

*Baseline Survey Report under Project on*

**REPRODUCTIVE HEALTH  
INITIATIVE WITH ADOLESCENTS  
IN ISLAMABAD**

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**Undertaken and Compiled by  
Civil Society Human & Institutional Development Program (CHIP)  
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## **Executive Summary**

The Baseline Survey Report has been produced as part of the project “Reproductive Health Initiative with Adolescents (RHIA)”, implemented by Civil Society Human and Institutional Development Programme (CHIP), with the help of PLAN. The target group of the survey was the adolescents living in six marginalised colonies of Islamabad. The study surveyed a representative sample of 300 adolescents (8.7%), from the total population of 3378 adolescents. The data was disaggregated by different criteria such as gender, age, education level, vocation and disability type etc., to analyse and uncover the desired information.

The objective of the study was to obtain a baseline profile of the adolescents in the project area and to assess their level of awareness and their modes of attitudes and practices regarding sexual and reproductive health. Also, the study aimed at examining the available services and their quality in meeting the sexual and reproductive health needs of the adolescents in the identified marginalized colonies.

The report unveils a number of facts regarding the target group of adolescents. It informs that the level of awareness of the adolescents on vital topics of sexuality and reproductive health is drastically low. Therefore, a rigorous campaign needs to be carried out to raise awareness of the adolescents on such absolutely necessary topics. The report also draws attention to the dire need to improve the health facilities for the adolescents and establish linkages between various players to coherently promote sexual and reproductive health.

The survey holds a significant importance in the least studied topic of adolescent sexual and reproductive health. It provides primary data on the subject with reference to the slum communities of Islamabad. It clarifies a number of misconceptions usually held by both planners and social workers about the knowledge, attitudes and practices of adolescents around sexual and reproductive health. The findings of the survey can be used by social researchers and community leaders for any future planning for the youth.

### **List of Acronyms**

<b>AFC</b>	Adolescent Friendly Center
<b>ASRHR</b>	Adolescents Sexual and Reproductive Health Rights
<b>HEC</b>	Health and Environment Committees
<b>CBO</b>	Community Based Organization
<b>CBR</b>	Community Based Rehabilitation
<b>CHE</b>	Community Health Educators
<b>CHIP</b>	Civil Society Human & Institutional Development Program
<b>KAP</b>	Knowledge, Attitudes and Practices
<b>O&amp;M</b>	Orientation and Mobility
<b>RH</b>	Reproductive Health
<b>Rs.</b>	(Pakistan) Rupees
<b>SPSS</b>	Statistical Package for Social Scientists

## **1. Introduction**

### **1.1 Background**

PLAN, an international NGO, has launched a project “Reproductive Health Initiative with Adolescents” (RHIA) in six communities in Islamabad, namely Hansa Colony, Shakriyal Colony, Faisal Colony, 100 Quarters, 48 Quarters and France Colony, all area inhabited by less fortunate segments of the society. Civil Society Human & Institutional Development Program (CHIP), a leading Pakistani not-for-profit organization that works for improvement and strengthening of functional capacities of individuals, organizations and institutions in the areas of social welfare, education and gender, is working with PLAN on RHIA.

The Project aims at increasing awareness among masses regarding rights of children along with providing special services to youth regarding matters related to reproductive health of adolescents. It will also enable the adolescents who are deprived of the basic necessities of life to realize that they have a right to the same standards of physical and mental health as are available to the rest of the country. In this regard, Adolescent Friendly Centers (AFCs) have been established in six slum communities of Islamabad. These are being run by AFC managers, with support from Community Health Educators (CHEs) to provide useful advice, information and awareness to boys and girls in age group 9 – 19. Health and Environment Committees (HECs) have also been formed in each community to ensure proper functioning and sustainability of these Adolescent Friendly Centers.

As the first step towards drawing a meaningful project plan, CHIP commissioned a survey to collect baseline information at the start of the project. This is intended to act as the “benchmark” from which improvements brought about by the implementation of the Project will be measured. The present report covers material collected from adolescents aged between 9 to 19 years residing in six marginalized colonies of Islamabad. These are deemed to represent the deprived youths living in most major cities of Pakistan.

### **1.2 Need for the Project**

According to a research by De Bruyn Maria, published in 1999:

- No less than 111 million new cases of curable sexually transmitted infections (STIs) occur each year in young people under 25 years of age.
- More than a half of all new HIV infections world-wide occur among young people. This translates to over 7,000 cases among youth per day.
- Rate of sexual abuse ranges from 7 to 34% for girls and 3 to 29% for boys.
- 10% of world’s births are to teenage mothers.
- Deaths relating to pregnancy and child-birth are 2 to 5 times more common among women under 18 years of age than those aged 20 to 29 years.
- 4.4 million abortions are sought by teenagers every year, the majority of which are unsafe.
- One-third of all women hospitalized for abortion-related complications are under 18 years of age.
- A young person commits suicide every five minutes either due to physical abuse, sexual violence, breakdowns of intimate relationship, alcohol and drug abuse, unwanted pregnancy, unsafe abortion, HIV/STI or anxiety about being physically attracted to members of the same sex.

The dismal picture painted by the above research report explains to a considerable extent the inordinate increase in cases of adjustment disorders, depression, personality disorders, anti-social conduct/disorders, and substance abuse disorders among the youth as they look for means to deal with anxieties and pain inflicted on them by everyday life.

Youth is considered to be perhaps the most joyous segment of a human-being’s life. Ideally, adolescents experience their natural sexual development with healthy enjoyment and wonder. Unfortunately, many adolescents in less developed and developing countries, particularly those

living in poorer areas, face sexual and reproductive health risks like:

- a. sexually transmitted infections e.g. HIV, AIDS, etc.,
- b. too early or unwanted pregnancies,
- c. unsafe abortions,
- d. Violence which may be exacerbated by factors related to their age and physical maturity and by gender-based biases.

From a public health perspective, it is therefore important that adolescents have the right to obtain factual information and to acquire an ability to comprehend all phases of their development, including their sexual development.

Pakistan is no different from the rest of the third world countries where rights of adolescents and children are not recognized and they are kept deprived. However, despite an apparent lack of initiatives on the part of government, a number of private sector and non-governmental organizations are striving to draw the attention of general public to these issues which are of utmost importance for our future.

In this context, PLAN an international NGO in Pakistan and CHIP have joined hands to launch a program aimed at increasing awareness among masses regarding rights of children along with providing special services for youth regarding their health, livelihood, education etc.

As the first step towards drawing a meaningful project plan, CHIP commissioned a survey to collect baseline information at the start of the project. This is intended to act as the “benchmark” from which improvements brought about by the implementation of the Project will be measured. The present report covers material collected from adolescents aged between 9 to 19 years residing in six marginalized colonies of Islamabad. These are deemed to represent the deprived youths living in most major cities of Pakistan.

### **1.3 Objectives of the Baseline Survey**

In order to work directly with adolescents who are the subject of this survey, i.e. persons in the age group 9 –19 years, who are deprived of adequate knowledge about reproductive health and ill-equipped to handle the pertinent issues, it was important to talk to them to assess the situation, to learn of their specific problems and to understand their environs so that direct work with them, their families and neighborhood could be initiated.

It was also essential to have a baseline profile that could identify their current engagement in social activities, factors that hinder the participation in social activities, as well as understand the current dynamics and effects of reproductive health issues, so that the activities could be designed keeping in mind the needs of these persons.

The purpose of the baseline profiling of adolescents residing in poorer areas of Islamabad was to:

- Carry out a census in each of the six communities which will help in determining:
  - The total number of adolescents in each community (age range 9 – 19 years)
  - The total number of disabled adolescents in each community.
  - The number of male and female adolescents in each community.
  - The number of teenage mothers in target communities.
- Determine the level of overall awareness among adolescents regarding sexual and reproductive health, and their basic rights (ASRHR).
- Assess/document the attitude, knowledge and practices of adolescents regarding sexual and reproductive health.
- Find out the general perception and knowledge of adolescents about the services being provided, or not being provided, by Adolescent Friendly Centers (AFCs) in their respective communities.

- Determine the quality of services provided by accessible health facilities with special emphasis on sexual and reproductive health.

The previous researches under the project in these communities have been carried out only on the overall awareness of adolescents regarding their sexual and reproductive health with no emphasis on the outreach of AFCs and maturity level of HECs. No information is available on the current total number of adolescents in those communities according to their gender, education level, vocation, and disability type, etc. This research will help in the better initiation, implementation and execution of the project of RHIA.

## **1.4 Defining Key Concepts**

### **1.4.1 Puberty**

It is a normal phase of development that occurs when a body transitions into an adult body and readies for the possibility of reproduction. Girls traditionally enter puberty earlier than boys, and it's not uncommon for girls to begin showing signs as early as age 9. For boys, the first signs of puberty are likely to occur around the ages of 11 or 12.

### **1.4.2 Reproductive Health**

A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to reproductive system, its processes and functions. Reproductive health, therefore, implies that people are able to have a responsible, 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.

Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

### **1.4.3 Sexually transmitted infection (STI)**

An infection that can be transferred from one person to another through sexual contact. In this context, sexual contact is more than just sexual intercourse (vaginal and anal) and also includes kissing, oral-genital contact, and the use of sexual "toys," such as vibrators. Among the sexually transmitted infections (STIs) most common are: AIDS/HIV, chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.

### **1.4.4 Adolescence**

The period of physical and psychological development from the onset of puberty to maturity. The period of adolescence can start from as early as 8 years of age. In RHIA age span for adolescence is taken as 9-19 years. On the basis of this definition adolescent can be defined as an individual undergoing adolescence.

### **1.4.5 Peer Education**

In RHIA peer education' refers to the process of sharing information (especially regarding sexual and reproductive health) among members of a specific community to achieve positive health outcomes.

### **1.4.6 HIV and AIDS**

Acquired immune deficiency syndrome (AIDS) is an infectious disease caused by the human immunodeficiency virus (HIV). There are two variants of the HIV virus, HIV-1 and HIV-2, both of which ultimately cause AIDS. One of the mediums through which AIDS can be transmitted is having sexual contact with already infected person.

1.4.7 Hepatitis

It is a contagious disease caused by inflammation of liver. There are three commonly known types of hepatitis- hepatitis A, hepatitis B and hepatitis C. One of the reasons of transmission of hepatitis is having sexual contact with already infected person.

1.4.8 Early Marriage

The term “early marriage” is used to refer to both formal marriages and informal unions in which a girl or a boy lives with a partner as if married before age of 18. Early marriage, also known as Child marriage, is also defined as “any marriage carried out below the age of 18 years, before a female is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing.

**1.5 Literature Review**

While there is general dearth of research literature on the subject, given below is a selection of extracts from findings and observations from previous studies relating to adolescents’ health issues.

1.5.1 UNFPA, The State of World Population, 2003

Statistics reveal that today’s generation of adolescents is the largest in history. Almost half of the global population is less than 25 years old (UN uses the term adolescents for people aged 10–19 years, young people for those aged 10–24 years, and youth for those aged 15–24 years).

1.5.2 WHO, 2005, The Second Decade: Improving Adolescent Health and Development

Worldwide, societal shifts and behavioral patterns aggravated by unique developmental vulnerabilities create a confluence of factors that place today’s adolescents at heightened risks for poor health outcomes. To regard people in the second decade of life as a unique group, especially in terms of health risks and health services, is a relatively new notion. Although developmentally distinct from children and adults in terms of physical maturity, cognitive capacity, and social skills, historically, health services for adolescents have not been differentiated. Negative outcomes of early pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, threaten the health of people in the second decade of life more than any other age group. At the same time, adolescents are the greatest hope for turning the tide against STIs, AIDS, and early pregnancy. The few countries that have successfully decreased national HIV prevalence have achieved these gains mostly by encouraging safer sexual behaviors in adolescents (Joint United Nations Program on HIV/AIDS. 2004 report of the global AIDS epidemic. <http://www.unaids.org> (accessed April 18, 2006). Therefore continued investment in effective prevention and treatment strategies is essential to protect adolescents’ sexual and reproductive health. Whereas strategies must be tailored to the developmental needs of this age group and their social contexts, effective approaches are multifaceted. All adolescents need access to quality youth-friendly services. Sex education programs should therefore offer accurate, comprehensive information while building other skills that may help adolescents to lead a healthy and successful life. Both girls and boys need equal access to youth development programs that connect them with supportive adults and with educational and economic opportunities. Although progress has been made since the 1994 International Conference on Population and Development, adolescents continue to be disproportionately burdened by threats to their sexual and reproductive health.

1.5.3 Marston C, King E. Factors that shape young people’s sexual behaviour: a systematic review. Lancet 2006

First of all it must be understood that why it is necessary to invest in educating adolescents and what kind of vulnerabilities this group is exposed to if left unattended and ignored. This question can only be answered with an understanding of the uniqueness of this age group and the social contexts that increase adolescents’ vulnerability to poor sexual health outcomes. Many factors contribute to their risk for STIs, HIV, or negative health outcomes of early pregnancy, with even greater vulnerability for some subgroups. Biologically, the immature reproductive and immune

systems of adolescent girls translate to increased susceptibility to STIs and HIV transmission; pregnancy and delivery for those with incomplete body growth exposes them to problems that are less common in adult women. Many societal issues also contribute to risks for adolescents.

1.5.4 WHO, 2001, Evidence from WHO case studies 2001

Report by Brown A, Jejeebhoy SJ, Shah I, Yount KM., entitled Sexual relations among young people in developing countries: Adolescent pregnancy: issues in adolescent health and development. Geneva: World Health Organization, 2004: 1–86) says that age difference between heterosexual partners (younger girls and older male partners) and early marriages for girls could all heighten the possibility of sexual coercion.

1.5.5 Adolescents in context of Pakistan

It has been found that those aspects of development that characterize adolescence, sexual behavior, and risk can vary by gender, race, ethnicity, geography, and socioeconomic status, as well as in relation to the traditions, mores, and values defined by the community (Marston C, King E. Factors that shape young people's sexual behaviour: a systematic review. *Lancet* 2006; 368: 1581–600). All these factors in combination may either protect against STIs, HIV, or early pregnancy, or increase a young person's risk of experiencing these problems. Before discussing the situation of sexual and reproductive health and rights with relevance to the period of adolescence in Pakistan, it would be important to understand a few things:

- Firstly in Pakistan sex education is considered as taboo. Although much efforts are being purported to make it a necessary part of curriculum, but all in vain.
- Secondly childhood and adolescence is a period in life that is mostly ignored altogether.
- Thirdly due to sensitive nature of topic very few researches are carried out on sexual and reproductive health in Pakistan. Mostly such information is not exposed or shared due to the risk of being stigmatized. Even the available data is often not disaggregated for the adolescent age group, and thus particular vulnerabilities and issues are sometimes hidden.

Although much change has been noticed in Pakistan over the past few decades in the context of traditions and norms, however there are still certain practices very much prevalent in Pakistan especially in rural areas and deprived or marginalized urban communities. Census conducted by Government of Pakistan in 2000 reveals that people between the ages of 15-24 years are 27 million which would increase up to 44.6 million in 2020. Thus population of adolescents accounts to one quarter of total population. A research conducted in Karachi regarding awareness of sexual and reproductive health reveals that very few are fully aware and the awareness level is even lower in girls. Adolescent girls also have limited access to education. In comparison to 31% uneducated adolescent boys, 59% girl adolescents are uneducated. Researches also reveal that although reproductive health centres are being opened in Pakistan however they are not adolescent friendly. In other words adolescents have very limited access to sexual and reproductive health education and services (Khan, A, 2000. Adolescents reproductive health in Pakistan-A literature Review, Ali, T.S, Ali, P.A. Understanding of puberty and related health problems among female adolescents in Karachi, Pakistan). Early marriage is another major issue in Pakistan especially in rural areas. Statistics reveal that almost 9.8 % of girls who are between the age of 15-19 years are mothers or are currently pregnant (Demographic and health surveys, Macro International). Researches show that rate of STDs especially HIV and AIDS has increased in Pakistan over the past few years. Teenagers are more vulnerable to STDs as there are no laws in our country that give adolescents their sexual and reproductive health rights. Research has shown that in countries without laws to protect sex workers, drug users, and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment, and fewer deaths. Not only is it unethical not to protect these groups: it makes no sense from a health perspective."(*International AIDS Conference*) These facts and figures reveal that strategies need to developed for adolescents

regarding prevention and health promotion for their safe and healthy life.

#### 1.5.6 Strategies for prevention and health promotion among Adolescents

Despite the vastly differing patterns of sexual health behaviors and outcomes and the great diversity in the life situations that determine adolescents' reproductive health pathways, common elements comprise prevention and health promotion worldwide. As noted by Wellings and colleagues in the recent *Lancet* series on sexual and reproductive health, "...no general approach to sexual-health promotion will work everywhere, and no single-component intervention will work anywhere". Therefore different strategies need to be developed by keeping in mind the context of the region where they are required to be applied for prevention and health promotion with adolescents essential for improving their sexual and reproductive health. Usually such strategies whatever are the context usually involves:

- Clinical services that assure accessible and high-quality reproductive health care;
- Sex education programmes that provide developmentally appropriate, evidence-based curricula
- Youth development strategies to enhance life skills, connections to supportive adults, and educational and economic opportunities.

### 1.6 Basic census

One of the first steps taken for the purpose of this study was to carry out a basic survey to establish the basic facts about the people and physical areas to be covered.

#### 1.6.1 Physical Areas covered

The following physical areas were identified for the purpose of this study as the inhabitants of these colonies met the requisite characteristics prescribed for the study.

- a. France Colony
- b. Shakrial Colony
- c. Faisal Colony
- d. Hansa Colony
- e. 100 Quarters
- f. 48 Quarters

#### 1.6.2 Total number of households and residents

Colony	Men	Women	Children	Total Persons	Households
France Colony	486	480	511	<b>1477</b>	332
Shakrial Colony	699	644	1281	<b>2624</b>	507
Faisal Colony	364	332	602	<b>1298</b>	250
Hansa Colony	815	785	1232	<b>2832</b>	549
100 Quarters	764	760	1094	<b>2618</b>	481
48 Quarters	256	208	311	<b>775</b>	175
<b>Total</b>	<b>3384</b>	<b>3209</b>	<b>5031</b>	<b>11624</b>	<b>2294</b>
Total Adults					6593
Average number of persons per household					5.07
Average number of children per household					2.19

1.6.3 Classification of adults on basis of employment

Colony	Employed	Unemployed	Total
France Colony	558	408	<b>966</b>
Shakrial Colony	560	783	<b>1343</b>
Faisal Colony	340	356	<b>696</b>
Hansa Colony	674	926	<b>1600</b>
100 Quarters	831	693	<b>1524</b>
48 Quarters	231	233	<b>464</b>
Total	<b>3194</b>	<b>3399</b>	<b>6593</b>
Percentage	<b>48.45%</b>	<b>51.55%</b>	<b>100.00%</b>

It was not possible to establish as to what proportion of those who were unemployed were in that state due to choice and how many were simply not able to find employment.

1.6.4 Age-wise classification of adolescents

Colony	Age 9 – 13 yrs			Age 14 – 16 yrs			Age 17 – 19 yrs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
France Colony	73	69	142	74	62	136	98	80	178
Shakrial Colony	173	168	341	90	94	184	91	74	165
Faisal Colony	116	86	202	63	53	116	61	53	114
Hansa Colony	185	192	377	112	125	237	129	136	265
100 Quarters	148	161	309	105	93	198	118	102	220
48 Quarters	35	44	79	23	28	51	45	19	64
Total	730	720	1450	467	455	922	542	464	1006

Total Male adolescents in all colonies	1739
Total Female adolescents in all colonies	1639
Total Adolescents in all colonies	3378

1.6.5 Classification of adolescents on marital status basis

The following data relates to teenagers, i.e. adolescents aged between 13 to 19 years only, residing in all of the colonies covered by this study.

	Male	Female	Total
Total Number of married adolescents	13	43	56
Total Number of unmarried adolescents	1123	1031	2154
Total Number of adolescents who are separated	0	0	0
Total Number of adolescents who are divorced	0	0	0
Total No. of adolescents who are widows/widowers	0	0	0
Total Number of adolescent mothers		19	
Total Number of children born to teenage mothers	21	15	36

1.6.6 Classification of adolescents on educational level basis

		9 – 13 yrs	14 – 16 yrs	17 – 19 yrs	Total
Educated up to under-Primary level	Male	321	33	23	377
	Female	281	25	13	319
	<b>Total</b>	<b>602</b>	<b>58</b>	<b>36</b>	<b>696</b>
Educated up to Primary level	Male	214	131	87	432
	Female	231	136	69	436
	<b>Total</b>	<b>445</b>	<b>267</b>	<b>156</b>	<b>868</b>
Educated up to Middle School level	Male	27	132	107	266
	Female	44	126	69	239
	<b>Total</b>	<b>71</b>	<b>258</b>	<b>176</b>	<b>505</b>
Educated up to Junior high school level	Male	0	52	114	166
	Female	0	51	113	164
	<b>Total</b>	<b>0</b>	<b>103</b>	<b>227</b>	<b>330</b>
Educated up to High school level	Male	0	5	63	68
	Female	0	7	55	62
	<b>Total</b>	<b>0</b>	<b>12</b>	<b>118</b>	<b>130</b>
Educated up to Graduate level	Male	0	0	8	8
	Female	0	0	17	17
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>25</b>
<b>Total All levels</b>	<b>Male</b>	<b>562</b>	<b>353</b>	<b>402</b>	<b>1317</b>
	<b>Female</b>	<b>556</b>	<b>345</b>	<b>336</b>	<b>1237</b>
	<b>Total</b>	<b>1118</b>	<b>698</b>	<b>738</b>	<b>2554</b>

## 2. Methodology

### 2.1 The Steps Involved

The following methodology/ processes were used to complete this assignment:

- Step 1: Determining the perimeters
- Step 2: Development of questionnaire
- Step 3: Hiring of Interview Teams
- Step 4: Training of Interview Team members
- Step 5: Mock Interviews and assessment there-of
- Step 6: Conduct of real interviews and completion of questionnaires
- Step 7: Data entry
- Step 8: Analysis of data
- Step 9: Preparation of report

### 2.2 Determining the perimeters

The first step towards determining the perimeters of the study was to carry out a census of the target physical areas to get an understanding of the size of the problem. The results of the census were given in the first chapter of this report.

#### 2.2.1 Research Design

Once the basic data relating to the entire population of the target areas was in hand, the next step was to design the research structure. It was decided that the principal instrument of this research will be carefully designed questionnaires, to be completed by well trained field personnel through well structured, in-depth interviews with respondents. The data provided by the questionnaires will be analyzed and where necessary clarifications and explanations will be sought from the field staff to ensure its validity.

#### 2.2.2 Sample

Due to practical difficulties, it was not deemed possible or even necessary to cover the entire population of adolescents for the purpose of the study. The following chart shows the number of adolescents who actually completed the questionnaires.

	Age 9 – 13 years			Age 14 – 16 years			Age 17-19 years		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	5	6	11	13	7	20	11	10	21
Shakrial	5	5	10	10	10	20	10	8	18
Faisal	5	5	10	10	6	16	10	10	20
Hansa	6	5	11	10	10	20	11	8	19
100 Quarters	5	4	9	10	11	21	10	8	18
48 Quarters	5	5	10	10	10	20	10	9	19
Total	31	30	61	63	54	117	62	53	115

Included in the 293 adolescents enumerated in the above table, were 7 teenage mothers. Separate special interviews were held with these teenage mothers. Hence, the total number of adolescents interviewed was 293, but the total interviews conducted were 300. 61 or 20.8% were in the age group 9 to 13 years, 117 or 39.9% were in the age group 14 to 16 years while the rest 115 or 39.2% were in the age group 17 to 19 years. Considering the total population (3378) of adolescents in the covered localities, the sample translates to 8.7% of the population and can be safely taken as fairly representative.

### **2.3 Development of Interview Guide and Questionnaires**

The research team first made an initial tour of target areas to get a first-hand knowledge of the ground realities and to meet our field office personnel as well as the representatives of various CBOs operating in the area. Many of these CBOs are associated with CHIP and had offered to assist our research team in all its endeavors. Based on the information so gathered by them, the research team members prepared the principal tool of research to be used in the study, namely an Interview Guide. This guide had several sections, each dealing with a different aspect of gathering information, means of reaching to the core issue, ways of eliciting the correct response, sensitivities of the issues, social and cultural norms to be observed, etc.

The Interview Guide also included the questionnaires to be used by the research team.

A number of questionnaires were used to collect data for the various aspects of the survey, including:

- a. Questionnaire to elicit demographic information regarding family profile.
- b. Three separate questionnaires for assessing the level of awareness among adolescents regarding sexual and reproductive health and their rights, and their general perception of services being provided by AFCs, for three different age groups, i.e. 9-13, 14 – 16 and 17 - 19 years.
- c. A separate questionnaire to obtain information from teenage mothers regarding their awareness on mother child health and services.

Focused group discussions were conducted with adolescents, community elders and religious leaders regarding AFCs, services provided by AFCs, and their perceptions regarding the RHIA.

Semi-structured interviews were conducted with health personnel with special emphasis on the availability of sexual and reproductive health services at their respective health units – and the percentage of adolescents that come to these centers for sexual and reproductive health problems.

The Questionnaires included both qualitative and quantitative questions. The interviewers had been properly trained and sensitized to the importance and delicate aspects of the survey.

The first draft of each questionnaire was sent to our field office who discussed it with partner CBOs to ensure a comprehensive coverage as well as practicality and validity of questions contained there-in.

PLAN were also sent the questionnaires and research design which they reviewed and offered useful suggestions and insight.

Based on the feedback received from PLAN and the field offices, the research team had a review session with CHIP's senior officials at Islamabad. The outcome of these deliberations was the final draft of the questionnaires to be used for collection of data.

#### **2.4 Hiring of Interview Teams**

Four teams of field researchers were hired after conducting formal interviews and evaluation process. Each interview team comprised of (a) one male researcher, (b) one female researcher and (c) a leader. All team leaders were CHIP staff members who had been properly briefed about the survey exercise. In addition, the partner CBOs provided to each interview team the services of an “assistant or informant” who was well versed with local situations. This ensured that the task of collecting data could be carried out without any undue hitch.

#### **2.5 Training of Interview Team members**

The teams of field researchers were given full formal training at CHIP headquarters as well as in the field on all aspects of project, techniques of conducting interviews and ensuring accuracy of the collected data. They were also sensitized about pertinent issues and in particular inclusive development approaches for disabled adolescents. All participants were also trained in the art of drawing social maps. These maps serve two main purposes: firstly they are a part of Colony Profile and secondly they enable the team to reach the exact location of adolescents and their families.

#### **2.6 Mock Interviews and assessment there-of**

In order to check the validity and practicality of the questionnaires, each field researcher was asked to conduct mock interviews and fill-in the questionnaires. The completed questionnaires were assessed by the senior researcher. Appropriate feedback and instructions were issued to field teams in light of senior researchers’ observations.

#### **2.7 Conduct of real interviews and completion of questionnaires**

The six localities covered by this survey were assigned to one research team each. Research teams, accompanied by assistants (or informants), and led by senior CHIP staff, met the various persons living close to or having interaction with adolescents. At each such meeting, a representative of local CBO or community was present. Questionnaires were distributed and completed through personal interviews in presence of afore-said persons to ensure accuracy of the data being collected.

The senior researchers kept meeting the field teams on a regular basis, providing them on-the-job assistance and clarifications where needed. This process also served the cause of monitoring and quality control.

#### **2.8 Data entry**

A specialized data entry staff entered the data in SPSS software package. It was rechecked for accuracy. The package then produced a number of statistical reports and charts in accordance with the pre-defined objectives.

