ASSESSING THE KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND THE RELATED HEALTH CARE SERVICES IN AKKAR

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I. Executive Summary

Sexual and reproductive health (SRH) is a fundamental human right, encompassing physical, emotional, mental, and social well-being. It encompasses various health concerns, such as sexually transmitted infections, premarital tests, vaccines, and pregnancy symptoms. However, many barriers prevent people from enjoying their SRH, such as lack of access to related services and education. I'MPOSSIBLE, a non-profit organization, aims to develop inclusive, prosperous, and sustainable communities in the Akkar region by supporting youth empowerment, economic development, and livelihoods. The organization aims to inspire individuals to achieve seemingly impossible things through courage, determination, inspiration, and equality. The I'MPOSSIBLE organization decided to use a survey to gather primary data regarding Akkar residents' knowledge of sexual and reproductive health and related health care services, aiming to improve project design, implementation, context sensitivity, and relevance for future projects.

The study included 151 participants. The participants' age, gender, nationality, level of education, marital status, and occupation status were among the socioeconomic characteristics that made them representative of the community. The results of this study revealed that 92.1% of participants believe it is important to get sexual and reproductive health education, with primary sources being mothers, doctors, and online sources. Most participants rarely discuss HIV/AIDS and STDs, with most discussing childbirth, family planning, and menstruation. The study also found that 68% had never received treatment for SRH issues, and 55% struggled to seek information due to societal judgment. The top six SRH topics discussed were family planning, maternal and perinatal health, child marriage, contraception, domestic violence, and abortion. The study reveals that SRH knowledge scores are similar between Lebanese and Syrian participants, with higher scores with higher education levels. Female participants have more knowledge than males, and younger individuals have higher SRH knowledge levels than older individuals. Participants identified public hospitals, private clinics, pharmacies, NGOs, and municipal services as community settings providing sexual and reproductive health services, with 86% disapproving that their community had enough SRH services.

Finally, by evaluating the knowledge about sexual and reproductive health in the Akkar community, this report aims to better understand individual and group variations related to SRH knowledge and services and provide recommendations for I'MPOSSIBLE or other NGOs to design effective programs for SRHR in the area.

II. Introduction and Purpose

Sexual and reproductive health (SRH) is a fundamental human right. Every person's right to the best possible level of physical and mental health includes the enjoyment of sexual and reproductive health. Reproductive health deals with reproductive processes, functions, and system at all stages of life, as well as the ability to reproduce and the freedom to choose if, when, and how often to do so (Hamdanieh et al., 2021). On the other hand, sexual health refers to a state of physical, emotional, mental, and social well-being in relation to sexuality (WHO, 2018). The term "sexual reproductive health" is broad and covers a wide range of health concerns, including sexually transmitted infections (STIs), premarital tests, vaccines, the menstrual cycle and its abnormalities, pregnancy symptoms and identification, methods of contraception, vitamins, etc. (Nsuami et al., 2010; Hamdanieh et al., 2021). Many barriers prevent people from enjoying their sexual and reproductive health. The lack of knowledge regarding SRH could have serious outcomes. Lack of access to relevant services and education increases the risk of STDs, unintended pregnancies, unsafe abortions, and maternal and newborn deaths, endangering the health of women in particular. In the Arab world, sexual and reproductive health is rarely studied and is not adequately addressed (Hamdanieh et al., 2021).

I'MPOSSIBLE, a non-profit organization founded in 2017, aims to develop inclusive, prosperous, and sustainable communities in the Akkar region by supporting youth empowerment, economic development, and livelihoods. I'MPOSSIBLE views an active community as its driving force for development in its comprehensive sustainable concept. I'MPOSSIBLE aims to inspire individuals to achieve seemingly impossible things through courage, determination, inspiration, and equality. It envisions a future where everyone can reach their full potential and contribute to sustainable growth. I'MPOSSIBLE create collaborations, programs, and educational plans that equip young people to be successful citizens (I'mpossible organisation | Daleel Madani (daleel-madani.org). To better plan for their future programs, the I'MPOSSIBLE organization chose to collect primary data to assess Akkar residents' knowledge of sexual and reproductive health and related health care services.

This report starts by describing the methodology used to collect data. Further, it summarizes the data findings collected from the survey. It continues by discussing the findings. It concludes with some recommendations for the IMPOSSIBLE organization to build on its future programs in this area.

III. Methodology

This study is a cross-sectional study which targets all community members above the age of 18 residing in Akkar. With the help of volunteers from the I'MPOSSIBLE Organization, the data collection was completed in December 2023. The completion of this self-administered questionnaire took around ten minutes. The survey was available in both Arabic and English language. A total of 151 subjects voluntarily participated in the study. All participants had given their consent before taking part in the study. In the informed consent, participants were made aware that no personally identifying information would be gathered, that all replies would remain anonymous, and that all data would stay confidential. Participants were also informed that the data collected for this survey would only be used as a baseline for Impossible NGO's understanding of the state of SRH knowledge in the region.

The survey was made up of 38 questions in total (Appendix 1). It was divided into three sections. The first section consist of questions (1-6) related to socio-demographic characteristics including nationalities, educational levels, gender, age, marital status, and occupation. The second section's questions (7–35) focused on community understanding of SRH, factors impacting SRH-related knowledge, attitude, and practice, and the most acceptable and sensitive SRH-related issues. As for the third section, it included questions (36-38) related to knowledge about the related health care services in Akkar. To achieve the validity and reliability of the survey, a pilot test was conducted on 15 participants. Participants were asked to provide their feedback about the content of the survey and to indicate any unclear wording of a question.

IV. Key Findings

1. Section one: Socio-demographic characteristics of the participants

The study included 151 participants. Table-1 shows that the participants were mainly Lebanese (54.6 %) and Syrians (44.7%). Around 58% of the participants were in primary or secondary school, 15.8% were in university, and 15.1% were uneducated. The participants were divided equally between females (50%) and males (50%). A quarter of the participants were between the ages of 18 and 25 (24%), 45% were between the ages of 26 and 40, and around 30% were between the ages of 41 and 64. Only 17.1% of the participants were single, while the majority (75.7%) were married. 41.4% of the participants were unemployed, 19.7% worked in the business sector, 16.4% in agriculture, and 7.2% in education.

Table- 1

Variable	N	%
Nationality		
Lebanese	83	54.6
Syrian	68	44.7
Others	1	.7
Educational Level		
Primary	64	42.1
Secondary	25	16.4
University	24	15.8
Uneducated	23	15.1
Technical	12	7.9
Other	4	2.6
Gender		
Female	76	50.0
Male	76	50.0
Age		
18-25	37	24.3
26-40	68	44.7

41-64	45	29.6
>65	2	1.3
Marital Status		
Married	115	75.7
Single	26	17.1
Widow	5	3.3
Divorced	3	2.0
Occupation		
Not working	63	41.4
Business	30	19.7
Agriculture	25	16.4
Education	11	7.2
Other	23	15.1

2. Section two: Knowledge about Sexual and Reproductive Health

In this study, participants were asked if it is important to get SRH education, and the majority of them (92.1%) stated yes. Furthermore, when asked which groups they believe need to be educated about SRH, more than half of the participants stated adults (55.3%), followed by women (47.4%), all community members (46.7%) and parents (46.1%), then teachers (44.7%), and men (44.1%). Only 23% of participants stated that children need education, whereas just 2.6% said that no one needs to be educated about SRH.

When asked what their primary source of knowledge on SRH was, the top three responses were mother (46.7%), doctors (43.4%), and online sources (40.1%). Fathers, friends, health workers, and schools were seen less as a primary source of knowledge for SRH (Figure 1).

