Draft

KNOWLEDGE OF NFPE-AG GRADUATES ON REPRODUCTIVE HEALTH AND NUTRITION

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EXECUTIVE SUMMARY

BRAC educated adolescent girls through its Non-Formal Primary Education Programme for Adolescent Girls (NFPE-AG) as a component of its former Women's Heath and Development Programme (WHDP). The aim of the NFPE-AG programme was to increase the literacy and numeracy skills as well as awareness on reproductive health, nutrition and social issues. The first phase of NFPE-AG was started in September 1991 through 1000 schools in 10 thanas of WHDP and ended in August 1993. This study was undertaken to assess the level of knowledge retained by NFPE-AG graduates regarding reproductive health and nutrition issues such as marriage, pregnancy, safe motherhood and contraception, delivery, lactation, anaemia, goitre and menstruation.

A total of 30 former NFPE-AG schools (closed 2 years back) were selected from 6 WHDP areas (5 schools from each area). From each school, 7 NFPE-AG graduates aged 15-19 years were selected who did not continue their study in formal schools after graduation. Another 7 never schooling girls (NS-AGs) aged 15-19 years from TG families were selected as a comparison group. Thus, a total of 420 adolescent girls (210 from each group) were interviewed in January 1996.

Key findings

knowledge on legal age at marriage: Around 85% of NFPE-AGs opted for late marriage (>18 years) though only 47% could correctly tell about the legal age at marriage. Most of the girls (87%) were concerned about deterioration of health as a consequence of early marriage.

Issues related to pregnancy: Most of the NFPE-AGs (85%) said that pregnant women should increase their food intake, while 74% of them said that pregnant women should increase their food intake as pregnancy proceeds. Around 11% of NFPE-AGs were in favour of food restriction for pregnant women while 78% of the NFPE-AGs thought that a pregnant woman would not feel discomfort due to over eating. Most of the NFPE-AGs (88%) suggested that a pregnant woman should undertake only light household work.

Safe motherhood and family planning: The majority of NFPE-AGs (72%) knew that a girl should be at least 20 years old before starting her first pregnancy. Around 23% of NFPE-AGs knew that two doses of TT vaccines are needed by a pregnant woman while only 14% of the NFPE-AGs knew what the correct schedule of vaccination was.

Most of the NFPE-AGs (85%) knew that there should be at least 3 years' gap between two consecutive pregnancies. The most widely known method of contraception was the oral pill (92%) followed by injection (65%), ligation (36%), copper-T (28%), and finally the condom (25%). According to the NFPE-AGs their sources for obtaining contraception were: hospital/Mothers & Child Health Centres/Family Welfare Centres (54%), BRAC office/Programme Organisers (44%), open market (36%), family planning workers (35%) and BRAC's *shasthya shebikas* (30%).

Issues related to delivery care : Only 4% of NFPE-AGs could mention the name of 6 items needed by TBAs for conducting delivery while 5% of NFPE-AGs could not recall a single item. The most commonly mentioned items were: a blade (91%), thread (82%), and savlon (53%). According to the majority of NFPE-AGs (77%), the delivery room should be neat and clean. There were differences of opinion among girls about the ventilation of delivery room and its size.

Issues related to lactating mother: Only 31 (15%) NFPE-AGs favoured food restriction for lactating mothers. Most of the them (91%) opined that lactating mothers should take more foods than her normal feeding habit.

Child care: The majority of NFPE-AGs (77%) knew that newborns should be given colostrum/breast milk. NFPE-AGs also preferred prelacteal foods such as cow milk (11%), honey (9%), and sugar water (8%). Most of the NFPE-AGs (85%) knew that colostrum is beneficial for newborns while 6% of NFPE-AGs thought of it as harmful.

Around 42% of NFPE-AGs knew that infants should be breast-fed exclusively up to their 4th month and the majority of NFPE-AGs (62%) knew that supplementary feeding to infants should be started between their 4th and 6th month.

Nearly 27% of NFPE-AGs knew the name of all vaccines, 1% could recall the doses of all vaccine correctly but no one could mention the name of 6 vaccine preventable diseases. Only 6% of NFPE-AGs knew the correct target age for giving Vitamin A Capsules (VAC).

Knowledge on prevention of anaemia: The NFPE-AGs suggested that the persons having anaemia should take rich foods (36%), nutritious foods (23%), vitamins (24%), *kochu shak* (19%) and consult with a doctor/health worker (32%).

Knowledge on prevention of goitre: Around 45% of NFPE-AGs suggested that regular intake of iodized salt could prevent goitre while 8% of them suggested taking modern medicines.

Food restriction during menstruation: Nearly 59% of NFPE-AGs favoured food restriction during menstruation. These were: sour foods (60%), eggs (38%), *hilsha* fish/dried fish and milk (37% each), meat (duck/pigeon) (24%), etc.

Participation of girls in EPI and VAC distribution: The NFPE-AGs reported that 74% of them had brought their related target children to EPI centre for vaccination. Around 49% of the girls helped their related children or motivated the family in taking VAC.

Family planning practice by married girls: Among married girls, 16% of NFPE-AGs were currently using contraceptives. Among the contraceptive users, oral pill (71%) was most popular followed by condom (18%) and injection (6%).

Protection of neonates and mothers against tetanus: Most of the NFPE-AG mothers (89%) having children under one year old received two doses of TT vaccines during pregnancy.

Conclusion: It may be concluded that the NFPE-AGs had retained correct knowledge on many aspects of reproductive health and nutrition. Most of the issues were better known by the married than the unmarried girls. For better health practice, the NFPE-AGs should be provided with fresh knowledge in every aspects of reproductive health and nutrition issues.

INTRODUCTION

BRAC carried out a two-year Non-Formal Primary Education Programme for the Adolescent Girls (NFPE-AGs) through its Women's Heath and Development Programme (WHDP) aiming to increase basic literacy and numeracy skills as well as awareness on health, nutrition and social issues. It was also hoped that the programme would help delay their age of first marriage and first conception (BRAC, 1992). Besides, it is hoped that these will form the future cadres for BRAC's health and development programme. The first phase of NFPE-AG started in September 1991 through 1000 schools in 10 thanas of WHDP and ended in August 1993.

After completion of the course, NFPE-AG graduates were organized through the Kishori Club to continue the reading habit of NFPE-AG graduates. In 1994, some new activities like savings, training in homestead poultry farming and tailoring were introduced through the Kishori club programme. The NFPE-AG graduates are encouraged to grow vegetables in their own homestead. Along with the seeds, orientation and demonstration on sowing, caring for and harvesting these vegetables were also given. The vegetable programme provides a new opportunity for NFPE-AG graduates to be encouraged in some nutrition-cum-income promotion activities. Recently, BRAC has taken a programme to educate each NFPE-AG graduate on reproductive health and nutrition issues through Kishori clubs. Given this situation, a study was done to evaluate the present status of knowledge of NFPE-AG graduates regarding reproductive health and nutrition issues which will also be helpful as a baseline of knowledge for evaluation of the new programme.

Objective

The overall objective of the study was to assess the level of knowledge retained vis-à-vis practices of NFPE-AG graduates regarding health and nutrition issues.

The specific objectives were to:

- assess the knowledge of NFPE-AG graduates on marriage, pregnancy, delivery care, safe motherhood, lactation, child care, anaemia, goitre, etc.,
- assess the knowledge of NFPE-AG graduates about diets during illness, pregnancy, lactation, and menstruation, and
- assess the participation of NFPE-AG graduates in different health care activities.

METHODOLOGY

Study area and sampling: Six WHDP thanas (two thanas from each of the 3 regions: Mymensingh, Bogra and Dinajpur) were selected at random. Then one area from each thana was also randomly selected. From each area, 5 former NFPE school for adolescent girls which had been closed 2 years back and where no reproductive health education was given to NFPE-AG graduates were selected purposively. A total of 30 former NFPE-AG schools were selected from these six areas.

Study population: From each former NFPE-AG school, 7 NFPE-AG graduates aged 15-19 years were selected (regardless of their marital status) who had not continued their study in formal schools after graduating from BRAC NFPE-AG schools. Another 7 never schooling adolescent girls (NS-AGs) aged 15-19 years from target (TG) families were selected from the adjacent village/s of former NFPE-AG schools.

Data collection: Data were collected in January 1996 using pre-tested structured questionnaire. Four female Programme Organizers (POs) and three part-time female interviewers were involved in data collection.

Data analysis: Data were processed and analysed with a computer using SPSSPC+ programme.

RESULTS

Background characteristics of adolescent girls

A total of 420 adolescent girls (NFPE-AG 210, NS-AG 210) were interviewed. Of the 210 NFPE-AGs, 104 were married while among the 210 NS-AGs, 133 were married. The mean age of both groups of girls was almost identical (NFPE-AGs 17.1 years and NS-AGs 17.2 years). About 90% of NFPE-AGs and 87% of NS-AGs were muslim.

knowledge on legal age at marriage

The study found that 47% of NFPE-AGs and only 16% NS-AGs could correctly tell the legal age at marriage (in Bangladesh 18 years for females) (Table 1). In both the groups, this knowledge was higher among the married than unmarried girls.

