Reproductive Health Knowledge and Perceptions:

A Rapid Assessment in Four Villages in Sindh

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COLLECTIVE FOR SOCIAL SCIENCE RESEARCH

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I. Introduction

Indus Resource Center (IRC) is scaling up its project "Reproductive Health through Girls' Education", now revised as "Improving Sexual and Reproductive Health Outcomes for Girls through Life Skills Based Education". The purpose of the project is to achieve sustained positive behavior change in communities with respect to the role of women in society, through girls' education and improving reproductive health practices based on interventions during the period 2013-2016.[1] A key element of the IRC strategy is the prioritization of community involvement for adolescents to practice the reproductive health and life skills learning they have received at school, thereby creating an enabling environment for positive health-seeking behaviors.

The purpose of this Rapid Assessment is to assess the needs of the selected communities for the scale-up of the project in Khairpur and Jamshoro Districts with regard to their understanding of reproductive health and related practices. It should serve as a baseline against which progress towards partial achievement of the Project goals can be measured in future, in terms of improved community knowledge attitudes towards adolescent girls' reproductive health. These are with reference to awareness of legal rights among girls, attitudes towards girls' education, general health-seeking behavior of girls, adolescent reproductive health, age at marriage, timing of first pregnancy, care during pregnancy and delivery, family planning, and safe abortion.

II. Methodology

A. Research Sites

The Rapid Assessment took place in two districts. In Khairpur District, two villages were selected in areas where IRC had not previously conducted work related to its Reproductive Health through Girl's Education Project, ie in two villages where expansion of its project work was planned. These were in Kingri and Khairpur *tehsils,* and one additional control site. In Jamshoro District IRC had no history of such project work, and wanted to initiate the process. Two villages were selected, in Kotri and Manjhand *tehsils* each, and one additional control site.

B. Research Tools

The research methodology was a combination of quantitative and qualitative research tools. They included the following:

[1] Indus Resource Centre, Reproductive Health through Girls Education, Project Proposal 2013-2016, Executive Summary. This project is funded by the David and Lucile Packard Foundation.

- A total of 400 questionnaires to assess knowledge, attitudes, myths and perceptions regarding reproduction health among both adult male and female respondents, and adolescent female respondents. They were pretested in the field before finalization. [Male and female adults for questionnaires: ages 25-55 years, adolescent girls ages 12-17]
- Three focus group discussions were held in each site (adult male and female, and adolescent female) comprising of 12-15 respondents, to discuss topics raised in the questionnaires. They number 12 total.
- Key informant interviews in each selected village site.
- Community profiles of each selected village to collect background socio-economic information.

C. Sampling

The village sites were selected where IRC planned to introduce its reproductive health curriculum into its own schools already in place but where there was no other RH work currently underway. Within the selected village, the research team systematically interviewed house to house until one hundred questionnaires had been filled, alternating respondents until 25 adult males, 25 adult females and 50 adolescents had been interviewed. One control site in each district was selected in which there was no IRC activity and none planned. Finally, in the project area we completed 415 interviews as follows: female adults 108, male adults 104; and adolescent girls 203.

D. Fieldwork

1. Training and pre-testing of questionnaire and key informant guidelines took place in Jamshoro over a two-day period.
2. Teams of enumerators/facilitators (4) including one supervisor (1) sent to all sites to conduct fieldwork during October-November 2013.
3. Fieldwork included quantitative survey as well as qualitative data gathering methods discussed above. Each village site was covered in a 4-5 day period.

E. Data entry, coding and analysis

Data entry and coding of the questionnaire findings took place at the Collective. Data was analyzed using SPSS (19.0). Focus group discussions and key informant interviews were summarized in Urdu by field researchers and translated for analysis at the Collective. Secondary data, community profiles and other data was analyzed, as well as the report written at the Collective during November-December 2013.

III. District Profiles

Estimates for overall poverty in Sindh are at 31 percent, and rural poverty at 38 percent. [2] Because of the recent floods, MDG goals to reduce poverty are unlikely to be met, and in fact poverty has most likely increased over the last two years. The National Nutrition Survey 2011 revealed that half of children under age five are stunted and 41 percent underweight in Sindh, and that it is the most food-deprived province in the country[3].

Table 1. Population Figures for Sindh and Districts Khairpur and Jamshoro

	Annual Population Growth Rate (%)	Projected Population 2010	Urban Proportion	Average Household Size
Sindh	2.80	42,399,477	48.8	6
Khairpur	2.71	2,131,705	23.6	6
Jamshoro	2.65	796,711	--	--

Source: Population Census, 1998, quoted in Government of Sindh, *Report on Status of MDGs in Sindh*, p.2.

The annual population growth rate in Khairpur and Jamshoro is slightly lower than the provincial average of 2.8 percent (Table 1). The overall literacy rate in Sindh is 59 percent (Table 2), in Khairpur it is 52 percent and in Jamshoro it is 44 percent only. There is a dramatic gender differential in literacy rate in rural areas.

Table 2. Literacy rate Age 10+ by District (percent)

Region	Rural			Total (Urban + Rural)
	Male	Female	Total	
Sindh	60	22	42	59
Khairpur	69	24	48	52
Jamshoro	52	19	37	44

Source: Pakistan Social and Living Standards Measurement Survey 2010-11. (Note: Literacy is defined as the ability to read a newspaper and write a simple letter.) Quoted in Government of Sindh, *Report on Status of MDGs in Sindh*, p. 23.

Table 3. Maternal health indicators for Sindh and Districts Khairpur and Jamshoro

	Urban	Rural	Total	
Ante-natal care coverage (percent of pregnant women)				
Sindh	79	41	58	
District Khairpur	52	33	38	
District Jamshoro	67	48	53	
Coverage of skilled birth attendants (percent of cases)				
Sindh	76	30	49	
District Khairpur	42	23	28	
District Jamshoro	69	27	36	
LHW coverage in Sindh (by district)[4]				
	Percentage of population covered			**No. of LHWs**
Sindh	46%			22,767
District Khairpur	61%			1,650
District Jamshoro	49%			492

[2] Source: Government of Sindh, *Report on Status of MDGs in Sindh*, p. 8.
[3] Source: Aga Khan University, et al, *National Nutrition Survey 2011*, p. 28.
[4] Source: National Program for Family Planning and Primary Health Care, Program Status Proforma, May 2010, as quoted in Government of Sindh, *Report on Status of MDGs in Sindh*, p. 53.

The coverage of maternal health services in Sindh and Districts Khairpur and Jamshoro is far from adequate (Table 3), even though the Lady Health Worker scheme has expanded a great deal in recent years. In rural Khairpur only 33 percent of pregnant women have ante-natal care coverage, and 23 percent have access to skilled birth attendants. In rural Jamshoro, while almost half of women have ante-natal coverage, only 27 percent have access to skilled birth attendants. This begs the question of how service provision will keep up with growing demand among the rural population for reproductive health care, particularly as awareness increases with interventions such as the one proposed in the current IRC project which will help communities to articulate their reproductive health care needs.

Births, marriages, and deaths are required to be registered at the union councils, however this is not yet common practice. Although NADRA is provided technical assistance to some union council to develop their capacity in this regard, still the process of collecting data remains a problem. At the village level, community members lack awareness about this requirement; adherence is sporadic at best. It was not possible for the purposes of this survey to access such data with respect to our research sites because most respondents did not practice registration of these events with their union councils and the councils themselves did not share the data that they did possess.

Finally, a word on agricultural activities in these districts. These included the cultivation of wheat, cotton, rice, and vegetables. Women take part increasingly in agricultural work, and often girls are taken out of school in order to participate, if they are old enough (in Class 5 or above). They may resume their studies, although it is not always the case, after the harvesting season is over. Respondents did not report any major illnesses as a direct result of agricultural work, other than occasional skin diseases.

IV. Community Profiles

A. District Khairpur

1. Tando Masti Khan

The village Tando Masti Khan is located in *tehsil* Khairpur, Union Council Tando Masti. There are approximately 700 houses in this village, with a population of 5,000. The "*pacca*" households number only about 200, indicating that is the number of relatively well-off families in the community, and the number of poor and destitute households is four hundred. There are 80 households with landholdings of over 25 acres and another 80 with medium landholdings of 10-25 acres. Many families are livestock owners. There is electricity in the village, and 100 households have their own latrines. The primary fuel used for cooking is gas.

The village has boys' and girls' primary and middle schools, run by both the government and by IRC. High schools for both boys and girls are at a distance of 6-12 km from the village, as is one college. There are two privately run *madrassas* in the village, neither of which have posed a problem to activities related to family planning or female education thus far. The village has its own police station and bus stop. However, it does not have its own *mandi* and a main bazaar, PCO, post office, or bank. It has a government Basic Health Unit, and a dysfunctional rural health care centre.

2. Kot Mir Mohammad Khan

The village Kot Mir Mohammad Khan, is in *tehsil* Kingri, Union Council Kot Mir Mohammad Khan. It has 3,000 houses and a population of 11,000. About 150 households could be characterized as relatively wealthier, and 2,000 in the middle-income range, with the remaining as poor or destitute. 300 households own over 25 acres of land, and 2,000 are small to medium landowners (up to 25 acres). 3,000 households have a hand-pump for collecting water as well as a latrine. The village is electrified.

There is one government primary girls school, and one government mixed primary school in the village, along with three mixed private primary schools. The government also runs one middle school and one high school for boys in the village. There are government girls' middle and high schools at a distance of 4km from the village, and a college at 10 km. The village has one *madrassa,* which has not come in the way of any female education or family planning activities to date.

The main fuel used for cooking is gas. The village has one *kiryana* shop, main bazaar, *mandi*, post office, and police station, but a bus stop is at a distance of two km. It has its own BHU, but no rural health care centre/dispensary or child/maternity home. It is connected by *pacca* and *katcha* road to other villages and towns.

3. Control Site: Gujjo Phulpoto

Gujjo Phulpoto is our control site for District Khairpur, located in in *tehsil* Khairpur, Union Council Nizamani. This is the smallest community surveyed for our assessment, with only one hundred houses, half of which were *pacca* and half *katcha*. The population is approximately 900. The economic status of the households is mixed, an estimated 20 households were wealthier, 40 middle-income, and the remaining 40 poor or destitute. There are no large or medium landowners, only 30 households own up to 10 acres of land. Only 25 households have up to 5 livestock, and 8 had 6-10. All are equipped with hand-pumps and latrines, and the village was electrified.