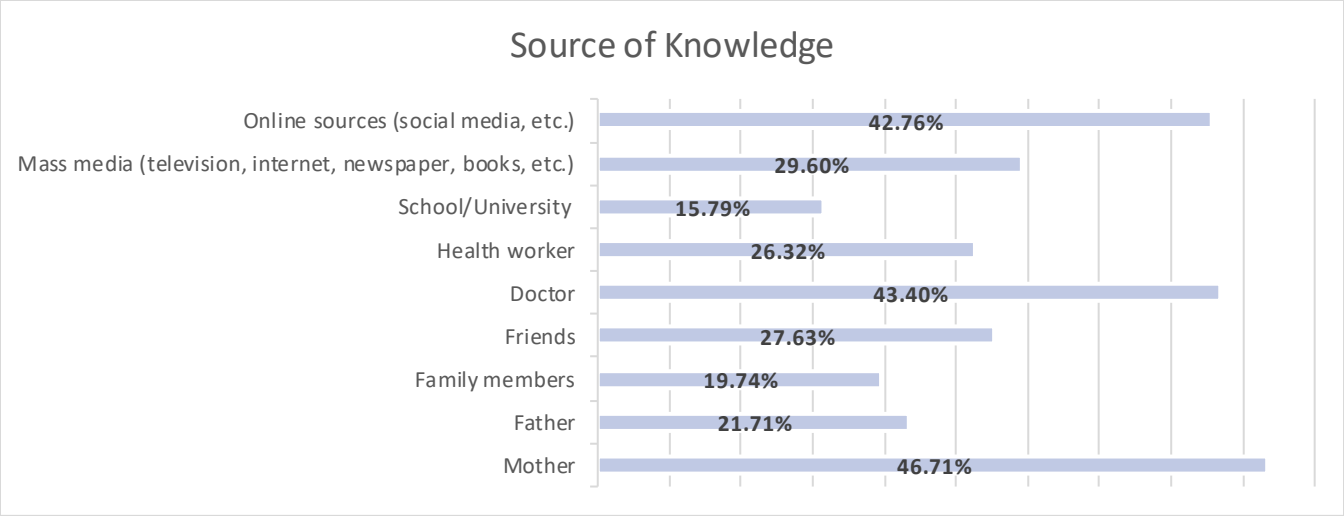

Figure 1. Source of Knowledge

Interestingly, of those who rely primarily on their mothers for information, 53% are female and 47% are male. There were only male (100%) among those who selected their fathers as a source of knowledge. Male participants account for 76% of those who choose their friends as a source of knowledge and 66% of those who choose their healthcare providers as a source of knowledge.

When asked how frequently they communicate about SRH issues with their mothers or family members, 37.5% stated at least once a month, 19.1% stated they never communicated, 16.45% stated they communicate once every three months, and 14.47% stated once every six months (Figure 2)

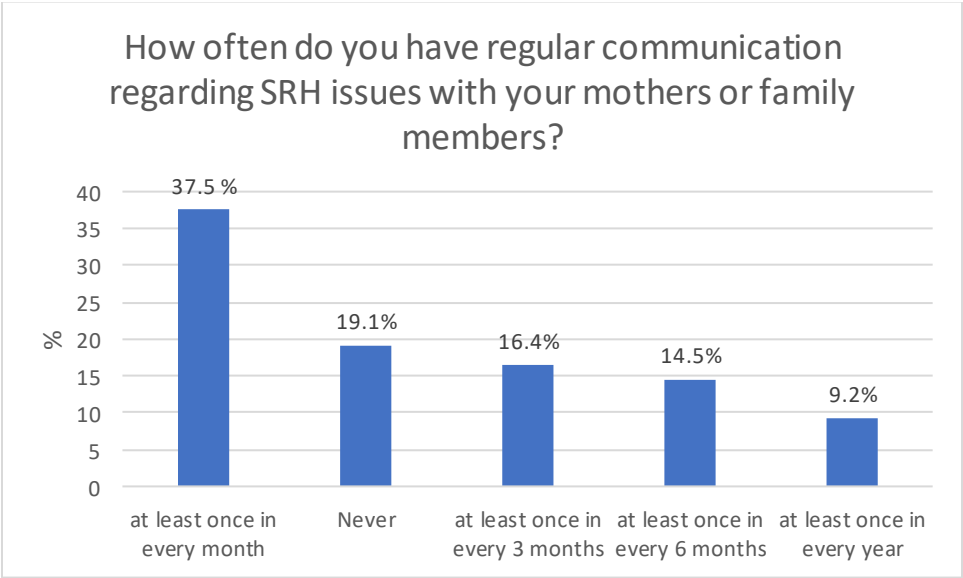

Figure 2. Regular communication regarding SRH issues with mothers or family members.

Furthermore, when asked if they think they know enough about SRH, over half of the participants (46.1%) said they didn't, and only 34.9% said yes, they do. On the other hand, when participants were asked if they wanted to learn more about SRH, the majority (76.3%) said yes. Moreover, when asked if they believed that parents and schoolteachers feel uncomfortable dealing with SRH topics, most of the participants (62.5%) answered yes, 21.1% stated they were not sure, and only 16.4% answered no.

Factors influencing SRH-related knowledge, attitude, and practice

When asked if they had ever discussed an SRH issue with a doctor, around 52% of participants reported they had never or rarely done so and 30.92% reported they had done so sometimes. Whereas only about 17% of respondents stated they always discuss SRH issues with their doctors. Regarding family planning, 39.47% of participants reported they had never discussed it, or they had done it rarely, and 25.66% reported they had done so sometimes. Whereas 34.86% stated that they often or always do.

When asked if they had ever talked about childbirth, about 32% of participants stated they had never or rarely done so, and 29.80% stated they had talked about it sometimes. In contrast, 38.41% stated they do it often or always. In response to the question of whether they had ever discussed sexual transmitted diseases (STDs), approximately 66 % of participants reported they had never or rarely done so, while 18.54% reported they had sometimes. However, only 15% reported they do it often or always.

When asked if they had ever talked about sexual harassment, about 56% of participants stated they had never or rarely done so, and 18.42% stated they had sometimes. On the other hand, 26% stated they do it often or always. Furthermore, about 36% of participants said they had never or rarely discussed menstruation knowledge, and 29.14% stated they had sometimes done so. However, 35% of respondents stated they do often or always. Also, about 75% of participants stated they had never or rarely discussed their knowledge of HIV/AIDS, and 19.46% stated they had sometimes done so. 6% of respondents, however, stated they do it often or always.

In general, the findings of figure 3 show that participants rarely or never discussed their knowledge of HIV/AIDS and sexually transmitted diseases (STDs). Also, more than half of the participants never or rarely talked with a doctor about the SRH problem. Contrarily, the most common three topics that participants discussed often or always were childbirth, family planning, and menstruation.

