 सुनाई सम्बन्धि.....3 बोलाई सम्बन्धि.....4 मानसिक.....5 बौद्धिक अपांगता...6 बहु अपाङ्गता.....7 श्रवणदृष्टि विहिन 8 अपांगता नभएको 9	[नाम] को जन्म कहाँ भएको थियो? यही जिल्ला ..1 अन्य जिल्ला.. 2 नेपाल बाहिर. 3	*१०-२४ वर्ष का व्यक्ति हरुको क्रम संख्यामा गोलो चिन्ह लगाउने ।*
					[नाम] लेखपढ गर्न सक्नुहुन्छ? सक्ने.....1 नसक्ने.....2 *(यदि 2 कोड आएमा 2108 जानु)*	यदि सक्ने भए कति कक्षा पास गर्नुभएको छ? *(कोड हैनँ)*	[नाम] को वैवाहीक स्थिति के छ? अविवाहित.....1 एकविवाह.....2 बहुविवाह.....3 पुनर्विवाह .....4 विवाह भएको तर गौना नभएको ....5 विवाह नभएता पनि संगैबसेको.....6 पारपाचुके.....7 छुट्टिएको.....8 विधवा, विदुर.....9	छ.....1 छैन.....2				
2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113
1		01										1
2												2
3												3
4												4
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व्यक्ति को क्रम संख्या (ID)	परिवारका सदस्यहरुको नामावली *(घरमूलीको नामबाट शुरु गर्ने)*	घरमूली संगको नाता घरमूली.....1 श्रीमान/श्रीमती.....2 छोरा, छोरी.....3 ज्वाई, बुहारी.....4 नाती, नातीनी.....5 बाबु, आमा.....6 भाई, बहिनी.....7 सासु, ससुरा.....8 भतिजा, भतिजी.....9 घरेलु कामदार.....10 अन्य (खुलाउने)__	[नाम] को लिङ्ग के हो ? पुरुष.....1 महिला.....2 अन्य (खुलाउने)__	[नाम] को पुरा भएको उमेर कति हो? *(एक वर्ष भन्दा कम भए ०० लेख्ने)*	५ वर्ष र सो भन्दा माथिकाको लागि		१० वर्ष र सो भन्दा माथिका लागि	[नाम] को जन्मदर्ता भएको छ कि छैन?	[नाम] मा कुनै अपांगता छ? छ.....1 छैन.....2 *(यदि 2 कोड आएमा 2112 जानु)*	यदि छ भने कस्तो अपांगता रहेको छ? शारीरिक.....1 दृष्टि सम्बन्धि.....2 सुनाई सम्बन्धि.....3 बोलाई सम्बन्धि.....4 मानसिक.....5 बौद्धिक अपागता...6 बहु अपाङ्गता.....7 श्रवणदृष्टि विहिन 8 अपागता नभएको 9	[नाम] को जन्म कहाँ भएको थियो? यही जिल्ला...1 अन्य जिल्ला...2 नेपाल बाहिर..3	*१०-२४ वर्ष का व्यक्ति हरुको क्रम संख्यामा गोलो चिन्ह लगाउने ।*
					[नाम] लेखपढ गर्न सक्नुहुन्छ? सक्ने.....1 नसक्ने.....2 *(यदि 2 कोड आएमा 2108 जानु)*	यदि सक्ने भए कति कक्षा पास गर्नुभएको छ? *(कोड हेर्नु)*	[नाम] को वैवाहीक स्थिति के छ? अविवाहित.....1 एकविवाह.....2 बहुविवाह.....3 पुनर्विवाह .....4 विवाह भएको तर गौना नभएको ....5 विवाह नभएता पनि सगैबसेको.....6 पारपाचुके.....7 छुट्टिएको.....8 विधवा, विदुर.....9					
2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113
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परिवारका कोही व्यक्तिहरु छुटे कि छुटेनन् एकपटक सोधी यदि छुटेका भए समावेश गर्ने ।

२.२ बसाइसराई र विप्रेषण (६ महिना भन्दा बढी समय परिवार बाहिर बस्ने परिवारको सदस्यहरूलाई मात्र समावेश गर्ने)

व्यक्ति को क्रम संख्या (ID)	व्यक्ति को नाम	[नाम] को जोदा खेरीको पुरा भएको उमेर	[नाम] कति महिना अघि जानु भएको हो? (एक महिना भन्दा कम भए ०० लेख्ने)	[नाम] अन्यत्र जानुको मुख्य कारण के हो? (कोड हेर्नै)	[नाम] अन्यत्र जानको लागि मुख्य गरेर कस्ले निर्णय लिएको हो? (कोड हेर्नै)	[नाम] आजकाल कहा हुनुहुन्छ? नेपालमा.....1 भारतमा.....2 मलेशियामा.....3 साउदी अरब... ...4 कतार.....5 युएइ.....6 अन्य (खुलाउने)___ (1 बाहेक अन्य भए 2209 मा जाने)	[नाम] यदि नेपालमै भए, कुन जिल्लामा हुनुहुन्छ? (कोड हेर्नै)	हाल [नाम] के गर्दै हुनुहुन्छ? काम .....1 अध्ययन..... 2 काम र अध्ययन दुवै.....3 काम खोज्दै गरेको .....4 केही नगर्ने.....5 थाहा छैन.....6 अन्य (खुलाउने)_____	[नाम] ले गत १२ महिना भित्र कुनै नगद पठाउनु भएको छ वा छैन ? छ.....1 छैन....2 (यदि 2 कोड आएमा 2212 मा जाने)	को / कस मार्फत पठाउनु भयो ? बैंक .....1 मोनी ट्रान्सफर कम्पनी.....2 आफै.....3 नातेदार/साथी....4 अन्य (खुलाउने)___	[नाम] ले गत १२ महिना भित्र कुनै जिन्सि पठाउनु भएको छ छ.....1 छैन....2	के [नाम] परिवार संग सम्पर्क गर्नुहुन्छ? गर्ने.....1 नगर्ने.....2
2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213
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प्रश्न 2205 को लागि कोड (अन्यत्र जाने कारण)

काम गर्न/काम खोज्न 1
तालिम /अध्ययन 2
नातेदार संग बस्न गएका..... 3
द्वन्दको कारणले विस्थापित..... 4
घुम्न गएको..... 5
आश्रित..... 6
अन्य (खुलाउने)_____

प्रश्न 2206 को लागि कोड (कस्ले निर्णय गरेको)

आफैले 1
बाबुआमाले..... 2
श्रीमती/श्रीमानले..... 3
परिवारको सल्लाहले 4
अन्य (खुलाउने)_____

२.३ घरायसी सुविधा

2301. तपाईको घर परिवारको लागि खानेपानीको मुख्य श्रोत के हो ?

धारा /पाइपको पानी 1
टयूवेल /हाते पम्प.....2
ढाकिएको इनार/कुवा.....3
खुल्ला इनार/कुवा.....4
मूलको पानी र धारा.....5
नदी/बाँध/खोला.....6
अन्य (खुलाउने)_____

2302. तपाईको घर परिवारको सदस्यहरुले प्रायः कस्तो प्रकारको चर्पीको सुविधा प्रयोग गर्छन् ?

फ्लस / प्यान (सार्वजनिक ढल) 1
फ्लस / प्यान (सेप्टीटैंक) 2
खाल्डे चर्पी.....3
सामुदायिक.....4
चर्पी नभएको.....5

2303. तपाईको घर परिवारको बत्तीको मुख्य श्रोत के हो ?

बिजुली 1
मट्टितेल.....2
सौर्य उर्जा.....3
गोवर ग्याँस.....4
टुकिमारा.....5
अन्य (खुलाउने) _____

2304. खाना पकाउन मुख्यतः कुन प्रकारको इन्धन प्रयोग गर्नु हुन्छ ?

विद्युत.....1
एल.पि.जी.ग्यास.....2
मट्टितेल.....3
काठ /दाउरा.....4
गोवर ग्याँस.....5
गुइँठा.....6
अन्य (खुलाउने) _____

2305. तपाईले एउटा छुट्टै कोठा भान्साको लागि प्रयोग गर्नु भएको छ ?

छ.....1
छैन.....2

2306. के तपाईको घरपरिवारमा चालू अवस्थाका निम्न लिखित साधन तथा सुविधाहरु छन् ?

SN	बिवरण	छ.....1 छैन.....2
1	बिजुली	
2	बायो ग्याँस (गोबर ग्याँस)	
3	टेलिफोन	
4	रेडियो	
5	टी.भी.	
6	लुगा धुने मेशिन	
7	भाँडा माझ्ने मेशिन	
8	रेफ्रिजेरेटर	
9	तातोपानी (सोलार वा गिजर)	
10	मोबाइल फोन	
11	कम्प्युटर	
12	इन्टरनेट	
13	हाईफाई वा म्युजिक सिष्टम	
14	गोरुगाडा वा अन्य गाडा	
15	मोटरसाइकल	
16	साइकल	
17	रिक्सा	
18	कार	
19	बस/ट्रक	
20	टेम्पु	
21	अर्को घर	

2307. यस परिवारले प्रयोग गरेको घरको स्वामित्व कस्को हो ?

निजि (आफ्नै).....1
भाडामा.....2
अन्य (खुलाउने) _____

2308. भूइँमा प्रयोग भएको मुख्य सामग्री ***(अवलोकन गर्नुहोस्)***।

माटो.....1
काठ.....2
सिमेन्ट.....3
अन्य (खुलाउने) _____

2309. छाना छाउन प्रयोग भएको मुख्य सामग्री ***(अवलोकन गर्नुहोस्)***।

खर/पराल/स्याउला.....1
जस्ता पाता.....2
सिमेन्ट.....3
टायल.....4
माटो.....5
अन्य (खुलाउने) _____

2310. भित्ता (गारो) लगाउन प्रयोग भएको मुख्य सामग्री ***(अवलोकन गर्नुहोस्)***।

माटो सहितको बाँस.....1
ढुङ्गा, ईटाको माटोले जोडेको.....2
काठ 3
ढुङ्गा, ईटाको सिमेन्टले जोडेको 4
अन्य (खुलाउने) _____

2311. सुत्नको लागि यस परिवारले कतिवटा कोठाहरु प्रयोग गरेका छन् ?

सुत्नको लागि प्रयोग गरिएका कोठाहरुको संख्या.....

2312. तपाईको घर परिवारबाट निस्केको फोहरको व्यवस्थापन कसरी गर्नुहुन्छ ?

फोहर संकलन ट्रकले गर्छ 1
व्यक्तिगत संकलकलाई दिईन्छ.....2
केही नगरेको/जताभावी फालिदिने.....3
जलाउने/गाड्ने.....4
थुपारी मलको रुपमा प्रयोग गर्ने.....5
अन्य (खुलाउने) _____

2313. तपाईको घरबाट सबैभन्दा नजिकको निम्न सुविधाहरु भएको ठाउँमा पुग्न कति समय (घण्टा, मिनेट) लाग्छ ? ***(थाहा छैन भन्ने उत्तर आएमा ९९ कोड प्रयोग गर्ने)***

(दिनलाई घण्टामा परिवर्तन गर्ने)

SN	विवरण	घन्टा	मिनेट
1	प्रा. वि. स्कूल		
2	नि.मा.वि./मा. वि. स्कूल		
3	कलेज		
4	स्वास्थ्य संस्था		
5	बस चल्ने स्थान		
6	हाट बजार/बजार केन्द्र		
7	बैंक		
8	सहकारी		
9	हुलाक कार्यालय		
10	युवा सूचना केन्द्र		
11	स्थानीय युवा क्लब		
12	पुस्तकालय		
13	प्रहरी कार्यालय		

2314. यस परिवारको विगत १२ महिनाको आम्दानीको प्रमुख श्रोत के हो ?

कृषि/पशुपालन/फलफूल खेती.....1
व्यापार 2
उद्योग.....3
तलब.....4
दैनिक ज्याला/मजदुरी.....5
पेन्सन.....6
रेमिट्यान्स (विप्रेषण).....7
अन्य (खुलाउने) _____

2315. तपाईको परिवारको स्वामित्व वा भोगचलनमा खेतीयोग्य जग्गा छ कि छैन?

छ 1
छैन 2

2316. महिला सदस्यको स्वामित्वमा (नाममा) जग्गा छ कि छैन ?

छ 1
छैन 2

२.४ विविध

2401. बिगत १५ वर्षभित्रमा तपाई वा तपाईको परिवारको सदस्यहरु द्वन्दबाट पिडित हुनुपर्यो कि परेन ?

पर्यो 1
परेन.....2 → 2403

2402. कस्तो पिडा भोग्नु पर्यो ? ***(कुनै तीन मात्र)***

परिवारको सदस्यको मृत्यु.....1
अङ्गभङ्ग.....2
विस्थापन.....3
डर, धम्की, त्रास.....4
अन्य (खुलाउने)_____

2403. तपाईले नेपाल सरकारबाट संचालित निःशुल्क स्वास्थ्य कार्यक्रमबारे सुन्नु भएको छ ?

छ.....1
छैन.....2

2405. तपाईले नेपाल सरकारबाट संचालित निःशुल्क प्रसुती सेवाको बारेमा सुन्नु भएको छ?

छ.....1
छैन.....2

ANNEX: CODE FOR DISTRICT, COUNTRY, CASTE/ETHNICITY, RELIGION, EDUCATION AND MONTHS

DISTRICT/COUNTRY

TAPLEJUNG 01
PANCHTHAR 02
ILAM 03
JHAPA 04
MORANG 05
SUNSARI 06
DHANKUTA 07
TEHRATHUM 08
SANKHUWASABHA 09
BHOJPUR 10
SOLUKHUMBU 11
OKHALDHUNGA 12
KHOTANG 13
UDAYAPUR 14
SAPTARI 15
SIRAHA 16
DHANUSHA 17
MAHOTTARI 18
SARLAHI 19
SINDHULI 20
RAMECHHAP 21
DOLAKHA 22
SINDHUPALCHOK 23
KAVREPALANCHOK 24
LALITPUR 25
BHAKTAPUR 26
KATHMANDU 27
NUWAKOT 28
RASUWA 29
DHADING 30
MAKWANPUR 31
RAUTAHAT 32
BARA 33
PARSA 34
CHITWAN 35
GORKHA 36
LAMJUNG 37
TANAHUN 38
SYANGJA 39
KASKI 40
MANANG 41
MUSTANG 42
MYAGDI 43
PARBAT 44
BAGLUNG 45
GULMI 46
PALPA 47
NAWALPARASI 48
RUPANDEHI 49
KAPILBASTU 50
ARGHAKHANCHI 51
PYUTHAN 52
ROLPA 53
RUKUM 54
SALYAN 55
DANG 56
BANKE 57
BARDIYA 58
SURKHET 59
DAILEKH 60
JAJARKOT 61
DOLPA 62
JUMLA 63
KALIKOT 64
MUGU 65
HUMLA 66
BAJURA 67
BAJHANG 68
ACHHAM 69
DOTI 70
KAILALI 71
KANCHANPUR 72
DANDHELDHURA 73
BAITADI 74
DARCHULA 75
Other VDC of same district 76
Urban area of same district 77
INDIA 81
BHUTAN 82
CHINA 83
BANGLADESH 84
HONG KONG 85
MALAYASIA 86
JAPAN 87
KOREA 88
SINGAPORE 89
QATAR 90
UAE 91
BAHARAIN 92
SAUDI ARAB 93
OTHER ARAB COUNTRY 94
UNITED KINGDOM 95
EUROPE 96
USA/CANADA 97
AUSTRALIA 98
AFRICA 99
LATIN AMERICA 100
OTHER COUNTRY 101

CASTE/ ETHNICITY

CHHETRI 01
BRAHMAN (HILL) 02
MAGAR 03
THARU 04
TAMANG 05
NEWAR 06
MUSLIM 07
KAMI 08
YADAV 09
RAI 10
GURUNG 11
DAMAIN/ DHOLI 12
LIMBU 13
THAKURI 14
SARKI 15
TELI 16
CHAMAR/ HARIJAN/
RAM 17
KOIRI 18
KURMI 19
SANYASI 20
DHANUK 21
MUSAHAR 22
DUSADH/ PASWAN
/PASI 23
SHERPA 24
SONAR 25
KEWAT 26
BRAHMAN (TARAI) 27
BANIYA 28
GHARTI/ BHUJEL 29
MALLAH 30
KALWAR 31
KUMAL 32
HAJAM/ THAKUR 33
KANU 34
RAJBANSI 35
SUNUWAR 36
SUDHI 37
LOHAR 38
TATMA 39
KHATWE 40
DHOBI 41
MAJHI 42
NUNIYA 43
KUMHAR 44
DANUWAR 45
CHEPANG/ PRAJA 46
HALUWAI 47
RAJPUT 48
KAYASTHA 49
BADHAE 50
MARWADI 51
SANTHAL/ SATAR 52
DHAGAR/ JHAGAR 53
BANTAR 54
BARAE 55
KAHAR 56
GANGAI 57
LODHA 58
RAJBHAR 59
THAMI 60
DHIMAL 61
BHOTE 62
BING/BINDA 63
BHEDIYAR/ GADERI 64
NURANG 65
YAKKHA 66
DARAI 67
TAJPURIYA 68
THAKALI 69
CHIDIMAR 70
PAHARI 71
MALI 72
BANGALI 73
CHHANTAL 74
DOM 75
KAMAR 76
BOTE 77
BRAHMU/ BARAMU 78
GAINE 79
JIREL 80
ADIBASI/ JANAJATI 81
DURA 82
CHURAUTE 83
BADI 84
MECHE 85
LEPCHA 86
HALKHOR 87
PUNJABI/SIKH 88
KISAN 89
RAJI 90
BYANGSI 91
HAYU 92
KOCHE 93
DHUNIA 94
WALUNG 95
JAINE 96
MUNDA 97
RAUTE 98
YEHLMO 99
PATHARKATA/
KUSWADIYA 100
KUSUNDA 101
OTHER CASTE 102
UNIDENTIFIED CASTE 103

EDUCATION

NURSARY/KG 00
CLASS 1 01
CLASS 2 02
CLASS 3 03
CLASS 4 04
CLASS 5 05
CLASS 6 06
CLASS 7 07
CLASS 8 08
CLASS 9 09
CLASS 10 10
S. L C. 11
CLASS 12/CERTIFICATE 12
BACHELOR S 13
MASTERS 14
ACADEMIC AWARDS 15
LITERATE 16
ILITERATE 17