The government provides a boys' and girls' primary school, and a girls' middle school within the village. There are government middle and high schools for boys 4 km and 1 km outside the village respectively. There is a government middle school for girls within the village and a high school for girls at a distance of 4 km. There are

no private schools in the village, but there is one *madrassa*. There is a government college 4 km outside the village.

Gas is used for cooking. The village has a bus stop and *kiryana* shop, but not a main *bazaar*, *mandi* or police station, nor PCO post office or bank, which are all at least 4 km away. There are also no basic health facilities in the vicinity. The village is connected by linked and *pacca* road.

B. District Jamshoro

1. Wada Chachhar

Wada Chachhar is located in *tehsil* Manjhand, Union Council Amri. It is a village of 400 houses, over half of which are *pacca,* with a population of 8,000. About one hundred households are among the relatively better off, 100 are middle income, and the remaining poor and destitute. There are around 100 small landowners, with up to ten acres, and 50 large landowners (with more than 25 acres), another 50 with between 10-25 acres. 250 families are small to medium livestock owners. It appears that most houses have piped water, and the village has electricity. 200 houses have latrines as well. The main fuel used for cooking is firewood.

The village has primary, middle, and high schools for boys run by the government. The only primary school for girls is one run by the government at a distance of 5km from the village. There is one private middle school for girls in the village, and a high school 15 km away, where there is a college as well. There is one *madrassa* in the village as well.

There is one *kiryana* shop, police station and bus stop in the village, but the nearest main bazaar is 15 km away, and main *mandi* is 110 km away. The nearest PCO, post office and bank are all 5-15 km away from the village. There is a rural health care centre run by government in the vicinity, but no Basic Health Care unit near the village. The village is connected by a network of *katcha* and *pacca*/linked roads.

2. Saeed Khan Gopang

This village is in *tehsil* Kotri, Union Council Khuda ki Basti. It has only two hundred houses in it, of which 180 are *pacca* and 20 are *katcha*. Its population is 1,000. Only ten households could be classified as well-off, 40 as middle income, the remainder as poor or destitute. There are no landowners in the village to speak of, and only about 60 households are small to medium (6-10) livestock owners. All households have piped water and 190 have latrines, 10 have protected dug wells, and there is electricity in the village.

The government has built a primary boys' and girls' school each in the village. There are government middle and high schools for boys and girls, and a college, at a

distance of 1-4km from the village. There are no private education facilities, but there is one *madrassa* within the village.

Gas is used for cooking. The economic infrastructure for the village includes a *bazaar* and *mandi*, bus stop, bank, livestock office within a radius of 1-15km. There is no health infrastructure, however, such as a BHU or rural health centre, within the same vicinity. There is a linked and *pacca* road.

3. Control Site: Hashim Chachhar

The village selected as the control site for Jamshoro District is in *tehsil* Manghand. It is comprised of only one hundred households, most of which (75) are *pacca*, and its population is approximately 700. The wealth distribution is approximately one half middle to higher income, and one half poor to destitute. Half of the households are medium to small land owners. Most households own livestock, 55 of which are small to medium livestock owners (5-10 livestock). All the households have piped water, and the village is electrified.

The village has one government primary boys' school, and one private primary girls' school. There are further education facilities to the college level available at a distance up to 5 km from the village, all offered by the government sector. The village also has one *madrassa*.

The main fuel used for cooking is firewood. There is one *kiryana* shop and bus stop, but the main bazaar, post office, bank and police station are 5-20km away. There is no BHU or other health facility in any proximity, but the village is connected by linked and *pacca* road.

V. Respondent Profiles

Table 4. Average monthly income and household size of respondents

	Average Monthly income (Pak Rs.)	Household Size
Jamshoro	11,116	7.26
Khairpur	13,114	7.17
Total	12,115	7.21

Table 4 above shows that our respondents came from households whose sizes were just above the average number quoted for the province of Sindh (see Table 1). Their average monthly income was between Pak Rs. 11-12,000, supporting households over seven persons in size. The average income in the Khairpur village sites was only slightly higher than in the Jamshoro village sites.

A. Adult Male and Female

Table 5. Age groups (adult females)

Age	District (%)		Total (%)
	Jamshoro	Khairpur	
22- 30	37	65	52
31-35	22	7	14
36-40	24	18	20
41-45	6	7	6
46-55	12	4	7
N	51	57	108

The adult female respondents were ages 22-55. The total women surveyed numbered 108, out of whom four were never married. Table 5 shows that in Jamshoro, 22 percent were between age 31-35 and 24 percent ages 36-40. In Khairpur 65 percent were between ages 22-30. There were seven percent of women across sites beyond reproductive age.

Our male adult respondents were ages 22-55 as well (Table 6). The total number surveyed were 104, out of whom four were never married. In Jamshoro almost half of the respondents (48%) were ages 36-45. In Khairpur the larger proportion (48%), were ages 31-40.

Table 6. Age groups (adult males)

Age	District (%)		Total (%)
	Jamshoro	Khairpur	
22- 30	0	12	6
31-35	15	33	24
36-40	33	15	24
41-45	15	12	13
46-55	37	29	33
N	52	52	104

Table 7. Age groups (adolescent girls)

Age	District (%)		Total (%)
	Jamshoro	Khairpur	
12-13	18	26	22
14-15	29	32	31
16-17	53	43	48
N	102	101	203

We surveyed 203 adolescent girls ages 12-17.(See Table 7.) They were almost equally divided between Jamshoro and Khairpur sites. The highest proportion (48%) were in the age group 16-17 years. Next, 31 percent were ages 14-15 and 22 percent 12-13 years of age.

Table 8 below gives the age at marriage for adult males and females surveyed. The largest proportion of female adult respondents (48%) in both sites married before they were age 17. For Jamshoro it is 43 percent and Khairpur 52 percent. In comparison, only 8 percent of men in Jamshoro married before they were age 17 and 15 percent of men in Khairpur did so. However, half of all men (50%) married when they were older, between ages 18-22. The largest gender discrepancies in age at marriage in our research sites take place at the youngest age group and again at the ages 22 +, when over 39% of women and only 13% of women get married.

Table 8. Age at marriage (adult male and female)

Years	District (%)				Total (%)	
	Jamshoro		Khairpur			
	F	M	F	M	F	M
Up to 17	43	8	52	15	48	11
18 - 22	39	48	40	52	39	50
22+	18	44	8	33	13	39
Percent	100	100	100	100	100	100
N	51	52	53	48	104	100

Table 9 below shows the education level of the adult respondents. In Jamshoro more females (84%) than males (58%) had no education at all. The same was true in Khairpur. More males (38%) than females (19%) total had studied up to primary level. Although very few had done intermediate to postgraduate studies, the number was far greater for men (20%) than women (7%). The education figures are nonetheless extremely low for both sexes.

Table 9. Education level (male and female adults)

	District (%)					
	Jamshoro		Khairpur		Total	
	M	F	M	F	M	F
None	58	84	25	65	41	74
Primary	25	14	52	23	38	19
Intermediate to postgraduate	17	2	23	12	20	7
Total	100	100	100	100	100	100
N	52	51	52	57	104	108

Table 10. Ever done paid work (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	35	33	34
No	65	67	66
N	51	57	108

Table 10 shows how many women have ever done paid work, either currently or previously. Most women in Jamshoro (65%) and in Khairpur (67%) said they had never done paid work. This does not mean they have done engaged in agricultural and livestock activities, as almost all women do some kind of work, but that they have not received payment for it.

Out of those women who said they had done paid work, numbered only 37 in total out of our survey, 65 percent said they were currently working (Table 11). Almost twenty percent said they worked only on a temporary basis. This refers to piece-meal work or occasional agricultural labour.

Table 11. Work status (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Currently working	61	68	65
Stopped work	17	16	16
Temporarily worked	22	16	19
N	18	19	37

Women were asked why they engaged in paid work (see Table 12 below). The most common reason in both sites was to "support the family", followed by payment of "own marriage expenses" (54%) and "children's education" (19%). Few women said they worked in order to pay for their children's marriage expenses (2%) or because they were forced to (4%).

Table 12. Reason for paid work (female adult)

	District %		Total (%)
	Jamshoro	Khairpur	
Support the family	55	52	54
Pay for children's education	14	26	19
Pay own marriage expenses	24	13	19
Pay children's marriage expenses	3	0	2
Forced to by others	3	4	4
Bear own expenses	0	4	2
N	29	23	52

All men had a history of paid work. (See Table 13 below.) A closer look at the reasons men gave for their engagement in paid work shows some interesting contrasts with women. Over half (54%) worked to support their families, as expected, and they paid for their own marriage expenses (19%). Three percent gave the expenses of their children's education as a reason for working. In contrast 19 percent of women cited this as a major reason for engaging in paid work.

Table 13. Reason for paid work (male adult)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Support the family	63	66	65
Pay for children's education	1	5	3
Pay own marriage expenses	32	19	25
Pay children's marriage expenses	4	8	6
Bear own expenses	0	1	1
N	79	74	153

The employment profile of men was similar even though the sites in Jamshoro and Khairpur were located at a geographical distance from one another. Most men (46%) across sites were employed in the agricultural sector as occasional labourers (Table 14 below). The remainder had low-paid jobs in government service (18%) or in nearby sugar or cotton mills (11%). The government service jobs were relatively unskilled, involving guard duty, for example.

Table 14. Current employment (male adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Govt service	27	10	18
Mill Worker	10	13	11
Agricultural labourer	44	48	46
Retired	6	6	6
Business	6	0	3
Private teacher	0	2	1
Shopkeeper	2	6	4
Embroidery	4	6	5
Donkey cart/rickshaw driver	2	4	3
Misc	0	6	3
N	52	52	104

B. Adolescent Girls

The main purpose of our survey was to collect data on adolescent girls, and we collected the same information from them that we did from the adults as far as possible, as well as some additional data. The adolescents were not selected from the same households as the adult men and women in the sample.

Table 15. Education level (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
None	50	38	44
Primary	47	59	53
Intermediate to post-graduation	3	3	3
N	102	101	203

Table 15 shows the education level of adolescent girls in our survey. The overall education level (primary and intermediate figures taken together) of our adolescent girls surveyed in Jamshoro is 50 percent. It is much higher than the rural district literacy rate of 19% for females in Jamshoro. It is also more than three times that of the female adults (16%) in Jamshoro (Table 9.)

For adolescent girls surveyed in Khairpur, the education level is 62 percent. It is almost double that of the adult women interviewed in our Khairpur community

sites, which was 35 percent (Table 9.) Even though the adolescent girls have fared better than the adult women, the figures still show that 44 percent of all girls surveyed had no education, and 53 percent were only educated up to primary level.