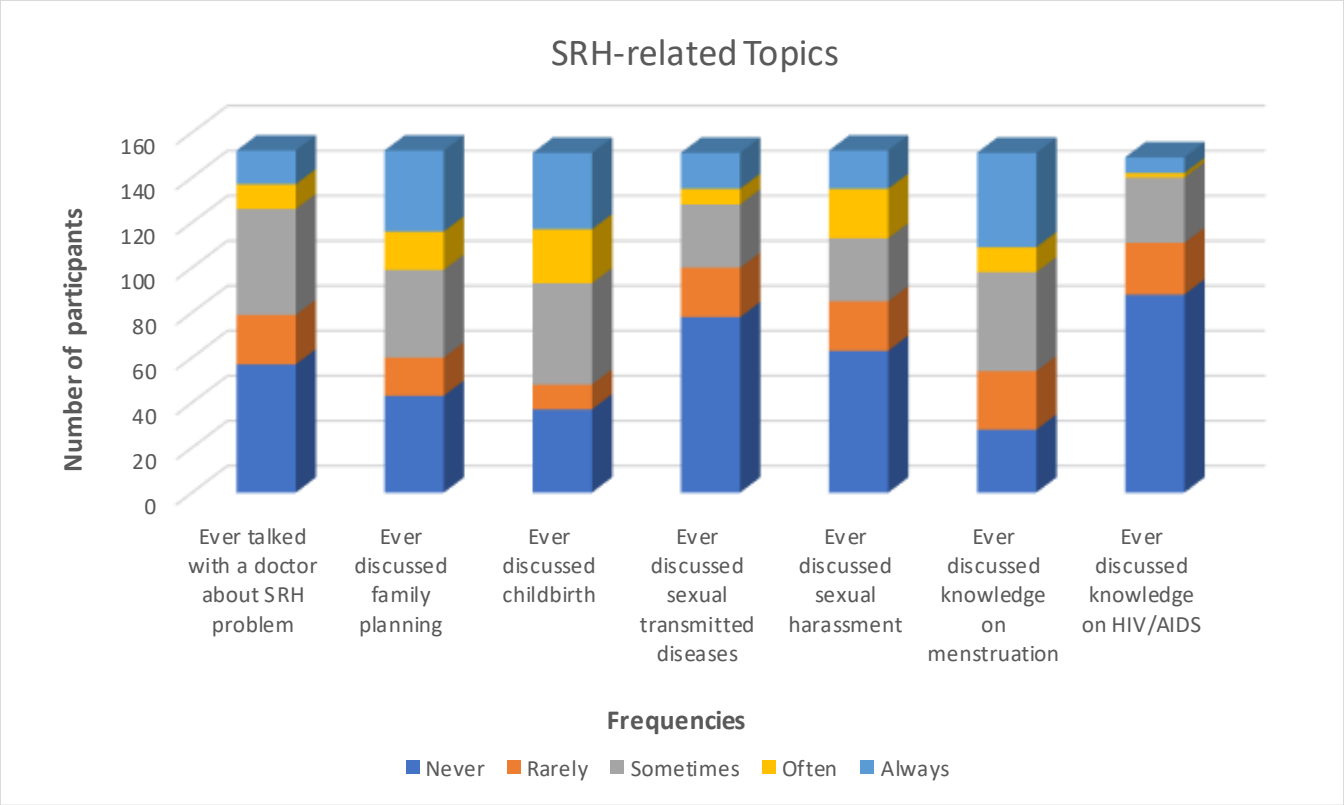

Figure 3. Frequencies of SRH-related topics discussed.

When asked whether they had ever received treatment for SRH issues, about 68% of the participants answered negatively. About 55% of the participants stated that they had found it difficult to seek SRH information because they feared the judgment from society. Furthermore, participants were asked if they felt comfortable discussing SRH, and nearly half said they did, while the other half said they didn't.

Assessing level of SRH knowledge:

Questions on SRH-related topics were addressed to participants in order to assess their level of knowledge. When asked if good sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to reproductive health, nearly half of the participants (49.3%) answered correctly. When participants were asked if having a menstrual cycle more than once within a month was not a problem, most of the participants (61.8%) gave a correct response by selecting "false". The majority of the participants (72.4%) answered correctly by selecting "false" response when asked if reproductive and sexual health are related to married people only. Around 47% of the participants answered correctly with "false" response when asked if STDs cannot be transmitted through oral and anal intercourse. When asked if using birth control has no negative effects on a couple's sexual relationship, only 32% of participants correctly selected "true," and 47% of participants were aware that a STI carrier may

unintentionally pass the virus to their partner. Also, only 31% of participants correctly answered when asked if the virus is not spread by an HIV-positive person sneezing or coughing.

The overall level of knowledge among the participants was found to be 48.7%. In other words, our results demonstrate that participants' knowledge of SRH-related issues is generally lacking. There is a fair amount of knowledge regarding menstrual cycle problems and reproductive and sexual health issues among married couples. On the other hand, little was known about the birth control effect and how HIV spreads in relation to coughing and sneezing (Figure 4).

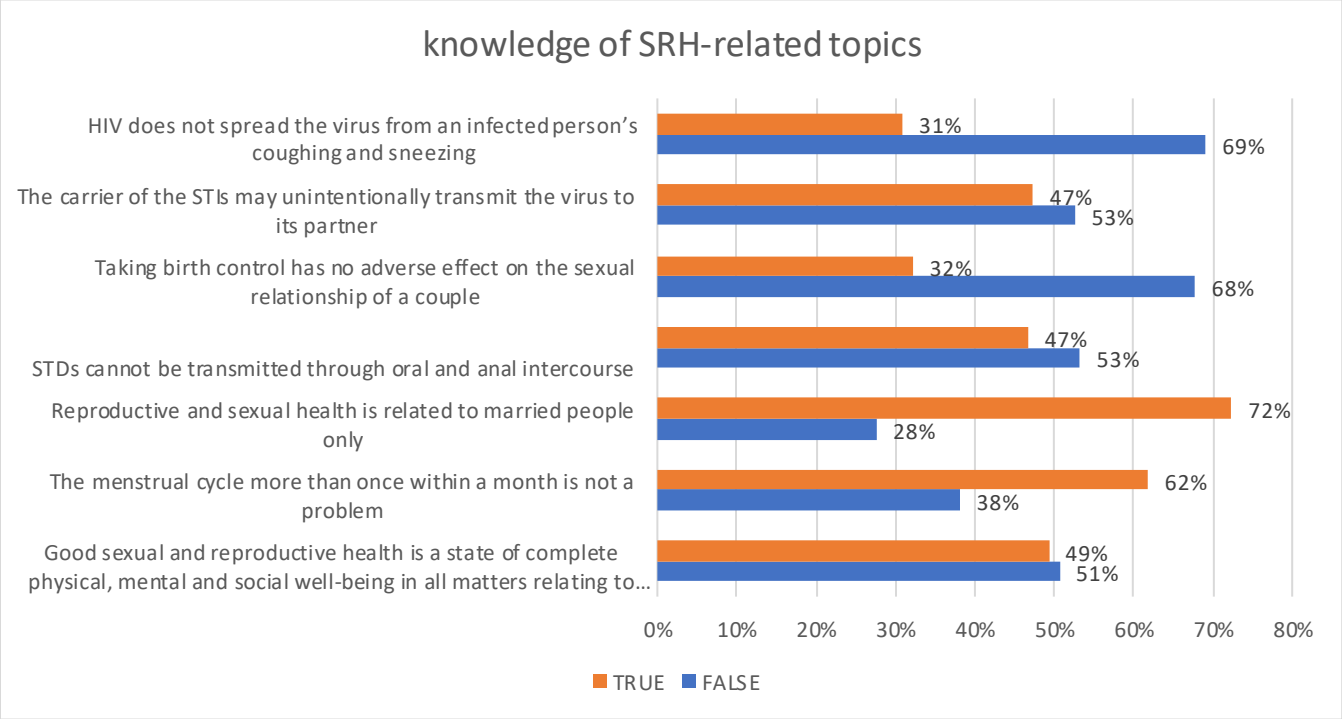

Figure 4. Knowledge of SRH-related topics

<u>SHR Knowledge with relationship to other factors</u>**:**

This finding of this study shows that the score of SRH knowledge is the same between the Lebanese and Syrian participants. Furthermore, there is a relationship between the level of education and the score of SRH knowledge. The participants' scores for SRH knowledge increased with their level of education (Figure 5). Among participants in primary and secondary education, the mean score for correct answers was almost the same at 3.28 and 3.36 for primary and secondary education, respectively.