MONTHS

BAISAKH 1
JESTHA 2
ASHADH 3
SHRAWAN 4
BHADRA 5
ASWINI 6
KARTIK 7
MANGSIR 8
POUSH 9
MAGH 10
FALGUN 11
CHAITRA 12

RELIGION

HINDU 1
BUDDISM 2
ISLAM 3
KIRAT 4
CHRISTIAN 5
SIKH 6
JAIN 7
OTHERS 8

Appendix 2.B NAYS Individual Questionnaire

नेपाल किशोर-किशोरी तथा युवा सर्वेक्षण २०६७

(नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालय, जनसंख्या महाशाखाद्वारा संचालित)

व्यक्तिगत प्रश्नावली

(पारिवारिक लगतको महल २११३ मा गोलो चिन्ह लागेका १०-२४ वर्षका व्यक्तिहरुलाई सोध्नुपर्ने प्रश्नावली। यदि परिवारमा एकभन्दा बढी १०-२४ वर्षका व्यक्तिहरु रहेछन् भने प्रत्येकको लागि छुट्टा छुट्टै फाराम प्रयोग गर्ने)

गोप्य, अनुसन्धान प्रयोजनको लागि मात्र

सुसूचित सहमति:

नमस्कार ! मेरो नाम ..... हो । म नेपाल सरकार, स्वास्थ्य तथा जनसंख्या मन्त्रालय,जनसंख्या महाशाखा द्वारा संचालित नेपाल किशोर किशोरी तथा युवा सर्वेक्षण २०६७ कार्यक्रम अन्तर्गत तथ्याङ्क संकलन गर्न आएको हुँ । यस सर्वेक्षणको मूख्य उद्देश्य नेपालका १०-२४ वर्षका किशोर किशोरी तथा युवा युवतीहरुको पारिवारिक, सामाजिक, आर्थिक तथा स्वास्थ्य अवस्थाहरुको बारेमा अध्ययन गर्नु रहेको छ । तपाईले दिनु हुने जानकारी पूर्णतः गोप्य रहने छ र केवल अनुसन्धान प्रयोजनको लागि मात्र प्रयोग गरिने छ । यस अध्ययनको नतिजा नेपालका किशोर-किशोरी तथा युवा-युवतीहरु सम्बन्धी नीति तथा कार्यक्रमहरुको समीक्षा गर्न प्रयोग गरिने छ । यस अन्तर्वार्ता पूर्णतः स्वैच्छिक हो । तपाईको सहयोग यो अनुसन्धान कार्य सम्पन्न गर्न अति महत्वपूर्ण छ । प्रश्न सोधेको बेलामा कुनै प्रश्नको उत्तर दिन चाहनु भएन भने मलाई भन्नुहोस् र म अर्को प्रश्नमा जानेछु ।

अन्तर्वार्ता शुरु गर्दाको समय (२४ घण्टे घडी प्रयोग गर्ने): _____

परिचयात्मक विवरण

क्र. सं	प्रश्नहरु		कोड
०१	PSU क्र.सं *(sampling list बाट लेख्ने)*:	.....	
०२	ल्कष्टर क्र.सं *(sampling list बाट लेख्ने)*:	.....	
०३	घर क्र.सं *(sampling frame बाट लेख्ने)*:	.....	
०४	छानिएको परिवारको क्र.सं *(sampling frame बाट लेख्ने)*:	.....	
०५	व्यक्तिको ID *(पारिवारिक लगतको महल २११३ बाट लेख्ने)*	.....	
०६	जिल्लाको नाम र कोड *(कोड लेख्ने)*	_____	
०७	गाविस/नपा को नाम र कोड: (*sampling list बाट लेख्ने*) ..... (गाविस...१, नपा...२)	_____	
०८	वडा नं.	.....	

FIELD SURVEY OPERATION

	विवरण	भेट्न गएको पटक	
		पहिलो	दोश्रो
०९	मिति (DD/MM/YY)		
१०	गणकको नाम, सही:_____	कोड भर्ने...	
११	अन्तर्वार्ताको परिणाम: _____ *(अन्तर्वार्ता निष्कर्षमा भर्ने)*	कोड भर्ने...	
१२	अर्को पटक भेट्न जाने मिति (DD/MM/YY)		

प्रश्न ११ को कोड (अन्तर्वार्ताको परिणाम):

अन्तर्वार्ता पुरा भएको ..... १ उत्तर दिन नचाहेको..... ३ अन्य (खुलाउने) _____ ५

घरमा नभएको..... २ उत्तर दिन नसक्ने..... ४

खण्ड १ : सामाजिक, पारिवारिक तथा जनसांख्यिक जानकारी

संख्या	प्रश्नावली	उत्तरहरु		कैफियत
१०१	उत्तरदाताको लिङ्ग	पुरुष	१	
		महिला	२	
		अन्य (खुलाउने) _____		
१०२	महिले तपाई कति वर्षको हुनु भयो ? *(पूरा भएको उमेर)*	_____		
१०३	तपाईको जन्म कुन ठाउँमा भएको थियो ?	यसै गाविस/नपा	१	
		यसै जिल्लाको (अन्य) नपामा	२	
		यसै जिल्लाको (अन्य) गाविसमा	३	
		अर्को जिल्लाको नपामा	४	
		अर्को जिल्लाको गाविसमा	५	
		नेपाल बाहिर	६	
१०४	के तपाई कुनै भाषामा पढ्न र लेख्न सक्नु हुन्छ ? *(कुनैको भाषा भए पनि लेख्ने)*	सक्नु	१	
		सक्दिन	२	
१०५	के तपाईले कहिल्यै स्कूल/कलेज/विश्वविद्यालय अध्ययन गर्नु भएको छ ?	छ	१	
		छैन	२	→ १११
१०६	स्कूल/कलेज/विश्वविद्यालयमा पूरा गर्नु भएको उच्च कक्षा/स्तर के हो ? *(सिधाको कोड लेख्ने)*	_____		
१०७	के तपाई हाल स्कूल/कलेज/विश्वविद्यालय जाँदै हुनुहुन्छ?	छ	१	
		छैन	२	→ ११०
१०८	महिले तपाई कुन श्रेणी/स्तरमा अध्ययन गर्दै हुनु हुन्छ? *(सिधाको कोड लेख्ने)*	_____		
१०९	तपाईले हाल अध्ययन गरिरहेको स्कूल/कलेज/विश्व विद्यालय कस्तो किसिमको हो ?	सरकारी / सामुदायिक	१	
		प्राइभेट	२	
		मदरसा	३	→ ११२
		अन्य (खुलाउने) _____		
		थाहा छैन र जवाफ नदिएको	९५	
११०	कति कक्षा वा तहमा तपाई स्कूल/कलेज/विश्वविद्यालय जान छोड्नु भएको हो ? *(सिधाको कोड लेख्ने)*	_____		
१११	स्कूल/कलेज/विश्वविद्यालय कहिल्यै नजानु / छाड्नुको मुख्य कारण के थियो ?	आर्थिक समस्या	१	
		पारिवारिक समस्या	२	
		स्वास्थ्य समस्या	३	
		विवाह भएर	४	
		जाँचमा फेल भएर	५	
		स्कूल /कलेज/विश्व विद्यालय टाढा भएर	६	
		बानुआमाले नपठाएकोले	७	
		ईच्छा नलागेर	८	
		कामको कारणले	९	
		अन्य (खुलाउने) _____		
		थाहा छैन र जवाफ दिन नसकेको	९५	

११२	तपाईले कुनै किसिमको सीपमूलक तालिम लिनु भएको छ ?	छ ... १ छैन ... २	→ ११४
११३	कस्तो प्रकारको तालिम लिनु भएको छ ? *(कुनै तीन वटा)*	१. _____ २. _____ ३. _____	
११४	तपाईको कति दाजु भाई दिदी बहिनीहरु छन् ? *(तपाई बाहेक)* *(यदि छैन भने ० लेख्नुहोस् र ११६ को प्रश्नमा जानुहोस्)*	१. दाजुभाईको संख्या ____ २. दिदी बहिनीको संख्या ____	दाजुभाई तथा दिदी बहिनी नभएका ११६ मा जानु होस् ।
११५	छोरा छोरीहरु मध्ये तपाई कुन क्रममा पर्नु हुन्छ ?	क्रमाङ्क (पहिलो १, दोश्रो २ आदि) ____ थाहा छैन ९५	
११६	तपाईको बुबा / आमाले पुरा गर्नु भएको उच्च शैक्षिक स्तर कुन हो ? *(शिक्षाको कोड लेख्ने)* *(थाहा छैन भने ० लेख्नुहोस् र १५ को प्रश्नमा जानुहोस्)*	१. आमा ____ २. बुबा ____	
११७	तपाई हाल कोसंग बसिरहनु भएको छ ?	आमा बाबु / सासु ससुरा ... १ पति/पत्नी ... २ दाजु भाई/दिदी बहिनी ... ३ नातेदार संग ... ४ रोजगारदाता/मालिकसंग ... ५ डेरामा एक्लै बसेको ... ६ आफ्नै घरमा एक्लै बसेको ... ७ विवाह नभएता पनि केटा/केटी साथीसंग बसेको ... ८ अन्य (खुलाउने) _____	
११८	तपाईले विगत १२ महिनामा आम्दानी हुने केही काम गर्नु भयो कि भएन ? यदि गरेको भए के काम गर्नुभयो ? *(सुरुमा ३ वटा)*	कृषि/पशुपालन / फलफुल खेती ... १ व्यापार / व्यवसाय ... २ उद्योग ... ३ नोकरी ... ४ दैनिक ज्याला/मजदुरी ... ५ वैदेशिक रोजगारी ... ६ विस्तारित आर्थिक काम ... ७ अन्य (खुलाउने)_____ केही पनि नगरेको ... ८	→ १२० मा जानु
११९	किन नगर्नु भएको हो ?	व ... १ अपाङ्गता ... २ घरधन्दा गर्नु परेकोले ... ३ बिरामी र दीर्घरोगी भएकोले ... ४ काम नपाएकोले ... ५ अन्य (खुलाउने) _____	

१२०	बितेको ७ दिन भित्रमा आम्दानी हुने केही काम गर्नु भयो कि भएन ? यदि गरेको भए के काम गर्नुभयो ? *(एउटा मात्र)*	कृषि / पशुपालन / फलफुल खेती	१	→१२२ मा जानुहोस्
		व्यापार / व्यवसाय	२	
		उद्योग	३	
		नोकरी	४	
		दैनिक ज्याला / मजदुरी	५	
		वैदेशिक रोजगारी	६	
		विस्तारित आर्थिक काम	७	
		अन्य (खुलाउने)_____		
		केहि पनि नगरेको	८	
१२१	किन नगर्नु भएको हो ?	अध्ययन	१	
		अपाङ्गता	२	
		घरधन्दा गर्नु परेकोले	३	
		बिरामी र दीर्घरोगी भएकोले	४	
		काम नपाएकोले	५	
		अन्य (खुलाउने) _____		
१२२	तपाईको वैवाहिक स्थिति के हो ?	कहिल्यै विवाह नभएको	१	→१३०
		एकविवाह	२	
		बहुविवाह	३	
		पुनर्विवाह	४	
		विवाह भएको तर गौना नभएको	५	
		पारपाचुके भएको	६	
		अलग बसेको/छुट्टिएको	७	
		विधवा/विदुर	८	
		विवाह नभएको तर सँगै बसेको	९	
१२३	*(यदि १२२ मा २-८ कोड भएमा)* तपाईको (पहिलो) विवाह हुँदा तपाईको उमेर कति थियो? अथवा *(यदि १२२ मा १ कोड भएमा)* [नाम] पहिलो चोटी सँगै बस्न थाल्दा उमेर कति थियो ? *(पुरा भएको उमेर)*	पूरा भएको उमेर वर्षमा _____		यदि २० वर्ष र सो भन्दा माथि भए १२५ मा जानुहोस्। यदि १२२ मा १ कोड भए १३० मा जानुहोस्।
१२४	तपाईले किन २० वर्ष भन्दा कम उमेरमा विवाह गर्नुभयो ?	आमा बाबुको इच्छाले	१	
		गर्भावस्थाको कारणले	२	
		आफैं इच्छुक भएकोले	३	
		परम्परागत प्रचलनले	४	
		आर्थिक समस्याले	५	
		अन्य (खुलाउने)_____		
१२५	तपाईको (पहिलो) विवाह हुँदा तपाईको पति/पत्नीको उमेर कति थियो ? *(उमेरखाता हुँदा भए पतिको वारेमा र महिला भए पतिको वारेमा सोध्ने)*	पूरा भएको उमेर वर्षमा _____		

१२६	तपाईको पति/पत्नीसंग पहिलो पटक सँगै बस्न थाल्दा तपाईको उमेर कति थियो ?	पूरा भएको उमेर वर्षमा _____		
१२७	के तपाईले आफ्नो पति/पत्नी आफै छानेको हो ? *(उत्तरदाता पुरुष भए पत्नि छानेको बारेमा र महिला भए पति छानेको बारेमा सोध्ने)*	हो	१	→ १२८
		होइन	२	
१२८	कस्ले छानेको/निर्णय गरेको हो त?	मेरो सहमती बिना मेरो परिवारले	१	
		मेरो सहमतीमा मेरो परिवारले	२	
		अन्य (खुलाउने)_____		
१२९	तपाईको पहिलो बिवाह हुँदा दाईजो वा दहेजको रुपमा नगद, सुनचाँदी, तथा जग्गा लिनु/दिनु भएको थियो ?	बिवरण / थियो.....१ थिएन...२ *(यदि २ भएमा अर्को खाली जानु)* / कुन रुपमा दिइएको थियो ? दाईजो.....१ दहेज.....२		
		नगद		
		सुनचाँदी		
		जग्गा जमीन		
१५ देखि २४ वर्षका महिलाहरुलाई मात्र सोध्ने				
१३०	तपाईले कहिल्यै बच्चा जन्माउनु भएको छ ?	छ	१	
		छैन	२	→ १३७
१३१	के तपाईसंगै बसेका आफ्नै छोरा वा छोरीहरु छन् ?	छन्	१	
		छैनन्	२	→ १३३
१३२	कति जना छोरा र छोरीहरु हाल तपाईसंगै बसिरहेकाछन् ?	१. घरमा रहेका छोराहरु		
		२. घरमा रहेका छोरीहरु		
१३३	तपाईले जन्माउनु भएको छोरा र छोरीहरु हाल तपाईसंगै नबसेका छन् ?	छन्	१	
		छैनन्	२	→ १३५
१३४	तपाईका कतिजना छोरा तथा छोरीहरु हाल अन्यत्र बसिरहेका छन् ?	१. अन्यत्र रहेका छोराहरु		
		२. अन्यत्र रहेका छोरीहरु		
१३५	तपाईले जन्माउनु भएको बच्चाहरुको (छोरा/छोरी) मृत्यु भएको छ ?	छ	१	
		छैन	२	→ १३६a
१३६	कति जना बच्चाहरु (छोरा/छोरी) को मृत्यु भएको थियो ?	१. मृत्यु भएको छोराको संख्या		
		२. मृत्यु भएको छोरीको संख्या		
१३६a	तपाईले पहिलो बच्चा जन्माउदा तपाईको उमेर कति थियो ?	पूरा भएको उमेर वर्षमा _____		
१३६b	गत १२ महिना भित्रमा तपाईले जीवित बच्चा जन्माउनु भयो ?	जन्माएँ	१	
		जन्माईन	२	

बिबाह सम्बन्धी ज्ञान र धारणा (सबै लाई सोध्ने)

	प्रश्न	हो / छ .....१ हैन / छैन....२ थाहा छैन.....९५	उचित हो.....१ उचित होइन.२ थाहा छैन...९५
१३७	१. तपाईको विचारमा अन्तरजातीय विवाह गर्नु राम्रो हो कि होइन ?		
	२. तपाईको विचारमा प्रेम विवाह गर्नु राम्रो हो कि होइन ?		
	३. विवाह अगाडि नै केटा र केटी संगसंगै बस्नु उचित हो कि होइन ?		
	४. तपाईले महिला-महिला र पुरुष-पुरुष बीच पनि विवाह हुन्छ भन्ने कुरा सुन्नु भएको छ?		
	५. महिला-महिला र पुरुष-पुरुष बीच विवाह/यौन संपर्क हुनु उचित हो कि होइन ?		
	६. तपाईको विचारमा केटा र केटी को सहमति बिना नै अभिभावकले बिवाह गरिदिनु उचित हो कि होइन ?		
	७. विवाह गर्दा दाइजो लिनु दिनु उचित हो कि होइन ?		

