



MARIE STOPES  
INTERNATIONAL

## Adolescence in Pakistan: sex, marriage and reproductive health

FEBRUARY 2006

# interview

The findings of research  
carried out into awareness  
of sexual and reproductive  
health and rights in  
Pakistan



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# abstract

“If we talk to our daughters on this topic, their innocence will be affected”

## Introduction

With 158 million people, Pakistan is one of the most populous countries in the world. It is also one of the poorest, with 66% of the total population living on less than US\$2 a day (Population Reference Bureau, 2005.). In Pakistan, as in many developing countries, poverty is intrinsically linked with poor sexual and reproductive health (SRH). With each factor being both a cause and outcome of the other, a destructive cycle exists. Low levels of knowledge about SRH are a major barrier to people accessing SRH services, and information available to the Pakistani population remains limited, with women and young people being particularly marginalised.

In Pakistan, SRH is closely associated with marriage as there are strong social mores which discourage sexual activity outside of marriage. For many women, early marriage is followed by early and closely spaced pregnancies, resulting in high levels of maternal mortality and morbidity.

In order to assess the current SRH situation in Pakistan, Marie Stopes Society (MSS) conducted a baseline knowledge, attitude and practice (KAP) survey in four districts: Hyderabad, Mirpurkhas, DG Khan and Multan. This report presents the findings from that survey that relate specifically to adolescence.

The objectives of the research presented in this report were:

- to explore experiences of puberty, including the changes noticed and feelings about those changes
- to assess the sources, and type, of information received during adolescence
- to explore some of the social norms governing adolescence
- to explore opinions about age of marriage

- to sensitise the community to the needs of young people for information about SRH and access to SRH services.

Over recent years, MSS has successfully established community run and owned networks known as Community Advocacy Networks (CANs) and for young people, Youth Advocacy Networks (YANs), to advocate for SRH rights in DG Khan, Khairpur district and Makran division. Since completing the research, the networks in DG Khan have been extended and new networks have been established in Hyderabad, Mirpurkhas and Multan.

## Methodology

Interviews were held with key informants in the four study districts. Interviewees included representatives from local government, local religious leaders, health providers and representatives of local print media. Two focus group discussions were conducted in each study district, one with married men and one with married women. The age range in each group was 16-46. As well as providing qualitative findings, the information gathered from the key informant interviews and from focus group discussions, was used to develop a face to face questionnaire which was pre-tested prior to being administered to 398 respondents. The respondents were made up of married men and women aged 17-60 from each of the four study districts.

## Results

- male respondents reported different feelings to female respondents during the onset of puberty. Three quarters of male respondents reported that they liked the changes they experienced and were satisfied that adulthood was upon them. Girls, on the other hand, reported much higher levels of anxiety during puberty (47%), especially surrounding first experiences of menstruation, which led

***Only 13% of female respondents reported having received information about puberty prior to experiencing first menstruation.***

many to report feeling shy and for some, ashamed (10%)

- only 13% of female respondents reported having received information about puberty prior to experiencing first menstruation (menarche). However, 94% of females sought information and advice after menarche, compared to only 16% of males who sought advice at any stage during puberty. Females tended to consult other female relatives, while males were more likely to report that they confided in friends
- almost 40% of female respondents reported that they experienced some sort of social restriction following menarche, with a quarter reporting that they were told not to go out during their period
- opinions varied widely as to the ideal age of marriage. Fifty eight percent of male respondents reported that women should be married by, or at, the age of 18, compared to 41% of female respondents. Over a quarter of female respondents felt that the ideal age for women to marry is over the age of 22
- as a result of participating in the research, many focus group participants reconsidered their views on the provision of information to young people, in particular, by agreeing that giving information about menstruation to girls, prior to them experiencing menarche, could be beneficial to them.

**Conclusion**

The researchers found that the study respondents had very little SRH information to equip them as they went through the changes of adolescence. Given that the respondents varied in age from 17 to

60, this suggests that the information available to young people had changed very little when compared to that which was available a number of years ago. In addition, there continue to be strong cultural barriers to the discussion of, or around, all issues associated with SRH.

The difference in girls' and boys' experiences of adolescence was highlighted by the difference in the sources of information about SRH reported by each group. Girls tend to consult female relatives about the changes they are experiencing, while boys tend to consult male friends. The research shows that girls are far more likely to experience social restrictions as they enter adolescence than boys, reflecting the strongly traditional nature of Pakistani society. Similarly, the range of opinions about the ideal age of marriage for girls and boys reflected traditional values. As such, the research suggests that it will take time to overcome barriers to SRH in Pakistan. However, interventions aimed at both young people and those from whom they are likely to seek information, have the potential to reduce barriers to SRH.

The focus group discussions were effective in sensitising those who participated in them to the needs of young people for information about the changes experienced during adolescence. They were also effective in encouraging older generations to exchange information with young people.