About 85% of NFPE-AGs and 55% of NS-AGs felt that the minimum age of marriage should be at least 18 years of age, although a few of them from both groups preferred premenarcheal marriage (Table 2). There was a marginal difference in opinion between married and unmarried girls in both the groups.

Most of the girls (NFPE-AG 86%, NS-AG 78%) were concerned about deterioration of health as a consequence of early marriage (Table 3). Both the groups also knew that early marriage would lead to early pregnancy, general weakness, disruption in family life and increased maternal and infant mortality. The married girls in both the groups were more aware of this than the unmarried girls.

Issues related to pregnancy

Both groups said that the primary signs of pregnancy were cessation of menstruation (NFPE-AG 54%, NS-AG 52%), nausea or vomiting (NFPE-AG 54%, NS-AG 36%) and drowsiness (NFPE-AG 50%, NS-AG 32%) (Table 4). The other signs and symptoms of pregnancy as described by them were: loss of appetite, intolerable smell in foods, general weakness. The married girls knew these better than the unmarried girls in both the groups.

Only a small portion of the girls (NFPE-AG 13%, NS-AG 6%) knew that a fetus gets nutrition through the umbilical cord. About 71% of NFPE-AGs and 63% of NS-AGs knew that a fetus shares food from its mother's food but they did not know how it happened (Table 5). Some of them thought that fetus ate nothing. A difference in knowledge was observed between married and unmarried girls in both the groups.

The majority of girls (NFPE-AG 85%, NS-AG 53%) said that pregnant women should take more food compared to non-pregnant women (Table 6). About one-tenth of NFPE-AGs and less than half of NS-AGs suggested that pregnant women should take less food compared to non-pregnant women. Again a difference in knowledge was observed between married and unmarried girls in both the groups.

The fact that food requirement increases as the pregnancy proceeds was known to 74% of NFPE-AGs and 44% of NS-AGs (Table 7). This knowledge was higher among unmarried compared to married girls in both the groups. On the other hand, half of NS-AGs and less than one-fourth of NFPE-AGs were in favour of decreased food intake during pregnancy. This feeling was higher among married girls in both the groups.

About one-tenth of NFPE-AGs and a quarter of NS-AGs favoured food restriction during pregnancy (Table 8a). Of them, about 39% of NFPE-AGs and 17% of NS-AGs could not mention the name of any food to restrict (Table 8b). This situation was higher among unmarried girls. The other girls reported that duck and its egg and/or pigeon-meat (NFPE-AG 39%, NS-AG 59%), different types of fish such as dried fish, hilsha fish, etc. (NFPE-AG 35%, NS-AG 23%) should be restricted. Higher percentage of married girls were in favour of restriction on duck and its egg and/or pigeon-meat and fish. But 13% of NFPE-AGs were in favour of restriction on rice and flour as well. A small portion of NS-AGs said to restrict milk, fruits and rice/flour during pregnancy.

About 78% of NFPE-AGs and 48% of NS-AGs mentioned that pregnant women would not feel discomfort as a result of over eating (Table 9). This feeling was higher among the unmarried girls in both the groups. While a portion of the girls (NFPE-AG 13% and NS-AG 31%) opined that pregnant women might feel discomfort due to over eating. The other problems related to more food intake cited by the girls were: big fetus (NFPE-AG 3%, NS-AG 11%), dead fetus (NS-AG 1%), vomiting (NFPE-AG 2%, NS-AG 6%), etc.

Most of the NFPE-AGs (88%) and 64% of the NS-AGs suggested that a pregnant woman should undertake light household work only (Table 10). While 10% of NFPE-AGs and 32% of NS-AGs suggested that pregnant women should continue her normal household activity. Only a few girls opined that pregnant women could do heavy works as well while a very few expressed that they should abstain from all type of works. Difference in opinion was observed between married and unmarried girls in both the groups.

Safe motherhood and family planning

According to the NFPE-AG curriculum, to avoid pregnancy related complications, a girl should be at least 20 years old before starting her first pregnancy. About 36% of NFPE-AGs and 26% of

NS-AGs knew this. About 27% of NFPE-AGs and 42% of NS-AGs were unaware about the safe age of first pregnancy (Table 11A). Married girls in both the groups knew better about safe age of first pregnancy compared to unmarried girls.

About 16 of NFPE-AGs and 8% of NS-AGs knew that a pregnant woman needed two doses of TT vaccines during pregnancy (Table 11B). There was a marginal difference in knowledge between married and unmarried girls in both groups. While 9% of NFPE-AGs and 6% of NS-AGs knew about the correct time schedule of TT vaccination for pregnant women (Table not shown).

All women aged 15-45 years should take two doses of TT vaccination for prevention against tetanus. Only a few girls (NFPE-AG 7%, NS-AG 3%) knew this fact (Table not shown).

Most of the NFPE-AGs and the NS-AGs (85%) felt that there should be at least 3 years' gap between two consecutive pregnancies to combat the hazard of frequent pregnancies (Table 11C). Most of the NFPE-AGs (87%) and the NS-AGs (82%) knew the need of family planning (Table 11D). Most of the NFPE-AGs (93%) and 82% of the NS-AGs knew about contraceptives. The most widely known contraceptives were: pill, injection, ligation, copper-T, condom, etc. (Table 12). The married girls in both the groups knew better about contraceptives than the unmarried girls.

According to a majority of the adolescent girls, the main sources of contraceptives were: hospital/Mother & Child Health Centre /Family Welfare Centre (NFPE-AG 54%, NS-AG 40%), family planning workers (NFPE-AG 35%, NS-AG 37%), BRAC offices/programme organisers (NFPE-AG 44%, NS-AG 31%), BRAC's *shasthya shebikas* (NFPE-AG 30%, NS-AG 12%), open market (NFPE-AG 36%, NS-AG 33%) etc. (Table 13). There was difference in knowledge between married and unmarried girls in both the groups.

Most of the NFPE-AGs (93%) and the NS-AGs (88%) were aware that mother's health would deteriorate due to frequent child birth. They also cited other consequences of child birth such as, poverty in the family (NFPE-AG 40%, NS-AG 36%), mothers becoming unable to allocate adequate time for child care (NFPE-AG 24%, NS-AG 16%), frequent illness of children (NFPE-AG 32%, NS-AG 21%), and still birth or enhanced child mortality (NFPE-AG 3%, NS-AG 2%) (Table 14). A difference in knowledge was observed between married and unmarried girls in both the groups.

Issues related to delivery care

To conduct a safe delivery, TBAs need 7 items: a blade, thread, savlon, soap, cotton, gauze bandage and a piece of plastic paper. Only 4% of NFPE-AGs and 1% of NS-AGs could mention 6 items (Table 15a). While 5% of NFPE-AGs and 26% of NS-AGs could not recall any of the item. The most commonly mentioned items needed by TBAs for delivery were: a blade (NFPE-AG 91%, NS-AG 72%), thread (NFPE-AG 82%, NS-AG 57%), savlon (NFPE-AG 53%, NS-AG 21%), etc. (Table 15b).

According to majority of the NFPE-AGs (77%) and the NS-AGs (67%), delivery room should be neat and clean. There was a difference in opinion among girls about ventilation of delivery room and its size. Some of them (NFPE-AG 32%, NS-AG 11%) suggested that a delivery room should be open or well ventilated while the others (NFPE-AG 13%, NS-AG 19%) suggested that the room should be closed or poorly ventilated (Table 16). Differences in suggestions were observed between married and unmarried girls in both the groups.

Issues related to lactating mother

About 15% of NFPE-AGs and 29% of NS-AGs said that a variety of foods should be restricted for lactating mothers (Table 17a). These adolescent girls thought that child would become sick or get cold if lactating mothers do not follow food restrictions (NFPE-AG 94%, NS-AG 82%) (Table 17b).

Most of the NFPE-AGs (91%) and the NS-AGs (83%) suggested that lactating mothers should take more food than normal. Only a few girls of both groups (NFPE-AG 9%, NS-AG 15%) said that the lactating mothers should take the same or less amount of food than under normal conditions (Table 18).

Child care

Ideally a newborn baby just after cord cutting should be cleaned with a wet cloth or washed with warm water, covered with a dry cloth and put on its mother's lap. Only a few girls (NFPE-AG 8%, NS-AG 3%) knew about this ideal procedure of child care (Table not shown).