१३८	बिवाह गर्नु अघि केटीमा कुमारीत्व (Virginity) हुनु पर्छ भन्ने कुरामा तपाई कत्तिको सहमत हुनुहुन्छ ?	पूरै सहमत	१
		सहमत	२
		असहमत	३
		पूरै असहमत	४
		कुनै राय छैन	५
१३९	बिवाह गर्नु अघि केटामा कुमारत्व (Virginity) हुनु पर्छ भन्ने कुरामा तपाई सहमत हुनुहुन्छ ?	पूरै सहमत	१
		सहमत	२
		असहमत	३
		पूरै असहमत	४
		कुनै राय छैन	५
१४०	कुनै युवा युवतीले बिवाहपूर्व यौन सम्पर्क गरेको थाहा पाएमा र उक्त व्यक्तीसंग तपाईलाई बिवाहको प्रस्ताव आएमा तपाईलाई कत्तिको स्विकार्य हुन्छ होला / हुन्थ्यो होला ।	पुरै स्विकार्य	१
		स्विकार्य	२
		अस्विकार्य	३
		पूरै अस्विकार्य	४
		कुनै राय छैन	५
१४१	**<u>(अबिबाहित केटा उत्तरदाता भए मात्र सोध्ने, प्रश्न १०१ मा १ र १२२ मा १ वा ९ कोड आएकालाई मात्र)</u>** कुनै युवतीले बिवाहपूर्व गर्भपतन गरे / गराएको थाहा पाएमा र उक्त युवतीसंग तपाईलाई बिवाहको प्रस्ताव आएमा तपाईलाई कत्तिको स्विकार्य हुन्छ होला ?	पुरै स्विकार्य	१
		स्विकार्य	२
		अस्विकार्य	३
		पूरै अस्विकार्य	४
		कुनै राय छैन	५
१४२	नेपालमा केटा र केटीको लागि कानूनी रुपले तोकेको न्युनतम बैवाहिक उमेर कति हो ? ***(थाहा छैन भन्ने उत्तर आएमा ९५ कोड प्रयोग गर्ने)***	१. केटा	
		२. केटी	
१४३	तपाईको विचारमा केटा र केटीको लागि बिवाहको उचित उमेर कति हुनु पर्ला ? ***(थाहा छैन भन्ने उत्तर आएमा ९५ कोड प्रयोग गर्ने)***	१. केटा	
		२. केटी	

बसाई सराईप्रतिको धारणा (सबैलाई सोध्ने)

१४४	तपाईको विचारमा तपाई जस्ता युवा युवतीहरु बसाई सराई गर्नु कत्तिको राम्रो हो जस्तो लाग्छ ?	धेरै राम्रो	१	
		राम्रो	२	
		नराम्रो	३	४१६
		धेरै नराम्रो	४	
		केही राय छैन	७७	
१४५	देश भित्रै कि देश बाहिर बराइसराइ गर्नु राम्रो ठान्नुहुन्छ ?	देशभित्र	१	
		देश बाहिर	२	
		थाहा छैन	९५	
१४६	तपाईको समुदायमा तपाईजस्ता युवा युवतीहरुले बसाई सराई गर्नु को मुख्य कारण के हुन सक्छ ?	कामको लागि	१	
		अध्ययन	२	
		काम र अध्ययन दुवै	३	
		स्थायी आप्रवासन	४	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१४७	तपाईको समुदायमा तपाईजस्ता बसाइ सराई गर्ने धेरै जसो युवा युवतीहरु कहाँ जान्छन् जस्तो लाग्छ ? *(कोड देख्)* *(थाहा छैन भएमा ९५ कोड लगाए गर्नु)*	_____		
१४८	यसरी बसाइसराई गर्नाले युवायुवतीहरुलाई के कस्ता फाइदा हुन्छ जस्तो लाग्छ ? *(बहुउत्तर)*	पैसा कमाइन्छ/आर्थिक उन्नती	१	
		शिक्षा आर्जन	२	
		रोजगारी पाइन्छ	३	
		नयाँ सीप सिकिन्छ	४	
		विदेशको अनुभव हुन्छ	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१४९	यसरी बसाइसराई गर्नाले युवायुवतीहरुलाई के कस्ता बेफाइदा हुन्छ जस्तो लाग्छ ? *(बहुउत्तर)*	परिवारमा काम गर्ने मानिसको अभाव हुन्छ	१	
		विदेशमा दुख पाइन्छ	२	
		यौन रोग तथा एचआइभी एड्स लाग्ने	३	
		महिलाहरु हिंसाबाट पिडित हुने	४	
		अन्य (खुलाउने)_____		
१५०	के तपाई बसाइसराइ गर्ने सोच/योजनामा हुनुहुन्छ ?	छ	१	
		छैन	२ →	१५३
१५१	तपाई कहाँ जाने सोच/योजनामा हुनुहुन्छ ? *(कोड देख्)*	_____		
१५२	कुन उद्देश्यको लागि तपाई घर छाडी अन्यत्र जाने सोचमा हुनुहुन्छ बताइ दिनुहुन्थ्यो कि?	यहाँ काम नपाएकोले	१	
		उच्च तहमा अध्ययन गर्न मन लागेकोले	२	
		काम र अध्ययन दुवैको लागि	३	
		यहाँ ज्याला कम भएर	४	
		विदेशको अनुभव लिन मन लागेर	५	
		स्थायी आप्रवासन	६	
		अन्य (खुलाउने)_____		

बसाई सराईको अनुभव (सबैलाई सोध्ने)

१५३	तपाई बिगत ५ वर्ष भित्रमा बसाइसराइ गर्नु भएको छ ? *(कम्तिमा एक महिना वा सो भन्दा बढी)*	छ	१	
		छैन	२ →	?०१
१५४	तपाई पछिल्लो पटक कहाँ जानु भएको थियो ? *(कोड देखि)*	_____		
१५५	मुख्य गरेर कुन उद्देश्यको लागि .... मा जानुभएको थियो ?	काम गर्न	१	
		अध्ययन गर्न	२	
		घुम्न	३	
		नातेदार भेट्न	४	
		आश्रित	५	→ १६२
		उपचार गर्न / गराउन	६	
		अन्य (खुलाउने)_____		
१५६	त्यहाँ तपाई के कस्तो काम गर्नुभयो ?	१. _____ २. _____ ३. _____		
१५७	तपाई को / कस मार्फत त्यहाँ जानुभएको थियो ?	भेनपावर कम्पनीबाट	१	
		संस्थागत कोटा, शिफारिसमा	२	
		दलाल	३	
		व्यक्तिगत किसिमले (सम्पर्कले)	४	
		नातेदार, साथीभाई	५	
		अन्य (खुलाउने)_____		
१५८	तपाईलाई .... मा जानु अघि नै .....को बारेमा, तपाईले गर्ने कामको बारेमा र पाउने तलबको बारेमा थाहा थियो कि थिएन ?	बिवरण *(पढेर सुनाउने)*	थियो...१, थिएन...२	
		१. ठाउँको बारेमा		
		२. कामको बारेमा		
		३. तलबको बारेमा		
१५९	तपाईलाई शुरुमा भनेकै काममा लगाइयो कि अन्य काममा लगाइएको थियो ?	शुरुमा भनेकै काममा	१	
		अन्य काममा	२	
१६०	तपाईलाई शुरुमा भनेकै जति तलब दिइयो कि दिइएन ?	दिइयो	१	
		दिइएन	२	
१६१	रोजगारदाताबाट दुर्व्यवहारहरु भयो कि भएन र यदि भएको भए के-कस्तो किसिमको दुर्व्यवहार भयो ? *(सोधपुछ गर्नु)*	गाली, धम्की	१	
		कुटपिट	२	
		धेरै समय सम्म र कठिन काम लगाउने	३	
		तलबै नदिने	४	
		समयमा तलब नदिने	५	
		कामबाट निकालिदिएको	६	
		यौन शोषण	७	
		अन्य (खुलाउने)_____		

१६२	तपाई ....मा कति समय बस्नु भयो ? *(वर्षलाई महिनामा परिवर्तन गरी लेख्ने)*	_____ महिना		
१६३	तपाई फेरि मुलुक बाहिर बसाई सर्ने विचारमा हुनुहुन्छ ?	छ	१	
		छैन	२	→ १६५
१६४	मुख्य गरेर कुन उद्देश्यको लागि फेरि तपाई मुलुक बाहिर जान खोज्नु भएको हो ?	काम गर्न	१	*प्रश्नको उत्तर कोड पनि २०१ मा लेख्ने*
		अध्ययन गर्न	२	
		घुम्न	३	
		नातेदार भेट्न	४	
		आश्रित	५	
		उपचार गर्न / गराउन	६	
		अन्य (खुलाउने)_____		
१६५	यदि नजाने भए, किन ?	यहीं काम पाएकोले	१	
		मन नलागेर	२	
		यहीं बसेर काम गर्ने योजना भएकोले	३	
		अभिभावकले मन्जूरी नदिने	४	
		रहर पुग्यो	५	
		अन्य (खुलाउने)_____		

खण्ड २ : स्वास्थ्यको अवस्था (सबैलाई सोध्ने)

स्वास्थ्य चेतना

२०१	तपाई कुन कुन समयमा हात धुने गर्नुहुन्छ ? *(बहुउत्तर)*	खानाखानु अघी	१	
		खाना खाइसकेपछि	२	
		च्पी गएपछि	३	
		बच्चालाई खाना खुवाउनु अघी	४	
		कामबाट फर्किएपछि	५	
		अन्य (खुलाउने)_____		
२०२	तपाई थेरैजसो के ले हात धुने गर्नुहुन्छ ?	पानीले मात्र	१	
		खरानी, माटो र पानी	२	
		साबुन र पानी	३	
		अन्य (खुलाउने)_____		
२०३	तपाईले खाना खानु अघि र पछि हात धुनु पर्छ भन्ने कसबाट थाहा पाउनु भयो ?	परिवारका सदस्यहरुबाट	१	
		स्वास्थ्य कार्यकर्ताबाट	२	
		टि.भी/रेडियो/पत्रपत्रिकाबाट	३	
		शिक्षकहरुबाट	४	
		अन्य (खुलाउने)_____		
२०४	तपाई कस्तो पानी पिउने गर्नुहुन्छ ?	उमालेको	१	
		औषधिबाट शुद्धिकरण गरेको	२	
		फिल्टर गरेको	३	
		सिधै धाराको	४	
		सिधै इनार / नदीको	५	
		अन्य (खुलाउने)_____		

चोटपटक र अस्वस्थ्यता				
२०५	तपाईलाई बिगत १२ महिनामा दुर्घटना वा चोट पटकका कारण औषधि उपचार गराउनु परेको थियो ?	थियो	१	
		थिएन	२	→ २०८
२०६	पछिल्लो पटक तपाई के कारणले दुर्घटना वा चोट पटकमा पर्नु भएको थियो ?	मोटरबाइक हाँक्दा	१	
		अरु प्रकारको सवारी साधन हाँक्दा	२	
		अरुले चलाएको सवारी साधनमा यात्रा गर्दा	३	
		झैझगडा/सामूहिक झैझगडाको कारण	४	
		लडेर	५	
		कार्यस्थलमा मेशीन, औजार चलाउँदा	६	
		अन्य (खुलाउने)_____		
२०७	चोटपटक लाग्दा तपाईले कहाँबाट उपचार गराउनु भयो ?	सरकारी स्वास्थ्य संस्था	१	
		अन्य स्वास्थ्य संस्था	२	
		औषधी पसल	३	
		परिवारमै	४	
		धामी झाँक्री, झारफुक	५	
		उपचार नगरेको/गर्न नपरेको	६	
		अन्य (खुलाउने)_____		
२०८	बिगत १२ महिनामा तपाईमा बिरामी वा बिरामीपनको लक्षण देखा परी औषधि उपचार गराउनु परेको थियो ?	थियो	१	
		थिएन	२	→ २१२
२०९	तपाई कस्तो बिरामी पर्नु भएको थियो या तपाईमा बिरामीपनको कस्तो लक्षण देखिएको थियो ? (बहुउत्तर)	झाडापखाला	१	
		आउँ (डिसेन्ट्री)	२	
		निमोनिया/रुघाखोकी	३	
		औलोज्वरो (मलेरिया)	४	
		अन्य ज्वरो	५	
		छालाको रोग	६	
		क्षयरोग (टीबी)	७	
		कमलपित्त (जण्डिस)	८	
		जुका परेको	९	
		यौनजन्य रोग	१०	
		अन्य (खुलाउने)_____		
		बाहा नभएको	९५	
२१०	तपाईले कहाँ उपचार गराउनु भयो ?	सरकारी स्वास्थ्य संस्था	१	
		अन्य स्वास्थ्य संस्था	२	
		औषधी पसल	३	
		परिवारमै	४	
		धामीझाँक्री/झारफुक	५	
		उपचार नगरेको/गर्न नपरेको	६	
		अन्य (खुलाउने)_____		

२११	उपचार पछि तपाई निको हुनु भयो कि भएन? *(यदि नं २१३ को लागि तयारीहोस्)*	भएँ	१	
		भईन	२	
२१२	बिगत दुई हप्ता भित्र तपाई बिरामी पर्नु भएको थियो वा तपाईमा कुनै रोगको लक्षण देखिएको थियो ?	थियो	१	
		थिएन	२	२१५
२१३	तँपाईमा कुन समस्या देखिएको थियो ? *(कुन कुरा समस्या भनेछोडनुहोस)*	झाडापखाला	१	
		आउँ (डिसेन्ट्री)	२	
		निमोनिया/रुघाखोकी	३	→
		औलोज्वरो (मलेरिया)	४	
		अन्य ज्वरो	५	
		छालाको रोग	६	
		क्षयरोग (टीबी)	७	
		दादुरा	८	
		कमलपित्त (जण्डिस)	९	
		जुका परेको	१०	
		अन्य (खुलाउने)_____		
२१४	तपाईले कहाँ उपचार गराउनु भयो ?	सरकारी स्वास्थ्य संस्था	१	
		अन्य स्वास्थ्य संस्था	२	
		औषधी पसल	३	
		परिवारमै	४	
		धामीझाँक्री/झारफुक	५	
		उपचार नगरेको/गर्न नपरेको	६	
		अन्य (खुलाउने)_____		
२१५	नेपाल सरकारको निःशुल्क स्वास्थ्य कार्यक्रमको बारे सुन्नु भएको छ ?	छ	१	
		छैन	२	२१८
२१६	नेपाल सरकारको निःशुल्क स्वास्थ्य सेवा लिनु भएको छ ?	छ	१	
		छैन	२	२१८
२१७	नेपाल सरकारको निःशुल्क स्वास्थ्य सेवा बाट के तपाँई सन्तुष्ट हुनहुन्छ ?	धेरै सन्तुष्ट	१	
		सन्तुष्ट	२	
		न सन्तुष्ट न असन्तुष्ट	३	
		असन्तुष्ट	४	
		धेरै असन्तुष्ट	५	

२१८	१२ महिना भित्र कहिल्यै धेरै दिन सम्म तपाईलाई निम्न किसिमको अवस्था आयो कि आएन ?	विवरण	आयो.....१ आएन....२	लक्षण २ कहिं आएका प्रश्न ३०१ मा जाने । यदि कुनै एउटामा १ कोड आएमा तपाईंका लक्षण पहिचान होला
		१. धेरै दिन सम्म निराश वा दुःखी भएको		
		२. धेरै दिन सम्म रुची हराउने		
		भेटघाट मन नपराउने		
		धेरै दिन सम्म आफ्नो शक्ति घटेको, कमजोर भएको गलेको जस्तो अनुभव		
		धेरै दिन सम्म रिस उठ्ने, झनझट लाग्ने, आक्रमक हुने		

२१९	..... अवस्था कति दिन सम्म रह्यो ?	_____ दिनसम्म		
२२०	यस्तो बेलामा चिन्ता, आतुरीको अनुभव भयो कि भएन ?	भयो	१	
		भएन	२	
२२१	यी दिनमा तपाईंमा नकारात्मक सोच आए वा आत्मविश्वास गुमाउनु भयो ?	गुमाएँ	१	
		गुमाईन	२	
२२२	तपाईंलाई बारम्बार म आधारहिन छु, अब केही गर्न सक्दिन भन्ने अनुभव भयो कि भएन ?	भयो	१	
		भएन	२	
२२३	यो बेलामा आफ्नै जीवन देखि विरक्त लाग्यो कि लागेन?	लाग्यो	१	
		लागेन	२	
२२४	यो बेलामा आत्महत्याको सोच आयो कि आएन ?	आयो	१	
		आएन	२	
२२५	के कारणले तपाईलाई यस्तो भएको थियो?	_____		
२२६	यसबाट छुट्कारा पाउनको लागि उपचार गराउनु भयो कि भएन ?	गराएँ	१	
		गराईन	२	३०१
२२७	कहाँ उपचार गराउनु भयो ? *(धेरैजसो उपचार गरेको कुनै एक्दा ठाउँ)*	सरकारी अस्पताल	१	
		निजी अस्पताल / क्लिनिक	२	
		हेल्थ पोष्ट/सबहेल्थ पोष्ट/प्रा.स्वा.के.	३	
		औषधि पसल	४	
		घरमै उपचार गरेको	५	
		धामीझाँक्री / झारफूक	६	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	

खण्ड ३ : यौनजन्य बिबरण (सबैलाई सोध्ने)

किशोरावस्था तर्फ उन्मुख (Puberty)

३०१	पहिलो स्वप्नदोष हुँदा तपाई कति वर्षको हुनुहुन्थ्यो ? वा पहिलो रजश्वला हुँदा तपाई कति वर्षको हुनुहुन्थ्यो ?	वर्ष	____	
		याद छैन	९९	
		बहिलेसम्म भएको छैन	९८	३०४
३०२	यी कुरा सबै भन्दा पहिले कसलाई भन्नु भयो ? *(एउटा एक मात्र)*	कसैलाई पनि नभनेको	१	
		आमा	२	
		बुबा	३	
		दाजुभाई	४	
		दिदीबहिनी	५	
		साथी	६	
		अन्य (खुलाउने)_____		
		याद छैन	९९	

३०२a	तपाईंलाई स्वप्नदोष / रजश्वला हुनुभन्दा अगाडि यस बारेमा जानकारी थियो कि थिएन ?	थियो	१	
		थिएन	२	
३०३	यस सम्बन्धमा तपाईको पहिलो अनुभव कस्तो रह्यो ? *(पढ्नुहोस् एक मात्र)*	क'नै असर परेन (सामान्य)	१	
		अचम्मित	२	
		डरलाग्दो	३	
		अन्य -खुलाउने) _____		
		याद छैन	९९	
३०४	किशोरावस्थामा प्रवेश गरेपछि केटा र केटीहरुमा कस्ता कस्ता शारिरीक परिवर्तन हुन्छन् ? *(केटा र केटी दुवैमा देखिने वा केटामा मात्र देखिने परिवर्तनमा मात्र गोलो)*	केटाहरुमा :	थाहा छ.....१ थाहा छैन....२	*यदि दुवैमा २ कोड लगाएमा ३०६ मा जाने*
		१. स्वर धोद्रो हुने		
		२. बारी जुंगा आउन शुरु हुने		
		३. लिङ्ग र अण्डकोष बढ्न शुरु गर्ने		
		४. योनांङ्गमा रौं आउने		
		५. लिङ्ग उत्तेजित हुने		
		केटीहरुमा :		
		१. स्तन बढ्ने		
		२. योनागंमा रौं आउने		
		३. रजस्वला हुने		
		४. नितम्ब बढ्ने		
		५. स्वरको सुरिलोपन		
३०५	किशोरावस्थामा प्रवेश गरेपछि यस्ता परिवर्तन हुन्छन् भन्ने कुरा पहिलो पटक कसरी थाहा पाउनु भयो ?	पढेर/विद्यालयबाट	१	
		साथीबाट	२	
		स्वास्थ्य कार्यकर्ताबाट	३	
		परिवारबाट	४	
		संचार माध्यमबाट	५	
		आफ्नै अनुभवबाट	६	
		अन्य (खुलाउने) _____		
३०६	तलका विषयमा तपाईले आजसम्म कसैसंग कुरा गर्नु भएको छ ?	विषयहरु *(पढेर सुनाउने)*	छ.....१ छैन....२	
		१. यौवनावस्था		
		२. स्वप्नदोष		
		३. यौन सम्पर्क		
		४. परिवार नियोजन		
		५. माया पिरती		
		६. विवाह		
		७. गर्भावस्था		
		८. रजश्वला		