#### **2.9 Analysis of Data**

The various statistical reports generated by SPSS software were analyzed by a team of researchers including CHIP’s senior staff and a specialist report writer. The data was looked at from various angles and interpreted.

#### **2.10 Report**

The present report is the outcome of all the above deliberations.

### **3. Findings and Discussions**

#### **3.1 Adolescents’ Profile**

A total of 293 adolescents, in three distinct age groups, were interviewed for the purpose of this study.

Colony		9-13 yrs	14-16 yrs	17-19 yrs	Total
France	Male	5	13	11	29
	Female	5	7	10	22
	Total	10	20	21	51
Shikrial	Male	5	10	10	25
	Female	6	10	8	24
	Total	11	20	18	49
Faisal	Male	5	10	10	25
	Female	5	6	10	21
	Total	10	16	20	46
Hansa	Male	6	10	11	27
	Female	5	10	8	23
	Total	11	20	19	50
100 Quarters	Male	5	10	10	25
	Female	4	11	8	23
	Total	9	21	18	48
48 Quarters	Male	5	10	10	25
	Female	5	10	9	24
	Total	10	20	19	49
Total	Male	31	63	62	156
	Female	30	54	53	137
	Total	61	117	115	293
Percentage		21%	40%	39%	100%

- 61 or 21% of the respondents were in the age group 9 – 13 years, 117 or 40% were in the age group 14 – 16 years while 115 or 39% were in the age group 17 – 19 years.
- 156 or 53% of the respondents were male and 137 or 47% were female.

In order to have a meaningful analysis, it is deemed necessary to consider the data in three parts that on the basis of age groups, before attempting to draw overall conclusions.

### 3.2 Data Relating to Respondents in Age Group 9 – 13 Years

#### 3.2.1 Data by education level of respondents in this age group

	Gender	Illiterate	Less than Primary	Primary	Middle	Junior High	Total
France	Male	0	0	4	1	1	5
	Female	0	2	4	0	0	6
	Total	0	2	8	1	1	11
Shikrial	Male	0	0	2	3	0	5
	Female	0	2	3	0	0	5
	Total	0	2	5	3	0	10
Faisal	Male	1	0	0	3	0	5
	Female	0	3	1	1	0	5
	Total	1	3	1	4	0	10
Hansa	Male	1	0	4	1	0	6
	Female	0	4	1	0	0	5
	Total	1	4	5	1	0	11
100 Quarters	Male	0	0	3	2	0	5
	Female	1	1	2	0	0	4
	Total	1	1	5	2	0	9
48 Quarters	Male	0	4	0	1	0	5
	Female	1	2	2	0	0	5
	Total	1	6	2	1	0	10
Total	Male	2	4	13	11	1	31
	Female	2	14	13	1	0	30
	Total	4	18	26	12	1	61
Percentage		6.6%	29.5%	42.6%	19.6%	1.6%	100%

The following observations emerge from the above chart:

- 4 or 6.6% of the respondents were illiterate.
- 18 or 29.5% of the respondents had less than primary level education. This is however not a sign that they were not pursuing any more education. Many of the less-privileged students start school quite late and hence may not have attained primary level education by the age 13.
- 26 or 42.6% had primary level education. Many if not most of these respondents may still be in school but not yet past the eighth class.
- 12 or 19.7% had middle level (8 years of) education. Again, some of them may still be in school pursuing high school education.
- One respondent had amazingly passed his high school while still in this age group. Generally, students do not pass the high school (10 years of education) till they are at least 15 years old.
- One fact that thankfully stands out from this analysis is that adolescents in this education are by and large school going and likely to reach at least high level education.

#### 3.2.2 Data by marital status of respondents in this age group

All the 61 respondents in this age group were unmarried.

#### 3.2.3 Data by disability type of respondents in this age group

There were only two respondents who had some form of disability in this age group.

One male adolescent from Faisal Colony had multiple forms of disability while another male adolescent from Hansa Colony had speech and hearing disability. The rest of 59 respondents had no disability.

3.2.4 Data by ethnic (religious) background of respondents in this age group

Colony	Christian			Muslim			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	4	6	10	1	0	1	5	6	11
Shikrial	0	0	0	5	5	10	5	5	10
Faisal	5	5	10	0	0	0	5	5	10
Hansa	6	5	11	0	0	0	6	5	11
100 Quarters	5	4	9	0	0	0	5	4	9
48 Quarters	5	5	10	0	0	0	5	5	10
Total	25	25	50	6	5	11	31	30	61

50 or 82% of the respondents were Christians while the rest 18% were Muslims. While these percentages are not reflective of statistics on less-privileged adolescents' religious background on the country-wide basis, there seems to be inordinately high proportion of Christian residents in poorer localities of Islamabad.

3.2.5 Knowledge of puberty

This part of the questionnaire was devoted to collecting information on the knowledge held by respondents in the area of puberty, covering its nature, depth and source of information.

3.2.5.1 *Knowing the term puberty*

All the respondents were asked if they had ever heard the term "puberty". Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	1	2	3	4	4	8	5	6	11
Shikrial	0	1	1	5	4	9	5	5	10
Faisal	4	4	8	1	1	2	5	5	10
Hansa	1	0	1	5	5	10	6	5	11
100 Quarters	4	4	8	1	0	1	5	4	9
48 Quarters	2	0	2	3	5	8	5	5	10
Total	12	11	23	19	19	38	31	30	61
% of total			37.7%			62.3%			100%

While the overall awareness rate of 38% is not very encouraging, it appears that two of the localities (100 Quarters and Faisal colonies) had more informed adolescents in this age group than the rest. Excluding these two colonies, the awareness rates drops drastically. This points out to a need for awareness program at grassroots level.

3.2.5.2 *Source of knowledge on puberty*

The 23 respondents who claimed to have heard the term puberty were asked to name the source from which they had heard about the term puberty. Their responses are tabulated below:

Colony	Teacher	Mother	Father	Brother/ Sister	Friends	Doctors	Books, Magazines, Movies	AFC	Total
France	0	1	0	1	0	0	0	2	3
Shikrial	0	0	0	0	0	0	0	1	1
Faisal	0	0	0	0	1	0	0	7	8
Hansa	0	0	0	0	1	0	0	0	1
100 Quarters	0	0	0	0	0	0	0	8	8
48 Quarters	0	0	0	0	2	0	0	0	2
Total	0	1	0	1	4	0	0	18	23
Percentage	0%	4.3%	0%	4.3%	17.4%	0%	0%	78.2%	100%

An overwhelming majority of respondents had heard the term from their AFC which points to the positive nature of work being done by them. However, the poor overall level of awareness remains a cause of concern which needs to be addressed through more awareness programs.

3.2.5.3 *Preferred source of information*

All the respondents were asked about the source of information through which they would prefer to receive knowledge on puberty or related subjects. Their responses were:

	AFC	Books	Friends	Mother	School	Total
France	9	1	0	0	1	10
Shikrial	10	0	0	0	0	10
Faisal	9	0	1	0	0	10
Hansa	8	0	2	1	0	11
100 Quarters	7	1	0	1	0	9
48 Quarters	7	2	0	1	0	10
Total	50	4	3	3	1	61
Percentage	82%	7%	5%	5%	2%	100%

This chart further reinforces the importance of AFCs and of the work they are doing. However, more schools need to be equipped with means to provide information on puberty and related areas to adolescents.

3.2.5.4 Formal Classes in AFCs

A. All the respondents in this age group were asked if they had attended any formal classes on reproductive health, or puberty related issues. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	1	3	4	4	3	7	5	6	11
Shikrial	4	3	7	1	2	3	5	5	10
Faisal	4	3	7	1	3	4	5	5	10
Hansa	3	1	4	3	3	6	6	5	11
100 Quarters	4	4	8	1	0	1	5	4	9
48 Quarters	2	1	3	3	4	7	5	5	10
Total	18	15	33	13	15	28	31	30	61
% of total			54.1%			45.9%			100%

It is heartening to note that more than 54% of the adolescents in this age group have had some formal classes on this issue. However, 45% still remain without access to the formal education in this regard. Efforts need to be made to ensure wider coverage of awareness campaigns.

B. Those respondents who claimed to have attended some formal classes on reproductive health issues were asked if they thought more classes should be held. Their responses were as follows:

Colony	Yes, more classes should be held			No, more classes are not needed			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	1	3	4	0	0	0	1	3	4
Shikrial	4	2	6	0	1	0	4	3	7
Faisal	4	2	6	0	1	1	4	3	7
Hansa	3	1	4	0	0	0	3	1	4
100 Quarters	4	4	8	0	0	0	4	4	8
48 Quarters	2	0	2	0	1	1	2	1	3
Total	17	13	30	0	3	2	18	14	33
% of total			54.1%			45.9%			100%

This chart clearly demonstrates a preference for provision of more classes on this vital education area among the adolescents in poorer segments of our population.

3.2.5.5 Level of information on effect of puberty on body

All the respondents in this age group were asked if they were aware of the body changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	2	2	4	3	4	7	5	6	11
Shikrial	0	0	0	5	5	10	5	5	10
Faisal	4	2	6	1	3	4	5	5	10
Hansa	5	2	7	1	3	4	6	5	11
100 Quarters	4	3	7	1	1	2	5	4	9
48 Quarters	5	1	6	0	4	4	5	5	10
Total	20	10	30	11	20	31	31	30	61
% of total			49.2%			50.8%			100%

Less than half of the adolescents in this age were found to be aware of the changes that occur in their bodies during puberty. This situation points to a need for more awareness programs.

3.2.5.6 *Emotional changes due to puberty*

All the respondents in this age group were asked if they were aware of the emotional changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	0	3	3	5	3	8	5	6	11
Shikrial	0	0	0	5	5	10	5	5	10
Faisal	1	1	2	4	4	8	5	5	10
Hansa	2	1	3	4	4	8	6	5	11
100 Quarters	4	3	7	1	1	2	5	4	9
48 Quarters	5	2	7	0	3	3	5	5	10
Total	12	10	22	19	16	39	31	30	61
% of total			36%			64%			100%

The high level of “no” responses to this question clearly indicates that better and more awareness programs need to be designed and implemented for the youth residing in lesser fortunate areas of our cities.

3.2.6 *Interaction with others on sexual and reproductive health issues*

In this segment, data was collected to ascertain the level of interaction that the adolescents in this age group have with others around them on issues related to reproductive health and sexual behavior.

3.2.6.1 *Interaction with mother*

*A. Is your mother alive and do you live with her in the same household?*

All the respondents were asked if their mothers were alive. Consistent with the social norms of Pakistan, 57 or 93% of the respondents replied in affirmative to this question. A further question was asked from those saying yes, to ascertain if their mothers lived with them. All the 57 respondents said they were living with their mothers in the same household.

Ordinarily this would mean that the adolescents in this age group have a reliable and ready source of information available to them who could educate them on sexual and reproductive health issues. However, given the level of education of mothers in marginalized localities and the social constraints, unfortunately this source of information is often neither wholesome nor reliable.

*B. Talking with mother on important issues*

All the respondents, whose mothers were alive, were asked if they found it difficult or easy to talk with their mothers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
France		1	2	2	2	2	0	9
Shikrial		1	6	3	0	1	0	11
Faisal		2	6	0	1	0	0	9
Hansa		2	4	0	4	1	0	11
100 Quarters		2	1	0	2	3	0	8
48 Quarters		6	1	2	0	0	0	9
Total	Male	10	12	3	4	4	0	33
	Fem	4	8	4	5	3	0	24
	Total	14	20	7	9	7	0	57
Percentage		25%	35%	12%	16%	12%	0	100%

An interesting observation emerges from this chart. More male adolescents find it very easy or easy to discuss issues of importance with their mothers than female youngsters in this age group. This can be attributed to a number of social factors as well as lack of education in mothers who fail to foster a meaningful relationship with their daughters in particular and off-springs in general.

*C. Do you discuss, or have you ever discussed, with your mother the changes that occur at puberty?*

This question was asked to those respondents who were living with their mothers to ascertain the frequency and incidence of discussion between child and mother on the subject of puberty. Their responses were as follows:

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
France		1	1	7	9
Shikrial		3	0	8	11
Faisal		0	0	9	9
Hansa		0	1	10	11
100 Quarters		2	1	5	8
48 Quarters		5	0	4	9
Total	Male	5	0	26	31
	Female	6	3	17	26
	Total	11	3	43	57
Percentage		19%	5%	75%	100%

It is startling to note that 75% of the respondents never discuss the changes arising in their bodies at puberty with their mothers. While this can be attributed to general social environment, it does indicate that there is need for mounting awareness programs not only for the adolescents but also for mothers. A well informed mother can work towards creating an atmosphere at home where adolescents may feel comfortable to discuss their personal issues with their parents. The negative impacts of social taboos can only be eradicated through meaningful awareness programs.

*3.2.6.2 Interaction with father*

*A. Is your father alive and living in the same household with you*

55 respondents, or 90%, replied that their fathers were alive and living with them.

*B. Talking with the father on important issues*

All the respondents, whose fathers were alive, were asked if they found it difficult or easy to talk with their fathers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
France		0	4	0	4	3	0	7
Shikrial		0	5	3	0	1	0	9
Faisal		1	2	1	0	5	0	9
Hansa		0	5	1	2	1	0	9
100 Quarters		0	1	0	2	4	0	7
48 Quarters		5	0	0	0	5	0	10
Total	Male	6	14	1	2	6	0	29
	Fem	0	3	4	6	13	0	26
	Total	6	17	5	8	19	0	55
Percentage		11%	31%	9%	14%	35%	0	100%

About half of the respondents (49%) found it very difficult or difficult to discuss issues of importance to them with their fathers. Not surprisingly, female adolescents were more distanced from their fathers than their male siblings. This is reflective of social norms where fathers are generally aloof from their children as a means of maintaining an air of authority. Such attitudes cause several communication problems that in turn lead to social issues.

*D. Do you discuss, or have you ever discussed, with your father the changes that occur at puberty?*

Those adolescents who were living with their fathers were asked if they discussed puberty related issues with their fathers. Their response was overwhelmingly in negative.

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
France		0	0	11	11
Shikrial		0	0	9	9
Faisal		1	0	8	9
Hansa		0	0	9	9
100 Quarters		0	0	7	7
48 Quarters		4	0	6	10
Total	Male	5	0	24	29
	Female	0	0	26	26
	Total	5	0	50	55
Percentage		9%	0%	75%	100%

The distance that exists between adolescents and their fathers is responsible for this utter lack of communication between the two on such important issues. On the one hand, this situation calls for providing alternative sources of information to the adolescents from where they could get important information and on the other hand it also indicates a need for mounting awareness programs for fathers. Fathers undoubtedly need to be made aware of their role in meeting information needs of their off-springs.

3.2.6.3 Interaction with siblings

A. Do you have any siblings and do they live with you in the same household?

All the adolescents in this age group were asked this question. 54 of them, or 88%, said that they had siblings and that they lived with them in the same household.

B. How do you find talking to your siblings about things that are important to you?

All the respondents, who had siblings, were asked if they found it difficult or easy to talk with their siblings about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
France		1	4	1	1	2	0	9
Shikrial		2	2	5	0	1	0	10
Faisal		1	3	1	1	0	0	6
Hansa		4	4	2	1	0	0	11
100 Quarters		1	3	1	2	0	0	9
48 Quarters		7	0	0	0	2	0	9
Total	Male	7	9	5	4	5	0	30
	Fem	9	7	5	1	2	0	24
	Total	16	16	10	5	7	0	54
Percentage		30%	30%	18%	9%	13%	0	100%

The level of communication between siblings appears to be higher than between children and parents. Only 22% of siblings found it difficult or very difficult to discuss issues of importance with their siblings.

E. Do you discuss, or have you ever discussed, with your siblings the changes that occur at puberty?

Those adolescents who were living with their siblings were asked if they discussed puberty related issues with their siblings. Their response was as follows:

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
France		0	1	4	5
Shikrial		0	0	10	10
Faisal		2	1	3	6
Hansa		0	4	7	11
100 Quarters		1	2	6	9
48 Quarters		3	1	5	9
Total	Male	5	2	24	31
	Female	2	7	14	23
	Total	7	9	38	54
Percentage		13%	17%	70%	100%

It is surprising that despite a fairly high level of communication between siblings on general matters of importance (as indicated by previous chart), there seems to be an acute lack of discussion on puberty related issues. However, we should not discount the possibility that some of these adolescent respondents may have siblings who are younger than them.

3.2.6.4 *Interaction with friends*

*A. Do you have any friends?*

All the adolescents in this age group were asked if they had any friends. 59 of them, or 97%, said that they had friends. Only two respondents, one boy and one girl, said they had no friends. While generally this is a satisfactory state of affairs, the two adolescents not having any friends need some counseling – an aspect that may need attention by planners when drawing up awareness programs for poorer members of the society.

*B. How do you find talking to your friends about things that are important to you?*

All the respondents, who had friends, were asked if they found it difficult or easy to talk with their friends about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
France		6	4	0	1	0	0	11
Shikrial		3	5	2	0	0	0	10
Faisal		7	2	0	0	0	0	9
Hansa		6	4	1	0	0	0	11
100 Quarters		4	3	0	1	0	0	8
48 Quarters		8	0	2	0	0	0	10
Total	Male	14	14	1	1	0	0	30
	Fem	20	4	4	1	0	0	29
	Total	34	18	5	2	0	0	59
Percentage		58%	30%	8%	3%	0%	0%	100%

The level of communication between friends appears to be even higher than between siblings. Only 3% of respondents found it difficult and none found it very difficult to discuss issues of importance with their friends.

*C. Do you discuss, or have you ever discussed, with your friends the changes that occur at puberty?*

Those adolescents who had friends were asked if they discussed puberty related issues with their friends. Their response was as follows:

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
France		3	0	8	11
Shikrial		0	2	8	10
Faisal		7	0	2	9
Hansa		0	3	8	11
100 Quarters		4	2	2	8
48 Quarters		5	1	4	10
Total	Male	12	2	17	31
	Female	7	6	15	28
	Total	19	8	32	59
Percentage		32%	14%	54%	100%

One again, a surprising find: despite a fairly high level of communication between friends on general matters of importance (as indicated by previous chart), there is a significant lack of discussion on puberty related issues. One can only attribute this to social taboos which impede discussion on sexual matters even among friends. This area deserves special attention from those who plan for spreading awareness among adolescents.

*D. Do you think peer education is good for imparting information among adolescents?*

A large majority (48 respondents, or 78%) felt that peer education was good for the purpose of imparting information among adolescents. Only 6 said no and remaining 7 had no view on the matter. The results were fairly evenly divided over the genders.

*E. Have you ever heard about AFC in your community from your friends / peers?*

Respondents were asked this question to assess the situation regarding AFCs and discussion about it among friends. The response was as follows:

	Yes	No	Total
France Colony	6	5	11
Shikrial Colony	2	8	10
Faisal Colony	8	2	10
Hansa Colony	7	4	11
100 Quarters Colony	8	1	9
48 Quarters Colony	9	1	10
Total	40	21	61
Percentage	66%	34%	100%

Almost two-third of the adolescents in this age group had heard of the AFC from their friends. This level is not very high, but is still quite encouraging.

*F. If yes, have you learned anything related to reproductive health from your friends?*

The intent of this question was to explore the extent to which adolescents discussed reproductive health related issues among friends. Their response was as follows:

	Yes	No	Don't know	Total
France Colony	2	4	0	6
Shikrial Colony	2	0	0	2
Faisal Colony	8	0	0	8
Hansa Colony	4	3	0	7
100 Quarters Colony	6	2	0	8
48 Quarters Colony	6	2	1	9
Total	28	11	1	40
Percentage	70%	27.5%	2.5%	100%

Even among those friends who do talk about AFC among themselves, only 70% had discussed anything at all about reproductive health. In overall terms, 28 respondents translate to 46% of total number of respondents in this age group. This is reflective, once again, of social taboos.

*G. If yes, has that information benefitted or helped you in any way?*

This question was intended to see if the adolescents attached any importance to the discussion on reproductive health issues among friends. The responses showed that 27 respondents out of 28 (i.e. 96% of) respondents who had said yes to the previous question felt that information received through discussion with friends on reproductive health was useful to them, or had helped them. We need to build on this positive and design more programs in this direction.

*H. Do you find discussing matters with friends easier than discussing them with parents*

*and/or siblings?*

This question was intended to ascertain the comfort level felt by adolescents in this age while discussing their problems with different parties including parents, siblings and friends. Their responses were as follows:

	Yes	No	Don't know	Total
France Colony	6	5	0	11
Shikrial Colony	5	5	0	10
Faisal Colony	7	3	0	10
Hansa Colony	7	4	0	11
100 Quarters Colony	9	0	0	9
48 Quarters Colony	9	1	0	10
Total	43	18	0	61
Percentage	70%	30%	0%	100%

70% of the respondents felt more comfortable discussing issues (relating to puberty, reproductive health, matters of personal importance, etc.) with their friends than parents or siblings. But still a good 30% were found to be closer to their families.

### 3.2.7 Information on Hepatitis

#### 3.2.7.1 Have you heard of Hepatitis?

All the adolescents in this age group were asked this question to assess their awareness of this disease which is fairly common in this part of the world.

	Yes, I have			No, I haven't			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	2	5	7	3	1	4	5	6	11
Shikrial	2	4	6	3	1	4	5	5	10
Faisal	4	3	7	1	2	3	5	5	10
Hansa	5	2	7	1	3	4	6	5	11
100 Quarters	5	4	9	0	0	0	5	4	9
48 Quarters	2	4	6	3	1	4	5	5	10
Total	20	22	42	11	8	19	31	30	61
Percentage			69%			31%			100%

A total of 42 respondents, i.e. 69% of them, had heard of the disease called Hepatitis. This is an indication for both the prevalence of the disease as well as a good level of awareness about it in the surveyed population.

3.2.7.2 Is it possible to cure Hepatitis?

This question (and some other following questions) were intended to assess the depth of awareness held by selected sample of adolescents on this disease. This question was asked from only those respondents who had replied in affirmative to the previous question.

	Its curable		Not curable		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	2	5	0	0	0	0	2	5	7
Shikrial	2	2	0	0	0	2	2	4	6
Faisal	4	2	0	1	0	0	4	3	7
Hansa	2	0	3	1	0	1	5	2	7
100 Quarters	5	4	0	0	0	0	5	4	9
48 Quarters	2	3	0	1	0	0	2	4	6
Total	17	16	3	3	0	3	20	22	42
Percentage	79%		14%		7%				100%

It was reassuring to find that 79% of the respondents knew that the disease is curable; hence would be likely to seek cure immediately upon contracting it. The degree of awareness was slightly higher among boys than girls.

3.2.7.3 Is there more than one type of Hepatitis?

This question was asked of only those 42 respondents who had answered yes to the having heard of this disease.

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	2	4	0	1	0	0	2	5	7
Shikrial	2	2	0	0	0	2	2	4	6
Faisal	4	3	0	0	0	0	4	3	7
Hansa	2	0	0	1	3	1	5	2	7
100 Quarters	5	2	0	1	0	1	5	4	9
48 Quarters	2	0	0	2	0	2	2	4	6
Total	17	11	0	5	3	6	20	22	42
Percentage	67%		12%		21%				100%

The level of awareness on this area was found to be greater among boys than girls. 85% of boys and only 50% of the girls were aware that there are more than one type of this disease.

3.2.7.4 Can people take a simple test to find out whether they have Hepatitis?

Once again, this question was asked of only those 42 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	2	2	0	2	0	1	2	5	7
Shikrial	1	1	1	0	0	3	2	4	6
Faisal	1	0	3	2	0	1	4	3	7
Hansa	2	0	0	1	3	1	5	2	7
100 Quarters	1	2	4	1	0	1	5	4	9
48 Quarters	2	2	0	0	0	2	2	4	6
Total	9	7	8	6	3	9	20	22	42
Percentage	38%		33%		29%				100%

Only 38% of the respondents were aware of this basic fact – pointing to a need for more awareness. Sadly, the level of awareness among girls at 32% was lower than boys (45%).

3.2.7.5 Can Hepatitis be contracted from one person to another?

Once again, this question was asked of only those 42 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	1	1	1	4	0	0	2	5	7
Shikrial	2	4	0	0	0	0	2	4	6
Faisal	0	2	3	1	1	0	4	3	7
Hansa	3	1	1	0	1	1	5	2	7
100 Quarters	5	3	0	0	0	1	5	4	9
48 Quarters	2	1	0	1	0	2	2	4	6
Total	13	12	5	6	2	4	20	22	42
Percentage	60%		26%		14%				100%

60% of the respondents were aware about contractibility of the disease. This level is still not high enough and points to a need for spreading more awareness. The level of awareness among boys at 65% was higher than among girls at 55%.

3.2.8 Awareness of Personal Hygiene and Perceptions about Hygienic Life Style

Questions in this segment of the questionnaire were asked to assess the level of awareness on personal hygiene.

3.2.8.1 Do you wash your hands before and after taking meals?

60 respondents out of 61, i.e. a 98% majority, said that they washed their hands before and after meals. This high level of hygiene care is very encouraging.

3.2.8.2 Do you clean yourself after using the washroom (toilet)?

All the 61 respondents said they did. A very encouraging situation.

3.2.8.3 How frequently do you take bath?

The survey was conducted at a time when the weather was neither too hot, nor too cold. Hence the responses are likely to reflect the average state of affairs.

Colony	Gender	Responses			
		Daily	Once a Week	Twice a week	Total
France		3	2	6	11
Shikrial		4	2	4	10
Faisal		5	3	2	10
Hansa		11	0	0	11
100 Quarters		3	1	5	9
48 Quarters		4	2	4	10
Total	Male	21	0	10	31
	Female	9	10	11	30
	Total	30	10	21	61
Percentage		49%	16%	35%	100%

The general situation is fairly satisfactory, though the boys appear to take baths more often than the girls.

3.2.8.4 Do you use soap for washing your hands?

60 respondents out of 61, i.e. a 98% majority, said that they washed their hands with soap. Given the level of poverty, this high level of hygiene care is very encouraging.

3.2.8.5 Do you think that a person is more vulnerable to infection (and diseases) if he/she has poor personal hygiene?

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	5	4	0	1	0	1	5	6	11
Shikrial	5	3	0	0	0	2	5	5	10
Faisal	5	5	0	0	0	0	5	5	10
Hansa	6	2	0	0	0	3	6	5	11
100 Quarters	5	3	0	1	0	0	5	4	9
48 Quarters	5	5	0	0	0	0	5	5	10
Total	31	22	0	2	0	6	31	30	61
Percentage	87%		3%		10%				100%

87% of the respondents were aware of the risk of vulnerability to diseases due to poor personal hygiene. However, the level of awareness among boys was 100% while among girls it was only 73%. This needs to be addressed.

3.2.8.6 Do you think contaminated water or food can cause infections?

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	5	3	0	2	0	1	5	6	11
Shikrial	5	3	0	0	0	2	5	5	10
Faisal	5	4	0	1	0	0	5	5	10
Hansa	6	2	0	0	0	3	6	5	11
100 Quarters	5	1	0	1	0	2	5	4	9
48 Quarters	5	2	0	3	0	0	5	5	10
Total	31	15	0	7	0	8	31	30	61
Percentage	75%		11%		13%				100%

75% of the respondents were aware of the risk of vulnerability to diseases due to contaminated water or food. However, the level of awareness among boys was 100% while among girls it was only 50%. This needs to be addressed.