Table 16. Currently in school (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	25	33	29
No	75	67	71
N	102	101	203

Table 16 shows that three quarters of our sample of adolescent girls in Jamshoro, and 67 percent from Khairpur, were not currently enrolled in school. Given their ages they should still have been enrolled in some form of schooling.

Although so many girls were out of school, 72 percent said they had never done paid work. (See Table 17.) This does not mean that they did not do unpaid agricultural work or assist in household work.

Table 17. Ever done paid work (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	25	32	28
No	75	68	72
N	102	101	203

A total of 57 girls in our sample had a history of paid work. (See Table 18 below.) Fifty-four percent of those in Jamshoro said they were currently working. An additional 42 percent said they engaged in temporary work. The figures were similar for girls currently working in Khairpur.

Table 18. Work status (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Currently working	54	55	54
Not working	4	3	4
Temporarily worked	42	42	42
N	24	33	57

Table 19. Reason for paid work (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Support the family	55	60	57
Bear own marriage expenses	2	12	7
Bear personal expenses	34	16	25
Pay for own education	9	12	10
N	44	43	87

Table 19, above, lists some reasons for girls' engaging in paid work. More than half the girls in Jamshoro (55%) said the reason they worked was to support the family, another 34% said they worked to bear their personal expenses (see Table 19). In Khairpur girls worked predominately to support the family as well (60%). However, girls worked for more than one reason, to bear their personal expenses (25%), the cost of their education (10%), and the cost of their marriage (7%).

VI. Awareness of Legal Rights

Awareness of legal rights was measured in terms of these indicators: possession and knowledge about computerized national identity cards (CNICs), and knowledge about age at marriage, *nikahnamas*, and inheritance rights.

A. CNICs

Almost all adult women respondents knew about CNICs, and the fact that they are accessible through NADRA, across sites. Table 20, below, shows the percentage and number of adults who possessed identity cards. Almost all men and 84 percent of women surveyed in Khairpur sites possessed cards. In Jamshoro 100 percent of men and 94 percent of women possessed CNICs.

Table 20. Possession of CNIC (male and female adults)

	District (%)				Total (%)	
	Jamshoro		Khairpur			
	M	F	M	F	M	F
Yes	100	94	96	84	98	89
No	0	6	4	16	2	11
N	52	51	52	57	104	108

Table 21. Usage of CNIC (male adults)

	District (n)		Total
	Jamshoro	Khairpur	
Register to vote	8	5	13
Cast your vote	9	12	21
Become eligible for BISP	0	6	6
Become elibigible for watan card scheme	3	2	5
Open bank account	40	37	77
Total (n)	60	62	122

Men were most likely to know that CNICs were used for opening a bank account, followed by the vote-related functions of the card (Table 21 above). Only 21 men out of our entire sample knew that the CNIC was used to cast a vote. Only 13 knew it was required to register to vote. The total (n) in this table (and the next two) is greater than the number of respondents in the survey because they were given the option of selecting more than one usage for a CNIC. The numbers are similar for both sites.

Table 22. Usage of CNIC (female adults)

	District (n)		Total
	Jamshoro	Khairpur	
Register to vote	16	11	27
Cast your vote	22	13	35
Become eligible for BISP	2	11	13
Become eligible for watan card scheme	7	2	9
Open bank account	22	34	56
Total (n)	69	71	140

Also of concern was the limited knowledge (although better than the male level) among female respondents about the various uses of the CNIC (Table 22). In Jamshoro 22 women knew the card was used to open a bank account and cast a vote. In Khairpur 34 women knew it was used to open a bank account and 13 knew it was used to vote. Despite the widespread publicity surrounding the Benazir Income Support Scheme, only 13 women in total cited the CNIC as a document useful for signing up to join the scheme.

Adolescent girls' responses were dramatically different (Table 23). A full 127 of them knew that CNICs were useful for the purposes of casting one's vote, but only 76 knew that it was required to register to vote. Forty of them knew that it was required to become eligible for government run social protection schemes such as BISP or watan card programme. This was true even though the girls themselves were not eligible for CNICs since they were under-age.

Table 23. Usage of CNIC (adolescent girls)

	District (n)		Total
	Jamshoro	Khairpur	
Register to vote	41	35	76
Cast your vote	63	64	127
Become eligible for BISP	17	23	40
Become eligible for watan card scheme	24	18	42
Open bank account	6	11	17
Total (n)	151	151	302

The key informant in village Saeed Khan Gopang, district Jamshoro did mention that when election time was pending, parents got the CNICs of both boys and girls made, which suggests broader awareness of its use. Girls in the village observed that some parents even pretend that their children are of age so that they can access government assistance or get their children to vote. They say, "Times have changed and now there is awareness of all these things." Girls in Wada Chachhar said everyone got a CNIC when they turned 18 in order to vote.

In Jamshoro, male focus group members seemed to agree that times have changed, and they said that the current generation is smarter than the previous one. They said that CNICs were important now in order to access government schemes and take part in elections, and it was the responsibility of fathers to have them made for their children. For the poor the cost of transport and payment of the fee sometimes made it difficult, or they resisted going to the NADRA office due to the crowds there and the long wait. However, the NADRA mobile vans had made the process much easier now.

In the Khairpur control group, adolescent girls responded with more detail, citing many uses of a CNIC in their focus group discussion, including BISP, voting, admission to school, jobs, savings certificates, marriage documents, etc, and were aware that they were too young to have one made. In Khairpur adolescent girls during the focus group discussion said that very few girls in village Kot Mir Mohammad had CNICs, yet they also said that whoever turns 18 gets one made, mainly in order to access aid. Mothers in the village were confident that everyone who qualified had a CNIC. Male focus group participants said that literate as well as illiterate men and women needed CNICs now, for their jobs and other requirements, as well as schemes by the government. Otherwise they were not sure why it was important to have a CNIC and they didn't have the time to go to the NADRA office, but they became concerned about it when a scheme was announced.

In village Tando Masti women have benefitted from an NGO which encouraged them to get CNICs. Adolescent girls knew that boys and girls got the cards when they turned 18 but they were not sure of the reasons why, although they thought perhaps aid and *zakat* had something to do with it. Men explained that an NGO had sent people from house to house to get women's ID cards made, and that is why awareness of a woman's right to have one has spread. "Due to the income support program, the feeling has arisen within the people that ID cards are important for both men and women," said one. Men felt it was now part of their responsibility to get women their cards made and tell them the importance of voting. Now that NADRA vans come to their homes, and take women's photos then and there, the process has been much simplified.

B. Age at marriage

Respondents were asked what they thought was the **legal age** at marriage for boys and girls. Just over half (65%) adult women in the Jamshoro sites thought the legal age of marriage for girls was 18, and another 22% thought it was age 20. They cited age 19 (28%) and 20 (45%) as the legal age for boys.

Sixty-two percent of adolescent girls in Jamshoro were optimists, stating that the legal age for girls at marriage is 18; and over 80 per cent of them also maintained that for boys the age is 18-20.

Women in Khairpur sites were less sure, with 32% citing age 14 as the legal age for girls, and 40% 18-20. Most thought the age of marriage for boys was 18 (39%), or 20 (21%).

Half of adolescent girls also distributed their guesses between ages 18-20 as the legal age of marriage for girls, but 13 per cent thought 16 was the legal age.

Adult males were also unclear about the legal age at marriage for boys and girls. In the Jamshoro sites, half of men said it was 18, and only 8 per cent quoted 16 as the correct age for girls. In Khairpur, 67 per cent thought it was age 18.

Around 75 per cent of male respondents in all sites thought the legal age at marriage for boys was within ages 18-20 years.

C. Nikahnama

Table 24. Possession of *nikahnama* (male and female adults)

	District (%)				Total (%)	
	Jamshoro		Khairpur			
	M	F	M	F	M	F
Yes	65	31	63	51	67	41
No	31	53	35	43	30	48
Don't Know	4	16	2	6	3	11
N	52	51	48	53	100	104

Men and women were asked if they possessed a *nikahnama*. Table 24 shows there is great disparity among women with regard to their possession of one. In Jamshoro sites only 31% of women surveyed said they have one, and 16% don't even know whether they do or not. In Khairpur, 51% said they have one, but 43% do not. More than half of men (67%) in both district sites said they have *nikahnamas*, which suggests that some married men do not share this knowledge with their wives.

Table 25. Knowledge of contents of *nikahnama* (male adults)

	District (n)		Total
Provisions of *Nikahnama*	Jamshoro	Khairpur	
A bride has the right to a *haq mehr* payable upon marriage or upon divorce	33	36	69
Marriage requires consent of both parties	24	20	44
Know nothing	18	8	26
Total (n)	75	64	139

Men and women were asked to identify which, if any, of the provisions of the *nikahnama* they were familiar with (Tables 25 and 26). Provisions were listed for them to select. More than one selection was possible. Among all men, 69 indicated they knew what a *haq mehr* was, 44 indicated they knew marriage requires the consent of both parties, and 26 said they did not know any provisions of the *nikahnama*.

In Jamshoro and Khairpur, for women the provision of the *nikahnama* they were most familiar with was the *haq mehr,* as selected by 56 of them. (See Table 26 below.) However, 47 women knew nothing about what the document contained. In Jamshoro only 8 women expressed knowledge that marriage required their consent and 6 knew they could be given the right of divorce. The gender gap in knowledge about any content of the document was high, with 47 women saying they knew nothing, as compared to 26 men.

Table 26. Knowledge of the contents of *nikahnama* (female adults)

	District (n)		Total
	Jamshoro	Khairpur	
Bride has the right to a *haq mehr* payable upon marriage or upon divorce	21	35	56
Husband can give his wife the right of divorce	6	13	19
Marriage requires consent of both parties	8	17	25
Know nothing	28	19	47
Total (n)	63	84	147

In Jamshoro's village Saeed Khan Gopang, the key informant, former local councilor Qamar Bano Gopang told us that for current marriages *nikahnamas* are routinely drawn up, although previously this was not the case. However, in the village of Wada Chachhar, key informant Sahul, a social worker, told us that *maulvis* perform *nikahs* and there is no importance given to *nikahnamas*, which has resulted in couples being ignorant about their rights and their duties.

The key informant in Kot Mir Mohammad, Khairpur, the LHW N., said nobody in the village had a *nikahnama* other than those couples who had recently married. In

village Tando Masti, the key informant S., also an LHW, said that married couples by and large now have *nikahnamas*, but she was not sure how well they understood the contents of the document.