रजश्वला भएको महिलालाई मात्र सोध्ने (प्रश्न ३०१ मा चेक गरी कोड ९८ भए नसोध्ने)				
३०७	पहिलो पटक भएको रजस्वला अवधिमा तँपाईलाई परिवारका सदस्यहरुले के गर्न लगाएका थिए ? *(बहुउत्तर)*	अछ्यारो कोठामा राख्ने	१	
		छुट्टै कोठामा राख्ने	२	
		घरबाट टाढा रहेको गोठमा राख्ने	३	
		सूर्य हेर्न नदिने	४	
		त्यस्तो खास केही गर्न नलगाएको	५	
		अन्य (खुलाउने)_____		
३०८	रजस्वला भएको बेला रगत यत्रतत्र हुन नदिन के कुरा प्रयोग गर्नु हुन्छ ?	स्यानीटरी प्याड	१	
		कपडा	२	
		केहि प्रयोग गर्दिन	३	
		अन्य (खुलाउने) _____		
		थाहा छैन	९५	
३०९a	रजस्वला भएको बेलामा तपाईलाई छाइछुइ बार्नु पर्ने बाध्यता छ कि छैन ?	छ	१	
		छैन	२	
३०९b	तपाई छाइछुइ बार्नु हुन्छ कि हुन्न ?	बार्छु	१	
		बार्दिन	२	३१०
३०९c	तपाईले कसरी छाईछुई बार्ने गर्नुभएको छ ? *(बहुउत्तर)*	पूजाआजा नगर्ने	१	
		भातभान्सा नगर्ने	२	
		अरुलाई छुन नहुने	३	
		छाउपडी गोठमा बस्ने/सुत्ने	४	
		बोटबिरुवाहरु नछुने	५	
		घरभित्रै तर अलग्गै कोठामा बस्ने/सुत्ने	६	
		अन्य (खुलाउने) _____		

यौन व्यवहार/यौन सम्पर्क (१५ वर्ष र सोभन्दा माथि उमेर भएकालाई मात्र सोध्ने)

	विवरण	१. तपाईलाई .... बारेमा थाहा छ कि छैन ? छ.....१ छैन....२ *(यदि २ कोड गरेमा जाने)*	२. तपाईको उमेरका मानिसहरुको लागि के यो..... सामान्य हो कि होइन ? हो..... १ होईन.....२ थाहाछैन.....९५	३. के तपाईलाई थाहा छ कि तपाईकै उमेरको कोही मानिस जसले यस्तो..... गर्दछ ? छ.....१ छैन.....२ थाहाछैन.....९५	४. तपाईले कहिल्यै.....गर्नु भएको छ? छ.....१ छैन.....२ *अन्त नचाहेको..७७*
३१०	हस्त मैथुन				→
३११	यौन आनन्द लिन कसैलाई चुम्बन गर्नु				
३१२	यौन आनन्द लिन कसैलाई अंकमाल गर्नु				
३१३	यौन आनन्द लिन कसैको लिंग तथा शरिर छुने, स्तन चलाउने गर्नु				
३१४	विपरित लिङ्गीसँग यौनी मैथुन				
३१५	समलिङ्गी बीच मुखमैथुन				
३१६.	समलिङ्गी बीच गुदामैथुन				
३१७.	समलिङ्गीसँग अन्य प्रकारको यौन सम्पर्क (खुलाउने)_____				
३१८	यौन सम्पर्क बापत कुनै चीज वा नगद लिने / दिने				
३१९	विवाह पूर्व यौनसम्पर्क राख्ने				

३२०	सुरक्षित यौन सम्पर्क भन्नाले के बुझ्नु हुन्छ ? (बहुउत्तर)	यौन सम्पर्कबाट टाढा रहने	१
		धेरैजनासँग यौन सम्पर्क नगर्ने	२
		वस्तु वा रकम लिएर / दिएर यौन सम्पर्क नगर्ने	३
		यौन सम्पर्क गर्दा सधैं कण्डोम प्रयोग गर्ने	४
		अन्य (खुलाउने)_____	
		थाहा छैन	९५

३२१ तपाईसँग निम्न मध्ये कुनै प्रकारले कसैले कुनै बेला तपाईको इच्छा विपरित यौन सम्पर्क राख्ने प्रयास गरेको छ ?

प्रकार	छ.....१ छैन.....२ भन्न नचाहेको.....७७
१. उपहार वा पैसा दिएर	
२. धम्की दिएर वा बलपूर्वक	
३. लागु औषधी वा मादक पदार्थ सेवन गराई	
४. अन्य (खुलाउने)_____	

यदि २ कोड आएमा ३२४ मा जाने । यदि कुनै एउटामा १ कोड आएमा त्यसको मतलब छैन ।

३२२	माथिका कुनै तरिकाबाट तपाईसँग यौन सम्पर्क गर्न प्रयास गर्ने व्यक्ती को हो ? (बहुउत्तर)	परिवारका सदस्य	१
		नातेदार	२
		शिक्षक	३
		साथी	४
		छिमेकी	५
		अन्य (खुलाउने)_____	
		भन्न नचाहेको	७७
३२३	उक्त व्यक्तिले यौन सन्तुष्टि लिनको लागि के के यौन कियाकलापहरु गर्यो ? (बहुउत्तर)	यौन अंग छुने, चलाउने	१
		चुम्बन	२
		जबर्जस्ती योनी मैथुन (करणी)	३
		गुह्यमैथुन	४
		मुखमैथुन	५
		अन्य (खुलाउने)_____	
		भन्न नचाहेको	७७

३२४	तपाँईको विचारमा	सहमत.....१ असहमत.....२ थाहा छैन.....९५
	१. यौन उत्तेजना ल्याउँछ भन्ने विश्वासमा मादक पदार्थ सेवन गर्नु उचित हो ।	
	२. तपाईलाई लाग्छ कि तपाईले यौन सम्पर्क नगरेको थाहा पाएर साथीहरुले तपाईलाई जिस्क्याउँछन् ।	
	३. विवाह अगाडि गर्भधारण गर्नु राम्रो हो ।	
	४. पहिलोपटककै यौन सम्पर्कले केटी/महिलाहरु गर्भवती हुने सम्भावना रहन्छ ।	
	५. वियं स्खलन हुनुपूर्वनै केटाले यौन सम्पर्क अन्त्य गरेमा केटी/महिलाहरु गर्भवती हुन सक्छन् ।	
	६. महिनावारी भए पछिका कुनै निश्चित दिनहरुमा केटीहरुले गर्भधारण गर्ने सम्भावना अन्य समय भन्दा बढी रहन्छ ।	
	७. तपाँईको विचारमा यदि निकट भविष्यमा विवाह हुने भएमा विवाह पूर्व यौन सम्पर्क स्वीकार्य छ ।	
	८. महिला गर्भ धारणबाट सुरक्षित हुन सकिन्छ भने विवाह पूर्व यौन सम्पर्क स्वीकार्य छ ।	

३२५	तपाईको विचारमा पहिलो पटक यौनसम्पर्क राख्दाको उचित उमेर कति हुनु पर्दछ ?		१. केटा	२. केटी
		उमेर (पुरा भएको वर्षमा)		
		विवाह पछि	१	१
		अन्य कुनै	२	२
		थाहा छैन	९५	९५
३२६	१०-१९ वर्षका अविवाहित कोही केटीहरु गर्भवती भएको कुरा तपाईको जानकारीमा छ ?	छ		१
		छैन		२

३२७	मानौं कि तपाईलाई यौन सम्पर्क गर्ने चाहना छैन । तर तलका जस्ता व्यक्तिहरुले तपाईलाई यौन संपर्कको प्रस्ताव/कर गरेमा तपाई उ संग यौन संपर्क गर्दिन भन्ने कुरामा कत्तिको विश्वस्त हुनुहुन्छ भन्ने बारेमा केही प्रश्न गर्न चाहान्छु ।	पुरै विश्वस्त.......१ विश्वस्त............२ अविश्वस्त..........३ पुरै अविश्वस्त.....४
	१. छोटो चिनजान भएको व्यक्तिले यौन संपर्कको प्रस्ताव/कर गरेमा	
	२. लामो परिचय भएको व्यक्तिले यौन संपर्कको प्रस्ताव/कर गरेमा	
	३. विद्यालय शुल्क वा तालीम शुल्क तिरी दिए बापत वा उपहार प्रदान गर्ने व्यक्तिले यौन संपर्कको प्रस्ताव/कर गरेमा	
	४. तपाईको नजिकबाट रेखदेख गर्ने व्यक्तिले यौन संपर्कको प्रस्ताव/कर गरेमा	
	५. शिक्षक वा रोजगारदाता जस्ता तपाई माथी प्रभाव जमाउन सक्ने व्यक्तिले यौन संपर्कको प्रस्ताव/कर गरेमा	

खण्ड ४ : प्रजनन स्वास्थ्य

परिवार नियोजन सम्बन्धि ज्ञान (सबैलाई सोध्ने)

४०१	गर्भ केहि समय पर सार्ने, ढिलो गरी बच्चा पाउने र गर्भधारण नियन्त्रण गर्न प्रयोग गरिने परिवार नियोजनका साधन / तरिका हरुको बारेमा कहिल्यै सुन्नु भएको छ ?	छ	१	
		छैन	२	→ ४०४
४०२	कुन कुन साधन/तरिकाहरुको बारेमा सुन्नुभएको छ सबैको एक एक गरी नाम बताइदिनुहुन्थ्यो कि । *(सुरुमा उत्तरदातालाई बताउने नभनेको र सुनेको साधनको नाम भन्न लगाउने र उत्तरदाताले 'भन्न सकेको' साधनको कोठामा गोलो चिन्ह लगाउने । त्यस पछि उत्तरदाताले नाम भन्न नसकेको साधनको नाम एक एक गरेर पढेर सुनाउने । पढेर सुनाएपछि उत्तरदाताले जो साधनको नाम पहिले नै सुनेको हो भन्ने भएमा सो साधनको कोठामा पनि गोलो चिन्ह लगाउने)*	कण्डोम	१	
		गर्भ निरोधक चक्की (पिल्स)	२	
		गर्भ निरोधक सुइ	३	
		लुप	४	
		महिला बन्ध्याकरण	५	
		पुरुष बन्ध्याकरण	६	
		आपतकालिन गर्भ निरोधक चक्की	७	
		वाह्य स्खलन	८	
		अन्य (खुलाउने)__________		
४०३	के / कसबाट यी साधन / तरिका हरुको बारेमा जानकारी प्राप्त गर्नुभयो ?	पत्रपत्रिका	१	
		रेडियो	२	
		टेलिभिजन	३	
		स्वास्थ्य कार्यकर्ता	४	
		परिवारका सदस्यहरुबाट	५	
		शिक्षकबाट	६	
		साथीबाट	७	
		NGO कार्यकर्ताबाट	८	
		अन्य (खुलाउने)__________		

यौन सम्पर्कको अनुभव भएकाहरुको लागि मात्र *(प्रश्न ४०४ देखि ४१९ (यौनको सहज) मा १ उत्तर आएमा)*

४०४	पहिलोपटक यौन सम्पर्क गर्दा तपाई कति वर्षको हुनुहुन्थ्यो ?	उमेर	____	
		थाहा छैन/सम्झना छैन	९५	
		जवाफ नदिएको	७७	
४०५	पहिलोपटक यौन सम्पर्क गर्दा यौन साथी र तपाई बीच के नाता पर्दथ्यो ?	श्रीमान/श्रीमती	१	
		केटा/केटी साथी	२	
		परिचित व्यक्ति	३	
		शिक्षक / शिक्षिका	४	
		पारिवारिक सदस्य / नातेदार	५	
		पर्यटक	६	
		अन्य (खुलाउने)_____		
		भन्न नचाहेको	७७	
४०६	पहिलोपटक तपाईसँग यौन सम्पर्क गर्ने व्यक्तिको अंदाजी उमेर कति थियो ?	उमेर	____	
		थाहा छैन/सम्झना छैन	९५	
		जवाफ नदिएको	७७	
४०७		चाहेर	१	
		अनायासै	२	
		बलपूर्वक	३	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	

४०८	हाल सम्म र विगत एक वर्षमा कतिजना यौन साथीहरुसँग यौन सम्पर्क गर्नु भयो ?	विवरण	हालसम्म	विगत १ वर्षमा	
		यौन साथीको संख्या	____	____	
		अनगिन्ती	८८	८८	
		थाहा छैन	९५	९५	
		भन्न नचाहेको	७७	७७	

परिवार नियोजनका साधनहरुको बारेमा ज्ञान भएकालाई मात्र सोध्ने (प्रश्न ४०१ मा १ कोड आएकालाई मात्र)

४०९	तपाई तथा तपाईको यौन साथीले कहिल्यै परिवार नियोजनका साधन / तरिकाहरु प्रयोग गर्नु भएको छ ?	छ	१	
		छैन	२ →	४२०
४१०	कुन प्रकारको साधन / तरिका प्रयोग गर्नुभएको छ ? *(बहुउत्तर)*	कण्डोम	१	
		गर्भ निरोधक चक्की (पिल्स)	२	
		गर्भ निरोधक सुइ	३	
		लुप	४	
		आपतकालिन गर्भ निरोधक चक्की	५	
		बाह्य स्खलन	६	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	

४११	पहिलोपटक यौन सम्पर्क गर्दा तपाईले/तपाईको यौन साथीले कुनै परिवार नियोजनको साधन / तरिका प्रयोग गर्नु भएको थियो ?	थियो	१	
		थिएन	२	→ ४१३
		थाहा छैन	९५	→ ४१३
४१२	पहिलो पटक यौन संपर्क गर्दा तपाई वा तपाईको यौन साथीले कुन परिवार नियोजनको साधन / तरिका प्रयोग गर्नु भएको थियो ?	महिला कण्डोम	१	
		पुरुष कण्डोम	२	
		गर्भ निरोधक चक्की (पिल्स)	३	
		गर्भ निरोधक सुइ	४	
		लुप	५	
		आपतकालिन गर्भ निरोधक चक्की	६	
		वाह्य स्खलन गरेको	७	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	
४१३	पछिल्लोपटक यौन सम्पर्क गर्दा तपाई वा तपाईको यौन साथीले परिवार नियोजनको साधन / तरिका अपनाउनु भएको थियो ?	थियो	१	
		थिएन	२	→ ४१५
		थाहा छैन	९५	→ ४१५
४१४	पछिल्लोपटक यौन सम्पर्क गर्दा तपाईले अथवा तपाइको यौन साथीले परिवार नियोजनको कुन साधन / तरिका अपनाउनु भएको थियो ?	महिला कण्डोम	१	
		पुरुष कण्डोम	२	
		गर्भ निरोधक चक्की (पिल्स)	३	
		गर्भ निरोधक सुइ	४	
		लुप	५	
		आपतकालिन गर्भ निरोधक चक्की	६	
		वाह्य स्खलन गरेको	७	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	
४१५	हाल तपाई तथा तपाईको यौन साथीले परिवार नियोजनका कुनै साधन / तरिका प्रयोग गरिरहनुभएको छ ?	छ	१	
		छैन	२	→ ४२०
४१६	कुन प्रकारको साधन / तरिका प्रयोग गरिरहनु भएको छ ?	कण्डोम	१	
		गर्भ निरोधक चक्की (पिल्स)	२	
		गर्भ निरोधक सुइ	३	
		लुप	४	
		आपतकालिन गर्भ निरोधक चक्की	५	
		वाह्य स्खलन	६	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	
४१७	तपाईको विचारमा तपाईले प्रयोग गरिरहेको साधन/तरिका राम्रो छन् जस्तो लाग्छ कि लाग्दैन?	लाग्छ	१	
		लाग्दैन	२	→ ४१९

४१८	यदि राम्रो लाग्छ मने किन? *(बहुउत्तर)*	प्रयोगमा सरलता	१	
		प्रभावकारी	२	
		आर्थिक हिसाबले उपयुक्त	३	
		स्वास्थ्यमा असर नगर्ने	४	
		सन्तान चाहिएमा प्रयोग रोक्न सकिने	५	
		अन्य (खुलाउने)_____		
४१९	सो परिवार नियोजनको साधन / तरिका प्रयोग गर्ने निर्णय तपाई वा तपाईको यौन साथी कस्ले गरेको हो ?	आफैले	१	
		यौन साथीले	२	
		दुबैको सल्लाहले	३	→ ४२१
		जवाफ नदिएको	७७	
		थाहा छैन	९९	
४२०	तपाई वा तपाईको यौन साथीले परिवार नियोजनको साधन / तरिका प्रयोग नगर्नाको मुख्य कारण के हो ? *(एउटा मात्र)*	छोराछोरी जन्माउने योजना भएकोले	१	
		यौन साथी बाहिर गएकोले	२	
		स्वास्थ्यमा असर परेकोले	३	
		साधन महंगो भएकोले	४	
		साधन नपाइएकोले / पहुँचमा नभएकोले	५	
		धार्मिक कारणले	६	
		गर्भपतन सेवा सजिलै पाउने भएकोले	७	
		यौन साथी छुट्टिएर बसेकोले	८	
		अन्य (खुलाउने)_____		

गर्भधारण तथा गर्भपतन [*(यौन सम्पर्कको अनुभव भएका महिलालाई हरेलाई मात्र सोध्ने ४१४ देखि ४१९ (फोहरे महल) मा ? उत्तर आएमा)*]

४२१	तपाई कहिल्यै गर्भवती हुनु भएको छ ?	छ	१	
		छैन	२	→ ४३१
		जवाफ नदिएको	७७	→ ४३१
४२२	तपाई कति पटक गर्भवती हुनु भएको छ ?	गर्भवती भएको पटक	____	
		जवाफ नदिएको	७७	
४२३	पहिलो पटक गर्भवती हुँदा तपाई कति वर्षको हुनुहुन्थ्यो ?	पुरा भएको उमेर वर्षमा_____		
४२४	तपाईलाई कहिल्यै गर्भ तथा प्रसूती सम्बन्धि समस्या आइपरेको छ ?	छ	१	
		छैन	२	→ ४२६
४२५	के कस्तो समस्याहरु आइपरेको थियो ? *(बहुउत्तर)*	योनीबाट रक्तश्राव हुने	१	
		सारै पेट दुख्ने	२	
		चर्को ज्वरो आउने	३	
		बेहोस हुने वा काप्ने	४	
		नराम्रोसंग टाउको दुख्ने वा आँखा तिर्मिर्याउने	५	
		बच्चा तेर्सो भई बसेको	६	
		बच्चा पाउन समस्या	७	
		बच्चा खेर जाने समस्या	८	
		आङ खस्ने समस्या	९	
		अन्य (खुलाउने)_____		