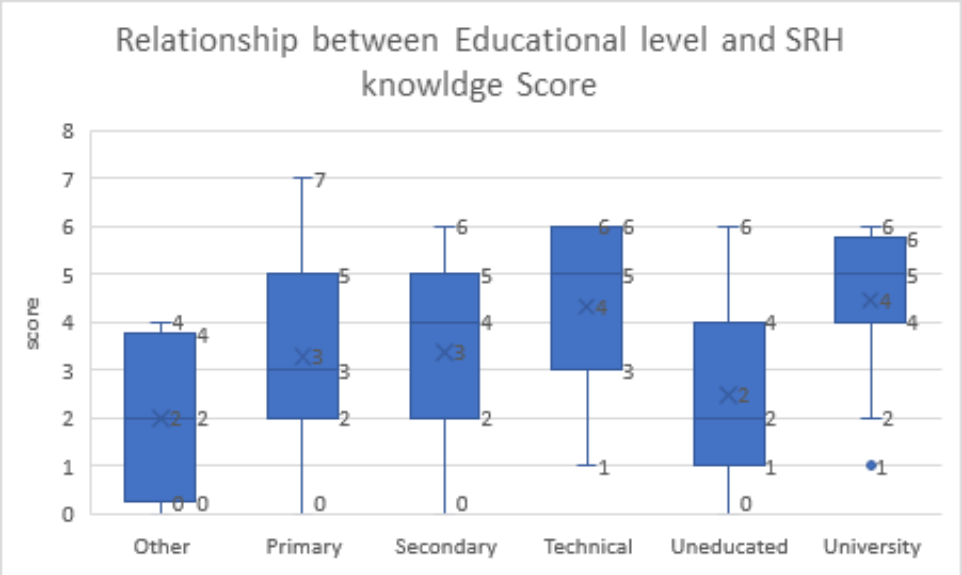

Figure 5. Relationship between the educational level and the SRH knowledge score

Also figure 6 show that the female participants have more knowledge about SRH as compared to the male participants.

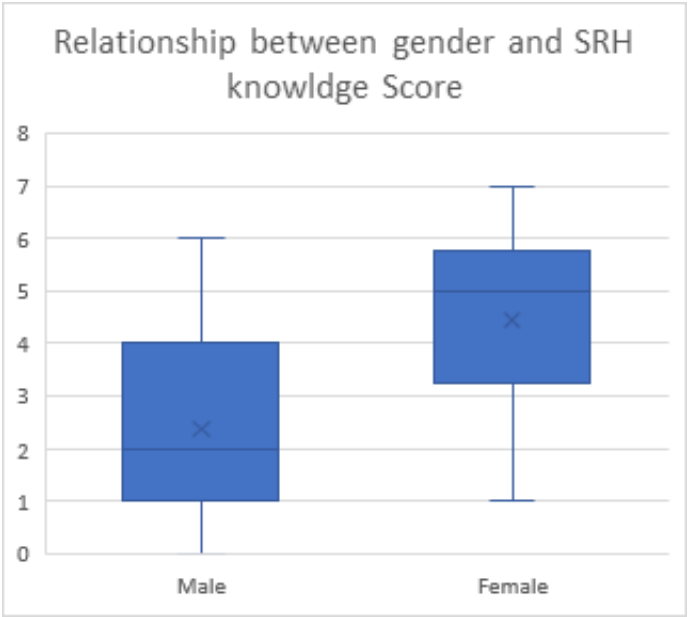

Figure 6. Relationship between gender and SRH knowledge score

Furthermore, our results demonstrate that SRH knowledge varies in the opposite way compared to age. In fact, younger people were found to have higher SRH levels of knowledge than older people (Figure 7).

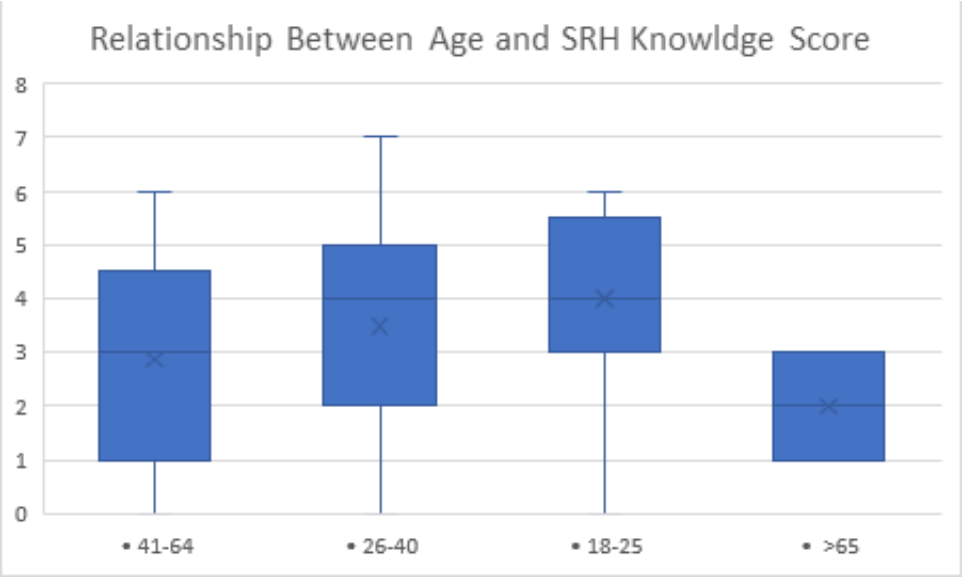

Figure 7. Relationship between Age and SRH knowledge score

Moreover, interestingly, this study shows a relationship between score of knowledge and occupation. In fact, our finding shows that participants who are working in the education field have the highest score in knowledge related to SRH as compared to other occupation field (Figure 8).

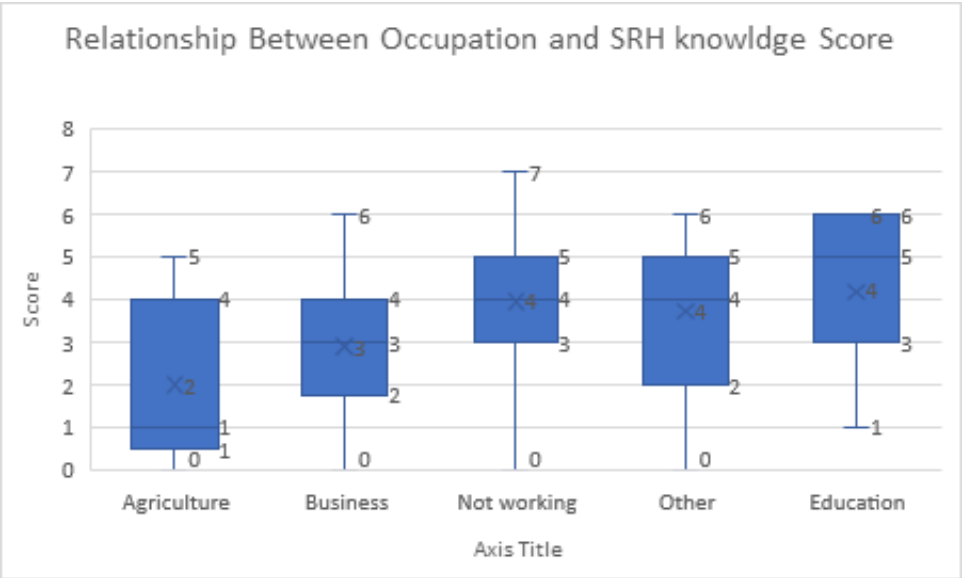

Figure 8. Relationship between occupation and SRH knowledge score

Moreover, the findings show a surprising relation between self-estimated SRH knowledge and knowledge score. Participants who believe they have knowledge don't have higher scores in knowledge as compared to the others (Figure 9).