D. Right to vote

All adult women respondents in Jamshoro knew that women have a right to vote in national, provincial and local elections, but only 86 percent of those surveyed in Khairpur said the same. Among adolescents, almost all girls knew the answer was in the affirmative in both districts. Men, too, expressed almost universal awareness of women's right to vote.

E. Right to inherit property

In Jamshoro, 88 percent of adult women respondents said that women had a right to inherit property, and 81 percent of women in Khairpur said the same. The remaining Khairpur respondents said women did not have the right or else were not sure. Men expressed almost universal knowledge of women's right to inherit property. Adolescent girls in Jamshoro knew about this right, but in Khairpur 29 percent of girls surveyed responded in the negative or did not know.

VII. Girls' Education

One quarter of the adolescent girls surveyed in Jamshoro were in school and 33 percent in Khairpur. Those in school said they wanted to study as far as their metric and almost all of them thought they would get permission to do so. But when the girls who were in school were asked if they felt they could delay their marriages in order to stay in school, their confidence levels dropped dramatically, and 57 percent of the total number said they were only slightly confident they would be able to.

These findings are generally supported by the focus group discussions held in the villages; that is, communities are divided in their views on girls' education, but there is a sense that if the environment were more conducive, girls would be allowed to study. The key informant from village Saeed Khan Gopang told us that girls were allowed to study until metric or beyond if their parents could afford it. Girls were allowed to go as far as Kotri to study, since there was only a primary school in the village, and there were female teachers available in the high schools in Kotri. The adolescents shared during the focus group discussion that they all want to study, some even as far as their Master's degrees, for a variety of reasons. They want to be independent, to qualify for jobs, and be respected by their families and future in-laws. Mothers also want their girls to study, saying that education makes you strong

and confident, gives you awareness, and uneducated girls are not as clever as educated ones. If they had enough money they would send their girls to university.

In village Wada Chachhar, district Jamshoro, adolescent girls said they want to study up to metric or inter, "so that we can know the difference between good and bad."[5] They said getting an education makes them feel different, somehow better than others. They are interested in having jobs, but the village does not offer many opportunities. They want to help their parents with accounts, instead of being pulled out to school after class five to help with farming. Unfortunately there is no college for them to attend nearby and their parents do not permit them to go to the city to study. They are only able to study up to 8th year in the village, and many girls get pulled out by 5th year, so their education opportunities are limited.

Mothers in the focus group claim that they want their girls to study but the men stop them. Out of 500 households in the village only 200 send their girls to school. They said if a girl is educated, her in-laws would also respect her. If her husband is uneducated then she can pull rank on him, and if he is educated then the two will be equal and spend a good life together!

In Khairpur, village Kot Mir Mohammad, the key informant pointed out that the pattern of girls' education was segmented by caste and religion. The Hindu girls could study up to 10th grade, and along with the ethnic Punjabi girls they were allowed to go to the city to study further. The Sindhi Channas were only allowed to study up to 5th grade. She said parents fear if a girl goes outside the village she will run away, and studying beyond primary will cause her to go astray. However girls from more educated homes let their girls study further and defy the village norms to do so.

Mothers[6] cite the lack of separate educational facilities for girls within the village as a reason they can't send their girls beyond 5th grade. [IRC runs a co-educational school up to 8th grade.] They say if the "*halaat*" outside the village were better they would allow them to go to the city to study further, but girls themselves say they don't want to study alongside boys, they want to learn with a female teacher in a separate school. Adolescent girls in this village want to study for the same reason as girls in Wada Chachaar – they also say they want to make their parents proud, and show those people who oppose girls education that girls can become something.

[5] A girl from our focus group discussion, held in village Gujjo Phulpoto, District Khairpur, said that "If any NGO team comes to the village they will want to speak to girls who are educated."
[6] The Mothers FGD was held with women who were members of the Mangi caste.

VIII. General Health-seeking Behavior

A. Adult Health-Seeking Behavior

Table 27. Have any health problem (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	78	74	76
No	22	26	24
N	51	57	108

We probed respondents about their health-seeking behavior. Women in Jamshoro and Khairpur (76%) said they did have some sort of health problem, including anemia, headaches, and blood pressure. (See Table 27.) Almost all women surveyed (92%) had sought treatment. In Jamshoro 62 percent went to a private doctor or clinic, and in Khairpur 48 percent went to a private facility. Cost was the leading reason for not seeking treatment (no table).

Men expressed that they, too, suffered from health problems, such as fever, headaches, blood pressure, weakness and some miscellaneous issues, for which they almost always sought treatment. 70 percent of men in Jamshoro sites sought treatment from a private source or both private and government sources. In Khairpur sites, however, 44 percent of men went to government facilities and 32 percent went to local dispensers within the village, which indicates a lower ability to pay for services.

B. Adolescent Girls Access to Health Care

The question of how adolescent girls were treated when they fell ill was discussed during all the focus groups across sites, in order to ascertain their level of access to healthcare and possible barriers. Some of the key findings, summarized to cover all sites since there is no major differentiation among them, are as below:

The health of small children and the elderly is taken care of as a priority within families. There is often a delay before parents take a girl for treatment either within the village or to the city, whereas boys go easily to a doctor and they may go alone. Girls cannot go easily to the doctor, eg they cannot go by themselves to seek care. They go with their mothers or older family members. Girls will be taken first to the local dispenser or government doctor within the village then to a private doctor outside the village in the city. The poorest also use a *maulvi* or *pir*, as a first option.

The reasons given to justify these norms are: the environment of the village is bad; it is not considered right for a girl to go on her own; people ask why is an unmarried/virgin girl being taken outside the village; a girl cannot be shown to a male doctor. "We feel embarrassed to go to the city. Our parents feel embarrassed to take us to the doctor in the village or in the city; we also don't want to go on our own

and we also don't have permission to go on our own."[7] One adolescent said, "Parents are scared if they let their daughters go alone they will run away."

Boys can go by themselves to a doctor within the village as well as outside to the city. Boys may go first locally to a dispenser/private doctor. Girls said that boys are immediately taken away for treatment when they fall ill, whereas girls are treated at home and only later taken out of town if necessary. Girls say their parents don't worry about them as much when they get sick. Girls are well aware that the health of boys is a greater priority within the family.

Mothers in focus groups say they do not differentiate between boys and girls in treating their children's illnesses, and that they take them to a good private hospital in a town nearby if they can afford it, otherwise to a government hospital/clinic in the village. They did acknowledge that some families have their girls treated only at home, or have them taken first to the government doctor in the village while their sons get taken straight to the city. In Kot Mir Mohammed mothers admitted that was the norm.

Men in district Jamshoro, village Saeed Khan Gopang found it very difficult to answer the question about how they addressed the health issues of their daughters. They had a long-winded discussion about whose health ought to be the most important within the family, based on who had the most earning power and who God would want to be treated in the household. They admitted sons were given more importance than daughters, and agreed that there ought to be a lady doctor and a health centre in the village, without answering the question directly. In Wada Chachhar, men said that both boys and girls were treated the same, based on the level of care the household could afford.

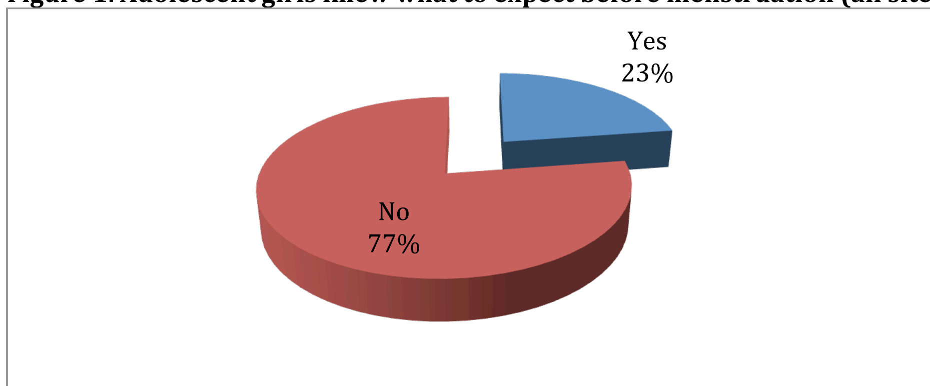
Men's focus groups in Khairpur included some admissions that male family members were given priority in health care over females, but that if there were female health care providers or doctors within the village then they would be approached. Some men also said that the only reason behind inadequate health care was poverty. Men in Kot Mir Muhammad maintained that they would take their daughters for treatment to the town nearby, in search of a lady doctor. However, they would prefer if there were one within the village.

[7] Girl in FGD, village Gujjo Phulpoto, District Khairpur.

IX. Adolescent Reproductive Health

A. Information about Puberty

Figure 1. Adolescent girls knew what to expect before menstruation (all sites)



Quantitative and qualitative findings both confirmed that most girls are not given any detailed information about bodily changes during puberty and menstruation in particular. Seventy-seven percent of adolescent girls across all sites said they had no prior information about menstruation.

Table 28. Prior information about menstruation (adolescent girls)

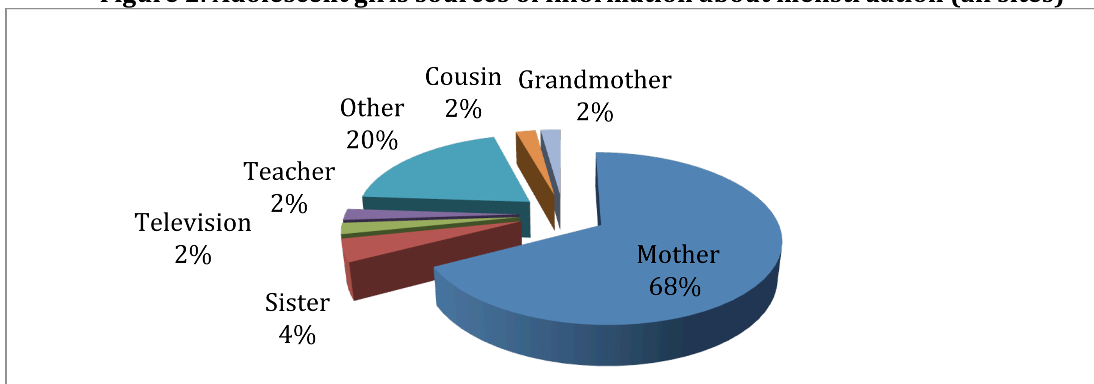
	District (%)		
	Jamshoro	Khairpur	Total (%)
Yes	19	27	23
No	81	73	77
N	102	101	203

In Jamshoro 19 percent of girls did have some prior information, and in Khairpur the figure rose to 27 percent (Table 28).

