

**ADOLESCENTS DATA ON
REPRODUCTIVE HEALTH ISSUES
IN THE I.R. OF IRAN**

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Paper Presented at the IUSSP Seminar in Bangkok, Thailand

10 – 13 June 2002

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ABSTRACT

The Islamic Republic of Iran is committed to improving the quality of life of its people one of the ways being through reducing the fertility that would lead to the improved health status and welfare of the people. UNFPA assistance complements the government's plans and programmes to achieve these goals. During the Third UNFPA Country Programme. The activities are focused in the remote provinces of Sistan/Baluchistan, Bushehr, Kordestan, Golestan and Islamshahr located in South of Tehran.

In order to assess the impact of UNFPA activities at the end of its Third Country Programme, a series of baseline surveys have been conducted by the Statistical Centre of Iran with collaboration of the UNFPA-Iran in the selected pilot areas. The paper presents the results of the baseline survey conducted to assess the knowledge and awareness about reproductive health matters among the students of the Junior and High Schools. This information will facilitate the monitoring and evaluation of the current programme of the Ministry of Education and help formulate the future plan of action. A random sample of schools was drawn from the list of 70 pilot schools. The targeted sample was 3,000 students and ultimately 2,951 students participated in the Survey. 1375 were boys and 1576 were girls, 440 were 8th Grade Junior high school students and 2511 were high school students from grades 9-11. The objective of the project is to impart information to the students on appropriate reproductive health matters in a culture friendly manner with sharper focus on adolescents growing up and puberty.

The results of the survey reveal the need for reproductive health (RH) education in schools. The girls were more aware and informed about RH issues than the boys. These issues included even important topics like consequences of early marriage, the need for family planning prevention and treatment of HIV/AIDS. Within the sample as would be expected the students at the high school level had more knowledge on the subject of reproductive health than the students of the Junior high school level. There was generally a favorable attitude towards gender equity and equality.

The project can be strengthened based on the Baseline Survey results which identify the critical areas where the level of knowledge is low. In order for the programme to succeed however training of teachers should be of high quality so that they are able to effectively discuss these sensitive topics in the classroom.

1. INTRODUCTION

Until late 1980s, Iran was one of those countries where the fertility decline had not yet begun in earnest. Since the 1960s, one of the aims of successive development policies was to accelerate this decline. In 1967, the “Tehran Declaration” acknowledged family planning as a human right promoting the social and economic welfare of families and society; however, this program was dismantled for a period after the Revolution (Roudi, 1999). It is frequently argued that the Islamic Revolution of 1979 interrupted the course of a demographic transition said to have begun in the early 1970s. After the revolution in 1979, population growth was not considered as a problem; both the population policy and programme were undermined by the other priorities of the new government. However, after the war with Iraq in 1988, the government realized that rapid population growth was a hindrance to all development efforts. The government was then faced with a large population demanding food, health services, education and employment. During the decade starting from 1976 to 1986, Iran’s population increased at an average annual rate of 3.4 percent (Aghajanian, 1991; Mosleh-Uddin and Bassir, 2001).

In 1988, the government renewed its interest in family planning and established a new population policy and population control programme. The programme gained momentum when the Prime Minister announced that “none of the government programmes, either development or welfare of the people, would work without solving the population problem” (Moosavi, 1989). The government population policy has met with considerable success because it combines Islamic discourse with modern population discussion in a very accessible format. The development of population policy in Iran has therefore demonstrated that Islamic ideology is indeed compatible with modernity and feminism. Iran’s family planning programme may be considered as a model for the Islamic World and other developing countries.

The family planning programme in Iran has achieved outstanding success during the second decade of the revolution. The population growth rate declined from 3.4 in 1986 to 1.4 in 1996. During the same period the fertility rate declined from 7.0 to 2.6 births per woman. The contraceptive prevalence rate increased from 36 percent in 1976 to 72 percent in 1997 (UNFPA Report, 2000). The under-five mortality has also declined substantially over the period. However, due to young age structure of the population (nearly half of the population is below age 20), the country is destined to face the challenge of population momentum in the years to come. The country will again witness a population growth unless proper action is taken. In this respect, the active participation of the young and youth population in fertility regulation programme is very crucial.