To encourage this exchange of information, MSS established CANs and YANs in the study districts, based on a model established in other areas of Pakistan. Gaining backing from key community figures, such as Imams and Nazims has been crucial to ensure the success of the activities hosted through the CANs and YANs. In one community, the sensitising of key figures to the benefits of providing SRH information led local Imams to offer land to be used for ongoing CAN work.

A year after the new CANs and YANs were established, the advocacy teams continue to hold regular information and discussion sessions among communities. These sessions are breaking the silence on SRH topics among young people, their parents

# introduction



MSS is a major provider of SRH services, and advocates for SRH rights in Pakistan. In addition to providing services to men, women and young people in all four of the country's provinces, MSS works with community and youth advocacy groups to address barriers to realising and exercising SRH rights, particularly among women and young people. With assistance from the UK's Department for International Development (DFID), MSS is expanding these activities in four districts: Hyderabad, Mirpurkhas, DG Khan and Multan. Although MSS was already working in one of these districts, DG Khan, a baseline KAP study was conducted in all four districts to assess the current SRH situation. This report presents the findings relating to adolescence, sex and early marriage and highlights some of the resulting actions being undertaken by advocacy teams established by MSS in the four study districts.

With 158 million people and a population growth rate of 2.1% (UNFPA, 2005.), Pakistan is among the most populous countries in the world. It is also among the world's poorest countries. Deprivation, vulnerability and insecurity define poverty in Pakistan. In 2004, 66% of the total population were living below the income poverty line of US\$2 a day (Population Reference Bureau, 2005.). The four districts in which the DFID-supported activities are being implemented by MSS are among the

poorest and most deprived in the country.

In Pakistan, as in many developing countries, poverty is intrinsically linked with poor SRH. With each factor being both a cause and outcome of the other, a destructive cycle exists. Low levels of knowledge about SRH are a major barrier to accessing SRH services and information remains limited, with women and young people being particularly marginalised (Government of Pakistan, 2002.). The low levels of knowledge about SRH and of access to services are illustrated in the high maternal mortality ratio of 500 deaths per 100,000 live births (UNFPA 2005.). The under-five child mortality rate is 102 for males and 112 for females, which reflects negative societal attitudes towards female children. Indeed, a cultural bias towards nurturing males has altered the natural sex ratio of the population in favour of male children.

While life expectancy is 64 years, Pakistan retains a young population structure with 43% below the age of 15 (National Institute of Population Studies, 2001.). However, the provision of SRH information and services to an estimated 30 million young people in Pakistan has, to date, been largely neglected. This is a significant oversight as nearly half of all recorded sexually transmitted infections (STIs) occur among young people. In rural areas the average age of marriage is

***For many women in Pakistan, early marriage is followed by early and closely spaced pregnancies, resulting in high levels of maternal mortality and morbidity.***

15, with approximately 50% of young people estimated to be sexually active (ibid., 2001.). Research undertaken as part of the EC/UNFPA Reproductive Health in Asia Initiative, in which members of the Marie Stopes International Global Partnership, including MSS, participated, has shown poor knowledge of SRH issues such as changes experienced during puberty, losing one's virginity, menstruation and pregnancy. In addition, awareness of family planning, safer sex and STIs (including HIV/AIDS) among young people is limited. The research showed that myths and misconceptions permeated young people's perceptions of SRH, leaving them exposed to risk. Since health service providers also lack understanding of the needs and rights of young people and adolescents in relation to SRH, there is a lack of appropriate information and services as well as limited access to the information and services that do exist.

In Pakistan, SRH is closely associated with marriage, as there are strong social mores which discourage sexual activity outside of marriage. For many women, early marriage is followed by early and closely spaced pregnancies, resulting in high levels of maternal mortality and morbidity. Access to education and to good quality healthcare is denied to many women, adversely affecting their health and, as a consequence, that of their children.

The objectives of the research presented in this report were:

- to explore experiences of puberty, including the changes noticed and feelings about those changes
- to assess the sources, and type, of information received during adolescence
- to explore some of the social norms around adolescence
- to explore opinions about age of marriage
- to sensitise the community, including influential community members, to the needs of young people for information about SRH and access to SRH services.

Since 1990, MSS has worked to achieve its mission to improve the SRH status of the

people of Pakistan. In addition to providing SRH services, MSS is experienced in building links with religious and community leaders, and with local government officials (district Nazims, Naib Nazims and Councillors). MSS utilised these links to establish community run and owned networks known as Community Advocacy Networks (CANs) and for young people, Youth Advocacy Networks (YANs), to advocate for SRH rights within communities in DG Khan, Khairpur district and Makran division. MSS continues to sustain these existing networks and, since completing this research, has extended its networks in three additional districts: Hyderabad, Mirpurkhas and Multan. Some of the advocacy work and interventions now undertaken through these networks are described in this report.