### 3.2.9 Awareness About and Presence of Sexual Molestation

#### 3.2.9.1 Do you know about “bad touch”?

All the respondents in this age group were asked this question to assess if they were aware of this aspect of sexuality. Their responses were:

	Yes, I know			No, I don't			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
France	3	6	9	2	0	2	5	6	11
Shikrial	1	0	1	4	5	9	5	5	10
Faisal	3	4	7	2	1	3	5	5	10
Hansa	5	3	8	1	2	3	6	5	11
100 Quarters	4	3	7	1	1	2	5	4	9
48 Quarters	2	1	3	3	4	7	5	5	10
Total	18	17	35	13	13	26	31	30	61
Percentage			57%			43%			100%

57% of the respondents were aware of the “bad touch”. But the level of awareness was slightly higher among boys at 58% than girls at 56%. Since this age group (9-13 years) is the youngest among the respondents, the low level of sexual awareness is perhaps understandable for a poor locality in this part of the world.

#### 3.2.9.2 Some children are touched by others (adults) in areas where they feel uncomfortable. Has this every happened to you?

This question was clearly aimed at assessing the presence of sexual molestation among adolescents of this age group.

	Yes		No		Don't know		Total		
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Total
France	0	5	5	1	0	0	5	6	11
Shikrial	0	0	5	4	0	1	5	5	10
Faisal	0	3	4	2	1	0	5	5	10
Hansa	1	1	5	3	0	1	6	5	11
100 Quarters	1	0	4	4	0	0	5	4	9
48 Quarters	2	3	3	2	0	0	5	5	10
Total	4	12	26	16	1	2	31	30	61
Percentage	26%		69%		5%				100%

While on an overall basis 26% said that they had been “touched in uncomfortable places”, the percentage for girls at 40% is higher than the experience of the boys at 13%.

We feel that an overall average of 26% is alarmingly high and calls for a need to spread awareness among the adolescents as well as their families for the need to protect themselves against potential molesters.

#### 3.2.9.3 Has any older person ever asked you to meet him/her in a secluded place?

This question is the continuation of the previous one, intended to assess the presence of sexual molestation among adolescents of this age group.

Only two females out of 61 admitted to having received such an invitation. However, one reason for the low level of affirmative responses could be taboos and social pressures associated with admission to such relationships. While it is possible that actual number of such incidences may be higher, according to the actual responses received, 97% of the respondents had not been asked

by any adult, or older person, to see them at a secluded place. This is heartening.

- 3.2.9.4 Have you experienced any inappropriate behavior or attitude from older persons?  
8 respondents (6 females and 2 males) said that they had experienced such a behavior while the remaining 53 (or 87%) said they had not experienced such a behavior.

Those who had experienced such behavior were further asked if they had reported such an incident to their parent or other senior member of their family. 7 out of 8 said yes they had. This is quite encouraging and shows that adolescents of this age group living in the surveyed localities were well aware of what to do if they are confronted with an unpleasant situation.

### 3.3 Data Relating to Adolescents in Age Group 14 To 16

#### 3.3.1 Data by education level of respondents in this age group

Colony	Gender	Illiterate	Less than Primary	Primary	Middle	Junior High	High School	Total
Faisal Colony	Male	0	1	0	3	1	5	10
	Fem	1	1	0	1	3	0	6
	Total	1	2	0	4	4	5	16
France Colony	Male	0	0	3	4	6	0	13
	Fem	1	0	1	3	2	0	7
	Total	1	0	4	7	8	0	20
Shikrial Colony	Male	2	1	0	4	3	0	10
	Fem	0	0	8	0	2	0	10
	Total	2	1	8	4	5	0	20
Hansa Colony	Male	1	0	3	6	0	0	10
	Fem	0	2	2	5	0	1	10
	Total	1	2	5	11	0	1	20
100 Quarters	Male	0	1	3	5	0	1	10
	Fem	0	3	1	5	2	0	11
	Total	0	4	4	10	2	1	21
48 Quarters	Male	2	5	2	1	0	0	10
	Fem	0	0	1	4	5	0	10
	Total	2	5	3	5	5	0	20
Total	Male	5	8	11	23	10	6	63
	Fem	2	6	13	18	14	1	54
	Total	7	14	24	41	24	7	117
Percentage		6%	12%	21%	35%	21%	6%	100%

- 6% of the adolescents in this age group were illiterate,
- 12% were educated to less than primary school level (5 years of education)
- 21% were educated up to primary school level (5 years of education)
- 35% were educated up to middle school level (8 years of education)
- 21% were educated up to junior high school or Matric level (10 years of education) and
- 6% were educated up to high school level (12 years of education).

This is an encouraging table as the statistics are fairly above the national average for similar age group adolescents.

### 3.3.2 Data by marital status of respondents in this age group

Only one female respondent out of 117 in this age group was married.

### 3.3.3 Data by disability type of respondents in this age group

There were only three respondents who had some form of disability in this age group.

One male adolescent from Shikrial Colony and two female (1 from Faisal, another from 100 Quarters) adolescents had physical disability. The rest of 114 respondents had no disability.

### 3.3.4 Data by ethnic (religious) background of respondents in this age group

Colony	Christian			Muslim			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal Colony	10	6	16	0	0	0	10	6	16
France Colony	13	7	20	0	0	0	13	7	20
Shikrial Colony	0	1	1	10	9	19	10	10	20
Hansa Colony	10	10	20	0	0	0	10	10	20
100 Quarters	10	11	21	0	0	0	10	11	21
48 Quarters	10	10	20	0	0	0	10	10	20
Total	53	45	98	10	9	19	63	54	117

98 or 84% of the respondents were Christians while the rest 16% were Muslims. While these percentages are not reflective of statistics on less-privileged adolescents' religious background on the country-wide basis, there seems to be inordinately high proportion of Christian residents in poorer localities of Islamabad covered by this survey.

### 3.3.5 Knowledge of puberty

A part of the questionnaire was devoted to collecting information on the knowledge held by respondents in the area of puberty, covering its nature, depth and source of information.

#### 3.3.5.1 A. Knowing the term puberty

All the respondents were asked if they had ever heard the term "puberty". Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal Colony	9	6	15	1	0	1	10	6	16
France Colony	10	6	16	3	1	4	13	7	20
Shikrial Colony	2	5	7	8	5	13	10	10	20
Hansa Colony	9	8	17	1	2	3	10	10	20
100 Quarters	7	7	14	3	4	7	10	11	21
48 Quarters	9	6	15	1	4	5	10	10	20
Total	46	38	84	17	16	33	63	54	117
% of total			72%			28%			100%

72% of the respondents in this age group had heard the term puberty. It is still a cause for concern that 28% of adolescents in 14 to 16 years age group were unaware of this term.

*Have you ever heard about Reproductive System of men and women?*

An extension of the previous question, this was asked of all respondents in this age group.

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal Colony	9	3	12	1	3	4	10	6	16
France Colony	11	7	18	2	0	2	13	7	20
Shikrial Colony	4	3	7	6	7	13	10	10	20
Hansa Colony	8	6	14	2	4	6	10	10	20
100 Quarters	9	2	11	1	9	10	10	11	21
48 Quarters	7	4	11	3	6	9	10	10	20
Total	48	25	73	15	29	44	63	54	117
% of total			62%			38%			100%

Only 62% of adolescents in this age group had heard of reproductive system. 38% of them were unaware of the term. This depicts a poor level of awareness at this age. Again, the level of awareness among boys (76%) is significantly higher than that of girls (46%). Special attention need to be paid to this aspect as girls really have a much greater need to know about reproductive health issues.

#### 3.3.5.2 A. Source of knowledge on puberty

The 84 respondents who claimed to have heard the term puberty were asked to name the source from which they had heard about the term puberty. Their responses are tabulated below:

Colony	Teacher	Mother	Father	Brother/ Sister	Friends	Doctors	Books, Magazines, Movies	AFC	Total
Faisal Colony	1	2	0	1	8	0	0	3	15
France Colony	2	2	0	0	1	0	0	11	16
Shikrial Colony	1	2	0	0	0	0	0	4	7
Hansa Colony	0	2	0	2	8	0	0	5	17
100 Quarters	0	1	0	1	0	0	1	11	14
48 Quarters	0	3	0	2	8	0	2	0	15
Total	4	12	0	6	25	0	3	34	84
Percentage	5%	14%	0	7%	30%	0%	4%	40%	100%

40% of respondents had heard the term from their AFC which points to the positive nature of work being done by them. Another 30% had heard it from their friends while 21% had heard it from close family members. The poor overall level of awareness at this age remains a cause of concern which needs to be addressed through more awareness programs.

*C. Source of knowledge about reproductive system.*

The 73 respondents who claimed to have heard about reproductive system of men and women were asked to name the source from which they had heard about the term. Their responses are tabulated below:

Colony	Teacher	Mother	Father	Brother/ Sister	Friends	Doctors	Books, Magazines, Movies	AFC	Total
Faisal Colony	2	0	0	0	8	0	0	2	12
France Colony	1	1	0	0	2	0	2	12	18
Shikrial Colony	2	0	0	0	0	0	0	5	7
Hansa Colony	1	0	0	1	7	0	1	4	14
100 Quarters	0	1	1	0	0	0	1	8	11
48 Quarters	0	0	0	1	7	0	2	1	11
Total	6	2	1	2	24	0	6	32	73
Percentage	8.2%	2.7%	1.4%	2.7%	32.9%	0	8.2%	43.8%	100%

Here again, the most prominent supplier of information on reproductive system is AFC, followed by friends. Surprisingly, close family members like parents and siblings account for very little in providing this information to adolescents.

*3.3.5.3 Preferred source of information*

All the respondents were asked about the source of information through which they would prefer to receive knowledge on puberty or related subjects. Their responses were:

	AFC	Books	Mother	Friends	Internet	Sister	Teacher	Total
Faisal	5	0	1	3	7	0	0	16
France	18	0	0	1	1	0	0	20
Shikrial	19	0	0	0	0	1	0	20
Hansa	8	0	2	7	0	2	1	20
100 Quarters	13	1	2	2	0	3	0	21
48 Quarters	11	2	1	0	5	1	0	20
Total	74	3	6	13	13	7	1	117
Percentage	63.2%	2.6%	5.1%	11.1%	11.1%	6.0%	0.9%	100%

This chart further reinforces the importance of AFCs and of the work they are doing. However, more schools need to be equipped with means to provide information on puberty and related areas to adolescents. A surprising observation was apparent reluctance of respondents to rely on family members like mother or sister for getting information on puberty. This can be attributed to social taboos which forbid an open discussion on reproductive health related matters.

3.3.5.4 Formal Classes

A. All the respondents were asked if they had attended any formal classes on reproductive health, or puberty related issues, conducted at AFCs. Their responses were as follows:

Colony	Yes		No		Don't know about AFC		Total		
	Male	Female	Male	Female	Male	Female	Male	Female	Total
Faisal	9	4	1	1	0	1	10	6	16
France	9	6	3	1	1	0	13	7	20
Shikrial	2	2	6	4	2	4	10	10	20
Hansa	6	4	2	5	2	1	10	10	20
100 Quarters	9	5	1	5	0	1	10	11	21
48 Quarters	6	2	3	8	1	0	10	10	20
Total	41	23	16	24	6	7	63	54	117
Percentage	55%		34%		11%				100%

It is heartening to note that more than 55% of the adolescents in this age group have had some formal classes on this issue. The percentage is higher among boys (65%) than girls (42%). However, 45% still remain without access to the formal education in this regard. 11% of these are unaware of existence of AFCs. Efforts need to be made to ensure wider coverage of awareness campaigns.

B. Those respondents who claimed to have attended some formal classes on reproductive health issues were asked if they thought more classes should be held. Their responses were as follows:

Colony	Yes, more classes should be held			No, more classes are not needed			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	8	3	11	0	1	1	8	4	12
France	9	5	14	0	0	0	9	5	14
Shikrial	2	1	3	0	1	0	2	2	4
Hansa	2	4	6	3	1	4	5	5	10
100 Quarters	7	5	12	0	0	0	7	5	12
48 Quarters	5	1	6	1	0	1	5	2	7
Total	33	19	52	4	3	7	37	21	59
% of total			88%			12%			100%

This chart clearly demonstrates a need for provision of more classes on this vital education to the adolescents in poorer segments of our population.

3.3.5.5 A. Level of information on effect of puberty on body

All the respondents in this age group were asked if they were aware of the body changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	10	4	14	0	2	2	10	6	16
France	8	6	14	5	1	6	13	7	20
Shikrial	2	5	7	8	5	13	10	10	20
Hansa	9	9	18	1	1	2	10	10	20
100 Quarters	7	9	16	3	2	5	10	11	21
48 Quarters	10	9	19	0	1	1	10	10	20
Total	46	42	88	17	12	29	63	54	117
% of total			75%			25%			100%

Only 75% of the adolescents in this age group were found to be aware of the changes that occur in their bodies during puberty. This situation points to a need for more awareness programs.

*B. Level of knowledge on how women get pregnant*

All the respondents in this age group were asked if they were aware of the process of how a woman gets pregnant. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	10	2	12	0	4	4	10	6	16
France	5	5	10	8	2	10	13	7	20
Shikrial	5	1	6	5	9	14	10	10	20
Hansa	7	3	10	3	7	10	10	10	20
100 Quarters	6	4	10	4	7	11	10	11	21
48 Quarters	10	2	12	0	8	8	10	10	20
Total	43	17	60	20	37	57	63	54	117
% of total			51%			49%			100%

Only about a half of the adolescents in this age group were found to be aware of the process of how a woman gets pregnant. This is an alarming situation for adolescents of this age, demanding more awareness programs.

*C. Emotional changes due to puberty*

All the respondents in this age group were asked if they were aware of the emotional changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	10	5	15	0	1	1	10	6	16
France	3	6	9	10	1	11	13	7	20
Shikrial	1	4	5	9	6	15	10	10	20
Hansa	8	7	15	2	3	5	10	10	20
100 Quarters	10	3	13	0	8	8	10	11	21
48 Quarters	10	5	15	0	5	5	10	10	20
Total	42	30	72	21	24	45	63	54	117
% of total			62%			38%	51%	49%	100%

62% of the respondents were aware of the emotional changes that occur due to puberty. However for this age group, a 38% level of “no” responses to this question is quite high. It clearly indicates that better and more awareness programs need to be designed and implemented for the youth residing in lesser fortunate areas of our cities.

3.3.6 Interaction with others on sexual and reproductive health issues

In this segment, data was collected to ascertain the level of interaction that the adolescents in this age group have with others around them on issues related to reproductive health and sexual behavior.

3.3.6.1 *Interaction with mother**C. Is your mother alive and do you live with her in the same household?*

All the respondents were asked if their mothers were alive. 114 or 97.5% of the respondents replied in affirmative to this question. A further question was asked from those saying yes, to determine if their mother lived with them. All the 114 respondents said they were living with their mothers in the same household.

Ordinarily this would mean that the adolescents in this age group have a reliable and ready source of information available to them who could educate them on sexual and reproductive health issues. However, given the level of education of mothers in marginalized localities and the social constraints, unfortunately this source of information is often neither wholesome nor reliable.

*D. Talking with mother on important issues*

All the respondents, whose mothers were alive, were asked if they found it difficult or easy to talk with their mothers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
Faisal		10	2	1	0	3	0	16
France		5	6	2	3	3	0	19
Shikrial		9	8	0	1	0	0	20
Hansa		3	4	0	4	9	0	20
100 Quarters		3	5	4	9	2	0	21
48 Quarters		9	1	5	0	3	0	18
Total	Male	25	13	3	12	10	0	63
	Female	14	13	9	5	10	0	51
	Total	39	26	12	17	20	0	114
Percentage		34%	23%	11%	15%	17%	0	100%

An interesting observation emerges from this chart. More male adolescents find it very easy or easy to discuss issues of importance with their mothers than female youngsters in this age group. 32% of respondents find it difficult or very difficult to discuss things with their mothers. This can be attributed to a number of social factors as well as lack of education in mothers who fail to foster a meaningful relationship with their daughters in particular and off-springs in general.

*C. Do you discuss, or have you ever discussed, with your mother the changes that occur at puberty?*

This question was asked to those respondents who lived with their mothers, to find out if they had any discussion with their mothers on puberty related issues. Their responses were:

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal		5	6	5	16
France		9	2	8	19
Shikrial		1	2	17	20
Hansa		2	1	17	20
100 Quarters		0	1	20	21
48 Quarters		7	2	9	18
Total	Male	18	6	37	61
	Female	6	8	39	53
	Total	24	14	76	114
Percentage		5%	12%	67%	100%

It is startling to note that 67% of the respondents in this age group never discuss the changes arising in their bodies at puberty with their mothers. While this can be attributed to general social environment, it does indicate that there is a need for mounting awareness programs not only for the adolescents but also for mothers. A well informed mother can work towards creating an atmosphere at home where adolescents may feel comfortable to discuss their personal issues with their parents. The negative impacts of social taboos can only be eradicated through meaningful awareness programs.

3.3.6.2 Interaction with father

*D. Is your father alive and living in the same household with you*

108 respondents, or 92%, replied that their fathers were alive while 106 respondents (90%) said their fathers were living with them in the same household.

*E. Talking with the father on important issues*

All the respondents, whose fathers were alive, were asked if they found it difficult or easy to talk with their fathers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see him	
Faisal		1	6	0	2	6	0	15
France		0	3	6	4	7	0	20
Shikrial		0	10	4	2	1	1	18
Hasna		0	0	3	5	10	0	18
100 Qtrs		1	0	5	7	5	0	18
48 Qtrs		11	0	0	1	7	0	19
Total	Male	11	12	12	12	13	0	60
	Fem	2	7	6	9	23	1	48
	Total	13	19	18	21	36	1	108
Percentage		12%	18%	17%	19%	33%	1%	100%

Over half of the respondents (52%) found it very difficult or difficult to discuss issues of importance to them with their fathers. Not surprisingly, female adolescents were more distanced from their fathers than their male siblings. This is reflective of social norms where fathers are generally aloof from their children as a means of maintaining an air of authority. Such attitudes cause several communication problems that in turn lead to social issues.

*F. Do you discuss, or have you ever discussed, with your father the matters relating to reproductive health?*

Those adolescents who were living with their fathers were asked if they discussed reproductive health related issues with their fathers. Their response was overwhelmingly in negative.

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal Colony		1	0	14	15
France Colony		7	0	13	20
Shikrial Colony		1	0	17	18
Hansa Colony		0	1	17	18
100 Quarters Colony		0	5	13	18
48 Quarters Colony		7	1	11	19
Total	Male	8	6	45	59
	Female	8	1	40	49
	Total	16	7	85	108
Percentage		15%	6%	79%	100%

79% of the respondents never discuss reproductive health related issues with their fathers and 6% discuss it only occasionally. Both the genders appear to be equally shy of their fathers in this regard. The social or cultural distance that exists between adolescents and their fathers is responsible for this utter lack of communication between the two on such important issues. On the one hand, this situation calls for providing alternative sources of information to the adolescents from where they could get important information and on the other hand it also indicates a need for mounting awareness programs for fathers. Fathers undoubtedly need to be made aware of their role in meeting information needs of their off-springs.

*G. Do you discuss, or have you ever discussed, with your father the changes that occur at puberty?*

Those adolescents who were living with their fathers were asked if they discussed puberty related issues with their fathers. Their response was overwhelmingly in negative.

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal Colony		2	0	13	15
France Colony		2	6	12	20
Shikrial Colony		1	0	17	18
Hansa Colony		0	1	17	18
100 Quarters Colony		0	5	13	18
48 Quarters Colony		6	1	12	19
Total	Male	4	12	43	59
	Female	7	1	41	49
	Total	11	13	84	108
Percentage		10%	12%	78%	100%

The responses to this question are quite consistent with those to the previous one. Once again, the need to educate fathers in this regard is highlighted by the massive lack of communication between fathers and adolescents on the issues relating to puberty.

3.3.6.3 Interaction with siblings

*H. Do you have any siblings and do they live with you in the same household?*

All the adolescents in this age group were asked if they had any siblings. 112 of them, or 96%, said that they had siblings. 100 respondents (94%) said that they lived with their siblings in the same household.

*I. How do you find talking to your siblings about things that are important to you?*

All the respondents, who had siblings, were asked if they found it difficult or easy to talk with their siblings about things or issues that were important to them. Their responses were:

Colony	Gender	Response						
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her /him	Total
Faisal Colony		1	7	1	3	3	0	15
France Colony		6	8	1	0	3	0	18
Shikrial Colony		4	9	4	3	0	0	20
Hansa Colony		6	0	1	2	10	0	19
100 Quarters Colony		8	4	8	0	1	0	21
48 Quarters Colony		12	1	0	1	5	0	19
Total	Male	19	19	9	6	9	0	62
	Fem	18	10	6	3	13	0	50
	Total	37	29	15	9	22	0	112
Percentage		33%	26%	13%	8%	20%	0	100%

*J. Do you discuss, or have you ever discussed, with your siblings the matters relating to reproductive health?*

Those adolescents who were living with their siblings were asked if they discussed reproductive health related issues with their siblings. Their response was as follows:

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
Faisal Colony		2	4	9	15
France Colony		12	1	5	18
Shikrial Colony		1	2	17	20
Hansa Colony		0	6	13	19
100 Quarters Colony		4	9	8	21
48 Quarters Colony		8	4	7	19
Total	Male	20	15	27	62
	Female	7	11	32	50
	Total	27	26	59	112
Percentage		24%	23%	53%	100%

It is surprising that despite a fairly high level of communication between siblings on general matters of importance (as indicated by previous chart), there seems to be an acute lack of

discussion on reproductive health related issues. More than half (53%) do not discuss it at all, while 23% discuss it very occasionally.

*K. Do you discuss, or have you ever discussed, with your siblings the changes that occur at puberty?*

Those adolescents who were living with their siblings were asked if they discussed puberty related issues with their siblings. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal Colony		2	1	12	15
France Colony		7	6	5	18
Shikrial Colony		1	1	18	20
Hansa Colony		1	6	12	19
100 Quarters Colony		5	10	6	21
48 Quarters Colony		8	4	7	19
Total	Male	16	15	31	62
	Female	8	13	29	50
	Total	24	28	60	112
Percentage		21%	25%	54%	100%

The response to this question is quite identical to the previous question. 54% of respondents do not discuss puberty related issues with their siblings at all while 25% discuss them only occasionally.

3.3.6.4 Interaction with friends

*A. Do you have any friends?*

All the adolescents in this age group were asked if they had any friends. 112 of them, or 96%, said that they had friends. Only 5 respondents, one boy and 4 girls, said they had no friends. While generally this is a satisfactory state of affairs, the 5 adolescents not having any friends need some counseling – an aspect that may need attention by planners when drawing up awareness programs for poorer members of the society.

*B. How do you find talking to your friends about things that are important to you?*

All the respondents, who had friends, were asked if they found it difficult or easy to talk with their friends about things or issues that were important to them. Their responses were:

Colony	Gender	Response					Total
		Very Easy	Easy	Average	Difficult	Very Difficult	
Faisal Colony		12	1	0	0	1	14
France Colony		14	5	0	0	1	20
Shikrial Colony		14	4	0	0	0	18
Hansa Colony		11	6	2	0	1	20
100 Quarters		18	1	1	0	0	20
48 Quarters		15	4	0	0	1	20
Total	Male	55	6	1	0	0	62
	Female	29	15	2	0	4	50
	Total	84	21	3	0	4	112
Percentage		75%	19%	2.5%	0	3.5%	100%

The level of communication between friends appears to be even higher than between siblings. While 94% of respondents found it easy or very easy, only 3.5% of respondents found it very difficult and none found it difficult to discuss issues of importance with their friends.

*C. Do you or have you ever discussed matters relating to reproductive health with your friends?*

Those adolescents who had friends were asked if they ever discussed matters related to reproductive health issued with their friends. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionall y	Never	Total
Faisal Colony		11	1	2	14
France Colony		15	1	4	20
Shikrial Colony		2	3	13	18
Hansa Colony		3	11	6	20
100 Quarters		10	2	8	20
48 Quarters		17	1	2	20
Total	Male	40	11	11	62
	Female	18	8	24	50
	Total	58	19	35	112
Percentage		52%	17%	31%	100%

Despite a fairly high level of communication between friends on general matters of importance (as indicated by previous chart), there is a significant lack of discussion on reproductive health related issues. 31% respondents do not discuss this with friends at all, while another 17% do so only occasionally. The proportion of females (48%) who do not discuss this with friends is significantly higher than males (18%). One can only attribute this to social taboos which impede discussion on sexual matters even among friends. This area deserves special attention from those who have the responsible of planning for spreading awareness among adolescents.

*D. Do you, or have you ever discussed the changes that occur at puberty with your friends?*

Those adolescents who had friends were asked if they discussed puberty related issued with their friends. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionall y	Never	Total
Faisal Colony		12	1	1	14
France Colony		14	3	3	20
Shikrial Colony		1	3	14	18
Hansa Colony		3	11	6	20
100 Quarters		11	5	4	20
48 Quarters		16	1	3	20
Total	Male	36	13	13	62
	Female	21	11	18	50
	Total	57	24	31	112
Percentage		51%	21%	28%	100%

Once again, a surprising find: despite a fairly high level of communication between friends on general matters of importance (as indicated by previous chart), there is a significant lack of

discussion on puberty related issues. One can only attribute this to social taboos which forbid discussion on sexual matters even among friends. This area deserves special attention from those who plan for spreading awareness among adolescents.

*E. Do you think peer education (i.e. friend to friend education) is a good medium for imparting information among adolescents?*

All the respondents in this age group were asked if they felt that peer education (i.e. learning through discussions with friends or others of same age-group) was good for the purpose of getting information among adolescents. Their responses were:

Colony	Gender	Responses			
		Yes	No	Don't Know	Total
Faisal		14	2	0	16
France		15	3	2	20
Shikrial		9	1	10	20
Hansa		18	1	1	20
100 Quarters		15	0	6	21
48 Quarters		18	0	2	20
Total	Male	52	4	7	63
	Female	37	3	14	54
	Total	89	7	21	117
Percentage		76%	6%	18%	100%

A large majority (89 respondents, or 76%) felt that peer education was good for the purpose of imparting information among adolescents. Only 6% said no and remaining 18% had no view on the matter. The response was more positive among boys than girls. 69% of girls as opposed to 83% of boys were in favor of peer education.

*F. Have you ever heard about AFC in your community from your friends / peers?*

Respondents were asked this question to assess the situation regarding AFCs and discussion about it among friends. The response was as follows:

Colony	Gender	Responses			
		Yes	No	Don't Know about AFC	Total
Faisal		13	2	1	16
France		17	1	2	20
Shikrial		2	10	8	20
Hansa		14	5	1	20
100 Quarters		19	1	1	21
48 Quarters		19	0	1	20
Total	Male	47	12	4	63
	Female	37	7	10	54
	Total	84	19	14	117
Percentage		76%	6%	18%	100%

76% of the adolescents in this age group had heard of the AFC from their friends and 18% had not heard of AFC at all. This level of awareness about AFC is not very high, but is still quite encouraging.

*G. If yes, have you learned anything related to reproductive health from your friends?*

The intent of this question was to explore the extent to which adolescents discussed reproductive health related issues among friends. Their response was as follows:

		Yes	No	Don't know	Total
Faisal		12	1	0	13
France		16	1	0	17
Shikrial		2	0	0	2
Hansa		10	4	0	14
100 Quarters		12	7	0	19
48 Quarters		15	4	0	19
Total	Male	44	3	0	47
	Female	23	14	0	37
	Total	67	17	0	84
Percentage		80%	20%	%	100%

Even among those friends who do talk about AFC among themselves, only 80% had discussed anything at all about reproductive health. In overall terms, 67 respondents translate to 57% of total number of respondents in this age group sample. This low level is reflective, once again, of social taboos.