Out of those who did know something about what to expect, the sources of information were predominately their mothers (68%). [See Figure 2] The category of "Other" included newspapers, sisters-in-law and other relatives.

Qualitative interview data revealed that once girls get their first period, usually their mothers or sisters explained to them how to care for themselves. Some girls were so shocked when it happened they told no one and had no idea how long it was going to last; and their mothers only figured out after some time, sensing that something was wrong with their daughters.

Figure 2. Adolescent girls sources of information about menstruation (all sites)



Mothers tell their daughters not to get anxious about their periods; that it is a normal part of growing up. They explain to them how to maintain their hygiene during menstruation, how to do their "packing" (the cloth to fit inside their underwear), and cover themselves with a *chador*, not wander around inside or outside the house too much, take medicine if their cramps are too severe, and not bathe until the end of their menses.

Puberty is a time for adjustment to physical change and also social and psychological adjustment, because girls are now considered "grown up" and subject to the restrictions and expectations society places upon them. The time of carefree playing at the neighbors' homes and wandering in the village is over. Once men in the family come to know a girl has begun to menstruate she will be considered of marriageable age, and they fear people will talk and gossip about her if she behaves in an improper way. Some girls will get withdrawn from school and married off.

Girls told us that village women tell them not to speak in loud voices, not to wander around the village, to cover their chests, laugh less, not run around, keep purdah, cover their heads, not speak to strangers, and leave school. Sometimes their own families become so pressured by all of this that they accept the first proposals that come around. Some girls wish they had never reached puberty.

> "If we don't wear *dupatta* on our heads or our chests are exposed then women in the village say you are now *baligh,* didn't your mother teach you how to wear a *dupatta* or cover your breasts and walk? We hear things like this and remain quiet and wish that perhaps we had never reached this stage, and would never have to hear such things like this."
>
> Adolescent Girls Focus Group Discussion
> Village Hashim Chachhar, [Control Site] District Jamshoro

Girls said once they began to menstruate they became very scared, thinking they would no longer be allowed to play with their friends and would be married off. In some cases their brothers and fathers did tell them they would have to stop studying and get married because the Prophet had said so and they must not become a burden on their families. Girls in Kot Mir Mohammad told us that their elders are afraid their honour may be ruined by one wrong step on the part of the

girl so they want her quickly married off, and even villagers say the same thing to them. Girls in Wada Chachhar said their mothers know that people will talk and ask their daughters not to go into the village too much anymore because people will misunderstand and it will be very upsetting.

Their relationships with their families undergo a change. Girls in the Tando Masti FGD said they began to fear their fathers and brothers, thinking that if they heard any village gossip at all they would be withdrawn from school and married off. In Kot Mir Mohammed girls said the same thing, and added that when they themselves heard comments from villagers they would never share them with any family members, even their mothers, for fear that, "there will be a fight because our brothers or elders are very *ghairati* and if they realize that villagers are speaking about their daughters like this they will go and fight with them. So we stay quiet. If we tell our parents they will get angry at us because they say whatever the elders say we have to listen to them, they are right." In short, gossip would result in a fight and the girls would soon have to be married off.

B. Sexual Abuse

Girls were asked in the questionnaire if they had ever heard of someone being sexually abused, to which almost all of them answered in the negative. Nine girls from Khairpur replied in the affirmative, of whom three said that person told no one, three said that person felt very embarrassed, and two said that person talked to a family member or teacher about it, and one person felt suicidal. Due to the sensitivity of the topic and the lack of follow up support mechanisms, the issue was not brought up in the qualitative research interviews.

C. Reproductive Health Education for Adolescents

Despite the fact that girls are not informed prior to puberty, and even pregnancy [see below], about what to expect, there was agreement across interviews among women and girls that education to that effect is needed. They were interested in this information being taught in schools, although they mentioned that male family members may prove to be an obstacle to such an initiative.

The benefits to teaching reproductive health education, as mentioned in interviews with adult women, key informants, and adolescent girls, are summarized as follows:

- Girls and boys are learning some things from television and films these days anyway, and some already know about family planning methods.
- Girls will be less anxious about the changes in their bodies.
- Mothers FGD said that girls should know about pregnancy in advance because if they don't they will get taunted by their in-laws that their mothers have taught them nothing about how to look after themselves during

pregnancy. But others don't do that because they are embarrassed, ashamed at telling all of this before marriage to a girl. Mainly, they should know in advance so that they can take care of their own health.

- Some women in the FGDs said before marriage girls should be taught about family planning methods too, so they can look after their health and that of their children.
- The key informant in Wada Chachaar, District Jamshoro, felt that people would not object if reproductive health education were taught in schools because now there is a growing awareness in the village, partly due to television, about these issues.

Men in both villages in district Jamshoro were reluctant to discuss the changes wrought by puberty in their daughters. One man in village Saeed Khan Gopang said, "What kind of questions are you asking? This might be appropriate in your city, but they are not appropriate keeping the environment of this village in mind." As the discussion developed, though, men agreed that their daughters did need information about bodily changes and that they either needed to learn this either in school or through a Lady Health Worker who had educated their mothers.

Men in district Khairpur were concerned about girls losing their innocence by learning about puberty before the time had come: "Some things are such that they should come forward at their own right time," said a man in village Kot Mir Mohammed. In Tando Masti men were more circumspect, given that electronic media already exists. They said that parents should educate their children about puberty and that there was already religious sanction for discussing sexual problems and information in the Quran and Sunnah.

X. Marriage

A. Ideal Age at Marriage

Men in the Jamshoro sites believe overwhelmingly (67%) that the **ideal** age for a girl to marry is between 18-25 and for a boy 52 percent quoted ages 18 -25 and 39 percent ages 15-18 (no table). In short, more men supported the age bracket of 15-18 for boys than for girls to marry!

In Khairpur the men's response was divided for girls, as 40 percent quoted 18-25 years and 50 percent 15-18 years. The figure for boys was 40 percent in favor of the age group 18-25 and also 44 percent in favor of ages 15-18.

Women (71%) from the Jamshoro sites said that 15-18 was the **ideal** age for a girl to marry and 28 percent said 18-25 was the right age. In Khairpur the proportion was more roughly divided between these two age groups. For boys the majority of women respondents in all sites give 18-25 as the appropriate age group for boys to marry.

Table 29 (below) shows that 128 **adolescent** girls in our survey thought that the ideal age for a **girl** to marry was between ages 15-18. However 133 adolescent girls said the right age for boys to marry was 19-25. This means that most girls in the survey still thought that marriage under age 18 was appropriate for girls.

Table 29. Right age at marriage for boys and girls (adolescent girls)

	District					
Age suggested	**Jamshoro**		**Khairpur**		**Total**	
	For boys	For girls	For boys	For girls	For boys	For girls
upto 14	0	0	3	8	3	8
15- 18	20	74	38	54	58	128
19-25	80	26	53	36	133	62
25+	2	2	7	3	9	5
N	102	102	101	101	203	203

Men in their FGDs quoted a variety of factors that determine when is the right time for a boy and a girl to marry. For boys they include economic independence, completion of his high school (FA) for a girl reasons include her attainment of puberty, when she receives a good proposal, completion of her metric/education. Also, they feel that marriage prevents social problems, an allusion to illicit sexual liaisons, which is why it is better to marry children off earlier rather than wait too long. If a father could afford to do so, it is better to go ahead and marry off his children. In village Tando Masti, District Khairpur, there were even some men who quoted age 25 as the best age for a girl to get married, when she is ready both mentally and physically for the responsibility.

Mothers in the Wada Chachhar FGD said that a girl should not marry before the age of 18:

> If she has to look after the whole house and have children then she will age too fast. If she bears children too soon she will have problems in pregnancy and have to face many further problems. This is why after puberty she has to have some gap before getting married.

Yet other mothers said that marrying both boys and girls at 20-25 years of age was more appropriate. Parents said they generally consulted their sons about when and whom they wished to marry. Key informants spoke of a tension between girls and parents over girls wishing to delay their marriages, while boys were more eager to marry.

Many adolescent girls in our FGDs expressed a fear at getting married off too early, and indicated that they did not think their views would be taken into account by their parents. They knew of girls in their village dying while giving birth too young. Girls in village Gujjo Phulpoto (our control site) said, “We need some time to spend with our friends, if we marry too soon, it poses problems for girls and we become old quickly.”

B. Reasons for Marriage

We asked adults about various reasons behind the decisions for marriages in their families (Table 30). Women (51%) and men (50%) both cited *watta satta,* or exchange marriage, as the most common form of marriage arrangement. The purposes of keeping property in the family and resolving family disputes did feature among the reasons, cited most often by men in Khairpur. Men (25%) and women (19%) did take the consent of the boy at least some of the time, and that of the girl less often. Women (14%), but few men, cited attainment of puberty as a reason for marriage.

Table 30. Reasons for marriage (male and female adults)

	District %				Total (%)	
	Jamshoro		Khairpur			
	M	F	M	F	M	F
Keep property in the family	0	6	12	2	6	4
Watta satta	53	42	47	58	50	51
Consent of the boy	34	20	15	19	25	19
Consent of the girl	11	6	8	5	9	5
Resolve family disputes	1	8	16	7	9	8
Attainment of puberty of boy/girl	1	19	2	9	2	14
N	85	90	86	107	171	197

[Note: N=higher than number of respondents because they could tick more than one response in questionnaire.]

Adolescent girls were also asked about reasons behind marriage arrangements in their families (Table 31). Half of them (49%) said a reason for marriages was exchanges, or *watta satta*. Twenty percent of Jamshoro respondents said the consent of the boy was sought, not the girl, and twenty percent said marriages also took place upon the attainment of puberty of the parties. Probing during qualitative interviews revealed that this usually meant the attainment of girls' puberty.

Table 31. Reasons for marriage (adolescent girls)

	District (%)	
	Jamshoro	Khairpur
Keep property in the family	3	3
Watta satta	49	51
Consent of the boy	20	13
Consent of the girl	3	7
Resolve family disputes	2	4
Attainment of puberty of boy/girl	23	22
N	102	101

In District Jamshoro, village Saeed Khan Gopang, the norm is for parents to arrange the marriage, usually with boys pressuring them from age 20 onwards to do so. While boys have the right of refusal, girls are not usually consulted. Men and women in the focus group said both boys and girls are married around 19-20 years of age, and marriage of young girls had become very rare in the village although it had taken place in their own generation. Adolescent girls interviewed in the focus group in Saeed Khan Gopang, were confident that the law stated girls should marry at age 18 and boys at age 25, and they agreed with this. In Wada Chachaar, however, they observed that some girls were still being married off at puberty, and usually girls were not consulted before getting married. Men in Wada Chachhar added that marriages should happen when the boy started to earn money or finished his high school education.