# methodology

The research utilised both qualitative and quantitative methodologies. As little previous research exists to shed light on a number of the areas explored in this study, it was felt necessary to gather some preliminary data. Interviews were held with key informants and focus group discussions were held with members of those communities in which the research was conducted. The findings were used to develop a face to face questionnaire which was administered to community members. As well as aiding the development of the questionnaire, the focus group discussions and the key informant interviews proved to be useful sensitising tools for the interventions which have followed the research.

## Data collection: Qualitative

The sample population for the key informant interviews was made up of representatives of local government, local religious leaders, health providers and representatives of print media. A total of 40 key informants were interviewed, as shown in Table 1, below. Semi-structured interview guidelines were developed to obtain information regarding the research topics as well as an understanding of the willingness of participants to be involved in the development and implementation of future interventions.

Two focus group discussions were conducted in each district: one with married men and one with married women, with respondents aged between 16 and 46 years. The focus groups were conducted using pre-tested discussion guidelines to explore the themes of interest. These themes included awareness and knowledge of SRH and rights and attitudes towards information on these issues.

## Data collection: Quantitative

The sample for the quantitative component of the research was made up of married men and women aged 15 to 60 years. Stratified random sampling was used to obtain representative findings. The sample frame was developed to ensure equal representation from the four study districts, as well as by gender, and to be proportionate to the actual urban/rural split within each district.

A face to face questionnaire was developed and pre-tested prior to being administered to respondents in private. A total sample size of 400 was proposed: 398 responses were achieved. Data were collected during October and November 2004.

**Table 1: Sample of key informants interviewed**

Type of respondent	Sample/district
Nazims/Naib Nazims/Councillors	10
Health service providers – family planning	10
Health service providers – non family planning	10
Journalists/reporters of local & national newspapers	5
Pesh Imams	5
<b>Total</b>	<b>40</b>

# results

Girls taking part in sports activities to mark World AIDS Day, Multan. MSS Youth Advocacy Networks integrate SRH awareness raising sessions into such events.



Unless specified, data in this section came from the face to face interviews conducted with men and women who provided information about their own experiences of puberty.

### Socio-demographic characteristics of respondents

The total sample size achieved was 398. The distribution of the sample by district and gender is shown in Table 2. The gender distribution was even between rural and urban respondents in all districts. The age of female respondents ranged from 17 to 49 years, with a mean of 32, whilst the age of male respondents ranged from 18 to 60 years with a mean of 35 years.

### MSS advocacy and intervention

MSS advocacy teams are composed of men and women of all ages. They have developed community advocacy networks (CANs) and youth advocacy networks (YANs) through which they conduct awareness raising activities in the study areas. The YANs are led by trained young people, as the adolescents in the community find it easier to talk to people close to their own age about the issues which concern them.

**Table 2: Distribution of sample, by gender and district**

Districts	Total planned	Total achieved	Males	Females
DG Khan	100	99	49	50
Hyderabad	100	106	56	50
Mirpur Khas	100	94	44	50
Multan	100	99	50	49
<b>Total</b>	<b>400</b>	<b>398</b>	<b>199</b>	<b>199</b>



### Physical and emotional changes during puberty

Both male and female respondents reported on the physical changes which they noticed at puberty. Since, as can be seen in Tables 3 and 4, not all respondents reported noticing some of the key features of puberty, it can be surmised that some may have been reluctant to disclose information of a personal nature. The average age at which women reported first noticing changes was 13, with first menstruation (menarche) being reported at a mean age of 13.6 years.

**Table 3: Physical changes noticed by girls** (n=199, multiple responses possible)

Changes	%
Facial hair	46
Breast growth	82
Pubic hair	65
Change of voice	33

**Table 4: Physical changes noticed by boys** (n=199, multiple responses possible)

The mean age at which male respondents reported first noticing physical changes was 15.7 years.

Changes	%
Beard and moustache	72
Pubic hair	61
Change of voice	35
Ejaculation while asleep	20
Increase in sexual desire	5
Other	2

### MSS advocacy and intervention

As many of the topics that featured in the research and in the ongoing advocacy and intervention work are considered sensitive, separate discussion sessions are held for girls, boys and parents through the CANs and YANs. Initially, the topics discussed are often quite broad, focussing on “general wellbeing”, as it takes time to build rapport and for the participants to feel comfortable discussing more sensitive areas such as SRH. Often, community members help to identify particular topics in advance to be covered in the discussion sessions.

Women were asked about their feelings following the physical changes which occurred during puberty. Over 40% reported that they could not remember. Therefore, these data are not shown and comparisons with responses from men are made with women’s recollections of their feelings about their first period.