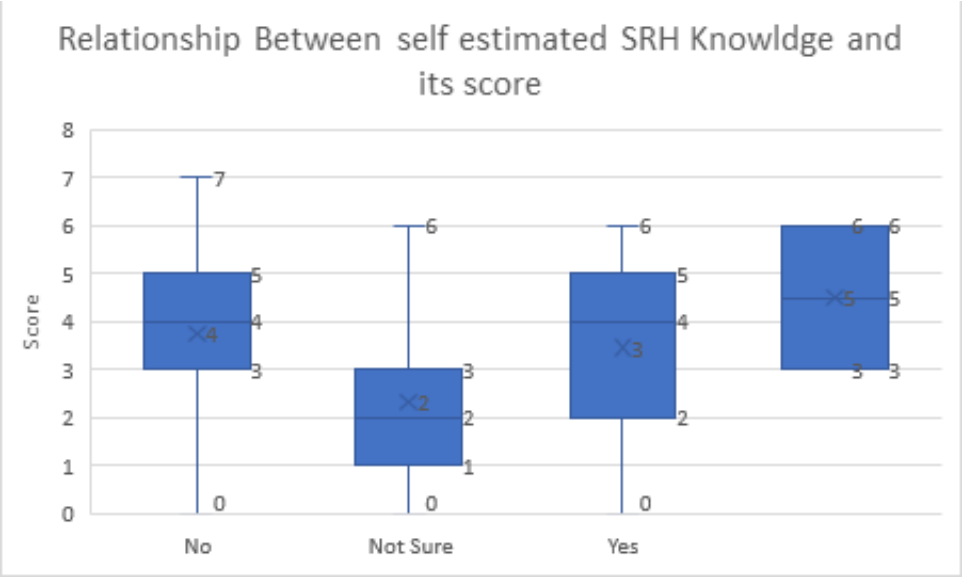

Figure 9. Relationship between self-estimated SRH knowledge and its score.

SRH attitude- related items

Figure 10 shows that around fifty percent of the participants believed that there is insufficient information about SRH in the textbook and educational curriculum at the school. Additionally, more than half of the participants (53%) concurred that the school teaching system is insufficient for SRH. However, the majority of participants— 69%—disagreed that anyone who receives STIs should cover it up.

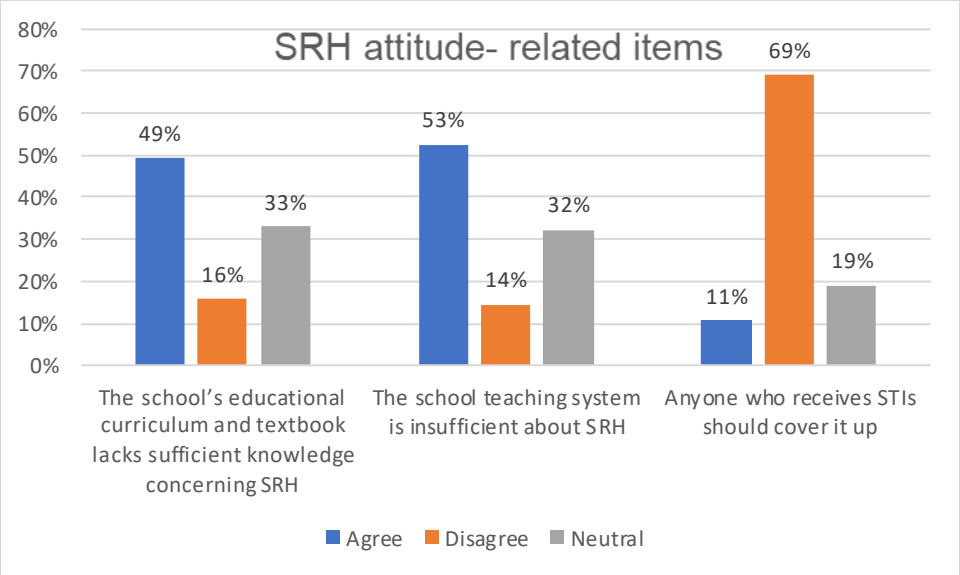

Figure 10. SRH attitude- related items

SRH Most Sensitive or Challenging Topics:

More than half of the participants found that sexual relationships (89.5%) were sensitive topics, followed by sexual and reproductive rights (72.4%), harassment (65.1%), HIV (53.3%), and sexually transmitted diseases (50.7%) (Figure 11).

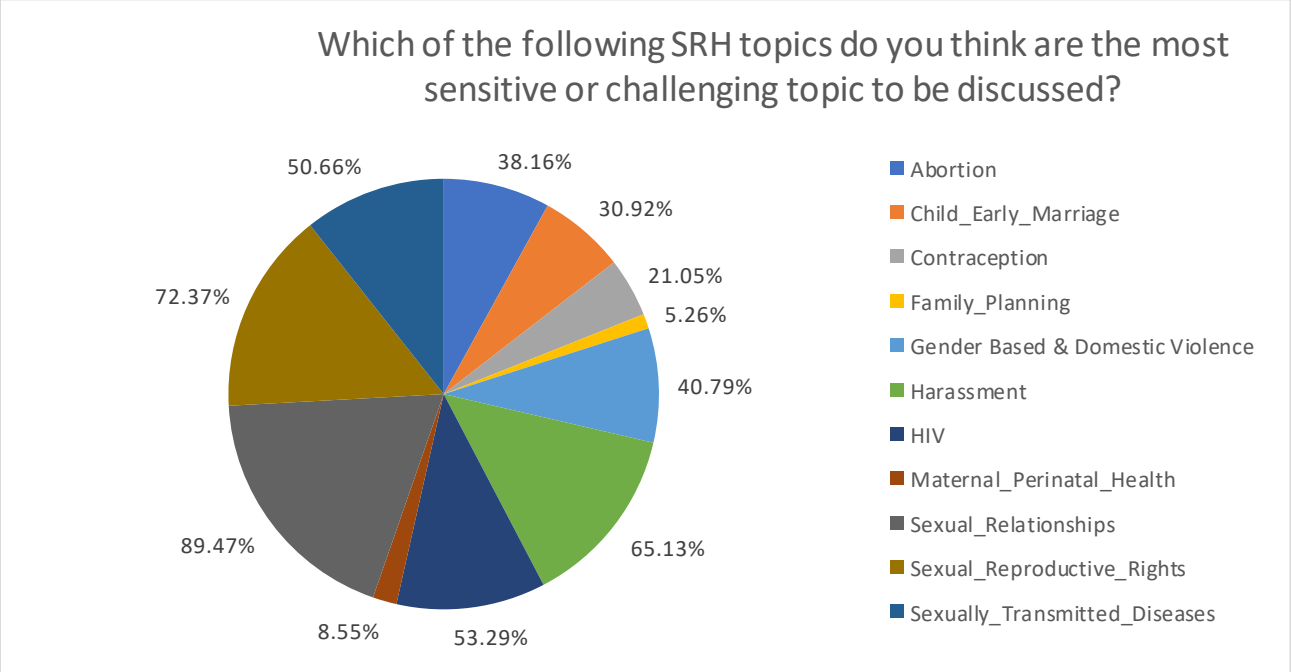

Figure 11. The SRH most sensitive or challenging topics

Moreover, 62.5% of school or university-educated individuals find harassment, 83.3% sexual relationships, and 70.8% sexual reproductive topics to be sensitive topics. The majority of mass media users find harassment (84.4 %), sexual relationships (100 %), and sexual reproductive (88.7%) topics to be sensitive topics. The study showed that 87.7% of online users found harassment, 96.6% found sexual relationships, and 83.1% found sexual reproductive topics to be sensitive. Also, 57.7% of those with mothers as sources of knowledge find harassment, 85.9% sexual relationship, and 66.2% sexual reproductive topics sensitive. Data analysis indicates that while male participants were less knowledgeable about SRH than female participants, female participants thought SRH topics were more sensitive.