In District Khairpur, village Kot Mir Mohammed, girls said they are married off because they are perceived to be a burden to their parents. They suggested remarkably high ages at marriage – 25-30 for girls and 20-33 for boys – clearly wishing to delay it as long as possible. Men discussed at length in the FGD the complexities, material, social, and religious behind their thinking when they marry off their children, concluding that the decision-making varied amongst families. The key informant noted that girls in the village married at 16-17 years and boys at 18-20 years, and said neither would be consulted. Adult women said both boys and girls should get married at ages 20-25, which is significantly higher than the norm suggested by the key informant.

In Tando Masti girls suggested 18 as a good age for marriage for girls, and 20 for boys, although during the focus group discussion they sounded very resentful about the threat of marriage that puberty had imposed upon them. Mothers suggested 17-20 as ideal ages for girls' marriage and 25-30 for boys, while men expressed a whole range of views, from puberty for girls to age 25 or until the completion of a girl's education. One man even knew that if a girl is married too young she may die during childbirth. Men were very aware of the economic drivers behind parents' decision to marry off their daughters.

XI. Pregnancy

We asked our respondents a number of questions about pregnancy, care during pregnancy, and delivery.

A. First Pregnancy

Almost half of all men surveyed said that a woman should have her first pregnancy within a year of her marriage, and another thirty per cent said that she should have it within two years of marriage. Women in all sites agreed that a girl should have her first pregnancy within the first two years of marriage, and in Khairpur half of the respondents felt it should be within the first year.

Table 32, below, shows the views of adolescent girls. In the Jamshoro sites a full 74 per cent of adolescent girls said that a girl should have her first pregnancy only after two years of marriage. In Khairpur the findings are quite different, almost half (47%) said first pregnancy should take place within a year of marriage.

Table 32. Right time for first pregnancy (adolescent girls)

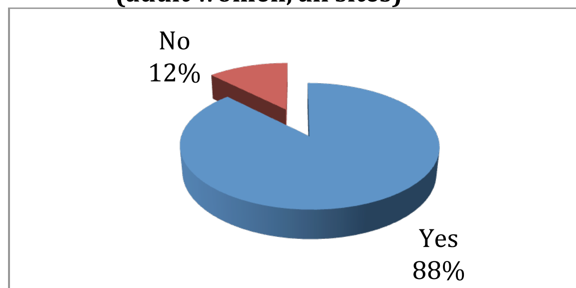
	District (%)		Total (%)
	Jamshoro	Khairpur	
Within the first year of marriage	20	47	33
After two years of marriage	74	27	50
After more than two years of marriage	6	16	11
After 4-5 years	1	11	6
N	102	101	203

Qualitative data revealed that mothers talk to their daughters about pregnancy only once they are married, and that too usually only when they begin to show the signs of a first pregnancy.

B. Care during Pregnancy

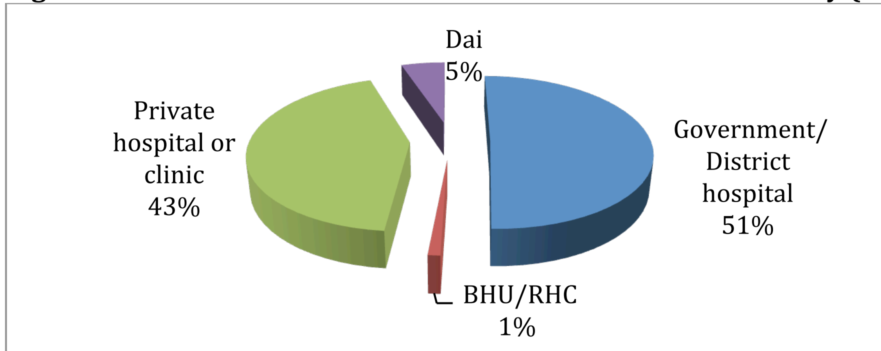
During interviews, key informants and adult women said that women talk to their daughters about care during pregnancy when they learn that married daughters are pregnant for the first time. They may notice that their daughters are vomiting and take them for a urine test and show them to a lady doctor. After that, they will explain to their daughters that they should not life heavy items or have intercourse with their husbands. They also tell them to take extra rest until the pregnancy is secure, to have additional nutrition, and not take any medication without a doctor's advice. They may even take their daughters for an ultrasound. Some mothers suggested that one reason they do not discuss pregnancy with their daughters until it actually happens is because they feel embarrassed at having such a conversation before their child is married.

Figure 3. Should women visit a doctor or LHW/LHV before delivery (adult women, all sites)



The vast majority of adult women across sites (88%) knew they should visit a medical doctor or health worker before delivery (Figure 3 above). In contrast, 71 percent of men across sites replied in the negative to the same question. However, when pressed, 92% of men said that women should visit a government doctor or hospital if they did indeed go for check-ups. When adult women do seek medical care during pregnancy they go to larger government facilities (51%) or to private hospitals or clinics where they are available in the village or nearby towns and cities (43%). [See Figure 4 below.]

Figure 4. Where adult women seek health care before delivery (all sites)



C. Signs of Problems During Pregnancy

Table 33. Symptoms of problems during pregnancy requiring visit to doctor (female adults)

	District (%)				Total (%)	
	Jamshoro		Khairpur			
Symptom	Yes	No	Yes	No	Yes	No
High fever	96	4	90	10	93	7
Spotting	96	4	95	5	96	4
Fits	98	2	95	5	96	4
High blood pressure	100	0	93	7	96	4
Absence of baby movements	96	4	95	5	95	5
Body shivering	98	2	90	10	94	6
Swelling hands/feet	98	2	91	9	94	6
Smelly vaginal discharge	96	4	93	7	94	6
N	51		57		108	

Table 34. Symptoms of problems during pregnancy requiring visit to doctor (male adults)

	District (%)				Total (%)	
	Jamshoro		Khairpur			
Symptom	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
High fever	94	6	99	2	96	4
Spotting	77	23	48	52	63	37
Fits	87	13	92	8	89	11
High Blood Pressure	90	10	98	2	94	6
Absence of baby movements	83	17	54	47	68	32
Body shivering	94	6	87	14	90	10
Swelling hands and feet	89	11	92	8	90	10
Smelly vaginal discharge	77	23	50	50	64	36
N	52		52		104	

We asked women about various indications of problems during pregnancy. We found that almost all women knew about the symptoms that require urgent medical attention during pregnancy (Table 33 below), perhaps slightly more so in the Jamshoro sites than in Khairpur. These symptoms included spotting, fever, smelly discharge, absence of baby movements, and more. Amongst men, this knowledge is more uneven (Table 34 below.), which can prove dangerous since men's support is necessary for transporting women to hospital during emergencies and paying for their care. For example, only around half of men in Khairpur knew that spotting, absence of baby movements and smelly vaginal discharge are symptoms requiring visit to a doctor.

In Jamshoro, almost a quarter of men (23%) did not know that spotting and discharge were danger signs, and 17% did not know that absence of baby movements were as well.

D. Deliveries

Table 35. Location of deliveries (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Government/District hospital	42	15	28
Private hospital or clinic	42	38	40
Dai	13	31	23
Home	2	15	9
N	61	66	127

[Note: Respondents could tick more than one option]

Table 35, above, shows the location where respondents said they delivered their babies. 84 percent of women in Jamshoro sites said they have their deliveries at either public or private hospital facilities. In Jamshoro there was a significantly higher use of government facilities (42%) than in Khairpur (15%).

In Khairpur, 46% of women were having their deliveries with *dais* or at home, suggesting that they were not with a skilled birth attendant. More deliveries (38%) took place at private facilities than at public facilities (15%).

XII. Family Planning

A. Ideal Family Size

Table 36. Ideal family size (adolescent girls)

	District (n)		Total
	Jamshoro	Khairpur	
No. of Sons			
1	34	33	67
2	64	48	112
3	4	17	21
4	0	3	3
N	102	101	203
No. of Daughters			
1	33	29	62
2	67	63	130
3	2	9	11
N	102	101	203

We asked adolescent girls what they thought was the ideal number of sons and daughters to have in a family. Most girls said they wanted to have one to two boys, as well as one to two girls (Table 36 above). For example, a total of 112 girls said they wanted two sons, and 130 girls said they wanted two daughters. Only among the girls in Khairpur was there a clear desire for a third child of either sex, and that was with a slight preference for a boy. Another way of explaining the above table is to state that more than half of adolescent girls had a stated ideal family size of two boys and two girls.

Table 37. Ideal number of sons and daughters (male and female adults)

	District (n)				Total (n)	
	Jamshoro		Khairpur			
	M	F	M	F	M	F
Sons	2.31	1.98	2.22	1.86	2.26	1.92
Daughters	1.93	1.3	1.82	1.78	1.88	1.54

When we asked adult men and women the same question, we found that adult men want on average more boys than girls, (the total figure being 2.26 sons and 1.88 daughters.) (See Table 37.) Women want slightly more boys as well, although the difference between the figures is minimal.

B. Adolescents and Family Planning

Table 38 shows the percentage of adolescent girls that said they had heard of family planning methods. Out of 203 adolescent girls in our survey, 70 percent had heard of it. There was a slightly higher level of knowledge among girls in the Jamshoro sites (74%) than in Khairpur (67%).

Table 38. Heard of family planning (adolescent girls)

	District (%)		
	Jamshoro	Khairpur	Total (%)
Yes	74	67	70
No	27	34	30
N	102	101	203

Table 39. Knowledge of family planning methods (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Pills	23	25	24
Injectables	30	20	25
Condoms	16	23	19
IUDs	18	8	13
Tubal Ligations	12	11	11
Vasectomy	2	3	2
Withdrawal	0	11	5
N	102	101	203

In Khairpur, girls even had knowledge about withdrawal (11%) as a method of family planning, which requires some knowledge about sexual practices. This was surprising given that they said they were privy to little information about puberty, yet they knew about withdrawal.