Considering the potentially alarming situation, the Government has once again reiterated its firm determination to continue the fertility regulation policy through implementation of reproductive health and family planning programmes under its Third-Five Year Development Plan (TFYDP, 2000-2004). Government has already introduced reproductive health education into the school curriculum and undertakes advocacy programmes. Different NGOs and international communities such as UNFPA also came forward to fulfil the government’s commitment in regulating fertility and improving the health status and welfare of the people. The Third UNFPA Country Programme has been synchronised with the TFYDP of the Country. UNFPA

programmes are fully in line with the Government's priorities. UNFPA assistance is complementary to the Government's plans and programmes to promote the health and rights of the people, gender equity and equality and to implement population and reproductive health and family planning programmes. The activities are focussed in the relatively under-developed, deprived and remote areas of Zahedan, Bushehr, Gonbadcavus, Sanandaj and Islamshahr districts. The UNFPA programme in these areas is running in collaboration with several ministries including the Ministry of Education (MOE). The MOE/UNFPA project covers 70 pilot schools (7 boys schools & 7 girls schools from each of the project areas) and the students of grades 8-11. The programme covers about 20,000 students in the 70 schools.

In order to evaluate and assess the impact of UNFPA activities at the end of the Third Country Programme a series of baseline surveys have been conducted in the selected pilot areas. This paper presents the results of the baseline survey conducted to assess the knowledge and awareness about reproductive health matters among the students of Guidance and High schools. This information is needed to formulate the future plan of action, and for monitoring and evaluation of the advocacy programme of MOE/UNFPA on reproductive health matters among students through the formal school system in the selected project areas of Iran.

2. DATA COLLECTION & METHOD

The survey was conducted by the Statistical Centre of Iran (SCI) with the financial and technical assistance of the UNFPA-Iran. The survey considered students of Grade 8 of the junior high schools and Grades 9-11 of high schools in the selected areas as respondents. Out of 70 pilot project schools in five districts from five provinces, 50 schools were selected at random. The selection was made following the simple random sample (SRS) method from the list of high schools and guidance schools in the selected districts. The list of schools was provided by the Ministry of Education (MOE). From each selected district, 10 schools (5 for boys and 5 for girls) were selected. The targeted sample size was 3,000 students from 50 selected schools, taking 60 students (30 boys and 30 girls) from each school. Ultimately, 2,951 students were successfully interviewed, of whom 1375 were boys and 1576 were girls. Among the 2,951 interviewed students, 440 were 8th grade Guidance students and 2,511 were high school students from 9-11 grades. The survey was conducted in February 2001

The survey considered a semi-structured questionnaire as the appropriate data collection instrument. The questionnaire contains 32 questions in all, which assessed the level of knowledge on selected gender and reproductive health (RH) issues of the students.

The main issues addressed in the Students Questionnaire are:

- Importance of family planning
- Consequences of early marriage
- Methods of contraception
- Importance of pre-and post natal care on the health of mother and child
- Importance of breast feeding
- Right to choose marriage partner and reproductive rights

- Nutritional needs of new born infants
- Importance of genetic counseling and pre-marriage blood testing
- Women's rights and privileges and male responsibility

3. SURVEY RESULTS

This section provides information on students' knowledge and attitude towards reproductive health matters by selected characteristics. The figures in the Tables have been rounded off to the nearest whole number. A reading of 0.50 and above has been rounded off to the next higher whole number. A reading of 0.49 and below has been rounded off to the next lower whole number. Therefore, the totals sometimes go marginally above or below 100 percent.

3.1 Topics Included In School Curricula

Students were asked about their knowledge on a number of issues related to general and reproductive health, rights, and gender equity. The percentage of knowledge of the students about these issues by age, sex and level of education are presented in Table 3.1. The level of education has two categories: Junior high school (grade 8) and high school (grades 9-11), age of the students also grouped into two categories: 10-14 and 15-19.

Over all, less than half of the students could mention about the listed topics included in the curricula of the school, except the topic of importance of breastfeeding on the health of mother and child. Among the topics, awareness is least about contraceptive methods irrespective of sex and level of education. Only 15 percent student could mention this topic. Age of the students shows positive association with the knowledge about the most listed topics.

Consistently there is a greater awareness among the girls than boys of all the above topics, perhaps because they are closer to them in interest and relevance. Or, it is possible that in girl's schools these topics were taught in greater detail. In a few cases, the difference between boys and girls is too high. For instance, methods of contraception. (7 vs 21 percent), reproductive health issue (13 vs 31 percent), importance of pre and post natal care (16 vs 35 percent) and essential care during pregnancy (18 vs 35 percent). The finding emphasises on the need for greater male awareness and involvement among the future husbands and fathers.