४२६	तपाँईले कहिल्यै गर्भपतन गराउनु भएको छ ?	छ	१	
		छैन	२	→ ४३१
		जवाफ नदिएको	७७	→ ४३१
४२७	के कारणले गर्भपतन गराउनुपरेको थियो ?	बच्चाको रहर पुगेकोले	१	
		स्वास्थ्य समस्याले	२	
		जबर्जस्ती करणीबाट गर्भ रहेकोले	३	
		विवाह अघीनै गर्भ रहेकोले	४	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	
४२८	पछिल्लो पटक गर्भपतन कहाँ गराउनु भएको थियो ?	सरकारी अस्पताल (सरकारले नतोकेको)	१	
		सरकारले तोकेको व्यक्ति र स्वास्थ्य संस्थामा	२	
		निजी अस्पताल	३	
		हेल्थ पोष्ट/सबहेल्थ पोष्ट/प्रा.स्वा.के.	४	
		निजी क्लिनिक	५	
		घरमै (non medical)	६	
		अन्त कतै (खुलाउने)_____		
		जवाफ नदिएको	७७	
४२९	गर्भपतन गर्ने कार्यमा कुन तरिका प्रयोग गरिएको थियो ?	अस्पताल र स्वास्थ्य केन्द्रमा चिकित्सकीय प्रकृया पुऱ्याएर	१	
		धारीलो वस्तुको मद्दतबाट	२	
		औषधी खाएर (allopathic औषधी)	३	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
		जवाफ नदिएको	७७	
४३०	गर्भपतन गराउने कार्यमा को संलग्न थियो (कस्ले गराएको थियो) ?	डाक्टर	१	
		स्वास्थ्यकर्मी	२	
		सुडेनी	३	
		घर परिवारका सदस्य	४	
		साथी	५	
		आफै	६	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
		जवाफ नदिएको	७७	
४३१	नेपालमा गर्भपतनलाई कानूनी मान्यता दिएको कुरा तपाईलाई थाहा छ ?	थाहा छ	१	
		थाहा छैन	२	
४३२	सुरक्षित गर्भपतनको बारेमा कहिल्यै केही कुरा सुन्नुभएको छ ?	छ	१	
		छैन	२	→ ४३५

४३३	सुरक्षित गर्भपतन भन्नाले तपाई के बुझ्नुहुन्छ ?	तालिम प्राप्त स्वास्थ्यकर्मीबाट मात्र गराउने	१	
		सरकारले तोकेको व्यक्ति या स्वास्थ्य संस्थाबाट मात्र गराउने	२	
		अन्य (खुलाउने)_____		
४३४	सुरक्षित गर्भपतनको लागि कहाँ संपर्क गर्नुपर्छ जस्तो लाग्छ ?	गर्भपतनको लागि सरकारबाट स्वीकृती प्राप्त व्यक्ति	१	
		गर्भपतनको लागि सरकारबाट स्वीकृती प्राप्त स्वास्थ्य संस्था	२	
		गर्भपतन सम्बन्धि तालिम प्राप्त व्यक्ति	३	
		सरकारी स्वास्थ्य संस्था	४	
		सुड्केनी	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
		जवाफ नदिएको	७७	
४३५	तँपाईले कहिल्यै आफ्नो यौन साथीसँग निम्न विषयमा कुराकानी (छलफल) गर्नु भएको छ ?			

विषय (पढेर सुनाउने)	छ.....१ छैन.....२
१. गर्भधारण गर्ने नगर्ने विषयमा	
२. एड्स रोकथाम गर्न कण्डोम प्रयोग गर्नु पर्छ भन्ने विषयमा	
३. कण्डोमको प्रयोगबाट यौन सम्पर्कको कारणले सर्ने अरु रोगहरुबाट बच्न सकिने विषयमा	

प्रजनन बारेको सोच (प्रश्न १३० मा १ कोड आएकोलाई मात्र)

४३६	तँपाई थप छोराछोरीहरुको इच्छा राख्नुहुन्छ ?	राख्छु	१	
		राख्दिन	२ →	४४०
४३७	कतिजना सम्म थप बच्चा जन्माउन चाहनु हुन्छ ?	१. छोरा	____	
		२. छोरी	____	
४३८	अघिल्लो बच्चा जन्मेको कति समय पछि अर्को बच्चा होस् भन्ने चाहनु हुन्छ ?	वर्ष	____	
४३९	तपाईको परिवारका अन्य सदस्यले थप बच्चाको चाहना राखेको कुरा लाई कत्तिको महत्व दिएको जस्तो लाग्छ ?	महत्वपूर्ण	१	
		कुनै महत्व राख्दैन	२	
		थाहा छैन	९५	
४४०	के तपाँईलाई सरकारी स्वास्थ्य संस्थामा निःशुल्क प्रसुति सेवा दिईने गरेको बारेमा जानकारी छ ?	छ	१	
		छैन	२ →	५०१
४४१	के तपाँईलाई सरकारी स्वास्थ्य संस्थामा निःशुल्क प्रसुति सेवा बाहेक प्रसुतीका लागि सरकारी स्वास्थ्य संस्थामा गए बापत यातायात खर्च पनि पाउने बारेमा जानकारी छ ?	छ	१	
		छैन	२	

खण्ड ५ : यौन सम्पर्कबाट सर्ने रोगहरु र एच.आई.भी/एड्स (सबैलाई सोध्ने)

यौन सम्पर्कबाट सर्ने रोगहरु बारेको ज्ञान र धारणा

५०१	तपाईले कहिल्यै यौन सम्पर्कबाट सर्ने रोगहरुको बारेमा केही कुरा सुन्नु भएको छ ?	छ	१	
		छैन	२	→ ५०८
५०१a	कुन कुन यौन रोगको बारेमा सुन्नुभएको छ ? (बहुउत्तर)	१. गनोरिया	छ...१, छैन...२	यदि २ उत्तर भएमा ५०८ मा जाने ।
		२. भिरिंगी		
		३. एच.आई.भी. र एड्स		
		४. अन्य (खुलाउने)_____		
५०२	यौन रोग लागेका मानिसलाई के कस्ता लक्षणहरु देखा पर्दछन् बताई दिनुहुन्थ्यो कि ? (बहुउत्तर)	प्रजनन अंगबाट तरल पदार्थ बगी रहने	१	
		प्रजनन अंग दुख्ने, चिलाउने	२	
		प्रजनन अंगमा घाउ खटिरा आउनु वा सुन्निने	३	
		पिसाब पोल्ने	४	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
५०३	तपाईको विचारमा यौनजन्य सरुवा रोगहरु सर्नबाट कसरी बच्न सकिन्छ ? (बहुउत्तर)	यौन संपर्क नगर्ने	१	
		एउटै यौन साथीसँग बस्ने	२	
		कण्डोम प्रयोग गर्ने	३	
		व्यवसायीक यौनकर्मीसंग यौन सम्पर्क नगर्ने	४	
		रोगबाट बच्न केहि गर्न सकिँदैन	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
५०४	यौनजन्य सरुवा रोग लागेमा उपचारको लागि रोगीले कहाँ सम्पर्क गर्नु पर्दछ ?	स्वास्थ्य संस्था, मिसिटी केन्द्र	१	
		आध्यात्मिक गुरु / धामी झाँक्री	२	
		अन्य (खुलाउने)_____	३	
		थाहा छैन	९५	
५०५	<u>प्रश्न ३१४ देखि ३९९ (चौथो महल) मा १ उत्तर आएको भए</u> तपाईलाई कहिल्यै यौनजन्य रोग लागेको छ ?	छ	१	
		छैन	२	→ ५०८
		जवाफ नदिएको	७७	→ ५०८
५०६	छ भने, कुन यौनजन्य रोग लागेको थियो ?	गोनोरीया	१	
		भिरंगी	२	
		एचआइभी / एड्स	३	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	

५०७	कहाँ उपचार गराउनुभयो ?	सरकारी अस्पताल	१	
		निजी अस्पताल / क्लिनिक	२	
		हेल्थ पोष्ट/सबहेल्थ पोष्ट/प्रा.स्वा.के.	३	
		औषधि पसल	४	
		घरमै उपचार गरेको	५	
		धामीझाँक्री / झारफूक	६	
		अन्य (खुलाउने)_____		
		जवाफ नदिएको	७७	

विद्यालय यौन शिक्षा (प्रश्न १०५ चेक गरी यदि स्कूल, कलेज वा विश्वविद्यालय गएको भन्ने भए अथवा १ कोड आएको भए मात्र प्रश्न ५०८ देखि ५१० सोध्ने)

५०८	स्कूल / कलेजमा कहिल्यै मानिसका प्रजनन अङ्गहरुका बारेमा पढाइ भयो कि भएन ?	भयो	१	
		भएन	२	
		थाहा छैन	९५	
५०९	केटा र केटीका प्रजनन अङ्गहरु के के हुन बताइ दिनुहुन्थ्यो कि ? *(कोही पनि थाहा छैन भन्ने उत्तर आएमा ९५ कोड लगाए गर्नु)*	१. _____ २. _____ ३. _____ ४. _____ ५. _____		
५१०	स्कूल / कलेजमा कहिल्यै यौन रोगहरुको बारेमा पढाइ भयो कि भएन ?	भयो	१	
		भएन	२	
		थाहा छैन	९५	

एच.आई.भी/एड्स बारे ज्ञान/सोच (सबैलाई सोध्ने)

५११	तपाईंले कहिल्यै एच.आइ.भी / एड्सको बारेमा केही कुरा सुन्नुभएको छ ? *यदि भन्न ५०१: को तेस्रो महलमा २ आएको भए भन्न यो भन्न सोध्नुहोस् यदि त्यस महलमा कोड १ आएको भए यस भन्नको उत्तरमा पनि कोड १ मा गोलो चिह्न लगाउनुहोस् ।*	छ	१	
		छैन	२	→ ६०१
५१२	एच.आइ.भी / एड्सको बारेमा के / कसबाट सुन्नुभएको/ जानकारी प्राप्त गर्नुभएको हो ? *(बहुउत्तर)*	पत्रपत्रिका	१	
		रेडियो	२	
		टेलिभिजन	३	
		स्वास्थ्य कार्यकर्ता	४	
		परिवारका सदस्यहरुबाट	५	
		शिक्षकबाट	६	
		NGO कार्यकर्ताबाट	७	
		साथीहरुबाट	८	
		अन्य (खुलाउने)_____		

५१३	तपाईको विचारमा कुनै व्यक्तिलाई एच.आइ.भी / एड्स कसरी सर्दछ ? (बहुउत्तर)	एचआईभी/एड्स लागेका व्यक्तिसंग यौन संपर्क गरेमा	१	
		संक्रमित व्यक्तिले प्रयोग गरेको सुई प्रयोग गरेमा	२	
		आमाको गर्भबाट बच्चालाई	३	
		दैरैजनासंग कण्डोम प्रयोग नगरी यौन सम्पर्क गरेमा	४	
		समान लिङ्गीसंग यौन सम्पर्क गरेमा	५	
		एचआईभी/एड्स लागेका व्यक्तिलाई टोकेको लामखुट्टेले टोकेमा	६	
		एचआईभी/एड्स लागेका व्यक्तिहरुसंग चुम्बन गर्दा	७	
		एचआईभी/एड्स लागेका व्यक्तिसंग हात मिलाउँदा	८	
		एचआईभी/एड्स लागेका व्यक्तिको जुठ्ठे खाँदा	९	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
५१४	कहिल्यै एच.आई.भी परीक्षण गराउनु भएको छ ?	छ	१	
		छैन	२	
५१५	यदि पसलेलाई एच.आइ.भी / एड्स लागेको थाहा पाएमा त्यो पसलबाट तरकारी र अन्य सामानहरु किन्नु हुन्छ ?	किन्छु	१	
		किन्दिन	२	
५१६	यदि तपाइले एच.आइ.भी / एड्स लागेको व्यक्तिले काम गरेको रेष्टुरा हो भन्ने थाहा भएमा त्यहाँ गएर खाना खानु हुन्छ ?	खान्छु	१	
		खाँदिन	२	
५१७	यदी तपाईको परिवारका कुनै सदस्यलाई एच.आइ.भी / एड्स लागेको थाहा भएमा तपाई गोप्य राख्नु हुन्छ ?	गोप्य राख्छु	१	
		गोप्य राख्दिन	२	
५१८	यदी कुनै व्यक्तिलाई एच.आइ.भी / एड्स लागेमा तपाई आफ्नै घरमा राखेर उपचार गराउन चाहनु हुन्छ ?	चाहन्छु	१	
		चाहन्न	२	
५१९	यदी तपाईको यौन सहयोगी घरछाडी अन्यत्र जाने भएमा यौन सम्पर्क गर्नु पर्दा कण्डोम प्रयोग गर्ने सल्लाह दिनुहुन्छ?	दिन्छु	१	
		दिन्न	२	
५२०	यदी कुनै शिक्षक । शिक्षिका लाई एच्आइभी / एड्स लागेको छ भने निजसंगको पढाई लगातार अगाडि बढाउनुहुन्छ ?	बढाउँछु	१	
		बढाउँदिन	२	
५२१	तपाँईको विचारमा एच.आइ.भी. / एडस् सम्बन्धी निम्न विषयमा के धारणा छ ?			

विवरण	सकारात्मक....१ नकारात्मक ...२ थाहा छैन.....९५
१. यौन संपर्क गर्दा कण्डोम प्रयोग गरेमा एच.आइ.भी एड्स / एड्स सर्नबाट बच्न सकिन्छ ।	
२. देख्दा स्वस्थ देखिने व्यक्ति एच.आइ.भी / एड्स रोगबाट पीडित हुनसक्छ ।	
३. पहिलोपटक यौन सम्पर्क गर्दा एच.आइ.भी / एड्स सर्न सक्छ ।	
४. एच.आइ.भी / एड्स निको हुदैन ।	
५. एच.आइ.भी / एड्सको उपचार हुदैन ।	
६. परम्परागत झारफुकबाट एच.आइ.भी / एड्सको उपचार हुन सक्छ ।	
७. एच.आइ.भी / एड्स काल्पनिक कुरा मात्र हो ।	
८. एच.आइ.भी / एड्स बारेमा सोच्दा यसले तपाँईलाई चिन्तीत बनाउँछ ।	
९. प्रचार गरिए जस्तो एच.आइ.भी / एड्स ठूलो समस्या होइन ।	
१०. जताभावी यौन संपर्क गर्दा यौनजन्य रोग तथा एच.आइ.भी / एड्स सर्ने कुराले तपाँईलाई डर लाग्छ ।	
११. तपाँईलाई एच.आइ.भी /एड्सबाट सर्नबाट भन्ने तरिकाहरु अप्नाउन पुरै सक्षम छु जस्तो लाग्दछ ।	
१२. एड्सले मान्छेको ज्यान लिन सक्छ ।	

खण्ड ६ : युवा वर्गको सहभागिता । दैनिकी

माया पिरती : अविवाहित लाई सोध्ने *(नाम १२२ मा १ २ ९ उमेर आएकालाई मात्र सोध्ने)*

६०१	साधारणतया तपाईंको सम्पर्कमा रहेका घनिष्टसाथीहरु मध्ये कति जना महिला, पुरुष तथा अन्य लिंगका व्यक्तिहरु छन् ?	१. पुरुषहरुको संख्या	____	
		२. महिलाहरुको संख्या	____	
		३. अन्य (खुलाउने)_____	____	
६०२	तपाईले कहिल्यै केटासंग माया पिरती गाँस्नु भएको छ ? अथवा तपाईले कहिल्यै केटीसंग माया पिरती गाँस्नु भएको छ ?	छ	१	
		छैन	२ →	६१२
६०३	तपाईले आफू कति वर्षको हुँदा पहिलो पटक माया पिरती गाँस्नु भएको थियो ? वा Girfriend /Boyfriend बनाउनु भएको थियो ?	उमेर	____	
		सम्झना छैन / जवाफ नदिएका	७७	
६०४	के तपाईले अहिले पनि कोही केटा / केटी सित माया पिरती गाँस्नु भएको छ ?	छ	१	
		छैन	२ →	६११
६०५	तपाईको उ / उनीसंग माया पिरती भएको कति समय भयो ? *(वर्षलाई महिनामा परिवर्तन गरी लेख्ने)*	वर्ष *(एक महिना भन्दा कम भए ०० लेख्ने)*	____	
		सम्झना छैन / जवाफ नदिएको	७७	
६०६	विगत एक महिनामा तपाईले उ / उनीसँग कति पटक भेटघाट गर्नु भयो ?	एक पटक	१	
		१-५ पटक	२	
		६-१० पटक	३	
		१० पटक भन्दा बढी	४	
		उ/उनी यहाँ नभएको	५	
		अन्य (खुलाउने)_____		
		थाहा छैन / जवाफ नदिएको	७७	
६०७	के तपाईको उ / उनी सँगै बिहे गर्ने योजना छ ?	छ	१	
		छैन	२	
		थाहा छैन / जवाफ नदिएको	९५	
६०८	तपाईं साधारणतया उ / उनीसंगको भेटघाटको समय कसरी बिताउनु हुन्छ ? *(बहुउत्तर)*	घुमफिर / कुराकानी	१	
		डिस्को/कन्सर्ट । पार्टी	२	
		मध्यपान	३	
		सिनेमा हेरेर	४	
		अन्य (खुलाउने)_____		
६०९	के तपाईले उ / उनीसंग भेटघाट हुँदा यौन संतुष्टीको लागि चुम्बन, यौनअंग छुने चलाउने जस्ता यौन क्रियाकलापहरु पनि गर्ने गर्नुहुन्छ ?	गरिन्छ	१	
		गरिदैन	२	
६१०	के तपाईले उ / उनीसंग भेटघाट हुँदा यौन सम्पर्क पनि गर्नु भएको छ ?	छ	१	
		छैन	२	
६११	हालसम्म तपाईले कति जनासंग माया पिरती गाँस्नु भयो ?	जम्मा संख्या	____	
६१२	तपाईलाई आफ्नो चाहीं प्रेमी र प्रेमीका नहुँदा कस्तो लाग्छ ?	नराम्रो लाग्छ	१	
		पछुतो लाग्छ	२	
		त्यस्तो केही लाग्दैन	३	
		अन्य (खुलाउने)_____		

वैवाहिक सम्बन्ध (विवाहित अथवा प्रश्न १२२ मा २ देखि ४ कोड आएकालाई मात्र)

६१३ विगत १२ महिना भित्रमा तपाई तथा तपाईको श्रीमान / श्रीमतीबीच विभिन्न विषयहरुमा कत्तिको छलफल हुने गरेको थियो तथा ती विषयहरुमा कत्तिको सहमति हुने गरेको थियो भन्ने बारेमा केही प्रश्नहरु सोध्न चाहान्छु ।

विवरण	धेरैजसो.................१ कहिलेकाहीं.............२ कहिल्यै पनि नहुने.....३ लागू नहुने...........९९
१. परिवारको महत्वपुर्ण विषयहरुमा कत्तिको छलफल हुने गर्थ्यो ? *(जग्गा खरिद बिक्री, बिवाह, बच्चाहरुलाई सम्पत्तिहरुको विभाजन गर्ने, लगानी, पैसाको लेनदेन आदि)*	
२. कुनै कुराको निर्णय लिंदा कत्तिको असहमती हुने गर्थ्यो ?	
३. एक आपसमा कत्तिको आलोचना हुने गर्थ्यो ?	
४. कतिवटा बच्चा बच्ची जन्माउने बारेमा कत्तिको छलफल हुने गर्थ्यो ?	
५. परिवार नियोजनको साधन प्रयोगबारे कत्तिको छलफल हुने गर्थ्यो ?	
	छ...१, छैन...२, लागू नहुने..९९
६. *(पुरुष उत्तरदाता भए)* तपाईले श्रीमतीलाई कुट्नु भएको छ ?	
७. *(महिला उत्तरदाता भए)* तपाईले श्रीमान्लाई कुट्नु भएको छ ?	