The most commonly reported emotion among women following their first period was one of unpleasantness or of feeling unwell. Some women said that they felt unwell, others reported a general sense of malaise and that they did not like the way they felt. Almost half of respondents reported that they felt anxious or afraid, as seen in Table 5. Whilst most respondents reported a general sense of anxiety or fear, a small number (two percent) reported being afraid that they had a wound or an illness. Only five percent of respondents reported a positive emotion at this time.

**Table 5: Emotions felt by girls after having their first menstrual period**

(n=199, multiple responses possible)

Emotions	%
Felt unwell, physically/mentally	61
Felt anxious/afraid	47
No response	17
Felt shame	10
Don't remember	9
Didn't want others to know	7
Felt happy to become young adult	5
Wept a lot	3

Male respondents reported very different emotions to women to the changes associated with puberty. Three quarters of male respondents reported that they liked the changes that they experienced. The emotions that young men reported are shown in Table 6. It is interesting to see that the most common response was of feeling positive at becoming a young adult, while only five percent of women reported feeling this way.

**Table 6: Emotions felt by boys about the physical changes they experienced during adolescence**

(n=199, multiple responses possible)

Emotions	%
Felt good about becoming adult	40
Felt changes in my emotions	20
Felt very good	13
Felt sexual urges	11
Did not like changes	10
Liked my moustache and beard	10
Felt physically strong	9
Did not like hair (body and facial)	8
Felt it was time to get married	7
Felt worried/shy	6
Other	3

Of the men who reported that they did not like the changes, the reasons cited included not liking their clothes being soiled due to ejaculations during sleep or worrying that their sweat smelt unpleasant.

Overall, it is clear that young men felt more comfortable as they experienced puberty than did young women, many of whom reported feeling shame or shyness.

### MSS advocacy and intervention

Through YANs, SRH awareness raising sessions are held regularly at events at which young people gather, such as sports tournaments.

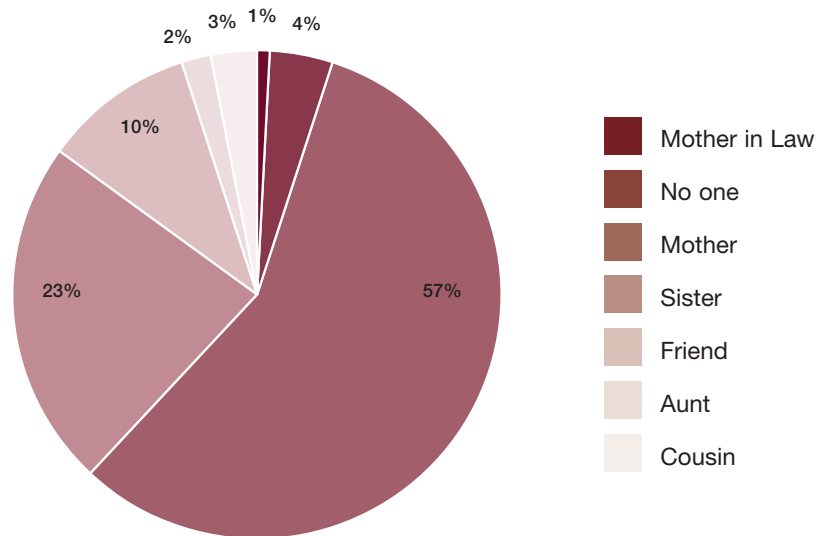
At CAN discussion sessions held with parents, facilitators emphasise the importance of providing accurate information to young people.

As a direct result of taking part in the key informant interviews at the start of the research, many influential community members became sufficiently sensitised about SRH issues to give their backing to the work of CANs and YANs. In some communities, Imams support the sessions by attending, while in others, Nazims attend as “chief guests”, and distribute certificates to participants. In one community, the activities MSS has established have been so well received that local Imams have offered land to be used for ongoing CAN activities.

### Sources of information about puberty

Among female respondents, mothers were the most common source of information and advice following first menstruation: almost 60% of the respondents reported that they had talked to their mother. Only four percent of respondents reported that they spoke to no one following menarche.

**Figure 1: Sources of information among girls following first menstruation**



**Only 16% of men reported that they spoke to someone after experiencing changes at puberty.**

As shown in Table 7, the information women received was a combination of practical advice and reassurance. Fifty eight percent of the responses were either of being told “not to worry”, or of being reassured that the changes they were experiencing were a normal part of growing up. Some mentioned that the changes were explained to them in terms of now being a grown woman. Other responses included the sharing of experience

by the person they spoke to as well as advice to take painkillers.

Two thirds of respondents reported that they spoke to someone on the first day that they experienced bleeding and 84% within three days.

**Table 7: Information received by girls following first menstruation**  
(n=199, multiple responses possible)

Information	Sample/district
How to use sanitary protection/cloths etc	39
It happens to all young women	34
Told not to worry	24
Told I am a grown up now	20
Told nothing	12
Told that it will happen for some days every month	10
Told which foods to avoid or eat	3
Other	7

**MSS advocacy and intervention**

CAN and YAN facilitators try to make the discussion sessions as informal as possible. At the end of each session they ensure additional time is available for participants to ask the facilitator any questions in private which they did not feel able to ask in front of the group.