Table 3.1 presents contrasting results about the relationship between the level of education and the awareness about the lesson learnt on topics included in the curricula of the school. Out of 13 topics considered in the survey, at least in 6 cases guidance students show substantially higher awareness than their high school counterparts.

3.2 Factors Leading To Healthy Growth Of A Fetus

Healthy growth of a fetus depends on a number of factors. Students were asked to mention a few factors that may have detrimental effects on the healthy growth of a fetus. Majority (61 percent) of the students expressed their ignorance about the factors affecting the healthy growth of a fetus (Table 3.2.). The knowledge about different factors affecting healthy growth of a fetus varies from 3 percent to 19 percent. The girls are more aware about the factors affecting the growth of a

fetus than boys. For example, half of the girls are aware about at least one of the factors affecting healthy growth of a fetus compared to only 27 percent of the boys. However, their knowledge about different factors affecting healthy growth of a fetus also varies within a small range of 4-24 percent. The results indicate that awareness increased with age and education.

3.3 Essential Components Of Maternal Care During Pregnancy

The knowledge about essential elements of maternal care during pregnancy is also poor among the students. Forty-five percent of the students could not mention about any essential elements of maternal care during pregnancy. The ignorance is higher among boys than girls (53 percent Vs 37 percent). The greatest number of students (boys 22% and girls 23%) said use of iron fortified food was important; 10% boys and 28% girls said that observance of personal hygiene is important; 10% boys and 10% girls mentioned the importance of regular laboratory examination. Other components mentioned by a very few students were measurement of height/weight and blood pressure, vaccinations, determination of fetus position and physical examination. Consistently there was greater awareness among the high school students. Comparative percentages of guidance versus high school students on use of iron fortified food and observance of personal hygiene were 19% and 23%; 15% and 20% respectively (Table 3.3). Age of the student shows positive relationship with the knowledge about essential elements of maternal care during pregnancy. Adolescents in the age group 15-19 show consistently higher knowledge about all the listed essential components of maternal care during pregnancy compared to the early adolescents in the age 10-14.

3.4 Essential Components Of Post-natal Care

Overall, majority (60 percent) of the students (71% boys and 50% girls) do not know about any of the essential components of post-natal care. The knowledge about various essential components of antenatal and post-natal care ranges from 2 percent to 27 percent. Among the components of post-natal care, personal hygiene is the best known component as mentioned by 27 percent students. As expected girls have higher knowledge than boys. High school students show slightly higher knowledge than their juniors (Table 3.4).

3.5 Nutritional Requirements of New-born Babies

Overall, 96 percent of the students could mention at least one nutritional requirement of newly born babies (figure 1), and virtually all of them (96%) mentioned about multivitamin drops two weeks after birth. Gender of the students shows little affect on the knowledge about nutritional requirement of the newly born baby. 94% of the boys and 98% of the girls were able to mention at last one nutritional requirement for new-born babies. Of these 94% boys and 98% girls mentioned multi-vitamin drops two weeks after birth; 12% boys and 16% girls mentioned iron drops four weeks after birth; 5% boys and 9% girls said supplementary food, and Vitamin A are required after birth. Only 6% boys and 2% girls said they had no answer. However, knowledge is less affected by age and education of the students (Table 3.5).

3.6 Reasons in Favour of Breastfeeding for Health of the Child

More than half (58 percent) of the students could mention at least one benefit of breastfeeding. However, knowledge about the specific benefits of breastfeeding is very poor. For example, that breastfeeding act as immunization for the children is known by only 28 percent of the students. The results reflect the general tendency that the high school students are more aware than the Junior high school students on the subject, while in every case the girls are more aware. Age of the student also shows positive effects on knowledge about benefits of breastfeeding (Table 3.6).