The majority of NFPE-AGs (77%) and 40% of NS-AGs knew that the newborn should be given "*shal* or *puj dud*" (colostrum/breast milk) (Table 19A). In this regard, unmarried girls were

more aware than the married girls in both the groups. Besides, NS-AGs preferred honey (31%), cow milk (23%), sugar water (10%) and plain water (5%). Despite NFPE education from BRAC, NFPE-AGs also preferred cow milk (11%), honey (9%), and sugar water (8%). Differences in opinion were observed between married and unmarried girls in both the groups.

The majority of NFPE-AGs (64%) and 53% of NS-AGs recommended giving colostrum/breast milk to newborns just after birth while others (NFPE-AG 32%, NS-AG 41%) suggested 1-3 hours after birth (Table 19B). There was little difference in opinion between married and unmarried girls in both the groups.

Most of the NFPE-AGs (85%) and 51% of the NS-AGs knew that colostrum was beneficial for newborns (Table 19C). The beneficial effects cited by the girls were: colostrum keeps baby healthy, prevent diseases, develop intelligence, etc. While 6% of NFPE-AGs and 17% of NS-AGs opined that colostrum is harmful for newborns. The harmful effects cited were: baby gets diarrhoea, vomiting or sickness, etc. However, correct meaning of colostrum (first thick yellow milk/secretion from mother's breast) was known only to 16% of NFPE-AGs and 4% of NS-AGs (Table not shown).

About 42% of NFPE-AGs and 22% of NS-AGs knew that infants should be breast-fed exclusively up to their 4th month (Table 20). The majority of NFPE-AGs (62%) and 41% of NS-AGs knew that supplementary feeding (weaning foods) to infants should be started between their 4th and 6th month. Some of the girls (NFPE-AG 8%, NS-AG 11%) mentioned that supplementary feeding could be started even before 3 months of age (Table 21).

The reasons cited for supplementary feeding to children were: for normal growth (NFPE-AG 47%, NS-AG 29%), breast milk is not enough after five months (NFPE-AG 34%, NS-AG 41%), for better health (NFPE-AG 37%, NS-AG 24%) etc. (Table 22). Some of the girls did not know why children should be given supplementary foods.

The adolescent girls were asked about foods which should be given as supplementary food. The main foods cited by NFPE-AGs were: rice/*suji* water and *khichuri* (53%), cow milk (38%), fruits (34%), vegetables (33%), rice (24%), egg (21%), etc. The main foods cited by NS-AGs were: rice/suji water (62%), fruits (49%), cow milk (36%), *khichuri* and vegetables (18%), etc. (Table 23).

For prevention of 6 EPI diseases, four vaccines are given to children between 1.5 month and 10 month of age. The NFPE-AGs had better knowledge about the name of vaccines (polio 50%, BCG 38%, DPT 42%, measles 30%). The knowledge of NS-AGs was very poor in this regard (Table 24). Most of the NS-AGs (86%) and 39% of the NFPE-AGs could not mention the name of any vaccine. About 27% of NFPE-AGs and 2% of NS-AGs knew the name of all vaccines (Table 25). But only 1% of NFPE-AGs could recall the doses of each vaccine correctly. No one could mention the name of 6 vaccine preventable diseases and their corresponding vaccines (Table not shown). Unmarried girls in both the groups knew better than married girls.

For prevention of nightblindness, vitamin A capsules (VAC) are given twice a year to children aged 6-71 months. Only 6% of NFPE-AGs and 3% of NS-AGs knew the target age for giving VAC (Table 26). Unmarried girls in both the groups knew better than married girls.

Knowledge related to anaemia

Paleness of body was one of the mostly said symptoms of anaemia by the girls (NFPE-AG 78%, NS-AG 66%). The girls said that anaemia causes fatigue (NFPE-AG 31%, NS-AG 26%) (Table 27). The other girls reported symptoms were: vertigo, general weakness, loss of appetite, palpitation, etc.

The girls suggested that the persons having anaemia should take rich foods (NFPE-AG 36%, NS-AG 20%), nutritious foods (NFPE-AG 23%, NS-AG 16%), vitamins (NFPE-AG 24%, NS-AG 31%), *kochu shak* (NFPE-AG 19%, NS-AG 11%) and also should consult a doctor/health worker (NFPE-AG 32%, NS-AG 21%) (Table 28).

Knowledge related to goitre

About 30% of NFPE-AGs and 11% of NS-AGs knew that cause of goitre was due to shortage of iodine/iodized salt (Table 29). The other causes cited by the girls were: eating of uncooked paddy/rice, heredity, malnutrition, inadequate food intake, cold, lack of vitamin, etc.

About 45% of NFPE-AGs and 17% of NS-AGs suggested that regular intake of iodized salt could prevent goitre. A portion of the girls suggested taking modern medicine for treating goitre (Table 30). About 39% of NFPE-AGs and 62% of NS-AGs did not know how to prevent goitre.

Food restriction during menstruation

Fifty nine percent (123) of NFPE-AGs and 54% (114) of NS-AGs said that a variety of foods should be restricted for girls during menstruation. These were: sour foods (NFPE-AG 60%, NS-AG 51%), *hilsha* fish/dried fish (NFPE-AG 37%, NS-AG 47%), eggs (NFPE-AG 38%, NS-AG 45%), milk (NFPE-AG 37%, NS-AG 37%), meat (duck/pigeon) (NFPE-AG 24%, NS-AG 25%), etc. (Table 31).

Participation of girls in EPI and VAC distribution

The girls having EPI and VAC target children in their own family were asked about their role in vaccination and VAC intake by the target children. About 74% of NFPE-AGs and 67% of NS-AGs reported that they brought their target children to EPI centres for vaccination (Table 32). While 17% of NFPE-AGs and 29% of NS-AGs did nothing for vaccination. About 49% of NFPE-AGs and 54% of NS-AGs reported that they helped the children or motivated the family to take VAC (Table 33). While 35% of NFPE-AGs and 44% of NS-AGs did nothing in taking VAC by the children. Married girls in both the groups played more active role.

Family planning practice

Among married girls, 16% of NFPE-AGs and 23% of NS-AGs were currently using family planning (FP) methods (Table 34a). Among the FP method users, the pill (NFPE-AG 71%, NS-AG 73%) was the most popular method followed by the condom among NFPE-AGs (18%) and injection among NS-AGs (20%) (Table 34b).

Protection of neonates and mothers against tetanus

Most of the adolescent mothers having children under one year old (NFPE-AG 89%, NS-AG 75%) received full doses of TT vaccines during pregnancy (Table 35).

DISCUSSION AND CONCLUSION

The present study was conducted to assess the level of knowledge retained by the NFPE-AGs and NS-AGs regarding reproductive health and nutrition issues. We also assessed their practices and participation in health care activities.

The study showed that NFPE-AGs had more correct knowledge regarding reproductive health and nutrition issues than NS-AGs. The reasons for the wide differences in the knowledge between these two categories of adolescent girls could be the NFPE curriculum on basic reproductive health and nutrition issues. Unlike the NFPE-AGs, the NS-AGs were not exposed to such an enabling curriculum (Islam et al, 1993). Thus in the following sections we will discuss about NFPE-AGs only.

The girl's attitudes towards later marriage found in this study were encouraging but the feelings of the girls are never taken into account by their own families in deciding marital age. Families themselves do not have freedom and are constricted by the society around them and also by economic consideration (Sattar and Huq, 1992).

In our country low birth weight (LBW) is a serious problem and about 50% of the babies are borns with low birth weight (LBW) (<2.5 kgs) (BRAC, 1991). One of the reasons for LBW of babies is less food intake during pregnancy either due to poverty or superstition. In this study we found that still a portion of NFPE-AGs preferred less food intake during pregnancy. They perceived that over eating caused a big fetus and as such mother might experience prolonged and obstructed labour during delivery. Moreover, LBW babies are always at risk throughout their early childhood period. Thus, these issues need to be discussed in detail during the reproductive health education sessions to improve their knowledge and practices.

Though most of the NFPE-AGs mentioned the pill and injection as contraceptives still a lack of knowledge on sources of contraceptives might restrict contraceptive use. At the rural level, Family Welfare Assistants (FWAs) and Family Welfare Visitors (FWVs) are the main source of contraceptives but the girls mentioned hospital/MCH/FWC and BRAC office/PO more often. The hospital/MCH/FWC are far away and BRAC offices/POs are not responsible for distributing contraceptives. Thus, the girls will not be able to collect contraceptives because of their lack of knowledge, shyness and inaccessibility. This situation was also reflected in contraceptive use by the

married NFPE-AGs (16%). This was lower than that of NS-AGs (22%) and a recent national figure for adolescent girls (25%) (Islam et. al., 1995).

Two-third of both married and unmarried NFPE-AGs were not aware of the need for ventilation of the delivery room. This issue is crucial because poor ventilation might cause respiratory difficulty for the newborns. Thus, this issue need to be discussed with other issues related to safe delivery and child care.