When asked if they spoke to someone after experiencing changes at puberty, only 16% of men reported that they had done so. Of those who had spoken to someone, 78% (n=25) had spoken to a friend and 15% reported talking to their sister. Only one respondent reported discussing the changes

with his mother. It is difficult to make comparisons with women here, as only men who said they had spoken to someone were asked to whom had they spoken, whereas all women were asked from whom they had sought information. However, it is possible to infer that boys tend to get information from

friends whereas girls will ask either their mother or other female relatives.

As with female respondents, men reported being given a mixture of practical advice and reassurance, as shown in Table 8.

**Only 13% of female respondents reported that they had spoken to someone prior to their first period.**

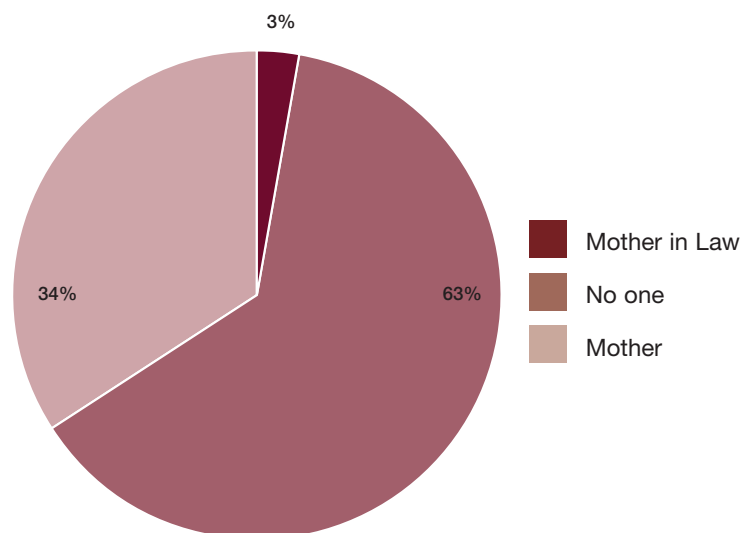
**Table 8: Information received by boys**  
(n=32, multiple responses possible)

Information received by boys	n
Told to accept responsibilities as a young adult	11
No information received	9
Told about sexual feelings and ejaculation at night	6
Told to consider oneself as being at the age of marriage	6
Told to take special care of cleanliness	3
Consoled and told not to be worried	2

Only 13% of female respondents reported that they had spoken to someone prior to their first period. As can be seen in Figure 2, the majority of face to face respondents reported that they agreed that young girls should be given information about menstruation before experiencing their first period.

**MSS advocacy and intervention**  
Young people selected from across the target communities have been trained to provide accurate information to their peers on a broad range of aspects of SRH and also to provide information on accessing any SRH counselling and treatment services required.

**Figure 2: Opinions on whether girls should be given information about menstruation before experiencing it**



Adolescent boys attend a SRH awareness raising session at a college, Hyderabad.



Two thirds of those in favour of girls being given information prior to menarche felt that it would stop girls from being anxious or afraid. As can be seen in Table 5, many girls felt anxious or afraid when they experienced menstrual bleeding for the first time. Other reasons given for providing girls with information prior to menarche were that with the right information, girls could take precautionary measures and thereby avoid problems they might otherwise experience. Reasons respondents gave for not giving girls information were varied: the most common response was that it is “not good” (25%). Others felt that providing information would “remove their innocence” and that “it is not our custom”. Women were asked this question about whether girls should be given information prior to menstruation, directly after first being asked about their own experiences of menstruation.

A review of the focus group discussions suggested that it is likely that the order in which questions were posed influenced the response to the question “Should girls be given information prior to experiencing menstruation?”. Initially, during the focus group discussions, mothers revealed that although they considered menstruation a significant event in a woman’s life, they did not feel comfortable about informing their daughters about it. They argued that since nobody discussed menstruation with them

when they were young, they would also refrain from telling their own daughters about it. They felt that any talk related to menstruation would affect the innocence of their daughters.

***“Agar hum bachiyon se is mozoh par baat karein gay to un ki masoomiyat khatam ho jaye gi”***

***“If we talk to our daughters on this topic, their innocence will be affected”***

Female focus group discussion participant:  
26–36 years, Multan

However, upon further discussion and sharing of women’s own experiences, those who did not feel that young women should be given information prior to experiencing menarche, agreed that their own experiences of adolescence would have been far less difficult had they had access to information about the changes they were experiencing.

Male respondents were not asked if they thought that young men should be given information regarding puberty prior to experiencing the physical and psychological changes at this time.