3.7 Breast-feeding for the Health of the Mother

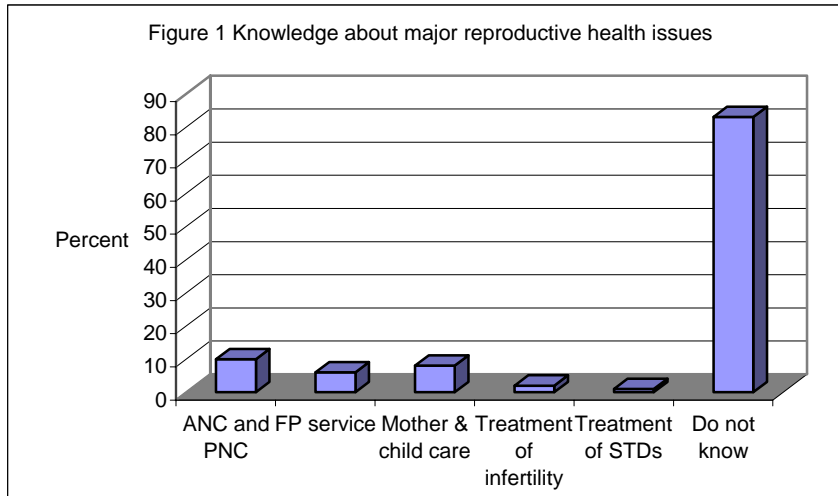
The results indicate that knowledge about benefits of breastfeeding for mother's health is very poor among the students. The vast majority (81 percent) of the students could not cite any reason in favour of breastfeeding for the health of mother (Table 3.7). Boys seems to be more ignorant about benefits of breastfeeding than girls as 90 percent boys and 73 percent girls were unable to give reasons in favour of breast-feeding for the health of the mother. Only 2% of each- boys and girls- mentioned helping the uterus return to its original position; 7% boys and 20% girls said it helped establish a psychological bond between mother and child. The knowledge about benefits of breastfeeding for the health of mother increased with the age and level of education. However, the differences are very small.

3.8 Role of the Father in Maternal and Child Health Care

Students were asked in what ways a father could play an important role in maternal and child health care. This was a question with more interesting results although even here a sizeable percentage of students (25 percent) gave "Do not know" as an answer (Table 3.8). Girls are obviously skeptical about the usefulness of men for household chores! The results show beyond doubt that girls are more aware of the importance of the role of the father than boys and that, high school students are more aware than the Junior high school level students. The most prominent way in which father can play an important role in maternal and child health care as cited by the students was 'creation of relaxed environment at home'. This reason was cited by girls at a higher percentage than boys (61 percent Vs 44 percent).

3.9 Major Reproductive Health Issues

The International Conference on Population and Development (ICPD) held in Cairo in 1994 drew the attention of the international community and of national governments in a vivid and compelling manner to the need for improved reproductive health care, particularly in developing countries. The ICPD defined reproductive health not in a demographic context, but rather as a matter of choice for the individual. The ICPD defined reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It also includes, sexual health, the purpose of which is the enhancement of life and personal relations.



The students were asked, “What are the major reproductive health issues?” In response only 17 percent of the students on the whole could give a meaningful response, which is understandable because reproductive health is a comparatively new concept and its inclusion in the school curricula very recent. Only 10 percent student mentioned that ante-natal and post-natal care is a major reproductive health issue, while family planning services is mentioned by only 6 percent students (Figure 1). However, the girls are more knowledgeable than the boys and the high school students are more knowledgeable than the guidance students.

3.10 Ways to Prevent Breast and Cervical Cancer

The questions on ways to prevent breast and cervical cancer were asked only to female students. About 86 percent and 95 percent of the students respectively could not give a meaningful response to ways to prevent breast and cervical cancer. There is very little difference between the responses of the Junior high school and high school students also although marginally more high school students were aware of the issue (Table not shown).

3.11 Importance of Family Planning

The survey results indicate very poor knowledge of adolescents about importance of family planning among the junior and high school students. Overwhelming majority (80 percent) of the students could not mention any reason signifying importance of family planning - 89% boys and 72% girls. However, girls have higher knowledge about importance of family planning than boys (Table 3.10). There was only a 10% difference between the responses of the Junior high school and high school students on “Do not know”- 88% and 78% respectively. The most frequently cited reason for the importance of family planning was “Decline in infant and maternal mortality” (5% boys and 16% girls).