Lactating mothers need more food than usual perhaps even more than during their pregnancy. Though most of the girls were in favour of more food intake still some of them believed in less food intake. Further, food restriction for lactating mothers is a serious social problem because it is the nutritious food, such as egg, fish and meat which are restricted from them. Thus, even if the mothers were taking more foods these are often of low nutrition value. This could lead to a deterioration of mother's health and less milk production for baby.

Colostrum protects neonates against infection because it is rich in antibodies (Akter, 1991). Despite NFPE education about a quarter of NFPE-AGs favoured prelacteal foods. In rural Bangladesh, practice of giving prelacteal foods such as honey, sugar water, etc. to newborns is deep rooted in the culture. Though all the NFPE-AGs who had spoken about colostrum/breast milk as first food for newborn suggested that it should be given within 3 days after birth. But it is necessary that all the newborns should get colostrum just after delivery even before cutting of umbilical cord and no later than 30 minutes after delivery. Culturally it is believed that colostrum is not good for newborns because of its colour like pus, it causes infant diarrhoea or makes the baby sick. These beliefs are responsible for colostrum rejection. This issue need to be addressed in BRAC's reproductive health education package.

Supplementary feeding to infants should be introduced between their 4th and 6th month. This practice is important because after the 5th month only breast milk is not enough to sustain the growth and development of the baby. Thus, supplementary food must be given to every baby in addition to breast milk. Though two-third of the NFPE-AGs knew the starting age and reasons for supplementary feeding their knowledge on supplementary feeding needs to be reinforced in order to avert malnutrition and maintain a normal growth of children.

Deaths from diseases which are preventable by vaccine remain one of the main causes for under 5 mortality in Bangladesh (Kamal et. al., 1993). Though 27% of NFPE-AGs could remember the

name of all vaccines none of them could tell the names of these vaccine preventable diseases. The retention of knowledge about the target age for VAC was also very poor. These two issues are very crucial for universal child immunization and prevention of nightblindness.

Anaemia is common among rural women, particularly during pregnancies. In a 1983 nutrition survey, it was found that 80% of pregnant women were suffering from anaemia (Ahmed and Hassan, 1983). Our findings suggest that the girls could well recognize anaemia but their knowledge on preventive measures was not adequate.

Iodine deficiency diseases (IDD) or goitre is a great public health problem in Bangladesh. The girl's knowledge on prevention of goitre might be due to the promotion of iodized salt in the market.

A considerable portion of NFPE-AGs were in favour of food restriction during menstruation. The dietary restriction they recommended are contrary to the needs of adolescent girls during menstruation. These foods are rich in protein and essential for her normal growth (Khan and Huq, 1991).

Finally, it may be concluded that the NFPE-AGs had correct knowledge on many aspects of reproductive health and nutrition. Most of the issues were better known by the married than the unmarried girls. For better health practice, the NFPE-AGs should be provided with fresh knowledge updates and reminders in every aspects of reproductive health and nutrition issues.

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References

Ahmed K and Hassan M. Nutrition Survey of Rural Bangladesh 1981-82. Institute of Nutrition and Food Science. Dhaka University. 1983.

Akter H. Breastfeeding Practices in Bangladesh. Breastfeeding Saves Lives: First National Conference on Breastfeeding, Dhaka.

BRAC. Women's Health and Development Programme: Proposal (final Version). June 1991. p. 4.

BRAC. Women's Health and Development Programme: Annual Report. 1992.

Khan MR and Huq N. A Study on Menstruation: Beliefs and Practices by Adolescent girls. BRAC Social Studies. 1991. Vol. V, 50-73.

Islam MN, Karim F, Hyder Z, Kamal FM and Mohsin M. Effect of education on health, nutrition and overall development: A case of BRAC's NFPE in WHDP. BRAC Health Studies. 1993. Vol. XI, 199-251.

Islam N, Islam MM and Yusuf HKM. Fertility and Reproductive Health Status of Married Adolescents in Rural Bangladesh. Population, Development and Evaluation Unit (PDEU), Implementation, Monitoring and Evaluation Division (IMED), Ministry of Planning. Government of Bangladesh. Dhaka. p 31-64.

Kamal GM, Streatfield K and Rahman S. Causes of Death among Children in Bangladesh. Bangladesh Fertility Survey 1989. Secondary Analysis. 1993.

Sattar A and Huq N. Marriage: Through the Eyes of Adolescent Girls. BRAC Social Studies. 1992. Vol. VII, 416.

Table 1: Knowledge of adolescent girls on legal age at marriage.

Status of knowledge	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Correct	51.9	41.5	46.7	16.5	14.3	15.7
	(54)	(44)	(98)	(22)	(11)	(33)
Incorrect	36.6	42.5	39.5	46.6	32.5	41.4
	(38)	(45)	(83)	(62)	(25)	(87)
Don't know	11.5	16.0	13.8	36.9	53.2	42.9
	(12)	(17)	(29)	(49)	(41)	(90)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 2: Suggestions of adolescent girls on age at marriage.

Age at marriage (years)	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
< 18	15.4	9.4	12.4	39.1	44.1	41.0
	(16)	(10)	(26)	(52)	(34)	(86)
18	57.7	54.8	56.2	19.6	19.5	19.5
	(60)	(58)	(118)	(26)	(15)	(41)
> 18	26.9	31.1	29.0	38.3	29.9	35.2
	(28)	(33)	(61)	(51)	(23)	(74)
Don't know		4.7	2.4	3.0	6.5	4.3
	-	(5)	(5)	(4)	(5)	(9)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 3: Knowledge of adolescent girls on consequences of early marriage.

Consequences of early marriage	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Deterioration of health	89.4 (93)	83.0 (88)	86.2 (181)	81.2 (108)	71.4 (55)	77.6 (163)
General weakness	30.8 (32)	28.3 (30)	29.5 (62)	21.8 (29)	15.6 (12)	19.5 (41)
Early pregnancy	29.8 (31)	23.6 (25)	26.7 (56)	20.3 (27)	9.1 (7)	16.2 (34)
No peace in family life	4.8 (5)	9.4 (10)	7.1 (15)	1.5 (2)	9.1 (7)	4.3 (9)
Husband will left her	1.0 (1)	2.8 (3)	1.9 (4)	2.3 (3)	1.3 (1)	1.9 (4)
Mother/child will die	2.9 (3)	1.9 (2)	2.4 (5)	0.8 (1)	3.9 (3)	1.9 (4)
Don't know	-	1.9 (2)	1.0 (2)	1.5 (2)	6.5 (5)	3.3 (7)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 4: Knowledge of adolescent girls on symptoms of pregnancy.

Knowledge	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Cessation of menstruation	57.7 (60)	50.0 (53)	53.8 (113)	58.6 (78)	41.6 (32)	52.4 (110)
Nausea/vomiting	55.8 (58)	52.8 (56)	54.3 (114)	40.6 (54)	27.3 (21)	35.7 (75)
Drowsiness	58.7 (61)	40.6 (43)	49.5 (104)	36.8 (49)	23.4 (18)	31.9 (67)
Loss of appetite	52.9 (55)	36.8 (39)	44.8 (94)	42.1 (56)	23.4 (18)	35.2 (74)
Intolerable smell in food	12.5 (13)	4.7 (5)	8.6 (18)	6.8 (9)	3.9 (3)	5.7 (12)
General weakness	9.6 (10)	8.5 (9)	9.0 (19)	6.8 (9)	2.6 (2)	5.2 (11)
Others	6.7 (7)	16.0 (17)	11.4 (24)	13.5 (18)	15.6 (12)	14.3 (30)
Don't know	1.9 (2)	7.5 (8)	4.8 (10)	3.0 (4)	22.1 (17)	10.0 (21)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 5: Knowledge of adolescent girls on feeding by fetus.

Knowledge	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Shares from mother's food	76.0 (79)	65.1 (69)	70.5 (148)	70.7 (94)	49.4 (38)	62.9 (132)
Through umbilical cord	11.5 (12)	15.1 (16)	13.3 (28)	8.3 (11)	2.6 (2)	6.2 (13)
Eat nothing	1.0 (1)	5.7 (6)	3.3 (7)	6.8 (9)	14.3 (11)	9.5 (20)
Others	1.0 (1)	0.9 (1)	1.0 (2)	0.7 (1)	2.6 (2)	1.4 (3)
Don't know	10.5 (11)	13.2 (14)	11.9 (25)	13.5 (18)	31.2 (24)	20.0 (42)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 6: Knowledge of adolescent girls on supplementary food intake during pregnancy than non-pregnant women.

Amount of food	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Increased amount	71.2 (74)	71.7 (76)	71.4 (150)	45.9 (61)	49.4 (38)	47.1 (99)
Increased amount and frequent	10.6 (11)	17.0 (18)	13.8 (29)	6.8 (9)	3.9 (3)	5.7 (12)
Same amount	4.8 (5)	0.9 (1)	2.9 (6)	6.0 (8)	1.3 (1)	4.3 (9)
Decreased amount	8.7 (9)	6.6 (7)	7.6 (16)	36.1 (48)	41.5 (32)	38.1 (80)
Decreased amount and frequent	2.9 (3)	2.8 (3)	2.9 (6)	3.8 (5)	2.6 (2)	3.3 (7)
Don't know	1.9 (2)	0.9 (1)	1.4 (3)	1.5 (2)	1.3 (1)	1.4 (3)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 7: Knowledge of adolescent girls on supplementary food intake by pregnant women as pregnancy proceeds.