SHR Most Acceptable topics:

Among the top six SRH topics, family planning and maternal and perinatal health were considered acceptable by 74.2% of participants. Next on the list are child marriage, early and forced marriage (69.5%), contraception (64.2%), domestic violence or gender-based violence (51%), and abortion (49.7%) (Figure 12).

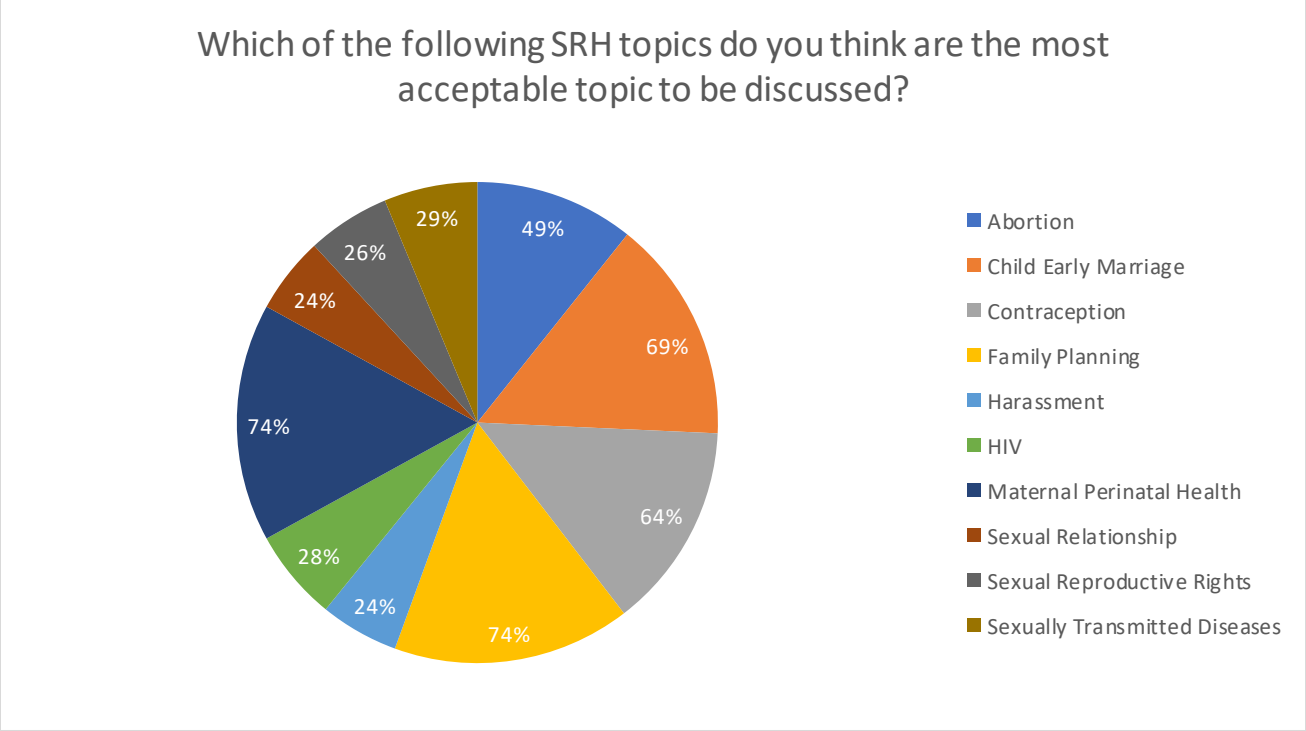

Figure 12. The SHR most acceptable topics

3. Section three: Knowledge about the Related Health Care Services in Akkar

When asked which community settings provided SRH services, most participants indicated public hospitals and PHC clinics (69%) and private hospitals and clinics (64%). Additionally, 48% of participants mentioned pharmacies, followed by NGOs (35%), and municipal services (11%). Youth centers (2%) and school-based services (5%) were mentioned with the least number of services (Figure 13).

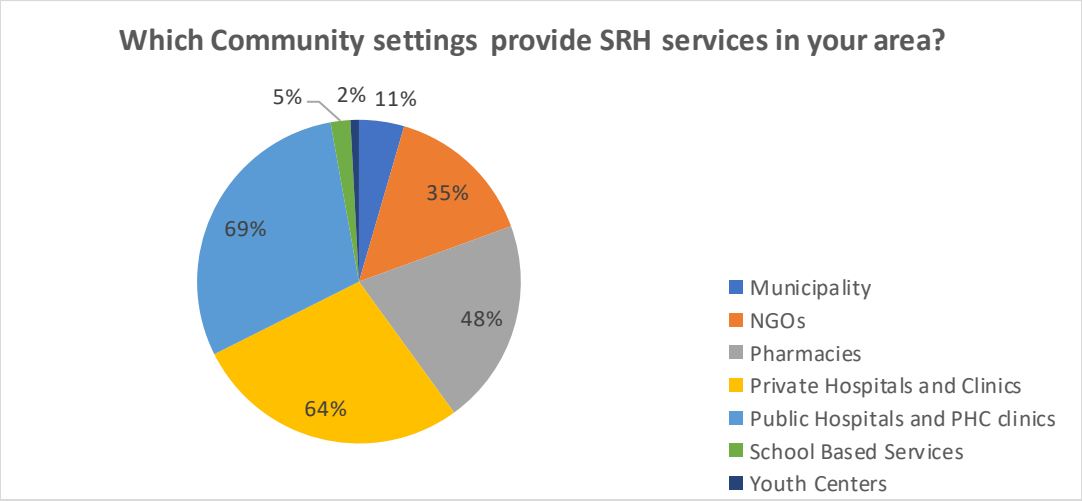

Figure 13. Community settings that provide SRH services

When asked what SRH services were offered in their community, the most commonly mentioned ones were pregnancy testing (44%) followed by maternal newborn care and routine gynaecological examination (38%), psychosocial support (34%), Condom provision (25%), family planning (24%) and Prevention and management of gender-based violence (17%). On the other hand, STI prevention treatment care (9%), HIV counseling testing (5%), and SRH information and education (5%) were the least commonly identified service types. Interestingly, 24% of the participants stated that they do not know any SRH service in their area (Figure 14).