3.12 Negative Health Consequences of Early Marriage

Table 3.11 presents the percentage of students who are aware about health consequences of early marriage by age, gender and educational levels. The results indicate very poor knowledge about

health consequences of early marriage among the students. Sixty four percent of the students could not mention any health consequences of early marriage. Only 22 percent students mentioned that early marriage is associated with higher health risk and 19 percent said that early marriage may result in immature and low birth weight. The knowledge is substantially higher among girls than boys. Age and education of the students show little effect on knowledge about health consequences of early marriage. There is ample scope for increasing the level of knowledge on this important issue. Even students in school should be aware of the adverse health consequences of early marriage.

3.13 Social/Economic Consequences of a Large Family

Students were asked about their perception on the social and economic consequences of a large family. Majority of the students (62 percent) consider that large family would create food problem (Table 3.12). The next most common consequence of large family is decline in per capita income as perceived by 48 percent of the students. Students mentioned many other consequences of large family size. The knowledge of these consequences ranges from 2 percent to 37 percent.

It is interesting to note that on issues relating to economy, housing and employment, the boys appear to be more concerned, whereas on health-related issues the girls appear to be more concerned. There is no appreciable difference between the responses of the Junior high school and high school students.

3.14 Ideal Age at Marriage for Boys and Girls

Table 3.13 shows the distribution of the students by their opinion on ideal age at marriage according to age, gender and educational level. The results indicate that the most preferable age at first marriage for boys is 25-29, while for girls the most popular age is 20-24 which is lower than that of boys. The overall median age at marriage for boys is 25 years and for girls it is 20 years. Age, gender and level of education of the students show no effects on the opinion on median age at marriage. The boys seem to want to marry younger girls (42% said girls should marry between 15 and 19), while girls seem to want to marry older boys (61% said that boys should marry between 25 and 29 years of age).

3.15 Reasons in Support of Genetic Counseling

More than half (53 percent) of the students reported that genetic counseling can minimize birth defects (Table 3.14). This was followed by family/marriage (29 percent). One-third of the students could not mention any reason in support of genetic counseling. Girls and high school students had greater awareness than boys and guidance students respectively.

3.16 Reasons in Support of Blood Testing

About half of the students were able to give meaningful answers. The most frequently mentioned reason in support of blood testing is diagnosis of thalassemia, as mentioned by 49 percent of the students. There is not much difference between the responses of the girls and boys, but there is generally a substantial difference between the students at the guidance level and the high school level.

3.17 Women Should be Given Equal Rights and Privileges as Men

Table 3.16 presents opinion of the students about equal rights and privilege of women as men in terms of education, employment, politics etc., by age, gender and educational level. The opinion on different selected items of equal rights varies from 44 percent to 96 percent. From 90 percent to 96 percent students think that women should be given equal rights and privilege as men on education (90 percent), decision on number and spacing of children (94 percent) and selection of marriage partner. However, students are less in favour of equal rights and privilege of women as men on government (44 percent), politics (59 percent), local and national level decision making (71 percent), and employment. On every option the girls want more privileges and right than the boys think they should have, but not sent percent. Taken as a whole, the high school students think there should be greater equality between men and women. The biggest differences are in the answers to employment, politics, Government and local and national decision-making, with the boys being more conservative.

Taken as a whole , the high school students think there should be greater equality between men and women. The biggest differences are in the answers to employment, politics, Government and local and national decision-making, with the boys being more conservative.

3.18 Equal Responsibility of Men and Women in Household Work

Students were asked whether they support equal responsibilities of men and women in raising children and sharing domestic chores. The data indicate that students are more in favour of equal rights of men and women for raising children than sharing domestic chores. More than sixty percent (63 percent) of the student fully endorsed that men and women should share responsibility in raising children, compared to 31 percent in domestics chores (Table 3.17). More girls than boys think that raising of children and household chores should be shared between both parents. More boys than girls think these are exclusively for the women to deal with. Almost all the students expressed an opinion.

3.19 Whose Responsibility Is It to Avoid Pregnancy?

The majority of the students (88 percent) think that is the joint responsibility of men and women to avoid pregnancy (Table 3.18). Only a small proportion of students (9 percent) consider that it is only women's responsibility. There is only a marginal difference between boys and girls. However, opinion on joint responsibility increases by age and education.

3.20 Whether a Woman Should Have Exclusive Rights Over the Use of Her Income

It is encouraging to see that only a very small percentage of the students feel that a man should control his wife's income (only 4 percent). More than half (57 percent) of the students feel that both husband and wife should have equal rights in using the income of women, while 40 percent feel that women should have exclusive right in using her income. Girls are more in favour of women's exclusive rights than boys.