Amount of food	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Amount should be increased	66.3 (69)	79.2 (84)	72.9 (153)	38.3 (51)	46.8 (36)	41.4 (87)
Amount should be increased by a little	1.9 (2)	0.9 (1)	1.4 (3)	2.3 (3)	2.6 (2)	2.4 (5)
Same amount	2.9 (3)	1.9 (2)	2.4 (5)	4.5 (6)	3.9 (3)	4.3 (9)
Amount should be decreased	26.9 (28)	17.9 (19)	22.4 (47)	52.6 (70)	44.2 (34)	49.5 (104)
Frequent feeding	1.0 (1)	-	0.5 (1)	-	-	-
Don't know	1.0 (1)	-	0.5 (1)	2.3 (3)	2.6 (2)	2.4 (5)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 8a: Opinion of adolescent girls on dietary intake during pregnancy.

Opinion	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
No Restriction on food	87.5 (91)	90.6 (96)	89.0 (187)	81.2 (108)	63.6 (49)	74.8 (157)
Restriction on food	12.5 (13)	9.4 (10)	11.0 (23)	18.8 (25)	36.4 (28)	25.2 (53)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 8b: Knowledge of adolescent girls on food restriction during pregnancy.

Name of Food	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Beef	-	-	-	12.0 (3)	10.7 (3)	11.3 (6)
Duck and its duck egg/ pigeon	53.8 (7)	20.0 (2)	39.1 (9)	64.0 (16)	53.6 (15)	58.5 (31)
Fish	46.2 (6)	20.0 (2)	34.8 (8)	36.0 (9)	17.9 (5)	32.6 (14)
Rice/flour	-	30.0 (3)	13.0 (3)	8.0 (2)	-	3.8 (2)
Fruits	-	-	-	12.0 (3)	7.1 (2)	9.4 (5)
Milk	-	-	-	12.0 (3)	7.1 (2)	9.4 (5)
Others	7.7 (1)	10.0 (1)	8.7 (2)	8.0 (2)	7.1 (2)	9.3 (4)
Don't know	30.8 (4)	50.0 (5)	39.1 (9)	12.0 (3)	21.4 (6)	17.0 (9)
N	13	10	23	25	28	53

Figures in parentheses indicate the number
Multiple answers considered

Table 9: Knowledge of adolescent girls about problems of over eating by pregnant women.

Problems	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
No problem	76.0 (79)	80.2 (85)	78.1 (164)	45.1 (60)	53.2 (41)	48.1 (101)
Feel discomfort	13.5 (14)	12.3 (13)	12.9 (27)	37.6 (50)	19.5 (15)	31.0 (65)
Difficulty during delivery	3.9 (4)	1.9 (2)	2.9 (6)	3.8 (5)	2.6 (2)	3.3 (7)
Big fetus	4.8 (5)	0.9 (1)	2.9 (6)	11.3 (15)	11.7 (9)	11.4 (24)
Dead fetus	-	-	-	1.5 (2)	3.9 (3)	2.4 (5)
Restriction in fetus movement	1.9 (2)	-	1.0 (2)	1.5 (2)	1.3 (1)	1.4 (3)
Vomiting	1.0 (1)	2.8 (3)	1.9 (4)	5.3 (7)	7.8 (6)	6.2 (13)
Don't know	2.9 (3)	2.8 (3)	2.9 (6)	3.8 (5)	5.2 (4)	4.3 (9)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 10: Knowledge of adolescent girls on the nature of work that a pregnant woman can perform.

Nature of work	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Light household work	84.6 (88)	90.6 (96)	87.6 (184)	60.2 (80)	70.1 (54)	63.8 (134)
Normal household work	11.5 (12)	7.5 (8)	9.5 (20)	37.6 (50)	22.1 (17)	31.9 (67)
Heavy work	1.0 (1)	0.9 (1)	1.0 (2)	1.5 (2)	1.3 (1)	1.4 (3)
Abstain from all types of works	1.0 (1)	-	0.5 (1)	0.8 (1)	5.2 (4)	2.4 (5)
Don't know	1.9 (2)	0.9 (1)	1.4 (3)	-	1.3 (1)	0.5 (1)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 11: Knowledge of adolescent girls on safe motherhood and family planning.

Variables	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
A. Safe age of pregnancy						
< 20	17.3	28.3	22.8	30.8	28.6	30.0
	(18)	(30)	(48)	(41)	(22)	(63)
20	31.7	28.3	30.0	28.6	22.1	26.2
	(33)	(30)	(63)	(38)	(17)	(55)
> 20	47.1	37.7	42.4	33.8	27.3	31.4
	(49)	(40)	(89)	(45)	(21)	(66)
Don't know	3.8	5.6	4.8	6.8	22.0	12.4
	(4)	(6)	(10)	(9)	(17)	(26)
B. Prevention of neonate and progenitress for tetanus						
	22.1	10.4	16.1	9.0	5.2	7.8
	(23)	(11)	(34)	(12)	(4)	(16)
C. Minimum gap (years) between consecutive child birth						
1-2	12.5	16.0	14.3	8.3	16.9	11.4
	(13)	(17)	(30)	(11)	(13)	(24)
3	14.4	15.1	14.8	15.0	22.1	17.6
	(15)	(16)	(31)	(20)	(17)	(37)
4-5	45.2	50.9	48.1	50.4	27.3	41.9
	(47)	(54)	(101)	(67)	(21)	(88)
5+	26.9	17.9	22.4	25.6	24.7	25.2
	(28)	(19)	(47)	(34)	(19)	(53)
Don't know	1.0		0.5	0.8	9.1	3.8
	(1)	-	(1)	(1)	(7)	(8)
D. Measures for keeping family small*						
Family planning	84.6	89.6	87.1	87.2	74.0	82.3
	(88)	(95)	(183)	(116)	(57)	(173)
Take only two child	7.7	4.7	6.2	3.0	7.8	4.8
	(8)	(5)	(13)	(4)	(6)	(10)
Consult with HW/ doctor	3.8	1.9	2.9	0.8		0.5
	(4)	(2)	(6)	(1)	-	(1)
Use traditional methods	3.8	0.9	2.4	2.3	5.2	3.3
	(4)	(1)	(5)	(3)	(4)	(7)
God's wish				2.3	3.9	2.9
	-	-	-	(3)	(3)	(6)
Don't know	13.5	8.5	11.0	12.8	11.7	12.4
	(14)	(9)	(23)	(17)	(9)	(26)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
* Multiple answers considered

Table 12: Opinion of adolescent girls about knowledge on contraceptives.

Methods	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Pill	92.3	91.5	91.9	90.2	63.6	80.5
	(96)	(97)	(193)	(120)	(49)	(169)
Injection	66.3	63.2	64.8	63.9	36.4	53.8
	(69)	(67)	(136)	(85)	(28)	(113)
Ligation	34.6	37.7	36.2	36.1	26.0	32.4
	(36)	(40)	(76)	(48)	(20)	(68)
Copper-T	33.7	23.6	28.6	33.1	15.6	26.7
	(35)	(25)	(60)	(44)	(12)	(56)
Condom	31.7	17.9	24.8	24.1	3.9	16.7
	(33)	(19)	(52)	(32)	(3)	(35)
Norplant	6.7	8.5	7.6	10.5	3.9	8.1
	(7)	(9)	(16)	(14)	(3)	(17)
Vasectomy	2.9	1.9	2.4	6.0		3.8
	(3)	(2)	(5)	(8)	-	(8)
MR	1.9	1.9	1.9	0.8	2.6	1.4
	(2)	(2)	(4)	(1)	(2)	(3)
Others	1.0	0.9	1.0	0.8	5.2	2.4
	(1)	(1)	(2)	(1)	(4)	(5)
Don't know	5.8	7.5	6.7	9.0	33.8	18.1
	(6)	(8)	(14)	(12)	(26)	(38)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 13: Knowledge of adolescent girls about sources of contraceptives.