*H. If yes, has that information benefitted or helped you in any way?*

This question was intended to see if the adolescents attached any importance to the discussion on reproductive health issues among friends.

		Yes	No	Don't know	Total
Faisal		12	0	1	13
France		14	1	2	17
Shikrial		2	0	0	2
Hansa		10	2	2	14
100 Quarters		12	7	0	19
48 Quarters		16	1	2	19
Total	Male	43	1	3	47
	Female	23	10	4	37
	Total	66	11	7	84
Percentage		79%	13%	8%	100%

The responses showed that 66 respondents out of 84 (i.e. 79% of) respondents who had said yes to the previous question felt that information received through discussion with friends on reproductive health was useful to them, or had helped them. We need to build on this positive aspect and design more programs in this direction.

*I. Do you find discussing matters with friends easier than discussing them with family members (parents or siblings)?*

This question was intended to ascertain the comfort level felt by adolescents in this age while discussing their problems with different parties including parents, siblings and friends. Their responses were as follows:

		Yes	No	Don't know	Total
Faisal		13	1	2	16
France		17	3	0	20
Shikrial		12	1	7	20
Hansa		14	1	5	20
100 Quarters		19	1	1	21
48 Quarters		15	3	2	20
Total	Male	56	3	4	63
	Female	34	7	13	54
	Total	90	10	17	117
Percentage		77%	9%	14%	100%

77% of the respondents felt more comfortable discussing issues (relating to puberty, reproductive health, matters of personal importance, etc.) with their friends than parents or siblings. But still a good 23% were found to be closer to their families than friends.

### 3.3.7 Information on Hepatitis

#### 3.3.7.1 Have you heard of Hepatitis?

All the adolescents in this age group were asked this question to assess their awareness of this disease.

		Yes	No	Total
Faisal Colony		14	2	16
France Colony		13	7	20
Shikrial Colony		14	6	20
Hansa Colony		17	3	20
100 Quarters Colony		18	3	21
48 Quarters Colony		13	7	20
Total	Male	48	15	63
	Female	41	13	54
	Total	89	28	117
Percentage		76%	24%	100%

A total of 89 respondents, i.e. 75% of them, had heard of Hepatitis. This is an indication for both the prevalence of the disease as well as a good level of awareness about it in the surveyed population.

#### 3.2.7.2 Is it possible to cure Hepatitis?

This question (and some other following questions) were intended to assess the depth of awareness held by selected sample of adolescents on this disease. This question was asked from only those 89 respondents who had replied in affirmative to the previous question.

	Yes, its curable	No, its not curable	Don't know	Total
Faisal	11	2	1	14
France	12	1	0	13
Shikrial	8	3	3	14
Hansa	10	2	5	17
100 Quarters	13	0	5	18
48 Quarters	11	1	1	13
Total	Male	40	4	44
	Female	25	5	30
	Total	65	9	74
Percentage	82%	10%	17%	100%

It was reassuring to find that 82% of the respondents knew that the disease is curable; hence would be likely to seek cure immediately upon contracting it. The degree of awareness was slightly higher among boys than girls.

### 3.2.7.3

Is there more than one type of Hepatitis?

This question was asked of only those 89 respondents who had answered yes to having heard of this disease.

	Yes	No	Don't know	Total
Faisal	13	0	1	14
France	13	0	0	13
Shikrial	12	0	2	14
Hansa	12	2	3	17
100 Quarters	11	3	4	18
48 Quarters	9	2	2	13
Total	Male	43	2	45
	Female	27	5	32
	Total	70	7	77
Percentage	79%	8%	13%	100%

The level of awareness on this area was found to be greater among boys than girls. 90% of boys and only 66% of the girls were aware that there are more than one type of this disease. Overall awareness level was 79%.

### 3.2.7.4

Can people take a simple test to find out whether they have Hepatitis?

Once again, this question was asked of only those 89 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

	Yes	No	Don't know	Total
Faisal	12	2	0	14
France	11	2	0	13
Shikrial	0	5	9	14
Hansa	9	4	4	17
100 Quarters	5	9	4	18
48 Quarters	10	2	1	13
Total	Male	33	12	45
	Female	14	12	26
	Total	47	24	71
Percentage	53%	27%	20%	100%

Only 53% of the respondents were aware of this basic fact – pointing to a need for more awareness. Sadly, the level of awareness among girls at 34% was significantly lower than boys (69%).

3.3.7.5 Can Hepatitis be contracted from one person to another?

Once again, this question was asked of only those 89 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

		Yes	No	Don't know	Total
Faisal		11	1	2	14
France		10	3	0	13
Shikrial		9	1	4	14
Hansa		10	3	4	17
100 Quarters		8	5	5	18
48 Quarters		9	3	1	13
Total	Male	39	5	5	48
	Female	18	11	12	41
	Total	57	16	16	89
Percentage		64%	18%	18%	100%

64% of the respondents were aware about contractability of the disease. This level is still not high enough and points to a need for spreading more awareness. The level of awareness among boys at 81% was higher than among girls at 44%.

**3.3.8 Awareness of Personal Hygiene and Perceptions about Hygienic Life Style**

Questions in this segment of the questionnaire were asked to assess the level of awareness of personal hygiene issues among the respondents.

3.2.8.1 Do you wash your hands before and after taking meals?

112 respondents, out of 117, i.e. a 96% majority, said that they washed their hands before and after meals. This high level of hygiene care is very encouraging.

3.3.8.2 Do you clean yourself after using the washroom (toilet)?

116 respondents (i.e. 99%) said they did. A very encouraging situation.

3.3.8.3 How frequently do you take bath?

The survey was conducted at a time when the weather was neither too hot, nor too cold. Hence the responses are likely to reflect the average state of affairs.

	Daily	Once a week	Twice a week	Total	
Faisal	11	1	4	16	
France	16	2	2	20	
Shikrial	4	9	7	20	
Hansa	17	1	2	20	
100 Quarters	13	0	8	21	
48 Quarters	4	5	11	20	
Total	Male	41	1	21	63
	Female	24	17	13	54
	Total	65	18	34	117
Percentage	56%	15%	29%	100%	

The general situation is fairly satisfactory, though the boys appear to take baths more often than the girls.

3.3.8.4 Do you use soap for washing your hands?

All the 117 respondents said that they washed their hands with soap. Given the level of poverty, this high level of hygiene care is very encouraging.

3.3.8.5 Do you think that a person is more vulnerable to infection (and diseases) if he/she has poor personal hygiene?

112 respondents, i.e. 96% of the respondents were aware of the risk of vulnerability to diseases due to poor personal hygiene. However, the level of awareness among boys was 98% while among girls it was only 92%. This needs to be addressed.

3.3.8.6 Do you think contaminated water or food can cause infections?

Another question asked to assess the level of awareness of small but important things.

	Yes	No	Don't know	Total	
Faisal	13	3	0	16	
France	18	2	0	20	
Shikrial	18	1	1	20	
Hansa	16	3	1	20	
100 Quarters	11	6	4	21	
48 Quarters	16	3	1	20	
Total	Male	61	1	1	63
	Female	31	17	6	54
	Total	92	18	7	117
Percentage	79%	15%	6%	100%	

79% of the respondents were aware of the risk of vulnerability to diseases due to contaminated water or food. However, the level of awareness among boys was 97% while among girls it was only 57%. This needs to be addressed.

### 3.3.9 Awareness about and presence of Sexual Molestation

#### 3.3.9.1 Do you know about “bad touch”?

All the respondents in this age group were asked this question to assess if they were aware of this aspect of sexuality. The very fact that this “touch” is referred to as “bad touch” conveys the existence of the taboos that are attached to this aspect of youngsters’ lives. Their responses were:

		Yes	No	Total
Faisal Colony		13	3	16
France Colony		18	2	20
Shikrial Colony		11	9	20
Hansa Colony		18	2	20
100 Quarters Colony		16	5	21
48 Quarters Colony		17	3	20
Total	Male	57	6	63
	Female	36	18	54
	Total	93	24	117
Percentage		79%	21%	100%

79% of the respondents were aware of the “bad touch”. But the level of awareness was higher among boys at 90% than girls at 67%.

#### 3.3.9.2 Some young people find that sometimes adults touch their bodies in such a way that it makes them (adolescents) feel uncomfortable. Has this every happened to you?

This question was clearly aimed at assessing the presence of sexual molestation among adolescents of this age group.

		Yes	No	Don't know	Total
Faisal		10	6	0	16
France		7	13	0	20
Shikrial		0	20	0	20
Hansa		3	17	0	20
100 Quarters		7	14	0	21
48 Quarters		8	12	0	20
Total	Male	14	49	0	63
	Female	21	33	0	54
	Total	35	82	0	117
Percentage		30%	70%	0	100%

While on an overall basis 30% said that they had been “touched in uncomfortable places”, the percentage for girls at 39% is higher than the experience of the boys at 22%.

We feel that an overall average of 30% is alarmingly high and calls for a need to spread awareness among the adolescents as well as their families for the need to protect themselves against potential molesters.

- 3.3.9.3 Has any older person ever asked you to meet him/her in a secluded place?  
This question is the continuation of the previous one, intended to assess the presence of sexual molestation among adolescents of this age group.

		Yes	No	Total
Faisal Colony		1	15	16
France Colony		5	15	20
Shikrial Colony		0	20	20
Hansa Colony		3	17	20
100 Quarters Colony		1	20	21
48 Quarters Colony		2	18	20
Total	Male	5	58	63
	Female	7	47	54
	Total	12	105	117
Percentage		10%	90%	100%

On an overall basis, 90% of the respondents had not asked by any adult, or older person, to see them at a secluded place. The percentage for girls at 13% is higher than that for boys at 8%. This age group of adolescents is most vulnerable to sexual molestation and there is a need to spread awareness in this regard.

- 3.3.9.4 A. Have you experienced any inappropriate behavior or attitude from older persons?  
This question is continuation of previous question, aimed at assessing the extent of vulnerability of youngster to sexual molestation.

		Yes	No	Total
Faisal Colony		10	6	16
France Colony		2	18	20
Shikrial Colony		0	20	20
Hansa Colony		7	13	20
100 Quarters Colony		3	18	21
48 Quarters Colony		4	16	20
Total	Male	16	47	63
	Female	10	44	54
	Total	26	91	117
Percentage		22%	78%	100%

26 respondents (10 females and 16 males), i.e. 22% of respondents, said that they had experienced such a behavior while the remaining 91 (or 78%) said they had not experienced such a behavior. The incidence was greater among boys (25%) than girls (18.5%). The overall 22% incidence is quite high and a cause of concern.

- B. *Have you reported the inappropriate attitude of that person to your parents or any other person?*

Those 26 respondents who replied in affirmative to the previous question, were further asked if they had brought that fact to the notice of their parents or some other person. Their responses were:

		Yes	No	Total
Faisal Colony		2	8	10
France Colony		2	0	2
Shikrial Colony		0	0	0
Hansa Colony		3	4	7
100 Quarters Colony		2	1	3
48 Quarters Colony		3	1	4
Total	Male	5	11	16
	Female	7	3	10
	Total	12	14	26
Percentage		46%	54%	100%

On an overall basis, only 46% reported the incidence to their parents. Male adolescent were more shy of reporting (31%) than females (70%). The high level needs to be addressed through spreading more awareness of the consequences of not reporting such incidences.

### 3.3.10 Awareness regarding HIV and AIDS and other STIs

#### 3.3.10.1 A. Have you heard of HIV and AIDS?

		Yes	No	Total
Faisal Colony		13	3	16
France Colony		15	5	20
Shikrial Colony		10	10	20
Hansa Colony		11	9	20
100 Quarters Colony		13	8	21
48 Quarters Colony		5	15	20
Total	Male	43	20	63
	Female	24	30	54
	Total	67	50	117
Percentage		57%	43%	100%

Only 57% of the adolescents in this age had heard of HIV and AIDS. This low level of awareness for his age group is quite alarming. Awareness among boys at 68% was higher than among girls at 44%. This points to a need for spreading awareness among adolescents living in marginalized sections of our city.

#### B. *Do you think it is possible to cure HIV and AIDS?*

This question was asked from those 67 respondents who had replied in affirmative to the previous question. Their response was:

	Yes	No	Don't know	Total	
Faisal	9	4	0	13	
France	13	2	0	15	
Shikrial	1	6	3	10	
Hansa	1	9	1	11	
100 Quarters	7	4	2	13	
48 Quarters	4	1	0	5	
Total	Male	26	15	2	43
	Female	9	11	4	24
	Total	35	26	6	67
Percentage	52%	39%	9%	100%	

Only 52% of respondent thought that the diseases were curable. If we express this as a percentage of total number of respondents in this age group, it comes to less than 30%. Now if 70% of adolescents think that this not curable, they can be expected to take extra care so that they do not contract it. However, there is also a danger that if they do not think that it is curable but do happened to contract it, they are likely to just live with it and in the process spread it to others. A sound awareness program is therefore necessary.

**B. Can people take a simple test to find out whether they have HIV?**

This question was also put to those who said they had heard about HIV and AIDS.

	Yes	No	Don't know	Total	
Faisal	13	0	0	13	
France	14	1	0	15	
Shikrial	5	1	4	10	
Hansa	4	4	3	11	
100 Quarters	9	4	0	13	
48 Quarters	5	0	0	5	
Total	Male	32	9	2	43
	Female	18	1	5	24
	Total	50	10	7	67
Percentage	75%	15%	10%	100%	

While 75% of the respondents in this age group who had heard about HIV knew that a simple test can be taken to verify the existence of this disease, on an overall basis this translates to only 42% awareness level. Another pointer for a need to spread awareness.

**C. Can HIV and AIDS be contracted from one person to another?**

This question was also put to those who said they had heard about HIV and AIDS.

	Yes	No	Don't know	Total
Faisal	11	2	0	13
France	14	0	1	15
Shikrial	6	0	4	10
Hansa	7	2	2	11
100 Quarters	12	0	1	13
48 Quarters	4	1	0	5
Total	Male	39	2	43
	Female	15	3	24
	Total	54	5	67
Percentage	81%	7%	12%	100%

Once again, a low level of awareness which means that these adolescents are not likely to take necessary precautions to guard themselves against these diseases.

D. *If yes, then what are the mediums through which it can be contracted?*

This question was aimed at ascertaining if the respondents had awareness of this important area. Some of the respondents named more than one medium; hence the number of responses are greater than 54 yes respondents.

Colony	Coitus with infected person	Sharing infected needle	Untested blood transfusion	Homosexuality	Total
Faisal	1	0	1	0	2
France	4	8	6	0	18
Shikrial	4	4	4	2	14
Hansa	0	3	3	4	10
100 Quarters	4	10	7	6	27
48 Quarters	0	2	1	0	3
Total	13	27	22	12	74

While it is difficult to assess the exact depth of knowledge of respondents from the above chart, it appears that most of the respondents who have heard of HIV and AIDS have some idea of how these diseases are spread. However, the level of awareness is far below the satisfactory level and demands more awareness programs.

E. *Apart from HIV and AIDS, do you think there are other diseases as well that can be contracted by men and women by having sexual intercourse?*

This question was an attempt to find the range of knowledge of respondents in this age group about other sexually transmitted diseases.

	Yes	No	Total
Faisal Colony	10	6	16
France Colony	11	9	20
Shikrial Colony	2	18	20
Hansa Colony	4	16	20
100 Quarters Colony	4	17	21
48 Quarters Colony	4	16	20
Total	Male	28	35
	Female	7	47
	Total	35	82
Percentage	30%	70%	100%

Only 30% of the respondents knew of any disease other than HIV and AIDS that may be contracted through sexual intercourse. The level of awareness among boys at 44% was much higher than among girls at 13%. This aspect needs to be paid attention to when designing awareness programs for adolescents.

F. *What are the signs and symptoms if a man or woman is infected?*

This question was asked from the 35 respondents who replied in affirmative to the previous question. Some respondents named more than more sign; hence total responses are more than the number of respondents to this question.

	Pain During urination	Genital sores / ulcers	Others	Total
Faisal Colony	9	1	0	10
France Colony	8	1	1	10
Shikrial Colony	2	2	0	4
Hansa Colony	1	0	2	3
100 Quarters Colony	4	2	0	6
48 Quarters Colony	3	0	1	4
Total	Male	26	4	32
	Female	1	2	5
	Total	27	6	37

This chart re-affirms the conclusion draw from earlier questions, i.e. a low level of general awareness on sexually transmitted diseases.

G. *If a friend of yours needs treatment for STD, where can he/she get it from?*

This question was asked from those respondents who has replied in affirmative to having heard of STD diseases.

	Pharmacy	Any shop	Govt. Hospital/ clinic/ health center	Private hospital/ clinic / health center	Others	Total
Faisal Colony	2	0	10	1	0	13
France Colony	0	0	14	1	0	15
Shikrial Colony	0	0	10	0	0	10
Hansa Colony	2	0	6	3	0	11
100 Quarters	1	0	12	0	0	13
48 Quarters	1	0	4	0	0	5
Total	Male	3	0	38	2	43
	Female	3	0	18	3	24
	Total	6	0	56	5	67

### 3.3.11 Drug Abuse

#### 3.3.11.1 Smoking Cigarettes

All the respondents in this age group were asked if they smoked ordinary cigarettes. Those who replied in affirmative, were asked how many cigarettes did you smoke in the last week. Their responses were remarkably reassuring. 115 of the respondents (out of 117) i.e. 98.2% of them, said that they did not smoke. The two who did confess to smoking had smoked on average 2 cigarettes in the past week.

#### 3.3.11.2 Consuming Alcohol

All the respondents in this age group were asked if they had ever consumed alcohol. Those who replied in affirmative, were asked if they had done so in the last week. Their responses to this question were a little less reassuring than the previous question. 108 of the respondents (out of 117) i.e. 92.3% of them, said that they had never consumed alcohol. The 9 (all boys) who did confess to having consumed alcohol said they did so even in the past week. It shows that almost 8% of the respondents in this age group are already introduced to alcohol. However, we should remember that the majority of the adolescents covered by this study are non-Muslims who are not forbidden by their respective religions from consuming alcohol. So the possibility of social drinking at home cannot be discounted.

## 3.3.11.3 Other Drugs

A. *All the respondents in this age group were asked if they used any other drug.*

Only 3 respondents (all boys) replied in affirmative. 114 or 97.4% of the respondents had never used any other drug. It will however be wrong to draw the inference that the three who did confess to having used other drugs, were habitual drug-addicts.

B. *Who instigated you to use drugs?*

Those who said they had used drugs were asked this question. 2 respondents said it was some friend and one said it was a work colleague.

C. *What was your age when you first used drugs?*

Those who said they had used drugs were asked this question. All respondents said they were between the age 9 – 12 years when they first used drugs. This shows that youngsters are getting introduced to drugs at a pretty low age. This is a cause of alarm for planners and calls for concerted efforts from social sector to put a stop to this through awareness programs.

D. *Where did you procure the drugs from?*

Those who said they had used drugs were asked this question. All the three respondents said it was some friend who gave the drugs to them.

## 3.3.12 Perception about early marriages

## 3.3.12.1 Awareness of Law on early marriages

All the respondents in this age group were asked if they knew what the Laws of Pakistan state about the minimum age for marriage of men and women. Their responses were as follows:

		Yes	No	Don't know	Total
Faisal Colony		6	10	0	16
France Colony		16	2	2	20
Shikrial Colony		6	3	11	20
Hansa Colony		16	2	2	20
100 Quarters Colony		19	2	0	21
48 Quarters Colony		14	2	4	20
Total	Male	38	13	12	63
	Female	39	8	7	54
	Total	77	21	19	117
Percentage		66%	18%	16%	100%

Only two-thirds, i.e. 66% of the respondents were aware of the age-related provisions of Pakistan Law on marriages. 16% did not know if such a provision existed at all. This calls for awareness program because youngsters in 14-16 years age group ought to know such things before they land themselves into unnecessary trouble.

## 3.3.12.2 Right age for getting married

All the respondents in this age group were asked to name the age which in their opinion was right for getting married. Their responses were:

		Between 15 to 19 years	Early Twentie s	Mid Twentie s	Late Twentie s	Thirties	Total
Faisal Colony		3	2	1	10	0	16
France Colony		1	2	6	10	1	20
Shikrial Colony		1	5	14	0	0	20
Hansa Colony		1	6	5	8	0	20
100 Quarters		5	8	4	4	0	21
48 Quarters Colony		2	4	0	13	1	20
Total	Male	5	9	13	34	2	63
	Female	8	18	17	9	0	54
	Total	13	27	30	45	2	117
Percentage		11%	23%	26%	38%	2%	100%

64% of the respondents felt that the right age for marriage was between mid twenties to late twenties. However, females were more inclined towards earlier marriages as 65% of them voted for early to mid twenties as the most suitable age for marriage. Considering that in Pakistan, there is generally an age gap of around 3 to 6 years between the ages of grooms and brides, this trend is understandable. Only 2% of the respondents, both male, were in favor of delaying marriage till thirties.

We need to keep the social set up prevailing in the country in mind. Unlike western countries, couples are not permitted to “live together”. This means marriage is the only form of association they can have to live together – influencing their choice for a lower age to get married.

### 3.3.12.3 Necessity of Physical Maturity for Marriage

Respondents were asked if they thought a man and a woman should be physically mature before they get married. 104 out of 117 (i.e. 89%) said yes physical maturity was necessary before getting married. 5 respondents, all males, did not think it was necessary while 8 respondents (3 males, 5 females) did not know what to answer.

### 3.3.12.4 Necessity of Mental Maturity for Marriage

Respondents were asked if they thought a man and a woman should be mentally (i.e. intellectually and emotionally) mature to get married. 102 out of 117 (i.e. 87%) said yes mental maturity was necessary before getting married. 4 respondents (2 males, 2 females) did not think it was necessary while 11 respondents (5 males, 6 females) did not know what to answer.

### 3.3.12.5 Hazards of Teenage marriages

#### A. *Do you think getting married in teenage can cause problems to physical health of a woman?*

All the respondents in this age group were asked this question to assess if they aware of the perils of early marriages. 100 respondents out of 117 (i.e. 85%) said yes such marriage could cause problems of physical health to women. 3 respondents (1 male, 2 females) did not think so while 14 respondents, or 12%, (8 males, 6 females) did not know what to answer.

B. *Do you think getting married in teenage can cause problems to physical health of a man?*

All the respondents in this age group were asked this question to assess if they aware of the perils of early marriages. The responses to this question were somehow different to the previous one. These are tabulated below:

	Yes	No	Don't know	Total	
Faisal Colony	15	1	0	16	
France Colony	14	4	2	20	
Shikrial Colony	15	0	5	20	
Hansa Colony	14	0	6	20	
100 Quarters Colony	13	5	3	21	
48 Quarters Colony	17	1	2	20	
Total	Male	53	1	9	63
	Female	35	10	9	54
	Total	88	11	18	117
Percentages	75%	10%	15%	100%	

75% of respondents felt that teenage marriage could cause problems to the physical health of a man. However, this awareness was more pronounced among men (84%) than women (65%). 10% of respondents did not think teenage marriage could cause any physical health problem to men. Here, 19% of females respondents and only 2% of male respondents thought so. 15% of respondents (14% men, 16% women) did not know what to answer. This is therefore an area where more awareness needs to be spread.

C. *Can pregnancy in teenage cause serious threats to the health of mother and child?*

This question was asked of all the respondents to assess their awareness of perils of teenage pregnancies.

	Yes	No	Don't know	Total	
Faisal Colony	15	1	0	16	
France Colony	18	1	1	20	
Shikrial Colony	15	0	5	20	
Hansa Colony	15	0	5	20	
100 Quarters Colony	18	1	2	21	
48 Quarters Colony	17	2	1	20	
Total	Male	53	2	8	63
	Female	45	3	6	54
	Total	98	5	14	117
Percentages	84%	4%	12%	100%	

84% of the respondents agreed that teenage pregnancy can cause serious threats to the health of mother and child. The response was fairly even between genders. 5% did not think so while 12% did not know. So there is a need to stress this point more at awareness programs.

3.3.12. Right to express opinion on marriage

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All the respondents were asked if they thought it was their right to express an opinion on matters related to their marriage, primarily to give consent before any decision on their marriage could be taken. An overwhelming 86% of respondents thought this was their right, while 7% did not think it was their right and 7% did not know what to answer. The responses were evenly distributed among genders.

This situation is encouraging in relative terms. In Pakistani society, such rights are often not given to youngsters. However, things do seem to be changing as more and more adolescents are beginning to have strong views on the matter. Here, the real need is to educate parents, rather than the youngsters, about the rights of youngsters on matters relating to their marriages.

3.3.13 Perception and Use of Health Facilities, AFCs, etc.

3.3.13.1 Awareness of existence of health facility in the community

A. *Do you know of the existence of a health facility in your community from where you can obtain information about reproductive health matters?*

All the respondents were asked if they knew of the existence of a health facility in their community from where they could obtain information about reproductive health matters. Their responses were:

		Yes	No	Total
Faisal Colony		14	2	16
France Colony		16	4	20
Shikrial Colony		8	12	20
Hansa Colony		13	7	20
100 Quarters Colony		14	7	21
48 Quarters Colony		16	4	20
Total	Male	53	10	63
	Female	28	26	54
	Total	81	36	117
Percentages		69%	31%	100%

Almost a third of the respondents were not aware that there existed a health facility in their community from where they could obtain information on reproductive health matters. This clearly indicates that there is a greater need for authorities to publicize these health facilities to enhance their utility to adolescents.

B. *Can you name the health facility known to you?*

Those who replied in affirmative to the previous question, were asked if they could name the health facility they know of.

	Hospital	Clinic	Health Center	Adolescent Friendly Center	Total
Faisal Colony	9	0	3	2	14
France Colony	1	0	1	14	16
Shikrial Colony	0	2	0	6	8
Hansa Colony	4	4	3	2	13
100 Quarters Colony	4	1	1	8	14
48 Quarters Colony	5	4	7	0	16
Total	23	11	15	32	81

While the above chart cannot be taken as a representative of actual number of health related facilities available in the surveyed localities, it does point out that AFCs are more visible to adolescents than other facilities.

C. *Is the facility named by you easily accessible?*

Those 81 respondents who said they were aware of existence of a health facility were further asked if such a facility was easily accessible. 79 (or 97%) of them said yes it was easily accessible. Only two respondents, one male and one female, said that it was not easily accessible.

D. *Have you actually used the health facility?*

The same group of respondents was asked if they had ever visited the named health facility to receive services or information on STD or reproductive health matters.

	Yes	No	Total	
Faisal Colony	13	1	14	
France Colony	7	9	16	
Shikrial Colony	3	5	8	
Hansa Colony	6	7	13	
100 Quarters Colony	9	5	14	
48 Quarters Colony	14	2	16	
Total	Male	34	19	53
	Female	18	10	28
	Total	52	29	81
Percentage	64%	36%	100%	

The fact that 64% of the respondents had actually used a health facility is a testimony to the utility of such facilities. There however remains a need for publicizing their existence to enhance their beneficial use.

E. *How frequently have you sought services or information*

Those 52 respondents who had said they had visited a health facility were asked about the number of times they had actually sought services or information from a health facility during the last twelve months. 5 or 10% of them said that they had merely visited the facility but not actually received any assistance or information. The rest 47 (or 90%) said they had used the facility on several occasions.

Now the fact that a sizeable percentage of adolescents in this age group actually needed assistance from such health facilities may be indicative of one of the two things: Firstly, they could be conscious of the perils of contracting such diseases and secondly they were actually experiencing such problems. In either case, the importance of health facilities and spreading awareness about these matters cannot be overemphasized.