६१४ आजकल श्रीमान श्रीमतीबीचको मायापिरती कत्तिको राम्रो छ ?

धेरै राम्रो	१
राम्रो	२
नराम्रो	३
धेरै नराम्रो	४

युबा सहभागीता

६१५. हाल तपाई .... संघ, संस्था वा समुहको सदस्य हुनुहुन्छ ?

समुह/संगठन	B. तपाई यस समुहमा सदस्य हुनुहुन्छ ? छु.......१ छुइन....२→Next	C. तपाई उक्त संस्थाको कार्यकारिणीमा हुनुहुन्छ ? छु..........१ छुइन.......२
१५-२४ वर्ष उमेर भएकालाई :		
१. पानी उपभोक्ता समुह		
२. सामुदायिक वन उपभोक्ता समुह		
३. लघु कर्जा समुह		
४. बचत/ऋण समुह		
५. महिला/आमा समुह *(महिलालाई मात्र)*		
६. जलविद्युत् उपभोक्ता समुह		
७. गैरसरकारी सङ्गठन (NGO)		
८ स्थानीय क्लब *(युवा क्लब बाहेक)*		
९. समुदायमा आधारित सङ्गठन (CBO)		
१०. राजनीतिक दल/मातृ सङ्गठन		
११. जातीय सङ्गठन		
१२. स्थानीय सरकार (वडा/गाविस/नपा/जिविस)		
१३. पेशागत समुह		
१४. सहकारी		
१५. कृषि समुह		
१६. युवा क्लब		
१७. शान्ति समिति		
१८. विद्यालय, स्वास्थ्य संस्था संचालक समिति		
१०-१५ वर्ष उमेर भएकालाई :		
१९. बाल क्लब		

यदि प्रश्न, B को सबै महलमा २ आएमा ६१७ मा जाने ।

६१६	..... को बैठकहरुमा कत्तिको भाग लिने गर्नु भएको छ ?	कहिल्यै पनि भाग नलिएको	१	
		सबै मिटिङ्गमा	२	
		धेरैजस्तो मिटिङ्गमा	३	
		कुनै कुनै मिटिङ्गमा	४	
६१७	तपाईको समुदायमा युवा सूचना केन्द्रहरु छन् ?	छन्	१	
		छैनन्	२	→ ६२०
		थाहा छैन	९५	
६१८	तपाई कहिल्यै सो सूचना केन्द्रहरुमा सेवा लिन जानु भएको छ ?	छ	१	
		छैन	२	→ ६२०
६१९	सूचना केन्द्रबाट उपलब्ध हुने सुचनाहरु/सेवाहरु युवाहरुको आवश्यकतालाई पुरा गर्न पर्याप्त छिए भन्ने लाग्छ कि लाग्दैन ?	लाग्छ	१	
		लाग्दैन	२	
		थाहा छैन	९५	

अन्तरपुस्ता सम्बन्ध

६२० तपाँई र तँपाईको परिवार बिचको सम्बन्ध कस्तो छ ?

बिबरण *(पढ्ने र बुझ्ने)*	रामो.....१ नरामो .....३ लागु नहुने...९९
१. तपाई र आमा बीच	
२. तपाई र सासू बीच	
३. तपाइ र बाबु बीच	
४. तपाई र ससुरा बीच	
५. बाबु र आमा बीच	
३. सासु र ससुरा बीच	

६२१ अब म तपाँईको व्यक्तिगत स्वतन्त्रताको बारेमा तपाँईलाई केही प्रश्नहरु सोध्न चाहान्छु ।

बिबरण	बक्सर.....१ कहिले काही.....२ कहिलै नगर्ने.....३ लागु नहुने.....९९
१. तपाईको बाबु/आमा अथवा सासु/ससुराले तपाई र तपाईको बिचारको कत्तिको आलोचना गर्नुहुन्छ ?	
२. तपाईले गरेको कामको तपाईको बाबु/आमा अथवा सासु/ससुराले कत्तिको प्रशंसा गर्नुहुन्छ ?	
३. तपाईलाई ईच्छा लागेको काममा तपाईको बाबु/आमा अथवा सासु/ससुराले कत्तिको महत गर्नुहुन्छ ?	
४. तपाईलाई बाबु/आमा अथवा सासु/ससुराले उनीहरुलाई समस्या आइपर्दा त्यस्को लागि तपाईलाई कत्तिको दोष दिनुहुन्छ ?	
५. तपाईको जीवनसंग सरोकार राख्ने बिषयमा तपाईको बाबु/आमा अथवा सासु/ससुराले तपाईसंग कत्तिको सल्लाह लिने गर्नुहुन्छ ?	

६२२	तपाईको जीवनसंग सरोकार राख्ने बिषयमा तपाईको बाबु/आमा, सासु/ससुरा अथवा अभिभावकले तपाईसंग सल्लाह लिनु पर्छ जस्तो लाग्छ कि लाग्दैन ?	लाग्छ	१	
		लाग्दैन	२	
		थाहा छैन	९५	

६२३	तपाइको साथीहरु को को हुन् भन्ने बारेमा बाबु/आमा, सासु/ससुरा अथवा अभिभावकलाई कत्तिको जानकारी दिनुभएको छ ?	सबै कुरा (पुरै)	१	
		केही (आंशिक)	२	
		केही पनि जानकारी नदिएको	३	
६२४	कसैको पनि अनुमति नलिई तपाईं कुनै पनि काममा घरबाहिर (माइत, हाटबजार, मन्दिर, गुम्बा, चर्च, भेटघाट, भोजभतेर, सिनेमा, आदि) जान सक्नुहुन्छ ?	सक्छु	१	
		सक्दिन	२	
६२५	माइत, हाटबजार, मन्दिर, गुम्बा, चर्च, भेटघाट, भोजभतेर, सिनेमा आदिमा गएर घर फर्कंदा राती अबेर भएमा तपाईंको बाबु आमा, सासु ससुरा अथवा अभिभावकले कस्तो प्रतिक्रिया दिनुहुन्छ ?	शान्तपूर्वक छलफल गर्दछन्/सम्झाउछन्	१	
		बेवास्ता गरेको बहाना गरी केहि नभए जस्तो गर्छन	२	
		कराउने / गाली गर्ने गर्दछन्	३	
		शारीरिक दण्ड दिन्छन्	४	
		यस्तो अवस्था नआएको	५	
		अन्य (खुलाउने)_____		
६२६	परिवारका सदस्यहरुसंग चिनजान नभएको व्यक्तिहरुसंग घुमफिर गर्दा तपाईंको अभिभावकले तपाईलाई के कस्तो व्यवहार गर्नुहुन्छ ? *(कुनै हुँदै होइन भने)*	शान्तपूर्वक छलफल गर्दछन/सम्झाउछन्	१	
		बेवास्ता गरेको बहाना गरी केहि नभए जस्तो गर्छन	२	
		कराउने र गाली गर्ने गर्दछन्	३	
		शारीरिक दण्ड दिन्छन्	४	
		यस्तो अवस्था नआएको	५	
		अन्य (खुलाउने)_____		
६२७	यदी तपाईलाई केही (भावनागत वा व्यक्तिगत सम्बन्धको समस्या) समस्या आइपरेमा सहयोगको लागि सबभन्दा पहिले कसलाई भन्नुहुन्छ ?	आफ्नो आमा/सासु	१	
		आफ्नो बाबु/ससुरा	२	
		श्रीमान् / श्रीमती	३	
		दाजुभाइ	४	
		दीदी, बहिनी	५	
		भाउजु, बुहारी	६	
		नातेदार	७	
		केटा/केटी साथी	८	
		कसैलाई नभन्ने	९	
		अन्य (खुलाउने)_____		

खण्ड ७ : मादक पदार्थ, सूर्तीजन्य पदार्थ र लागू औषधि सम्बन्धी क्रियाकलाप

	विवरण	A. तपाईको कुनै साथीले... सेवन गर्छ? छ.....१ छैन.....२ थाहा छैन ....९५ जवाफ नदिएको...७७	B. तपाईले कहिल्यै ...सेवन गर्नु भएको छ ? छ.....१ छैन.....२ जवाफ नदिएको...७७ (यदि कोड २ वा ७७ भएमा, अर्को E मा जानुहोस्)	C. तपाईं .... कतिको सेवन गर्नु हुन्छ? प्रत्येक दिन.....१ हरेक हप्ता.....२ कहिलेकाहीं.....३ जवाफ नदिएको...७७	D. तपाईं .....को सेवन छाड्न सजिलो भन्ने कुरामा कतिको विश्वस्त हुनुहुन्छ? पुरै विश्वस्त.....१ विश्वस्त.....२ अविश्वस्त.....३ पुरै अविश्वस्त.....४	E. यदि तपाईलाई कसैले ... सेवन गर्न प्रस्ताव/कर गर्यो भने म ... सेवन गर्दिन भन्ने कुरामा कतिको विश्वस्त हुनुहुन्छ ? पुरै विश्वस्त.....१ विश्वस्त.....२ अविश्वस्त.....३ पुरै अविश्वस्त.....४
७०१	मादक पदार्थ (जाँड, रक्सी, बियर, वाईन, आदि)					
७०२	चुरोट, सूर्ती वा अन्य सूर्तीजन्य पदार्थहरुको सेवन					
७०३	गाँजा वा सोबाट बनेको पदार्थ					
७०४	अफिम वा सोबाट बनेको पदार्थ					
७०५	कोकाको झारपात वा सोबाट बनेको पदार्थ					
७०६	डाक्टरको सल्लाहबिना प्रयोग गरिएको ल्याउने, आनन्द लिने, निद्रा लगाउने प्रकारको सुईबाट लिने नशा (खुलाउने)_____					
७०६a	डाक्टरको सल्लाहबिना प्रयोग गरिएको ल्याउने, आनन्द लिने, निद्रा लगाउने प्रकारको औषधी (खुलाउने)_____					
७०७	अन्य (खुलाउने)_____					

खण्ड ८ : दुर्व्यवहारपूर्ण तथा असामाजिक क्रियाकलाप

८०१	विगत १ वर्ष भित्रमा तपाईको परिवारका सदस्यहरु मध्ये कसैले तपाईलाई पिटेको छ ?	छ	१	
		छैन	२	→ ८०४
८०२	कसले पिटेको थियो ? (सबै उत्तर)	बुबा / हजुरबुबा	१	
		आमा / हजुरआमा	२	
		ससुरा	३	
		सासु	४	
		श्रीमान	५	
		श्रीमती	६	
		दाजु/भाई	७	
		दिदि/बहिनी	८	
		अन्य (खुलाउने)_____		
		भन्न नचाहेको	७७	

८०३	पिटाइबाट चोटपटक लागी अथवा घाइते भई उपचार गर्नुपरेको थियो कि थिएन ?	थियो	१	
		थिएन	२	
८०४	विगत १ वर्ष भित्रमा तपाईको परिवार बाहिरका कसैले तपाईलाई पिटेको छ ?	छ	१	
		छैन	२	→ ८०६
८०५	पिटाइबाट चोटपटक लागी अथवा घाइते भई उपचार गर्नुपरेको थियो कि थिएन ?	थियो	१	
		थिएन	२	

८०६ तपाई संलग्न हुनु भएको वा नभएको विभिन्न क्रियाकलाप बारे अब म केही सोध्न चाहन्छु । तपाईले सो क्रियाकलाप गरेको या नगरेको कृपया भनिदिनु हुन अनुरोध छ ।

विवरण	छ.....१ छैन.....२ जवाफ नदिएको..७७	यदि २ उत्तर आएमा ८०८ मा जाने
१. घरपरिवारकै नगद तथा सम्पत्ति चोरेको		
२. जानीजानी अरुको सम्पत्तिमा क्षती पुऱ्याउने वा नष्ट गर्ने काम		
३. कसैको सामान चोर्ने काम *(यात्रुको वा मोटर साईकल जस्ता सवारी साधन समेत)*		
४. कुनै वस्तु चोरी गर्नको लागि तपाईले हतियार प्रयोग गरेको		
५. तपाईले कसैको हाते ब्याग वा मनी ब्याग खोस्नु भएको वा कसैको पाकेट मार्ने काम		
६. तपाईले कसैलाई गम्भीर रुपले चोट पुऱ्याउने वा यस्तो अवस्था सृजना गरी गम्भीर झगडामा वा कुनै प्रकारको क्षति पुऱ्याउने अभिप्रायले आक्रमण		
७. तपाईले कहिल्यै गाँजा (चीलीम वा अप्रशोधित) चरेश अन्य हिरोइन, कोकिन, एल.एस.डी. जस्ता कडा लागू पदार्थहरु बिक्री गरेको वा बिक्री गर्न सहयोग पुऱ्याउने काम		

८०७	पहिलो पटक माथि उल्लेखित कुनै एक कार्य गर्दा तपाईको उमेर कति थियो ?	*पुरा भएको उमेर वर्षमा*_____		
८०८	तपाई कहिल्यै हिरासत वा जेलमा पर्नु भएको छ ?	छ	१	
		छैन	२	→ ९०१
८०९	हिरासत वा जेलमा (पहिलो पटक) पर्दा तपाई कति वर्षको हुनु हुन्थ्यो?	*पुरा भएको उमेर वर्षमा*_____		
८१०	हिरासत वा जेलमा पर्दा प्रहरीको व्यवहार कस्तो पाउनु भएको छ ?	सहयोगी / सकारात्मक	१	
		विर्सनलायक / नकारात्मक	२	
		कुनै प्रतिक्रया छैन	७७	

खण्ड ९ : ज्येष्ठ नागरिक प्रतिको सोच

९०१ ज्येष्ठ नागरिकप्रतिको तपाईको धारणा बारे अब म केही सोध्न चाहन्छु । मैले सोध्ने कुराहरुमा तपाई सहमत कि असहमत हुनुहुन्छ कृपया भनिदिनु होला ।

विवरण	सहमत.....१ असहमत.....२ थाहा छैन....९५
१. ज्येष्ठ नागरिकहरुलाई सम्मान गर्नु पर्छ ।	
२. ज्येष्ठ नागरिकहरु केही नगर्ने हुँदा उनीहरुबाट हामीलाई केही सहयोग मिल्दैन ।	
३. हामीले ज्येष्ठ नागरिकले भनेको सबै कुराहरु मान्नु पर्दछ ।	
४. परिवारका ज्येष्ठ सदस्यले अध्ययन र राम्रो शिक्षामा केन्द्रीत हुन जोड दिन्छन् ।	
५. जेष्ठ सदस्यहरुले अतिरिक्त क्रियाकलापहरुमा संलग्न भएको कुरा रुचाउँदैनन् ।	
६. ज्येष्ठ नागरिकसंग भएका सीप र अनुभव हाम्रोलागि उपयोगी हुन्छन् ।	
७. हामीले ज्येष्ठ नागरिकहरुको हेरविचार गर्नुपर्दछ ।	

खण्ड १० : संचार सम्बन्धी ज्ञान र व्यवहार

१००१	तपाई रेडियो/एफ.एम कतिको सुन्नुहुन्छ ?	सधैं	१	
		हप्ताको कम्तीमा एक पटक	२	
		हप्ताको कम्तीमा एक पटक पनि नसुनेको	३	
		कहिल्यै नसुनेको	४	→ १००३
१००२	धेरैजसो तपाई रेडियो/एफ.एम कुन समयमा सुन्नुहुन्छ ?	बिहान	१	
		दिउँसो	२	
		साँझमा	३	
		राती	४	
१००३	तपाई टेलिभिजन कतिको हेर्नु हुन्छ ?	सधैं	१	
		हप्ताको कम्तीमा एक पटक	२	
		हप्ताको कम्तीमा एक पटक पनि नहेरेका	३	
		कहिल्यै नहेरेको	४	→ १००९
१००४	तपाईलाई कुन भाषाको च्यानल बढी मनपर्छ ? (बढीमा दुई वटा भन्न)	नेपाली	१	
		हिन्दी	२	
		अंग्रेजी	३	
		मैथिली	४	
		भोजपुरी	५	
		अन्य (खुलाउने)_____		
१००५	तपाईको मन पर्ने च्यानलमा धेरैजसो कुन कार्यक्रम हेर्नुहुन्छ ?	समाचार	१	
		टेलिशृङ्खला	२	
		खेलकुद	३	
		म्युजिक भिडियो	४	
		सिनेमा	५	
		धार्मिक	६	
		कार्टुन	७	
		अन्य (खुलाउने)_____		
१००६	धेरैजसो तपाईं कुन समयमा टि.भी हेर्नुहुन्छ ?	बिहान	१	
		दिउँसो	२	
		साँझमा	३	
		राती	४	
१००७	बिगत एक वर्ष भित्र टि. भी. मा आउने स्वास्थ्य तथा जनसंख्या सम्बन्धी जनचेतनामूलक टेलिशृङ्खला कतिको हेर्नुभयो ?	सधैं	१	
		कहिलेकाहीं	२	
		कहिल्यै पनि हेरिन	३	→ १००९