Sources	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Hospital/MCH	51.0	50.9	51.0	42.1	29.9	37.6
	(53)	(54)	(107)	(56)	(23)	(79)
BRAC office/PO	45.2	43.4	44.3	28.6	33.8	30.5
	(47)	(46)	(93)	(38)	(26)	(64)
FP worker	33.7	35.8	34.8	39.1	32.5	36.7
	(35)	(38)	(73)	(52)	(25)	(77)
BRAC cadres (SS/TBA)	32.7	26.4	29.5	14.3	9.1	12.4
	(34)	(28)	(62)	(19)	(7)	(26)
Shop/hat/bazar	19.2	25.5	22.4	27.8	16.9	23.8
	(20)	(27)	(47)	(37)	(13)	(50)
Doctor	10.6	17.0	13.8	9.0	9.1	9.0
	(11)	(18)	(29)	(12)	(7)	(19)
FWC	4.8	2.8	3.8	3.8		2.4
	(5)	(3)	(8)	(5)	-	(5)
Others		3.8	1.9		1.3	0.5
	-	(4)	(4)	-	(1)	(1)
Don't know	2.9	5.7	4.3	9.0	26.0	15.2
	(3)	(6)	(9)	(12)	(20)	(32)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 14: Knowledge of adolescent girls on consequence of frequent child birth.

Consequences	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Deterioration of mother's health	92.3 (96)	94.3 (100)	93.3 (196)	93.2 (124)	77.9 (60)	87.6 (184)
Poverty develops in family	40.4 (42)	39.6 (42)	40.0 (84)	43.6 (58)	22.1 (17)	35.7 (75)
Frequent illness of children	28.8 (30)	34.0 (36)	31.4 (66)	20.3 (27)	22.1 (17)	21.0 (44)
Inadequate child care	30.8 (32)	17.9 (19)	24.3 (51)	19.5 (26)	9.1 (7)	15.7 (33)
Low birth weight/ sick baby borns	14.4 (15)	8.5 (9)	11.4 (24)	8.3 (11)	3.9 (3)	6.7 (14)
Stillbirth/ child mortality	2.9 (3)	2.8 (3)	2.9 (6)	0.8 (1)	3.9 (3)	1.9 (4)
Maternal death	4.8 (5)	2.8 (3)	3.8 (8)	1.5 (2)	1.3 (1)	1.4 (3)
Stunting of children	1.9 (2)	0.9 (1)	1.4 (3)	-	-	-
Education of children hampered	1.0 (1)	0.9 (1)	1.0 (2)	-	-	-
Population increased	-	0.9 (1)	0.5 (1)	-	1.3 (1)	0.5 (1)
Don't know	1.0 (1)	1.9 (2)	1.4 (3)	0.8 (1)	3.9 (3)	1.9 (4)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 15a: Knowledge of adolescent girls about materials needed by TBA for safe delivery and number.

Number of items	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
6	3.8	4.7	4.3	1.5		0.9
	(4)	(5)	(9)	(2)	-	(2)
5	19.2	18.9	19.0	3.0	2.6	2.9
	(20)	(20)	(40)	(4)	(2)	(6)
4	33.7	27.4	30.5	15.0	6.5	11.9
	(35)	(29)	(64)	(20)	(5)	(25)
3	16.3	28.3	22.4	21.0	26.0	22.9
	(17)	(30)	(47)	(28)	(20)	(48)
2	20.2	11.3	15.7	27.1	28.6	27.6
	(21)	(12)	(33)	(36)	(22)	(58)
1	1.0	4.7	2.9	8.3	7.8	8.1
	(1)	(5)	(6)	(11)	(6)	(17)
Don't know	5.8	4.7	5.2	24.1	28.5	25.7
	(6)	(5)	(11)	(32)	(22)	(54)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 15b: Knowledge of adolescent girls about materials needed by TBA for safe delivery.

Materials	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Blade	89.4	91.5	90.5	73.7	68.8	71.9
	(93)	(97)	(190)	(98)	(53)	(151)
Thread	80.8	83.0	81.9	58.6	53.2	56.7
	(84)	(88)	(172)	(78)	(41)	(119)
Savlon	52.9	53.8	53.3	24.8	13.0	20.5
	(55)	(57)	(112)	(33)	(10)	(43)
Soap	46.2	44.3	45.2	28.6	26.0	27.6
	(48)	(47)	(95)	(38)	(20)	(58)
Cotton	29.8	30.2	30.0	7.5	2.6	5.7
	(31)	(32)	(63)	(10)	(2)	(12)
Gauze bandage	22.1	21.7	21.9	14.3	15.6	14.8
	(23)	(23)	(46)	(19)	(12)	(31)
Piece of polythene	11.5	10.4	11.0	5.3		3.3
paper	(12)	(11)	(23)	(7)	-	(7)
Others	59.6	58.4	59.5	30.8	22.1	27.6
	(62)	(63)	(125)	(41)	(17)	(58)
Don't know	5.8	4.7	5.2	24.1	28.5	25.7
	(6)	(5)	(11)	(32)	(22)	(54)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 16: Knowledge of adolescent girls about delivery room.

Type/status	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Neat and clean	73.1	80.2	76.7	72.9	55.8	66.7
	(76)	(85)	(161)	(97)	(43)	(140)
Open/well ventilated	32.7	32.1	32.4	12.8	7.8	11.0
	(34)	(34)	(68)	(17)	(6)	(23)
Closed/poorly	15.4	10.4	12.9	14.3	26.0	18.6
ventilated	(16)	(11)	(27)	(19)	(20)	(39)
Small room	8.7	8.5	8.6	9.0	26.0	15.2
	(9)	(9)	(18)	(12)	(20)	(32)
Big room	2.9	4.7	3.8	3.0	2.6	2.9
	(3)	(5)	(8)	(4)	(2)	(6)
Separate room	13.5	13.2	13.3	18.8	20.8	19.5
	(14)	(14)	(28)	(25)	(16)	(41)
Others		1.9	1.0	2.3	5.2	3.3
	-	(2)	(2)	(3)	(4)	(7)
Don't know	2.9	2.8	2.9	5.3	15.6	9.0
	(3)	(3)	(6)	(7)	(12)	(19)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 17a: Knowledge of adolescent girls about food restriction on lactating mothers.

Status	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
No	87.5	83.0	85.2	72.2	70.1	71.4
	(91)	(88)	(179)	(96)	(54)	(150)
Yes	12.5	17.0	14.8	27.8	29.9	28.6
	(13)	(18)	(31)	(37)	(23)	(60)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 17b: Knowledge of adolescent girls about reasons for food restriction on lactating mothers.

Reasons	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Child will get cold	30.8	39.0	35.5	43.2	13.0	31.7
	(4)	(7)	(11)	(16)	(3)	(19)
Child will be sick	76.9	61.1	67.7	59.5	65.2	61.7
	(10)	(11)	(21)	(22)	(15)	(37)
Mother will be sick				5.4	4.3	5.0
	-	-	-	(2)	(1)	(3)
Don't know		11.1	6.5	5.4	26.1	13.3
	-	(2)	(2)	(2)	(6)	(8)
N	13	18	31	37	23	60

Figures in parentheses indicate the number
Multiple answers considered

Table 18: Opinion of adolescent girls about quantity of food required by lactating mothers.

Quantity of food	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
More than as usual	91.3	84.0	87.6	77.4	79.2	78.1
	(95)	(89)	(184)	(103)	(61)	(164)
More than as usual and	4.8	2.8	3.8	5.3	5.2	5.2
frequent	(5)	(3)	(8)	(7)	(4)	(11)
As usual	1.0	3.8	2.4	7.5	7.8	7.6
	(1)	(4)	(5)	(10)	(6)	(16)
Less than as usual	1.9	6.6	4.3	8.3	5.2	7.1
	(2)	(7)	(9)	(11)	(4)	(15)
Less than as usual but	1.0	3.8	2.4	0.8		0.5
frequent	(1)	(4)	(5)	(1)	-	(1)
Don't know		0.9	0.5	3.0	5.2	3.8
	-	(1)	(1)	(4)	(4)	(8)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 19: Knowledge of adolescent girls about child care.