F. *Was detailed information given to you on reproductive health by facility personnel?*

This question was asked from the 52 respondents who had said they had visited a health facility. 45 or 87% of them said yes they received detailed information on these matters from the personnel at the health facility visited by them. This further attests to the utility of the health facilities.

G. *Did you feel comfortable enough to ask questions?*

This question was also put to the same 52 respondents. 46 or 88% of them said yes they felt comfortable enough to ask questions. Another testimony for the usefulness of these health facilities.

H. *Were your questions answered adequately?*

This question was also put to the same 52 respondents. 47% or 90% said they received adequate answers. Another plus for health facilities.

I. *Was there enough confidentiality?*

Again, this question was posed to the same 52 respondents to assess if they were satisfied about the confidentiality aspect as most adolescents in this age group are very conscious in this regard. They fear that leakage of an untoward piece of information about them can ruin their social or family life. 45 or 87% of the respondents were satisfied that enough confidentiality was maintained.

### 3.3.13.2 Awareness about existence of AFCs

A. *Have you heard the term AFC?*

All the 117 respondents in this age group were asked if they had heard about the AFC. 104 or 89% of them replied in affirmative. The awareness was evenly spread between the genders.

B. *Have you visited AFC in the last three months, and if so how many times?*

The 104 respondents who had heard of AFC were asked this question. 21 or 20% said that they not actually visited any AFC. The remaining 83 or 80% said that they visited it many times during the past three months. This is an indicator of the role AFCs are playing in their respective communities.

C. *Is AFC easily accessible to you?*

The same 104 respondents were asked this question. 93, or 89%, said that AFC was easily accessible to them while 11 (or 11%) said that it was not. While it is unfortunate that as many as 11% respondents found it difficult to reach AFC, it is understandable that AFCs cannot be located at places that may be within easy reach of every potential user.

D. *What kind of information is given in AFC?*

The same respondents were asked about the areas or issues on which information was delivered to them in AFCs. Some of the respondents named more than one area, hence the total number of responses are greater than the number of respondents.

	STI / STDs	Family Planning	General health & hygiene	Puberty	Life Skills	All types	Total
Faisal	0	2	13	3	2	1	21
France	3	1	7	8	4	6	29
Shikrial	4	2	9	4	1	3	23
Hansa	1	1	11	3	3	1	20
100 Quarters	0	0	7	6	3	8	24
48 Quarters	0	1	17	0	0	0	18
Total	8	7	64	24	12	19	135

While it is difficult to draw any concrete conclusions from this chart, one thing is apparent that more adolescents in this age group thought that AFCs were a useful place to seek assistance on general health and hygiene matters than any other service. Nonetheless the overall usefulness of AFCs is undoubtedly highlighted by this chart.

E. *Have you ever attended any formal sessions or classes at AFC in the past three months? If so, how many times.*

This question was asked from the 83 respondents who had earlier indicated that they had visited AFC in the past three months. The intent of this question was to find out if they actually attended the formal sessions (classes, or counseling sessions) at the AFC and if so what was the frequency of attendance.

75 respondents (or 90%) said that they had attended the sessions several times while 8 respondents (or 10%) said they had not attended any session at all.

F. *Do you feel that AFC is playing a major role in increasing awareness level among adolescents in your community regarding reproductive health issues?*

This question was asked from the same 83 respondents. 77 respondents (or 93%) replied in affirmative while 5 replied in negative. 1 respondent was not sure of his response.

By and large, it appears that adolescents in this age group find AFCs as an influential tool for spreading awareness on reproductive health (and other health related issues) in their respective communities.

G. *Do you think information on reproductive health given at AFCs is valuable or beneficial for adolescents?*

This question was asked from the same 83 respondents. 78 or 94% of the respondents agreed that the information provided by AFCs on reproductive health was valuable and beneficial for them while 2 said it wasn't and 3 did not know.

On an overall basis, the adolescents felt that they were getting helpful information from AFCs on reproductive health issues.

H. *Do you think more AFCs should be opened?*

This question was asked to the same 83 respondents. A resounding majority (96%) said yes. 2 respondents opposed it and 1 respondent did not know what to say.

I. *Do you think disseminating such information is against our religion and social norms?*

This question was asked to the same 83 respondents. The intent was to assess the influence of religious or social taboos over their needs to get good medical advice.

	Yes	No	Don't know	Total
Faisal Colony	7	7	0	14
France Colony	5	13	0	18
Shikrial Colony	0	8	2	10
Hansa Colony	2	10	1	13
100 Quarters Colony	7	5	2	14
48 Quarters Colony	9	4	1	14
Total	Male	20	25	47
	Female	10	22	36
	Total	30	47	83
Percentages	36%	57%	7%	100%

30 respondents (or 36%) felt that disseminating such information was against the religion or social norms. More male respondents (43%) felt so as opposed to 28% of females. This attitude needs to be rectified through more awareness.

### 3.3.14 Vocational Skill Training and engagement in economic activity

#### 3.3.14.1 Vocational skills

All the 117 respondents in this age group were asked if they had ever learned any vocational skill. Their response was:

	Yes	No	Total
Faisal Colony	3	13	16
France Colony	11	9	20
Shikrial Colony	1	19	20
Hansa Colony	4	16	20
100 Quarters Colony	11	10	21
48 Quarters Colony	11	9	20
Total	Male	25	63
	Female	16	54
	Total	41	117
Percentage	35%	65%	100%

Only 41 respondents, or 35%, had learned a vocational skill. The proportion of males at 40% was higher than females at 30%. However, this information should be evaluated in light of the number of adolescents who are attending school. It is common for parents to send their off-springs to only one institution, i.e. a school or a vocational training center. Hence, no generalization should be made on the basis of this chart alone.

3.3.14.2 Engagement in economic Activity

All the 117 respondents in this age group were asked if they were engaged in any economic (or income generating) activity.

		Yes	No	Total
Faisal Colony		2	14	16
France Colony		1	19	20
Shikrial Colony		3	17	20
Hansa Colony		2	18	20
100 Quarters Colony		9	12	21
48 Quarters Colony		9	11	20
Total	Male	17	46	63
	Female	9	45	54
	Total	26	91	117
Percentage		22%	78%	100%

While not much can be read into this chart, the fact that 22% of the respondents are engaged in economic activities even at this age (14 – 16) is indicative of economic pressures. However, since it is possible that they may be doing their economic activity along with their education, there is still hope.

3.3.14.3 Channelizing energies to productive pursuits

All the 117 respondents were asked “Do you think it is necessary for young people to channelize their energies to productive pursuits?” The definition of productive pursuits included both economic activity and acquiring education or skills.

91 respondents, or 78%, said they thought it was necessary for young people to channelize their energies to productive pursuits. 4% were against it and 18% did not know the answer. This is reflective of lack of awareness of what lies ahead for these people. Schools and AFCs should pay due attention to this fact.

3.3.14.4 Vocational skills training

All the respondents were asked if young people should be provided vocational training skills in addition to normal schooling.

99 respondents, or 85%, said yes vocational training should be provided to youth in addition to normal schooling while 4% disagreed and 11% did not know what to say. The response to this question is fairly consistent with the response to the previous question.

3.3.14.5 Linkages between communities and vocational training centers

All the respondents were asked if they were aware of any linkages that their community had with any vocational training center.

52 respondents, or 44%, said they were aware of such linkages, 27% said they were not aware of such linkages while 28% said that they were not aware if such linkages existed.

3.3.14.6 Linkage between AFC and vocational training centers

All the 117 respondents were asked if it would be a good idea for AFCs to develop linkages with vocational training centers, in addition to providing health related information.

85 respondents, or 73%, said it would be a good idea, while 8% opposed it and 20% did not know.

**3.4 Data Relating to Adolescents in Age Group 17 To 19**

**3.4.1 Data by education level of respondents in this age group**

Colony	Illiterate	Less than Primary	Primary	Middle	Junior High	High School	Graduation	Total	
Faisal Colony	0	1	2	2	5	9	1	20	
France Colony	3	0	2	2	1	11	2	21	
Shikrial Colony	0	3	2	2	6	4	1	18	
Hansa Colony	4	2	5	1	0	7	0	19	
100 Quarters Colony	3	1	0	4	3	7	0	18	
48 Quarters Colony	2	2	2	6	3	3	1	19	
Total	Male	10	5	7	11	7	20	2	62
	Female	2	4	6	6	11	21	3	53
	Total	12	9	13	17	18	41	5	115
Percentages	10%	8%	11%	15%	16%	36%	4%	100%	

- 10% of the adolescents in this age group were illiterate,
- 8% were educated to less than primary school level (5 years of education)
- 11% were educated up to primary school level (5 years of education)
- 15% were educated up to middle school level (8 years of education)
- 16% were educated up to junior high school or Matric level (10 years of education) and
- 36% were educated up to high school level (12 years of education).
- 4% were graduates (14 or more years of education).

This is an encouraging table and the statistics are fairly above the national average for similar age group adolescents.

**3.4.2 Data by marital status of respondents in this age group**

All the 115 respondents in this age group were unmarried.

**3.4.3 Data by disability type of respondents in this age group**

There were only 7 respondents who had some form of disability in this age group.

One female from France Colony had sight impairment; 1 male from 48 Quarters had multiple forms of disability, 2 males and 1 female had physical disabilities while 2 females had speech & hearing disability. The rest of 108 respondents had no disability.

In percentage terms 6% of the respondents in this age group had some form of disability which is marginally higher than rest of the national average.

#### 3.4.4 Data by ethnic (religious) background of respondents in this age group

Colony	Christian			Muslim			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal Colony	10	10	20	0	0	0	10	10	20
France Colony	9	10	19	2	0	2	11	10	21
Shikrial Colony	0	1	1	10	7	17	10	8	18
Hansa Colony	10	8	18	1	0	1	11	8	19
100 Quarters	10	8	18	0	0	0	10	8	18
48 Quarters	10	9	19	0	0	0	10	9	19
Total	49	46	95	13	7	20	62	53	115
Percentage			83%			17%			100%

95 or 83% of the respondents were Christians while the rest 17% were Muslims. It appears that 5 of the above colonies are almost entirely inhabited by Christians while Shikrial Colony is populated by Muslims. However, these percentages are not reflective of statistics on less-privileged adolescents' religious background on Pakistan-wide basis.

#### 3.4.5 Knowledge of puberty

A part of the questionnaire was devoted to collecting information on the knowledge held by respondents in the area of puberty, covering its nature, depth and source of information.

##### 3.4.5.1 A. Knowing the term puberty

All the respondents were asked if they had ever heard the term "puberty". Their responses were as follows:

		Yes	No	Total
Faisal Colony		17	3	20
France Colony		18	3	21
Shikrial Colony		7	11	18
Hansa Colony		19	0	19
100 Quarters Colony		16	2	18
48 Quarters Colony		16	3	19
Total	Male	46	16	62
	Female	47	6	53
	Total	93	22	115
Percentage		81%	19%	100%

81% of the respondents in this age group had heard the term puberty. It is still a cause for concern that 19% of adolescents in 17 to 19 years age group were so unaware of this term. Awareness was higher among females (89%) than males (74%).

##### B. Have you ever heard about Reproductive System of men and women?

An extension of the previous question, this was asked of all respondents in this age group.

		Yes	No	Total
Faisal Colony		19	1	20
France Colony		17	4	21
Shikrial Colony		6	12	18
Hansa Colony		14	5	19
100 Quarters Colony		14	4	18
48 Quarters Colony		13	6	19
Total	Male	49	13	62
	Female	34	19	53
	Total	83	32	115
Percentage		72%	28%	100%

Only 72% of adolescents in this age group had heard of reproductive system. 28% of them were unaware of the term. This depicts a poor level of awareness at this age. Again, the level of awareness among boys (79%) is significantly higher than that of girls (64%). Special attention need to be paid to this aspect as girls really have a much greater need to know about reproductive health issues.

#### 3.4.5.2 A. Source of knowledge on puberty

The 93 respondents who claimed to have heard the term puberty were asked to name the source from which they had heard about the term puberty. Their responses are tabulated below:

Colony	Teacher	Mother	Father	Brother/ Sister	Friends	Doctors	Books, Magazines, Movies	AFC	Total
Faisal Colony	1	3	0	1	6	0	0	6	17
France Colony	0	0	1	0	5	0	0	12	18
Shikrial Colony	0	0	0	1	0	0	1	5	7
Hansa Colony	1	2	0	5	9	0	0	2	19
100 Quarters	1	0	0	2	1	0	1	11	16
48 Quarters	1	3	0	0	11	0	0	1	16
Total	4	8	1	9	32	0	2	37	93
Percentage	4%	9%	1%	10%	34%	0%	2%	40%	100%

40% of respondents had heard the term from their AFC which points to the positive nature of work being done by them. Another 34% had heard it from their friends while 20% had heard it from close family members. The poor overall level of awareness at this age remains a cause of concern which needs to be addressed through more awareness programs.

*D. Source of knowledge about reproductive system*

The 83 respondents who claimed to have heard about reproductive system of men and women were asked to name the source from which they had heard about the term. Their responses are tabulated below:

Colony	Teacher	Mother	Father	Brother/ Sister	Friends	Doctors	Books, Magazines, Movies	AFC	Total
Faisal Colony	0	1	0	1	8	0	0	9	19
France Colony	1	0	0	2	4	0	1	9	17
Shikrial Colony	1	0	0	0	1	0	0	4	6
Hansa Colony	1	0	0	1	6	1	2	3	14
100 Quarters	1	0	0	0	2	0	3	8	14
48 Quarters	0	1	0	0	9	0	1	2	13
Total	4	2	0	4	30	1	7	35	83
Percentage	5%	2%	0%	5%	36%	1%	8%	42%	100%

Here again, the most prominent supplier of information on reproductive system is AFC (42%), followed by friends (36%). Surprisingly, close family members like parents and siblings account for very little in providing this information to adolescents.

3.4.5.3 Preferred source of information

All the respondents were asked about the source of information through which they would prefer to receive knowledge on puberty or related subjects. Their responses were:

	Faisal Colony	France Colony	Shikrial Colony	Hansa Colony	100 Quarters Colony	48 Quarters	Total	Percentage
Teachers	0	1	0	0	0	0	1	1%
Mother	0	0	0	1	0	0	1	1%
Father	0	0	0	0	0	0	0	0
Brother	0	0	0	0	0	0	0	0
Sister	0	0	1	0	0	0	1	1%
Other family	0	1	0	0	2	0	3	3%
Friends	0	3	0		3	2	16	14%
Doctors	0	1	0	0	0	0	1	1%
Books/Mags	1	0	0	0	2	0	3	2%
Movies	0	0	0	1	0	0	1	1%
Internet	4	0	0	1	0	8	13	11%
AFC	13	15	16	5	11	8	68	59%
Total	20	21	18	19	18	19	115	100%

This chart further reinforces the importance of AFCs and of the work they are doing. However, more schools need to be equipped with means to provide information on puberty and related areas to adolescents. A surprising observation was apparent reluctance of respondents to rely on family members like mother or sister for getting information on puberty. This can be attributed to social taboos which forbid an open discussion on reproductive health related matters.

3.4.5.4 Formal Classes

A. All the respondents were asked if they had attended any formal classes on reproductive health, or puberty related issues. Their responses were as follows:

Colony	Yes		No		Don't know about AFC		Total		
	Male	Female	Male	Female	Male	Female	Male	Female	Total
Faisal	6	7	4	3	0	0	10	10	20
France	8	8	3	1	0	1	11	10	21
Shikrial	3	2	6	5	1	1	10	8	18
Hansa	3	2	2	3	6	3	11	8	19
100 Quarters	9	1	0	6	1	1	10	8	18
48 Quarters	8	1	0	7	2	1	10	9	19
Total	37	21	15	25	10	7	62	53	115
Percentage	50%		35%		15%				100%

It is heartening to note that more than 50% of the adolescents in this age group had had some formal classes on this issue. The percentage is higher among boys (60%) than girls (40%).

However, 50% still remain without access to the formal education in this regard. 15% of these are unaware of existence of AFCs. Efforts need to be made to ensure wider coverage of awareness campaigns.

B. Those 58 respondents who claimed to have attended some formal classes on reproductive health issues were asked if they thought more classes should be held. Their responses were as follows:

Colony	Yes, more classes should be held			No, more classes are not needed			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	5	6	11	1	1	2	6	7	13
France	8	8	16	0	0	0	8	8	16
Shikrial	3	1	4	0	1	1	3	2	5
Hansa	3	0	3	0	2	2	3	2	5
100 Quarters	9	1	10	0	0	0	9	1	10
48 Quarters	8	1	9	0	0	0	8	1	9
Total	26	17	53	0	5	5	37	21	58
% of total			91%			9%			100%

This chart clearly demonstrates a need for provision of more classes on this vital education among the adolescents in poorer segments of our population.

3.4.5.5 Level of information on effect of puberty on body

All the respondents in this age group were asked if they were aware of the body changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	10	9	19	0	1	1	10	10	20
France	10	10	20	1	0	1	11	10	21
Shikrial	0	6	6	10	2	12	10	8	18
Hansa	11	7	18	0	1	1	11	8	19
100 Quarters	8	8	16	2	0	2	10	8	18
48 Quarters	9	8	17	1	1	2	10	9	19
Total	48	48	96	14	5	19	62	53	115
Percentage			83%			17%			100%

Only 75% of the adolescents in this age group were found to be aware of the changes that occur in their bodies during puberty. This situation points to a need for more awareness programs.

*B. Level of knowledge on how women get pregnant*

All the respondents in this age group were asked if they were aware of the process of how a woman gets pregnant. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	9	10	19	1	0	1	10	10	20
France	10	9	19	1	1	2	11	10	21
Shikrial	5	1	6	5	7	12	10	8	18
Hansa	10	3	13	1	5	6	11	8	19
100 Quarters	8	6	14	2	2	4	10	8	18
48 Quarters	9	5	14	1	4	5	10	9	19
Total	51	34	85	11	19	30	62	53	115
Percentage			74%			26%			100%

Only 74% of the adolescents in this age group were found to be aware of the process of how a woman gets pregnant. Males were more aware at 82% than females at 64%. This is an alarming situation for adolescents of this age, demanding more awareness programs.

*C. Emotional changes due to puberty*

All the respondents in this age group were asked if they were aware of the emotional changes that take place during puberty. Their responses were as follows:

Colony	Yes			No			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
Faisal	10	9	19	0	1	1	10	10	20
France	7	9	16	4	1	5	11	10	21
Shikrial	0	5	5	10	3	13	10	8	18
Hansa	10	6	16	1	2	3	11	8	19
100 Quarters	8	5	13	2	3	5	10	8	18
48 Quarters	9	6	15	1	3	4	10	9	19
Total	44	40	84	18	13	31	62	53	115
Percentage			73%			27%			100%

73% of the respondents were aware of the emotional changes that occur due to puberty. However for this age group, a 27% level of “no” responses to this question is quite high. It clearly indicates that better and more awareness programs need to be designed and implemented for the youth residing in lesser fortunate areas of our cities.

**3.4.6 Interaction with others on sexual and reproductive health issues**

In this segment, data was collected to ascertain the level of interaction that the adolescents in this age group had with others around them on issues related to reproductive health and sexual behavior.

**3.4.6.1 Interaction with mother**

*A. Is your mother alive and do you live with her in the same household?*

All the respondents were asked if their mothers were alive. 113 or 98% of the respondents replied in affirmative to this question. A further question was asked from those saying yes to the previous question, asking them if their mother lived with them. All the 113 respondents said they were living with their mothers in the same household.

Ordinarily this would mean that the adolescents in this age group have a reliable and ready source of information available to them who could educate them on sexual and reproductive health issues. However, given the level of education of mothers in marginalized localities and the social constraints, unfortunately this source of information is often neither wholesome nor reliable.

**B. Talking with mother on important issues**

All the respondents, whose mothers were alive, were asked if they found it difficult or easy to talk with their mothers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her	
Faisal		8	2	2	0	8	0	20
France		1	3	1	0	16	0	21
Shikrial		7	5	2	1	1	0	16
Hansa		5	1	2	4	7	0	19
100 Qtrs		5	2	1	7	3	0	18
48 Qtrs		9	1	1	2	6	0	19
Total	Male	19	12	4	7	18	0	60
	Fem	16	2	5	7	23	0	53
	Total	35	14	9	14	41	0	113
Percentage		31%	12%	8%	12%	36%	0%	100%

An interesting observation emerges from this chart. More male adolescents find it very easy or easy to discuss issues of importance with their mothers than female youngsters in this age group. 55% of respondents find it difficult or very difficult to discuss things with their mothers. This can be attributed to a number of social factors as well as lack of education in mothers who fail to foster a meaningful relationship with their daughters in particular and off-springs in general.

**C. Do you, or have you ever discussed the matters relating to reproductive health with your mother?**

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
Faisal		7	1	12	20
France		1	1	19	21
Shikrial		0	1	15	16
Hansa		2	2	15	19
100 Qtrs		1	3	14	18
48 Qtrs		2	0	17	19
Total	Male	11	2	47	60
	Female	2	6	45	53
	Total	13	8	92	113
Percentage		12%	7%	81%	100%

It is startling to note that 81% of the respondents in this age group never discuss the changes arising in their bodies at puberty with their mothers. While this can be attributed to general social environment, it does indicate that there is need for mounting awareness programs not only for the adolescents but also for mothers. A well informed mother can work towards creating an atmosphere at home where adolescents may feel comfortable to discuss their personal issues with their parents. The negative impacts of social taboos can only be eradicated through meaningful awareness programs.

3.4.6.2 Interaction with father

*A. Is your father alive and living in the same household with you*

103 respondents, or 90%, replied that their fathers were alive while 102 respondents (89%) said their fathers were living with them in the same household.

*B. Talking with the father on important issues*

All the respondents, whose fathers were alive, were asked if they found it difficult or easy to talk with their fathers about things or issues that were important to them. Their responses were:

Colony	Gender	Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see him	
Faisal		6	0	0	4	9	0	19
France		0	4	1	0	14	0	19
Shikrial		2	5	1	1	5	0	14
Hansa		0	0	3	3	11	0	17
100 Qtrs		3	3	1	3	6	0	16
48 Qtrs.		8	0	0	1	9	0	18
Total	Male	17	9	3	8	19	0	56
	Fem	2	3	3	4	35	0	47
	Total	19	12	6	12	54	0	103
Percentage		18%	12%	6%	12%	52%	0%	100%

64% of the respondents found it very difficult or difficult to discuss issues of importance to them with their fathers. Not surprisingly, female adolescents were more distanced from their fathers than their male siblings. This is reflective of social norms where fathers are generally aloof from their children as a means of maintaining an air of authority. Such attitudes cause several communication problems that in turn lead to social issues.

*C. Do you discuss, or have you ever discussed, with your father the matters relating to reproductive health?*

Those adolescents who were living with their fathers were asked if they discussed reproductive health related issues with their fathers. Their response was overwhelmingly in negative.

Colony	Gender	Responses			Total
		Often	Occasionally	Never	
Faisal		5	1	13	19
France		0	2	17	19
Shikrial		0	0	14	14
Hansa		0	0	17	17
100 Quarters		0	0	16	16
48 Quarters		0	1	17	18
Total	Male	5	4	47	56
	Female	0	0	47	47
	Total	5	4	94	103
Percentage		5%	4%	91%	100%

91% of the respondents never discuss reproductive health related issues with their fathers and 4% discuss it only occasionally. Both the genders appear to be equally shy of their fathers in this regard. The social or cultural distance that exists between adolescents and their fathers is responsible for this utter lack of communication between the two on such important issues. On the one hand, this situation calls for providing alternative sources of information to the adolescents from where they could get important information and on the other hand it also indicates a need for mounting awareness programs for fathers. Fathers undoubtedly need to be made aware of their role in meeting information needs of their off-springs.

*D. Do you discuss, or have you ever discussed with your father the changes that occur at puberty?*

Those adolescents who were living with their fathers were asked if they discussed puberty related issues with their fathers. Their response was overwhelmingly in negative.

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal		5	0	14	19
France		0	2	17	19
Shikrial		0	0	14	14
Hansa		0	0	17	17
100 Quarters		4	0	12	16
48 Quarters		0	1	17	18
Total	Male	9	3	44	56
	Female	0	0	47	47
	Total	9	3	91	103
Percentage		9%	3%	88%	100%

The responses to this question are quite consistent with those to the previous one. Once again, the need to educate fathers in this regard is highlighted by the massive lack of communication between fathers and adolescents on the issues relating to puberty.

3.4.6.3 Interaction with siblings

*A. Do you have any siblings and do they live with you in the same household?*

All the adolescents in this age group were asked if they had any siblings. 109 of them, or 95%, said that they had siblings. 107 respondents (93%) said that they lived with their siblings in the same household.

*B. How do you find talking to your siblings about things that are important to you?*

All the respondents, who had siblings, were asked if they found it difficult or easy to talk with their siblings about things or issues that were important to them. Their responses were:

Colony		Response						Total
		Very Easy	Easy	Average	Difficult	Very Difficult	Do not see her /him	
Faisal		9	1	0	0	9	0	19
France		5	3	3	0	9	0	20
Shikrial		2	6	5	1	3	0	17
Hansa		3	1	3	4	8	0	19
100 Quarters		4	6	1	5	1	0	17
48 Quarters		9	2	0	1	5	0	17
Total	Male	21	12	7	7	13	0	60
	Fem	11	7	5	4	22	0	49
	Total	32	19	12	11	35	0	109
Percentage		29%	17%	11%	10%	32%	0%	100%

The level of communication between siblings appears to be higher than between children and parents. While 46% of respondents found it easy or very easy to relate to their siblings, only 42% found it difficult or very difficult to discuss issues of importance with their siblings.

*C. Do you, or have you, ever discussed matters relating to reproductive health with your sibling?*

Those adolescents who were living with their siblings were asked if they discussed reproductive health related issues with their siblings. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal		6	3	10	19
France		3	6	11	20
Shikrial		0	0	17	17
Hansa		1	0	18	19
100 Quarters		1	7	9	17
48 Quarters		4	5	8	17
Total	Male	12	14	34	60
	Female	3	7	39	49
	Total	15	21	73	109
Percentage		14%	19%	67%	100%

It is surprising that despite a fairly high level of communication between siblings on general matters of importance (as indicated by previous chart), there seems to be an acute lack of discussion on reproductive health related issues. More than two-third (67%) do not discuss it at all, while 19% discuss it very occasionally. However, it is possible that most of the adolescents in this age group may have siblings who are younger than the respondents. This may explain the low levels of communication on this subject between siblings.

*D. Do you discuss, or have you ever discussed the changes that occur at puberty with your sibling?*

Those adolescents who were living with their siblings were asked if they discussed puberty

related issues with their siblings. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionally	Never	Total
Faisal		9	2	8	19
France		5	4	11	20
Shikrial		0	1	16	17
Hansa		1	1	17	19
100 Quarters		2	7	8	17
48 Quarters		4	5	8	17
Total	Male	16	12	32	60
	Female	5	8	36	49
	Total	21	20	68	109
Percentage		19%	18%	62%	100%

The response to this question is quite identical to the previous question. 62% of respondents do not discuss puberty related issues with their siblings at all while 18% discuss them only occasionally.

#### 3.4.6.4 Interaction with friends

##### A. Do you have any friends?

All the adolescents in this age group were asked if they had any friends. 109 of them, or 95%, said that they had friends. Only 6 respondents, 2 boys and 4 girls, said they had no friends. While generally this is a satisfactory state of affairs, the 6 adolescents not having any friends need some counseling – an aspect that may need attention by planners when drawing up awareness programs for poorer members of the society.