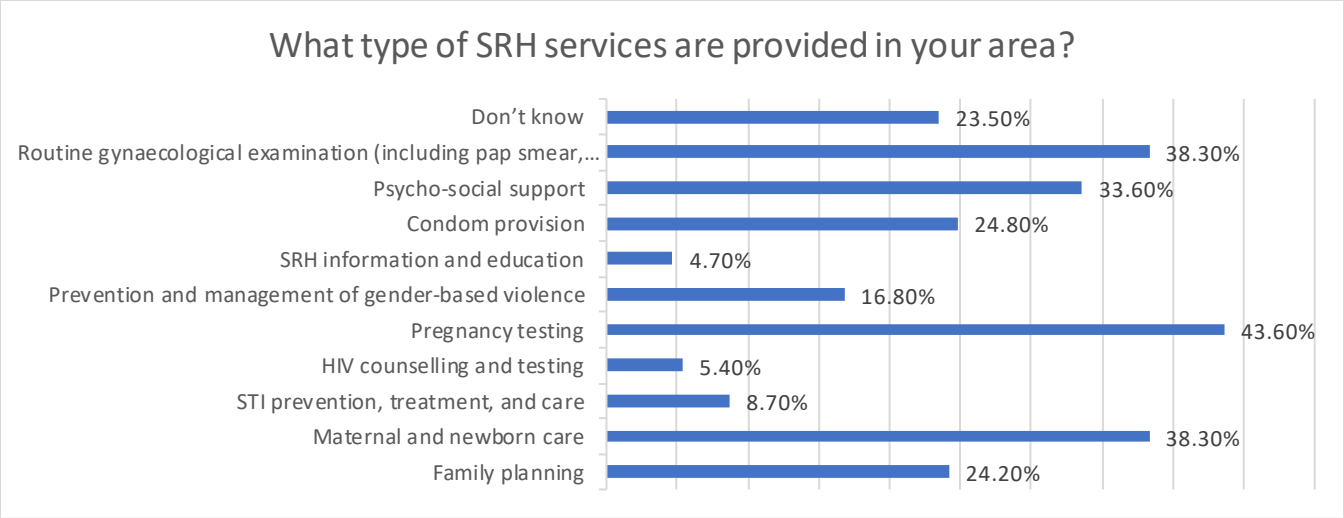

Figure 14. The type of SRH services provided.

Interestingly 86% of participants disapproved when asked if they thought there were enough SRH services in their community.

V. Discussion

Even though most participants of this study (92.1%) agreed that receiving an education in sexual and reproductive health is important, the study's analysis reveals that participants' knowledge regarding SRH is generally lacking. This finding is consistent with other Arab research indicating a substantial lack of Knowledge regarding SRH (Hamdanieh et al., 2021).

According to this study, mothers were found to be the main source of SRH information. This result is in line with other studies that suggest mothers were the primary source of SRH information, particularly for girls (Zakaria et al., 2020). Nevertheless, it is important to mention that our results indicate that the mother were chosen to be the primary source of SRH knowledge for both male (47%) and female (53%) participants. Furthermore, studies show males rely more on friends for information about SRH knowledge (WHO, 2011). This was further supported by our findings, which show that 76% of participants who choose their friends as a source of knowledge are male.

Furthermore, when asked if they think they know enough about SRH, over half of the participants (46.1%) said they didn't, while the majority (76.3%) want to learn more. This finding can be a motivation for the NGO's and health care providers to be encourage to privde more knowledge and education about SRH for the community in Akkar. The majority of participants believe adults, women, community members, parents, teachers, and men need education about SRH, while only 23% believe children need education. The finding could be explained by the societal perception that SRHR is a taboo subject that should not be discussed with children or by the fact that most

people usually do not feel confortable talking about it with children. In fact, our study confirmed this by showing that parents and schoolteachers were seen to feel uncomfortable dealing with SRHR topics by most of the participants (62.5%). Also only about 17% of respondents stated they always discuss SRH issues with their doctors. This could be explained by the fact that SRH is a taboo topic in the arab countries and it is no easy to disucss this sensitive topic in a community like Akkar.

About 68% of the participants said that they had never received treatment for SRH issues. About 55% of the participants stated that they had found it difficult to seek SRH information because they feared judgment from society. Furthermore, participants were asked if they felt comfortable discussing SRH, and nearly half said they didn't. These findings support previous studies that show that social stigma and privacy concerns hinder many individuals from seeking treatment for SRH problems from qualified medical practitioners (Meena et al., 2015).

The study revealed that childbirth, family planning, and menstruation were the most frequently discussed topics among participants. This could be explained by the fact that family planning and maternal and perinatal health topics were considered on top of the SRH topics that were acceptable to 74.2% of participants.

The participants obviously lack sufficient knowledge about SRH presents cause for serious concern. Lack of SRH may have an adverse impact on one's health. This could be explained by a shortage of educational campaigns in schools and universities in Lebanon. This was also supported by our findings in which 50% of participants felt there is insufficient information about SRH in school textbooks and curriculum, and 53% agreed that the school teaching system is insufficient for SRH. In addition, another explanation for the lack of SRH knowledge can be related to the possibility that the Ministries of Public Health and Education have ignored this aspect of health because it is sensitive in our culture and middle eastern societies in general (Santos et al., 206; Hamdanieh et al., 2021).

The study found a correlation between education and SRH knowledge scores, with female participants having more knowledge than males, suggesting the need for more educational programs. As a result, unsafe behaviors and practices might be exposed to young men due to their lack of knowledge about their SRH issues. Moreover, the study reveals that younger individuals possess higher knowledge about SRH, possibly due to their frequent use of social media and conversations with mothers which were seen as sources of SRH knowledge by the participants. Additionally, the study reveals a consistent score of SRH knowledge among Lebanese and Syrian participants, with an increase in SRH knowledge scores with higher education levels. This demonstrates how crucial education is in terms of SRH knowledge.

The study revealed that sexual relationships (89.5%), sexual and reproductive rights (72.4%), harassment (65.1%), HIV (53.3%), and sexually transmitted diseases (50.7%) were the most sensitive and challenging topics. Therefore, it is crucial to cover these SRH topics in an acceptable manner within the community, as these topics are often difficult to discuss considering that females find these topics to be more sensitive than males do.

Lack of implementation of SRH awareness has major negative effects on people's health both individually and as a society. These include the spread of sexually transmitted infections (STIs) like HIV, sexual abuse and violence, unintended pregnancies, unsafe abortions, and deaths of mothers and newborns (Hamdanieh et al., 2021). Because of this, it is critical to address the issue of a lack of SRH knowledge by developing more community-based programs and awareness campaigns. Moreover, individuals who view sexual relationships and sexual reproductive as sensitive topics often utilize media or the internet for information, raising concerns about the reliability and accuracy of the information.

Furthermore, participants primarily mentioned public hospitals, private clinics, pharmacies, NGOs, municipal services, and NGOs as community settings providing SRH services, with youth centers and school-based services being the least mentioned. This finding stresses the important role that hospitals, PHC and NGO's can play in educating and providing SRH service in Akkar area. Additionally, this data demonstrates the minor role that youth centers and schools is playing in providing SRH services.

The most mentioned SRH services in the community include pregnancy testing, maternal newborn care and routine gynaecological examination, psychosocial support, condom provision, family planning, and gender-based violence prevention. However, 24% of the participants reported not knowing any SRH services in their area. Most of participants disapproved when asked if they thought there were enough SRH services in their community. These results show that there is a real need for additional SRH services and increased public awareness of them.

One of the study's limitations was that data was only collected from a few Akkar locations. More information might be needed to make sure that it fairly reflects the needs and viewpoints of everyone in Akkar. In fact, a larger sample size and a more diverse population could yield more detailed information on how to approach various age groups and populations in Akkar and north Lebanon when developing SRH programs and designing awareness campaigns.

VI. Conclusion and Recommendations

Good reproductive health should involve freedom from sexually transmitted diseases, regulation of fertility with contraceptive knowledge, and control of sexuality without discrimination based on age, marital status, or income (WHO, 2011). Neverthless, people still face major challenges in the 21st century when trying to achieve SRHR. People have limited access to related services and education, among other challenges, which prevents them from enjoying their SRH (Hamdanieh *et al.*, 2021). This study had confirmed that the community in Akkar had lack of enough knowledge about SRH and the related healthcare services.

92.1% of participants believe it is important to get SRH education, with adults, women, community members, parents, teachers, and men being the most important groups. However,

only a quarter of the participants stated that children need SRH education. The study suggests that discussing SRH topics with children may be challenging, highlighting that programs should consider this sensitivity when designing.