4. Conclusion and Policy Implications

The survey results indicate that the girls were more aware and informed about reproductive health issues than the boys. Also, as would be expected, the students at the high school level had more knowledge on the subject than students of the junior high school (or guidance). The questions on which the students had a medium to very low level of knowledge were:

- Essential components of maternal care during pregnancy
- Essential components of post-natal care.
- Reasons in favour of breast-feeding for the health of the mother.
- Reasons in favour of breast-feeding for the health of the child
- Major reproductive health issues.
- Ways to prevent breast and cervical cancer.
- Consequences of early marriage
- Factors leading to health growth of a fetus
- Importance of family planning.

The questions to which the student were able to give meaningful responses in significant number were:

- Nutritional requirements of new-born babies
- Social/Economic consequences of a large family on society
- Ideal age of marriage for boys and girls
- Reasons in support of blood testing
- Should women and men be given equal privileges?
- Should raising of children and sharing of household chores be the equal responsibility Of men and women?
- Whose responsibility is it to avoid pregnancy?
- Should a women have exclusive rights over the use of her income?

The present Ministry of Education component project for Reproductive Health including Adolescents Reproductive health issues rights seeks to place stronger focus on these issues. The Baseline Survey results show that the level of knowledge needs to be raised in several critical areas. Training of teachers should be of high quality so that they are able to discuss these sensitive topics in the classroom, in a culturally sensitive manner.

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Table 3.1 Topics included in school curricula

Percentage of students having knowledge about topics included in school curricula by age, gender and level of education.

<u>Topics</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Factors affecting healthy fetus	27	32	24	36	31	30	31
Essential care during pregnancy	25	28	18	35	36	26	27
Importance of pre & post natal care	26	26	16	35	35	25	26
Nutritional needs of infants	45	44	39	48	50	42	44
Role of father in maternal and child health	36	37	37	37	35	37	37
Reproductive health issues	21	23	13	31	26	22	22
Prevention of breast and cervical cancer	20	28	20	30	24	26	25
Importance of Family planning	35	41	31	45	35	39	39
Methods of contraception	13	16	7	21	15	15	15
Gender issues	41	52	41	55	33	51	48
Reproductive rights	33	44	33	47	28	43	41
Importance of breastfeeding on the health of mother & child	51	50	45	56	58	49	51
Importance of genetic counseling & pre- marriage blood teasing	30	40	33	40	26	39	37
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.2 Factors Leading To Healthy Growth of A Fetus

Percentage of students who can cite few factors that lead to healthy growth of a fetus by age gender and education.

<u>Factors leading to health growth of fetus</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Pregnancy between 20-30 years	4	5	2	7	5	5	5
Pregnancy gap not less than 3 years	2	3	1	4	2	3	3
No. of pregnancy not exceeding 3years	2	3	1	4	2	3	3
Regular physical examination	9	12	5	17	9	12	11
Listening to fetus heart beat and monitoring fetus growth	3	5	1	7	3	5	4
Tetanus vaccine during pregnancy	3	6	2	8	2	6	5
Laboratory examination during pregnancy	6	9	8	8	7	8	8
Psychological rest	12	18	12	20	12	17	16
Others	18	20	15	24	17	20	19
At least one of the above	33	42	27	50	31	41	39
Do not know	67	58	73	50	69	59	61
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.3 Essential components of maternal care during pregnancy

Percentage of students who can cite few essential maternal care during pregnancy by age, gender and education.

<u>Essential maternal cares during Pregnancy</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Use of iron fortified food	19	24	22	23	19	23	22
Intake of iron tablets daily after 4 months of pregnancy	2	4	1	6	2	4	3
Observance of personal hygiene	17	21	10	28	14	20	19
Measurement of height/weight and blood pressure	6	9	3	13	5	8	8
Physical examination	7	8	6	9	6	8	8
Determination of fetus position and monitoring its growth	4	4	3	4	4	4	4
Following vaccination history and vaccination if necessary	4	4	2	6	3	4	4
Regular laboratory examination	9	10	10	10	10	10	10
Others	29	28	31	26	32	28	29
At least one of the above	50	58	47	63	49	57	55
Do not know	50	42	53	37	51	43	45
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.4 Essential components of post-natal care

Percentage of students who can cite few essential maternal care during pregnancy by age, gender and education.