##### B. How do you find talking to your friends about things that are important to you?

All the respondents, who had friends, were asked if they found it difficult or easy to talk with their friends about things or issues that were important to them. Their responses were:

Colony	Gender	Response					Total
		Very Easy	Easy	Average	Difficult	Very Difficult	
Faisal		19	0	0	0	0	19
France		20	0	0	0	1	21
Shikrial		13	4	0	0	0	17
Hansa		11	3	2	2	0	18
100 Quarters		12	3	1	0	0	16
48 Quarters		16	0	1	1	0	18
Total	Male	55	2	1	1	0	59
	Female	46	8	3	2	1	50
	Total	91	10	4	3	1	109
Percentage		83%	9%	4%	3%	1%	100%

The level of communication between friends appears to be even higher than between siblings. While 92% of respondents found it easy or very easy, only 4% of respondents found it difficult or

very difficult to discuss issues of importance with their friends.

*C. Do you discuss or have you ever discussed matters relating to reproductive health with your friends?*

Those adolescents who had friends were asked if they discussed matters related to reproductive health issued with their friends. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionall y	Ne0ver	Total
Faisal		19	0	0	19
France		11	6	4	21
Shikrial		4	3	10	17
Hansa		4	11	3	18
100 Quarters		6	6	4	16
48 Quarters		14	3	1	18
Total	Male	29	19	11	59
	Female	29	10	11	50
	Total	58	29	22	109
Percentage		53%	27%	20%	100%

Despite a fairly high level of communication between friends on general matters of importance (as indicated by previous chart), there is a significant lack of discussion on reproductive health related issues. 20% respondents do not discuss this with friends at all, while another 27% do so only occasionally. The proportion of females (22%) who do not discuss this with friends is higher than males (18%). One can only attribute this to social taboos which forbid discussion on sexual matters even among friends. This area deserves special attention from those who plan for spreading awareness among adolescents.

*D. Do you discuss, or have you ever discussed the changes that occur at puberty with your friends?*

Those adolescents who had friends were asked if they discussed puberty related issued with their friends. Their response was as follows:

Colony	Gender	Responses			
		Often	Occasionall y	Never	Total
Faisal		19	0	0	19
France		12	6	3	21
Shikrial		3	2	12	17
Hansa		3	11	4	18
100 Quarters		7	6	3	16
48 Quarters		14	3	1	18
Total	Male	29	19	11	59
	Female	29	9	12	50
	Total	58	28	23	109
Percentage		53%	26%	21%	100%

Once again, a surprising find: despite a fairly high level of communication between friends on general matters of importance (as indicated by previous chart), there is a significant lack of discussion on puberty related issues. One can only attribute this to social taboos which forbid

discussion on sexual matters even among friends. This area deserves special attention from those who plan for spreading awareness among adolescents.

*E. Do you think peer education is good for imparting information among adolescents?*

All the respondents in this age group were asked if they felt that peer education (i.e. learning through discussions with friends or others of same age-group) was good for the purpose of getting information among adolescents. Their responses were:

Colony	Gender	Responses			
		Yes	No	Don't Know	Total
Faisal		20	0	0	20
France		21	0	0	21
Shikrial		9	2	7	18
Hansa		14	3	2	19
100 Quarters		11	0	7	18
48 Quarters		14	0	5	19
Total	Male	51	3	8	60
	Female	38	2	13	53
	Total	89	5	21	115
Percentage		77%	4%	18%	100%

A large majority (89 respondents, or 77%) felt that peer education was good for the purpose of imparting information among adolescents. Only 4% said no and remaining 18% had no view on the matter. The response was more positive among boys than girls. 71% girls as opposed to 85% boys were in favor of peer education.

*F. Have you ever heard about AFC in your community from your friends / peers?*

Respondents were asked this question to assess the situation regarding AFCs and discussion about it among friends. The response was as follows:

Colony	Gender	Responses			
		Yes	No	Don't Know about AFC	Total
Faisal		19	1	0	20
France		19	2	0	21
Shikrial		6	5	7	18
Hansa		8	9	2	19
100 Quarters		11	0	7	18
48 Quarters		13	0	6	19
Total	Male	43	11	8	60
	Female	33	6	14	53
	Total	76	17	22	115
Percentage		66%	15%	19%	100%

66% of the adolescents in this age group had heard of the AFC from their friends and 19% had not heard of AFC at all. This level of awareness about AFC is not very high, but is still quite encouraging.

*G. If yes, have you learned anything related to reproductive health from your friends?*

This question was asked to 76 respondents who had heard of AFC from their friends. The intent of this question was to explore the extent to which adolescents discussed reproductive health related issues among friends. Their response was as follows:

		Yes	No	Don't know	Total
Faisal		19	0	0	19
France		18	1	0	19
Shikrial		5	1	0	6
Hansa		5	3	0	8
100 Quarters		10	1	0	11
48 Quarters		13	0	0	13
Total	Male	41	2	0	43
	Female	29	4	0	33
	Total	70	6	0	76
Percentage		92%	8%	0	100%

Even among those friends who do talk about AFC among themselves, only 92% had discussed anything at all about reproductive health. In overall terms, 70 respondents translate to 61% of total number of respondents in this age group sample. This low level is reflective, once again, of social taboos.

*H. If yes, has that information benefitted or helped you in any way?*

This question was intended to see if the adolescents attached any importance to the discussion on reproductive health issues among friends.

		Yes	No	Don't know	Total
Faisal		19	0	0	19
France		17	1	0	18
Shikrial		4	0	1	6
Hansa		5	0	0	5
100 Quarters		10	0	0	10
48 Quarters		13	0	0	13
Total	Male	39	1	1	41
	Female	29	0	0	29
	Total	68	1	1	70
Percentage		98%	1%	1%	100%

The responses showed that 68 respondents out of 70 (i.e. 98% of) respondents who had said yes to the previous question felt that information received through discussion with friends on reproductive health was useful to them, or had helped them. We need to build on this positive aspect and design more programs in this direction.

*I. Do you find discussing matters with friends easier than discussing them with parents or siblings?*

This question was intended to ascertain the comfort level felt by adolescents in this age while discussing their problems with different parties including parents, siblings and friends. Their responses were as follows:

		Yes	No	Don't know	Total
Faisal		18	2	0	20
France		20	1	0	21
Shikrial		15	1	2	18
Hansa		17	2	0	19
100 Quarters		17	0	1	18
48 Quarters		15	4	0	19
Total	Male	57	4	1	62
	Female	45	6	2	53
	Total	102	10	3	115
Percentage		89%	9%	2%	100%

77% of the respondents felt more comfortable discussing issues (relating to puberty, reproductive health, matters of personal importance, etc.) with their friends than parents or siblings. But still a good 23% were found to be closer to their families.

### 3.4.7 Information on Hepatitis

#### 3.4.7.1 Have you heard of Hepatitis?

All the adolescents in this age group were asked this question to assess their awareness of this disease which is fairly common in this part of the world.

		Yes	No	Total
Faisal Colony		15	5	20
France Colony		20	1	21
Shikrial Colony		17	1	18
Hansa Colony		18	1	19
100 Quarters Colony		15	3	18
48 Quarters Colony		15	4	19
Total	Male	57	5	63
	Female	43	10	54
	Total	100	15	117
Percentage		87%	13%	100%

A total of 100 respondents, i.e.87 % of them, had heard of the disease called Hepatitis. This is an indication for both the prevalence of the disease as well as a good level of awareness about it in the surveyed population.

#### 3.4.7.2 Is it possible to cure Hepatitis?

This question (and some other following questions) were intended to assess the depth of awareness held by selected sample of adolescents on this disease. This question was asked from only those 89 respondents who had replied in affirmative to the previous question.

		Yes, its curable	No, its not curable	Don't know	Total
Faisal		13	1	1	15
France		19	1	0	20
Shikrial		9	0	8	17
Hansa		14	0	4	18
100 Quarters		11	0	4	15
48 Quarters		14	0	1	15
Total	Male	52	1	4	57
	Female	28	1	14	43
	Total	80	2	18	100
Percentage		80%	2%	18%	100%

It was reassuring to find that 80% of the respondents knew that the disease is curable; hence would be likely to seek cure immediately upon contracting it. The degree of awareness was significantly higher among boys (91%) than girls (65%).

3.4.7.3 Is there more than one type of Hepatitis?

This question was asked of only those 89 respondents who had answered yes to the having heard of this disease.

		Yes	No	Don't know	Total
Faisal		12	1	2	15
France		18	1	1	20
Shikrial		11	2	4	17
Hansa		16	0	2	18
100 Quarters		11	0	4	15
48 Quarters		12	1	2	15
Total	Male	51	1	5	57
	Female	29	4	10	43
	Total	80	5	15	100
Percentage		80%	5%	15%	100%

The level of awareness on this area was found to be greater among boys than girls. 90% of boys and only 66% of the girls were aware that there are more than one type of this disease. Overall awareness level was 80%.

3.4.7.4 Can people take a simple test to find out whether they have Hepatitis?

Once again, this question was asked of only those 89 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

		Yes	No	Don't know	Total
Faisal		7	7	1	15
France		8	10	2	20
Shikrial		1	10	6	17
Hansa		14	1	3	18
100 Quarters		4	5	6	15
48 Quarters		12	1	2	15
Total	Male	35	18	4	57
	Female	11	16	16	43
	Total	46	34	20	100
Percentage		46%	34%	20%	100%

Only 46% of the respondents were aware of this basic fact – pointing to a need for more awareness.

3.4.7.5 Can Hepatitis be contracted from one person to another?

Once again, this question was asked of only those 89 respondents who had heard of this disease. The objective was to assess the depth of their awareness on Hepatitis.

		Yes	No	Don't know	Total
Faisal		13	1	1	15
France		15	4	1	20
Shikrial		13	1	3	17
Hansa		15	0	3	18
100 Quarters		9	1	5	15
48 Quarters		12	1	2	15
Total	Male	52	4	1	57
	Female	25	4	14	43
	Total	77	8	15	100
Percentage		77%	8%	15%	100%

77% of the respondents were aware about contractability of the disease. This level is still not high enough and points to a need for spreading more awareness. The level of awareness among boys at 91% was much higher than among girls at 58%.

### 3.4.8 Awareness of Personal Hygiene and Perceptions about Hygienic Life Style

Questions in this segment of the questionnaire were asked to assess the level of awareness on this important area of adolescents' life style.

#### 3.4.8.1 Do you wash your hands before and after taking meals?

114 respondents, out of 115, i.e. a 99% majority, said that they washed their hands before and after meals. This high level of hygiene care is very encouraging.

#### 3.4.8.2 Do you clean yourself after using the washroom (toilet)?

115 respondents (i.e. 99%) said they did. A very encouraging situation.

#### 3.4.8.3 How frequently do you take bath?

The survey was conducted at a time when the weather was neither too hot, nor too cold. Hence the responses are likely to reflect the average state of affairs.

		Daily	Once a week	Twice a week	Total
Faisal		14	3	3	20
France		11	4	6	21
Shikrial		5	5	8	18
Hansa		15	3	1	19
100 Quarters		9	7	2	18
48 Quarters		14	0	5	19
Total	Male	45	3	14	62
	Female	23	19	11	53
	Total	68	22	25	115
Percentage		59%	19%	22%	100%

The general situation is fairly satisfactory, though the boys appear to take baths much more often than the girls.

#### 3.4.8.4 Do you use soap for washing your hands?

114 respondents (99%) said that they washed their hands with soap. Given the level of poverty, this high level of hygiene care is very encouraging.

3.4.8.5 Do you think that a person is more vulnerable to infection (and diseases) if he/she has poor personal hygiene?

113 respondents, i.e. 98% of the respondents were aware of the risk of vulnerability to diseases due to poor personal hygiene.

3.4.8.6 Do you think contaminated water or food can cause infections?

		Yes	No	Don't know	Total
Faisal		19	0	1	20
France		20	1	0	21
Shikrial		18	0	0	18
Hansa		16	2	1	19
100 Quarters		8	8	2	18
48 Quarters		13	3	3	19
Total	Male	57	0	5	62
	Female	37	14	2	53
	Total	94	14	7	115
Percentage		82%	12%	6%	100%

82% of the respondents were aware of the risk of vulnerability to diseases due to contaminated water or food. However, the level of awareness among boys was 92% while among girls it was only 70%. This needs to be addressed.

**3.4.9 Awareness about and presence of Sexual Molestation**

3.4.9.1 Some young people are touched by others (adults) in areas where they feel uncomfortable. Has this ever happened to you?

This question was aimed at assessing the presence of sexual molestation among adolescents of this age group.

		Yes	No	Don't know	Total
Faisal		13	7	0	20
France		10	11	0	21
Shikrial		2	16	0	18
Hansa		4	15	0	19
100 Quarters		3	15	0	18
48 Quarters		7	12	0	19
Total	Male	11	51	0	62
	Female	28	25	0	53
	Total	39	76	0	115
Percentage		34%	66%	0	100%

While on an overall basis 34% said that they had been “touched in uncomfortable places”, the percentage for girls at 53% is higher than the experience of the boys at 22%.

We feel that an overall average of 34% is alarmingly high and calls for a need to spread awareness among the adolescents as well as their families for the need to protect

themselves against potential molesters.

3.4.9.2 Some young people are forced to have sexual intercourse against their will by others (adults). Has this every happened to you?

This question was aimed at assessing the presence of sexual molestation among adolescents of this age group.

		Yes	No	Don't know	Total
Faisal		3	17	0	20
France		5	16	0	21
Shikrial		0	18	0	18
Hansa		2	17	0	19
100 Quarters		1	17	0	18
48 Quarters		1	18	0	19
Total	Male	10	52	0	62
	Female	2	51	0	53
	Total	12	103	0	115
Percentage		10%		0	100%

It is alarming to note that 10% of the adolescents in this age group had been forced to have sexual intercourse against their will. This is way too high for the social norms of Pakistan. Again, amazingly, more boys have been subjected to this molestation than girls. While exact data is not available, the impression of the surveyors was that boys had been forced by “men” rather than females into involuntary sexual act. This points to presence of homosexuality in the surveyed localities.

3.4.9.3 Some young people are paid money or given gifts in exchange for sexual intercourse. Has this ever happened to you?

This question is the continuation of the previous one, intended to assess the presence of sexual molestation among adolescents of this age group.

		Yes	No	Total
Faisal Colony		2	18	20
France Colony		6	15	21
Shikrial Colony		0	18	18
Hansa Colony		1	18	19
100 Quarters Colony		0	18	18
48 Quarters Colony		1	18	19
Total	Male	8	54	62
	Female	2	51	53
	Total	10	105	115
Percentage		9%	91%	100%

10 respondents (9%) admitted that they had been offered money or gifts for sexual favours. This does not exactly translate into sex with willingness or consent. It needs to be curbed. More awareness should be spread about the risks of such conduct.

3.4.10 Awareness regarding HIV and AIDS and other STIs

3.4.10.1 A. Have you heard of HIV and AIDS?

	Yes	No	Total	
Faisal Colony	16	4	20	
France Colony	20	1	21	
Shikrial Colony	13	5	18	
Hansa Colony	14	5	19	
100 Quarters Colony	14	4	18	
48 Quarters Colony	13	6	19	
Total	Male	55	7	62
	Female	35	18	53
	Total	90	25	115
Percentage	78%	22%	100%	

Only 78% of the adolescents in this age had heard of HIV and AIDS. This low level of awareness for his age group is quite alarming. Awareness among boys at 89% was higher than among girls at 66%. The situation points to a need for spreading awareness among adolescents living in poorer sections of our city.

**B. Do you think it is possible to cure HIV and AIDS?**

This question was asked from those 90 respondents who had replied in affirmative to the previous question. Their response was:

	Yes	No	Don't know	Total	
Faisal	13	2	1	16	
France	16	3	1	20	
Shikrial	6	3	4	13	
Hansa	2	11	1	14	
100 Quarters	11	1	2	14	
48 Quarters	13	0	0	13	
Total	Male	36	15	4	55
	Female	25	5	5	35
	Total	61	20	9	90
Percentage	68%	22%	10%	100%	

Only 68% of respondent thought that the diseases were curable. If we express this as a percentage of total number of respondents in this age group, it comes to only 53%. Now if 47% of adolescents think that this not curable, they can be expected to take extra care so that they do not contract it. However, there is also a danger that if they do not think that it is curable, they are likely to just live with it and in the process spread it to others. A sound awareness program is therefore necessary.

**C. Can people take a simple test to find out whether they have HIV?**

This question was also put to those 90 respondents who said they had heard about HIV and AIDS.

		Yes	No	Don't know	Total
Faisal		10	6	0	16
France		11	8	1	20
Shikrial		1	6	6	13
Hansa		11	1	2	14
100 Quarters		9	4	1	14
48 Quarters		11	1	1	13
Total	Male	41	13	1	55
	Female	12	13	10	35
	Total	53	26	11	90
Percentage		59%	29%	12%	100%

While 75% of the respondents in this age group who had heard about HIV knew that a simple test can be taken to verify the existence of this disease, on an overall basis this translates to only 42% knew this. Another pointer for a need to spread awareness.

*D. Can HIV and AIDS be contracted from one person to another through sexual intercourse?*

This question was also put to those 90 respondents who had said they had heard about HIV and AIDS.

		Yes	No	Don't know	Total
Faisal		16	0	0	16
France		19	0	1	20
Shikrial		10	0	3	13
Hansa		12	2	0	14
100 Quarters		11	0	3	14
48 Quarters		11	2	0	13
Total	Male	55	0	0	55
	Female	24	4	7	35
	Total	79	4	7	90
Percentage		88%	4%	8%	100%

Once again, a low level of awareness which means that these adolescents are not likely to take necessary precautions to guard themselves against these diseases. 88% of those who had heard of these diseases knew about its contractability. In overall terms this translates to 68% of all respondents in this age group. Again, awareness among females at 68% was below 100% awareness among males.

E. *Apart from HIV and AIDS, are there any other diseases that men and women can catch by having sexual intercourse.*

This was continuation of the previous question to assess the awareness among respondents on other STDs.

		Yes	No	Total
Faisal Colony		15	1	16
France Colony		15	5	20
Shikrial Colony		2	11	13
Hansa Colony		8	6	14
100 Quarters Colony		6	8	14
48 Quarters Colony		12	1	13
Total	Male	38	17	55
	Female	20	15	35
	Total	58	32	90
Percentage		64%	36%	100%

Only 64% of the respondents knew of any disease other than HIV and AIDS that may be contracted through sexual intercourse. The level of awareness among boys at 69% was slightly higher than among girls at 57%. This aspect needs to be paid attention to when designing awareness programs for adolescents.

F. *What are the signs and symptoms if a man or woman is infected?*

This question was asked from the 58 respondents who replied in affirmative to the previous question. Some respondents named more than more sign; hence total responses are more than the number of respondents to this question.

		Pain During urination	Genital sores / ulcers	Others	Total
Faisal Colony		15	3	4	22
France Colony		6	2	7	15
Shikrial Colony		1	0	0	1
Hansa Colony		4	1	3	8
100 Quarters Colony		4	4	0	8
48 Quarters Colony		12	1	2	15
Total	Male	32	6	2	40
	Female	10	5	14	29
	Total	42	11	16	69

This chart re-affirms the conclusion draw from earlier questions, i.e. a low level of general awareness on sexually transmitted diseases.

G. *If a friend of yours needs treatment for STD, where can he/she get it from?*

This question was asked from those 90 respondents who had replied in affirmative to having heard of STD diseases.

	Pharmacy	Any shop	Govt. Hospital/ clinic/ health center	Private hospital/ clinic / health center	Others	Total
Faisal Colony	0	0	16	0	0	16
France Colony	3	0	15	2	0	20
Shikrial Colony	1	0	12	0	0	13
Hansa Colony	7	0	5	2	0	14
100 Quarters	2	0	12	0	0	14
48 Quarters	0	0	13	0	0	13
Total	Male	10	0	45	0	55
	Female	3	0	28	4	35
	Total	13	0	73	4	90
Percentage	14%	0%	81%	4%	0%	100%

The general level of awareness about where to seek medical assistance for STD is reasonable.

### 3.4.11 Drug Abuse

#### 3.4.11.1 Smoking Cigarettes

All the respondents in this age group were asked if they smoked ordinary cigarettes. Those who replied in affirmative, were asked how many cigarettes did you smoke in the last week. Their responses were remarkably reassuring. 111 of the respondents (out of 117) i.e. 96.5% of them, said that they did not smoke. The two who did confess to smoking had smoked on average only one cigarette in the past week. This is particularly encouraging considering that this age group (17-19) is most vulnerable to taking “in” decisions due to newly-gained adult status.

#### 3.4.11.2 Consuming Alcohol

All the respondents in this age group were asked if they had ever consumed alcohol. Those who replied in affirmative, were asked if they had done so in the last week. Their responses to this question were a little less reassuring than the previous question. 111 of the respondents (out of 117) i.e. 95.6% of them, said that they had never consumed alcohol. The 5 (all boys) who did confess to having consumed alcohol said they did so even in the past week. It shows that almost 4% of the respondents in this age group are already introduced to alcohol. However, we should remember that the majority of the adolescents covered by this study are non-Muslims who are not forbidden by their religion from consuming alcohol and who do drink on social occasions.

#### 3.4.11.3 Other Drugs

A. *All the respondents in this age group were asked if they used any other drug.*

Only 3 respondents (all boys) replied in affirmative. 112 or 97.4% of the

respondents had never used any other drug. It will however be wrong to draw the inference that the three who did confess to having used other drugs, were habitual drug-addicts.

*B. Who instigated you to use drugs?*

All three respondents said they had been introduced to drugs by friends.

*C. What was your age when you first used drugs?*

The three respondents who said they had used drugs were asked this question. One said he was 13, the other said he was 14 and third was 18. While much cannot be read into these responses, the need for spreading awareness about horrors of drug use comes out clearly.

*D. Where did you procure the drugs from?*

Those who said they had used drugs were asked this question. All the three respondents said it was some friend who gave the drugs to them.

### 3.4.12 Perception about early marriages

#### 3.4.12.1 Awareness of Law on early marriages

All the respondents in this age group were asked if they knew what the Laws of Pakistan state about the minimum age for marriage of men and women. Their responses were as follows:

	Yes	No	Don't know	Total	
Faisal Colony	18	1	1	20	
France Colony	19	1	0	21	
Shikrial Colony	2	1	15	18	
Hansa Colony	12	5	2	19	
100 Quarters Colony	10	6	2	18	
48 Quarters Colony	13	4	2	19	
Total	Male	47	3	12	62
	Female	28	15	10	53
	Total	75	18	22	115
Percentage	65%	16%	19%		

Only two-thirds, i.e. 65% of the respondents were aware of the age-related provisions of Pakistan Law on marriages. 16% did not know if such a provision existed at all. 19% knew about the provision but did not know what it stated. This calls for awareness program because youngsters in 17-19 years age group ought to know such things before they land themselves into unnecessary trouble.

#### 3.4.12.2 Right age for getting married

All the respondents in this age group were asked to name the age which in their opinion was right for getting married. Their responses were:

		Between 15 to 19 years	Early Twenties	Mid Twenties	Late Twenties	Thirties	Total
Faisal Colony		0	1	3	16	0	20
France Colony		3	6	2	10	0	21
Shikrial Colony		2	11	5	0	0	18
Hansa Colony		0	5	4	10	0	19
100 Quarters		1	9	3	5	0	18
48 Quarters Colony		0	3	1	14	1	19
Total	Male	6	17	8	30	1	62
	Female	0	18	10	25	0	53
	Total	6	35	18	55	1	115
Percentage		5%	30%	16%	48%	1%	100%

64% of the respondents felt that the right age for marriage was between mid twenties to late twenties. However, females were more inclined towards earlier marriages as 52% of them voted for early to mid twenties as the most suitable age for marriage. Considering that in Pakistan, there is generally an age gap of around 3 to 6 years between the ages of grooms and brides, this trend is understandable. Only 1 respondent, a male, was in favor of delaying marriage till thirties.

We need to keep the social set up prevailing in the country in mind. Unlike western countries, couples are not permitted to “live together”. This means marriage is the only form of association they can have to live together – influencing their choice for a lower age to get married.

#### 3.4.12.3 Necessity of Physical Maturity for Marriage

Respondents were asked if they thought a man and a woman should be physically mature to get married. 107 out of 115 (i.e. 95%) said yes physical maturity was necessary before getting married. None considered it unnecessary while 6 respondents (2 males, 4 females) did not know what to answer.

#### 3.4.12.4 Necessity of Mental Maturity for Marriage

Respondents were asked if they thought a man and a woman should be mentally (i.e. intellectually and emotionally) mature to get married. 107 out of 115 (i.e. 93%) said yes physical maturity was necessary before getting married. 4 respondents (all females) did not think it was necessary while 4 respondents (2 males, 2 females) did not know what to answer.

#### 3.4.12.5 Hazards of Teenage marriages

##### A. *Do you think getting married in teenage can cause problems to physical health of a woman?*

All the respondents in this age group were asked this question to assess if they aware of the perils of early marriages. 104 respondents out of 115 (i.e. 90%) said yes such marriage can cause problems of physical health to women. 2

respondents (both females) did not think so while 9 respondents, or 8%, (3 males, 5 females) did not know what to answer.

B. *Do you think getting married in teenage can cause problems to physical health of a man?*

All the respondents in this age group were asked this question to assess if they aware of the perils of early marriages. The responses to this question were somehow different to the previous one. These are tabulated below:

		Yes	No	Don't know	Total
Faisal Colony		19	0	1	20
France Colony		19	1	1	21
Shikrial Colony		15	1	2	18
Hansa Colony		13	2	4	19
100 Quarters Colony		14	4	0	18
48 Quarters Colony		14	0	5	19
Total	Male	57	0	5	62
	Female	37	8	8	53
	Total	94	8	13	115
Percentages		82%	7%	11%	100%

82% of respondents felt that teenage marriage could cause problems to the physical health of a man. However, this awareness was more pronounced among men (92%) than women (70%). 7% of respondents did not think teenage marriage could cause any physical health problem to men. Here, 15% of females respondents and none of male respondents thought so. 11% of respondents (8% men, 15% women) did not know what to answer. This is therefore an area where more awareness needs to be spread.

C. *Can pregnancy in teenage cause serious threats to the health of mother and child?*

This question was asked of all the respondents to assess their awareness of perils of teenage pregnancies.

		Yes	No	Don't know	Total
Faisal Colony		19	0	1	20
France Colony		19	1	1	21
Shikrial Colony		15	1	2	18
Hansa Colony		17	0	2	19
100 Quarters Colony		18	0	0	18
48 Quarters Colony		16	0	3	19
Total	Male	57	1	4	62
	Female	47	1	5	53
	Total	104	2	9	115
Percentages		90%	2%	8%	100%

90% of the respondents agreed that teenage pregnancy can cause serious threats to the health of mother and child. The response was fairly even between genders. 2% did not think so while 8% did not know. So there is a need to stress this point more at awareness programs.

3.4.12.6 Right to express opinion on marriage

All the respondents were asked if they thought it was their right to express an opinion on matters related to their marriage, primarily to give consent before any decision on their marriage could be taken. An overwhelming 89% of respondents thought this was their right, while 3% did not think it was their right and 8% did not know what to answer. The responses were evenly distributed among genders.

This situation is encouraging in relative terms. In Pakistani society, such rights are often not given to youngsters. However, things do seem to be changing as more and more adolescents are beginning to have strong views on the matter. Here, the real need is to educate parents, rather than the youngster, about the rights of youngsters on matters relating their marriages.

**3.4.13 Perception and Use of Health Facilities, AFCs, etc.**

3.4.13.1 Awareness of existence of health facility in the community

- Do you know of the existence of a health facility in your community from where you can obtain information about reproductive health matters?
- A.