Interestingly, the study found that primary and secondary education students have similar SRH levels of knowledge, indicating that there has been little effective teaching on SRH topics recently, and further efforts are needed in this regard. This information could benefit mainly NGOs and schools, as they can be crucial in developing projects and educational initiatives that raise children's awareness of SRH issues. The report assumes that implementing SRH-related programs in private schools in Lebanon may be easier due to fewer administrative and cultural obstacles in public schools.

The report suggests that SRHR programs should cater to both genders, with a focus on boys and men, as they are less knowledgeable about SRH. Early exposure to formal, accurate, and comprehensive information about SRH can protect young men for the rest of their lives, as well as their partners. Besides, the majority of participants believe that education about SRH should be provided to adults, women, community members, parents, teachers, and men.

Additionally, as this study showed that the three primary source of knowledge on SRH were, mother (46.7%), doctors (43.4%), and online sources (40.1%), this report suggests that programs be designed with a greater emphasis on incorporating these sources of information. It is important for the NGOs to design programs that try to break out the taboo and provide a safe environment for learning about SRHR.

Most participants (62.5%) agreed that parents and schoolteachers feel uncomfortable discussing SRHR topics, so this report suggests training for them to increase their knowledge and skills on SRH. This will therefore prepare them to deal with SRH subjects in a comfortable way, especially when dealing with children. This will also ensure that children learn accurate information from reliable sources.

Furthermore, the report reveals that most participants believed their community lacked sufficient SRH services. Also, approximately 68% of the participants have never received treatment for SRH issues. This emphasizes the necessity of offering SRH services in a creative manner that considers the needs and cultures of the community. The I'MPOSSIBLE or other NGOs are recommended to use community base approach when designing their SRH programs.

Understanding individual and group variations in sexual and reproductive health knowledge is crucial for designing effective programmatic responses to meet diverse needs and protect rights. Education and awareness campaigns led by experts are advised due to the lack of knowledge regarding SRH.

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Appendix 1: The survey and consent in English

Assessing the Knowledge About sexual and reproductive health and rights (SRHR)and the Related Health Care Services in Akkar

The I'mpossible NGO is doing an assessment about the knowledge of the community on sexual and reproductive health and the related health services in the region of Akkar. This study targets all community members above the age of 18 and residents in Akkar. We are inviting you to complete this self-administered questionnaire, which takes approximately 10 minutes to complete. Your responses will remain anonymous, and all data collected will remain confidential. No identifiable data will be collected. All the information gathered from this study will only be used for Impossible NGO as baseline information regarding the SRH knowledge status in the area.

Your participation in this study is greatly appreciated, and highly valued and important for our research.

If you agree to participate kindly start filling in the below questionnaire.

1. Socio-demographic characteristics:
    1. Nationalities:
        - Lebanese
        - Other nationalities

    2. Educational level:
        - Uneducated
        - Primary
        - Secondary
        - University
        - Other

    3. Gender:
        - Male
        - Female

    4. Age:
        - 18-25
        - 26-40
        - 41-64

- >65

5. Marital status:
    - Married
    - Single
    - Widow
    - Divorced

6. Occupation:
    - Working:
        - Agriculture
        - Business
        - Education
        - Health
        - Others:

    - Not working

2. <u>Knowledge about Sexual and Reproductive Health:</u>

7. Do you think it is important to get an education about SRH?
    - Yes
    - No

8. Which of the following groups do you think need to be educated about SRH? (you can pick more than one answer)
    - Children
    - Adult
    - Elder
    - Parents
    - Teachers
    - Women
    - Men
    - All community members
    - None
    - Other:

9. What is your primary source of knowledge on SRH? (you can pick more than one answer)
    - Mother
    - Father
    - Family members

- Friends
- Doctor
- Health worker
- School/University
- Mass media (television, internet, newspaper, books, etc.)
- Online sources (social media, etc.)

10. How often do you have regular communication regarding SRH issues with your mothers or family members?
    - at least once in every month
    - at least once in every 3 months
    - at least once in every 6 months
    - at least once in every year
    - rarely
    - never

11. Do you think you have enough knowledge about SRH?
    - Yes
    - No
    - No sure

12. Do you wish to have learn more about SRH?
    - Yes
    - No
    - No Answer

13. Do you think that parents and schoolteachers feel uncomfortable dealing with SRHR topics?
    - Yes
    - No
    - No sure

Factors influencing SRH-related knowledge, attitude, and practice. Please answer the following questions(Always,Often.Sometimes,Rarely,Never)

Questions	Always	Often	Sometimes	Rarely	Never
14. Ever talked with a doctor about SRH problem					

15. Ever discussed family planning					
16. Ever discussed childbirth					
17. Ever discussed sexual transmitted diseases					
18. Ever discussed sexual harassment					
19. Ever discussed knowledge on menstruation					
20. Ever discussed knowledge on HIV/AIDS					

Please answer the following questions (Yes or No)

	Yes	No
21. Ever got treatment for SRH problems		
22. Ever faced difficult to seek out SRH information as you fear the societal judgment that you might face in doing so		
23. I feel at ease when talking about SRH		

SRH knowledge-related items: Please answer by choosing: True or False or Not sure

Questions	True	False	Not sure
24. Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive health			
25. The menstrual cycle more than once within a month is not a problem			

26. Reproductive and sexual health is related to married people only			
27. STDs cannot be transmitted through oral and anal intercourse			
28. Taking birth control has no adverse effect on the sexual relationship of a couple			
29. the carrier of the STIs may unintentionally transmit the virus to its partner			
30. HIV does spread the virus from an infected person's coughing and sneezing			

SRH attitude- related items: Please answer by choosing: agree, disagree, or neutral

Questions	Agree	Disagree	Neutral
31. The school's educational curriculum and textbook lacks sufficient knowledge concerning SRH			
32. The school teaching system is insufficient about SRH			
33. Anyone who receives STIs should cover it up			

34. Which of the following SRH topics do you think are the most sensitive or challenging topic to be discussed? (you can pick more than one answer)

- Abortion
- HIV
- Contraception
- Gender-Based or Domestic Violence
- Family Planning
- Sexually Transmitted Diseases
- Maternal And Perinatal Health
- Child, early and forced marriage

- Sexual Relationships
- Sexual And Reproductive Rights
- Harassment
- Others:

35. Which of the following SRH topics do you think are the most acceptable topic to be discussed? (you can pick more than one answer)
    - Abortion
    - HIV
    - Contraception
    - Gender-Based or Domestic Violence
    - Family Planning
    - Sexually Transmitted Diseases
    - Maternal And Perinatal Health
    - Sexual Relationships
    - Child, early and forced marriage
    - Sexual And Reproductive Rights
    - Harassment
    - Others:

3. Knowledge about the Related Health Care Services in Akkar

36. Which of the settings do you have SRH services available in your area? (you can pick more than one answer)
    - Public hospitals and PHC clinics
    - Private hospitals and clinics
    - School-based services
    - Youth centers
    - Pharmacies
    - Ngo
    - Municipality
    - Others:

37. What type of SRH services are provided in your area? (you can pick more than one answer)
    - Family planning
    - Maternal and newborn care
    - STI prevention, treatment, and care
    - HIV counselling and testing
    - Pregnancy testing
    - Prevention and management of gender-based violence
    - SRH information and education
    - Condom provision

- Psycho-social support
- Routine gynaecological examination (including pap smear, breast exam, etc.)
- Don’t know
- Other:

38. Do you think there are enough SRH services in your area?
    - Yes
    - No
    - I do not know