<u>Essential components of postnatal care</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Daily intake of iron	6	8	6	9	5	8	7
Personal hygiene	23	28	16	35	21	27	27
Hygienic breast feeding	11	12	10	13	11	12	12
Physical exam & F/P counseling	5	6	3	7	6	5	5
Contraception along breast feeding	2	2	1	3	2	2	2
Others	17	16	13	20	20	16	16
At least one of the above	38	42	29	50	37	41	40
Do not know	62	58	71	50	63	59	60
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.5 Identification of nutritional requirements of newly born babies

Percentage of students who can identify the nutritional requirement of newly born babies by age, gender and education.

<u>Nutritional requirement of newly born baby</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Multi-vitamin drop two weeks after birth	96	96	94	98	95	96	96
Iron drop four weeks after birth	14	14	12	16	16	14	14
Supplementary food and Vitamin-A	6	7	5	9	6	7	7
Others	29	28	28	28	29	28	28
At least one of the above	96	96	94	98	95	96	96
Do not know	4	4	6	2	5	4	4
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.6 Reasons in favour of breastfeeding for the health of child

Percentage of students who can cite reasons in favour of breastfeeding for the health of child by age, gender and education.

<u>Reasons in favour of breastfeeding for the health of the child</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Exclusive breast-feeding till 6 months	35	39	30	44	35	38	38
Acts as immunization	26	29	15	39	23	29	28
Supplementary foods before 6 month leads to health problems	12	13	8	17	14	12	13
Others	16	13	15	13	14	14	14
Do not know	45	40	52	33	46	41	42
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.7 Benefits of breastfeeding for mother's health

Percentage of students who can cite reasons in favour of breastfeeding for the health of mother by age, gender and education.

<u>Benefits of breastfeeding for the health of mother</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Decrease in post delivery bleeding	2	3	1	4	2	3	3
Help return uterus to original position	2	2	2	2	1	2	2
Decrease risk of breast/uterus cancer	3	5	2	6	2	5	4
Establishes psychological bond between mother and child	12	16	7	20	12	15	14
Others	3	2	1	2	5	2	2
Do not know	85	79	90	73	84	81	81
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.8 Role of father in maternal and child health

Percentage of students who can cite examples in which a father can play an important role in maternal and child health by age, gender and education.

<u>Role of father in maintaining maternal and child health</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Creation of relaxed environment at home	47	56	44	61	43	55	53
Helping with household chores	35	38	41	34	29	39	37
Nutritional support	40	44	39	46	31	45	43
Mental support and self-esteem	13	15	9	19	13	15	14
Do not know	29	23	34	17	35	23	25
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.9 Major reproductive health issues

Percentage of students who can cite major reproductive health issues by age, gender and education.

<u>Major reproductive health issues</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Ante-natal and post natal care	9	10	3	15	9	10	10
Family planning services	5	7	2	10	4	7	6
Mother and child care	7	8	3	11	5	8	8
Diagnosis and treatment of infertility	1	2	1	3	.2	2	2
Prevention and treatment of STDs	1	2	1	2	1	2	1
Do not know	84	82	93	74	85	83	83
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.10 Importance of family planning

Percentage of students who can cite few points underscoring the importance of family planning by age, gender and education.

<u>Importance of family planning</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Decline infant and maternal mortality	8	12	5	16	7	11	11
Decrease unwanted pregnancy	3	2	2	4	4	3	3
Avoid pregnancy at early age	4	7	2	10	3	7	6
Avoid high risk pregnancy	2	3	2	4	3	3	3
Decrease illegal abortion	4	4	2	6	2	4	4
Other	4	6	4	7	4	6	5
Do not know	86	77	89	72	88	78	80
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.11 Health consequences of early marriage

Percentage of students who can mention health consequences of early marriage by age, Gender and education.

<u>Health consequences of early marriage</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Immature and low weight birth	17	20	15	22	17	19	19
High risk of infant mortality	7	8	6	10	8	8	8
Higher health risk of mother	18	24	14	28	18	22	22
Others	9	9	10	8	10	9	9
Do not know	68	62	72	57	67	63	64
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.12 Consequence of a large family

Percentage of students who can cite consequences of a large family by age, gender and education.