Table 40. Source of information about family planning (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Radio message	7	12	9
TV message	49	22	36
LHV Clinic /BHU	0	1	0.5
LHW	0	1	0.5
Dai	0	0	0
Private doctor	0	1	0.5
Mother	13	16	14
Sister	16	21	18
Sister in law	16	27	21
Friend or neighbor	0	0	0
N	102	101	203

We asked the adolescent girls about where they received their information about family planning (Table 40 above). For girls in Jamshoro, television (49%) was the

leading source of information, followed by close female relatives (45%) such as mother, sister, or sister-in-law. In Khairpur, close female relatives (64%), followed by television (22%) were the leading sources of information. In none of the sites were LHVs, LHWs, or dais a significant source of this information for girls. Radio, as compared to television, is a much less important source of information.

Table 41. Girls and boys should be informed about family planning methods before they get married (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	50	26	38
No	25	50	37
Don't Know	25	25	25
N	102	101	203

We asked girls if they believed that young people should have family planning knowledge before they get married. It follows from the high level of knowledge adolescent girls already have about family planning methods that 38% total also said this information should be available to all adolescents before marriage (Table 41). One quarter (25%) was undecided.

As a follow up to the question about family planning information before marriage, we explored if they felt married couples should start using family planning before having their first child (Table 42 below). Girls in Jamshoro had different views from those in Khairpur, 37% saying couples should start using contraception before they have their first child. Girls in the Khairpur sites were more conservative. Almost 60 percent did not believe that married couples should start using family planning before having their first child. However across both sites 33 percent did not have a view on the matter.

Table 42. Married couples should start using family planning before first child (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	37	9	23
No	28	59	44
Don't Know	34	32	33
N	102	101	203

A full 86% of Jamshoro girls and half of Khairpur (50%) girls believed that the primary responsibility for family planning rests with both husband and wife, not just one or the other (Table 43 below). This is in contrast to the relatively low percentages (11% in Jamshoro and 25% in Khairpur) who said it was the primary responsibility of the wife.

Table 43. Primary responsibility for family planning (adolescent girls)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Husband	3	24	13
Wife	11	26	18
Both	86	50	68
N	102	101	203

Some women in the adult female focus groups had a similar approach to sharing information with their daughters about family planning as they did with regard to puberty. For example, there were those in villages Saeed Khan Gopang and Wada Chachhar, District Jamshoro, who said only after a girl has two children should she learn about family planning methods. However there were also mothers who felt that before a girl gets married she should learn about modern methods so that she can have fewer children and preserve her health and that of her offspring.

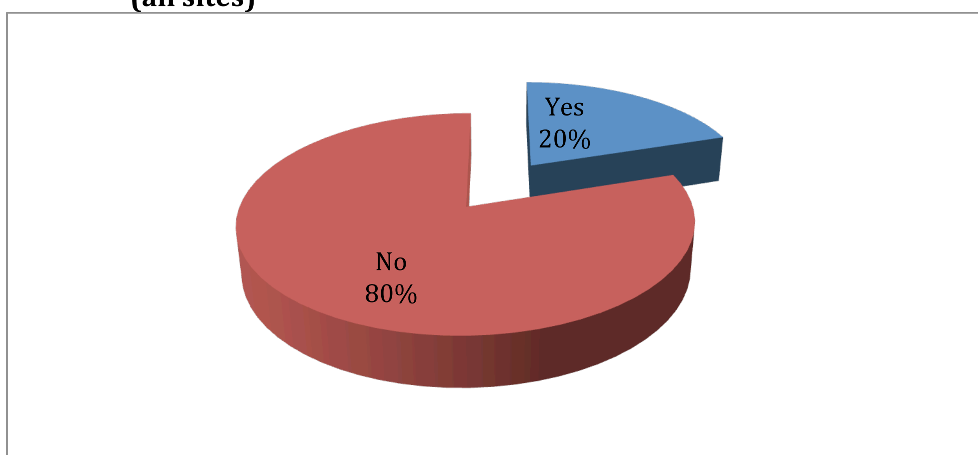
Men in Saeed Khan Gopang were at first very hostile to engaging in a conversation about such matters as family planning, but after some discussion they agreed that there needs to be some way either through school, mothers, or LHWs, whereby women and girls received education about matters such as family planning. In the male focus group in village Kot Mir Muhammad, District Khairpur, men agreed that girls should only learn about family planning "when the time is right" and not before that, at which point their elders or mothers in law can teach them about it. The key informant suggests there is a fear in the community that the more girls know in advance about reproductive health matters, the risk increases that they will stop listening to their parents and start to behave badly. Women in the village FGD debated only whether girls should learn about family planning methods after having one, two, or three children. In village Tando Masti the FGD findings were almost identical.

The irony here must be pointed out that 70 percent of adolescent girls in our survey already know about family planning -- while their elders held a debate about when they should be informed that was already irrelevant to them. In FGDs girls said they learned about family planning from television, radio, and neighbors (not their mothers, but sometimes their aunts and sisters.) They understood that women want to limit and space their children, particularly for health purposes.

C. Adult Knowledge of Family Planning Before Marriage

A large majority of adult females (80%) surveyed were not informed about family planning methods before marriage (Figure 5 below). This is an almost inverse figure to the one above regarding adolescent girls, suggesting there has been a major generational change in the level of information available to girls.

Figure 5. Adult women's knowledge of family planning methods before marriage (all sites)



D. Responsibility for Family Planning

Table 44. Primary responsibility for family planning (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Husband	2	14	8
Wife	6	33	20
Both	92	53	71
N	51	57	108

Regarding who has primary responsibility for family planning, women in the Jamshoro sites were overwhelming (92%) in their response that contraception was the responsibility of both husband and wife together (Table 44). In Khairpur, their responses were more diverse, 53 percent of women respondents said it was a shared responsibility and 33 percent believed it was the wife's responsibility alone.

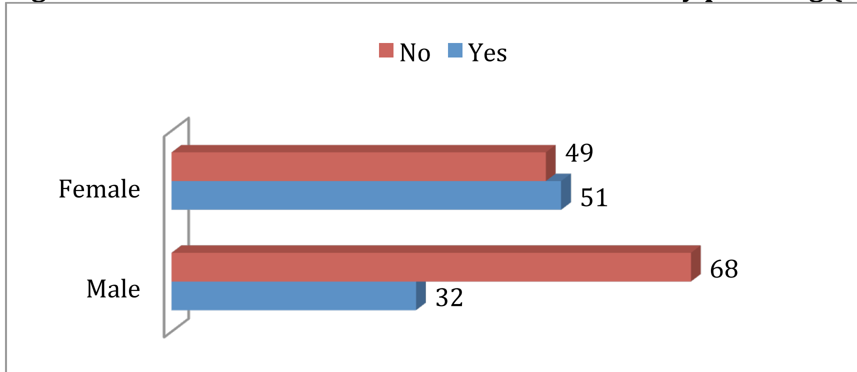
Table 45. Primary responsibility for family planning (male adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Husband	44	13	29
Wife	4	13	9
Both	52	73	63
N	52	52	104

Male respondents in Jamshoro said either that family planning was the joint responsibility of both husband and wife (52%) or that of the husband (44%). (See Table 45.) Their responses were quite in contrast to the views of women in Jamshoro, as quoted above, who did not believe that men should assume primary responsibility. Meanwhile, in Khairpur men clearly favored the joint responsibility approach (73%). Their responses were also somewhat in contrast to the views of women surveyed in Khairpur, more of whom took the view that family planning was a wife's responsibility.

E. Use of Family Planning

Figure 6. Adult men and women's ever use of family planning (all sites)



Only around half (49%) of all female respondents had ever used a family planning method, although 68% of males had a history of use (Figure 6).

Table 46. Contraceptive method ever used (female adults)

	District (%)		Total
	Jamshoro	Khairpur	
Pills	12	41	27
Injectables	23	28	25
Condoms	15	10	13
IUCDs	19	0	9
Tubal Ligation	23	10	16
Withdrawal	0	3	2
Rhythm method	8	7	7
N	26	29	55

Women who reported ever use of contraception used a range of methods (Table 46). In the Jamshoro sites, the largest proportion either had their tubes tied (23%) or used the injectable (23%). In the Khairpur sites, the largest proportion used the pills (41%) or the injectable (28%). Withdrawal (2%) and rhythm method (7%) were the least used methods.

Only 22 percent of adult women in Jamshoro and 30 percent in Khairpur were currently using contraception (Table 47).

Table 47. Currently using family planning method (female adult)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	22	30	26
No	78	70	74
N	51	53	104

F. Side Effects of Contraceptives

We asked our women respondents about perceived side effects from contraceptive use. The leading side effect of contraceptives they reported was weight gain (31%), followed by breast "cancer" (18%) and menstrual irregularities (26%). These side effects were not independently verified as linked with contraceptives. They are self-reported.

Table 48. Side effects from contraceptives (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Weight gain	33	30	31
Menstrual irregularities	27	25	26
Breast cancer in women using pills and injectables	18	18	18
Fertility problems	14	14	14
Any other	8	14	11
N	51	57	108

XIII. Safe Abortion

Safe abortion is an important, but difficult area of reproductive health in which to assess knowledge and practices. In our survey, we first attempted to find out whether women respondents had a history of unplanned pregnancy. A significant proportion of women (38%) across sites had experienced an unplanned pregnancy (Table 49 below).

Table 49. Have you had an unplanned pregnancy (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Yes	37	40	38
No	63	60	62
N	51	53	104

Next, we queried whether they had decided to continue with the unwanted pregnancies or not. Only five percent (i.e. one woman) admitted to aborting (in Khairpur) or attempting to abort (in Jamshoro only) these pregnancies (Table 50). 95 percent of women with unwanted pregnancies continued with their pregnancies.

Table 50. Outcome of unplanned pregnancy (female adults)

	District (%)		Total (%)
	Jamshoro	Khairpur	
Continued pregnancy	95	95	95
Aborted pregnancy	0	5	3
Attempted to abort but unsuccessfully	5	0	2
N	19	21	40

Table 51. Conditions under which induced abortion is acceptable (male and female adults)

	District (%)				Total (%)	
	Jamshoro		Khairpur			
	M	F	M	F	M	F
When woman's life is at stake	28	54	44	51	37	53
If she has been raped	31	7	16	6	22	7
If she gets pregnant outside of marriage	25	9	27	17	26	13
If husband does not want baby	14	19	0	24	6	21
If wife does not want baby	0	7	2	2	1	4
Never	0	0	2	0	1	0
Other	3	5	9	0	6	2
N	36	44	45	47	81	91

We continued with this line of questioning a bit further, to find out under which conditions respondents may consider induced abortions acceptable. Men and women surveyed broadly agree that there are some such conditions (see Table 51). Fifty-three percent of women overall said they would approve of an induced abortion if a woman's life is at stake, as did 37 percent of men. Men in each of the districts were more in favor than women of induced abortion in the event of pregnancy outside of marriage or as a result of rape.