### Adolescence and social norms

When asked about any social changes, over 60% of female respondents reported that they did not face any restrictions following menarche. However, one quarter were told that they must not go out during their period and a further 12% were told to be cautious when going out. Three percent of respondents reported getting married as a type of imposed restriction. Other responses can be seen in Table 9.

**Table 9: Social restrictions following menarche**

(n=199, multiple responses possible)

Restrictions	%
Restricted movement outside of the house	37
Asked to wear dopatta/shawl	8
Told not to talk with anybody	5
Playing activities stopped	5
Soon got married	3
Advised to be careful about style of dress	2
No restrictions experienced	62

***A quarter of women were told that they must not go out during their period.***

Only five percent of the male respondents reported that they faced any social restrictions after the onset of adolescence. This is in sharp contrast to the experiences of the women, over a third of whom reported facing some sort of social restriction.

Many of the participants in the focus group discussions suggested that the female psyche automatically leads women to become more careful after menstruation in terms of their day-to-day interaction with boys and in their style of dress. In addition, parents also become conscious of the changes in their daughters and urge them to behave more carefully.

***“Mahwari kay baad larkiyan asal mein barhana shuru ho jati hain aur unhain theek terha se rehna chahiye.”***  
***“After menstruation, girls actually start growing so they should take care of themselves.”***

Female focus group discussion participant: 26–36 years, Hyderabad.

Focus group participants reported that when social limitations are experienced, it is usually mothers who impose them on their daughters. A small number also mentioned that older sisters are influential in whether or not younger sisters are allowed out of the home. Only a few participants mentioned that fathers or brothers imposed social restrictions on young women following menarche.

### Sexual feelings and attraction

Two thirds of male respondents reported that they were attracted to girls during adolescence, with the remaining third reporting that they were not very attracted or not attracted at all. However, since respondents were not asked if they were attracted to other young men at this time, it is not possible to tell whether the results suggest that some men felt attracted to men, rather than to women, or whether some were reluctant to admit to any sexual feelings at all.

It is interesting to note that no women reported feelings of sexual attraction or arousal during puberty, nor were they asked specifically if they were attracted to boys. The reluctance shown both by the researchers and the respondents to discuss issues around women’s sexuality indicates how issues around female sexual feelings are taboo in Pakistan society.

Although male respondents volunteered information about sexual attraction when answering face to face questions about their own experiences in private, they were far less forthcoming in discussing sexual attraction when participating in the focus groups. However, during one focus group discussion participants mentioned that after experiencing puberty they started thinking about sex and felt a strong sexual desire.

***“Sex karnay ka dil chahata hai, shaadi karnay ka dil chahata hai.”***

***“Want to have sex and want to get married.”***

Male focus group discussion participant: 16–26 years, Multan.

Participants in the World AIDS Day Youth Walk, co-ordinated by the MSS Youth Advocacy Network in Hyderabad.



During the focus group discussions with men, participants mentioned that, after puberty, young men generally start to think about sex. They discussed masturbation as something that is normal for men to do and that they believe that it has now become a routine activity, unlike in the past when boys, they reported, would masturbate only occasionally.

### **MSS advocacy and intervention**

Sensitive or taboo subjects are addressed during regular group discussions for young people, as and when they are raised by the young people themselves. For example, during a session held following a cricket match at which one young man had been bowled out very early, he and his team expressed concern that this was due to his practicing masturbation. The facilitators were able to quickly dispel any myths and uncertainties that exist in relation to masturbation, such as it leading to weakness. Instead they were able to promote masturbation as a safer sex practice.