१००८	कृपया तपाईंले हेरेको कार्यक्रमहरुको नाम मनिदिनुहोस् न । *(कहिल्यै नहेरे यस्मा लेख्नुहोस्)*	१	_____	
		२	_____	
		३	_____	
१००९	तपाई पत्रपत्रिका कत्तिको पढ्नु हुन्छ ?	सधैं	१	
		हप्ताको कम्तीमा एक पटक	२	
		हप्ताको कम्तीमा एक पटक पनि नपढ्ने	३	
		कहिल्यै नपढेको	४	→ १०११
		अन्य (खुलाउने)_____	५	
१०१०	तपाईंलाई कुन भाषाको पत्रिका बढी मन पर्छ ?	नेपाली	१	
		हिन्दी	२	
		अंग्रेजी	३	
		मैथिली	४	
		भोजपुरी	५	
		अन्य (खुलाउने)_____		
१०११	तपाईले कहिल्यै अश्लील सामग्री पढ्नु वा हेर्नु भएको छ ?	छ	१	
		छैन	२	
		अश्लील सामग्री बारे थाहा छैन	९५	
१०१२	बिगत ६ महिनामा के तपाईले रेडियो, टेलिभिजन वा पत्रपत्रिका मा कण्डम बारे हेर्नु वा सुन्नु भएको छ ?	छ	१	
		छैन	२	
१०१३	बिगत ६ महिनामा के तपाईले रेडियो, टेलिभिजन वा पत्रपत्रिकामा एच.आई.भी/एड्स बारे सुन्नु, हेर्नु, वा पढ्नुभएको भएको छ ?	छ	१	
		छैन	२	
१०१४	तपाईको निजी प्रयोगको लागि (आफ्नै) मोबाइल फोन छ कि छैन ?	छ	१	
		छैन	२	
१०१५	तपाई ईन्टरनेट (internet) कत्तिको प्रयोग गर्नुहुन्छ ?	सधैं	१	
		कहिलेकाहीं	२	
		कहिल्यै पनि नगरेको	३	→ १०१७
		Internet पहुँचमा नभएको	४	→ १०१७
१०१६	धेरैजसो के को लागि ईन्टरनेटको प्रयोग वा खोजी गर्नुहुन्छ ?	स्वास्थ्य सम्बन्धि जानकारी लिन	१	
		राष्ट्रिय अन्तर्राष्ट्रिय समाचार अध्यावधिक हुन	२	
		खेलकूद समाचार पढ्न	३	
		Internet पहुँचमा नभएको	४	
		फिल्म हेर्न	५	
		गेम (game) खेल्न	६	
		च्याट गर्न	७	
		अश्लिल सामग्री हेर्न/पढ्न	८	
		अन्य (खुलाउने)_____		

१०१७	तपाई मनोरञ्जनको लागि धेरैजसो के गर्नुहुन्छ ?	सिनेमा हेर्ने	१
		साथीहरुसंग घुमफिर गर्न जाने	२
		टि. भी. हेर्ने	३
		Internet मा गेम खेल्ने / फिल्म हेर्ने	४
		तास खेल्ने	५
		खेलकुदमा जाने	६
		केटी / केटा साथीसंग घुम्न जाने	७
		संगीत सुन्ने	८
		भिडियो गेम खेल्ने	९
		केही नगर्ने	१०
		अन्य (खुलाउने)_____	

खण्ड ११ : लैङ्गिक भूमिका प्रतिको सोच

११०१ अब म तपाईंलाई महिला र पुरुषको भूमिका प्रति तपाईको धारणा बारे केही सोध्न चाहन्छु ।

तपाईंको विचारमा (पढेर सुनाउने)	सहमत.....१ असहमत.....२ थाहा छैन....९५
१. पुरुष तथा महिलाहरुको अधिकार समान हुनु पर्दछ ।	
२. केटाहरुले पनि घरधन्धा गर्नु उचित छ ।	
३. सम्बन्धको कुरा गर्दा महत्वपूर्ण निर्णयहरुमा केटा र केटी साथीहरुको समान सहभागिता हुनु पर्दछ ।	
४. परिवारमा आर्थिक श्रोतको कमी हुँदा केटाहरुलाई मात्र स्कुल पठाउनु पर्दछ ।	
५. परिवारमा पुरुष सदस्यले आफ्नो लुगा फाटा धुने र खाना पकाउने काम महिला सदस्यले गरिदेओस् भन्ने आशा गर्नु राम्रो हुन्छ ।	
६. हाम्रो समुदायमा गाउँ शहरमा महिलाले पनि पुरुषले जत्तिकै नेतृत्वदायी भूमिका पाउनु पर्दछ ।	
७. श्रीमानले श्रीमतीको स्वीकृति बिना यौन सम्पर्क राख्नु उचित छ ।	
८. केटा साथी/श्रीमानले आफ्नो नियन्त्रण देखाउन केटी साथी/श्रीमतीलाई कुट्नु ठिक छ ।	
९. केटी साथीले केटा साथी आफू प्रति इमान्दार हुनु पर्छ भन्ने आशा राख्नु पर्छ ।	

११०२	कतिपय विवाहित जोडीहरुले छोरीको भन्दा छोराको बढी चाहना राख्ने गर्दछन् । तपाईलाई यस्तो कुरा मन पर्छ कि पर्दैन ?	मनपर्छ	१
		मनपर्दैन	२

खण्ड १२ : मानव बेचबिखन सम्बन्धि ज्ञान र धारणा

१२०१	तपाईले कहिल्यै महिला बेचबिखन बारे सुन्नु भएको छ ?	छ	१
		छैन	२ → १३०१
१२०२	तपाईको विचारमा महिलाहरुलाई कस्तो तरिकाले बेचबिखनमा पारिन्छ जस्तो लाग्छ ?	स्वेच्छाले	१
		जबर्जस्ती उठाएर लाने (kidnapping)	२
		झुक्याएर	३
		लोभ लालच देखाएर	४
		अन्य (खुलाउने)_____	
		थाहा छैन	९५

१२०३	महिला बेचबिखनमा मुख्यत: को संलग्न हुने ठान्नुहुन्छ ?	श्रीमान्	१	
		श्रीमान बाहेक घर परिवारका अन्य सदस्यहरु	२	
		नातेदार	३	
		दलालहरु	४	
		स्थानीय समुदायका मानिसहरु/छिमेकी	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१२०४	तपाईंलाई महिला बेचबिखनको कारणहरु के के हुन जस्तो लाग्दछ ? *(बहुउत्तर)*	गरिबी	१	
		बेरोजगारी	२	
		अशिक्षा/चेतनाको कमी	३	
		अन्यत्र गई राम्रो जीवनयापन गर्ने आशा	४	
		पैसा कमाउने आशा	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१२०५	तपाईको विचारमा नेपालका धेरैजसो महिलाहरुलाई कुन देशमा लगेर बेचिन्छ जस्तो लाग्छ ?	नेपालभित्रै	१	
		भारत	२	
		अन्य (खुलाउने)_____		
१२०६	बेचबिखनमा पर्ने महिला तथा केटीहरु सबभन्दा बढी कुन उमेर समुहका हुने गर्दछन् ?	१५ वर्ष भन्दा मूनी	१	
		१५ वर्ष भन्दा माथी १९ वर्ष भन्दा मूनी	२	
		२० वर्ष भन्दा माथी २९ वर्ष भन्दा मुनी	३	
		३० वर्ष र सो भन्दा माथी	४	
		थाहा छैन	९५	
१२०७	तपाईको विचारमा बेचिएका महिलाहरुमाथि के कस्तो शोषण उत्पीडन हुन्छ जस्तो लाग्छ ?	उनीहरु यातना र हिंसाबाट पीडित हुने	१	
		यौन शोषण हुने	२	
		पारिश्रमिक नदिने/कम दिने	३	
		यौनजन्य रोगहरु लाग्ने	४	
		अनिच्छुक गर्भधारणबाट पिडित हुन्छन्	५	
		धेरै समय र कठिन काम लगाउने	६	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१२०७a	बेचिएका महिलाहरुलाई कस्तो काममा लगाइन्छ जस्तो लाग्छ ?	यौन कार्यमा	१	
		सर्कसमा	२	
		बली दिन	३	
		धर्मपुत्री राख्न	४	
		घरेलु कामदार	५	
		अन्य (खुलाउने)_____		
१२०८	बेचिएका केटीहरु आफ्नो समुदायमा फर्कदा उनीहरु सित समुदायले कस्तो व्यवहार गर्ने गर्दछ जस्तो लाग्दछ ?	सामान्य रुपमा व्यवहार गर्दछन्	१	
		घृणा र खास खराब केटीको रुपमा हेरिने	२	
		समाजबाट बहिस्कृत हुने	३	
		विवाह हुन नसक्ने	४	
		थाहा छैन	९५	
		अन्य (खुलाउने)_____		

१२०९	घरछाडी बाहिर काम गर्न जाने मानिसहरुले घरछाड्ने निर्णय लिनु अघि बेचविखन वा ठगीमा पर्नबाट बच्न के कस्ता कुराहरुमा ख्याल गर्नु पर्दछ जस्तो लाग्छ ?	अपरिचित व्यक्तिको लहलहैमा नलाग्ने	१	
		परिवारको सल्लाहले मात्र घरछाड्ने	२	
		आफूजाने ठाउँको बारेमा विस्तृत जानकारी लिने	३	
		काम तथा पारिश्रमिकको बारेमा जानकारी सबै लिने	४	
		सरकारले स्वीकृती नदिएको देशमा नजाने	५	
		सरकारले स्वीकृती दिएको संस्था मार्फत जाने	६	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	
१२१०	केटी / महिलाहरु भनै केटा / पुरुषहरु पनि बेचविखनमा पर्छन भन्ने कुरा तपाईलाई थाहा छ कि छैन ?	छ	१	
		छैन	२ →	१३०१
१२११	तपाईंको विचारमा बेचिएका केटा / पुरुषहरुलाई के मा प्रयोग गरिएको हुन्छ / कस्तो काममा लगाइन्छ जस्तो लाग्छ ?	सर्कसमा	१	
		ऊँट दौडमा	२	
		बलि दिन	३	
		धर्मपुत्र राख्न	४	
		घरेलु कामदार	५	
		अन्य (खुलाउने)_____		
		थाहा छैन	९५	

खण्ड १३ : बिबिध

१३०१	तपाईंको भविष्यको योजना के छ ?	हालको अध्ययन पुरा गर्ने	१	
		उच्च शिक्षा लिने	२	
		काम खोज्न विदेश जाने	३	
		काम खोज्न देशभित्रै अन्यत्र जाने	४	
		आफ्नै व्यवसाय शुरु गर्ने	५	
		केही पनि छैन	६	
		अन्य (खुलाउने)_____		

अन्तर्वार्ता सकिंदाको समय (२४ घण्टे घडी प्रयोग गर्ने) :_____

अन्तमा, तपाईको केही भन्नु छ कि ?

सहयोगको लागि धेरै धेरै धन्यबाद ।

EDITING, SUPERVISION & DATA ENTRY

क्र.सं.	बिवरण	कोड
१.	सम्पादन गर्नेको नाम र कोड _____	☐
२.	सम्पादन मिति (DD / MM / YY)	☐☐ ☐☐ ☐☐
३.	सुपरिवेक्षकको नाम र कोड _____	☐☐
४.	डाटा एन्ट्री गर्नेको नाम र कोड _____	☐☐
५.	डाटा एन्ट्री मिति (DD / MM / YY)	☐☐ ☐☐ ☐☐

Appendix 3
Ethical Approval From FASS Human Research Ethics Committee

Geography Programme
School of Social Sciences
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
The University of Waikato
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New Zealand

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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Prabin Shakya
Tahu Kukutai
Priya Kurian
Rachel Simon-Kumar

NIDEA

9 June 2017

Dear Prabin,

Re: **FS2017-09 Pre-marital sexual behaviour among adolescents in Nepal**

Thank you for submitting your revised application to the FASS Human Research Ethics Committee. We have reviewed the final electronic version of your application and the Committee is now pleased to offer formal approval for your research activities, including the following:

- semi-structured interviews with adolescents of 15 to 24 years of age in Nepal.
- focus group sessions with participants of 20 to 24 years of age in Nepal.
- focus group sessions with participants responsible for teaching sexual and reproductive health in Nepal.

We encourage you to contact the committee should issues arise during your data collection, or should you wish to add further research activities or make changes to your project as it unfolds. We wish you all the best with your research. Thank-you for engaging with the process of Ethical Review.

Regards,

Colin McLeay, Chair
Faculty of Arts and Social Sciences Human Research Ethics Committee.

Appendix 4 Approval from NHRC Ethical Board

Government of Nepal
Nepal Health Research Council (NHRC)
Estd. 1991

Ref. No.: 2086

02 June 2017

Mr. Prabin Shakya
Principal Investigator
University of Waikato
New Zealand

Subject: Approval of research proposal entitled **Pre-marital sexual behaviour among adolescents in Nepal**

Dear Mr. Shakya,
It is my pleasure to inform you that the above-mentioned proposal submitted on **10 April 2017 (Reg.no. 104/2017** please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on **31 May 2017**.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol before the expiration date of this approval. Expiration date of this study is **November 2017.**

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw/crude human biomaterial outside the country; only extracted and amplified samples can be taken to labs outside of Nepal for further study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure, the process documented, and the NHRC informed.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, the research amount is **NRs. 400,000.00** and accordingly the processing fee amount to **NRs. 10,000.00.** It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any queries, please feel free to contact the Ethical Review M & E section of NHRC.

Thanking you,

Prof. Dr. Anjani Kumar Jha
Executive Chairman

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: http://www.nhrc.org.np, E-mail: nhrc@nhrc.org.np

Appendix 5 Participant Information Sheet

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Project Title
Premarital sexual behaviour among adolescents and youths in Nepal

Purpose
This research is conducted in fulfillment for a PhD in Demography, at the National Institute of Demographic and Economic Analysis, Faculty of Social Science, The University of Waikato, New Zealand. The main purpose of the study will be to investigate the situation (reality) of premarital sexual behaviour among adolescents in the context of Nepal at the time of study. Specifically, the study will investigate the situation regarding premarital sexual attitudes and behaviour, underlying factors associated to these; and adolescents' perceptions on premarital sex.

What will you have to do and how long will it take?
The participants will provide their views on premarital sexual behaviour among adolescents in the current context of transitions in the society of Nepal. The discussion will last for about one hour for an in-depth interview and one to one and half hours for a focus group discussion.

What will happen to the information collected?
The information collected will be used by the researcher to write his thesis. It is possible that the researcher may publish the findings as articles in journals and present the study's findings at national and international seminars and conferences. Only the researcher and his supervisors will be privy to the notes, documents, recordings and works based on those. On completion, all notes, documents will be destroyed and the recordings erased. The researcher will keep transcriptions of the recordings and a copy of the handwritten notes, but will treat them with the strictest confidentiality. No participants will be named in the publications and every effort will be made to disguise their identity.

Declaration to participants
If you take part in the study, you have the right to:
- decline to participate in the focus group discussion at any point during the discussion'
- withdraw any information you have provided up until data analysis has commenced;
- ask any further questions about the study that occur to you during your participation, and
- access a summary of the study's findings when it is concluded.

Who is responsible?
If you have any questions or concerns about the project, either now or in the future, please feel free to contact:

Prabin Shakya
Email: rhiya_nepal@hotmail.com
Phone number: 9841348471

Appendix 6 Participant Inform Consent Form

THE UNIVERSITY OF WAIKATO
Te Whare Wananga o Waikato

University of Waikato
Faculty of Arts and Social Sciences

[A completed copy of this form should be retained by both the researcher and the participant]

I have received a copy of the Participant Information Sheet describing the research project to participate the ***in-depth interview/focus group discussion***. Any questions that I have, relating to the research, have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation, and that I can withdraw my participation at any time during the participation.

During the participation, I understand that I do not have to answer questions unless I am happy to talk about the topic. I can stop the interview at any time, and I can ask to have the recording device turned off at any time.

When I sign this consent form, I give consent for the researcher to use the interview for the purposes of the research outlined in the Information Sheet.

I understand that my identity will remain confidential in the presentation of the research findings.

Age	
Gender	
Ethnicity	
Religion	
Place of birth	
Place of residence	
Level of education	
Occupation	
Marital status	
Participants' signature	

Appendix 7 Parental Consent Form

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

University of Waikato
Faculty of Arts and Social Sciences

[A completed copy of this form should be retained by the researcher]

As my son/daughter/child has shown interest to participate in the ***in-depth interview/ focus group discussion*** regarding the sexual and reproductive health behaviour among adolescents, I do not have any objection on his/her participation in responding any questions relating to the research.

When I sign this consent form, I give my ***son/daughter/child*** consent to participate in the ***in-depth interview/ focus group discussion*** to respond the questions relating to the research and use the information for the purposes of the research outlined in the Information Sheet. I agree that this does not entitle me to receive any of the information provided by my child. However, if he/she feels uncomfortable or unwilling to respond the interview, he/she will not participate the interview and will be free to leave the interview any time during the interview.

Parent's signature :

Date :

Respondent's age :

Gender:

Appendix 8.A Guideline for Conducting In-depth Interview

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Guideline for the interviewer

This guideline sets out the processes and questions **for the in-depth interview**.

Before the interview, the interviewer should distribute the **Participant Information Sheet (Appendix 5)** and provide a clear overview of the purpose of the research and the rights of the participants, including their right to anonymity and confidentiality.

The researcher needs to ensure that the participant understands the following:

- that the interview will be recorded on an audio recorder;
- that her/his participation is voluntary;
- that she/he has the right not to answer a question and does not have to give a reason why;
- that she/he can quit the interview at any time and does not have to give a reason why;
- that she/he is aware of how the findings will be shared and published.

The researcher will begin the interview only after this process has been followed, and the participant has signed the Informed Consent Form **(Appendix 6)**.

As the interview is not an interview about the participant's own sexual experiences, the interviewer should limit the discussion to the following topics:

1. perceptions around premarital sex
2. factors associated with premarital sex
3. cause of gender differential in premarital sexual behaviour
4. context, in which AY might be involved in PMS and the process they might have negotiated in making decisions around premarital sex
5. general comments and suggestions to ensure safe and positive sexual behaviour

Each interview should take no more than one hour. It should be conducted individually and confidentially at a place that is convenient and safe for the participant.

Continue……. Appendix 8.A

Guideline for conducting the in-depth interview

Introductory information

Namaskar
My name is ----------I am here to get your views and understanding of adolescent sexual behaviour in Nepal. This information will be used to write a thesis for a PhD in Demography at the National Institute of Demographic and Economic Analysis, Faculty of Social Science, The University of Waikato, New Zealand. The main purpose of the study is to explore the nature and process of changes in premarital sexual behaviour among late adolescents and youths of 15-24 years of age in the changing context of Nepalese society.

(The interviewer will fill serial number in signed consent form and refer the serial number before the recording.)

Now I would like to ask you some questions about perceptions of premarital sex among young people in Nepal. By premarital sex, I mean sexual intercourse experienced in the following circumstances: before formal marriage, irrespective of whether one of the partners was married or unmarried and whether the sexual relations were voluntarily, involuntarily or forced. Please feel free to interrupt me at any time during the discussion if you feel uncomfortable about discussing any question.

(Limit the discussion to the attached semi-structured questionnaire.)