Variables	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
A. Name of first food						
Colostrum	45.2	58.5	51.9	9.0	3.9	7.1
	(47)	(62)	(109)	(12)	(3)	(15)
Breast milk	26.0	24.5	25.2	30.8	37.7	33.3
	(27)	(26)	(53)	(41)	(29)	(70)
Cow milk	13.5	7.5	10.5	20.3	27.3	22.9
	(14)	(8)	(22)	(27)	(21)	(48)
Honey	8.6	9.4	9.0	30.8	31.2	30.9
	(9)	(10)	(19)	(41)	(24)	(65)
Sugar water	11.5	3.8	7.6	12.0	6.5	10.0
	(12)	(4)	(16)	(16)	(5)	(21)
Plain water	1.9	0.9	1.4	7.5		4.8
	(2)	(1)	(3)	(10)	-	(10)
Don't know	1.0		0.5	0.8		0.5
	(1)	-	(1)	(1)	-	(1)
N	**104**	**106**	**210**	**133**	**77**	**210**
B. Time for giving breast milk/colostrum to newborns						
Just after birth	60.8	66.7	64.0	54.7	50.0	52.9
	(45)	(58)	(103)	(29)	(16)	(45)
1-3 hr after birth	31.1	31.0	31.7	39.6	43.8	41.2
	(23)	(27)	(51)	(21)	(14)	(35)
1-3 day after birth	2.7		1.2	1.9		1.2
	(2)	-	(2)	(1)	-	(1)
Don't know	5.4	2.3	3.7	3.8	6.8	4.7
	(4)	(2)	(6)	(2)	(2)	(4)
N	**74**	**87**	**161**	**53**	**32**	**85**
C. Benefits/harmful effects of colostrum						
Beneficial	**81.7**	**88.7**	**85.2**	**60.2**	**35.1**	**51.0**
	(85)	**(94)**	**(179)**	**(80)**	**(27)**	**(107)**
Keeps baby healthy	70.2	81.1	75.7	57.1	35.1	49.0
	(73)	(86)	(159)	(76)	(27)	(103)
Develop intelligence	14.4	11.3	12.9	9.0	2.6	6.7
	(15)	(12)	(27)	(12)	(2)	(14)
Prevent diseases	5.8	5.7	5.7		1.3	0.5
	(6)	(6)	(12)	-	(1)	(1)
Contains vitamins	6.7	8.5	7.6	1.5	2.6	1.9
	(7)	(9)	(16)	(2)	(2)	(4)
Harmful	**5.8**	**6.6**	**6.2**	**12.0**	**28.6**	**17.1**
	(6)	**(7)**	**(13)**	**(16)**	**(22)**	**(38)**
Baby get diarrhoea	3.8	2.8	3.3	6.8	18.2	11.0
	(4)	(3)	(7)	(9)	(14)	(23)
Baby get sick/ vomiting	4.8	3.8	4.3	6.8	15.6	10.0
	(5)	(4)	(9)	(9)	(12)	(21)
Don't know	**12.5**	**4.7**	**8.6**	**27.8**	**36.4**	**31.0**
	(13)	**(5)**	**(18)**	**(37)**	**(28)**	**(65)**
N	**104**	**106**	**210**	**133**	**77**	**210**

Figures in parentheses indicate the number
Multiple answers considered

Table 20: Knowledge of adolescent girls about age for exclusive breastfeeding.

Status of knowledge	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Correct	39.4	45.3	42.4	30.1	11.7	22.3
	(41)	(48)	(89)	(40)	(9)	(49)
Incorrect	58.7	51.9	55.2	64.7	68.8	66.2
	(61)	(55)	(116)	(86)	(53)	(139)
Don't know	1.9	2.8	2.4	5.3	19.5	10.5
	(2)	(3)	(5)	(7)	(15)	(22)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 21: Knowledge of adolescent girls about age for supplementary feeding.

Age (years)	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
< 3	7.7	8.5	8.1	9.0	14.3	11.0
	(8)	(9)	(17)	(12)	(11)	(23)
4	6.7	1.9	4.3	8.3	11.7	9.5
	(7)	(2)	(9)	(11)	(9)	(20)
5	26.9	22.6	24.8	11.3	7.8	10.0
	(28)	(24)	(52)	(15)	(6)	(21)
6	30.8	35.8	33.3	29.3	9.1	21.9
	(32)	(38)	(70)	(39)	(7)	(46)
7 - 11	24.0	26.4	25.2	34.6	28.6	32.4
	(25)	(28)	(53)	(46)	(22)	(68)
12- 24		1.9	1.0	1.5	3.9	2.4
	-	(2)	(2)	(2)	(3)	(5)
Don't know	3.8	4.7	4.3	6.0	24.7	12.9
	(4)	(5)	(9)	(8)	(19)	(27)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 22: Knowledge of adolescent girls about reasons for supplementary feeding.

Reasons	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Baby needs more food	7.7 (8)	9.4 (10)	8.6 (18)	4.5 (6)	2.6 (2)	3.8 (8)
Breast milk is not enough	38.5 (40)	29.2 (31)	33.8 (71)	43.6 (58)	35.1 (27)	40.5 (85)
Needed for growth	44.2 (46)	50.0 (53)	47.1 (99)	29.3 (39)	27.3 (21)	28.6 (60)
For better health	37.5 (39)	35.8 (32)	36.7 (66)	23.2 (31)	26.0 (20)	24.3 (51)
Others	2.9 (3)	3.8 (4)	3.3 (7)	-	-	-
Don't know	-	3.8 (4)	1.9 (4)	8.3 (11)	15.6 (12)	11.0 (23)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 23: Knowledge of adolescent girls about name of supplementary foods.

Name of supplementary food	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Rice/suji water	60.6 (63)	47.2 (50)	53.8 (113)	57.9 (77)	68.8 (53)	61.9 (130)
Cow milk	44.2 (46)	32.1 (34)	38.1 (80)	34.6 (46)	39.0 (30)	36.2 (76)
Fruits	32.7 (34)	36.8 (39)	34.8 (73)	52.6 (70)	42.9 (33)	49.0 (103)
Vegetables	29.8 (31)	36.8 (39)	33.3 (70)	20.3 (27)	14.2 (11)	18.1 (38)
Khichuri	48.1 (50)	58.5 (62)	53.3 (112)	21.8 (29)	11.7 (9)	18.1 (38)
Rice	26.9 (28)	22.6 (24)	24.8 (52)	26.3 (35)	20.8 (16)	24.3 (51)
Egg	19.2 (20)	22.6 (24)	21.0 (44)	6.8 (9)	7.8 (6)	7.1 (15)
Biscuit/ bread	16.3 (17)	8.5 (9)	12.4 (26)	21.8 (29)	11.7 (9)	18.1 (38)
Fish	6.7 (7)	13.2 (14)	10.0 (21)	5.3 (7)	2.6 (2)	4.3 (9)
Powder milk	10.6 (11)	7.5 (8)	9.0 (19)	12.8 (17)	11.7 (9)	12.4 (26)
Pulse	8.7 (9)	8.5 (9)	8.6 (18)	3.0 (4)	3.9 (3)	3.3 (7)
Meat	2.9 (3)	9.4 (10)	6.2 (13)	1.5 (2)	-	1.0 (2)
Others	4.8 (5)	-	2.4 (5)	2.3 (3)	6.5 (5)	3.8 (8)
Don't know	1.0 (1)	-	0.5 (1)	4.5 (6)	10.4 (8)	6.7 (14)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 24: Knowledge of adolescent girls about EPI vaccines.

Name of vaccine	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Don't know	49.0 (51)	29.2 (31)	39.0 (82)	86.5 (115)	85.7 (66)	86.2 (181)
BCG	26.9 (28)	49.1 (52)	38.1 (80)	6.8 (9)	7.8 (6)	7.1 (15)
Polio	41.3 (43)	58.5 (62)	50.0 (105)	6.8 (9)	6.5 (5)	6.7 (14)
DPT	30.8 (32)	53.8 (57)	42.4 (89)	7.5 (10)	11.7 (9)	9.0 (19)
Measles	45.2 (47)	15.1 (16)	30.0 (63)	9.0 (12)	7.8 (6)	8.6 (18)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 25: Knowledge of adolescent girls about EPI vaccines by number.

Number of vaccine	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
0	49.0 (51)	29.2 (31)	39.0 (82)	86.5 (115)	85.7 (66)	86.2 (181)
1	4.8 (5)	7.5 (8)	6.2 (13)	3.8 (5)	5.2 (4)	4.3 (9)
2	18.2 (19)	13.2 (14)	15.7 (33)	4.5 (6)	1.3 (1)	3.3 (7)
3	7.7 (8)	16.0 (17)	11.9 (25)	3.8 (5)	5.2 (4)	4.3 (9)
4	20.2 (21)	34.0 (36)	27.1 (57)	1.5 (2)	2.6 (2)	1.9 (4)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 26: Knowledge of adolescent girls about target age for VAC.

Status of knowledge	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Correct	3.8	7.5	5.7	2.3	3.9	2.9
	(4)	(8)	(12)	(3)	(3)	(6)
Incorrect	96.2	92.5	94.3	97.7	96.1	97.1
	(100)	(98)	(198)	(130)	(74)	(204)
N	104	106	210	133	77	210

Figures in parentheses indicate the number

Table 27: Knowledge of adolescent girls about symptoms of anemia.