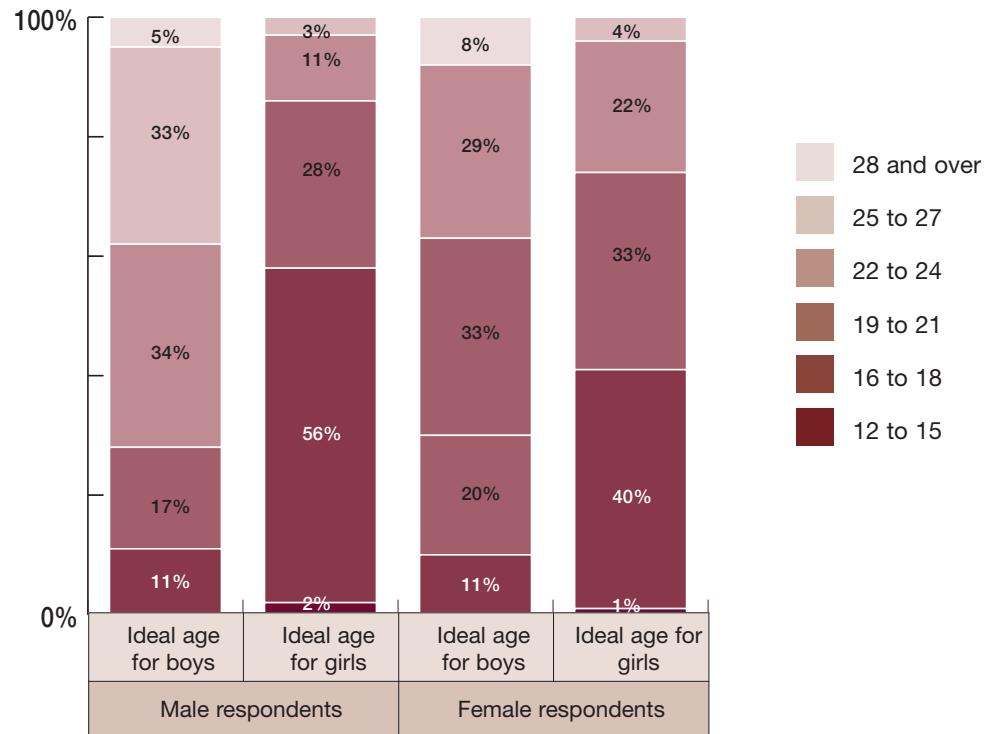
### **Ideal age at marriage**

Early marriage can have a number of negative consequences, including young women giving birth to their first child during adolescence, which carries a higher risk of

mortality and morbidity than when a first child is born to a mother over the age of 20. Decision making around marriage in Pakistan involves more than just the young couples themselves and is based on social norms and values as well as attitudes of religious and community leaders. Data in this section came from in-depth interviews with opinion leaders, from face to face interviews and from focus group discussions.

Opinions among respondents in the face to face interviews varied widely on the ideal age at marriage. It can be seen in Figure 3 that overall, the ideal age of marriage for boys is higher than for girls. Almost half of all respondents reported that the ideal age at marriage for girls is 16 to 18 years, whilst for boys one third of respondents gave 22 to 24 years as the ideal age and a further 30% said 25 to 27 years. It can also be seen that male respondents were more likely to report a younger ideal age at marriage for girls than were female respondents, with 58% of men reporting that women should be married by, or at, 18. Two percent of men and one percent of women reported that the ideal age was 12 to 15 years, with one respondent reporting that a girl should marry at “12 years, according to Sharia”. Over a quarter of female respondents reported that the ideal age at marriage for girls is over 22 years, compared to only 13% of male respondents.

Figure 3: Ideal age at marriage for boys and for girls, by sex of respondent (n=398)



**Among opinion leaders, most Pesh Imams, journalists, Nazims and Councillors reported that girls should marry at age 16 to 18 years. Doctors and health staff, however, felt that women should not start bearing children until they were aged 19 and over.**

While men of all ages held similar opinions regarding the ideal age at marriage for both boys and girls, women’s opinions varied with age. Interestingly, younger women were more likely to report the ideal age at marriage for girls as 16 to 18 years than women in older age groups, except those aged over 45 years. Two thirds of women aged over 45 reported that the ideal age at marriage for men is 25 years and over, compared to only eight percent of men aged over 45 years.

Among opinion leaders, most Pesh Imams, journalists, Nazims and Councillors reported that girls should marry at age 16 to 18 years. They reported that this is the ideal time for a young woman who is now mature enough, to start running her own household. However, doctors and other health staff reported that women should not marry at less than 19 years and that age 20 to 22 years was the ideal age. In particular, they felt that women should not start bearing children until they were aged 19 and over.

There was less consensus among opinion leaders on the ideal age of marriage for boys, though as with the face to face interviews, all

reported a higher age than that given for girls. Religious leaders and journalists reported that 19 to 21 years is the ideal age whilst doctors and other health staff reported 22 to 24 years as ideal. Nazims and Councillors gave the highest ideal age at marriage for men of 25 to 27 years.

The person who has the most influence in the family over marriage, and in particular over age at marriage, was reported by the majority of women to be the mother (40%). Female respondents were more likely to report that the mother was the influential person with regards to the marriage of a son rather than of a daughter (55% and 40% respectively). Male respondents also reported that the mother was the most influential person regarding marriage of both sons and daughters, though more believed that the father was more influential in the marriage of sons than of daughters (29% and 36% respectively).

Both male and female respondents gave similar responses as to the reasons why they felt a particular age is the most suitable at which to marry. However, they gave different



***“The honour of the parents must be kept.”***

reasons for girls and for boys. Almost 90% of respondents reported that boys are able to take responsibility at the age given whilst only 58% of respondents gave this as a reason for the given age being ideal for girls.

**Table 10: Reasons given for the ideal age at marriage for girls**

(n=398, multiple responses possible)

Reasons	%
Girls can take responsibilities at this age	58
Girls are mentally mature at this age	54
Girls are physically strong at this age	33
Childbirth in early age badly affects the health	23
Girls became adult at this age	3
Other	2

Almost one fifth said that boys should marry after having completed their studies, although none mentioned girls’ studies as having a bearing on the ideal age for their marriage. Other reasons given for the ideal age at marriage for girls, all given by men, included that “Sharia law says this is the ideal age”, that “the honour of the parents must be kept” as well as to avoid “corruption of society”.