All the respondents were asked if they knew of the existence of a health facility in their community from where they could obtain information about reproductive health matters. Their responses were:

		Yes	No	Total
Faisal Colony		20	0	20
France Colony		15	6	21
Shikrial Colony		9	9	18
Hansa Colony		15	4	19
100 Quarters Colony		10	8	18
48 Quarters Colony		14	5	19
Total	Male	46	16	62
	Female	37	16	53
	Total	83	32	115
Percentages		72%	28%	100%

28% of the respondents were not aware that there existed a health facility in their community from where they could obtain information on reproductive health matters. This clearly indicates that there is a greater need for authorities to publicize these health facilities to enhance their utility to adolescents.

**B. Can you name the health facility known to you?**

Those who replied in affirmative to the previous question, were asked if they could name the health facility they know of.

	Hospital	Clinic	Health Center	Adolescent Friendly Center	I can't name one off hand	Total
Faisal Colony	2	2	9	5	2	20
France Colony	1	0	1	13	0	15
Shikrial Colony	2	3	0	3	1	9
Hansa Colony	8	3	1	1	2	15
100 Quarters Colony	0	1	0	8	1	10
48 Quarters Colony	3	1	10	0	0	14
Total	16	10	21	30	6	83

While the above chart cannot be taken as a representative of actual number of health related facilities available in the surveyed localities, it does point out that AFCs are more visible to adolescents than other facilities.

**C. Is the facility named by you easily accessible?**

Those 83 respondents who said they were aware of existence of a health facility were further asked if such a facility was easily accessible. 67 (or 83%) of them said yes it was easily accessible. 14 (17%) respondents said that it was not easily accessible.

**D. Have you actually used the health facility?**

The same group of respondents was asked if they had ever visited the named health facility to receive services or information on STD or reproductive health matters.

	Yes	No	Total	
Faisal Colony	17	3	20	
France Colony	13	2	15	
Shikrial Colony	1	8	9	
Hansa Colony	3	12	15	
100 Quarters Colony	8	2	10	
48 Quarters Colony	7	7	14	
Total	Male	30	16	46
	Female	19	18	37
	Total	49	34	83
Percentage	59%	41%	100%	

The fact that 59% of the respondents had actually used a health facility is a testimony to the utility of such facilities. There however remains a need for publicizing their existence to enhance their beneficial use.

**E. How frequently have you sought services or information**

Those 49 respondents who had said they had visited a health facility were asked about the

number of times they had actually sought services or information from a health facility during the last twelve months. 15 (or 30%) of them said that they had merely visited the facility but not actually received any assistance or information. The rest 34 (or 70%) said they had used the facility on several occasions.

Now the fact that a sizeable percentage of adolescents in this age group actually needed assistance from such health facilities may be indicative of one of the two things: Firstly, they could be conscious of the perils of contracting such diseases and secondly they were actually experiencing such problems. In either case, the importance of health facilities and spreading awareness about these matters cannot be overemphasized.

F. *Was detailed information given to you on reproductive health by facility personnel?*  
This question was asked from the 34 respondents who had said they had used a health facility. 33 or 97% of them said yes they received detailed information on these matters from the personnel at the health facility visited by them. This further attests to the utility of the health facilities.

G. *Did you feel comfortable enough to ask questions?*  
This question was also put to the same 52 respondents. 32 or 94% of them said yes they felt comfortable enough to ask questions. Another testimony for the usefulness of these health facilities.

H. *Were your questions answered adequately?*  
This question was also put to the same 34 respondents. 31% or 91% said they received adequate answers. Another plus for health facilities.

I. *Was there enough confidentiality?*  
Again, this question was posed to the same 34 respondents to assess if they were satisfied about the confidentiality aspect as most adolescents in this age group are very conscious in this regard. They fear that leakage of an untoward piece of information about them can ruin their social or family life. 32% or 94% of the respondents were satisfied that enough confidentiality was maintained.

#### 3.4.13.2 Awareness about existence of AFCs

A. *Have you heard the term AFC?*  
All the 117 respondents in this age group were asked if they had heard about the AFC. 98 or 85% of them replied in affirmative. The awareness was evenly spread between the genders.

B. *Have you visited AFC in the last three months, and if so how many times?*  
The 98 respondents who had heard of AFC were asked this question. 25 or 26% said that they not actually visited any AFC. The remaining 73 or 74% said that they visited it many times during the past three months. This is an indicator of the role AFCs are playing in their respective communities.

C. *Is AFC easily accessible to you?*  
The same 98 respondents were asked this question. 83, or 85%, said that AFC was easily accessible to them while 15 (or 15%) said that it was not. While it is unfortunate that as many as 11% respondents found it difficult to reach AFC, it is understandable that AFCs cannot be located at places that may be within easy reach of every potential user.

D. *What kind of information is given in AFC?*  
The same respondents were asked about the areas or issues on which information was

delivered in AFCs. Some of the respondents named more than one area, hence the total number of responses are greater than the number of respondents.

	STI / STDs	Family Planning	General health & hygiene	Puberty	Life Skills	All types	Total
Faisal	1	1	14	1	0	4	21
France	2	0	9	1	0	11	23
Shikrial	9	1	12	2	2	0	26
Hansa	0	0	3	1	0	4	8
100 Quarters	0	1	8	2	1	2	14
48 Quarters	0	1	11	0	0	0	12
Total	12	4	57	7	3	21	104

While it is difficult to draw any concrete conclusions from this chart, one thing is apparent that most adolescents in this age group thought that AFCs were a useful place to seek assistance on general health and hygiene matters. Nonetheless the overall usefulness of AFCs is undoubtedly highlighted by this chart.

E. *Have you ever attended any session at AFC in the past three months? If so, how many times.*

This question was asked from the 98 respondents who had earlier indicated that they had visited AFC in the past three months. The intent of this question was to find out if they actually attended the formal sessions (classes, or counseling sessions) at the AFC and if so what was the frequency of attendance.

63 respondents (or 64%) said that they had attended the sessions several times while 35 respondents (or 36%) said they had not attended any session at all.

F. *Do you feel that AFC is playing a major role in increasing awareness level among adolescents in your community regarding reproductive health issues?*

This question was asked from the same 98 respondents. 72 respondents (or 73%) replied in affirmative while 7 replied in negative. 19 respondents were not sure of his response.

By and large, it appears that adolescents in this age group find AFCs as an influential tool for spreading awareness on reproductive health (and other health related issues) in their respective communities.

G. *Do you think information on reproductive health given at AFCs is valuable or beneficial for adolescents?*

This question was asked from the same 98 respondents. 79 or 80% of the respondents agreed that the information provided by AFCs on reproductive health was valuable and beneficial for them while 2 said it wasn't and 17 did not know.

On an overall basis, the adolescents felt that they were getting helpful information from AFCs on reproductive health issues.

H. *Do you think more AFCs should be opened?*

This question was asked to the same 98 respondents. A resounding majority (85%) said yes. 1 respondent opposed it and 14 respondent did not know what to say.

I *Do you think disseminating such information is against our religion and social norms?*

This question was asked to the same 98 respondents. The intent was to assess the influence of religious or social taboos over their needs to get good medical advice.

	Yes	No	Don't know	Total	
Faisal Colony	7	10	3	20	
France Colony	9	11	0	20	
Shikrial Colony	0	13	3	16	
Hansa Colony	3	6	1	10	
100 Quarters Colony	1	8	7	16	
48 Quarters Colony	8	3	5	16	
Total	Male	12	38	2	52
	Female	16	13	17	46
	Total	28	51	19	98
Percentages	29%	52%	19%	100%	

28 respondents (or 29%) felt that disseminating such information was against the religion or social norms. More female respondents (34%) felt so as opposed to 23% of males. This perception needs to be rectified through more awareness.

J *Do you think the information provided by AFCs is useless?*

This question was asked to the same 98 respondents. The response was amazing. 29% respondents felt it was useless, 49% felt it was not useless and 20 did not know. This state of confusion is clearly caused by lack of awareness.

K *Do you think AFCs should be closed down?*

This question was asked to the same 98 respondents. 17 said yes, 69 opposed it and 13 did not know.

### 3.4.14 Vocational Skill Training and engagement in economic activity

#### 3.4.14.1 Vocational skills

All the 115 respondents in this age group were asked if they had ever learned any vocational skill. Their response was:

- a. 57 respondents said yes they had learned some vocational skills. Of these, 37 were males and 20 were females.
- b. 58 respondents said they had not received any vocational skills. Of these, 25 were males and 23 were females.

However, this information should be evaluated in light of the number of adolescents who are attending school. It is common for parents to send their off-springs to only one institution, i.e. a school or a vocational training center. Hence, no generalization should be made on the basis of this chart alone.

#### 3.4.14.2 Engagement in economic Activity

All the 117 respondents in this age group were asked if they were engaged in any economic (or income generating) activity.

	Yes	No	Total	
Faisal Colony	10	10	20	
France Colony	11	10	21	
Shikrial Colony	16	2	18	
Hansa Colony	12	7	19	
100 Quarters Colony	9	9	18	
48 Quarters Colony	12	7	19	
Total	Male	32	30	62
	Female	38	15	53
	Total	70	45	115
Percentage	61%	39%	100%	

While not much can be read into this chart, the fact that 61% of the respondents are engaged in economic activities at this age (17 – 10) is not surprising; yet it is a potent indicator of economic pressures. However, since it is possible that they may be doing their economic activity along with their education, there is still hope.

72% of females and only 51% of males were engaged in some economic activity. It shows the cultural facet of letting boys have a better time in their youth while females are inducted into “real” life too soon.

B. Those 70 respondents who claimed to be engaged in some economic activity, were asked to name the type of work they were doing. 4 of them said they were doing some office work, 4 said they were doing (informal) business which the rest were doing other works.

#### 3.4.14.3 Channelizing energies to productive pursuits

All the 115 respondents were asked “Do you think it is necessary for young people to channelize their energies to productive pursuits?” The definition of productive pursuits included both economic activity and acquiring education or skills.

91 respondents, or 79%, said they thought it was necessary for young people to channelize their energies to productive pursuits. 3% were against it and 18% did not know the answer. This is reflective of lack of awareness of what lies ahead for these people. Schools and AFCs should pay due attention to this fact.

#### 3.4.14.4 Vocational skills training

All the respondents were asked if young people should be provided vocational training skills in addition to normal schooling.

92 respondents, or 80%, said yes vocational training should be provided to youth in addition to normal schooling while 3% disagreed and 17% did not know what to say. The response to this question is fairly consistent with the response to the previous question.

#### 3.4.14.5 Linkages between communities and vocational training centers

All the respondents were asked if they were aware of any linkages that their community had with any vocational training center.

57 respondents, or 50%, said they were aware of such linkages, 25% said they were no such linkages while 25% said that they were not aware if such linkages existed.

- 3.4.14.6 Linkage between AFC and vocational training centers  
All the 115 respondents were asked if it would a good idea for AFCs to develop linkages with vocational training centers, in addition to providing health related information.

75 respondents, or 65%, said it would a be good idea, while 9% opposed it and 26% did not know.

### 3.5 Data on Teenage Mothers

#### 3.5.1 Number of teenage mothers, by communities

The following number of teenage mothers were actually interviewed for the purpose of this study:

Locality	Number
Shikrial Colony	2
Hansa Colony	1
100 Quarters	3
48 Quarters	1
Total number of teenage mothers interviewed	7

#### 3.5.2 Classification of teenage mothers on basis of education

Community	Illiterate	Less than Primary	Primary	Middle (8 years)	Junior High School	High School	Total
Shikrial Colony	0	0	2	0	0	0	2
Hansa Colony	0	1	0	0	0	0	1
100 Quarters	0	0	1	0	1	1	3
48 Quarters	0	0	0	0	0	1	1
Total	0	1	3	0	1	2	7

The educational level attained by teenage mothers is fairly close to the general level of education of adolescents in these areas.

#### 3.5.3 Classification of teenage mothers on the basis of marital status

Community	Single	Married	Divorced	Widow	Total
Shikrial Colony	0	1	1	0	2
Hansa Colony	0	1	0	0	1
100 Quarters	0	3	0	0	3
48 Quarters	0	1	0	0	1
Total	0	6	1	0	7

There were no unwed teenage mothers which is consistent with the general social norms of Pakistan. All the teenage mothers interviewed had been married, and one had been divorced. Due to the low age factor, it is understandable that none of them were widows.

### 3.5.4 Age at the time of marriage

Respondents were asked to give the age at which they got married.

Community	14 yrs	15 yrs	16 yrs	17 yrs	Total
Shikrial Colony	0	0	1	1	2
Hansa Colony	1	0	0	0	1
100 Quarters	0	2	1	0	3
48 Quarters	0	0	0	1	1
Total	1	2	2	2	7

It is a matter of concern that girls as young as 14 and 15 years were married off. This age is even below the legal age limit for girls for getting married in the country. There is a need for spreading awareness on the perils that early marriages pose for adolescents – both boys and girls.

### 3.5.5 Number of children and/or abortions had by teenage wives

Community	1 child	2 children	Abortions	Total
Shikrial Colony	0	0	2	2
Hansa Colony	1	0	0	1
100 Quarters	2	1	0	3
48 Quarters	1	0	0	1
Total	4	1	2	7

One teenage mother had two children, while two had already experienced abortions. While information is not available on causes of abortion, it remains a matter of concern. There is a dire need to spread awareness among adolescents on reproductive health issues, including family planning and perils of early pregnancies.

### 3.5.6 Other Miscellaneous info on teenage mothers

#### A. *Profession of husbands of teenage mothers*

The husbands of all the seven respondent teenage mothers were employed in private jobs or business. The fact that all were employed is encouraging. However, since the data on the ages of spouses was not collected, it is not possible to comment more meaningfully on this aspect of teenage mothers' life.

#### B. *Disability among teenage mothers*

None of the teenage mother who were interviewed had any disability.

#### C. *Ethnic background of teenage mothers*

5 of the teenage mothers were Christians and the rest were Muslims. This is consistent with the rest of the data on adolescents in these communities.

### 3.5.7 Awareness regarding Maternal Health

#### 3.5.7.1 Vaccination course for mother and child

All the respondents were asked if they were aware of the vaccination course to be administered to mother and child. Their response was:

Community	Yes	No	Total
Shikrial Colony	1	1	2
Hansa Colony	1	0	1
100 Quarters	3	0	3
48 Quarters	0	1	1
Total	5	2	7
Percentage	71%	29%	100%

Almost a third of the teenage mothers were not aware of the essential vaccination course for mothers and children. This provides ample evidence of perils of early pregnancies and lack of awareness among adolescents.

3.5.7.2 Necessity of vaccination course for mother and child

Those mothers who had replied in affirmative to the previous question were further if they considered such a vaccination course as necessary for protection from diseases. Their response was as follows.

Community	Yes	No	Total
Shikrial Colony	0	1	1
Hansa Colony	0	1	1
100 Quarters	3	0	3
48 Quarters	0	0	0
Total	3	2	5
Percentage	60%	40%	100%

It is alarming that 40% of those teenage mothers who knew about the vaccination course did not consider it necessary. This poor level of awareness of such essential precautions can cause serious repercussions for the health of young mothers and their off-springs.

3.5.7.3 Effect of poor diet and health of mother on child's health

All the respondents were asked if in their opinion poor diet and health of the mother had any adverse effect on the health of the child. Their response was as follows:

Community	Yes	No	Don't know	Total
Shikrial Colony	0	1	1	2
Hansa Colony	0	1	0	1
100 Quarters	3	0	0	3
48 Quarters	0	0	1	0
Total	3	2	2	7
Percentage	42%	29%	29%	100%

It is appalling that less than half the respondents knew about the importance of proper diet and health of the mother. This once again proves that early marriages and early pregnancies carry a large number of risks for the young mother as well as the child.

3.5.7.4 *Ante-natal and post-natal check-ups*

All the respondents were asked if they were aware of the ante-natal and post-natal check ups.

Community	Yes	No	Total
Shikrial Colony	0	2	2
Hansa Colony	1	0	1
100 Quarters	3	0	3
48 Quarters	0	1	1
Total	4	3	7
Percentage	57%	43%	100%

Again, almost a half of the respondents were not even aware that there exist any ante-natal or post-natal check-ups. Another example of perils of early pregnancies.

Surprisingly, in response to a further question all the respondents said that they had actually had ante-natal and post-natal check-ups. This does appear strange that even those respondents who are not aware of these check-ups actually had them. It may however be attributed to misconception. While the mothers of these teenagers may have taken them for a ante-natal check-up, they might not have know the technical name for the check-ups being made. However, it is comforting to know that in actual practice all teenage mothers benefitted from such tests.

3.5.7.5 *Necessity of ante-natal and post-natal check-ups*

All those respondents who replied in affirmative were asked if they considered such ante-natal and post-natal check-ups necessary for the good health of the mother and child. All of them replied in affirmative again.

3.5.7.6 *Tetanus shots during pregnancy*

Respondents were asked if they received tetanus shots during pregnancy. All of them replied in affirmative. This shows that health services in general a doing a satisfactory job.

3.5.7.7 *Place of delivery*

Respondents were asked to name the place where the delivery of their child took place. All of them said their babies were delivered at a health facility (not at home).

A further question was asked about the person who attended to the delivery. All the respondents said that a doctor attended to the delivery. This is quite satisfactory.

### 3.5.8 Perception about abortion

#### 3.5.8.1 Necessity of abortion

Respondents were asked to name the circumstances when abortion may be considered necessary. Many respondents named more than one situation; hence the number of responses are greater than the number of respondents.

Communities	When there is Threat to mother's health	In cases of rape	When mother is unmarried	When mother does not want to have a child	It should not be done in any case
Shikrial Colony	2	0	0	1	1
Hansa Colony	1	0	0	0	0
100 Quarters	2	3	2	0	0
48 Quarters	1	0	0	0	0
Total	6	3	2	1	1

#### 3.5.8.2 Means of abortion

Respondents were asked what, where, or whose services, would they seek for abortion.

Communities	Hospital/ Clinic	Quack	Mid-wife	Home Remedy	Total
Shikrial Colony	2	0	0	0	2
Hansa Colony	1	0	0	0	1
100 Quarters	1	0	1	1	3
48 Quarters	1	0	0	0	1
Total	5	0	1	1	7

It appears that importance of getting the abortion done at a proper health facility and through a medical attendant is quite there. The one respondent who opted for home remedy may have been constrained to think or reply in this manner due to taboo or stigma attached to the idea of abortion. Since, most abortions in the country are associated with illegitimate or out of wedlock children, people do not wish the news to travel; hence their preference for home-remedies to prevent rumors.

#### 3.5.8.3 Actual incidence of abortion

Only two teenagers had actually got abortions done. Both were from Shikrial Colony. One of them said it was an accident while the other said it was procured due to the poor health of the mother.

One abortion had been carried at a hospital while the other had been done at home through a mid-wife.

Once again, this provides testimony to perils of early marriages and early pregnancies.

### 3.5.9 Perception about contraception and family planning

#### 3.5.9.1 Awareness about contraception

All the respondents were asked if they knew about contraception. 4 of them (2 from Shikrial, and one each from Hansa and 100 Quarters) said yes they did while the rest 3 said they didn't.

Those who knew about contraception were further asked if they had actually used any

contraception method. All of them said they had.

The fact that almost a half of the teenage mothers didn't even know about contraception is quite alarming and indicative of need to spread awareness on this vital means of avoiding unnecessary early pregnancies.

3.5.9.2 Awareness of the term Family Planning.

All the respondents were asked if they knew or had heard of the term Family Planning. All except one respondent (from Shikrial) said that they were aware of the term.

The six respondents who knew about Family Planning were further asked if they considered family planning as necessary for the health of mother and child. 4 of them said they did while 2 (1 each from Shikrial and 100 Quarters) said they did not think family planning was necessary for a healthy mother and child. Now this lack of awareness needs to be redressed.

3.5.10 Perception about early marriages

3.5.10.1 Difficulty in discharging responsibilities as a wife and mother

The seven teenage mother respondents were asked "Do you think it is more difficult to carry out the responsibilities as a wife and mother for adolescents than for adults?" Their responses were:

Community	Yes	No	Total
Shikrial Colony	0	2	2
Hansa Colony	0	1	1
100 Quarters	3	0	3
48 Quarters	1	0	1
Total	4	3	7
Percentage	57%	43%	100%

Not much can be inferred from this response as due to joint family system in Pakistan, a young wife or mother does not really feel the true burden of running a household or motherhood in presence of a host of relatives. However, the fact that more than a half of the respondents felt that young mothers have greater difficulty in discharging their responsibilities as a wife and a mother than adults is something that ought to be brought to the knowledge of other adolescents who may be forced or tempted into early marriages.

3.5.10.2 Impact of early marriages on psychological well-being

The seven teenage mothers were asked "Do early marriages affect the psychological well being of man/women?" Their response was quite akin to the previous question.

3.5.10.3 Impact of early marriages on physical well-being

The seven teenage mothers were asked "Do early marriages affect the physical well being of man/women?" All except two respondents (both from Shikrial) said it did.

3.5.10.4 Mother/child mortality rate

The seven teenage mothers were asked "Do you think early marriages are one of the causes of increase in mother/child mortality rate?"

Community	Yes	No	Don't know	Total
Shikrial Colony	0	0	2	2
Hansa Colony	1	0	0	1
100 Quarters	1	0	2	3
48 Quarters	1	0	0	0
Total	3	0	4	7
Percentage	43%	0%	57%	100%

It is amazing that 57% of the respondents did not have any idea about the contribution made by early marriages to the high rate of mother/child mortality in the country. Once again, this is an indication of poor level of awareness among teenagers on such important issues.

### 3.6 Data on General Health Facilities in Islamabad

#### 3.6.1 OPD in Medical Centers of Islamabad

There are six medical centers in and around Islamabad that cater for residents of the five communities covered by this study. The following information relating to the scope of this study was prepared in respect of Outside Patient Departments of these medical centers.

Name of Hospital or Medical Center	Patients coming from	% of OPDs	% of Adolescents with reproductive health issues	Main patients among adolescents
Medical Center G-9/1, Islamabad	Hansa Colony	60 to 65%	4 to 8%	Females with STI and RTIs.
Medical Center I-10, Islamabad	Kachi abadi near Metro Plaza	50 to 60%	80%	Females with RH issues
Medical Center Rawal Town	Chak Shahzad	30%	0.1%	Occasional male patient with STI
Medical Center G-7/3, Islamabad	France Colony, Faisal Colony and 48 Quarters	55%	4 to 5%	Married females
Medical Center G-10, Islamabad	Hansa Colony	30 to 45%	1 to 2%	Married females
Medical Center I-8/1, Islamabad	Kachi abadi	50%	4 to 5.5%	Females with UTI. No males.

#### 3.6.2 Facilities available at the Medical Centers serving slum areas

##### 3.6.2.1 Availability of services related to sexual and reproductive health

Four out of 5 medical centers said that they offered services relating to sexual and reproductive health issues. Only the medical center in G-7/3 did not offer these services.

##### 3.6.2.2 Availability of qualified staff and medicines

All the five medical centers said they had qualified staff and medicines available for patients.

##### 3.6.2.3 Availability of all screening and diagnostic facilities for STDs

None of the five medical centers had these facilities for STDs.

##### 3.6.2.4 Presence of a special department for STD or Reproductive Health facilities

None of the five medical centers had a special department dealing exclusively with STD or reproductive health issues.

- 3.6.2.5 Capacity to handle emergencies related to STD cases  
None of the five medical centers had the capacity to handle emergencies related to STD cases.
- 3.6.2.6 Arrangements with any NGO or PLAN for special services to adolescents  
None of the five centers had entered into any MOU or other arrangements with any NGO or PLAN for providing special services to adolescents on STD and reproductive health related issues.
- 3.6.2.7 Referrals of adolescents with STD cases from community based organisations to medical centers
- A. All of the five medical centers felt that referrals to them from the community were benefitting the adolescents in the community.
  - B. All the five centers were asked if their medical staff was aware of referrals from the community. 2 of the centers replied in affirmative and 3 in negative.
  - C. When asked if the mode of referrals needed to be developed more on formal lines, all of the five medical centers replied in affirmative.

#### 4. ANALYSIS

##### 4.1 Basis for Analysis

In the previous chapter, we tabulated the responses received to the questions asked from the adolescents in three different age groups. In this chapter, we will try to relate the findings from all three age groups and try to analyze the situation on an overall basis.

##### 4.2 The Basic Situation

The study covered six colonies or localities in and around Islamabad that are inhabited by poorer segments of the city's people. These areas are generally far behind the amenities available to the rest of the city. The adolescents residing in these areas have problems that are quite different from the youth living in more affluent areas. Hence, this study was conducted to map out the situation actually experienced by the adolescents living in marginalized areas.

##### 4.3 Adolescents' Profile

The following observations stand out.

###### 4.3.1 Age-wise classification of adolescents

A total of 3,378 adolescents, including 1,739 males and 1,639 females, lived in the studied areas. 1,450 adolescent, including 730 males and 720 females, were in age-group 9 – 13 years. 922 adolescents, including 467 males and 455 females, were in age group 14 – 16 years. 1,006 adolescents, including 542 males and 464 females, were in age group 17 – 19 years.

###### 4.3.2 Marital classification of adolescents

Only 13 males and 43 females among the total number of adolescents were married. 19 adolescents were mothers, having a total of 36 children.

###### 4.3.3. Classification of adolescents on educational level basis

		9 – 13 yrs	14 – 16 yrs	17 – 19 yrs	Total
Educated up to under-Primary level	Male	321	33	23	377
	Female	281	25	13	319
	Total	602	58	36	696
Educated up to Primary level	Male	214	131	87	432
	Female	231	136	69	436
	Total	445	267	156	868
Educated up to Middle School level	Male	27	132	107	266
	Female	44	126	69	239
	Total	71	258	176	505
Educated up to Junior high school level	Male	0	52	114	166
	Female	0	51	113	164
	Total	0	103	227	330
Educated up to High school level	Male	0	5	63	68
	Female	0	7	55	62
	Total	0	12	118	130
Educated up to Graduate level	Male	0	0	8	8
	Female	0	0	17	17
	Total	0	0	25	25
<b>Total All levels</b>	<b>Male</b>	<b>562</b>	<b>353</b>	<b>402</b>	<b>1317</b>
	<b>Female</b>	<b>556</b>	<b>345</b>	<b>336</b>	<b>1237</b>
	<b>Total</b>	<b>1118</b>	<b>698</b>	<b>738</b>	<b>2554</b>

#### 4.3.4 Number of Adolescents actually interviewed

A total of 293 adolescents, in three distinct age groups, were interviewed for the purpose of this study.

Colony		9-13 yrs	14-16 yrs	17-19 yrs	Total
France	Male	5	13	11	29
	Female	5	7	10	22
	Total	10	20	21	51
Shikrial	Male	5	10	10	25
	Female	6	10	8	24
	Total	11	20	18	49
Faisal	Male	5	10	10	25
	Female	5	6	10	21
	Total	10	16	20	46
Hansa	Male	6	10	11	27
	Female	5	10	8	23
	Total	11	20	19	50
100 Quarters	Male	5	10	10	25
	Female	4	11	8	23
	Total	9	21	18	48
48 Quarters	Male	5	10	10	25
	Female	5	10	9	24
	Total	10	20	19	49
Total	Male	31	63	62	156
	Female	30	54	53	137
	Total	61	117	115	293
Percentage		21%	40%	39%	100%

#### 4.3.5 Educational Level attained by respondents

	Gender	Illiterate	Less than Primary	Primary	Middle	Junior High	High School	Graduate	Total
Age group 9 – 13 years	Male	2	4	13	11	1			31
	Female	2	14	13	1	0			30
	Total	4	18	26	12	1			61
Age group 14 – 16 years	Male	5	8	11	23	10	6		63
	Female	2	6	13	18	14	1		54
	Total	7	14	24	41	24	7		117
Age group 17 – 19 years	Male	10	5	7	11	7	20	2	62
	Female	2	4	6	6	11	21	3	53
	Total	12	9	13	17	18	41	5	115
Total	Male	17	17	31	45	18	26	2	156
	Female	6	24	32	25	25	22	3	137
	Total	23	41	63	70	43	48	5	293

Considering that most of the adolescents interviewed were still going to school, it would not be

wise to try to reduce the above chart to percentages for an educational profile of respondents. Suffice it to say that the above figures are significantly better than the national average.