1. Perceptions about premarital sex

1.1 To what extent is there an expectation that sex should only take place within marriage? Does that expectation differ for boys and girls?

1.2 What are your parents' views on premarital sex (permissive, restrictive…)?

1.3 In terms of your own views, how acceptable is it for young people to have sex before marriage? Do you think it is more or less acceptable for boys than girls? Why?

1.1 How do you perceive the current context of premarital sex among adolescents and youths in Nepal? Do you think premarital sex is more prevalent among certain groups of young people? Which groups? (If prompt needed, interviewer can say, 'for example, migrants, workers, street children…..)[25]

1.2 Who do you think young boys and girls are having premarital sex with? For example, is it mostly with their boyfriend or girlfriend (if needed interviewer can give some other examples like sex workers, casual partner, not sure)?

2. Factors associated with premarital sexual behaviour

2.1 What do you think are the main facilitating or motivating factors for AYs involvement in premarital sex?

(Interviewer needs to listen first and then ask questions that focus categorically on the structural causes.)

- To what extent do you think that the individuals' living condition, economic condition, occupation, education, behaviour such as smoking, alcohol and other drug use, close relationship with a boy/girlfriend, living together, love affair, attitude etc. can influence young people to engage in premarital sex?

[25] Options in the parenthesis are notes to interviewer to give examples to respondents, if needed. Respondents may respond beyond these.

- To what extent do you think family level/structure influence premarital sex? (for example: type of house, economic condition (poverty); parental behaviour; parental education, occupation; living together with both (biological)/single mother/single father/stepparent, strict or controlled parent, parental attitude towards PMS etc.).
- To what extent do you think peer pressure influences premarital sex?
- Do you think any factor in the community context can influence AY to become involved in premarital sex? If so, what do you think are the potential factors?
- To what extent do you think the mass media influences premarital sexual behaviour? Do you think that the messages are different for boys and girls? In what way?
- Do you think any factor in the national or international context can influence AY to involve themselves in premarital sex (i.e., national laws, programmes, policies, social norms etc.)? If so, what do you think they are?

2.2 Most studies show that boys are much more likely to engage in premarital sex than girls. Why do you think that is? **(**for example, gender norms, roles etc.)

2.3 To what extent do you think the values around abstinence influence premarital sex? Do you think the values around abstinence are different for boys and girls?

2.4 Do you think young people report their premarital sexual experience honestly when asked to in surveys or research like this? If not, why not?

2.5 Do you think that boys and girls in Nepal are equally empowered to make informed choices about premarital sex? How?

3. Contexts in which young people are involved in premarital sex

3.1 In your view, how do AY become involved in PMS?
3.2 What sorts of negotiations do they consider when deciding to engage in premarital sex?
3.3 Among your own peers, neighbours, or relatives of your age group, do you know of any instances when someone faced negative consequences for having premarital sex? How did he or she deal with that?

4. Comments and suggestions

4.1 Finally, do you think premarital sex is likely to increase in future?
4.2 What do you think needs to be done to ensure safe and positive premarital sexual behaviour among adolescents and youths in Nepal?
4.3 Is there anything you would like to add that I have not asked regarding premarital sexual behaviour among adolescents and youths? (If the participants wants to add more, limit the discussion to the purpose of the study. If not, stop the discussion.)

Thank the participants for their participation and valuable time.

Appendix 8.B Guideline for Focus Group Discussion

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Guideline for moderator

This guideline sets out the processes and topics for focus group discussion.

Before the discussion, the moderator should distribute the **Participant Information Sheet (Appendix 5)** and Participant Inform Consent Form **(Appendix 6)** and provide a clear overview of the purpose of the research and the rights of the participant, including their right to anonymity and confidentiality.

Request the participants to go through the Participant Information Sheet, and ensure that the participant understands the following before proceeding the interview:

- that the discussion will be recorded on an audio recorder;
- that her/his participation is voluntary;
- that she/he has the right not to discuss any issue, and can leave the discussion at any time, if she/he feels uncomfortable or does not want to discuss
- that she/he is aware of how the findings of interview will be shared and published.

Begin the discussion only after this process has been followed, and all participants have signed the informed consent form **(Appendix 6)**.

It is **not a discussion to share their own sexual experiences**. The moderator should limit the discussion to the following topics:

1. Perceptions around premarital sex
2. Factors associated with premarital sex
3. Causes of gender differential in premarital sexual behaviour
4. Context, in which AY might involve in PMS and the process they might have negotiated in making decision around premarital sex
5. General comments and suggestions to ensure safe and positive sexual behaviour

The discussion should take no more than one and half hour and be conducted in the youth friendly Nepali language at a place that is convenient and safe for the participant.

Continue……. Annex 8.B Guideline for focus group discussion

Brief introduction

Namaskar

My name is ----------I am here to get your views and understanding of adolescent sexual behaviour in Nepal. This information will be use to write a thesis for a PhD in Demography at the National Institute of Demographic and Economic Analysis, Faculty of Social Science, The University of Waikato, New Zealand. The main purpose of the study is to explore the nature and process of changes in premarital sexual behaviour among late adolescents and youth (AYs) of 15-24 years of age in the changing context of Nepalese society. The main purpose of the discussion will be to get your views on premarital sexual behaviour among young people; determinants of premarital sex, individual and gender differences in premarital sex; and undergoing process and challenges of negotiation and decision making around premarital sexual behaviour. In this discussion, premarital sex means the sexual intercourse experienced before formal marriage irrespective of whether he partner was married or unmarried, the relation was voluntarily, involuntarily or forced.

परिचयात्मक जानकारी

नमस्कार ।
मेरो नाम .....हो । म यहाँ नेपालका किशोरकिशोरी तथा युवाहरु को यौन व्यवहारका बारेमा तपाईहरुको विचार बुझ्न आएको छु। तपाईहरु बाट प्राप्त सुचना न्युजिल्यान्डको वाईकातो विश्व विद्यालयको, नेशनल इन्सटिच्युट अफ डेमोग्राफिक एण्ड इकोनमिक एनालाइसिस, सामजिक विज्ञान संकाय अन्तर्गत जनसांखिकी विषयमा विद्यावारीधिको सोधपत्र लेख्न प्रयोग हुनेछ। यस समुह लक्षित छलफलको मुख्य ध्येय परिवर्तित नेपाली समाजमा १५ देखि २४ वर्ष उमेर समुहका किशोरकिशोरी तथा युवाहरुले विवाह पुर्वको यौन सम्बन्धको सवालमा के धारणा राख्दा रहेछन, उनिहरुको धारणा लैंगिक तथा अन्य सामाजिक परिवेशको आधारमा कसरी फरक पर्छ, र उनिहरुले विवाह पुर्वको यौन सम्बन्धका बारेमा कसरी सम्झौता र निर्णय गर्दा रहेछन् भन्ने कुरा बुझ्नु हो । विवाह पुर्वको यौन सम्बन्ध भन्नाले औपचारिक रुपमा विवाह हुनु भन्दा पहिले गरिने शारीरिक यौन सम्बन्धहरु हुन् जसमा यौन साथी विवाहित वा अविवाहित वा दुबै हुन सक्छ, त्यस्तो सम्बन्ध सहमतिमा वा असहमतिमा वा जबरजस्ती भएको हुन सक्छ।

Make ready for discussion and begin[26] following the guideline for discussion.

[26] Begin discussion only after all participant agree to participate, and sign **the participant inform consent form**.

Continue……. Annex 8.B Guideline for focus group discussion

Start discussion on the following topics and questions:

1. **Perception following the guideline for discussion on premarital sex**

1.1 How do you perceive sex before marriage for young boys and girls?
1.2 How acceptable is to have premarital sex for young people in Nepalese society?
1.3 Most people perceive that it is less acceptable for girls than boys, why it is?
1.4 To what extent do you think young boys and girls are having premarital sex?
1.5 Who do you think the young boys and girls are having premarital sex with? Why do young people involve in premarital sex?

2. **Factors associated with premarital sex**

What do you think are the main facilitating factors for AY's involvement in premarital sex? **Moderator needs to listen first and then facilitate to discuss categorically categorising individual level, family level, peer level, structural level. Note: give more focus on the structural factors that can influence premarital sexual behaviour among AY. Then categorise them into following categories:**

- Individuals' context
- Family context
- Peer context
- Community context
- National/international context

3. **Causes of gender differential in premarital sexual behaviour**

Most studies show that boys are much more likely to engage in premarital sex than girls. What could be the reasons for this? **(for example, gender norms, roles ….)**

4. **Contexts, in which young people are involving in premarital sex**

- In your view, how do AY involve in PMS?
- What sorts of negotiations do they consider in making decision to engage in premarital sex?
- Do you know of any instances when someone faced negative consequences for having premarital sex? How did he or she deal with that?

5. **Participant's views and suggestions**

Finally, in your views whether premarital sex is likely to increase in future? Why?

- What do you think needs to be done to ensure safe sexual behaviour among young people?
- Is there anything you would like to add that we have not discussed regarding premarital sexual behaviour among adolescents? (If yes, limit the discussion within the purpose of the study. If not, stop the discussion.)

_____End_____

Appendix 9.A Participants in the In-depth Interviews, Nepal, 2018

S.N	Name*	Age	Gender	Ethnicity	Religion	Place of birth	Place of residence	Education	Employment status	Marital status
1	Aarati	19	Female	Dalit	Hindu	Bhaktapur	Kathmandu	14	Not working	Unmarried
2	Basanti	23	Female	Chhetri	Hindu	Lalitpur	Lalitpur	13	Not working	Unmarried
3	Chandani	17	Female	Chhetri	Hindu	Lalitpur	Lalitpur	12	Not working	Unmarried
4	Devina	24	Female	Brahmin	Hindu	Dhading	Kathmandu	15	Not working	Unmarried
5	Eurika	22	Female	Magar	Hindu	Tanahun	Kathmandu	12	Not working	Unmarried
6	Farina	17	Female	Dalit	Hindu	Daledhura	Kathmandu	13	Not working	Unmarried
7	Ganga	23	Female	Chhetri	Hindu	Chitwan	Kathmandu	15	Yes 'journalism'	Unmarried
8	Hasina	24	Female	Tamang	Hindu	Kathmandu	Kathmandu	13	Not working	Married
9	Indira	24	Female	Brahmin	Hindu	Ramechhap	Kathmandu	16	Not working	Unmarried
10	Januka	19	Female	Madhesi	Hindu	Siraha	Kathmandu	13	Not working	Unmarried
11	Karishma	17	Female	Chhetri	Hindu	Kathmandu	Kathmandu	10	Not working	Unmarried
12	Lalita	17	Female	Newar	Hindu	Bhaktapur	Bhaktapur	12	Not working	Unmarried
13	Aashish	17	Male	Newar	Hindu	Dolkha	Bhaktapur	10	Not working	Unmarried
14	Bikram	20	Male	Chhetri	Hindu	Gorkha	Kathmandu	12	Not working	Unmarried
15	Chandra	22	Male	Tamang	Budhhist	Kathmandu	Kathmandu	12	Yes	Unmarried
16	Devendra	19	Male	Thakuri	Hindu	Dang	Kathmandu	12	Not working	Unmarried
17	Eroj	16	Male	Brahmin	Hindu	Jhapa	Kathmandu	13	Not working	Unmarried
18	Lakpa	17	Male	Sherpa	Budhhist	Solukhumbu	Kathmandu	10	Yes	Unmarried
19	Kiran	23	Male	Tamang	Budhhist	Sindhupalchowk	Kathmandu	12	Yes	Unmarried
20	Laxman	17	Male	Brahmin	Hindu	Kathmandu	Kathmandu	8	Not working	Unmarried
21	Manoj	21	Male	Chhetri	Hindu	Bhaktapur	Bhaktapur	14	Not working	Unmarried
22	Narendra	23	Male	Brahmin	Hindu	Kathmandu	Kathmandu	16	Yes	Unmarried
23	Pralhad	24	Male	Chhetri	Hindu	Sindhuli	Kathmandu	17	Yes	Unmarried
24	Roshan	21	Male	Tamang	Budhhist	Dolkha	Kathmandu	17	Not working	Unmarried

*Dummy names

Appendix 9.B Participants in the Focus Group Discussions, Nepal, 2018

S.N	Name*	Age	Gender	Ethnicity	Religion	Place of birth	Place of residence	Education	Employment status	Marital status
Group 1: Focus group discussion with female AY										
1	Babita	20	Female	Dalit	Hindu	Kathmandu	Kathmandu	14	Not working	Unmarried
2	Christina	19	Female	Chhetri	Hindu	Lalitpur	Lalitpur	13	Not working	Unmarried
3	Durga	20	Female	Brahmin	Hindu	Lalitpur	Lalitpur	12	Not working	Unmarried
4	Juna	21	Female	Brahmin	Hindu	Morang	Kathmandu	15	Not working	Unmarried
5	Dina	20	Female	Tamang	Budhhist	Kathmandu	Kathmandu	13	Not working	Married
6	Katrina	18	Female	Madhesi	Hindu	Kapilbastu	Kathmandu	13	Not working	Unmarried
7	Lalita	23	Female	Brahmin	Hindu	Kathmandu	Kathmandu	10	Not working	Unmarried
8	Monica	18	Female	Newar	Hindu	Bhaktapur	Bhaktapur	12	Not working	Unmarried
Group 2: Focus group discussion with male AY										
9	Bimal	19	Male	Chhetri	Hindu	Kathmandu	Kathmandu	12	Not working	Unmarried
10	Chakra	18	Male	Tamang	Budhhist	Lalitpur	Lalitpur	12	Yes	Unmarried
11	Dikendra	18	Male	Chhetri	Hindu	Lalitpur	Lalitpur	12	Not working	Unmarried
12	Ganesh	18	Male	Dalit	Hindu	Ramechhap	Kathmandu	13	Yes	Unmarried
13	Jayendra	20	Male	Sherpa	Budhhist	Kathmandu	Kathmandu	10	Not working	Unmarried
14	Lomus	20	Male	Brahmin	Budhhist	Panchthar	Kathmandu	12	Yes	Unmarried
15	Munindra	20	Male	Brahmin	Hindu	Kathmandu	Kathmandu	8	Not working	Unmarried
16	Nirjal	21	Male	Madhesi	Hindu	Sarlahi	Bhaktapur	14	Not working	Unmarried
Group 3: Focus group discussion with key informants										
17	Achyut	59	Male	Brahmin	Hindu	Kathmandu	Kathmandu	18	Professor	Married
18	Sushil	54	Male	Newar	Budhhist	Kathmandu	Kathmandu	18	Police officer	Married
19	Bijaya	38	Male	Brahmin	Hindu	Salyan	Kathmandu	18	Programme manager	Married
20	Jagdish	34	Male	Brahmin	Hindu	Morang	Lalitpur	16	Media person	Married
21	Ruku	49	Female	Brahmin	Hindu	Kathmandu	Lalitpur	13	Leader	Married
22	Bhagwati	34	Female	Newar	Budhhist	Kathmandu	Lalitpur	16	Teacher	Married
23	Shanta	48	Female	Brahmin	Hindu	Sindhuli	Bhaktapur	14	Programme manager	Married
24	Chhabu	33	Female	Gurung	Budhhist	Parbat	Bhaktapur	14	Service provider	Unmarried

*Dummy names

Appendix 10. A Background characteristic of IDI participants by gender, 2018

Background characteristics	Female (N=12)	Male (N=12)	Total (N=24)
Place of Birth			
Kathmandu	7(58.3%)	4(33.3%)	11(45.8%)
Out of Kathmandu	5(41.7%)	8(66.7%)	13(54.2%)
Ethnicity			
Adivasi Janajati	3(25.0%)	5(41.7%)	8(33.3%)
Brahmin/Chhetri	6(50.0%)	7(58.3%)	13(54.2%)
Dalit	2(16.7%)	0(0.0%)	2(8.3%)
Madhesi	1(8.3%)	0(0.0%)	1(4.2%)
Religion	(0.0%)	(0.0%)	(0.0%)
Buddhist	0(0.0%)	4(33.3%)	4(16.7%)
Hindu	12(100.0%)	8(66.7%)	20(83.3%)
Age group			
15-17	4(33.3%)	4(33.3%)	8(33.3%)
18-19	4(33.3%)	4(33.3%)	8(33.3%)
20-24	4(33.3%)	4(33.3%)	8(33.3%)
Marital Status			
Never married	11(91.7%)	12(100.0%)	23(95.8%)
Ever married	1(8.3%)	0(0.0%)	1(4.2%)
Education			
Secondary level	4(33.3%)	7(58.3%)	11(45.8%)
Higher secondary and above	8(66.7%)	5(41.7%)	13(54.2%)
Current working status			
Not working	10(83.3%)	7(58.3%)	17(70.8%)
Working	2(16.7%)	5(41.7%)	7(29.2%)
Living with			
Family members	11(91.7%)	9(75.0%)	20(83.3%)
Non-family members	1(8.3%)	3(25.0%)	4(16.7%)

Appendix 10. B Background characteristics of FGD participants, 2018

Background characteristics	Female (N=8)	Male (N=8)	Adults (N=8)
Place of birth			
Out of Kathmandu	6(75.0%)	6(75.0%)	4(50.0%)
Kathmandu	2(25.0%)	2(25.0%)	4(50.0%)
Ethnicity			
Adivasi Janajati	2(25.0%)	2(25.0%)	3(37.5%)
Brahmin/Chhetri/Upper caste	4(50.0%)	4(50.0%)	5(62.5%)
Madhesi	1(12.5%)	1(12.5%)	0(0.0%)
Dalit	1(12.5%)	1(12.5%)	0(0.0%)
Religion			
Hindu	7(87.5%)	6(75.0%)	5(62.5%)
Budhhist	1(12.5%)	2(25.0%)	3(37.5%)
Gender			
Male		8(100.0%)	4(50.0%)
Female	8(100.0%)		4(50.0%)
Age group			
15-19 years	4(50.0%)	4(50.0%)	0(0.0%)
20-24 years	4(50.0%)	4(50.0%)	0(0.0%)
30-34 years			3(37.5%)
35-39 years			1(12.5%)
45-49 years			2(25.0%)
50-54 years			1(12.5%)
55-60 years			1(12.5%)
Marital status			
No	7(87.5%)	8(100.0%)	1(12.5%)
Yes	1(12.5%)		7(87.5%)
Level of education			
Secondary level	1(12.5%)	2(25.0%)	
Higher secondary and above	7(87.5%)	6(75.0%)	8(100.0%)
Work status/occupation			
No	8(100.0%)	5(62.5%)	
Yes		3(37.5%)	
Leader			2(25.0%)
Media person			1(12.5%)
Program Manager			2(25.0%)
Service provider			1(12.5%)
Teacher			2(25.0%)