**Table 11: Reasons given for the ideal age at marriage for boys**

(n=398, multiple responses possible)

Reasons	%
Boys can take responsibilities at this age	89
Boys are mentally mature at this age	54
Boys complete their studies at this age	19
Other	5

Other reasons given included that men are “able to perform their duties at this age”. This is likely to refer to their conjugal duties.

### **MSS advocacy and intervention**

In Pakistan, there are strong social mores which encourage married couples to have their first child soon after marriage. In the information sessions held through CANs and YANs, the health benefits of delaying the first birth are regularly stressed. A common myth exists among many communities that using contraception before the birth of the first child can make women infertile. The advocacy teams are able to address such myths and give accurate information about using contraception.

Raising awareness of SRH through street theatre, Multan.



# conclusion

The study respondents had very little SRH information to equip them as they went through the changes of adolescence. Given that the respondents varied in age from 17 to 60, this study suggests that the information available to young people today has changed very little when compared to that which was available a number of years ago. In addition, there are strong cultural barriers that inhibit the discussion of, or around, all issues associated with SRH. These barriers prevent new generations of young people from receiving information which might help them as they go through adolescence.

The difference in girls' and boys' experiences of adolescence was highlighted by the difference in the sources of information about SRH reported by each group. Girls tend to consult female relatives about the changes they are experiencing, while boys tend to consult male friends. The researchers found that girls are far more likely to experience social restrictions as they enter adolescence than boys, reflecting the strongly traditional nature of Pakistani society. Similarly, the range of opinions about the ideal age at marriage for girls and boys reflected traditional values. As such, the research suggests that it will take time to overcome barriers to SRH in Pakistan. However, interventions aimed at both young people and those from whom they are likely to seek information, have the potential to reduce barriers to SRH.

The focus group discussions held as part of the research proved a successful medium for sensitising participants to the information needs of young people as well as in gathering data for the study. Those women who participated in the discussion groups who did not initially feel that young women should be given information prior to experiencing menarche, agreed that their own experiences of adolescence would have been far less difficult had they had access to information about the changes they were experiencing. After participating in the research, these respondents were far more receptive to changing their behaviour in order to equip adolescents with information about puberty.

The research showed the potential of group activities to get people talking positively about providing young people with information about adolescence and paved the way for new CANs and YANs to be formed. It is through channels such as CANs and YANs that discussion of SRH issues can be fostered, which will in turn provide young people with the information they need.

A year after establishing the new CANs and YANs in the study districts, the advocacy teams are holding regular information and discussion sessions within communities, breaking the silence on SRH topics among young people and their parents, particularly in terms of the need to provide accurate information to young people about the changes experienced during adolescence. However, this will take time. For instance, although issues of female sexuality are important in SRH, it has not to date been possible to raise this topic in the groups as girls are conditioned from an early age not to speak of their sexual feelings.

The opportunity for achieving change through the CANs and YANs is greatly improved by the work MSS has undertaken to gain cooperation from key community figures, such as Imams and Nazims. Many of the discussion sessions now hosted by the networks are attended by Imams, while at others, Nazims agree to be chief guests, or hand out certificates. The impact of the sensitisation work is particularly evident in one community, where the activities MSS has established have been so well received that local Imams have offered land to be used for ongoing CAN work.

By establishing these networks, MSS has provided the space for adolescents and parents to discuss issues around SRH. Many of the concepts are still taboo, such as sexual desire, or new, such as the notion of rights. However, through building these networks and providing sources of information, and by gaining the backing of local leaders, young people and their parents are being given the opportunity to develop a common language through which they can discuss and explore SRH issues.

***MSS' Community Advocacy Networks and Youth Advocacy Networks are breaking the silence on SRH topics among young people and their parents.***

### **Marie Stopes International**

The Marie Stopes International Partnership provides sexual and reproductive health services and information to 4.3 million people worldwide through 47 programmes in 39 countries across Africa, the Arab World, Europe, Latin America and Asia. We ensure that people around the world are able to choose the timing, spacing and size of their families, and to remain healthy. Throughout our Global Partnership, services are sustainable, culturally appropriate and of the highest quality.

### **Marie Stopes Society**

Marie Stopes Society (MSS) was established in 1990 to improve the sexual and reproductive health of people in Pakistan and works in all four provinces of the country through a network of 40 centres. These centres are supported by mobile health units and teams of community-based distributors who reach out to women within their own communities and in their own homes. MSS is respected throughout Pakistan for its technical expertise and the quality of information and services it provides. It is a major advocate for sexual and reproductive health services and rights in Pakistan, participating in government committees, and working closely with health professionals and other non government organisations.

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