<u>Consequences of large family</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Decline in per capita income	44	49	51	45	40	49	47
Decline in per capita investment	10	10	12	9	10	10	10
Difficulty in food provision	62	62	63	61	66	61	62
Difficulty in health-care provision	30	31	28	33	31	31	31
Housing problem	37	37	45	30	39	37	37
Employment problem	13	16	18	12	10	15	15
Difficulty in education provision	33	38	35	38	35	37	37
Increased pollution	2	2	1	3	3	2	2
Do not know	6	4	6	3	5	4	4
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.13 Ideal age at marriage

Percentage distribution of student by their opinion on ideal age at marriage, according to age, gender and education.

<u>Ideal age at marriage</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Ideal age at marriage for boys							
15-19	3	2	3	1	3	2	2
20-24	43	38	49	32	44	39	40
25-29	49	55	43	61	47	54	53
>30	4	5	3	6	4	4	4
Median (in year)	25	25	24	25	25	25	25
Ideal age at marriage for girls							
15-19	29	29	42	17	27	29	29
20-24	61	63	51	73	62	62	62
25-29	8	6	4	9	8	7	7
>30	-	-	1	-	-	-	-
Median in year	20	20	20	20	20	20	20
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.14 Reason for supporting genetic counseling

Percentage of students by reasons for supporting genetic counseling, according to age, gender and education.

<u>Reasons for supporting genetic counseling</u>	% of Students						Total
	Age		Gender		Level of education		
	10-14	15-19	Boys	Girls	Junior High	High School	
Preventing birth defects	46	56	49	56	38	55	53
Family/Marriage	27	30	25	32	25	30	29
Risks in childbirth for women over 35	3	3	2	4	4	3	3
Frequent abortions	2	2	1	3	1	2	2
Do not know	41	30	37	30	49	31	33
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.15 Reason in support of blood testing

Percentage of students by reasons in support of blood testing, according to age, gender and education.

<u>Reasons in support of blood testing</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Diagnosis of syphilis	4	6	6	4	5	5	5
Diagnosis of thalassemia	42	52	50	48	28	52	49
Diagnosis of drug addiction	14	18	14	19	14	17	17
Do not know	49	38	43	41	63	38	42
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.16 Opinion on women rights and privileges

Percentage of students by their endorsement of the idea that women should be given equal rights and privilege as that of men, according to age, gender and education.

<u>Women should be given equal rights and privilege on</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Education	89	91	87	93	89	90	90
Employment	75	78	65	87	72	78	77
Politics	54	61	47	69	54	60	59
Government	41	46	35	52	39	45	44
Local & National level decision-making	69	73	67	75	64	73	71
Selection of marriage partner	95	97	95	97	94	97	96
Number and spacing of children	91	95	91	96	88	95	94
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.17 Men and women’s equal responsibilities in raising children and sharing domestic chores

Percentage of students by their endorsement of the idea of men and women sharing equal responsibilities in raising children and sharing domestic chores, according to age, gender and education.

<u>Men and Women should share responsibilities of</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Raising Children							
Fully endorsed	58	65	51	73	55	64	63
Partially endorsed	31	27	36	22	29	28	28
Women’s responsibility only	10	7	13	5	15	7	8
Do not know	1	-	1	-	1	-	1
Domestic Chores							
Fully endorsed	26	33	21	40	28	31	31
Partially endorsed	43	40	41	41	36	42	41
Women’s responsibility only	30	27	37	19	35	26	28
Do not know	1	-	1	-	1	-	1
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.18 Whose responsibility is to avoid pregnancy?

Percentage of students by their views about responsibility of avoiding pregnancy, according to age, gender and education.

<u>Whose responsibility</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Only men’s responsibility	3	3	3	3	4	3	3
Only Women’s responsibility	12	7	8	10	14	8	9
Joint responsibility	85	90	89	88	82	89	88
Number of students	982	1,965	1,375	1,576	440	2,511	2,951

Table 3.19 Women’s exclusive rights over the use of her income

Percentage of students by their views about women’s exclusive rights over the use of her income, according to age, gender and education.

<u>Exclusive rights over the use of women’s own income</u>	% of Students						
	Age		Gender		Level of education		Total
	10-14	15-19	Boys	Girls	Junior High	High School	
Women’s right	39	40	36	43	41	40	40
Husband’s right	4	3	4	3	5	3	4
Husband & wife jointly	57	57	60	54	54	57	57
Number of students	982	1,965	1,375	1,576	440	2,511	2,951