Table 52. Gestational period during which induced abortion is safe (male and female adults)

	District (%)					
	Jamshoro		Khairpur		Total)%)	
	M	F	M	F	M	F
Up to 8 weeks	48	94	71	94	59	94
Up to 16 weeks	13	2	10	4	12	3
Any time during	13	0	4	0	9	0
Never	25	4	15	2	20	3
N	52	51	48	53	100	104

Finally, knowledge about the gestational period safe for abortions was checked (Table 52).Women's knowledge was partially correct, with 94 percent stating up to 8 weeks is safe. However, men's knowledge was less accurate. For example, in Jamshoro almost half of men correctly stated up to 8 weeks was the safe period, but 13 percent said up to 16 weeks was safe and another 13 percent said any time during pregnancy was safe and a quarter said there was no safe period at all.

XIV. Discussion

The quantitative and qualitative research in this rapid assessment produced a great deal of data that is useful for the purposes of a reproductive health education intervention in the target communities within districts Jamshoro and Khairpur. The areas discussed in the report are listed below, with a brief summary of the important issues highlighted by the research, followed by a suggestion of how programme interventions may respond.

Legal rights:

Men know about women's right to *nikahnamas* and inheritance of property, to a large extent. Adult women and adolescent girls are aware of women's right to vote and inherit property, which is a positive starting point from which to do further advocacy on exercising legal rights. However, in Khairpur for example, only 85 percent of adult women knew about women's right to vote, and similarly not all knew about their right to inherit property.

- Future community-based interventions need to raise awareness with adult women in particular about their rights to vote and inherit property, with information regarding how to exercise those rights.

Survey results show that women are more aware than men about the vote-related functions of the CNIC. Adolescent girls are more aware than adult males and females both about the uses of CNICs, which is an important advance in being able to fulfill their role as active citizens who will be able to demand and exercise their rights. Qualitative research shows that adults have focused more on ensuring that their children, including girls, get CNICs so that they get the benefits such as social protection and vote-related rights from having the cards.

- Interventions from NADRA and NGOs at the community level to assist people in having their cards made have been very beneficial and should be continued.
- The benefits of CNICs can be used to extend to the exercise of reproductive rights, eg as a requirement upon signing of a *nikahnama*. Programme interventions can raise awareness and advocate within communities towards this goal.

Nikahnama:

There are adult men and women both who do not know the contents of this document. However, men have a slight advantage in this regard. Men know more often than women that a *nikah* requires consent of both parties; while both men and women have some knowledge about the concept of a *haq mehr.* Most adult women either don't have a *nikahnama* or don't know if they do or not. A few of the adult

women surveyed knew about the possibility of a woman being granted the right of divorce in her *nikahnama*.

- Any future programme intervention in the community should include basic awareness-raising with adults and adolescents about the contents of the *nikahnama* and rules about registration of marriage and divorce.
- Registration of marriages and monitoring of age at marriage can be incorporated into the intervention and followed during the course of the programme to measure effectiveness of awareness-raising leading to behavior change.

Access to adolescent girls

Around three quarters of girls surveyed in all sites were not currently in school, and neither had they ever engaged in paid work. Accessing them and engaging them for project goals will prove to be a challenge as IRC seeks to work in the community level.

Accessibility of facilities, for both schooling and health, is an important issue. The survey and qualitative research identified socio-cultural factors, such as caste, that made it difficult for girls to remain in school, and economic factors, such as cost of transport, that prevented girls from traveling outside the village to pursue their studies. Girls appeared highly motivated to stay in school, and adult men and women agreed they would want them to, but the issue is more complex than a brief survey could assess.

- IRC is already running schools in the programme intervention sites. It will be a challenge to access girls outside of schools and engage them in reproductive health education efforts.

Access to health care and information

Findings show that adolescent girls believe their access is delayed and less of a priority than that of boys in the household. Adult women deny this is the case, while adult men in the focus group discussions partially admit that it is true, although they were reluctant to admit son preference. Social restrictions on adolescent girls, and the costs of health care are major concerns that restrict and delay treatment.

An important finding of this rapid assessment is that girls traditionally receive reproductive health information only on a need-to-know basis. For example, their mothers will tell them about menstruation and what to do at the point when they first get their periods, and they will be told about how to manage pregnancy when their mothers realize they are pregnant for the first time. Also, their mothers believe they should learn about family planning only at the time when they have had enough children to merit limiting or spacing. This mode of communication is inadequate and there is some recognition of this from our focus group discussions,

in which even some adults feel that schools should provide information to girls so that they are empowered to care for themselves.

The lack of sharing and discussion also creates a high level of anxiety amongst girls, particularly since puberty and its onset brings with it so many restrictions and the impending fear of early marriage.

- Programme interventions need to address this and if possible make the transition from girlhood to womanhood less traumatic by providing much-needed information within the school setting. However, this will not reach all adolescents, since such a large proportion are out of school.
- Communication between mothers and daughters is weak, and interventions could teach them how to have more open sharing on these issues so as to reduce the tension and resentment between the two generations.

Age at marriage:

The actual age at marriage as reported in the adult women respondent profiles indicated almost half married before the age of 18. Respondents we surveyed, including adolescent girls, are ill-informed and confused about the correct legal ages for boys and girls to marry. Adult males were generally better informed about the correct legal age at marriage for boys. Programme interventions need to clarify the matter and raise awareness in favor of delayed marriage for both boys and girls in order to break the pattern of early age at marriage.

Ideal age at marriage:

Adolescent girls surveyed about they believed was the ideal age at marriage seem to favor a young age at marriage that contradicts their comments in focus group discussions, during which they expressed concern and fear at being married off too early. This is in keeping with the confusion surrounding the legal age at marriage among respondents. However, findings pertaining to family planning and the desires of adolescent girls to delay first pregnancy (see below) seem to support later age at marriage. Information needs to be clear and focused when disseminated into the community that the ideal minimum age at marriage for girls (and boys) must be age 18, as mandated by the Convention on the Rights of the Child and as universally understood to be the safe age to begin childbearing.

Reasons for marriage:

Marriages arranged on the basis of *watta satta* take place at least half of the time, and a negligible number of marriages are arranged with the consent of the girl (relatively more with the consent of the boy).

- Reproductive health education interventions at the community level will need to emphasize the issue of consent in marital arrangements, and find a way to call into question the practice of *watta satta* in which lack of consent

is implicit. Support for this approach will be found in the fact that the right of consent for both parties is already included in the *nikahnama* and the law of the land.

Another trigger for marriage is the attainment of puberty, usually of the girl, which signifies that the girl is now ready to become a wife and mother. Although this does not necessarily mean she immediately gets married off, it signifies the beginning of a search for an appropriate husband, and the end of some freedom of mobility and social interaction that she previously enjoyed.

- This abrupt entry into the world of "marriageability" can be disturbing and frightening to girls, as our focus group discussions have shown. Programme interventions should find ways for girls to talk about their feelings and share their experiences of puberty, adolescence, and its social impacts.

Age at first pregnancy:

Girls in Jamshoro sites more than in the Khairpur sites overwhelmingly said that first pregnancies should be delayed after two years of marriage. This, along with their high level of knowledge about family planning methods, provides a good opening for interventions to raise awareness about delayed first pregnancy (along with delayed age at marriage to age 18 or above) and the related health benefits to women.

Care during pregnancy:

The primary finding regarding care during pregnancy is that adult women were largely aware of precautions to be taken regarding health care, as well as the importance of skilled birth attendants and medical care during delivery. Men did not exhibit the same understanding of the need for antenatal care, and the signs of danger during pregnancy. During focus group discussions they repeatedly mentioned poverty as a reason for not sending their girls out of the village for healthcare, and we can extrapolate that their wives' health is also affected by economic circumstances as well.

- These findings underscore the importance of working with men for reproductive health education, particularly with regard to health-seeking behavior and when medical help is important for girls and women. Since men pay for medical expenses much of the time, they also take decisions regarding if and when medical care is to be sought.

Family planning:

Girls (up to 70%)already knew about family planning. They expressed a range of views about whether it should be available to girls and boys before marriage and whether couples should use it before having their first child. Many of these views were in favor of such availability. At least half of all girls surveyed though family

planning should be the responsibility of both husbands and wives. Such findings indicate social changes underway in rural Sindh that are taking place even though formal education is not able to meet the needs of the growing population.

- This knowledge can be built upon through reproductive health education interventions, which need not assume that girls have not thought about these issues already and formed some opinions.
- The involvement of adolescent boys in all aspects of programme interventions and especially education is critical in order to ensure that they are partners in building a healthy community for all.

The reasons girls already knew about family planning were mainly television and female sources, even though their elders believe they should only be taught about it after they are married and have had children of their own. In contrast 80 percent of all adult women surveyed said they had not known about it before marriage. This indicates a major difference between the generations.

- Programme interventions within the community could try to bridge the growing generation gap between mothers and daughters in terms of what reproductive health information they believe ought to be shared with adolescents and when is the right time to do so.

Contraception:

Half of women and 68% of men had ever used contraception, although current rates of use were low. Of concern is the perceived side effects of weight gain, menstrual irregularities, breast cancer, and fertility problems that may have contributed to the drop in current use among women. While adolescents seemed to be positively predisposed to use of family planning, their attitudes will change if perceived side effects, albeit mistakenly, change their views once they begin to use contraception after marriage.

- Reproductive health education within the community, particularly with adult women to prevent misuse of contraception and address perceived side-effects is an important part of ensuring that adolescents grow into successful practitioners of family planning as well.

Safe abortion:

Survey respondents (adults) did not readily admit to experiencing induced abortions, but interestingly both did agree that under some conditions, such as if a woman's life were at stake or if she was raped, it was acceptable. While most women did know the gestational period during which induced abortion was safe, there is much more information that needs to be shared within a community, among both men and women, about what constitutes a safe procedure.

- Programme interventions must provide information on provision of safe abortions and post-abortion care services to community members, both men and women.

While the challenges to achieve reproductive health and rights for women and girls in rural Sindh are many, this rapid assessment has shown that adolescent girls in our study sites are eager to develop the skills to become active agents of change in their own lives and move beyond the limits set by their elders. However their quest for knowledge and independence will be impeded by the ongoing context of poverty in their environment, that help to impede efforts towards progress -- even as families express a desire to educate their girls.

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