#### 4.4 Awareness about puberty and reproductive system of humans

- A. Only 38% of respondents in age group 9-13 years, 72% of respondents in age group 14 – 16 years and 81% of respondents in age group 17 – 19 had heard the term puberty.
- B. In all three age groups, a majority of respondents said that they heard the term puberty from AFC.
- C. In all three age groups, the most preferred source of information on puberty related issues was AFC.
- D. Only 49% of respondents in age group 9 – 13 years, 75% of respondents in age group 14 – 16 years and 83% of respondents in age group 17 – 19 years were aware of physical changes in the body caused by puberty.
- E. Only 36% of respondents in age group 9 – 13 years, 62% of respondents in age group 14 – 16 years and 73% of respondents in age group 17 – 19 years were aware of emotional changes in one's person caused by puberty.
- F. 62% of respondents in age group 14 – 16 years and 72% of respondents in age group 17 – 19 years had heard about reproduction system of men and women. This shows that a high percentage of respondents over 14 years of age were still unaware of reproductive system. This point to a need for mounting more awareness programs.
- G. In both these age groups, a majority of respondents said that they had heard about reproductive system from AFC which was also named as the most preferred source of information on the subject by a majority of respondents.
- H. 54% of respondents in age group 9 – 13 years, 55% in age group 14 – 16 years and 50% in age group 17 – 19 had attended formal sessions or classes at their AFCs on reproductive system. While AFCs seem to be doing a good job in this regard, there is clearly a need to publicize their existence as almost 50% of intended beneficiaries are still not attending their sessions.

#### 4.5 Interaction with family members and friends on issues relating to puberty

##### 4.5.1 Interaction with mothers

- A. A vast majority (over 90%) of respondents in all three age groups was living with their mothers. And yet the awareness levels on puberty and reproductive system were so low. This situation points to two things: firstly the mothers are not educated and secondly there are social taboos which prevent mothers from discussing puberty and reproductive health matters with their off-springs.
- B. 60% of respondents in age group 9 – 13 years, 57% of respondents in age group 14 – 16 years and 43% of respondents in age group 17 – 19 years found it easy or very easy to talk to their mothers on matters of importance to them.
- C. 75% of respondents in age group 9 -13 years, 67% of respondents in age group 14 – 16 years and 81% of respondents in age group 17 – 19 years never discussed puberty or reproductive health issues with their mothers.
- D. Lack of education in mothers appears to be preventing mothers from fostering a meaningful relationship with their children. An interesting observation that emerged from individual analysis was that male adolescents appeared more willing to discuss matters of importance with their mothers than did their female counterparts.

##### 4.5.2 Interaction with fathers

- A. A large majority of respondents in all age groups were living with their fathers. However, the level of communication between respondents and their fathers on issues that were of importance to respondents, or issues like puberty and reproductive

health, was very low. One reason for this state of affairs is the social posture of fathers who maintain an air of aloofness in order to maintain their authority over the family. This and such other attitudes are impeding two-way communication and depriving adolescents of valuable source of information.

- B. 49% of adolescents in age group 9 – 13 years, 52% of adolescents in age group 14 – 16 years and 64% of adolescents in age group 17 – 19 years found it difficult or very difficult to discuss with their fathers the issues that were important to them.
- C. The situation gets worse when it comes to issues related to puberty and reproductive health. 75% of adolescents in age group 9 – 13 years, 78% of adolescents in age group 14 – 16 years and 91% of adolescents in age group 17 – 19 years found it difficult or very difficult to discuss these issues with their fathers.

#### 4.5.3 Interaction with siblings

- A. Most of the respondents in all age groups had siblings and were living with them in the same household. Level of communication between siblings on issues of importance to respondents was generally quite satisfactory – much higher than between respondents and their parents. However, as far as discussions on puberty and reproductive health related issues are concerned, respondents were found to be shy of discussing them even with their siblings.
- B. 60% of adolescents in age group 9 – 13 years, 47% of adolescents in age group 14 – 16 years and 46% of adolescents in age group 17 – 19 years found it easy or very easy to discuss issues of importance to them with their siblings.
- C. However, when it came to discussing issues related to puberty and/or reproductive health, 70% of adolescents in age group 9 – 13 years, 53% of adolescents in age group 14 – 16 years and 67% of adolescents in age group 17 – 19 years never discussed them with siblings.

#### 4.5.4 Interaction with friends

- A. A very large majority of respondents claimed to have friends which is a good positive sign.  
70% of adolescents in age group 9 – 13 years, 77% of adolescents in age group 14 – 16 years and 89% of adolescents in age group 17 – 19 years found it easier to discuss issues with their friends than with their family members (parents or siblings).  
The respondents also expressed a preference for peer education mode of delivery for information related to important issues, including those relating to puberty and reproductive health.
- B. 88% of adolescents in age group 9 – 13 years, 84% of adolescents in age group 14 – 16 years and 92% of adolescents in age group 17 – 19 years found it easy or very easy to discuss issues of importance to them with their friends.
- C. However, when it came to discussing issues related to puberty and/or reproductive health, 54% of adolescents in age group 9 – 13 years, 31% of adolescents in age group 14 – 16 years and 20% of adolescents in age group 17 – 19 years never discussed them with friends. It appears that as the adolescents grow older, they start discussing these issues more freely with their friends.
- D. Nonetheless, 70% of adolescents in age group 9 – 13 years, 80% of adolescents in age group 14 – 16 years and 92% of adolescents in age group 17 – 19 had received information on reproductive health from their friends and a great majority of that information was found to be useful by them.
- E. 78% of adolescents in age group 9 – 13 years, 76% of adolescents in age group 14 – 16 years and 77% of adolescents in age group 17 – 19 years felt that peer education was a good form of disseminating information to them. Not strangely, the support for peer education was more profound among boys than girls.

#### 4.6 Awareness on Personal Hygiene and Hygienic Life Style

- A. On average more than 90% of respondents in all three age groups were practicing basic personal hygiene principles like washing hands before and after meals, cleaning themselves with water and soap after using a toilet and taking regular baths. This is a very high encouraging situation given the level of poverty in the localities.
- B. 87% of adolescents in age group 9 – 13 years, 96% of adolescents in age group 14 – 16 years and 98% of adolescents in age group 17 – 19 years were aware that a person is more vulnerable to infections (and diseases) if he/she has poor personal hygiene.
- C. Similarly, 75% of adolescents in age group 9 – 13 years, 79% of adolescents in age group 14 – 16 years and 82% of adolescents in age group 17 – 19 years were aware that taking contaminated food or water can increase the risk of contracting infection and/or diseases.

#### 4.7 Awareness and presence of sexual molestation

- A. 26% of adolescents in age group 9 – 13 years, 30% of adolescents in age group 14 – 16 years and 34% of adolescents in age group 17 – 19 years admitted to have been touched by adults in areas which made them feel uncomfortable. This is a very high level of potential sexual molestation.
- B. 13% of adolescents in age group 9 – 13 years and 22% of adolescents in age group 14 – 16 years had experienced inappropriate behavior or attitude from older persons. 88% of those in age group 9 -13 and 46% of those in age group 14 – 16 years who had been subjected to such a behavior had reported the incident to their parents. This clearly points to a need for spreading awareness among youth that such incidents should not be condoned; instead these should be reported to parents and other authorities and followed up to prevent reoccurrence.
- C. 10% of respondents in age group 17 – 19 years said they had been forced to have sexual intercourse against their will by adults. 9% of respondents said they had received gifts and/or money in exchange for sexual intercourse. This tendency needs to be arrested as it generally destroys youth in such closed societies as are normally found in Pakistani milieu.

#### 4.8 Awareness of Hepatitis

- A. 69% of adolescents in age group 9 – 13 years, 76% of adolescents in age group 14 – 16 years and 87% of adolescents in age group 17 – 19 years were aware of this disease.
- B. 79% of adolescents in age group 9 – 13 years, 82% of adolescents in age group 14 – 16 years and 80% of adolescents in age group 17 – 19 years who were aware of this disease also knew that it was curable.
- C. 67% of adolescents in age group 9 – 13 years, 79% of adolescents in age group 14 – 16 years and 80% of adolescents in age group 17 – 19 years who were aware of this disease also knew that there were more than one type of Hepatitis.
- D. Only 38% of adolescents in age group 9 – 13 years, 53% of adolescents in age group 14 – 16 years and 46% of adolescents in age group 17 – 19 years who were aware of this disease knew that people can take a simple test to find out whether or not they had Hepatitis.
- E. And finally, 60% of adolescents in age group 9 – 13 years, 64% of adolescents in age group 14 – 16 years and 77% of adolescents in age group 17 – 19 years who were aware of this disease also knew that this disease can be contracted by one person from another.

#### 4.9 Awareness on HIV, AIDS and other STDs

Questions on this area were included in only those questionnaires that were used to interview adolescents in age groups 14 to 19 years.

- A. 57% of adolescents in age group 14 – 16 years and 78% of adolescents in age group 17 – 19 years had heard of HIV and AIDS. This is indeed a poor level of awareness.
- B. 52% of adolescents in age group 14 – 16 years and 68% of adolescents in age group 17 to 19 years who knew about HIV and AIDS, also knew that it was curable. Now this high level of unawareness could be a two-edged sword. On the one hand, a thought that this disease is not curable can force a youth to stay away from unprotected sexual activity and on the other hand it can cause an infected youth to refrain from seeking cure and thus lead to spread of the disease among others.
- C. 75% of adolescents in age group 14 to 16 years and 59% in age group 17 – 19 years who had heard about HIV / AIDS knew that one can take a simple test to find out if he/she were suffering from it.
- D. 81% of adolescents in age group 14 – 16 years and 88% in age group 17 – 19 years who had heard about HIV / AIDS knew that these diseases can be contracted by one person from another. They were able to name sources of contracting these diseases like sexual intercourse, sharing infected needles, using untested blood infusion, homosexuality, etc. Many, if not most, were also able to name the signs which appear when one contracts an STD.
- E. 30% of adolescents in age group 14 – 16 years and 64% in age group 17 – 19 years who had heard about HIV / AIDS also knew that there were other diseases that can be contracted by one person from another.
- F. Almost all the adolescents who had heard of HIV / AIDS had an idea about where to go for seeking initial help if they suspected that they or a friend has contracted such a disease. Placed named included pharmacies, governmental hospital, health centers and clinics, private hospitals, clinics and health centers, etc.

#### 4.10 Awareness on Drug Abuse

- A. 98% of adolescents in age group 14 – 16 and 96.5% of those in age group 17 – 19 had never smoked a cigarette. Those who had smoked had smoked less than 2 cigarettes in the entire last week. So, thankfully, it can be said that cigarette smoking is not common among the adolescents of surveyed localities.
- B. 92.3% of adolescents in age group 14 – 16 and 95.6% of those in age group 17 – 19 had never taken alcohol. This is all the more reassuring when we consider that the majority of respondents were Christians who are not forbidden by their religion to take alcohol. Perhaps due to severe restrictions on availability of alcohol in the country – and consequently its very high prices – alcohol consumption does not appear to be a serious social issue in these localities.
- C. Less than 3% of adolescents in either age group admitted to having used any other drugs. Those who had used them said they had been provided those by a friend or a work colleague. It appears that drug abuse is not a problem in surveyed areas.

#### 4.11 Perceptions about early marriages

- A. 66% of adolescents in age group 13 – 16 years and 65% of them in age group 17 – 19 years knew the provisions of law about minimum age for marriages. This is a low level of awareness on this important aspect.
- B. 64% of adolescents in age group 13 – 16 years and 54% of those in age group 17 – 19 years felt that the right age to get married is mid to late twenties. Generally, boys were in favor of later marriages and girls were in favor of earlier marriages. Considering that in Pakistan, brides are generally 3 to 6 years younger than grooms, this difference is understandable. Also, considering that getting married is the only way in which a couple can live together, preference for marriage in twenties is not

- surprising.
- C. 89% of respondents in age group 13 – 16 years and 94% of those in age group 17 – 19 years agreed that physical maturity was necessary before getting married. Likewise 87% of respondents in younger group and 93% in older group felt that mental / emotional maturity was necessary before getting married. This is a sufficiently high level of awareness on these important aspects of marriage.
  - D. 86% of respondents in age group 13 – 16 years and 89% of those in age group 17 – 19 years felt that they had the right to express an opinion on matters relating to their marriage. This is a welcome sign of the changes that are coming across Pakistan where traditionally parents have made all the decisions relating to the marriage of their off-springs including choosing the life partners.
  - E. 100% of in age group 13 – 16 years and 90% of those in age group 17 – 19 years felt that getting married in teenage can cause problems to physical health of a woman. Similarly, 75% of adolescents in age group 13 – 16 years and 82% of those in age group 17 – 19 years felt that getting married in teenage can cause problems to physical health of a man.
  - F. 84% of respondents in age group 13 – 16 years and 90% of those in age group 17 – 19 years agreed pregnancy in teenage can cause serious threats to the health of mother and child.

#### 4.12 Perception and use of health facilities / AFCs, etc.

- A. 69% of adolescent ins age group 13 -16 and 72% of those in age group 17 – 19 were aware of the existence of a health facility in their community from where they could obtain information about reproductive health matters. Facilities named by the respondents included hospitals, clinics, health centers and AFC. In fact, AFCs were named by more respondents than any other facility. In over 95% of the cases, the respondents said that they facility named by them was easily accessible to them. While this level of awareness is fairly good, it is still below the desired 100% mark.
- B. 64% of adolescent ins age group 13 -16 and 83% of those in age group 17 – 19 who had said they were aware of health facilities had actually visited such a facility. The incidence was greater among boys than girls. Those who had actually visited a facility were generally satisfied with the information provided, and were comfortable enough to ask questions. They were also generally quite satisfied with the level of confidentiality maintained at these facilities.
- C. 89% of adolescent ins age group 13 -16 and 98% of those in age group 17 – 19 had heard of an AFC. 83% and 74% of those in respective age groups who had heard of AFC had actually visited one in the past three months. 90% of those who had used the facility had used it on more than one occasion.
- D. Most respondents were able to enumerate the services or information offered at AFCs.
- E. 90% of those in the first age group and 64% of those in the latter age group who had visited AFC had actually attended formal sessions / classes. Most had attended the sessions on several occasions.
- F. 93% of respondents in the first age group and 73% in the latter age group who had visited AFC said that AFCs were playing a major role in increasing awareness among adolescents in their respective communities regarding reproductive health issues. This was a very encouraging observation.
- G. 94% of respondents in the first age group and 80% in the latter age group who had visited AFC found the information/advice given to them at AFC useful and helpful.
- H. About 90% of respondents felt that more AFC should be opened to increase the awareness levels and to help youngsters in reproductive health matters. A very small percentage however voted for closure of existing AFCs.

#### 4.13 Vocational skills training and engagement in economic activity

- A. 35% of respondents in age group 13 – 16 years and 50% of the respondents in age group 17 – 19 years said that they had received some vocational training. However, this information should be evaluated in light of the number of adolescents in these age groups who were attending regular school. Some parents send their child, mainly the male ones, to both a formal school and also to some vocational training.
- B. 22% of respondents in age group 13 to 16 years and 61% in age group 17 to 19 years said that they were engaged in some form of economic or income generating activity. More females than males were said to be involved in such economic activities. Given the level of poverty in the surveyed localities, these percentages are not surprising.
- C. 91% of respondents in both age groups claimed to be engaged in channelizing their energies to productive pursuits. For this purpose productive pursuits were said to include education, economic activity and acquiring skills. This is a healthy sign and needs to be promoted.
- D. 85% of respondents in the first age group and 92% in the second age group said that vocational training should be provided to youth in addition to normal schooling. This is another healthy trend, reflective of economic hardships faced by people in surveyed localities.
- E. 73% of respondents in age group 13 – 16 and 65% in age group 17 – 19 said that linkages should be developed between AFCs and vocational training institutions in order to promote such training.

#### 4.14 Teenage Mothers

In the communities surveyed, the total number of teenage mothers was only 19. Out of these, 7 were interviewed for this study. While teenage mothers constitute a very tiny percentage of total adolescent population (19 out of 3378, or 0.56%), it is necessary to ensure that they are provided with all the help and assistance they need to perform as useful members of the society as well as attain their personal objectives in life.

- A. The level of education among the teenage mothers is fairly close to the rest of the adolescents. However, the sad aspect is that in most cases, teenage mothers cease to continue with their studies once they have children. This tendency needs to be controlled through providing both awareness and means to teenage mothers.
- B. There were no unwed mothers which is consistent with social norms in Pakistan.
- C. Alarmingly, some girls had been married off at only 14. This is both illegal and unreasonable. More awareness needs to be spread among parents as well as adolescents on the risks of early marriages as well as early pregnancies.
- D. Attitude towards abortions was found to be consistent with the social behavior. 2 teenage mothers had procured abortions, one on the grounds of mother's health and other was claimed to be an accident. In both cases, a better state of awareness could have prevented the tragedy.  
On the positive side, most respondents said that if they had to seek abortion they would go to a hospital or clinic, rather than get it done at home.
- E. None of the teenage mothers were working, but all had working husbands.
- F. The level of awareness among teenage mothers on maternal health issues was found to be quite low. Almost a third of them were not even aware of importance or availability of vaccination course for mothers and child. Similarly, less than half of them knew about the possible ill-effects of poor diet and/or mother's poor health on child's health. Again, more than half of the respondents were not aware of the existence of ante-natal or post-natal check-ups. This situation needs to be redressed through special awareness programs for teenage mothers.
- G. All the teenage mothers knew about contraception, and all but one knew about family planning. A majority of teenage mothers were now practicing family planning. They agreed that family planning was necessary for the good health of mother and child. This shows that awareness being spread by NGOs and AFCs is beginning to have

some effect.

- H. Only half of the teenage mothers felt that early marriages make it difficult to satisfactorily discharge the responsibilities of a mother and wife. The reason for this lies in social set up where joint family system greatly reduces the burden on young mothers. Most teenage mothers also agreed that early marriage has a negative impact on their physical and psychological well being. However, only 43% knew that early marriages are a contributory cause of high mother/child mortality rate.

#### **4.15 State of General Health Facilities available to slum localities in Islamabad**

Residents of slum localities usually have to go inside the city to get health facilities. All the communities covered by the study had such facilities available within reasonable distance. However, the quality, range and nature of services available is well below satisfactory levels.

- A. On average, around 4% of the OPD cases dealt with at these facilities related to STD or reproductive health issues among adolescents.
- B. 4 out of 5 facilities surveyed said they offered services related to sexual and reproductive health issues and claimed that they had qualified staff and medicines for this purpose.
- C. None of the facilities surveyed had screening and diagnostic facilities for STD. None had a special department dealing with such cases or ability to handle emergency cases in this regard. None of the clinics had entered into any arrangement with any NGO for providing special services to adolescents in the area of reproductive health. This is one area where NGOs and social planners need to work on.
- D. It appears that there is some form of referral system where community organizations send adolescents to medical facilities for assistance in sexual and reproductive health issues. All the clinics said that the system needed improvement but it was nonetheless helping the adolescents considerably.

#### **4.16 Focus Group Discussions: Qualitative Analysis**

After the quantitative data had been analyzed, Focus Group Discussion sessions were held with communities in all the six localities covered by this study. The observations made at these discussions are summarized below.

- A. About half of the population in the localities was aware of the existence of the AFCs. This awareness had principally been spread by the social mobilization efforts of AFCs managers. It was felt that more promotion was needed to spread this awareness among all the members of the communities concerned. For this purpose, print media, radio programs and announcements through local TV cable-operators should be used.
- B. People were by and large quite positive towards the work being done by the AFCs. They considered the activities of AFCs as healthy and constructive which were helping the adolescents gain self-confidence and pertinent knowledge about issues that were important to them.
- C. People were particularly appreciative of the sessions (or classes) being conducted at AFCs for spreading awareness on reproductive health issues. The importance of this education was duly acknowledged. The general consensus was that these sessions should be held more regularly and more often and at more places so to cover the entire population. Some useful suggestions were received about the order of arranging the topics within the session. These were noted by AFC personnel and are being paid due attention.
- D. One important observation was about the need to educate the parents of adolescents just as much as the adolescents themselves. Due to the low level of education among the parents, the lessons being taught at AFCs were not having a full effect. The parents are either unable to augment what adolescents learn at AFCs, or more sadly they actually resist what they consider as “western propaganda”. This is a real issue which

AFCs should address. Perhaps more formal classes or sessions for parents should also be arranged separately. This will help not only on ensuring that the adolescents get the full benefit of knowledge being imparted to them on reproductive health issues, but also help in such areas as preventing early marriages and pregnancies.

- E. Appreciation was also given for healthy sports activities arranged by AFCs from time to time. For example, tournaments were organized in such popular sports as cricket, football and badminton. Due to paucity of space and financial resources, AFCs cannot provide indoor or outdoor sports facilities or rooms. However, all the participants at focus group discussions agreed that sports were a healthy influence on the adolescents and a potent means of attracting them to AFCs.
- F. Suggestions were also received for mounting English language classes for adolescents which could help them improve their general standing in the society and perhaps get better jobs and be able to benefit more fully from internet and other sources of information.
- G. One pertinent observation made was that in addition to “talking about reproductive health issues”, AFCs should also try to arrange medical camps from time to time to enable the adolescents get first hand exposure and assessment of their problems. Going to a medical facility is generally a scary thought among adolescents. If medical camps could be arranged at a social place like an AFC, this could eliminate such psychological barriers.
- H. The following issues were cited as possible causes of why more adolescents were not coming to AFCs:
  - 1. Social taboos and old traditionalist behavior among elders are also causing some problems. Some parents reportedly discourage their children from going to or listening to what is said at AFCs. To this end, better presentation/promotion of AFCs and mounting of awareness programs were recommended.
  - 2. Some adolescents were working and could not find adequate time to come to AFCs. It was proposed that timings of sessions at AFCs should be made more flexible to ensure more participation by adolescents. Also, situational changes to make the centers more accessible to potential users should be considered.

#### **4.17 Strengths and Limitation of this Study**

##### **4.17.1 Strengths**

- A. This is the first study to collect primary data on the subject in Islamabad’s slum communities, covering adolescents coming from marginalized areas of the city. It provides a useful insight into the real situation obtaining in such areas.
- B. It provides useful data for preparing formal plans for intervention.
- C. It clarifies a number of misconceptions that are held by both planners as well as social workers about the way adolescents feel about certain things in life, in particular reproductive health, early marriages, their role in society, etc. These changes in attitudes and circumstances must be taken into consideration by the society leaders when they make various decisions concerning adolescents.
- D. It indicates the areas of concern where more work needs to be done as outlined in recommendations in the next chapter.

##### **4.17.2 Weaknesses**

This study suffers from one major weakness. It is confined to six marginalized communities of Islamabad only. These communities may or may not be truly representative of all such communities in the country. For example, the level of education and general maturity among adolescents revealed by this study may not be prevalent in other slum areas around other (particularly smaller) cities of Pakistan. While the scope of work being undertaken by PLAN and CHIP constrained the researchers to confine themselves to these six communities of Islamabad alone, there is clearly a need for more such studies in different parts of the country

to arrive at a more reliable assessment of the situation on a country-wide basis.

## **5. Recommendations**

### **5.1 Need to spread awareness**

The study clearly demonstrates that the level of awareness about various areas of importance to adolescents is fairly low among the youths of surveyed localities. There is therefore a need to take steps to increase this level through various means.

While government resources are already over-stretched, the main vehicle for promoting awareness will have to be NGOs or development sector organizations.

They need to plan programs in an organized manner to ensure that the benefit of these programs is sustainable and lasting. Just arranging a seminar or two over a year is not the kind of effort that is needed here.

### **5.2 Cooperation among social planners**

Various bodies that are working in social sector in general and for the well being of adolescents in particular need to join hands and prepare coordinated plans for helping adolescents in less privileged parts of our society. As stated in the opening chapters of this report, adolescents are exposed to a large number of risks all over the world and therefore need any help that can be offered to them.

There is a need for setting up permanent facilities and advisory centers in various parts of not only the surveyed localities but the entire country where adolescents could get useful information on puberty, reproductive health, vocational training and general health matters. These centers require qualified manpower as well as a lot of informative material. Adolescents in marginalized areas cannot be expected to be able to pay for these services; hence provision of advice or material on a commercial basis is untenable. The social sector will have to come forward to provide the necessary assistance through financial commitment.

### **5.3 Promoting AFC**

The most potent source of helping adolescents in marginalized areas appears to be the Adolescent Friendly Centers. These seem to have earned the confidence and trust of youth. These should therefore be strengthened and increased in numbers as well as scope. While NGOs may be tempted to open such centers in only major cities like Islamabad, Lahore and Karachi, the real need for them may lie in smaller towns and rural areas. . The following specific suggestions were made at FGDs in this regard;

- A. Awareness about their existence be spread through local TV cable channels, radio announcements, media, etc.
- B. Awareness programs be mounted for parents of adolescents as well to eliminate or reduce their resistance to AFCs. Small committees comprising of elders be constituted to promote this aspect.
- C. More social activities like quiz competitions, poster competitions, social galas and gatherings should be arranged.
- D. In addition to lectures on reproductive health, actual medical camps should also be held at AFCs.
- E. If some better off NGOs could pool their resources and provide adequate space to AFCs, they can arrange indoor games for adolescents as means of attracting them to AFCs. Regular conduct of indoor sports, open days, social festivals and frequent tournaments and competitions can prove quite potent in this regard.
- F. English language classes may also be mounted to help adolescents get better in their lives and professions.
- G. More AFCs may be opened.

**5.4 Need for improvement in health facilities serving slum areas in Islamabad**

The five or six medical facilities that are serving residents of slum areas are adequately equipped in terms of personnel and facilities to cater for sexual and reproductive health issues faced by adolescents. This is one area where the governmental planners need to take note and provide these essential services.

**5.5 Linkages between various players**

There appears to be no formal effort on the part of any of the players who are individually providing useful services to the community. As a result their work generally remains of sporadic nature and not of much help in long term. There is a need to foster cooperation and coordination among these groups so that their combined efforts could help solve the problems being faced by adolescents in particular and community in general. Some linkages that could go a long way in this regard are:

- a. Formal linkage between AFCs and governmental medical facilities/clinics/hospital operating in the area to ensure adolescents get the right kind of treatment and assistance on reproductive and sexual health issues.
- b. Formal linkages between community-based organizations and vocational training centers to provide relevant and helpful training to adolescents.
- c. Formal discussion among various NGOs operating in the area to avoid unnecessary duplication of efforts and better utilization of limited resources available to them.
- d. Mounting well designed, simple awareness programs and providing literature on sexual and reproductive health issues on an organized basis to adolescents through AFCs and other such community-based units.
- e. Teenage mothers and early marriages need special attention. In addition to AFCs, it is felt that special units providing useful literature and assistance in this regard should be established, preferably through joint efforts between various NGOs and governmental departments.