Symptoms	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Paleness of body	78.8	77.4	78.1	67.7	62.3	65.7
	(82)	(82)	(164)	(90)	(48)	(138)
Tiredness during work	31.7	30.2	31.0	30.1	16.9	25.2
	(33)	(32)	(65)	(40)	(13)	(53)
Vertigo	31.7	20.8	26.2	20.3	2.6	13.8
	(33)	(22)	(55)	(27)	(2)	(29)
General weakness	15.4	14.2	14.8	10.5	5.2	8.6
	(16)	(15)	(31)	(14)	(4)	(18)
Loss of appetite	7.7	4.7	6.2	3.0	6.5	4.3
	(8)	(5)	(13)	(4)	(5)	(9)
Palpitation	6.7	3.8	5.2	6.0	1.3	4.3
	(7)	(4)	(11)	(8)	(1)	(9)
Body become thin	5.8	3.8	4.8	4.5	3.9	4.3
	(6)	(4)	(10)	(6)	(3)	(9)
Leg swelling	1.9	5.7	3.8	0.8	1.3	1.0
	(2)	(6)	(8)	(1)	(1)	(2)
Difficulty in	1.9	4.7	3.3	1.5		1.0
respiration	(2)	(5)	(7)	(2)	-	(2)
Others	3.8	3.8	3.8	6.0	3.9	5.2
	(4)	(4)	(8)	(8)	(3)	(11)
Don't know	6.7	10.4	8.6	11.3	24.7	16.2
	(7)	(11)	(18)	(15)	(19)	(34)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 28: Knowledge of adolescent girls on preventive measures for anaemia.

Measures	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Take rich foods	39.4 (41)	32.1 (34)	35.7 (75)	24.8 (33)	11.7 (9)	20.0 (42)
Consult with doctor/HW	41.3 (43)	23.6 (25)	32.4 (68)	21.1 (28)	20.8 (16)	21.0 (44)
Take vitamin	18.3 (19)	29.2 (31)	23.8 (50)	34.6 (46)	23.4 (18)	30.5 (64)
Take nutritious foods	26.0 (27)	19.8 (21)	22.9 (48)	17.3 (23)	13.0 (10)	15.7 (33)
Kochu shak	14.4 (15)	22.6 (24)	18.6 (39)	12.0 (16)	7.8 (6)	10.5 (22)
Take vegetables/ fruits	10.6 (11)	19.8 (21)	15.2 (32)	7.5 (10)	13.0 (10)	9.5 (20)
Take medicine	12.5 (13)	14.2 (15)	13.3 (28)	20.3 (27)	22.1 (17)	21.0 (44)
Take more foods	11.5 (12)	9.4 (10)	10.5 (22)	2.3 (3)	1.3 (1)	1.9 (4)
Green bananas	3.8 (4)	7.5 (8)	5.7 (12)	3.8 (5)	3.9 (3)	3.8 (8)
Blood transfusion	2.9 (3)	9.4 (10)	6.2 (13)	9.0 (12)	7.8 (6)	8.6 (18)
Iron tablet	1.9 (2)	3.8 (4)	2.9 (6)	-	-	-
Take normal foods	3.8 (4)	0.9 (1)	2.4 (5)	1.5 (2)	1.3 (1)	1.4 (3)
Don't know	5.8 (6)	7.5 (8)	6.7 (14)	9.8 (13)	24.7 (19)	15.2 (33)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 29: Knowledge of adolescent girls about causes of goitre.

Causes	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Don't know	47.1 (49)	34.0 (36)	40.5 (85)	57.9 (77)	46.8 (36)	53.8 (113)
Lack of iodine/ iodized salt	26.0 (27)	33.0 (35)	29.5 (62)	11.3 (15)	9.1 (7)	10.5 (22)
Contaminated water	7.7 (8)	0.9 (1)	4.3 (9)	2.3 (3)	2.6 (2)	2.4 (5)
Eating raw paddy/rice	8.7 (9)	22.6 (24)	15.7 (33)	7.5 (10)	31.2 (24)	16.2 (34)
Heredity	2.9 (3)	0.9 (1)	1.9 (4)	6.8 (9)	1.3 (1)	4.8 (10)
Malnutrition	2.9 (3)	3.8 (4)	3.3 (7)	1.5 (2)	1.3 (1)	1.4 (3)
Inadequate food intake	2.9 (3)	-	1.4 (3)	12.0 (16)	-	7.6 (16)
Due to cold	1.0 (1)	4.7 (5)	2.9 (6)	2.3 (3)	6.5 (5)	3.8 (8)
Lack of vitamin	1.9 (2)	2.8 (3)	2.4 (5)	-	-	-
Lying flat	-	2.8 (3)	1.4 (3)	0.8 (1)	1.3 (1)	1.0 (2)
Others	2.9 (6)	2.8 (3)	2.9 (9)	2.3 (3)	6.5 (5)	3.8 (8)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 30: Knowledge of adolescent girls about prevention of goitre.

Prevention	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Don't know	42.3 (44)	34.9 (37)	38.6 (81)	63.2 (84)	61.0 (47)	62.4 (131)
Iodized salt	41.3 (43)	49.1 (52)	45.2 (95)	18.0 (24)	15.6 (12)	17.1 (36)
Allopathy	8.7 (9)	7.5 (8)	8.1 (17)	14.3 (19)	18.2 (14)	15.7 (33)
Kabiraji/Homeopathy	2.9 (3)	-	1.4 (3)	1.5 (2)	2.6 (2)	1.9 (4)
Fruit/vegetable	1.0 (1)	3.8 (4)	2.4 (5)	-	-	-
Rich food	1.9 (2)	1.9 (2)	1.9 (4)	1.5 (2)	1.3 (1)	1.4 (3)
Others	4.8 (5)	6.6 (7)	5.7 (12)	3.0 (4)	2.6 (2)	2.9 (6)
N	104	106	210	133	77	210

Figures in parentheses indicate the number
Multiple answers considered

Table 31: Knowledge of adolescent girls about food restriction during menstruation period.

Name of foods	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Sour foods	57.8	62.7	60.2	43.9	60.4	50.9
	(37)	(37)	(74)	(29)	(29)	(58)
Fish/dried fish	34.4	40.7	37.4	40.9	54.2	46.5
	(22)	(24)	(46)	(27)	(26)	(53)
Egg	42.2	33.9	38.2	45.5	43.8	44.7
	(27)	(20)	(47)	(30)	(21)	(51)
Milk	42.2	30.5	36.6	37.9	35.4	36.8
	(27)	(18)	(45)	(25)	(17)	(42)
Meat(Duck/pigeon)	25.0	23.7	24.4	19.7	31.3	24.6
	(16)	(14)	(30)	(13)	(15)	(28)
Fried rice	17.2	11.9	14.6	28.8	16.7	23.7
	(11)	(7)	(18)	(19)	(8)	(27)
Fruit	9.4	6.8	8.1	7.6	12.5	9.6
	(6)	(4)	(10)	(5)	(6)	(11)
Sweet	1.6	6.8	4.1	4.5	10.4	7.0
	(1)	(4)	(5)	(3)	(5)	(8)
Vegetable	1.6		0.8	7.6	2.1	5.3
	(1)	-	(1)	(5)	(1)	(6)
Others	6.3	3.4	4.9	9.1	27.1	16.7
	(4)	(2)	(6)	(6)	(13)	(19)
N	64	59	123	66	48	114

Figures in parentheses indicate the number
Multiple answers considered

Table 32: Role of adolescent girls in promoting vaccination of children in their families.

Role	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Brought the children to EPI centre	78.6 (22)	57.1 (4)	74.3 (26)	75.7 (28)	25.0 (2)	66.7 (30)
Motivate family to send the children	3.6 (1)	28.6 (2)	8.6 (3)	5.4 (2)	-	4.4 (2)
Play no role	17.8 (5)	14.3 (1)	17.1 (6)	18.9 (7)	75.0 (6)	28.9 (13)
N	28	7	35	37	8	45

Figures in parentheses indicate the number

Table 33: Role of adolescent girls in promoting VAC in their families.

Role	NFPE-AG			Never schooling-AG		
	Married	Unmarried	All	Married	Unmarried	All
Help the children in taking VAC	53.7 (22)	44.1 (15)	49.3 (37)	66.7 (40)	24.0 (6)	54.1 (46)
Motivate family to take VAC	7.3 (3)	26.5 (9)	16.0 (12)	3.3 (2)	-	2.4 (2)
Play no role	39.0 (16)	29.4 (10)	34.7 (26)	30.0 (18)	76.0 (19)	43.5 (37)
N	41	34	75	60	25	85

Figures in parentheses indicate the number

Table 34a: Status of contraceptive use by currently married adolescent girls.

Status	NFPE-AG	Never schooling-AG
Yes	16.3 (17)	22.6 (30)
No	83.7 (87)	77.4 (103)
N	104	133

Figures in parentheses indicate the number

Table 34b: Use of contraceptive by currently married adolescent girls.

Contraceptive use	NFPE-AG	Never schooling-AG
Pill	70.6	73.3
	(12)	(22)
Condom	17.6	3.3
	(3)	(1)
Injection	5.9	20.0
	(1)	(6)
Copper-T	5.9	
	(1)	-
Vasectomy		3.3
	-	(1)
N	17	30

Figures in parentheses indicate the number

Table 35: Immunization status of adolescent mothers with under one children.

Protection against tetanus	NFPE-AG	Never schooling-AG
Yes	38.9	75.0
	(16)	(24)
No	10.1	25.0
	(2)	(8)
N	18	32

Figures in parentheses indicate the number